(3—108.)

# EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 369087

State: Pa County: Washington

Post Office: Washington Oct 25, 1881.

I hereby certify That I have carefully examined Charles Zuail, late a Pvt

Applicant's service. Co. E, 140 Reg't, Pa Vols

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from disease of lungs

Degree of disability. In my opinion the said Charles Zuail is 1/2 incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin. Judging from his present condition, and from the evidence before me it is my belief that the said disability did first originate in the service aforesaid in the line of duty.

Probable duration. The disabilty is

Particular description. A more particular description of the applicant's condition is subjoined: Height 5 ft 9; weight, 145; complexion, Dark age, 36; pulse, 108; respiration, 24

He claims to be troubled with asthma there is moist rales heard over both lungs his voice is hoarse and deep. is not now suffering from an attack but I judge from his symptoms he is troubled with it. from character of his pulse and murmurs I would say that he is suffering from disease of mitral valves of heart.

F. D. W. Wilson

Examining Surgeon.

☞ Attention is invited to the outlines of the human skeleton and figures upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Orig. Pension Claim No. 369087
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Chas Quail, Rank, Prvt

Company C, 140 Reg't Pa. Inf | Washington Pa, State,
[Post-office address of the Board.]

Claimant's post-office address. East Bethlehem Pa. | Aug. 30, 1893.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Affection of Lungs,

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of ——— dollars per month.

He makes the following statement upon which he bases his claim for Orig.
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Has had lung trouble since he came out of Andersonville Prison in 1864. When he works he gets short of breath, when idle it does not trouble him so much, when he has cold or is in dust it affects him also,

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, 98½; height, 5 feet 8¾ inches; weight, 156 pounds; age, 47 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Auscultation and percussion fails to reveal any disease of lung. Respiratory murmur is clear and full over surface of both lungs. There is no rhals and no dullness on percussion. Axiliary muscles are not brought into play in respiration. Tongue, skin, liver, spleen, stomach and abdomen are normal,

Rate for EACH cause of disability. ———. He is, in our opinion, entitled to a No, rating for the disability caused by Disease of Lungs, ——— for that caused by ———, and ——— for that caused by ———

W. D. Enoch, Pres. J. B. Irwin, Sec'y. absent on account of death of wife, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(6287—300,000.) 6—552

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 369,087.
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Charles Quail, Rank, Priv

Company C, 140 Reg't Pa Vol Inf | Washington Pa State,
[Post-office address of the Board.]

Claimant's post-office address. E Bethlehem Pa | Oct 10 1894
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Disease of lungs

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for _____
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. First noticed Chest trouble after since I came out of Andersonville Prison. from of Asthma. Short of breath, gasping, worse in summer than in winter and have been effected more or less ever since I left the prison. am effected fully one half the time that I am unable to do manual labor.

Upon examination we find the following objective conditions: Pulse rate, 74, 78; respiration, 18; temperature, 98½; height, 5 feet 9 inches; weight, 150 pounds; age, 49 years. Occupation a Carpenter.

Here give a full description of the disabilities, in accordance with Book of Instructions. Auscultation & Percussion fails to reveal any evidence of disease of lungs. Percussion note is clear and distinct over surface of both lungs. No pain or dullness on Percussion. Full inspiration 39½ inches. Expiration 36 inches. No effort in respiration.

Condition of heart is normal. Area of cardiac dullness is not increased. Apex beat one inch below and one inch to right of nipple. No murmur. Action regular

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. He has nasal catarrh most marked on left side inflamed but not ulcerated the discharge odor. Pharyngitis. throat dry red and inflamed. Dry, rales bronchial, due to post nasal catarrh. Condition of tongue skin stomach liver & spleen abdomen & rectum normal.

This man is well nourished, muscles firm and balance well balanced. He is incapacitated for manual labor about one third the time due to Nasal - Post Nasal - Pharyngeal Catarrh.

H. D. Enock, Pres. Geo McKelly, Sec'y. D. X. Lacock, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 369,087
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Charles Lenail, Rank, Private

Company C, 140 Reg't Pa Inf | Washington Pa State,
[Post-office address of the Board.]

Claimant's post-office address. | June 29th, 1898.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Disease of Lungs & heart, Rheumatism, and injury to spine

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Had asthma since I came out of Andersonville, short of breath, can't work in dust, had to give up my work in planing mill 30 yrs ago, have an attack when I exercise or get in any dust, a severe attack every 3 weeks, cough constantly, Rheumatism 10 or 12 yrs, first in shoulders, now all over me, sometimes puts me to bed 2 or 3 days, affects my fingers & grips, my spine was injured, Aug 1897, by falling from a building, two ribs were broken at the same time, causes a numbness in legs, sometimes pain in legs, backaches, pain in neck, affects my walking, can't carry 50#, am almost totally disabled for manual labor.

Upon examination we find the following objective conditions: Pulse rate, 84-98; respiration, 20; temperature, 98½; height, 5 feet 8½ inches; weight, 164 pounds; age, 53 years. Disease of lungs - percussion reveals increased resonance over both lungs, mucous rales in both lungs, prolonged expiration, abdominal respiration, increased to 24 by exercise, full In 37½ - R 36, forced E, 35½, no hepitization, no dyspnoea, cough present, Rating for disease of Lungs 8/18, Disease of heart - area of cardiac dullness normal, apex beat normal, action regular but fast & feeble, increased on exercise, no oedema, no dyspnoea, Rating for Heart disease no -, Rheumatism -, there is creaking & stiffness in shoulders, elbows, hands & knees, motion in shoulders & knees limited ½, all other joints motion is unpaired, extreme lumbar tenderness, he stoops & rises with with much difficulty, lumbar muscles tense, some swelling of lumbar muscles except as above all tendons & muscles normal, Rating for Rheumatism 16/18 -, Injury to spine - we failed to find evidence of injury to spine, no tenderness, no cicatrice no deformities, there are 2 small lumps on 6 & 7 ribs, no tender, do not seem to produce an inconvenience, Rating for injury to spine no - He is poorly nourished, trembly, feeble, probably due to his lung trouble & rheumatism, Hands not calloused.

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.

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."

No evidence of viscious habits, Except as above all organs normal.

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

J. M. Scott, Pres. J. A. Patterson, Sec'y. D. H. Evans, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Orig. Pension Claim No. 369,089
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Charles Druail, Rank, Pvt.

Company C, 140 Reg't Pa Inft | Waynesburg Pa State,
[Post-office address of the Board.]

Claimant's post-office address. East Bethlehem, Washington Co. Pa. | January 11, 1899.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Disease of lungs, rheumatism disease of heart and disease, or injury of spine.

(Cause of disability.)

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of No dollars per month.

He makes the following statement upon which he bases his claim for Orig.
[Original, increase, restoration, &c.]

(Here give the claimant's statement as briefly and as compactly as possible.)

Has had disease of lungs or asthma for the last 20 years, rheumatism for 10 years, disease of heart ever since 1864 and disease or injury of spine since august 1897

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 28; temperature, 98⅘; height, 5 feet 8 inches; weight, 165 pounds; age, 53 years. The disease of lungs complained of is due to heart disease. Has rheumatism, shoulders hands & knees, joints of hands are enlarged, complains of pain and swelling of knees & pain in shoulders, slight contraction of the flexor tendons of both hands the other joints muscles and tendons in normal condition. Has disease of heart right side dilatation, with valvular insufficiency blowing murmur at apex the pulmonary circulation is poor, apex beat between 5th & 6th ribs slight increased area of cardiac dullness on percussion pulse rate sitting 96 standing 96 by exercise 130 weak and very irregular complains of syncope & dyspnoea, has cough and expectoration. The lungs on auscultation & percussion are normal. Chest measure expiration 36 inspiration 38 inches. Claimant by a fall from a building has had the three lower ribs of rt. side seperated from spine, causing an enlargement and tenderness at this joint in using rt. arm causes pain at this joint. Has varicocele of left side size of mass 4 inches, no hydrocele, no hernia. Has loco-motor ataxia - patella reflex well marked in both legs walks with uncertainty with eyes shut unable to climb a ladder or over buildings to follow his vocation, he being a carpenter. We find no evidence of vicious habit. he is well nourished. He is in our opinion entitled to a 16/18 rating for rheumatism, 24/18 for dis. of heart, 2/18 for injury to spine, 2/18 for varicocele, & 16/18 for loco motor ataxia.

(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.)

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

(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.")

_____, Pres. J. T. Nelson, Sec'y. E. J. Johnson, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

# Examining Surgeon's Certificate.

Washington Feb. 20th, 1863.

I hereby Certify, That I have carefully examined

Applicant's service. Mr. Martin, late a Sergeant Co. A. Capt. Sanders, 69th N. Y. Reg. Vol.

in the service of the United States, who was discharged at Emulsie Camp, on the 17th day of February, 1863, and is an applicant for an invalid pension, by reason of alleged disability resulting from a wound.

In my opinion the said William Martin

Degree of disability. is not incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Judging from his present condition, and from the evidence

Origin. before me, it is my belief that the said disability was contracted in the service aforesaid in the line of duty.

Probable duration. The disability is of 3 months perhaps.

A more particular description of the applicant's condition is subjoined:

Particular description. Wound by ball entering left side just above crest of ilium & making its way upwards & across the back escaped near the spine about two inches above line of entrance. No important disability.

B. F. Mc M. M. D.

Examining Surgeon.

257 S/

1 EXAMINING SURGEON'S CERTIFICATE 1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 11,547

State: New York County: New York

Post Office: Sept 1st, 1873.

We hereby certify, That we have carefully examined William Martin, late a Sergt

Applicant's service. Co. A, 69 Reg't, N.Y.V.

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from G.S.W. left hip

Degree of disability. In our opinion the said William Martin is Three eighths ⅜ incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin. Judging from his present condition, and from the evidence before us, it is our belief that the said disability did originate in the service aforesaid in the line of duty.

Probable duration. The disability is Uncertain

A more particular description of the applicant's condition is subjoined:

Particular description. Height, 5.10½; weight, 155; complexion, fair; age, 40; pulse, 74; respiration, 18 blue brown

Ball entered above anterior sup. sp. process of left ilium leaving a deep and adherent cicatrice – it emerged near spine of 2nd dorsal vertebra, interferes with stooping and lifting

J. T. Ferguson
W. Franklin Smith
M. K. Hogan
Examining Surgeon.

3 EXAMINING SURGEON'S CERTIFICATE 3

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

**No. of Certificate,** ~~136388~~ 136383

*State:* Ny *County:* Ny

*Post Office:* Ny Jany 14, 1870.

**It is hereby certified** *That* Wm Martin

*formerly a* Sgt *of Captain* "G" *Company,*

*in the* 69 *Regiment of* Ny Vols, *in the war of* rebellion

*who is now paid at* Newport *Agency at the rate*

*of* 3 *dollars per month, on account, as he states, of* gun shot hip

*while in the line of duty in the military service of the United States, on or about the*

*day of* Sept, 1862, *at a place called* Antietam

*in the State or Territory of* Md.

Here specify the particular disease or injury.

*is still suffering in consequence of said* gun

*The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:*

*Height,* 5 2 1/2; *weight,* 150; *complexion,* dark

*age,* 45; *respiration,* 96 90 90; *pulse,* 20 18 18

Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also, state whether the disability is *permanent* in its present degree, and whether it has been in any degree caused or protracted by vicious habits.

Scar 1 x 3/4 in deeply depressed ~~to~~ fillaments & fascia one inch above the middle 3rd crest of left ilium

Pain & stiffness left thigh & hip.

*we find his disability, as described above, to be equal to, and entitling him to*

*no increase*

J. McDonald

*Examining Surgeon.*

S. S. Burr

A. B. Judson

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

No. 2. (3—11.) No. 2.

# INCREASE OF PENSION.

(FOR A BOARD.)

Claim No. 136 383

Name of claimant, William Martin

Rank, Sergeant

Company, a

Regiment, 69 N.Y.

Post-office address, 65 Charlton St N.Y. City

ADDRESS OF THE BOARD:

Post office, 398 Canal St

County, N.Y. City

State, N.Y.

Date of examination, June 24, 1885

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is now pensioned at a $3 — disability on account of gsw left side effects, and that he claims an increased rating for the reason that the disability has increased, and that he is now disabled to ..... degree for earning his subsistence by manual labor.

(Degree now paid and for what disability.)

(Reason for claiming increase and degree claimed.)

His pulse-rate per minute is 72; his respiration 16; his temperature normal, his height is 5 feet and 10 inches; he weighs 160 pounds, and he states that he is 51 years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement: that he has scar, pain in the left hip thigh calf & foot - is affected specially by motion - also there is known leg contract numbness of the toes left foot & coldness of the entire side left leg - that he has in fact sciatica in a severe form -

(Here give the claimant's statement of his reasons for claiming an increased rating as fully and as compactly as possible.)

SUBJECTIVE SYMPTOMS.

Upon examining this applicant we find the following objective conditions which, in our judgment, do ..... entitle him to an increased rating: Scar circular 7/8 inch in diameter depressed 1/2 inch & attached to fascia just above crest of left ilium in the axillary line extreme - Scar 3/4 X 1/4 inch depressed & attached to fascia - exactly in the median line & located about in the middle of the lumbar part of the spine extl. motions of the joints left lower limb are normal - thighs alike in size - right calf about 1/4 inch the greater - no visible atrophy of the left buttock the rate is rather low -

(Here give a full description of the conditions by which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.)

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ..... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/2 rating for the disability caused by gsw left side effects, ..... for that caused by ....., and ..... caused by ....., the sum of which aggregates 1/2

(Rate for each cause of disability, and state the aggregate.)

* See the back.

S. B. Brown, Pres.,
A. B. Snell, Sec'y,
Wm McDonald, Treas.,
BOARD.

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. — Increase [State above whether for original, increase, or restoration.] Pension Claim No. 136,383

Name and rank of claimant. — William Martin, Rank, Sgt

Company A., 69 Reg't N.Y. Vols. Infty | 12 Union Square N.Y. State, [Post-office address of the Board.]

Claimant's post-office address. — 69 Carmine Str. N.Y. City | June 7, 1893. [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Gun Shot Wound of left side and resulting sciatica of left leg

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. — and that he receives a pension of six dollars per month.

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

Served 6 years. On Sept 17. 1862 at battle of Antietam he received a gun shot wound through abdomen which left as a result sciatica

Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: Pulse rate, 110; respiration, 21; temperature, 98.5; height, 5 feet 10½ inches; weight, 196 pounds; age, 58 years.

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

Gun Shot Wound: Point of Entrance one and a half inch above the chrest of Ilium, cicatrix ½ inch in diameter, not adherent but painful on touch Point of exit over the 4th lumbar vertebra, cicatrix ½ inch in diameter and adherent to the muscular structures below, painful on touch.
There are no discharges from the wounds.
Rated six eighteenths

Resulting Sciatica: There is sensitiveness along the great sciatic nerve on the left side and the locomotion is slightly impaired

Hemorrhoid: There is one little tumor externally size of a pea, not bleeding, not sensitive fistula in ano about ½ inch from sphincter and discharging.
Rated two eighteenths (over)

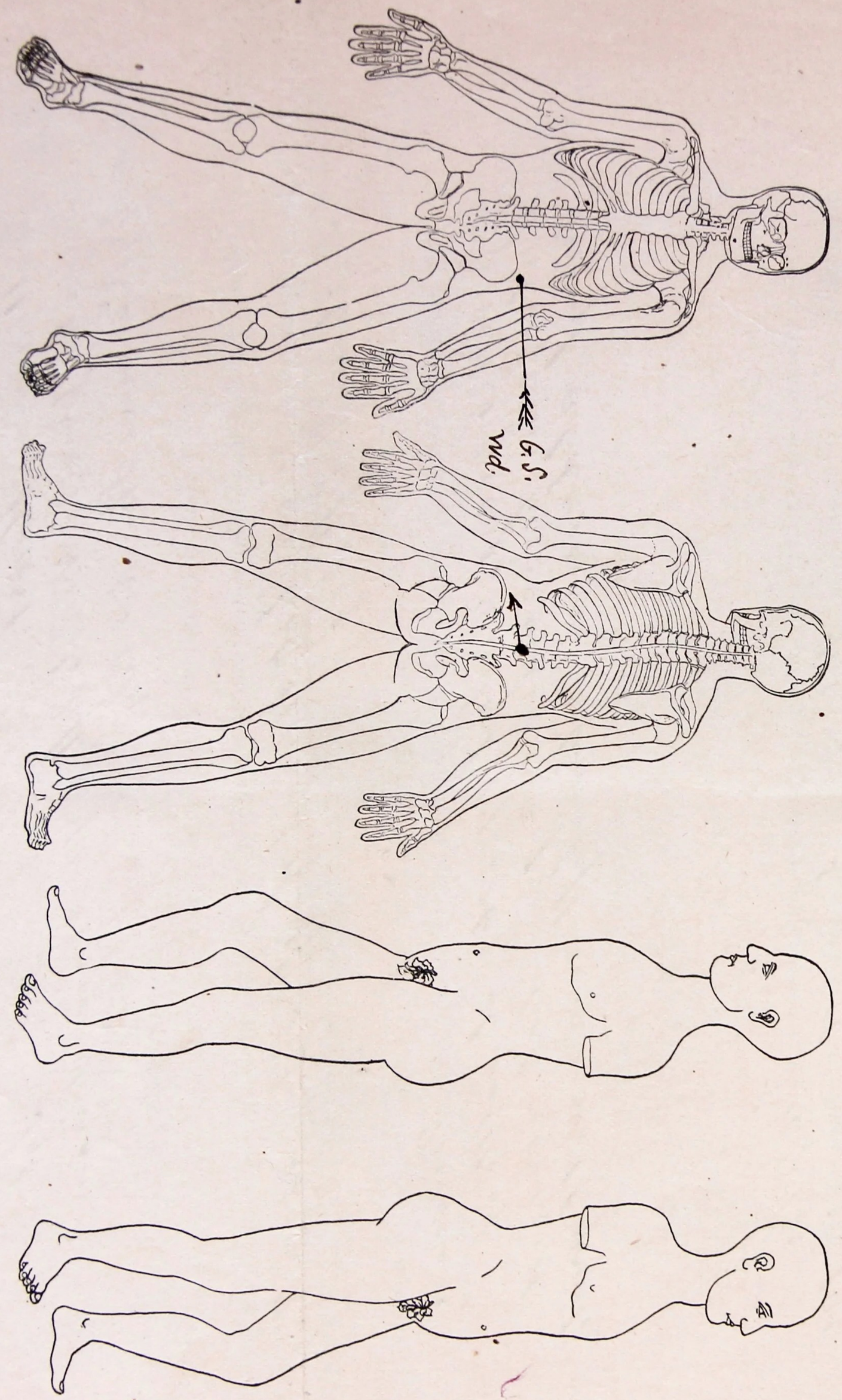
He is, in our opinion, entitled to a 6/18 rating for the disability caused by G.S.W., 2/18 for that caused by hemorrhoids, and 2/18 for that caused by heart trouble

Rate for EACH cause of disability.

W. H. Richardson, Pres. C. H. Bushong, Sec'y. Gustav Scholer, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(C287—300,000.) 6—552




Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

PENSION U. S. JUN 15 1893 OFFICE.

# SURGEON'S CERTIFICATE

IN CASE OF

*William Martin*

Co. *A*, *69th* Reg't *N.Y. Vols. Infty*

**Applicant for** *Increase*

No. *136,383*

DATE OF EXAMINATION:

*June 7th*, 1893.

*M. L. Richardson*, Pres.,
*C. H. Burhong*, Sec'y,
*Gustav Scholer*, Treas.,
} BOARD.

Post office, *12 Union Square*

County, }
State, } *N. Y.*

P. S.—Write your Post-office address plainly and in full.

*Grinsted*

*Claim: Cardiac area normal, action rapid and a systolic murmur over apex.*

*Rated two eighths.*

*Not otherwise disabled.*

*Approved.*

U. OLD W. JUL 1893 F. P.

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 136 383

Name of claimant. William Martin.

Company F. 2. Reg't U. S. Cav. Address of Board. Jersey City P. O. New Jersey State.

Claimant's post-office address. 600. Hoboken St West Hoboken N.J. May 3, 1905

[Date of examination.]

Names of disabilities. G. S. W. of left side. Sciatica. disease of heart. and stomach and general debility

He receives a pension of 8 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: Gun shot wound of left side. Sciatica disease of heart, General debility

Birthplace, Ireland.; age, 70 years; height, 5.11; weight, 160 pounds; complexion, fair; color of eyes, Grey; color of hair, grey; occupation, Labourer; permanent marks and scars other than those described below, 0

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

Pulse rate, 92 110 120 [Sitting, standing, after exercise.]; respiration, 19. 24 30 [Sitting, standing, after exercise.]; temperature, 98 1/2;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

"G.S.W of left side;"- Depressed scar over centre crest of ilium-left side.Scar over spinous process of 12th dorsal vertebrae.Scar depressed. Rating 6/18.

"Sciatica;"- No objective signs. No rating.

"Heart;"- Apex beat 5th interspace nipple line.Area of dulness from 3rd to 6th rib and from nipple line to 1 1/2 inch right of median line of sternum.Sounds and force weak.Rhythm disturbed.Action fretful and abnormally rapid.Mitral blowing murmur-systolic.Dyspnoea on exertion.No oedema or cyanosis. Rating 6/18.

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

"Stomach;"- No objective or subjective signs of disease of stomach. Tongue clean,no abdominal or epigastric tenderness,skin normal, liver and spleen normal,rectum normal,no marked emaciation,muscles soft and flaccid. No rating.

Lungs and urine normal.

General debility is well marked.

No other disability found to exist.No vicious habits.

Aggregate permanent disability to G.S.W.left side,disease of heart and age debility warrants a rate of $12

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.

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

Henry Allen, Pres. J. O. Shea, Sec'y. J. A. Eyton, Treas.

6—552a

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

# CERTIFICATE OF MEDICAL EXAMINATION

(To be used under all Acts)

No. of claim 640898
Name Sylvester W. Walters
P. O. address 204 Taylor St Findlay O

Address of Board Findlay - Ohio

Date of examination Dec 18-1926

Pensioned at 72 dollars per month.

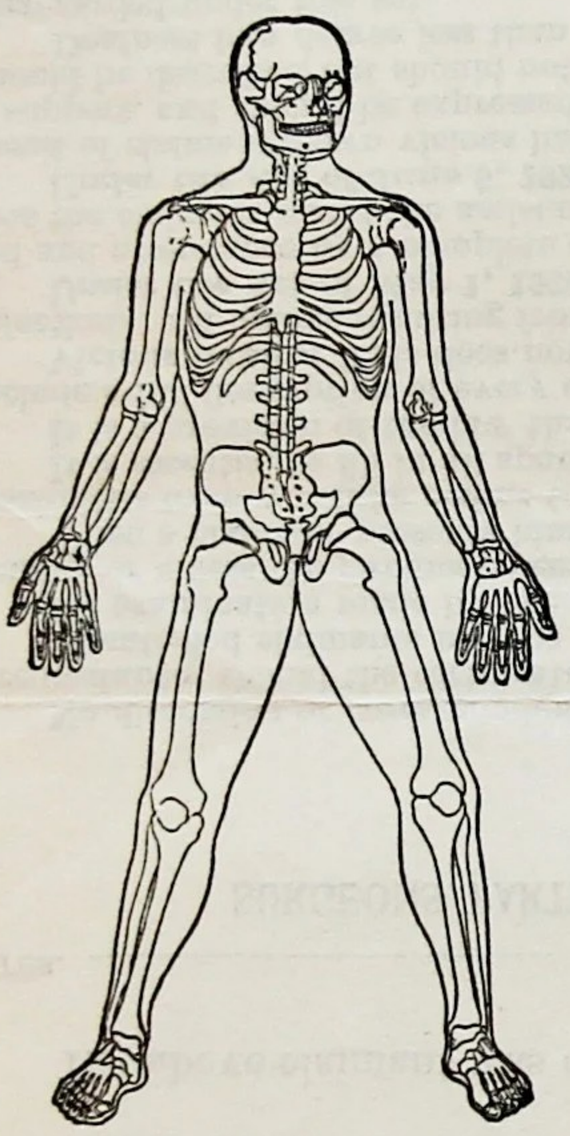
Origin of disabilities and date of incurrence as alleged by claimant According to statement which is that wife has funny mental condition 4 & 7 yr. old child has existed since 1921

Birthplace Ohio; age 102 years; height 5 ft 11 in; weight: normal 200; present 165; complexion Dark; color of eyes Brown; color of hair White; occupation: former Engineer; present Retired; permanent marks and scars other than those described below

Pulse rate 80- 88- 2 feeble (Sitting, standing, after exercise; after two minutes' rest); respiration 18- 20- 2 feeble (Sitting, standing, after exercise; after two minutes' rest); temperature 98 1/4

**Unless there is evidence of disease under the various subject headings only the first question need be answered.**

Note all injuries, amputations, deformities, varicose veins, etc., on figure



**GENERAL APPEARANCE** Fair; state of nutrition Fair; muscular development good; carriage; gait; posture

**EYES:** External structures, each eye negative; internal structures, each eye negative (If practicable)

Vision uncorrected O. D. 20/ O. S. 20/ corrected O. D. 20/ O. S. 20/ (Snellen's type) not sufficient mentality to test vision

**EARS:** Auditory canals: Normal?; discharge

Ordinary conversation: Right, 1, 2, 3, 4, 5, 6 feet; left, 1, 2, 3, 4, 5, 6 feet.
Loud conversation: Right, 1, 2, 3, 4, 5, 6 feet; left, 1, 2, 3, 4, 5, 6 feet.
(Indicate greatest distance at which heard) — Check or circle

**NOSE AND THROAT:** Normal? Yes

**CARDIO-VASCULAR SYSTEM:**

Heart: Normal? No; if not, apex beat; area of dullness: ~~normal or~~ enlarged?; lesion Myocarditis; cyanosis No; œdema Yes - ankles; dyspnœa On exertion; anæmia Yes
Arterio-sclerosis? Yes; local; general Yes
Blood pressure:; diastolic 60; systolic 160

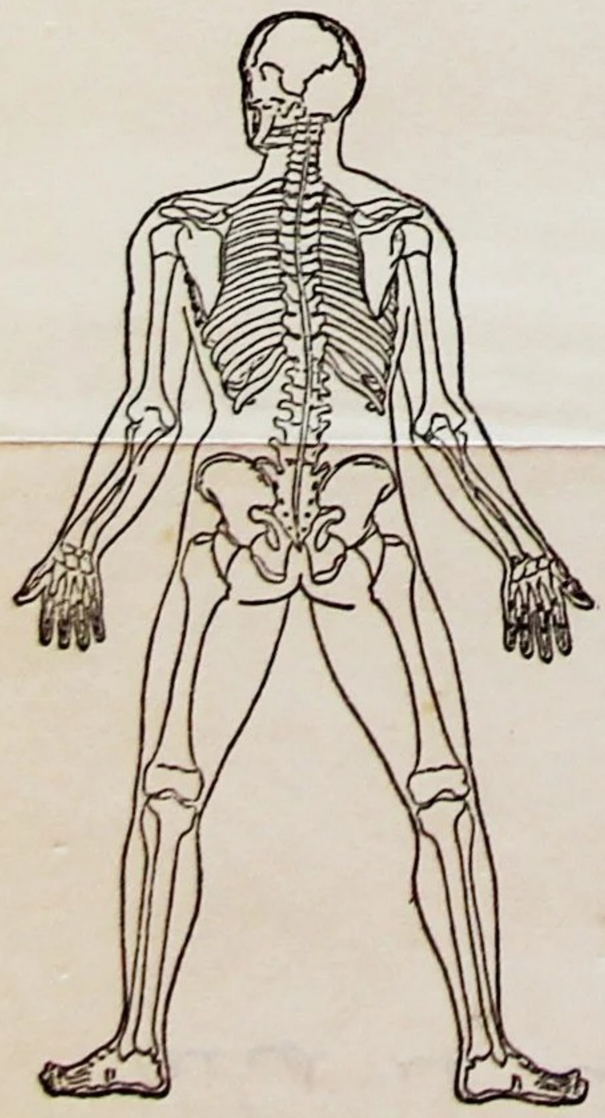
**RESPIRATORY SYSTEM:**

Measurements: Full inspiration; full expiration; at rest
Lungs: Normal? Yes; if not, any dullness; consolidation; cavities; adhesions; rales; fine; coarse; cough; expectoration; hemorrhage

**DIGESTIVE SYSTEM:**

Mouth: Normal? No; if not, pyorrhœa; teeth lost Yes; condition of remaining teeth Poor; gums; tongue
Stomach: Normal? Yes; if not, pain; tenderness; distension; displacement; ulcers
Abdomen: Normal?; if not, any tympany; pain; tumors; condition of liver; spleen; palpable; cachexia; jaundice
Rectum: Normal?; if not, inflamed; ulcerated; prolapsed; fissure; fistula Piles; number; size; external; internal; ulcerated; bleeding

Note all injuries, amputations, deformities, varicose veins, etc., on figure



**GENITO-URINARY SYSTEM:**

Kidneys: Normal? No; bladder normal? No; prostate normal? No
Urinalysis: Amount; color; reaction; specific gravity; albumen; sugar Microscopical findings, if made: Pus; blood; shreds; casts Has no control of urine or bowels

**NERVOUS SYSTEM:**

Normal? No; if not, mentality? No; disorientation? Paralysis?; location; extent; tremors; fine; coarse; reflexes; exaggerated; diminished; motor or sensory disturbances; Romberg's sign? Mental condition of 2 yr old child

**HERNIA?** No

Kind No; location; direct; indirect; size of tumor; in canal; through external ring; reducible; retainable; size of external rings: right; left; size of internal rings: right; left

**HYDROCELE?** No; size; left; right

**VARICOCELE?** No; size; left; right

**RHEUMATISM?** No

Location; swelling; crepitus; atrophy; deformity; contractures; lost motion; ankylosis

**VARICOSE VEINS?** No

Location; size; sacculated; ruptured; scars; ulcers; supported by stocking or bandage?

**FLAT FOOT?** No

Right; left; partial; complete; pronation, eversion; limp; stand on toes

**EVIDENCE OF EFFECTS OF PAST OR PRESENT VICIOUS HABITS:** No

Alcohol, drugs, primary sore, syphilitic eruption, gonorrhœa

**RESULTS OF TESTS FOR THE FOLLOWING, IF MADE:** No

Syphilis, tuberculosis, malaria, and blood

**Describe in detail all physical signs of disabilities, diseases, injuries, and amputations indicated in the foregoing as well as other pathological conditions found. The report should be made in accordance with the instructions on the reverse side of this blank.**

**ADDITIONAL NOTES**

On account of advanced senility applicant requires same attention as a child and is entitled to an increase of pension.

Claimant's signature his Sylvester W x Walters mark

The above claimant was examined by us (or me) on Dec 18, 1928

Pres. ..... Sect. E J Thomas Treas. .....

**SURGEONS PARTICIPATING IN THE EXAMINATION MUST PERSONALLY SIGN THIS REPORT**

**INSTRUCTIONS**

No discussion or correspondence should be held with claimants who find fault with the rate allowed by the Bureau, and under no

3-2451 IMPORTANT: ACT OF JULY 3, 1926: $90 CASES

Besides describing under "Additional Notes" conditions found, please answer the following questions:

1. Is the veteran confined to his bed? (Answer, Yes or No) No

2. If not, what aid, if any, does he have Requires aid in dressing and undressing attending calls of nature - and every attention that a child would require

3. Is he, in your opinion, totally helpless? (Answer, Yes or No) Yes

4. Is he blind? (Answer, Yes or No) No

5. From what date has he been totally helpless or blind? According to wife's statement June 1924

of incapacity for earning a support by manual labor, which has been defined by the Department as meaning work of a useful character performed with bodily exertion or muscular effort. It does not necessarily mean hard work, as with pick and shovel.

Act of July 3, 1926

HOME Nov. 11, 1926

**CERTIFICATE OF MEDICAL EXAMINATION**

IN CASE OF

Sylvester W. Walters

Co. B, Reg't 43 Ohio Inf

Applicant for Increase

Ctf. No. 640898

DATE OF EXAMINATION

Dec 18, 1926

E J Thomas, Pres.,
..., Sec'y, } BOARD
..., Treas.,

Post office Findlay

County Hancock

State Ohio

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

THE SECRETARY OF THE BOARD SHOULD FILL IN THE ABOVE BLANK SPACES

GOVERNMENT PRINTING OFFICE 6—7119

MEDICAL DIVISION DEC 1926

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