3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase. Pension Claim No. 25668

Name of claimant. John W. Smith

Company ~~C~~ Regt Navy

Claimant's post-office address. 1015 Race St. Balto. Md.

Address of Board. WASHINGTON, D. C. P. O. ____ State.

MAR 17 1904, 190
[Date of examination.]

Names of disabilities. Rheumatism, neuralgia and disease of heart and senile debility, disease of head and kidneys, headache, vertigo, bronchitis, asthma, impaired vision, fracture of skull, injury to little fingers of both hands and general debility.

He receives a pension of $8 dollars per month.

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: Rheumatism 12 years.

Birthplace, Md; age, 60-58 years; height, 5-4; weight, 195 pounds; complexion, Negro; color of eyes, Brown; color of hair, Black; occupation, None; permanent marks and scars other than those described below, Tattooed Crucifixion left forearm.

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

Pulse rate, 80-85-90 [Sitting, standing, after exercise.]; respiration, 18-20-21 [Sitting, standing, after exercise.]; temperature, N; Rheumatism: Has stiffness and crepitus in shoulders and knees. Limitation 1/4 in right shoulder and right knee. Slight lumbago. No swelling, atrophy or alteration of size of joints. Slight contraction of index & middle phalanx of right fingers. Neuralgia: No tender spots or other evidence of.

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Heart: Beat seen and felt 1/2" within nipple line, 5th space. No murmurs. 1/2" hypertrophy. No oedema, dyspnoea or cyanosis.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Digestive system: Tongue Clean. Teeth sufficient. Liver and Spleen not enlarged or tender. No tenderness or meteorism. No disease of rectum. Not debilitating. No vertigo.

Disease of head: No evidence of.

Kidneys: 1018, acid, Clear, straw. No albumen or sugar.

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.

Respiratory system: 41" 42 1/2" 40. No rales. Palpation, percussion and auscultation normal. No disease of.

Eyes: O.D.V. = 15/70 O.S.V. = 10/70 + glass corrects left eye to 20/70. Minus glass corrects right eye to 20/70. Marked arcus senilis.

Little fingers both hands: Disease under Rheumatism No alter disability

No evidence of 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 Rheumatism, Heart disease, and Eyes not due to vicious habits and warrants a rate of $ 8.00

Marginal entries must never be made. Single surgeons will use this blank, changing "we" to read "I."

Wm Terry Harrison, Pres. R. U. Baker, Sec'y. J. C. Cox, Treas.

6—552a

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