

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 976 630

Name of claimant. Charles H. Tilghman Address of Board. Baltimore, Maryland, P. O. State. October 19, 1901, 190

Company B, 7, Reg't U.S.C. Inf.

Claimant's post-office address. #507 Oxford St., Balto., Md. [Date of examination.]

Cause of disability. Rheumatism, disease of heart, disease of back, breast, rupture right side, dyspepsia, affection of eyes, disease of stomach, results of typhoid fever, disease of testicles and kidneys, 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 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: "Have severe pains all over me from rheumatism, contracted in service. Cannot do any work from weakness."

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Talbot Co., Md.; age, 60 years; height, 5-7; weight, 160 pounds; complexion, dark; color of eyes, dark; color of hair, grayish; occupation, laborer; permanent marks and scars other than those described below, blister scars on left knee

We hereby certify that upon examination we find the following objective conditions:  
 Pulse rate, 70, 74, 80; respiration, 16, 18, 20; temperature, 98  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

**Rheumatism; Heart; Back:** He has no deformity or limitation of motion of joints. He has no objective symptoms of rheumatism or disease of back: Heart--Apex impulse apparent by palpation in fifth interspace, one inch to right of left nipple. Transverse dullness extends from fourth left chondrocostal articulation to fifth right costosternal articulation. Action is regular. Valves good. No dyspnoea, cyanosis or oedema. No hypertrophy or dilatation.

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

**Breast:** He has no cough. No dullness on percussion. Respiratory sounds are clear. Chest symmetrical; expiration 34-1/2, rest 36, inspiration 38. No symptoms of disease of breast.

**Rupture:** All abdominal rings normal. No tumor or hernia of either side. No hydrocele or varicocele.

**Dyspepsia; Stomach:** His digestive organs are normal in size and function. He has no abdominal soreness. Rectum normal. He has no symptoms of dyspepsia or disease of stomach.

**Eyes:** External and internal structures each eye in a healthy condition. Vision right eye 20/50, with X 1 D = 20/20. Left eye 20/70, with X 2 D = 20/20.

He has no symptoms of results of typhoid fever.

**Testicles:** The right testicle is somewhat atrophied, but there is no evidence of disease of either testicle.

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

**Kidneys:** He has no local dropsies. No anaemia, uraemia or degenerations. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

**General Debility:** He is somewhat debilitated from the effects of advancing age. His muscles are soft and toneless. He has no organic disease, but by reason of weakness, he is able to perform but little manual labor.

*A. A. White*, Pres. *Geo. R. Haham*, Sec'y. *G. Lane Truitt*, 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 (old No. 3-156, 3-111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.