~~3—155.~~
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 761,637

Name of claimant. ~~John Armstrong~~

Company ~~B 39~~ Reg't ~~U.S.C.Inf~~

Claimant's post-office address. ~~211 Dover St.~~

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

October 12th, , 190 3
[Date of examination.]

Names of disabilities. Lumbago-effects of stroke paralysis-affec. of back-rheumatism, Obesity, catarrh of head-disease of kidneys-piles-diarrhoea

He receives a pension of 6 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: He suffers from rheumatism-cause unknown. Had stroke of paralysis last winter.

Birthplace, Kent Co., Md; age, 59 years; height, 5-3 1/2; weight, 186 pounds; complexion, Negro; color of eyes, brown; color of hair, ~~gray~~; occupation, Laborer; permanent marks and scars other than those described below, Scar over right eye

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

Pulse rate, 80- 80- 88 [Sitting, standing, after exercise.]; respiration, 18- 18- 24 [Sitting, standing, after exercise.]; temperature, N;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

~~RHEUMATISM-Crepitation and soreness in both shoulder joints~~ and both knee joints with pain complained of upon motion of these joints. There is slight stiffness of knee joints and he walks with a limp-no enlargement of joints-no atrophy or swelling of muscles-no contraction or impaired motion. There is soreness of lumbar muscles with pain upon stooping. He recovers slowly and with apparent difficulty-no atrophy or swelling. All other muscles and joints normal.

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

~~EFFECTS OF STROKE OF PARALYSIS-There is no evidence of paralysis~~ at this time-no motor or sensory disturbances.
LUMBAGO-Described under rheumatism.
AFFECTION OF BACK-Described under rheumatism.
~~OBESITY-No evidence of obesity.~~
CATARRH OF HEAD-Condition of naso-pharynx normal.
DISEASE OF KIDNEYS-Specific gravity 1020-acid reaction-amber color-no albumin, sugar or other abnormal deposits.
PILES-Hemorrhoidal vessels and rectum normal.
~~DIARRHOEA-No evidence of diarrhoea-no emaciation or debility.~~
Claimant is muscular and well nourished-condition of skin, tongue stomach, liver and spleen normal.

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-The heart is normal in size, position and action. Apex ~~beat in 5th left interspace-no dilatation, hypertrophy, dyspnoea~~, edema or cyanosis.
LUNGS-Chest at rest 41-full inspiration 42 1/2-full expiration 41. percussion and auscultation reveal a normal condition of lungs and bronchi.
No other disability found to exist.
No evidence of vicious habits.
We find that the aggregate permanent disability for earning a support by manual labor is due to rheumatism, not due to vicious habits, and warrants a rate of $8 per month.

Marginal entries must never be made.

Single surgeons will use this blank, changing "we" to read "I."

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

C. T. Scudder, Pres. H A Jarrell, Sec'y. E. B. Ellwood Treas.

6—552a