These ...
reports you...
your certifi...
Dr. ...
[8314—20 M.]

Department of the Interior,

PENSION OFFICE,

...., 188 .

Nature of Claim ....

No. ....

Soldier: ....

Service: ....

It is desired in this case that the examination be made with special reference to—

Is there any evidence of neuralgia due to wound?
Is there atrophy of muscles of chest & shoulder?
Are motions of shoulder limited to any extent & is there any loss of power or sensation in left arm due to wound?
State to what extent soldier is disabled for manual labor by reason of wound & its results as compared with the ankylosis of wrist or elbow joint or loss of hand.
If unable to perform any manual labor so state & give reason

John Campbell
Medical Referee.

☞ The Surgeon will detach this slip from the "order" and return it with the certificate of the examination.