

Name of claimant.

John W. Smith.

Pension Claim No. 25662

Landsman Company E 19 Reg't. S. A.  
[Rank.]  
1015 Race St.

Address Baltimore Md. P. O. State.

Claimant's post-office address.

Feb. 17th 1908  
[Date of examination.]

Cause of disability.

Rheumatism, disease of heart, injury to little fingers on right and left hand, impaired vision. Dis. of kidneys, vertigo, debility, Dis. of head results of fracture of skull, asthma, bronchitis and headache. He receives a pension of \$6 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.]  
Rheumatism, bad eye sight, vertigo, and headache, while cutting wood, a tree fell and struck him on the head.  
Occupation formally brickmaker. He says that he is unable to work.

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 72 82, respiration, 18 18 24, temperature, 98 1/2,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
height, 5 feet 4 inches; actual weight, 173 pounds; age, 54 years.

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

Rheumatism, Rheumatic tendencies in right knee and right shoulder joint. Knee joint there is crepitation and slight tenderness upon pressure. No swelling nor atrophy of muscles, no enlargement of joint, no impairment of motion. Shoulder joint, slight crepitation, no enlargement tenderness nor swelling nor atrophy of muscles. Motion unimpaired.

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

Dis. of Heart. Apex beat, in 5th. Intercostal space, of left side area of impulse 1 1/2 in, laterally. Percussion dullness extends from 4th. rib to apex. Auscultation, reveals normal heart sounds, no murmurs nor hypertrophy, dilatation, odema, nor cyanosis. Injury to little finger on right and left hand. There is contraction of the distal joints, of both little fingers, impairing the motion of flexion and extension.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

vision, both eyes 20/70 right 20/70 left 20/70, Cornea transparent, and responds readily to light and shade Pupils, of average normal size. Lids healthy.

Kidneys, Urine S Gravity. 1020. Amber color. Acid reaction no albumen, sugar, or other abnormal deposits.

Vertigo. No objective evidence of vertigo.

Debility. No evidence of debility, General nutrition good, skin moist and healthy.

Dis. of head. Result of fracture of skull. There is a linear scar of lin. located over the right parietal bone. With slight contraction and loss of tissue. There is no callus or other evidence of fracture of skull. The parts are not sensitive upon pressure.

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

Headache. No objective evidence of headache.

Lungs. Measurement, at rest 41, full exp. 42 1/2 in, full ins. 40 1/2 in. Percussion, elicits a clear sound, and auscultation reveals a respiratory murmur. Bronchi normal.

Asthma. No objective evidence of asthma, no paroxysmal or intermittent dyspnoea. No cough, or bronchial secretion. Or other evidence.

A. J. Jewell, Pres. G. L. Scudder, Sec'y. A. J. Shroder, 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.