

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.

Original

Pension Claim No. 828 939

Name of claimant

Allen Green 19th

Address

Baltimore

P. O.

Rank

Private Company H. & I. Reg't N. Y. Inf.

State

Maryland

State

Claimant's post
office address

Catonsville, Balto. Md.

August 6th.,

1898

Name of disease
or injury

Rheumatism, disease of Lungs, Chest, Head, Kidneys, Bladder, Ears
& Back, injury to Arm and Testicles, Hydrocele & Dyapopsia.

He receives a pension of _____ dollars per month.

How does the
claimant's
condition
compare with
the condition
of his
fellow
soldiers
in the
army?

He makes the following statement upon which he bases his claim for Original Pension
"Not able to do labor work on account of rheumatism contracted
in the army."

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, 72, 78, 86, respiration, 19, 21, 23, temperature, 98

Here give a full
description of
the condition
of the
claimant
with full
description
of the
condition
of the
claimant

height, 5 feet 6 inches; actual weight, 130 pounds; age, 58 years.
Rheumatism & Back. No deformity or limitation of motion of
joints. Right knee is crepitant and painful on motion. No
other joints affected. All his muscles are sore to touch; he
has pain in lumbar muscles in stooping and rising. Heart normal
in size, position and function. No hypertrophy or dilatation.
No dyspnea, cyanosis or edema. Rheumatism. Rating 5/18.

The extent of
the disease
of every
organ
must be fully
and fully
described
in the
report
of the
examiner
of the
claimant
in the
report
of the
examiner
of the
claimant

Lungs & Chest. No cough. No dullness on percussion. Respi-
ratory sounds clear. Chest measures, expiration 33, rest 34,
inspiration 36. No disease of lungs or chest. No rating.

No symptoms of disease of head. No rating.

Kidneys. No local edemas or dropsy. No anasarca, uraemia
or degenerations. Urine light amber. S. G. 1015. Acid. No
albumen or sugar. No rating.

Bladder. No cystitis. No retention or incontinence of urine.
No hypertrophy of the prostate gland. No stricture. Urine con-
tains no abnormal matter. No rating.

Each disability
must be rated
separately, the
total degree
of disability
must be
stated in the
report of the
examiner
of the
claimant
in the
report
of the
examiner
of the
claimant

Ears. Each internal and external auditory apparatus in normal
condition. Can hear with each ear ordinary conversation at
a greater distance than six feet. No rating.

Hydrocele, Testicles. Has a right hydrocele 4 by 3 inches in
diameter. No other disease or injury to testicles. Hernia and
varicocele excluded. Hydrocele. Rating 2/18.

Dyapopsia. All digestive organs normal in size and function.
No abdominal soreness. Rectum normal. Is in good physical
condition. No dyspepsia. No rating.

When there are
multiple
disabilities
the
examiner
must
state
the
degree
of each
disability
and the
total
degree
of
disability
in the
report
of the
examiner
of the
claimant

No evidence of injury to arm. No rating.

Except the above, all organs normal.

No evidence of vicious habits.

W. A. White Pres. *Geo. R. Water* Secy. *B. Lane* 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 (3-111g) properly
numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.