3-111.

SURGEON'S CERTIFICATE.

and number of claim.	Incresse Pension Claim No	Cert. 570 476	
ame of claim-	William H. Bell	Baltimore.	P. O.
ant.	Private Company K. 30, Reg't U.S.C. Inf Board.	Maryland.	State.
		December 2,	
office address.	#104 Chestnut St., Balto., Md.	[Dater of examination.	A STATE OF THE PARTY OF THE PAR
use of disa-	Asthma, disease of eyes, rheumatism.		
	He receives a pension of		lars per month.
	He makes the following statement upon which he bases his	claim for Increase	Pension
re give the laimant's "Contracted disabilities since service. Not able to per			
compactly as	s menual labor on account of rheumatism. "		
possible) in regard to the origin of his disa-			
bilities and the manner in			
which they affect him.			
Attention	is invited to the outlines of the human skeleton and figure upon the back of	this certificate, which should	be used to indicate
recisely the l	location of a disease or injury, the entrance and exit of a missile, an amputation	on, etc.	
	We hereby certify that upon examination we find the	following objective con	nditions:
			[10] [2] [10] [10] [10] [10] [10] [10] [10] [10
	Pulse rate, 70, 84, 90 , respiration, 18, [Sitting, standing, after exercise.]		
	height, feet 4 inches; actual weight,		
Here give a full description of		rcussion.over u	pper
the disabilities, in accordance with Book of		cous rates near	decided
Instructions.	asthmatic breathing, which is increa	ased by exertic	n.
	He reports that he has severe attacl	ks of spasmodic	asthma
	in damp weather or when subjected to	o irritating fu	mes.
	He has no cough or other disease of is not cardiac in character, but is	due solely to	bronchial
The actual or	- eathme Chest measures expiration	34. rest 35, i	nspi-
probable origin of every exist- ing disability	metion 37 The condition constitu	utes consideral	le disa-
must be fully set forth.	bility. Rating 12/18.		
Whenever a disa- bility is shown or is believed		rres each eve r	ormal.
to be due to or aggravated by	Widian each oue 20/50 No matin		
the opinion of the board must			
When not due	Rheumatism. Has crepitation in rig	ht shoulder wit	h pain
to such habits this fact must be stated.		highs and calve	or Jornes.
	manipulation, and complains of seve	re pain in walk	ing
Each disability	long distances. No other joints or	muscles affect	ted.
separately, the	e Hearr Hormar TH STRE, hostorom and	function. No l	hypertre-
of March 2 1895, requiring	phy or dilatation. No cyanosis or	ng 6/18.	Harram.
port of such examining	h		
surgeons shall	Except the above, all organs normal	. Urine pale.	. S. G.
ing which, in their judg	n 1016. Acid. No arbunen or suga	r.	
ment, the applicant is entitled to."			
	His disabilities are permanent.		
When rates ar			
solely on sub jective evi			
dence the strongest res			
given therefor			
	\sim		
	11/1/ht. pm 4. 1. A.	socy Lane	anykall
	Do not use backs of certificates for any purpose other the		d mother than
NR	-Do not use backs of certificates for any nurnose other the	an indicated by printed	1 made there

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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