

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 33,4774

Name of claimant. James Montgomery Address of Board. Savannah P. O.

Company C. I. Jones, W. Va. State. Georgia

Claimant's post-office address. Number 1000 Date of examination. March 21 1908

Cause of disability. Gun shot wound of left foot. Old age debility. Heart disease & all results.

He receives a pension of Eight dollars per month.

Here give the claimant's statement upon which he bases his claim for Increase My left foot has been shot while I was in the army I am not able to do any thing on account of age & debility My heart is diseased I have smothering spells & don't 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, 80 81 84, respiration, 18 19 19, temperature, 98, height, 5 feet 4 inches; actual weight, 140 pounds; age, 74 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. We find this applicant to have gun shot wound of the left foot. The ball entering near the center of instep of said foot & ranged downward & passed immediately through the foot leaving an ugly scar of a pitted character fracturing the bones of the foot & leaving lip of little use to him. All of the bones of the instep of the foot crushed & which impedes locomotion to a great extent. This man is very much debilitated wear & tear & he is wholly incapacitated from manual labor. He has not heart disease proper but his heart is very feeble from general debility according to instructions 1891 and Para. 10, he has not disease of heart but his general debilitated condition causes his heart to be enfeebled, so of the disability he is not a man of vicious habits & is not able to support himself by manual labor.

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 is not a man of vicious habits & is not able to support himself by manual labor.

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." We rate him as gun shot of left foot 4/18

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. Heart debility 1/18
fail to rate heart all cause want to

J. B. Brown, Pres. C. D. Jones, Sec'y. J. A. Harsh, 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.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. *W. H. Harvey*, Dr. *E. M. Afee*, and Dr. *J. H. Hart*, were personally present and actually participated in the examination of *James H. Montgomery*, the claimant in this case, on *21* day of *March, 1905*."

(Signature.)

E. M. Afee, Secy

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



U.S. SURGEON'S CERTIFICATE

IN CASE OF

James H. Montgomery
Co. *C*, *2* Reg't *Pen.*, *1st Inf.*

APPLICANT FOR *Increase*

No. *334744*

DATE OF EXAMINATION:

March 21, 1905, 1805

BOARD.

Pres.,

Sec'y,

Treas.,

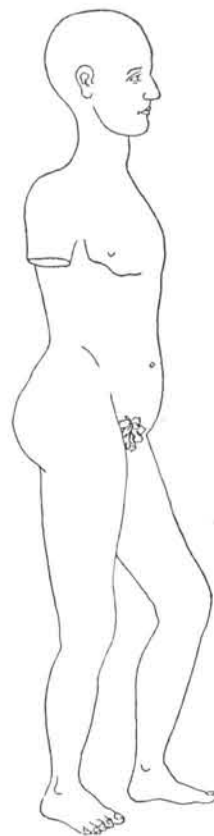
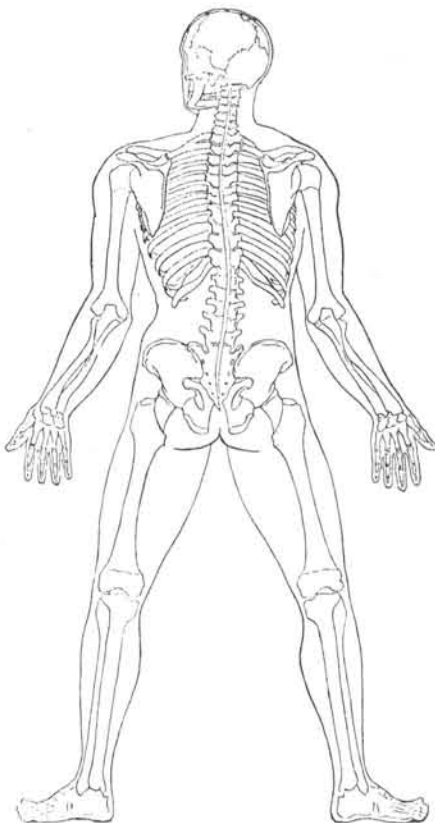
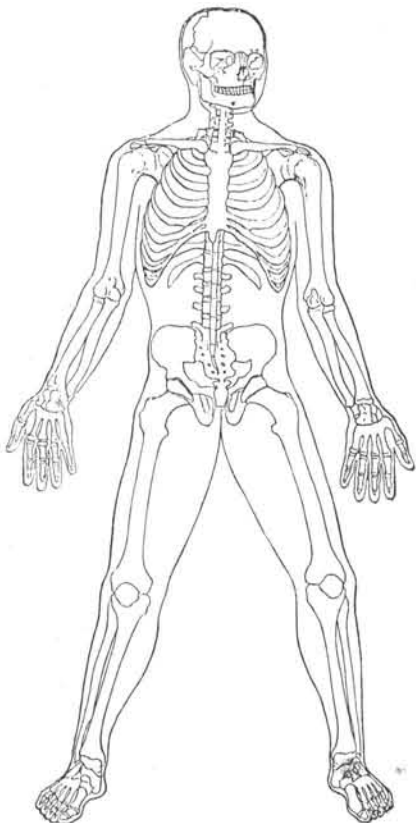
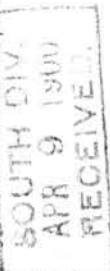
W. H. Harvey, *E. M. Afee*, *J. H. Hart*

Post office, _____

County, _____

State, _____

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



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

"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.]