

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 334774

Name of claimant.

James G. Montgomery Address of Board. } Darden P. O.

Company Co 2 Reg't Den M.I. Inf } Tenn State.

Claimant's post-office address.

Dunbar Tenn [Date of examination.] May 21, 1902

Cause of disability.

Gunshot wound of left foot Semility disease of heart.

Says. He receives a pension of 10 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: Gunshot wound occurred while in the army other disabilities occurred since

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

Birthplace, North Carolina; age, 75 years; height, 5 ft 3 1/2 in; weight, 140 pounds; complexion, Fair; color of eyes, Blue; color of hair, White; occupation, Farmer; permanent marks and scars other than those described below, no marks or scars.

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

Pulse rate, 95 100 104; respiration, 21 22 26; temperature, 99 1/5;

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

Gunshot wound of left foot
find scar on outer aspect of left foot 1 inch below and 1/2 inch to the right of the astragalus.
also find scar on the underpart of left foot 3 inches from heel each scar 3/4 of inch in diameter
non-adherent and very tender on pressure
Left ankle joint slightly stiff limps in walking
lost motion of left foot 3/4

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

Semility
Claimant says he is 75 years old very feeble and anemic and debilitated all his muscles partially atrophied.

Disease of heart.
Apy impulse 1/2 in below left nipple evident to palpation over the cardiac dulness from 3 intercostal space to 3rd rib and from left nipple to beneath sternum. heart beats weak sound monotonous. no murmurs dilatations hypertrophy dyspnea
oedema cyanosis.

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

Spec of urine 1020 straw color no albumen or sugar in urine blood casts or other abnormal deposits skin clear no local oedemas or dropsies find anemia find no evidence of any other disabilities and no evidence of vicious habits
we find that the aggregate permanent disabilities for earning a support by manual labor is due to
gunshot wound of left foot and Semility and not due to vicious habits and amount a rate of Twelve (12) Dollars per month.

E. D. Bostick, Pres. W. H. Kelly, Sec'y. F. J. Bray, 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 (old No. 3-156, 111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

35B

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

"I hereby certify that Dr. C. D. Boothick, Dr. H. J. Bray, and Dr. W. H. Neely, were personally present and actually participated in the examination of James G. Montgomery, the claimant in this case, on 21 day of May, 1902"

(Signature.)

W. H. Neely

(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 _____, 1902."

Witnesses to mark.

(Signature of Applicant.)



IN CASE OF **JAMES G. MONTGOMERY'S CERTIFICATE**

IN CASE OF

James G. Montgomery
Co. C, 2 Reg't Min. Inf. D. Cal.

APPLICANT FOR Increase

No. B 34 774

DATE OF EXAMINATION:

May 21, 1902

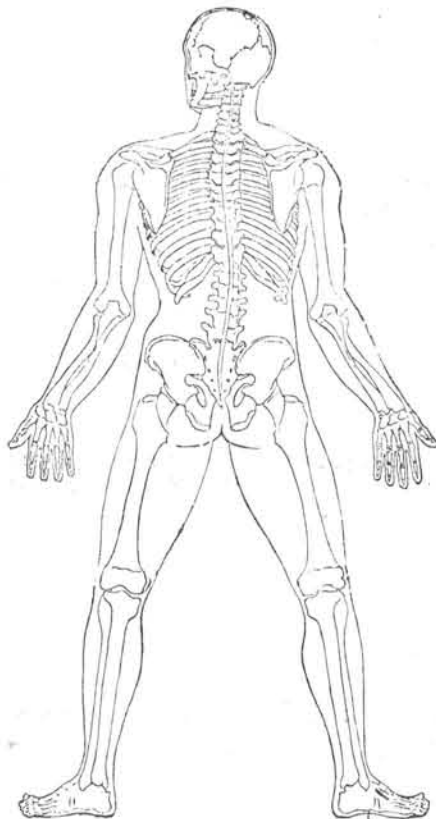
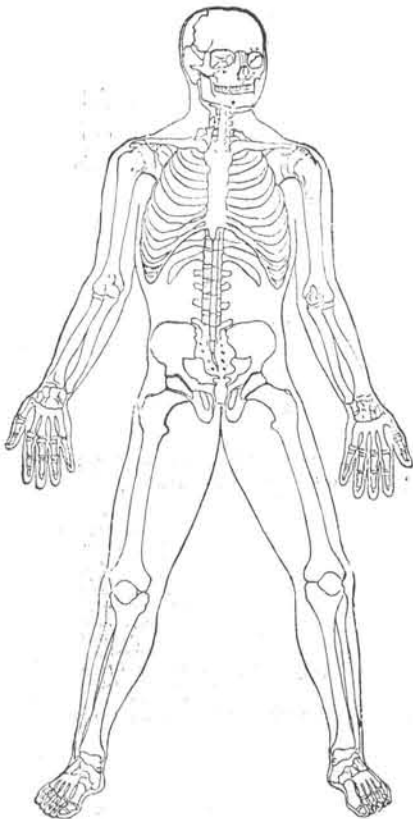
C. D. Boothick, Pres.,
W. H. Neely, Sec'y,
H. J. Bray, Treas.,
BOARD.

Post office, Oarden
County, Henderson
State, Tenn.

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



114.8



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.]