Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Original Pension Claim No. 986 438

Name of claimant. John Blackwell

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

Claimant's post-office address. Tunis Mills, Talbot Co., Md.

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

September 20, 1902, 190
[Date of examination.]

Cause of disability. Rheumatism, rutpure, weak eyes, general debility, anchylosis of right ankle and pain in breast.

_____. He receives a pension of _____ dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin and cause of his disabilities 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: "Contracted rheumatism ten years ago, by exposure. Sprained my right ankle while in service."

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 Co., Md.; age, 59 years; height, 5-7; weight, 168 pounds; complexion, Dark; color of eyes, Dark; color of hair, Black; 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, 70, 74, 80 [Sitting, standing, after exercise.]; respiration, 16, 18, 26 [Sitting, standing, after exercise.]; temperature, 98;

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

Rheumatism: He has no deformity or limitation of motion of joints. He claims that all his muscles are sore upon manipulation. His lumbar muscles are atrophied 25%, and are evidently painful in stooping and rising. Heart--Apex impulse felt in fifth interspace, ine inch to right of left nipple. Cardiac dullness extends from apex, to middle of sternum and to fourth left chondrocostal articulation. Action is regular. No valvular lesion. No hypertrophy or dilatation. No cyanosis, edema or dyspnoea.

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.

Rupture: All abdominal rings normal. He has no tumor or hernia of either side. No hydrocele or varicocele.

Eyes: External and internal structures each eye in normal condition. He cannot read, but can count fingers correctly at a distance of twenty feet.

He presents no symptoms of General Debility.

He presents no symptoms of anchylosis of either Ankle, and no symptoms of pain in Breast.

No other disability found to exist. Chest symmetrical; expiration 37, rest 38, inspiration 39. Urine dark. S. G. 1016. Acid. No albumen or sugar.

He presents no symptoms whatever of syphilitic infection or other vicious habits.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. We find that the aggregate permanent disability for earning a support by manual labor is due to Lumbago, not due to vicious habits, and warrants a rating of $6.00.

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A A White, Pres. Geo R. Lahen, Sec'y. G Lane Tanyhill, 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—156, 111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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