66

3—111.

SURGEON'S CERTIFICATE.

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

Name of claimant. John W. Davis

Private Company H, 9, Reg't U. S. C. Inf.
[Rank.]

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

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

August 28, 1900, 189
[Date of examination.]

Cause of disability. Sunstroke, affecting head and eyes, heart disease, rheumatism, malarial poisoning, disease of eyes, stomach, back and kidneys, vertigo, general debility, injury to left leg. He receives a pension of ------------ dollars per month.

He makes the following statement upon which he bases his claim for Original Pension
[Original, increase, restoration, etc.]

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

"Contracted rheumatism, malarial poisoning and sunstroke while in service. Cannot make over one-quarter time on account of rheumatism." Laborer.

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

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

Pulse rate, 78, 86, 94 [Sitting, standing, after exercise.], respiration, 18, 22, 28 [Sitting, standing, after exercise.], temperature, 98, height, 5 feet 7 inches; actual weight, 180 pounds; age, 62 years.

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

Sunstroke and Effects; Vertigo. No impairment of mental, spinal or nervous functions. No chronic meningitis. No vertigo, spasms, convulsions or nausea. No arcus senilis. No paralysis, local or general. Breathing regular. No difficulty swallowing. No impairment of coordination of movements. No muscular tremor.

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.

Rheumatism; Heart; Back. All joints and muscles normal in size and function. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspenea, cyanosis or oedema.

Malarial Poisoning. Skin clear. Tongue clean. No enlargement of liver or spleen. Upper border of liver corresponds with fifth rib; lower border of liver corresponds to the lower border of the ribs. Has no chills at present or recently. No evidence of malarial poisoning.

Eyes. External and internal structures each eye normal. Vision each eye 20/70.

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."

Stomach. All digestive organs normal in size and function. No abdominal soreness. Rectum normal. Is in good physical condition. No symptoms of disease of stomach.

Kidneys. No local oedemas or dropsies. No anaemia, uraemia or degenerations. Urine pale. S. G. 1020. Acid. No albumen or sugar.

No symptoms of General Debility.

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

No symptoms of injury to either Leg.

Except as above, all organs normal. Chest measures, expiration 36, rest 37, inspiration 39.

No evidence of vicious habits.

No disability found to exist.

A. A. White, Pres. Geo R. Lahar, Sec'y. G. Lane Pennypill, 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—111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552