Attention is invited to the outlines of the human skeleton and ngure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indersed upon each certificate.

Insert character and number of claim.	State above whether to side in the state of
Name and rank of claimant.	[State above whether for original, increase, or restoration.] Rank, Private Rank, Private
On the same of the	Company Z /4 Reg't Oa Cur, State, [Post-office-address of the Bor-d.] State,
Claimant's post- office address.	[Date of examination.]
	We hereby certify that in compliance with the requirements of the law we have carefully
Cause of disa-	examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: aunilize bronelistic and loss of speech
bility.	The the service, viz:
If a pensioner, fill in the amount;	and that he receives a pension of dollars per month.
if not, erase the whole line.	He makes the following statement upon which he bases his claim for _ Onigmal
Here give the	My Min at Annes gets yellow- my erges and vac.
claimant's statement as briefly and as compactly	Then phin me - Then I get cold I wough and a pectuate.
as possible.	School wells
	77
46	Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 18; temperature, 20m4 height, 5 feet 4 inches; weight, 136
	pounds; age, 6/ years, Eyes are icteroidal- Min is midly
Here give a full description of	and Dallow - There is tenderness over the line both no
the disabili- ties, in accord- ance with pars.	Mobe waice, all physical signs at Chest me normal.
5, 6, 51, 52, &c., of Book of In- structions for 1889	He is not now suffering from loss of speech as he
	opento very plainly - no other disability forms -