3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Restoration Pension Claim No. Cert. 11 716

Name of claimant. William Murray

Company Reg't U.S.Navy

Claimant's post-office address. #2050 Linden Ave., Balto., Md.

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

March 29, 1902, 190
[Date of examination.]

Cause of disability. Rheumatism, disease of heart and eyes, bronchitis, asthma, disease of lungs and throat, affection or injury to right wrist, and age, disease of kidneys and back. 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: "Have had very bad health for several years. Have rheumatic pains all over me and cannot work. Contracted rheumatism after leaving service, by exposure."

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, Baltimore, Md.; age, 62 years; height, 5-5; weight, 150 pounds; complexion, Brown; color of eyes, Gray; color of hair, Dark; occupation, Jobber; permanent marks and scars other than those described below, Scar on his chest and on left side of neck.

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

Pulse rate, 78, 86, 96 [Sitting, standing, after exercise.]; respiration, 17, 19, 26 [Sitting, standing, after exercise.]; temperature, 98

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

Rheumatism; Heart; Back: All joints and muscles are normal in size and function. He has no objective symptoms of rheumatism or disease of back. Heart--Apex impulse felt in fifth interspace, 1-1/2 inch to right of left nipple. Cardiac dullness extends from apex, to middle of sternum and to fourth left chondrocostal articulation. Action is regular, and valves in good condition. No hypertrophy or dilatation. No dyspnoea, cyanosis or oedema.

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.

Eyes: External and internal structures each eye in a healthy condition. Vision each eye 20/70, with X 1 D = 20/20.

Bronchitis; Asthma; Lungs; Throat: He has no cough. No dullness on percussion. Respiratory sounds clear. Naso pharyngeal tract in healthy condition. Chest symmetrical; expiration 36, rest 37, inspiration 39 No symptoms of bronchitis, asthma, disease of lungs or throat.

He presents no symptoms of injury to either wrist.

Age: He shows the effects of advancing age. Rheumatic pains complained of, are due to age. He has no organic disease, but he is able to perform but little manual labor.

Kidneys: He has no anaemia or uraemia. No local dropsies. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

He has a scar of bubo in left groin. He acknowledges to have had gonorrhoea when young. He has no stricture or other evidence of venereal disease. He has a partial congenital phimosis. His hair, bones, skin and mucous surfaces, present no evidence of syphilitic infection or other vicious habits.

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

No other disability found to exist.

We find that the aggregate permanent disability for earning a support by manual labor is due to Debility of Age, not due to vicious habits, and warrants a rating of $8.00.

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

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