

3-155.
Old No. 3-111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Additional Pension Claim No. Cert. 490 607,

Name of claimant.

James Wilson

Address of Board. { Baltimore, P.O. Maryland, State.

Claimant's post-office address.

Island Creek, Calvert Co., Md.

April 26, 1904, 190 [Date of examination.]

Names of disabilities.

Lumbago, injury to right foot from burning, to right leg, rheumatism, disease of heart, general debility.

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 receives a pension of Six dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: "Burnt my foot by accident while in service. Causes great pain. cannot do any work."

Birthplace, Calvert Co., Md.; age, 57 years; height, 5-4; weight, 135 pounds; complexion, Dark; color of eyes, Dark; color of hair, Black; occupation, Farmer; permanent marks and scars other than those described below, None

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

Pulse rate, 78, 84, 90; respiration, 18, 20, 28; temperature, 98

Lumbago; Rheumatism; Heart; General Debility: He has crepitation in all his large joints. His lumbar muscles are atrophied 30%, and are very sore to touch and painful in stooping and rising. All his muscles are apparently sore to touch. He is debilitated by the effects of advancing age. His movements indicate weakness. He is unable to perform much manual labor. Heart normal in size, position and function. No dyspnoea, edema or cyanosis.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Injury to Right Foot and Leg: He has a scar on the outer aspect of the right foot, due to burn. The scar is superficial in character, non-dragging and non-sensitive. It causes no disability. There is no evidence of injury to either Leg.

No other disability found to exist. Chest symmetrical; expiration 35, rest 36, inspiration 37. Urine dark. S. G. 1020. Acid. No albumen or sugar.

No evidences of vicious habits.

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.

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

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

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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