

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.

Inc

Pension Claim No. 819138

Name of claim-
ant.Peter Johnson
Company A 7 Reg't U S C Inf
Easton Talbot County MarylandAddress of Board { Dover P. O.
Delaware State.
February 11, 1903
[Date of examination.]Claimant's post-
office address.Gun shot wound of left hand and senile debility
Rumbago disease of kidneys disease of stomach or pain in stomach

He receives a pension of eight dollars per month.

Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the date
of origin and
cause of his dis-
abilities 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: Examined by board at Easton Md 1901

Applies for increased rating for the reason that his G S W is worse than when last examined. Other disabilities are about the same as in 1901 Disqualified for manual labor

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, Talbot County Maryland; age, 75 years; height, 5 ft 6 in; weight, 141 lbs 124 pounds; complexion, black; color of eyes, brown; color of hair, black; occupation, formerly coachman; permanent marks and scars other than those described below, scars on back

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

Pulse rate, 70 74 90 [Sitting, standing, after exercise.]; respiration, 18 13 25 [Sitting, standing, after exercise.]; temperature, 98;

Gunshot Wound of left hand

The alleged G S W does not leave any cicatrix at entrance but it passed through the hand making exit at base of thumb the cicatrize measuring one fourth of an inch in diameter. There is no tenderness dragging or injury to bone at present. but there is deformity of wrist. The tumor like enlargement is about two inches in diameter at an elevation of half inch. The wrist weak but while slightly stiff is not ankylosed. It is we find much impaired in motion by previous dislocation indeed it will not move at all. Muscles above wrist are atrophied one quart of an inch. ~~in circumference~~ SENILE DEBILITY

Claimant is weak debilitated and enfeebled by reason of age. Being 75 years of age he may be expected to show all the symptoms of which he claims

RHEUMATISM

Has stiffness crepitant in both shoulders and left wrist. right wrist both hips both knees are stiff and crepitant but no impaired motion. There is no swelling enlargement inflammation or painful motion. All other joints are normal. Lumber muscles are stiff rigid with painful and impaired motion. He is unable to touch his toes with his finger tips. has severe lumbago.

KIDNEY DISEASE

NO evidence of kidney disease It is lumbago which we have described under that head.

PAIN IN STOMACH

To tongue furred, lost all teeth except the incisors Stomach tender and tympanitic Has regurgitation of food and an acidity of stomach Has dizziness of head and nausea. He is quite dyspeptic.

HEART DISEASE

Apex impulse

L.W. Bishop, J. Wilson, Sec'y. L.S. Leonard, 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. 3-111, 3-156.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.