

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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.

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

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.

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.

Pension Claim No.

Address of Board.

P. O. State.

[Date of examination.] 190

increase

Daniel Boice
Port. Company D 30 Reg't U.S.C. Inf.
[Rank.]

15 Washington St. Annapolis, Md.

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, 98.6,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 7 inches; actual weight, 209 1/2 pounds; age, 55 years.

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 contusion of muscles or tendons; no other evidence of. Rate 6/18.

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 10/18.

Headache: no tender spots or other evidence of. Rate 0/18.

Eyes: heads swollen D 24 at 20 ft. with either eye; plus glasses improve vision; pupils + appendages normal. Rate 0/18.

Lungs: chest measures at rest 41"; inspir. 43"; exp. 40"; no rales; auscultation + percussion sounds normal. Rate 0/18.

Urine: color straw; acid; sp. gr. 1.018; no albumen; no sugar; voided freely. Rate 0/18.

Claimant measures 43" around waist, hands heavily calloused; muscles firm; he is obese.

No other disability.

No evidence of vicious habits.

Wm. J. Morgan, Pres. Ree Baker, Sec'y J. B. Mumcaster, 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 back certificate (3-111 g) properly numbered, and attach it to the "REPRODUCED AT THE NATIONAL ARCHIVES" entries must never be made.