

SURGEON'S CERTIFICATE

REPRODUCED AT THE NATIONAL ARCHIVES

Insert character and number of claim.

INC

Pension Claim No. February 11

Name of claimant.

Peter Johnson

Address of Board.

Dover

P. O.

Delaware

State.

Claimant's post office address.

Easton Talbot County Md

February 11, 1903

[Date of examination.]

Cause of disability.

Gunshot wound of left hand

Senile debility rheumatism

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 receives a pension of _____ dollars per month.
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: _____

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, _____; age, _____ years; height, _____; weight, _____ pounds; complexion, _____; color of eyes, _____; color of hair, _____; occupation, _____; permanent marks and scars other than those described below, _____

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

Pulse rate, _____; respiration, _____; temperature, _____;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

in 6 intercostal space and in median line of sternum just under the ensiform cartilage Hypertrophy but no intermission to regurgitation murmurs or valvular lesions.

Heart is very nervous and excitable Area of cardiac dullness

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.

is extended No cyanoses dyspnoea or swelling of tissues.
He does have palpitation of heart and dizziness of head.
LUNGS normal Respiration clear distinct and resonant no dullness upon percussion. Full inspiration 36 inches Full expiration 33 inches.

Sight and hearing normal
Bowels Rectum Liver Spleen normal
No other disabilities exist

We find the aggregate permanent disability for earning a support by the performance of manual labor is due to GunShot Wound of left hand Senile debility Rheumatism pain in stomach and not due to vicious habits and warrants rating of twelve dollars per month
No evidence of kidney disease
Specific gravity of urine 1020 No Albumen or sugar

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

L. B. Mumford, Pres. *A. H. Wilson*, Sec'y. *L. S. Bonnell*, 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.

5 C-4126-985-23