

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

State.

JAN 24 1902
[Date of examination.]

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Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of 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: I had rheumatism all over -

I was painting spalls -

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, Maryland; age, 56 years; height, 5 ft 6"; weight, 180 pounds; complexion, Colored; color of eyes, Dark; color of hair, Black; occupation, Lane; permanent marks and scars other than those described below, Lane.

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

Pulse rate, 96-108-120; respiration, 20-22-30; temperature, 98.4°;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Crepitus in all joints; both wrists swollen & painful; left shoulder & back painful on manipulation; no contraction of tendons or limitation of motion in any joints except wrists; no further evidence of rheumatism - 7/18

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.

Increase in area of cardiac dulness, apex in 6th space & upper line - Reduplication of 1st sound at apex; no valvular lesion otherwise; lungs excited but legal; no cyanosis or oedema but respirations are increased on exercise. 4/18

Urine examined & found free from pathological elements 9/18. Chest expansion 40" & 43" Percussion & respiratory sounds normal. 9/18. No evidence of previous lobar & no other disability found.

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

[Signature], Pres. Chas Van Rensselaer, Sec'y. F. V. Brooks, 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 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.