

# SURGEON'S CERTIFICATE.

Inset character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as orally and as possibly) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

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

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.

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

Increase Pension Claim No. 626,009

Robert Barnes  
Company K 19 Reg't U.S.C. Inf  
13 Little Williamson St

Address of Board }  
P. O. Baltimore Maryland State, 1904

Rheumatism, lumbago, piles, dis. of heart, eyes, ears, kidneys, chest and leg, dyspepsia, asynchoa, broken foot and general debility, vertigo.

He receives a pension of 6 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism, shortness of breath and cough for

two years-cause unknown.

Birthplace, Dorchester Co. Md; age, 65; years; height, 5-7;

weight, 135 pounds; complexion, negro; color of eyes, brown;

color of hair, 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, 80-80-88; respiration, 18-18-26; temperature, N; [Sitting, standing, after exercise.]

RHEUMATISM AND LUMBAGO-Soreness and crepitation in shoulder & knee joints with pain complained of upon motion-no enlargement of joints-no atrophy or swelling of muscles-no contraction or impaired motion-walks with a limp. There is soreness of lumbar muscles with pain and stiffness upon stooping and rising-no atrophy or swelling. All other muscles and joints normal.

PILES-Hemorrhoidal vessels and rectum normal.

DISEASE OF HEART-The heart is normal in size, position and action. Apex beat in 5th left interspace-no dilatation, hypertrophy, dyspnoea, edema or cyanosis.

DISEASE OF EYES-Lids, conjunctiva, pupils and cornea normal-Vision with both or either eye 20/20.

DISEASE OF EARS-No objective evidence of disease of ears-Claimant can hear an ordinary conversation with either ear at distance of 6 feet.

DISEASE OF KIDNEYS-Specific gravity 1020-acid reaction-amber color-no albumin, sugar or other abnormal deposits.

DISEASE OF CHEST AND LUNGS-Claimant has bronchial catarrh, evidenced by mucus rales, cough and mucopurulent expectoration.

He is thin and ill-nourished and shows ill-health-chest at resonance 34 1/2-full inspiration 36-full expiration 34. Percussion and auscultation reveal a normal condition of lungs.

DISEASE OF LEG-NO objective evidence of disease of leg.

DYSPEPSIA-Claimant states he has shortness of breath but respiration is normal at this time.

DYSPEPSIA-The digestive functions are properly performed.

BROKEN FOOT-No objective evidence of broken foot.

GENERAL DEBILITY-Thin and ill nourished-shows debility.

VERTIGO-No objective evidence of vertigo.

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, chronic bronchial catarrh and debility and age, not due to vicious habits, and warrants a rate of \$10 a month.

Marginal entries must never be made.

W. A. J. [Signature] Secy. [Signature] Pres. [Signature] Treas.