3—1271.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Pvt. Pension Claim No. 545735

Name of claimant. Charles Bennett

Company E Reg't 7. U.S.C Inf.

Claimant's post-office address. 420 Somerset St.

Address of Board. Balto P. O. Md State.

Nov. 21, 1920
[Date of examination.]

Names of disabilities. Paralysis, impaired vision & debility

He receives a pension of 40 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: 1910 first noticed paralysis. Sight affected 7 yrs ago. Debility

Birthplace, Md; age, 31 years; height, 5-8; weight, 160 pounds; complexion, very dark; color of eyes, blue; color of hair, Gray; occupation, [illegible]; permanent marks and scars other than those described below, [illegible]

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 66 [Sitting, standing, after exercise.]; respiration, 18 [Sitting, standing, after exercise.]; temperature, 98.4;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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.

Rating: Cat Nov 1st 20. Non personal attendant at all times. Recommend full rating $17.00 per mo

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

Henry F. Reid, Pres. John Thomas, Sec'y. George L. Dryer, Treas.

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Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.