49

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Original Pension Claim No. 778 471,

Name of claimant. John W. Davis

Company H, 9, Reg't U.S.C.Inf.

Claimant's post-office address. #610 Sterling St., Balto., Md.

Address of Board. Baltimore, P. O. Maryland, State.

December 9, 1902, 190 [Date of examination.]

Cause of disability. Disease of eyes, head, back, stomach and kidneys, vertigo, rheumatism, dyspepsia, diarrhoea, malaria, sunstroke, injury of leg, cramping of limbs and general debility. He receives a pension of ---------- dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: "Was sunstruck while in service. Have rheumatism all over me, due to exposure. Cannot work because of pains and weakness."

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

63

Birthplace, Baltimore Co., Md.; age, 64(?) years; height, 5-8; weight, 170 pounds; complexion, Brown; color of eyes, Dark; color of hair, Dark; occupation, Laborer; permanent marks and scars other than those described below, None

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 70, 74, 80 [Sitting, standing, after exercise.]; respiration, 18, 20, 28 [Sitting, standing, after exercise.]; temperature, 98;

Here give a full description of the disabilities, in accordance with Book of Instructions.

Eyes: External and internal structures each eye in normal condition. He cannot read, but can count fingers at a distance of twenty feet.

Head; Vertigo; Sunstroke: He has no impairment of mental, spinal or nervous functions. No vertigo, spasms, convulsions or nausea. No parlaysis, local or general. Breathing regular. No difficulty swallowing. No impairment of coordination of movements. No muscular tremor.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. 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.

Back; Rheumatism: He has no deformity or limitation of motion of joints, and no objective symptoms of disease of back or rheumatism. Heart normal in size, position and function. Apex impulse felt in fifth interspace, one inch to right of left nipple. He has no edema, cyanosis or dyspnoea.

Stomach; Dyspepsia; Diarrhoea: All digestive organs normal in size and function. He has no abdominal soreness. Rectum in normal condition. He presents no symptoms of disease of stomach, dyspepsia or diarrhoea.

Kidneys: He has no anaemia, uraemia or local dropsies. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

Malaria: He has no enlargement of liver or spleen. Upper border of liver corresponds with the fifth rib; lower border of liver corresponds to the lower border of the ribs. His skin is clear, and tongue clean. He has had no chills recently. He presents no evidence of malaria.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

He presents no symptoms of injury to either leg or cramps of limbs.

General Debility: He is debilitated from the effects of advancing age. He presents all the evidence of debility, that may be expected of a man of seventy years of age. His movements are slow and labored. His muscles are soft and toneless. He has no organic disease, but he is unable to perform much manual labor.

A A White, Pres. Geo R Inches, Sec'y. G Lane Tanney, Treas.

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 (Old No. 3—156, 111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

11—552