

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Renewal

Pension Claim No. 635,308

Name of claimant.

Peter Mitchell

Address of Board.

Baltimore

P. O.

Claimant's post-office address.

1st Sgt Company No. 9th Reg't U.S.C.V.
[Rank.]
615 1/2 S. Sharp St Balt

Maryland

State.

Jan. 13th, 1899
[Date of examination.]

Cause of disability.

Deafness of both ears - affection of eyes + rheumatism also vertigo - affection of heart - injury to left wrist + catarrh of head. He receives a pension of 12 dollars per month.

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.

He makes the following statement upon which he bases his claim for Renewal [Original, increase, restoration, etc.]
He is deaf + has rheumatism - heart disease - injury to left wrist + catarrh of head

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, 84-90-115, respiration, 18-20-24, temperature, 2
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 10 inches; actual weight, 175 pounds; age, 58 years.

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

Deafness of both ears = The claimant can hear an ordinary conversation with both or either ear at distance of six feet. Auditory apparatus - Membrana tympani + eustachian tubes normal - Rate 0/18.

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

Affection of eyes = Lids healthy - cornea transparent pupils of natural size + respond to light + shade - Vision - Both eyes or right or left eye 20/30 - Rate 0/18.

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.

Rheumatism = There is rheumatic soreness in the left shoulder joint without enlargement of joint or atrophy or swelling of muscles. There is crepitation without contraction or impaired motion - Rate 2/18.

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."

There is also rheumatic soreness in the right hip joint without enlargement of joint or atrophy or swelling of muscles. There is no crepitation, contraction or impaired motion. All muscles + other joints normal - Rate 4/18.

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

Affection of heart = Apex beat normal + evident upon palpation. Auscultation reveals a unaccented force of heart's action, together with a systolic murmur of loudest intensity at apex beat, denoting mitral insufficiency. There is dilatation of right ventricle with dyspnoea + oedema - Rate 8/18.

Vertigo = no objective evidence of vertigo - Rate 0/18.

Injury to left wrist = no objective evidence of injury to left wrist - Rate 0/18.

Catarrh of head = There is naso-pharyngeal inflammation with discharge of mucus. The tonsils are not involved + There are no complications - Rate 2/18.

no other disability found to exist
no evidence of vicious habits

A. J. Saxton, Pres. H. A. Janett, Sec'y. S. P. Adlam, 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 (3-111g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.