

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. cert. 748 103,

Name of claimant.

John Moales
Company B, 39, Reg't U.S.C. Vol. Inf.

Address of Board.

Baltimore, P. O.
Maryland, State.

Claimant's post-office address.

#445 Druid Hill Ave., Balto., Md.

January 3, 1903, 190
[Date of examination.]

Cause of disability.

Rheumatism, prostate gland, disease of kidneys and bladder, general debility, catarrh, lumbago, disordered blood, affection of eyes, weak back, cramps, rheumatism and lameness of right leg, scrofula. He receives a pension of Six 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: "Have rheumatism all over me due to exposure. Cannot do much work because of pains all over me."

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, Baltimore Co., Md.; age, 68 years; height, 5-6; weight, 150 pounds; complexion, Yellow; color of eyes, Dark; color of hair, Gray; 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, 60, 68, 78; respiration, 14, 18, 24; temperature, 98;
[Sitting, standing, after exercise.]

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

Rheumatism; Lumbago; Back: He complains of pain in all his joints on manipulation. He has no deformity or limitation of motion of joints. His lumbar muscles are atrophied 25%, and his movements indicate that he suffers with muscular rheumatism, as alleged. Heart normal in size, position and function. Apex impulse apparent by palpation in fifth interspace, one inch to right of left nipple. He has no dyspnoea, edema or cyanosis.

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.

Prostate Gland; Kidneys; Bladder: He has no cystitis. No retention or incontinence of urine. No hypertrophy of the prostate gland. No stricture. Urine contains no abnormal matter. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

General Debility: He shows the effects of advancing age. His muscles are soft and have lost their elasticity. He has no organic disease, but by reason of general debility, he is unable to perform much manual labor.

Catarrh: Naso pharyngeal tract in healthy condition. Eustachian tubes pervious. Hearing not impaired. He has no catarrh.

He presents no symptoms of disordered blood or scrofula.

Eyes: External and internal structures each eye in healthy condition. Vision each eye 20/50, with X 1 D = 20/30.

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

He presents no indication of lameness of either Leg.
He presents no symptoms of Cramps.
No other disability found to exist. Chest symmetrical; expiration 35, rest 36, inspiration 38.
He presents no symptoms of syphilitic infection or other vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism and General Debility, not due to vicious habits, and warrants a rating of \$8.00.

U. U. White, Pres. Geo. R. Roberts, Sec'y. G. L. Army Hill, 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 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

SC-4126-483-007