REPRODUCED AT THE NATIONAL ARCHIVES.

3—111.

SURGEON'S CERTIFICATE.

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

Name of claimant. Daniel Price

Address of Board. 909 F. St. N.W. P. O. Washington D.C. State.

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

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

Sept 28, 1899. [Date of examination.]

Cause of disability. Rheumatism resulting disease of heart and disease of upper 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.

Has 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:

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.

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, rough breathing over bronchi, cough, elevation of temperature, or other evidence of disease of lung 0/18.

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.

Urine examined & found normal 0/18. No evidence of vicious habits and no other disabilities discovered.

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.

[signature], Pres. [signature], Sec'y. [signature], 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—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.