3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 453726

Name of claimant. Daniel Price

[Rank] Pvt Company D 30 Reg't U.S.C.V.I.

Claimant's post-office address. 15 Washington St. Annapolis Md.

Address of Board. 909 2. Y. Ave. N.W. P. O. Washington D.C. State.

Dept 28, 1899. [Date of examination.]

Cause of disability. Rheumatism resulting disease of heart and disease of left lung.

He receives a pension of 17 dollars per month.

He makes the following statement upon which he bases his claim for increase [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. Does rheumatism in arms & legs. Has fainting spells - Has cough -

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: 94°

Pulse rate, 84 [Sitting, standing, after exercise.], respiration, 18 [Sitting, standing, after exercise.], temperature, 98 4/5°,

height, 5 feet 6 inches; actual weight, 184 pounds; age, 54 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. 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, 1895, 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.

No swelling of joints, contraction of tendons limitation of motion, atrophy of muscles. but has crepitus in shoulders, wrists, fingers & knees 6/18. No increase in area of cardiac dullness & No valvular lesion of heart. Pulse regular but excited, standing 120, after slight exercise 140. No cyanosis or edema, but respirations considerably increased on exercise. Has functional heart disease 6/18. Chest expansion 38 & 40 inches. No dullness or exaggeration of percussion note. No râles rhonchi sough breathing nor trouble, cough, elevation of temperature, or other evidence of disease of lung 6/18. Urine examined & found normal 6/18. No evidence of vicious habits and no other disabilities discovered. -

[signature], Pres. [signature], Sec'y. [signature], Treas.

N. B.—Do not use backs of certificates for any purpose other than [illegible] dicated by printed matter thereon. When additional space is n[illegible] lank certificate (3—111 *g*) properly numbered, and attach it to [illegible] ginal entries must never be made.