

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 1 001 778

Name of claimant.

John A. Smith

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

Claimant's post-office address.

Company F, 9, Reg't U.S.C. Vol. Inf. #2233 Division St., Balto., Md.

October 22, 1901, 190

Cause of disability.

Disease of heart, chest, stomach, rheumatism, disease of head, eyes, general and nervous debility, neuralgia, sunstroke and results, loss of memory, dizziness, scurvy.

He receives a pension of six 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: "Contracted rheumatism in army. Have severe pains in all my joints and muscles. Cannot stoop over at work, and cannot do any work."

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, Summerset Co., Md.; age, 61 years; height, 5-6 weight, 130 pounds; complexion, yellow; 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, 64, 70, 78; respiration, 14, 18, 20; temperature, 98;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Heart; Rheumatism: He has no objective symptoms of rheumatism. All his joints and muscles normal in size and function. Heart--Apex impulse apparent by palpation in fifth interspace, 1-1/2 inch to right of left nipple. Transverse dullness extends from fourth left chondrocostal articulation to fifth right costosternal articulation. Action is regular, and valves are in good condition. No dyspnoea, cyanosis or oedema. No hypertrophy or dilatation.

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.

Chest: He has no cough. No dullness on percussion. Respiratory sounds are clear. Chest symmetrical; expiration 32, rest 33, inspiration 35. No symptoms of disease of chest.

Stomach: All digestive organs are normal in size and function. He has no abdominal soreness. Rectum normal. He is in fair physical condition. He has no symptoms of disease of stomach.

Head; Nervous Debility; Sunstroke: He has no impairment of nervous, spinal or mental functions. No vertigo, spasms, convulsions or nausea. No chronic meningitis. No paralysis, local or general. Breathing regular. No difficulty swallowing. No arcus senilis. No impairment of coordination of movements. No muscular tremor. No symptoms of loss of memory or dizziness.

General Debility: He is debilitated somewhat from the effects of advancing age. His muscles are soft. He has no organic disease. He is feeble in his movements, and is unable to perform much manual labor.

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

No symptoms of Neuralgia.

Eyes: External and internal structures each eye in a healthy condition. Vision each eye 20/20.

He has no symptoms of scurvy.

No other disability found to exist. Urine light amber.

W. H. White, Pres. Les R. Roberts, Sec'y. G. Lane Ramsey, 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, 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.