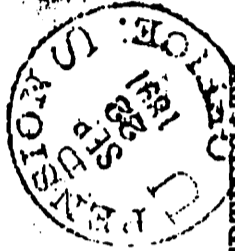


Continue record of examination here.

Addenda; he should add that - claimant walks with much difficulty as the Board observed by watching him on the street before and after examination when he could not suppose that he was under observation



SURGEON'S CERTIFICATE

IN CASE OF

Archibald Rose  
Co. "C", 3<sup>d</sup> Reg't Sumner's Inf'ty,

Applicant for Increase

No. 283,487

DATE OF EXAMINATION:  
September 9<sup>th</sup>, 1891.

J. S. Francis, Pres.,  
Geo. Tucker, Sec'y,  
H. Wall, Adams, Treas.,  
BOARD.

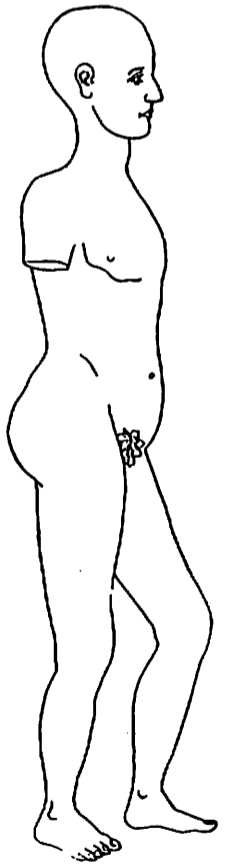
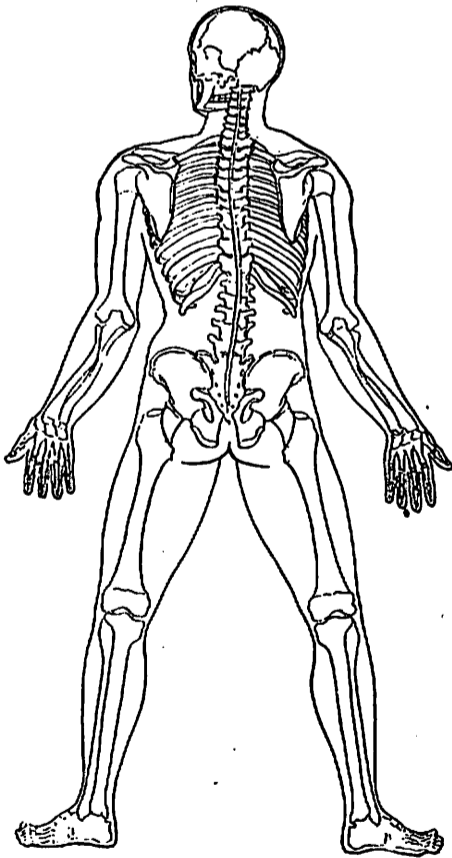
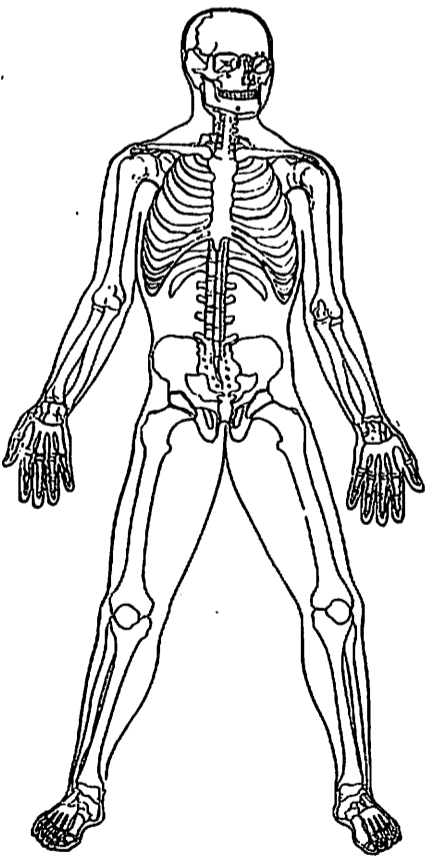
Post office, Hastings

County, Dakota

State, Minnesota

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

R. S. P.



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. [Excerpt from Section 4, Act of Congress approved July 25, 1882.]

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. Inc. Pension Claim No. 283,487  
(State above whether for original, increase, or restoration.)  
 Name and rank of claimant. Archibald Rose, Rank, Private  
 Company "C", 9<sup>th</sup> Reg't Minn. Inf., Hastings, Minn. State,  
(Post-office address of the Board.)  
 Claimant's post-office address. Red Wing, Goodhue Co. Minn., September 9<sup>th</sup>, 1891.  
(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: Rheumatism and Disease of Heart

and that he receives a pension of Fourteen dollars per month.  
 Cause of disability. Rheumatism and Disease of Heart  
 If a pensioner, fill in the amount; if not, erase the whole line.

He makes the following statement upon which he bases his claim for Inc.  
(Original, increase, restoration, &c.)  
 Ever since he was in the service he has had a Rheumatism of Hips and back of the neck and head, Heart has troubled him ever since he was in the Army. Heart is sometimes so bad that he has to sit up in bed a good share of the night. Has a good deal of trouble with his stomach  
 Here give the claimant's statement as briefly and as compactly as possible.

Upon examination we find the following objective conditions: Pulse rate, 100 sit, 114 stand respiration, 26; temperature, 99<sup>3</sup>/<sub>10</sub>; height, 5 feet 6<sup>1</sup>/<sub>2</sub> inches; weight, 125 pounds; age, 56 years. Thin in flesh, muscles wasted. Skin dry and somewhat tawny. Temperament Bilious, Thoracic organs sound, Radial Arteries Atheromatous. There is a fullness, also tenderness throughout the region of the stomach, markedly so over the lesser curvature. Claimant suffers more or less gastric pain constantly, but the pain is always aggravated by ingestion of food. Is relieved by vomiting of half digested food, slime and frequently blood. Bowels always constipated. We diagnose chronic gastric ulcer of small curvature of stomach. We also find the right tibia atrophied and the thigh just below tibia measures nearly one inch smaller than the left. At knee and calf both limbs measure nearly alike. Joints apparently normal with the exception of the right hip joint which is somewhat stiff. No Ossific deposits, swelling or tenderness. Except as above no disability exists.  
 Here give a full description of the disabilities, in accordance with pars. 5, 6, 61, 62, &c., of Book of Instructions for 1889

He is, in our opinion, entitled to a 12 rating for the disability caused by Gastric Disease, 15 for that caused by Rheumatism, and \_\_\_\_\_ for that caused by \_\_\_\_\_  
 Rate for EACH cause of disability.

J. E. Fosch, Pres. J. M. Treker, Sec'y. Rowell Adams, Treas.