

3-155.  
Old No. 3-111.

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 25668

Name of claimant.

John W. Smith

Address of Board.

WASHINGTON, D. C. P. O. State.

Claimant's post-office address.

Company Reg't Navy  
1015 Race St. Balto. Md.

MAR 17 1904  
[Date of examination.]

Names of disabilities.

Rheumatism, neuralgia and disease of heart and senile debility, disease of head and kidneys, headache, vertigo, bronchitis, asthma, impaired vision, fracture of skull, injury to three fingers of both hands and general debility.

He receives a pension of \$8 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: Rheumatism 12 years.

Birthplace, Md; age, 60 years; height, 5-4;

weight, 195 pounds; complexion, Negro; color of eyes, Brown;

color of hair, Black; occupation, None; permanent marks and scars other than those described below, Tattooed Crucifixion left forearm.

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

Pulse rate, 80-85-90; respiration, 18-20-21; temperature, 98.6;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

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

Rheumatism: Has stiffness and crepitus in shoulders and knees. Limitation 1/4 in right shoulder and right knee. Slight tum- bago, to swelling, atrophy or arter. evidence of. Slight contraction tendons terminal phalange of right fingers. Neuralgia: to tender spots on back evidence of.

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

Heart: Beat seen and felt 1/2" within nipple line, 5" space. to murmurs. 1/2" hypertrophy. to edema, dyspnoea or cyanosis.

Digestive system: Tongue Clean. Feet suf- ferent. Liver and spleen not enlarged or tender. No tenderness or meteorism. to disease of rectum. Not debilitating. to vertigo.

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.

Disease of head: to evidence of.

Kidneys: 1018, acid, Clear, straw. to albumen or sugar.

Respiratory system: 41" 42 1/2" 40. to rales. Palpation, percussion and auscultation normal. to disease of.

Eyes: O.D. V = 20/70 O.S.V. = 10/70 + glass corrects left eye to 20/70. minus glass corrects right eye to 20/70. Marking arcus senilis.

Little fingers both hands; Decisions under rheumatism to other disability. to evidence of vicious habits.

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

We find that the aggregate permanent disability for earning a support by manual labor is due to Rheumatism, heart disease, and eyes not due to vicious habits and warrants a rate of \$ 8.00

Wm. J. Myman, Pres. Russaker, Sec'y. J. O. Cox, Treas.

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

Marginal entries must never be made.