

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. Increase Pension Claim No. 354774
[State above whether for original, increase, or restoration.]
Name and rank of claimant. James G. Montgomery, Rank, Private
Company C, 2 Reg't Tenn Mountain Parson Tenn State,
Claimant's post-office address. Dunbar Tenn Jan 4, 1897.
[Post-office address of the Board.] [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: Gunshot wound of left foot

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

He makes the following statement upon which he bases his claim for Increase [original, increase, restoration, Ac.]
Here give the claimant's statement as briefly and as compactly as possible. That he has no any occupation except farming and owing to the wound which he received in his left foot during the war he can't follow this occupation owing to the pain produced in his foot by walking

Upon examination we find the following objective conditions: Pulse rate, 78; respiration, 19; temperature, 99 1/4; height, 5 feet 4 inches; weight, 155 pounds; age, 72 years. upon Examination of this man we find a scar upon the anterior aspect of left foot about 4 inch in diameter situated about the center of the 1st Metatarsal bone also find a scar under the foot parallel with scar on foot. we think these scars are the result of gun shot wound as alleged. the scar under the foot is very tender to touch and adherent. the loss of tissue of left foot. The circumference of left foot measured over the scars is 4 inch more than right foot. find ancholosis of Metatarsal bones of left foot and partial stiffness of left ankle joint. other joints muscles and tendons in normal condition. lost motion of left foot 3/4 inch however but as used of artificial aid. nothing wrong with right foot.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.
Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."
Rating Gun shot wound of left foot 7/8

W. T. Johnson, Pres. E. D. Bostick, Sec'y. J. H. Kelly, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. *N. J. Johnson*, Dr. *W. H. Neely*, and Dr. *E. D. Bostick*, were personally present and actually participated in the examination of *Joe G. Montgomery*, the claimant in this case, on *4* day of *January*, 18*97*"

(Signature.) *E. D. Bostick*

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Joe G. Montgomery
Co. *C*, *2* Reg't *5* *South*

Applicant for *Service*

No. *334744*

DATE OF EXAMINATION:

January 4th, 18*97*.

N. J. Johnson, Pres.,
E. D. Bostick, Sec'y,
W. H. Neely, Treas.,
BOARD.

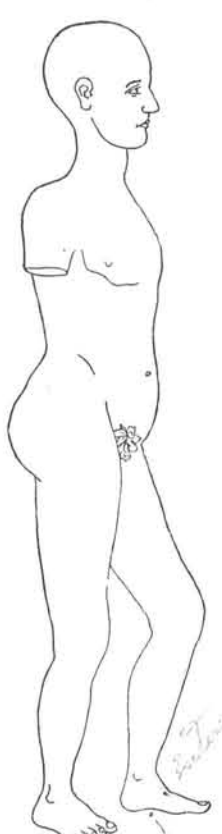
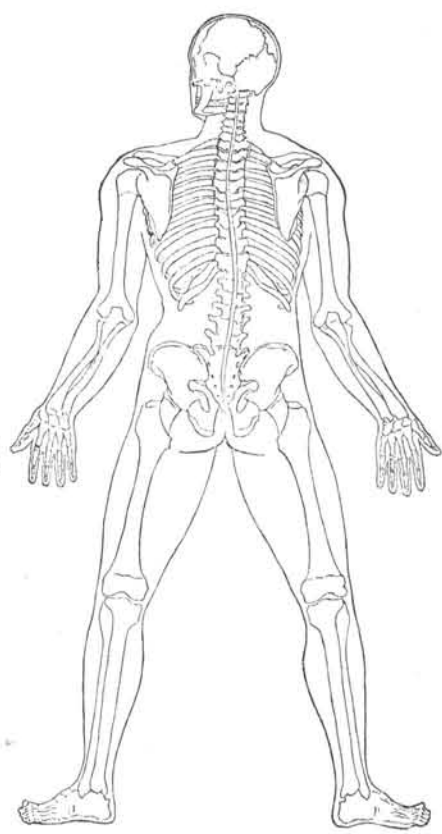
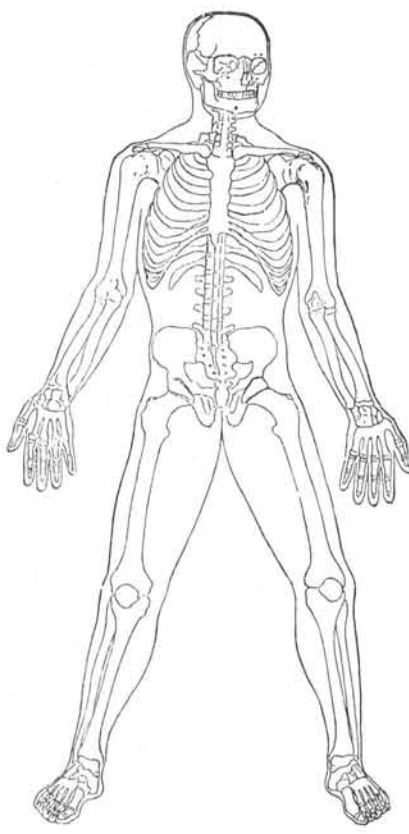
Post office, *Paris*

County, *Franklin*

State, *Tennessee*

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

Comer



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. [Extract from Section 4, Act of Congress approved July 25, 1882.]