

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

*Increase*

Pension Claim No. *845145*

Name of claimant.

*John Clough*

Address of Board. *Apollo Pa* P. O. State.

Claimant's post-office address.

*Pvt Company L 14 Reg't Pa Cav*  
*Seeshburg Pa*

*Jan 2, 1901*, 189-  
[Date of examination.]

Cause of disability.

He receives a pension of *\$ 12.00* dollars per month.

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.

He makes the following statement upon which he bases his claim for *Increase*.  
[Original, increase, restoration, etc.]

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, *108 120 - 130*, respiration, *20 22 - 26*, temperature, *98.6*,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *4* inches; actual weight, *122* pounds; age, *70* years.

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

*General debility - Pale and anaemic, muscles soft and flabby hands not labor worn*  
*Disease of eyes - Gouffular lids. Pterygium of left eye. Depletive lachrymal duct in right eye, total blindness of left eye. Right eye set. all vis 20/200.*

The actual or probable origin of every existing disability must be fully set forth.

*Eczema of right ankle and extending over lower third of tibia intense itching and watery discharge. Scaly.*

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.

*Hydrocele - not found*  
*varicocele - dimensions 3 in in circumference two and a half inches long.*

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

*Heart - very rapid in action apex impulse not evident on inspection or palpation no murmurs hypertrophy cyanosis, oedema or dyspnoea.*

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

*Gout - not found*  
*Bronchitis not found but find post nasal laryngeal and pharyngeal catarrh*

*Dyspepsia - tongue red and coated tenderness in region of stomach bowels tympanitic rectum inflamed.*

*Loss of speech - not found.*

*We find the aggregate permanent disability for earning a support by manual labor is due to general debility, Eczema, varicocele, heart dis. catarrh, dyspepsia and senility not due to vicious habits and warrants a rate of \$ 12.00. Except as stated all organs normal.*

*R.P. Hunter* Pres. *W.W. Seesh* Sec'y. *J.A. Henshaw*, 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.