

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No.

753842

Name of claimant.

Edward Dorham

Address of Board.

Baltimore

P. O.

Maryland

State.

Claimant's post-office address.

210 Richmond St.

January 23rd

, 190 3

[Date of examination.]

Cause of disability.

Injury of left ankle and bronchitis, disease of heart and respiratory organs, paralysis and general debility.

He receives a pension of eight 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: Injury of left ankle, lung trouble and paralysis of right side for twelve years.

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, Maryland; age, 62 years; height, 5ft. 6in.; weight, 150 pounds; complexion, black; color of eyes, brown; color of hair, gray; occupation, none; permanent marks and scars other than those described below, none

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

Pulse rate, 80: 80: 90; respiration, 20/ 20: 24; temperature, N.;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

Injury of left ankle - There is deformity of left ankle joint due to former dislocation - No impairment of motion of ankle. Bronchitis - There is chronic bronchial catarrh - Also pleuritic adhesions found over the right lung the results of former pneumonitis.

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.

Heart - Apex beat in fifth intercostal space of left side - Area of impulse two inches laterally - Percussion dullness normal - Auscultation reveals normal heart sounds - No hypertrophy, dilatation, edema or cyanosis.

Disease of respiratory organs - Measurement of chest at rest - 36 inches - full inspiration - 38 inches - full expiration - 35-1/2 inches - Percussion elicits a clear sound and auscultation reveals a respiratory murmur.

Paralysis - No objective evidence of paralysis - No motor or sensory disturbances.

General debility - Muscles are soft and flabby - Claimant is fairly well-nourished.

Kidneys - Urine amber color - Acid reaction - Sp. Gr. 1020 - No sugar, albumen or other abnormal deposits.

Except as above no other disability found to exist - No evidence of vicious habits.

We find the aggregate permanent disability for earning a support by manual labor is due to bronchitis and general debility, not due to vicious habits, and warrants a rate of ten dollars per month.

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

[Signature] Pres. *[Signature]* Sec'y. *[Signature]* Treas. 54

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. 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.