

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No.

499738

Name of claimant.

Samuel Handy

Address of Board.

Baltimore

P. O.

Company C- 9 Reg't U.S.C. Inf.

Maryland

State.

Claimant's post-office address.

641 S. Howard St.

July 31st

190 1

[Date of examination.]

Cause of disability.

Rheumatism, senility, heart disease, disease of feet and kidneys, affection of back and eyes.

He receives a pension of eight 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: Rheumatism for four or five years, piles for two or three years.

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, Maryland

age, 60 years

height, 5ft. 5-1/2in.

weight, 125 pounds; complexion, black

color of eyes, hazel

color of hair, light gray; occupation, laborer

permanent marks and scars other than those described below, none

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

Pulse rate, 74: 74: 82; respiration, 18: 18: 20; temperature, N.

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

Rheumatism - There is crepitation and soreness in both shoulder left knee and both ankle joints - No atrophy or swelling of muscles - No contraction or stiffness except both ankle joints which are swollen and oedematus, extending from about three inches above ankles to toes. Great toes of both feet are deformed and lapped under other toes, causing difficulty upon walking.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

There is rheumatic tenderness of both lumbar muscles - Claimant recovers from a stooping posture slowly complaining of pain - No atrophy or swelling of muscles - Senility - There is evidence of senile debility - Claimant's mind appears defective, also general debility. Claimant is feeble and decrepit.

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.

Heart disease - Apex beat in fifth intercostal space of left side - Area of impulse two inches laterally - Percussion dullness extends from fourth rib to apex beat and auscultation reveals normal heart sounds - No hypertrophy, dilatation, edema or cyanosis. Disease of feet - Described under rheumatism.

Disease of kidneys - Urine amber color - Acid reaction - Sp. Gravity 1020 - No sugar, albumen or other abnormal deposits.

Affection of back - Described under rheumatism -

Affection of eyes - Lids healthy - Cornea transparent - Pupils average normal size and respond to light and shade - Vision both eyes - right or left eye - 20/50 - Corrected with glasses.

Lungs - Measurement at rest - 32-1/2 inches - full inspiration - 35 inches - full expiration - 32 inches - Percussion elicits a clear sound and auscultation reveals a respiratory murmur - Bronchi normal.

Except as above no other disability found to exist - No evidence of vicious habits.

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

We find the aggregate permanent disability for earning a support by manual labor is due to rheumatism and debility, not due to vicious habits and warrants a rate of twelve dollars per month.

W. J. Garrett, Pres. C. Y. Scudder, Sec'y. B. B. Sullivan, 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. 3-155, 111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.