

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.

Increase

Pension Claim No. 753 843

Name of claim-
ant.

Edward Dodhead

Address

Baltimore,

P. O.

Private Company A, 7, Reg't U.S.C. Vol. of Inf.

State

Maryland,

State.

Claimant's post-
office address.

#210 Richmond St., Balto., Md.

April 2, 1901

, 190

[Date of examination.]

Cause of disa-
bility.

Crippled ankle, paralysis right side, bronchitis, disease
of respiratory organs, general debility, disease of heart.

He receives a pension of Eight dollars per month.

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.

He makes the following statement upon which he bases his claim for Increase Pension

"Unable to work because of weakness and rheumatism all over
me." No occupation.

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, 90, 96, respiration, 20, 22, 28, temperature, 98,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 5 inches; actual weight, 162 pounds; age, 57 years.

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

Crippled Ankle: The arch of the left foot has been crushed,
causing a flat foot. The ankle joint is not impaired. The
injury does not cause a disability.

Paralysis: No impairment of mental, spinal or nervous func-
tions. No chronic meningitis. No vertigo, spasms, convulsions
or nausea. No paralysis, local or general. No arcus senilis.
Breathing regular. No difficulty swallowing. No impairment
of coordination of movements. No muscular tremor.

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.

Bronchitis; Respiratory Organs: No dullness on percussion.
Respiratory sounds clear. No cough. Naso pharyngeal tract
healthy. No symptoms of bronchitis or disease of respiratory
organs.

General Debility: He is weak and feeble. His muscles are
soft. He is prematurely aged. He has no organic disease,
but he is unable to perform much manual labor, owing to de-
bility.

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."

Rheumatism; Heart: Except flat foot, no deformity or limi-
tation of motion of joints. He complains of general muscu-
lar soreness affecting his whole body. He has no objective
symptoms of rheumatism. Heart--Apex impulse apparent by
palpation in fifth interspace, 1-1/2 inch to right of left
nipple. Transverse dullness extends from fourth left chondro-
costal articulation to fifth right costosternal articulation.
Action is regular, and valves good. No hypertrophy or dila-
tation. No dyspnea, cyanosis or oedema.

When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

Except as above, all organs normal. Urine pale. S. G. 1020.
Acid. No albumen or sugar.

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

A. A. White, Pres. Leo R. Lahaie, Sec'y. E. Lane Tugwell, 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.