	"I hereby certify that Dr							d signed by	
	Witnesses to mark.			(S:	ignature of pplicant.)				
10 74 10 10 10 10 10 10 10 10 10 10 10 10 10	SURGEON'S CERTIFICATE IN CASE OF	Co. G. Boot 3. Mins full	PLICANT FO	No.28548Y	DATE OF EXAMINATION:		All Hally Treas.,	Post office, With Calleria County, Lorings	State, My not use backs of certificates for any purpose other than indicated by printed marker thereon. S. 1943a.

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

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SURGEON'S CERTIFICATE.

and number of claim.	Increase Pension	Claim No				
Name of claim- ant.	. Chichael Core	1 11-8 - (01)				
	Company. (Rog't 3 Minus Juft	Address of Bollerado State.				
office address.	BR. 5. 7. wet lealling bolo.	August 6 , 1913				
		[Dato of examination.]				
Names of disa- bilities.	Rheumatian and disease	who hovert				
		a pension of 21500 dollars per month.				
Here give the	the makes the following statement in regard to	the origin of his disphilition and data when force				
statement (as briefly and as compactly as	discovered by him: / Theumelian while in terms					
possible) in re- gard to the date of origin and	now suffered every	یور ر				
cause of his dis- abilities — a n d	theart disease in 18	64. Cantinuaus aines				
the number in which they affect him.						
	Birthplace, Cancola	; age, 11 years; height, 55 aui;				
		dayle; color of eyes, blue;				
	color of hair,; occupation,;	faculty; permanent marks and				
	scars other than those described below,	-, permanent marks and				
	We hereby certify that upon examination w	re find the following objective conditions:				
	Pulse rate, 63 76 105; respirati	on, 20 13 36; temperature, 94; [Silling, standing, after exercise.]				
Here give a full description of the disabilities.	Theunation in	buth legs muces				
in accordance with Book of instructions,	tender and stipp	matinis limited &				
and make a separate para-	cupilly in all in	into,				
graph for each disability.		12/4.				
	helant. Surte.	stenunis, Mitral ergue				
Facts within the		dilitation and hypother.				
knowledge of the Board, or any member	in the second	ea of chilness ferain exterile				
thereof, rein- tive to the enuse of any		I makes right of stermine				
disability found should be stated.		un least exertion,				
bo duted.	and many have	an eles exection,				
	Attaches of writice e	and noused and inter				
	milent thulse?	Vie				
	· · · · · · · · · · · · · · · · · · ·					
Whonever a disa- bility is shown	Acteries hand					
or is believed to be due to or aggravated by	stindalité very re	reaked, needs envelout				
victors habits the opinion of the team ranst	•	the state of the s				
be stated. When not due to such habits		en e				
this fact must bo stated,	Defeation meaty	, much cas due so				
	Digestion meat	,				
	- seen aperated five	proplate				
	- Mullian Mil	inve				
	This olaimontis	disabled bear				
	time of heart and whe	chriabled former condi-				
	and periodical, though	not were los and emetant				
	formulaid and alter	dance of another person				
When rates are	and is withled to	not regresor and evertout,				
solely on sub- jective evi- dence—the	· · · · · · · · · · · · · · · · · · ·					
strongest ren- sons must be	• * · · · · · · · · · · · · · · · · · ·					
given therefor.						
,	~ ,					
G	Mapley Pros & 31	Duine Sec'y. S. C. Halley Treas.				
•	4-Aven	Treas.				
		\bigvee				