

3-111.
(Old No. B-111.)

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.Name of claim-
ant.Claimant's post-
office address.Cause of disa-
bility.Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the ori-
gin of his disa-
bilities and the
manner in
which they
affect him.

Pension Claim No.

Address
of
Board.

P. O.

State.

JAN 24 1901

[Date of examination.]

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*Increase*Pension Claim No. *453,726**Daniel Boice**Port. Company D 30 Reg't U.S.C. Inf.*

[Rank.]

*15 Washington City Annapolis, Md.**Washington, D. C.**Rheumatism + resulting dis. of heart, resulting headache
and dis. of left 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.]

*That he has rheumatism and heart trouble.**occupation — none.*

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, *90, 96, 114*, respiration, *26, 32, 42*, temperature, *98*,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]height, *5* feet *7* inches; actual weight, *209 1/2* pounds; age, *55* years.Here give a full
description of
the disabilities,
in accordance
with Book of
Instructions.*Rheumatism: stiffness, crepitus and some pain in
both shoulders; stiffness + crepitus in both knees; stoops
and arises with some difficulty, complaining of pain;
no tenderness on pressure in lumbar region; no
swelling; no atrophy or contraction of muscles or tendons;
no other evidence of.* Rate *9/18*.The actual or
probable origin
of every exist-
ing disability
must be fully
set forth.Whenever a disa-
bility 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.*Heart: action regular; sounds muffled; no murmurs;
apex beat feebly evident to palpation between 5th + 6th ribs;
unable to determine accurately area of dulness owing to
obesity; marked dyspnoea on exercise; oedema of
lower lids; we are of the opinion that there is fatty
degeneration and infiltration of the heart.* Rate *9/18*.*Headache: no tender spots or other evidence of.* Rate *9/18*.*Eyes: heads swollen D 24 at 20 ft. with either eye; plus
glasses improve vision; pupils + appendages normal.* Rate *9/18*.Each disability
must be rated
separately, the
act of Congress
of March 2,
1895, requiring
"that the re-
port of such
examining
surgeons shall
specifically
state the rat-
ing which, in
their judg-
ment, the ap-
plicant is en-
titled to."*Lungs: chest measures at rest 41"; inspir. 43"; exp. 40";
no rales; auscultation + percussion sounds normal.* Rate *9/18*.*Urine: color straw; acid; sp. gr. 1.018; no albumen;
no sugar; voided freely.* Rate *9/18*.*Claimant measures 43" around waist; hands heavily
calloused; muscles firm; he is obese.**No other disability.*When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.*No evidence of vicious habits.**Wm. J. Morgan*, Pres. *R. E. Baker*, Sec'y *J. B. Muncester*, 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.