

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 610 041

Name of claimant.

Joseph West

Address of Board. Inf.

Baltimore, P. O.

Maryland, State.

Claimant's post-office address.

Private Company H. 39 Reg't U.S.C.V. [Bank.] #617 Saratoga St., Balt., Md.

November 28, 1899
[Date of examination.]

Cause of disability.

Rheumatism and resulting disease of heart, piles, disease of eyes, vertigo and debility.

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 Increase Pension [Original, increase, restoration, etc.]
"Contracted rheumatism while in service. Not able to perform manual labor on account of rheumatism."

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, 76, 82, 90, respiration, 20, 24, 28, temperature, 98
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 5 inches; actual weight, 150 pounds; age, 55 years.

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

Rheumatism; Heart. Has crepitation in left shoulder with pain on motion. He is unable to raise the left arm above the horizontal position owing to pain and contraction of tendons and muscles at the shoulder joint. The prehensile power of the left arm is impaired 25%. No other joints affected. His lumbar muscles and muscles of thighs and neck are sore to touch and painful in stooping and rising. He complains of general soreness in all his muscles and walks awkwardly and with evident pain; Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema.

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. Rating 8/18.

Piles. Rectal mucous membrane normal. No piles. No fissure, fistula, stricture or prolapse. No rating.

Eyes. External and internal structures each eye normal. Vision each eye 20/70. No rating.

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."

No symptoms of Vertigo. No rating.

Debility is due to rheumatism and rated above.

Except the above, all organs normal. Chest measures, expiration 33, rest 34, inspiration 36. Urine dark. S. G. 1020. Acid. No albumen or sugar.

No evidence of vicious habits.

His disability is permanent.

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

A. A. White, Pres. Geo. R. Baker, Sec'y. G. Lane Campbell, 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.