

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

*Original*

Pension Claim No. *38116*

Name of claimant.

*Edmund Elias George H. Taster*

Address of Board.

*909 1/2 F. St. N.W.*

P. O.

*Washington D.C.*

State.

Claimant's post-office address.

*647 1/2 Maryland Place S.E. Washington D.C.*

[Date of examination.]

189 *9*

Cause of disability.

*Rheumatism, asthma, neurogia & affection of lungs.*

He receives a pension of \_\_\_\_\_ dollars per month.

He makes the following statement upon which he bases his claim for *original*  
[Original, increase, restoration, etc.]

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.

*Has rheumatism all over -  
Has short rising breathing at times -  
Has neurogia in shoulder & back.  
Lungs are not strong.*

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*, respiration, *19*, temperature, *98.4*  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *6 7/8* inches; actual weight, *132* pounds; age, *59* years.

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

*No swelling of joints, contraction of tendons, limitation of motion, atrophy of muscle, but has deformities in shoulder & knees and stooped position with difficulty & claims with pain 1/8.  
Circumference of chest in repose 29 inches forced inspiration 31, forced expiration 28 inches. No dullness or exaggeration of percussion note. Percussion murmur good everywhere - No rales, rhonchi or rough breathing over bronchi - No wheezy expiration - No evidence of asthma or of disease of lungs 0/18. No cough - No tenderness or pressure over shoulder or back - No evidence neurogia except his statement 0/18.  
No evidence in area of cardiac dullness and no palpable heaving of heart. Pulse regular, not increased on standing, after moderate exercise 100 - No cyanosis, dyspnoea or edema 0/18.  
Urine examined & found normal 0/18.  
No evidence of nervous habits & no other disabilities claimed 0/18.*

The actual or probable origin of every existing disability must be fully set forth. 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.

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

*A. H. ...*, Pres. *John P. ...*, Secy. *James ...*, 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.