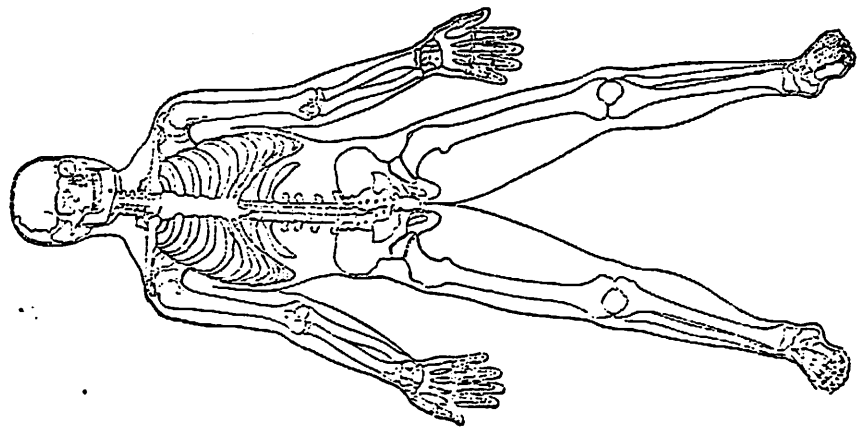
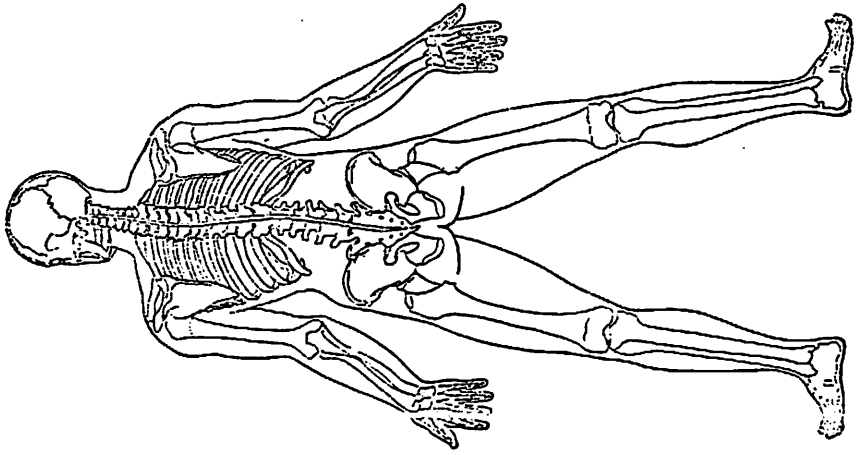
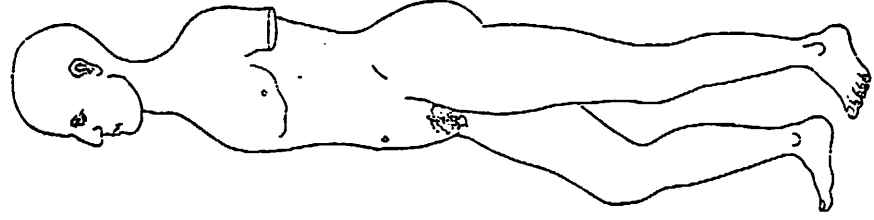
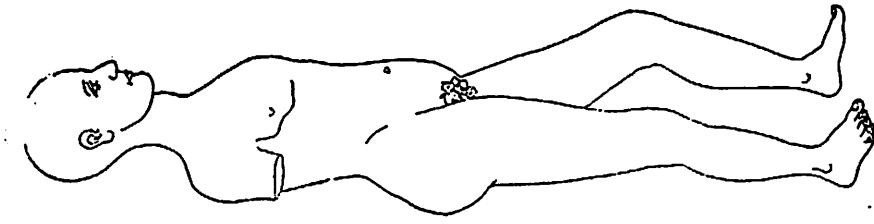


June 5 1895

REPRODUCED AT THE NATIONAL ARCHIVES



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.

SURGEON'S CERTIFICATE

IN CASE OF

Archibald Rose

Co. *C*, 3 Reg't *Minut*

Applicant for *Service*

No. *383, 487*

DATE OF EXAMINATION:

June 5th, 1889.

<i>G. H. ...</i>	Pres.,	} BOARD.
<i>Genl. H. ...</i>	Sec'y,	
<i>Dr. ...</i>	Treas.,	

Post office, *Madison*

County, *Madison*

State, *Mississippi*

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

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, 1852.]

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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. *Decrease* Pension Claim No. *283,487*

Name and rank of claimant. *Alvin Rose*, Rank, *Pr.*

Company *Co.*, Reg't *3^d Minn.* | *Wabasha Minn.* State, *Wabasha Minn.*
(Post office address of the Board.)

Claimant's post office address. *Wabasha Minn.* | *June 5th*, 1889.
(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:

Cause of disability. *Rheumatism & drop heart.*

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

Pulse rate per minute, *77*; respiration, *20*; temperature, *98.2*; height, *5* feet *7* inches; weight, *127* pounds; age, *55* years.

He makes the following statement upon which he bases his claim for *Decrease*

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

Has short & difficult breathing pain all over the chest also pain in the back in the neck behind & in both arms & shoulders.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Upon examination we find the following objective conditions: *no lesions of the cardiac valves - position a little lower & more to the right than usual - rhythm is normal area of dulness transversely from center of sternum to 3 1/2 in beyond 4th & 6th costal cartilage - in front normal - in back normal & at base from 2nd to 4th ribs - no signs of pulmonary disease - skin normal dry & cool but no marked lesions of circulation & pulse of not well nourished - tenderness over lumbar muscles of both sides - left lumbar muscles more prominent than right - tenderness of left lumbar over lumbar spine - rigidity of left lumbar spine from lumbosacral to sacrospinous - tenderness over hip at greater femoral fold - normal of hip & spine in 3/4 in less than at corresponding points on right side. Motion of left hip, flexion is unimpaired or hindered 0.0 less of normal - no evidence of disease of the viscera in any of the points mentioned - 1889*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this office the ground for intelligent opinion and action in rating.

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 *14* rating for the disability caused by *Rheumatism*, for that caused by *drop heart*, and *drop heart* caused by *drop heart*.

Rate for each cause of disability. If prolonged by vicious habits, the word and shall be erased and the reason for the erasure given.

Rating for the disability caused by *Rheumatism*, for that caused by *drop heart*, and *drop heart* caused by *drop heart*.

* See the back. † Here state whether for original, increase, restoration, or renewal, or for a re-rating.

W. H. ..., Pres. *W. C. ...*, Sec'y. *J. ...*, Treas.

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