

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, &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 indorsed upon each certificate.

Insert character and number of claim. Inc. Pension Claim No. 334774  
Name and rank of claimant. Jac. J. Montgomery, Rank, Private  
Company B, Reg't 1st Reg't, State, Ill.  
Claimant's post-office address. Chicago, Ill. [Post-office address of the Board.]  
August 27, 1891. [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: Wound of right foot

If pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Five dollars per month.

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 One [Original, increase, restoration, Ac.]  
Received a wound accidentally while in the service. The ball entered in instep (rather to inside of instep) and passed across through my foot. My foot has been painful all the time & my instep is stiff. It has disabled me fully & I am unable to walk since it was done.

Here give a full description of the disabilities, in accordance with Book of Instructions. Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 18; temperature, 98.4; height, 5 feet 4 inches; weight, 145 pounds; age, 65 years. Wound of foot & ball entered on inside of instep of right foot and passed across through it. It is thought that a fracture of some vessel had been caused by the passage of the missile. This foot is enlarged in instep. Comp. Mal. of left instep 9/4 and right instep 9 inches. Mobility is almost destroyed in the articulation of left foot - a condition approaching ankylosis. In right foot, bottom of foot very serious hard strips in a row. They be cannot hold out to plant. Heart, Cardiac impulse normal at area of impulse and diffuse. Heart's action rapid. Pulse sitting 96, standing 104. Action of heart excessive. 126. No abnormal sounds. Irregular Heart.  
Other than above all requests are normal & no other disability is found to exist.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 8 1/8 rating for the disability caused by W. of foot, 2 1/8 for that caused by Irregular heart, and \_\_\_\_\_ for that caused by \_\_\_\_\_

J. A. Henshaw Pres. M. P. Porter Sec'y. James B. Coyle Treas.

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



**SURGEON'S CERTIFICATE**

IN CASE OF  
*Geo. G. Montgomery*  
Co. *C. I.* Reg't *Penn. Inf.*

Applicant for *Leave*

No. *334 774*

DATE OF EXAMINATION:  
*Aug 27*, 189*1*.

*J. H. ...* Pres.,  
*M. ...* Sec'y,  
*James B. ...* Treas.,  
BOARD.

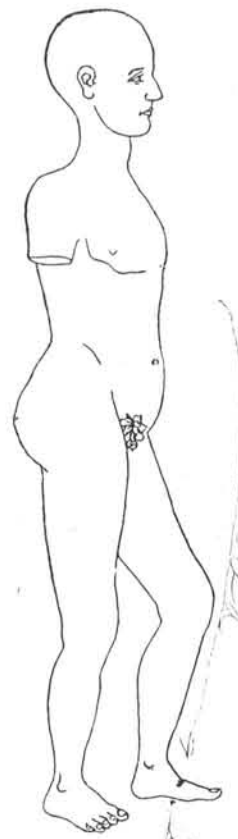
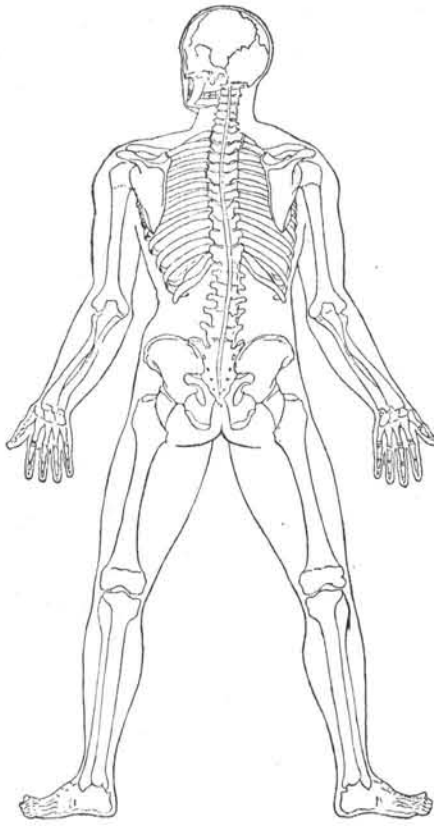
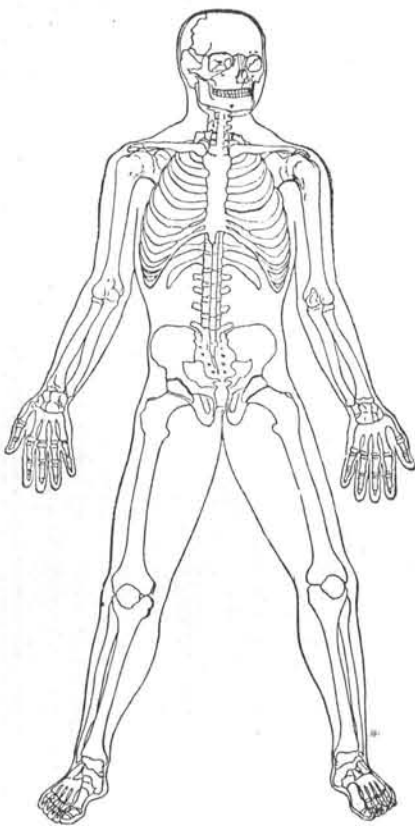
Post office, *Lockport*

County, *Madison*

State, *Pa.*

P. S.—Write your Post-office address plainly and in full.

*Geo. G. Montgomery*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extr. from Section 4, Act of Congress approved July 25, 1882.]