

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.

Original

Pension Claim No. 279 216

Name of claim-
ant.

Alexander Russum

Address

Baltimore,

P. O.

Private Company B, 7, Reg't U.S.C. Inf.

of

Maryland,

State.

Claimant's post-
office address.

#721 Prices Court. Balto., Md.

March 27,

1900

[Date of examination.]

, 189

Cause of disa-
bility.

Injury to right shoulder and right arm, rheumatism, disease
of throat and lungs, affection of legs, resulting from bone
fever. cough, affection. He receives a pension of _____ dollars per month.

Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the ori-
gin of his disa-
bilities and the
manner in
which they
affect him.

He makes the following statement upon which he bases his claim for _____
[Original, increase, restoration, etc.]
of head & eyes. vertigo, general debility. dyspepsia, blind-
ness, disease of heart & chest, bronchitis and kidney trouble.
"Contracted injury to right shoulder and arm while in ser-
vice. Not able to perform manual labor on account of vari-
cose veins."

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, 84, 90, 100, respiration, 18, 24, 28, temperature, 98,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 inches; actual weight, 152 pounds; age, 58 years.

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

No symptoms of injury to right Shoulder or right Arm.

No rating.

The actual or
probable origin
of every exist-
ing disability
must be fully
set forth.

Whenever a disa-
bility 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.

Rheumatism; Heart; Vertigo. Has crepitation in all
large joints with pain on motion. No deformity or limi-
tation of motion of joints. He complains of severe pain
in ankles and knees in stooping and walking. Lumbar mus-
cles are sore to touch and painful in stooping and ris-
ing. Heart normal in size and position. Action irregu-
lar and intermittent. He has a slight cystolic murmur, AT APEX
indicating mitral insufficiency. Has dyspnea on exertion,
and suffers with vertigo in stooping. No hypertrophy or
dilatation. No cyanosis or oedema. Rheumatism and result-
ing disease of heart and vertigo. Rating 12/18

Each disability
must be rated
separately, the
act of Congress
of March 2,
1895, requiring
"that the re-
port of such
examining
surgeons shall
specifically
state the rat-
ing which, in
their judg-
ment, the ap-
plicant is en-
titled to."

Throat; Lungs; Cough; Chest; Bronchitis. No cough. No
dullness on percussion. Respiratory sounds clear. Chest
measures, expiration 33, rest, 34, inspiration 36. No
symptoms of disease of throat, lungs or chest, and no
symptoms of cough or bronchitis. No rating.

No symptoms of disease of Legs or Bone Fever. Pains com-
plained of are due to rheumatism and rated above.

No symptoms of disease of Head. No rating.

Eyes; Blindness. External and internal structures each
eye normal. Vision left eye 20/50, right eye 20/40.
No rating.

When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

General Debility is due to rheumatism and heart disease,
and rated above.

Dyspepsia. All digestive organs normal in size and func-
tion. No abdominal soreness. Rectum normal. Is in
good physical condition. No symptoms of dyspepsia.
No rating.

Kidneys. No local oedemas or dropsies. No anaemia, urae-
mia or degenerations. Urine pale. S.G. 1020. Acid.
No albumen or sugar. No rating.

C. A. White Pres. *Geo. R. Raham* Sec'y. *Salome Taneyhill* 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.