

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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.

Pension Claim No. 482,302

Address of Board.

P. O.

State.

[Date of examination.]

1900

original

John Morrell

Q. M. S. Company

7" Reg't U. S. C. B. I.

Baltimore

Maryland

Oct 3rd

548 W. Laurel St

Injury to left foot - injury to left arm - rupture - dis. of testicles - rheumatism - lumbago - disease of back - dis. of back - dis. of heart - dis. of lungs - dis. of kidneys - affec. of left side & general debility - dis. of eyes, head - vertigo - malvarial poisoning & injury to hip. He receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for original (Original, increase, restoration, etc.)
He has rupture - rheumatism and injury to left foot
and arm - my last attack of malaria was in March 1900.
occupation 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, 72-72-78, respiration, 18-18-20, temperature, u
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 4 inches; actual weight, 145 pounds; age, 58 years.

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

Injury to left foot, left arm & hip = no objective evidence of injury to left foot, arm or hip.

Rupture = There is a left direct inguinal hernia of three inches in circumference, which passes through the external abdominal ring but does not descend into scrotum. The circumference of ring is 1 1/2 inch. The hernia is reducible and can be retained by a properly fitting truss. No tumor in right groin.

Dis. of Testicles = no evidence of disease of testicles.
Rheumatism = There is rheumatic soreness & crepitation in both shoulder joints & left knee joint - no enlargement of joints or atrophy or swelling of muscles - no contraction or impaired motion. There is rheumatic soreness over both lumbar muscles with pain complained of upon stooping - no atrophy or swelling. All other muscles & joints normal.

Lumbago & dis. of back = described under rheumatism.
Dis. of heart = Apex beat normal. Auscultation reveals normal heart sounds & absence of murmurs - no dilatation, hypertrophy, dyspnoea, edema or cyanosis.

Dis. of Lungs = Chest at rest 38 - full inspiration 40 1/2 - full expiration 36. Percussion elicits a clear sound & auscultation reveals a respiratory murmur. The bronchi are normal.

Dis. of Kidneys = Specific gravity 1020 - acid reaction - amber color - no albumin, sugar or other abnormal deposits.

Affection of left side = no objective evidence of affec. of left side.

General debility = nutrition & muscular development good.

Dis. of Eyes = Lids, conjunctiva, pupils & cornea normal - vision both eyes & right or left eye 20/30.

Dis. of head & vertigo = no objective evidence of disease.

R. J. Faxon, Pres. H. J. Janett, Sec'y. R. C. Helant, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When space is needed to complete report of examination use blank certificate (3-111 g) properly number and attach it to the back and upper margin of this sheet. Marginal entries must never be made.