REPRODUCED AT THE NATIONAL ARCHIVES

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. Cert. 626 009,

Name of claimant. RObert Barnes | Address of Board. Baltimore, P. O. Maryland, State.

Company K, 19, Reg't U.S.C.Vol.Inf.

Claimant's post-office address. #140 W. Hamburg St., Balto., Md. | December 23, 1902, 190 [Date of examination.]

Cause of disability. Rheumatism and disease of rectum, disease of kidneys and back, heart, disease of chest, general debility, broken foot and affection of right leg, defective eyesight, deafness left ear, disease of stomach.

He receives a pension of --------- 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 had rheumatism for five years, due to exposure and privation. Suffer a great deal and am unable to work."

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, Dorchester Co., Md.; age, 61 years; height, 5-6; weight, 150 pounds; complexion, Dark; color of eyes, Dark; color of hair, Dark; occupation, Laborer; permanent marks and scars other than those described below, Scar on right cervical region

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

Pulse rate, 84, 90, 98 [Sitting, standing, after exercise.]; respiration, 16, 20, 28 [Sitting, standing, after exercise.]; temperature, 98;

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

Rheumatism: He has no deformity or limitation of motion of joints, and no objective symptoms of rheumatism.

Rectum: His rectal mucous membrane is in normal condition. He has no piles. No fissure, fistula, stricture or prolapse.

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.

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

He presents no symptoms of disease of Back.

Heart normal in size, position and function. Apex impulse apparent by palpation in fifth interspace, one inch to right of left nipple. He has no edema, dyspnoea or cyanosis.

Chest: He has no dullness on percussion. No cough. Respiratory sounds clear. Chest symmetrical; expiration 35, rest 36, inspiration 38. He presents no symptoms of disease of chest.

General Debility: He is debilitated from the effects of advancing age. His shoulders are stooped. His muscles have lost their elasticity. He is able to perform but little manual labor.

He presents no fracture of either foot or affection of either leg.

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

Eyes: External and internal structures each eye in normal condition, He cannot read, but can count fingers at a distance of twenty feet.

Deafness: Each external and internal auditory apparatus in normal condition. He is able to hear with each ear ordinary conversation at a greater distance than six feet.

Stomach: All digestive organs normal in size and function. He has no abdominal soreness. He presents no symptoms of disease of stomach.

W. C. White, Pres. Geo R. Lohner, Sec'y. Adam Tanyhill, 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. 3-111 g. 3-156.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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