

Attention is invited to the outlines of the human skeleton and figure 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, etc.

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 indorsed upon each certificate.

Insert character and number of claim.

Enclosed

Pension Claim No. *10,800*

Name and rank of claimant.

Edwin Barlow

Rank, *Private*

Company *C*, *16* Reg't *Mich. Vols*

Abundon Dakota State,

(Post office address of the Board.)

Claimant's post office address.

German Sargent Co. D.T.

December 29, 188*6*.

(Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Gunshot wound of left side

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of *six* dollars per month.

Pulse rate per minute, *140*; respiration, *22*; temperature, *98 1/2*; height, *5* feet *11 1/2* inches; weight, *185* pounds; age, *42* years.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for *†*. *I was wounded at the Battle of Gettysburg in 1862 and lay in Libby's Prison. Ninety-six days and was then sent to Bellevue Hospital and was afterwards discharged and since that time I have suffered more or less with Rheumatism*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: *A gunshot wound of left side, about 3 1/2 in behind the nipple and 1 1/2 in below as shown on diagram as the point of entrance. The ball penetrated the cavity of chest through seventh rib; and is now most likely in the pericardium or in the region of the heart. The area of cardiac dullness is increased; lungs and pleurae healthy, stomach, spleen & liver normal. The Creatrix is adherent to the rib depressed and contracted. There is some atrophy of the muscles of the left arm which may be the result of Rheumatism or it may be caused by the heart trouble which prevents the use of that side; The hand is contracted and shriveled, loss of motion of hand & fingers 3/4 there is complete loss of power of left side at the wrist is not impaired. The claimant is not fit for any manual labor.*

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *18* of 3 grade rating for the disability caused by *Gunshot wound and 3/4 Total 18* for that caused

by *Rheumatism*, and caused by

Rate for each cause of disability.

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

L. J. Diefendorf Pres. *Spay Coyne*, Sec'y. *J. C. Lacey*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.