

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. Cert. 562 202

Name of claimant.

Levan N. Purnell alias Newton

Baltimore, P. O.

Private Company D, 9, Reg't U.S.C. Inf

Address of Board.

Maryland, State.

Claimant's post-office address.

#13 S. Caroline St., Balto., Md.

October 2, 190 0

[Date of examination.]

Cause of disability.

Lumbago, injury to little finger of left hand, disease of back and kidneys, chills and fevers, rheumatism, general debility.

He receives a pension of Six 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 Pension

"Contracted rheumatism and disease of back while in service." [Original, increase, restoration, etc.]

Not able to perform manual labor on account of disease of back." Laborer.

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, 78, 82, 90, respiration, 18, 20, 26, temperature, 98,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 6 inches; actual weight, 160 pounds; age, 58 years.

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

Lumbago; Back; Rheumatism. Except little finger described below, no deformity or limitation of motion of joints. Lumbar muscles are atrophied 20%, and exceedingly sore to touch and painful in stooping and rising. He has general muscular soreness affecting all his muscles. He has no objective symptoms of rheumatism, but we believe that he suffers as alleged. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema.

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

Injury to Little Finger. Distal joint of left little finger is ankylosed, as the result of an injury. There are no other joints affected, and the injury causes no disability.

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.

Kidneys. No local oedemas or dropsies. No anaemia, uraemia or degenerations. Urine dark. S. G. 1020. Acid. No albumen or sugar.

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."

Chills and Fevers. Skin clear. Tongue clean. No enlargement of liver or spleen. Upper border of liver corresponds with fifth rib; lower border of liver corresponds to the lower border of the ribs. Has no chills at present or recently. No evidence of malarial poisoning.

No symptoms of General Debility.

Except as above, all organs normal. Chest measures, expiration 34, rest 35, inspiration 37.

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, not due to vicious habits, and warrants a rating of \$8.00

A. A. White, Pres. Geo R. Graham Sec'y. G Lane Danville, 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.