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3–155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Original Pension Claim No. 778471

Name of claimant. John W. Davis

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

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

Claimant's post-office address. 610 Sterling St.

November 22nd, 1901 [Date of examination.]

Cause of disability. Disease of eyes, head, heart, stomach, back, kidneys, vertigo, sunstroke, injury to left leg, rheumatism, malarial poisoning, 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: Rheumatism, malaria every spring and fall - vertigo. Time of origin and cause unknown.

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.

Birthplace, Maryland; age, 62 years; height, 5ft.7in.; weight, 170 pounds; complexion, black; color of eyes, brown; color of hair, gray; 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, 72: 72: 80 [Sitting, standing, after exercise.]; respiration, 18: 18: 20 [Sitting, standing, after exercise.]; temperature, N.;

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

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.

Disease of eyes - Lids healthy - Cornia transparent - Pupils average normal size and respond to light and shade - Vision both eyes - right or left eye - 20/20.
Disease of head - No objective evidence of disease of head.
Disease of heart - Apex beat in fifth intercostal space of left side - Area of impulse two inches laterally - Percussion dullness normal - Auscultation reveals normal heart sounds - No hypertrophy, dilatation, edema or cyanosis.
Disease of stomach - No objective evidence of disease of stomach- Digestive functions properly performed.
Disease of back - No objective evidence of disease of back.
Disease of kidneys - Urine amber color - Acid reaction - Sp. Gr. 1020 - No sugar, albumen or other abnormal deposits.
Vertigo - No objective evidence of vertigo.
Sunstroke - No evidence of chronic meningitis - Claimant does not complain of persistent headache or intolerance to heat.
Injury to left leg - No objective evidence of injury to left leg.
Rheumatism - There is crepitation of right shoulder joint - No atrophy or swelling of muscles - No contraction or stiffness - No enlargement of joint - Motion of joint unimpaired - All other joints and muscles normal.
Malarial poisoning - No chill nor fever present - Hepatic and splenic percussion dullness normal - Upper border of liver corresponds to sixth rib and lower border to tenth - Rectum normal.
General debility - Large stout and well-nourished.
Lungs - Measurement at rest - 40-1/2 inches - full inspiration- 43 inches - full expiration - 40 inches - Percussion elicits a clear sound and auscultation reveals a respiratory murmur - Bronchi normal.
Except as above no other disability found to exist - No evidence of vicious habits.

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

We find the aggregate permanent disability present does not warrant a rating.

H. A. Jarrett, Pres. C. L. Scudder, Sec'y. [illegible], 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 (3–156, Old No. 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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