3—155.
(Old No. 3—111.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Renewal Pension Claim No. 11716

Name of claimant. William, Murray.

U S [Rank.] Company Reg't Navy

Claimant's post-office address. 1133 Kirk St.

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

February 20th [Date of examination.], 1901

Cause of disability. Disease of eyes and heart, rheumatism, asthma, affection of back and kidneys, and chronic diarrhoea, bronchitis, disease of lungs and throat, affection or injury of right wrist and age.

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 origin of his disabilities and the manner in which they affect him.

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

Statement-Heart trouble, rheumatism, weak eeyes, shortness of breath-no diarrhoea. Occupation coachman.

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, 72 72 82 [Sitting, standing, after exercise.], respiration, 18 18 20 [Sitting, standing, after exercise.], temperature, N,

height, 5 feet 5 inches; actual weight, 155 pounds; age, 57 years.

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

pupils average size

Disease of eyes-Cornea transparent, responds readily to light and shade, conjunctivitis of right lower lid. Claimant unable to read, can distuinguish number of fingers at twenty feet.
Disease of heart-No evidence of disease of heart. Apex-beat is in fifth inter space of left side. Area of impulse two inches laterly. Percussion dullness extends from fourth rib to apex beat Auscultation reveals normal heart sounds, absence of murmurs, no hypertrophy, dilitation, edema or cyanosis.

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-Slight crepitation in right shoulder joint, with pain complained of upon motion, no enlargement of joint, atrophy of swelling of muscles, no contraction or impaired motion. There is rheumatic tenderness over both lumbar muscles with atrophy or swelling. He recovers from a stooping position slowly-no stiffness of the muscles-all other muscles and joints normal.
Asthma-no evidence of asthma. respiration easy, no cyanosis or other indications of asthma.
Affections of back-Described under rheumatism.
Affection of kidneys-normal, Urine amber color acid reaction Sp Gravity 1020. No albumen, sugar, nor other abnormal deposits.

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."

Chronic diarrhoea-No emaciation or debility, general nutrition good-condition of skin, tongue, stomach, liver, spleen, normal.
Bronchitis & disease of lungs-Circumference of chest at rest 35 inches, full inspiration 37 1/2 inches. full expiration 34 1/2 inches Percussion elicits a clear sound, auscultation reveals a respitory murmur. Bronchi normal,
Disease of throat-Condition of throat normal.
Affection of injury of right wrist-The right wrist joint is slighty enlarged the circumfence bing 3/4 of an inch greater than the corresponding one-Motion of flexion is impaired to a slight degree.
Age-No senile debility present.

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

H. J. Jamell, Pres. C. T. Sindler, Sec'y. A. T. Sharkey, 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.

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