

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 81,91,38  
 Name of claimant. Peter Johnson  
 [Rank.] POA. Company A. 4th Reg't U.S.C. Inf Address of Board. Easton P. O. Ill State. Ill  
 Claimant's post-office address. Union Mills, Ill Date of examination. Sept. 5th 1890  
 Cause of disability. U.S.W. of L. Hand & arm resulting neuralgia or Rheumatism, Lumbago, Kidney disease of pain in stomach.  
 He receives a pension of Sixty 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.  
I was shot in the hand and sometimes festers & gives me much pain in my hand's numb. I have a pain in my L. side & shoulder. I sometimes have pain in my stomach.

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, 90-90-105, respiration, 15-14-, temperature, 99 1/2,  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
 height, 5 feet 5 1/2 inches; actual weight, 114 pounds; age, 73 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.  
U.S.W. of L. Hand: There is a scar between thumb & 1st finger of L. hand - wrist is stiffened, motion is limited 1/2. The scar is not open now, but shows evidence of lately having been discharging. Rate 8/18

The actual or probable origin of every existing disability must be fully set forth.  
Lumbago, Kidney disease and pain in the stomach. There is no evidence of any lumbago and can find none. Kidneys. Urine. Sp Gr. 1015. Color Good. No albumen no sugar some phosphates. Not tender over kidneys. No existing trouble. Pain in stomach. We have no evidence of any pain in the stomach and cannot rate for any. Rate 0/18.

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.  
Senile Debility. This claimant is suffering from debility and is in a weakened condition. He is not well nourished and his muscles are flabby. Hands are soft and shows that he cannot do hard work. Rate 6/18.

When not due to such habits this fact must be stated.  
No other trouble found and no evidence of syphilis or vicious habits. Rate on hand and Debility \$6.00 per month.

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."  
For U.S.W. of R. Hand Claimant is entitled to \$4.00 per month.

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

John A. ..., Pres. James ... Sec'y. C. M. ..., 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.