

# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Nebraska, County of Dundy, ss:

In the Pension Claim No. 649,318

of Stephen M. Page, Co. G. 6th Wis Regt vols late of  
above Co and Regiment  
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Thomas Barr in and for the aforesaid  
County and State Thomas Barr a citizen of Birkelmeier  
whose Post Office address is Birkelmeier

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about one years, and that  
he suffers from a loss of teeth, and  
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his report that they were made before executing the paper.)  
atrophy of the muscles of the left leg  
as a result of scurvy and sciaticas,  
he also suffers from Rheumatism  
and as a result of the rheumatism  
and the wasted condition of the  
muscles of the leg, he is often  
disabled from the performance  
of manual labor.

He also has  
scrotal Hernia, compelling him  
to wear a truss, which also renders  
him unfit for labor.

NOTES.  
The Physician's Affidavit must show the following facts:  
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.  
3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.  
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

He further declares that he has been a practitioner of medicine for 22 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Thomas Barr  
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 20 day of January A. D. 1892

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words

erased, and the words added: and that I have no interest, direct or indirect, in the prosecution of this claim.

J. M. James  
(Official Signature.)  
Notary Public  
(Official Character.)

[L. S.]

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_



[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

<b>MEDICAL EVIDENCE.</b> <b>AFFIDAVIT OF</b> <u>Thomas Barr</u>	<b>CLAIM OF</b> <u>Stephen M. Page</u> <u>vs. G. C. W. P. &amp; Co.</u> No. of claim <u>648.318</u> for <u>increase</u>	Filed by <u>J. H. Soule</u> <u>Notary Public</u>
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# 1 EXAMINING SURGEON'S CERTIFICATE 1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 348154

State: Missouri County: Wodaway  
Post Office: Marionville Sept 21, 1881

Applicant's service

I hereby certify That I have carefully examined Stephen M. Page, late a private  
Co. D, 6<sup>th</sup> Reg't, Wise Vols

Degree of disability.

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Sciatica  
result of Scoury  
In my opinion the said Stephen M. Page is not incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me it is my belief that the said disability did not originate in the service aforesaid in the line of duty.

Probable duration.

The disability is \_\_\_\_\_

Particular description.

A more particular description of the applicant's condition is subjoined:  
Height, 5' 6"; weight, 145 lbs; complexion, Dark  
age, 46; pulse, 90; respiration, 18

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as 1/4, 1/2, 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.

The claimant is disabled by the changes induced in his muscular system by Sciatica. But he informs me that he never had Sciatica until 18 years ago. So that I could not assert that it was the result of Scoury had years before I think he had Scoury as stated while in the service. From the lateral curvature of the spine probably induced by favoring the affected leg. The claimant limps and uses a cane. Am rate

W. R. Hackett  
Examining Surgeon.

29

IN CASE OF

*Stephen W. Cochr*  
Co. *A. C. Reg't, Wis. U.*

Application for Pension.

No. *346184*

Date of Examination:

*September 12/84*

*M. C. Haeckel*

Examining Surgeon.

Post Office,

*Mayville*

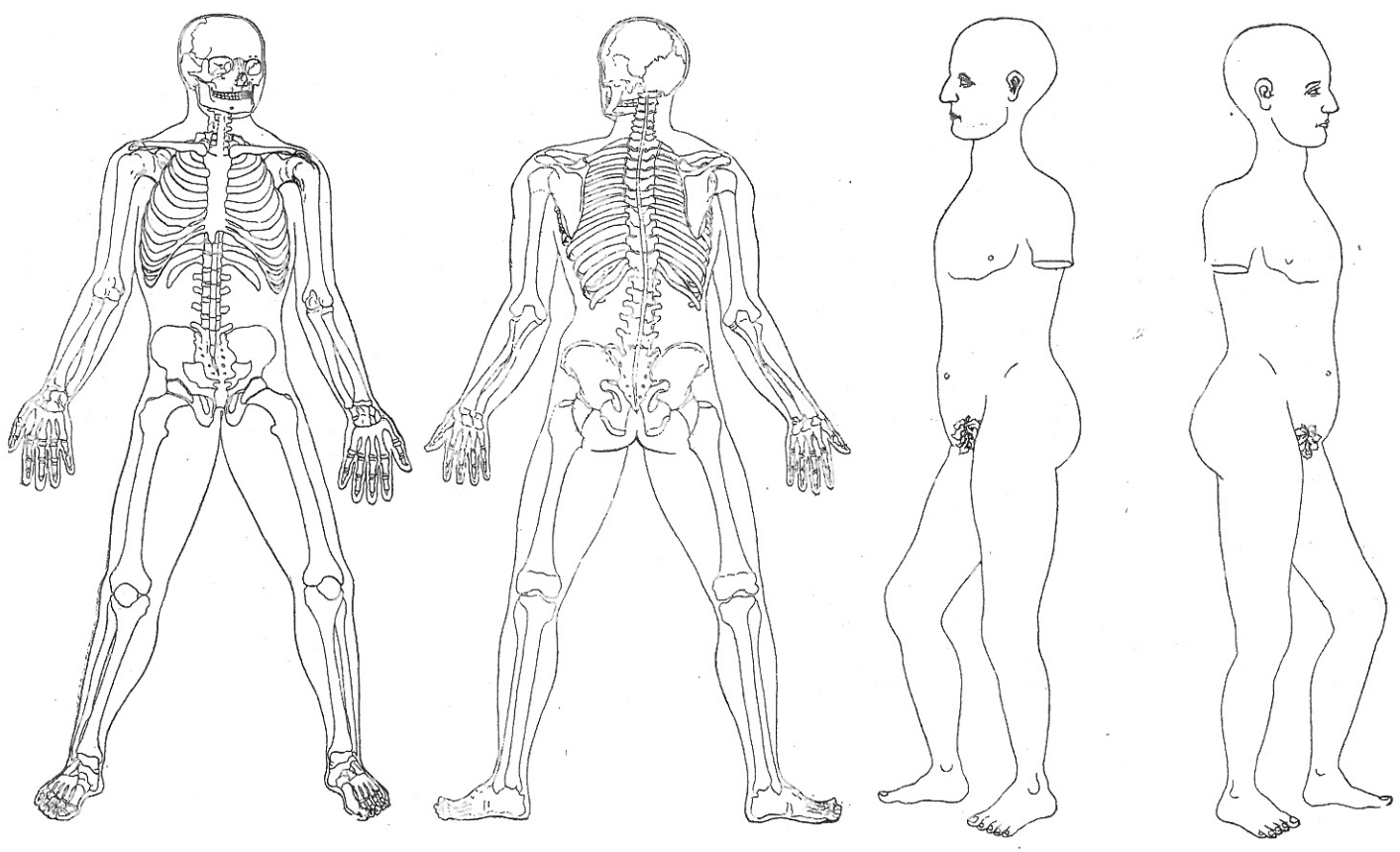
County,

*Madison*

State,

*Missouri*

P. S.—Write Post Office address plain and in full.





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. Original Pension Claim No. 348154  
Name and rank of claimant. Stephen M. Page, Rank, private  
Company 8th Co. 6 Reg't Wis Vol Inf, Indianola Nebraska State,  
Claimant's post office address. Benkleman Neb. (Post office address of the Board.)  
July 20th, 1887. (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. Scurvy & results and Sciatic Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \_\_\_\_\_ dollars per month.  
Pulse rate per minute, 80; respiration, 20; temperature, 99; height, 5 feet 6 inches; weight, 138 pounds; age, 32 years.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for Original  
While in the line of duty he incurred Scurvy and Rheumatism. He was captured and taken to Andersonville prison and while there incurred Scurvy and Rheumatism. He has suffered with Scurvy and Rheumatism ever since he left the service.

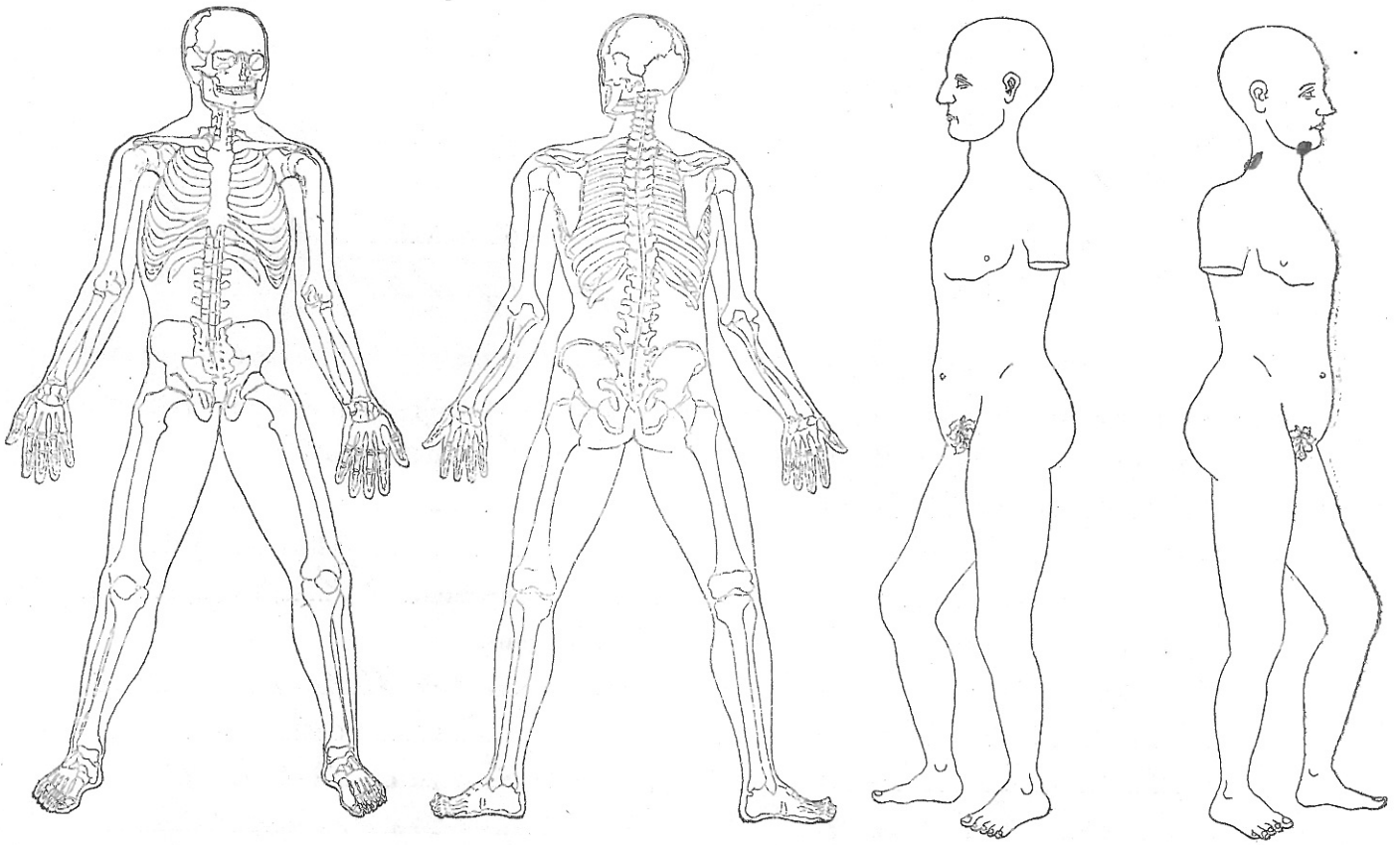
Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. Upon examination we find the following objective conditions:  
5 or 6 Scaps scattered over surface of left leg between knee, ankle spraw the work of scurvy. The gums have retracted from the teeth leaving them loose and of but little use to applicant. There is atrophy of muscles of both hips. There is no swelling, heat of joints or contraction of tendons. Auscultation and percussion reveal hypertrophy of heart. The apex beat is 2 in. to inner side and 2 1/2 in. below nipple. The area of dullness increased. The pulse is weak, thready & compressible. Cyanosis and general debility exists. The general nutrition is very imperfect.

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 1/2, 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.

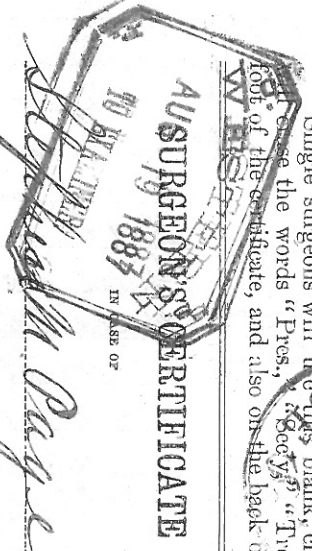
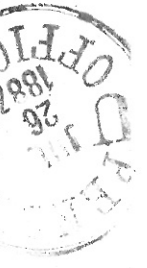
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/2 total

Rate for each cause of disability. rating for the disability caused by Scurvy, 1/2 total for that caused by Rheumatism, and \_\_\_\_\_ caused by \_\_\_\_\_

\* See the back.  
Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
J. S. Shaw, Pres. E. M. Oskey, Sec'y. John H. Cowles, Treas.  
N. B.--Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will not fill blank, changing "we" to read "I," and "our" to read "my." They will use the words "Pres," "Secy," "Treas," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.



*John M. Page*  
 Col. 64<sup>th</sup> Reg't Wis Infy Reg't

*Applicant for a regular*

No. 3481574

DATE OF EXAMINATION:

*July 20th*



Post office, *Quincy*

County, *Madison*

State, *Missouri*

P. S. Write your 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, 1882.]

*WMC*



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.

ORIGINAL

Pension Claim No. 34814

Name and rank of claimant.

Stephen M. Page

Rank, Pvt

Claimant's post-office address.

Company 2, 6 Reg't 7th Inf  
Burlington Mo

Masonic Temple, 16th and Welton Sts.

State,

[Post-office address of the Board.]

DENVER, COLO. MAY 14 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: Sciatica Scoury & results

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \_\_\_\_\_ dollars per month.

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

ORIGINAL

[Original, increase, restoration, &c.]

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

Had Sciatica transiently while in Army & ever since - Had Scoury while in service in 704 in Andersonville Prison - Always troublesome since - Ruptured - left side - falling & resulting from injury at battle of Antietam

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 19; temperature, 98.5; height, 5 feet 7 inches; weight, 145 pounds; age, 36 years.

Here give a full description of the disabilities, in accordance with paragraphs 5, 6, 51, 52, &c. of Book of Instructions for 1889

Scoury loss of nearly all the double teeth on both jaws gums receded from those remaining which are loose - Cicatrices superficial on both legs Left inguinal hernia complete about 2 1/2 in in length - 1 in diameter ring 1/2 in diameter Kept in place fairly well with truss muscular rheumatism affects lower end left leg. no signs in joints tendons or elsewhere - heart normal no other disability is found to exist

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Scoury and results 0/18 for that caused by Rheumatism and 8/18 for that caused by Hernia.

J. J. Gaudin, Pres. C. L. Schickel, Sec'y. A. K. Worthington, Treas.

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

3



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*June 4 1891*



**SURGEON'S CERTIFICATE**

IN CASE OF

*Alphon W. Regt*  
Co. *A*, Reg't *6*

Applicant for ORIGINAL

No. *344*

DATE OF EXAMINATION:

*MAY 14 1891*, 189

*R. M. ...* }  
*A. K. ...* }  
BOARD.

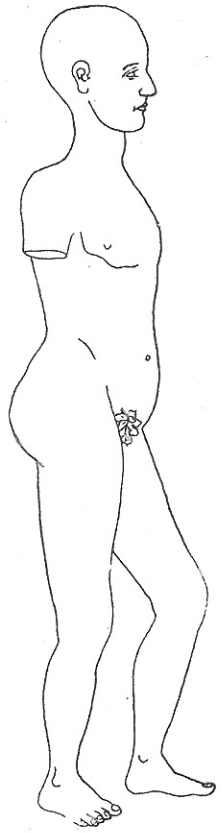
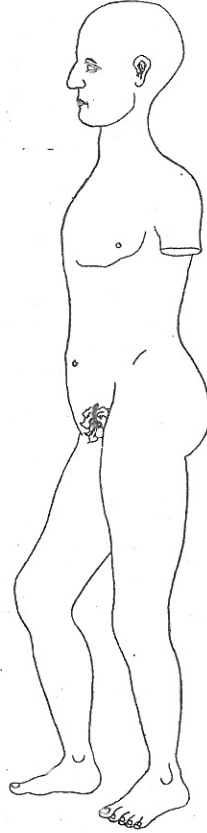
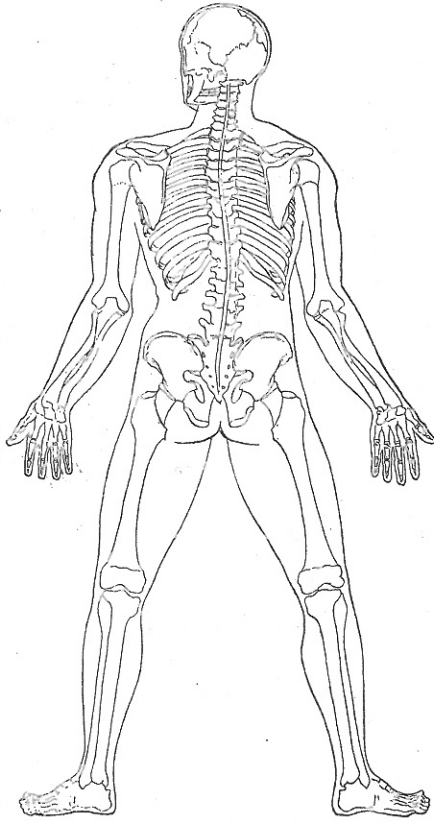
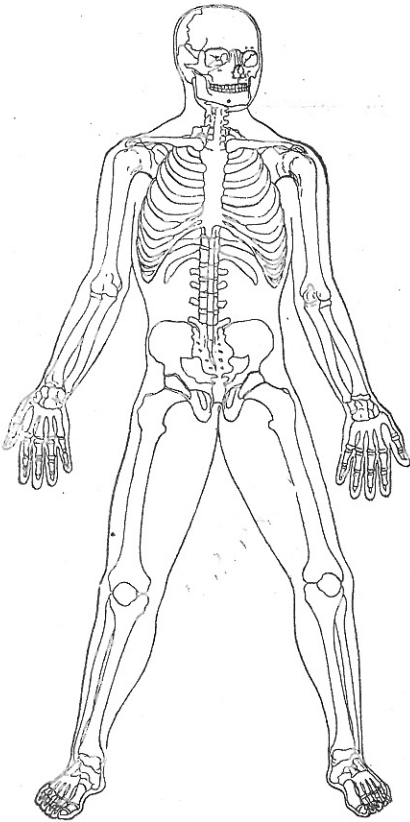
Post office, DENVER,

County, ARAPAHOE,

State, COLORADO

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

*Am*



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. [Extract 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.

See

Pension Claim No.

649318

Name and rank of claimant.

Walter Pagan

Rank, Private

Claimant's post-office address.

Company G 6 Reg't Mis

St Francis Kansas State,

[Post-office address of the Board.]

April 6

[Date of examination.]

1892

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: Loss of teeth, dec of gums result of scurvy

Cause of disability.

and scintia atrophy of left leg Rheumatism & scintia Hemia

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \$4 dollars per month.

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

See

[Original, increase, restoration, &c.]

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

Claimant states that he had the scurvy while in the service resulting in loss of all teeth & chronic affection of the gums also contracted scintia which produced atrophy of left leg also scintia Hemia came on soon after leaving the service

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

Upon examination we find the following objective conditions: Pulse rate, 62; respiration, 20; temperature, 100; height, 5 feet 4 1/2 inches; weight, 144 pounds; age, 27 years. Loss of all teeth on upper side and canines of the alveoli of upper maxillary bone "scintia" and is entitled to \$4 dollars per month for scurvy

Also has chronic scintia the left leg is 2 inches less in circumference than the right leg. muscles are puffy Rheumatism all the Rheumatism that is perceptible is the scintia of left leg and is entitled to \$4 dollars per month for said Hemia

He has left inguinal Hemia which can be retained by a proper truss direct size of tumor 2 inches in diameter protrudes through external ring descends

into the scrotum when truss is off the of the abdominal ring are 2 inches in diameter no displacement of rings, Claimant is entitled to eight dollars per month for Hemia & scintia as above all organs are normal

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by scurvy, 6/18 for that caused by scintia & results, and 8/18 for that caused by Hemia

W. W. Anderson, Pres. E. L. Waterman, Sec'y. F. C. Tracy, Treas.

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



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SURGEON'S CERTIFICATE

IN CASE OF Stephen M. Pagan  
Co. G, 6<sup>th</sup> Reg't Wis. Infs.

Applicant for Leave

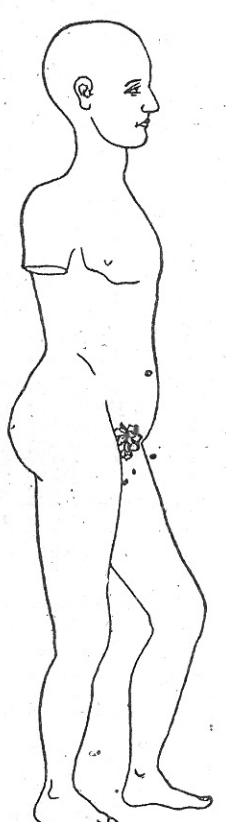
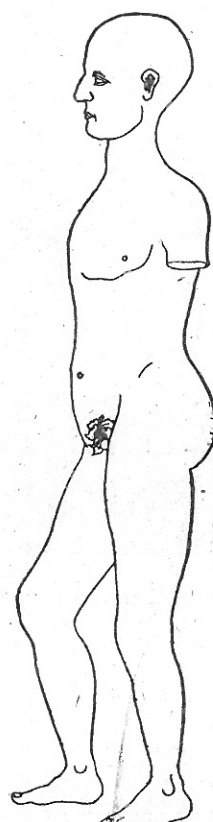
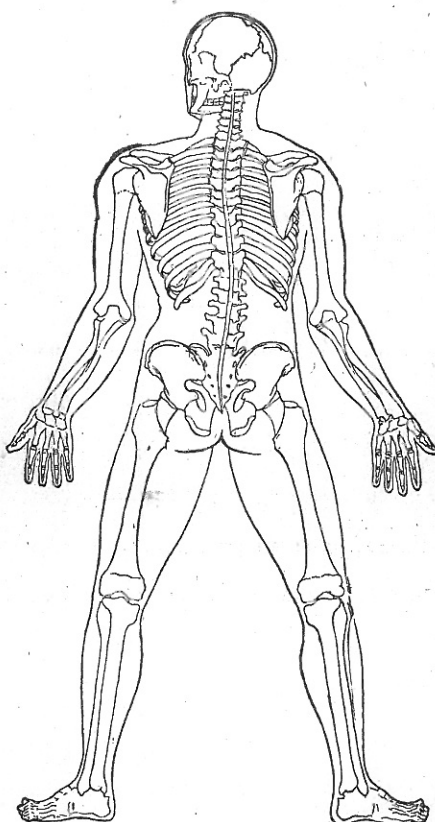
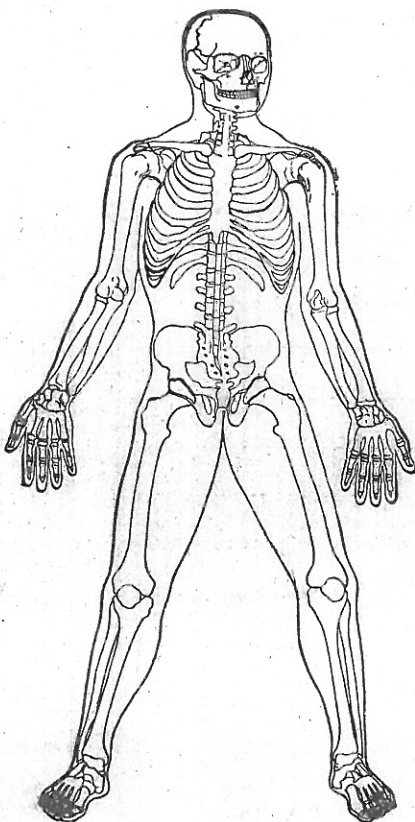
No. 649318

DATE OF EXAMINATION: April 6, 1892.

W. M. Anderson, Pres.,  
C. L. M. ..., Sec'y,  
J. ..., Treas.,  
BOARD.

Post office, St. Francis  
County, Cheyenne  
State, Wyoming

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



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. [Extract 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. Increase Pension Claim No. 679,318  
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Stephen M. Page, Rank, Port

Company Co. 6 Reg't Wis Inf. | Douglas Neb. State, Neb.  
[Post-office address of the Board.]

Claimant's post-office address. Bunkelman Neb. | Jan. 29, 1896  
[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

Cause of disability. in the service, viz: Loss of teeth & disease of Gums result of Scurvy & sciatica Rupture & Rheumatism

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

He makes the following statement upon which he bases his claim for Incr.  
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Had scurvy while in service which brought on disease of gums and loss of teeth Had sciatica and Scurvy while in Andersonville prison caused by exposure and bad food. Rupture at battle of Gettysburg

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 24; temperature, usual; height, 5 feet 7 inches; weight, 145 pounds; age, 62 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Loss of teeth has lost all but 3 teeth Gums soft and spongy

Find scars on tibia indicating ulceration from Scurvy Rule in above 6/18

Sciatica Find circumference of left thigh some inch smaller than right. Slight loss of power left leg. Rule in above 2/18

Rheumatism Find slight atrophy of muscles of left shoulder Rule in above 2/18

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.

Rupture Find a direct inguinal hernia on left side tumor passes through the external ring into scrotum Can be reduced but think it would be difficult to keep retained by truss

External ring very large and relaxed Rule in above 10/18

Hydrocele Find a Hydrocell of cord of right testicle size of sack about 1 1/4 in in diameter. has never been tapped this disability is of recent occurrence Rule in above 3/18

W. Hugg, Pres. W. T. Lucas, Sec'y. A. H. Miller, Treas.

Except as above all organs normal  
We do not believe any of above disabilities  
were due to or aggravated by nervous habits  
Found no history or evidence of syphilis



*W. H. Wood*

**SURGEON'S CERTIFICATE**

IN CASE OF

*Stephen M. Payne*  
Co. *6th* Reg't *10th Inf*

**Applicant for** *increased*  
No. *644318*

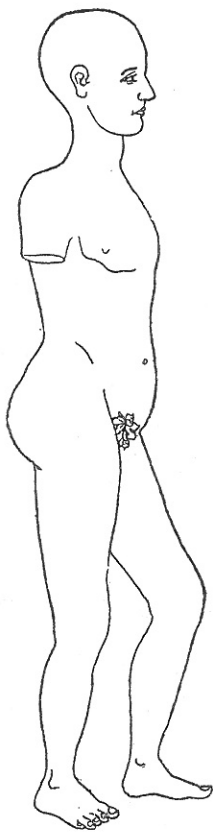
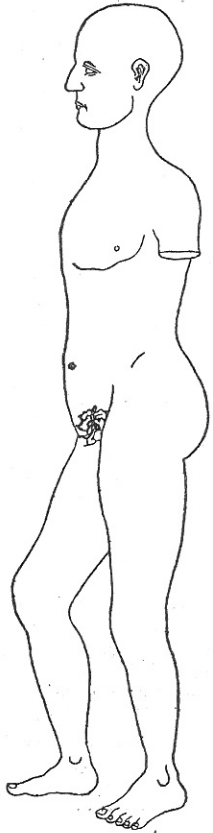
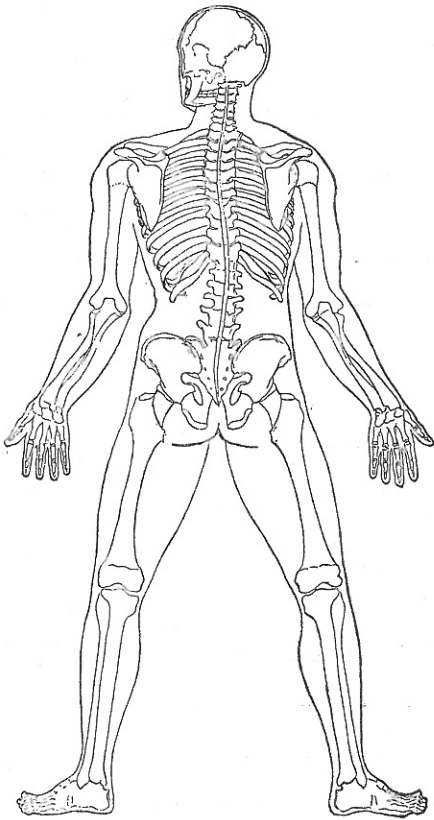
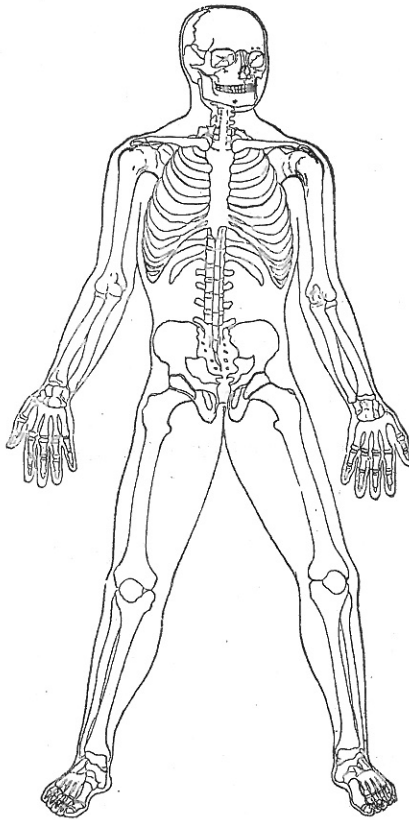
DATE OF EXAMINATION:  
*Jan. 29*, 189*6*.

*J. B. Peck*, Pres.,  
*A. H. Thomas*, Sec'y,  
*A. H. Miller*, Treas.,  
BOARD.

Post office, *London*  
County, *W. T. Cook*  
State, *Mich.*

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

*W. H. Wood*



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

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Oct 31, 1898

Very The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

What can you say, as to presence or absence, of Oedema Cyanosis and dyspnoea in connection with disease of heart. If necessary, <sup>To determine</sup> they recall claimant. See Part No 20 of Instructions for 1897

Amended Nov 16 - 1898

We omitted to state what claimant did not have, No Oedema No Cyanosis + No Dyspnoea, Claimant would have dyspnoea if forced to exercise. Very few old soldiers will exercise beyond a slow walk. They claim it hurts them.

J. H. Adams Sec

XIT

J. F. RAUB,  
Medical Referee.



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.

*Inc*

Pension Claim No. *649318*

Name and rank of claimant.

*Stephen M Page*

Rank, *Pat.*

Company *E*, Reg't *Wis. Inf.* | *Indianola Neb.* State,

Claimant's post-office address.

*Benkelman Neb.*

[Post office address of the Board]

[Date of examination.]

Cause of disability.

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: *Loss of teeth + dis. of Gums result of scurvey*  
*Scratia also rupture + Rheumatism*

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of *Eight* dollars per month.

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

He makes the following statement upon which he bases his claim for *Inc*  
*Incurred all disabilities while in the service*  
*Rupture hurts him now more than any thing else. Can chore around some, unable to perform manual labor.*

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

Upon examination we find the following objective conditions: Pulse rate, *92*; respiration, *24*; temperature, *98 1/2*; height, *5* feet *5 1/2* inches; weight, *150* pounds; age, *66* years. *The teeth are all gone except two roots which are loose + decayed. Gums are shrunk away about one half + ulcerated about stumps of teeth. Claimant complains of his Gums getting very sore at times 1/2 for results of Scurvey. Atrophy of muscles are marked in region of both hips but some worse in the left. There is no enlargement of joints or contraction of tendons. Muscles soft. Valves firm but not balanced. Claimant states Rheumatism does not trouble him as much as it did. 1/2 for Rheumatism. Hypertrophy of Heart exists area of dulness increased Apex beat 3 in. to inner side + 2 in. below left nipple + is plainly evident to palpation + inspection. Pulse rate standing 112 After exertion walking Officer pines slowly 112 regular as the time + force 1/2 for Heart trouble. Left iliac oblique inguinal Hernia exists. The tumor descends through both internal + external rings into scrotum. The tumor Claimant wears does not retain Hernia properly. Rings very large + times relaxed. Tumor as big as a large fist. We think it might be retained by a properly fitting truss where Claimant does not exercise muscles. There is no evidence of syphilis or that disabilities are due or aggravated by vicious habits 1/2 for Inguinal Hernia that passes through external ring.*

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.

Each disability must be rated separately, the act of Congress of March 2, 1896, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

*J M Brown*, Pres. *J E Hathorn*, Sec'y. *Absent*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.



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

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_"

(Signature.)

(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, Stephen M. Page, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. J. M. Brown and Dr. J. C. Hathorn, the examining surgeons here present (waiving examination by full board), on this 19<sup>th</sup> day of October, 1898."

(Signature.)

Stephen M. Page



CERTIFICATE

IN CASE OF

Stephen M. Page  
Co. E. & Reg't Wis. Infy.

Applicant for Pension

No. 649312  
DATE OF EXAMINATION: Oct 19, 1898

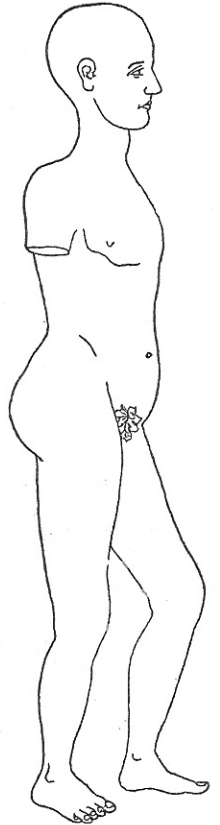
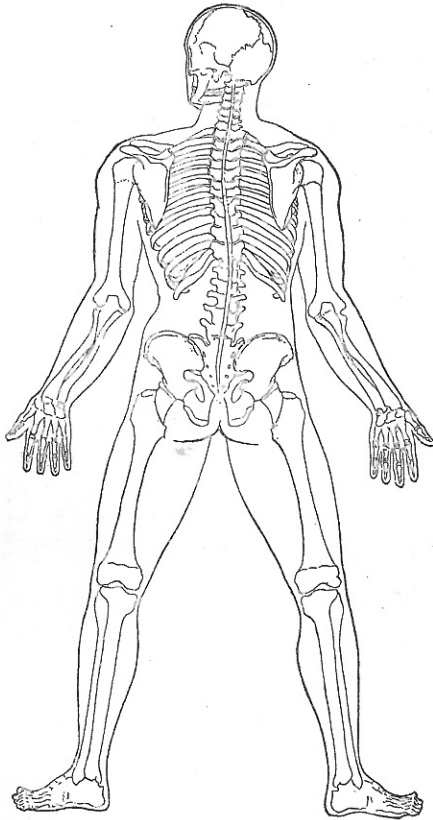
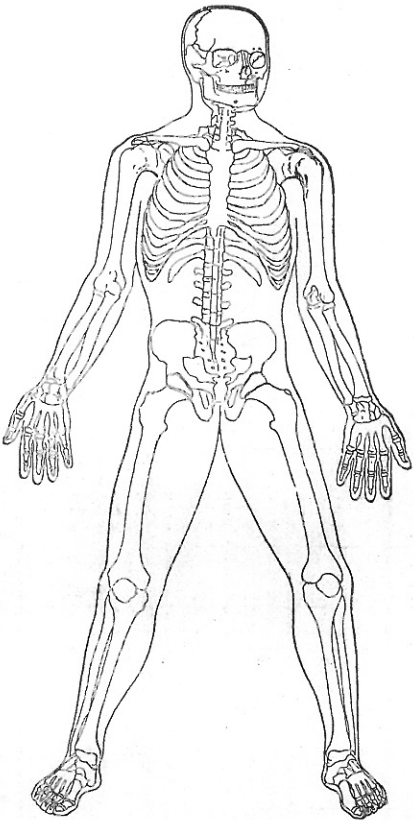
J. M. Brown, Pres.,  
J. C. Hathorn, Sec'y,  
A. Brown, Treas.,  
BOARD.

Post office, Indianola  
County, Scott  
State, Nebraska

P. S.—Write your Postoffice address plainly and in full.



T



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

# CERTIFICATE OF MEDICAL EXAMINATION.

Insert character and number of claim.

Certificate

Pension Claim No. 649318

Name of claimant.

Stephen M. Page

Los Angeles

P. O.

Company D 6 Reg't Wis. Inf.

Address of Board.

California

State.

Claimant's post-office address.

344 N. Townsend Street

February 11

19 24

[Date of examination.]

Names of disabilities.

He receives a pension of 50.00 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: Senility, vertigo.

Birthplace, New Hampshire; age, 89 years; height, 5-6; weight, 130 pounds; complexion, medium; color of eyes, blue; color of hair, white; occupation, retired; permanent marks and scars other than those described below,

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

Pulse rate, 90-96-138; respiration, 20-24-36; temperature, 98;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

/HEART: chronic myocarditis, apex beat 2" below and 2" to left of left nipple. Hypertrophy of left ventricle, areas dullness increased, right border 2" to right of right sternal margin, mitral systolic murmur, transmitted to axilla, marked cyanosis, slight edema of feet and ankles, marked dyspnoea, compensation poor, very intermittent. BLOOD PRESSURE: systolic 180, diastolic 104, thrust 3. There is arterio sclerosis.

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

MOUTH: tongue coated, breath foul. NOSE: normal. TEETH: all gone, plates worn. THROAT: chronic pharyngitis. LUNGS: few crepitant and sibilant rales over both upper lobes. CHEST: expiration 33, inspiration 36, at rest 34, abdomen ut umbilicus 3-0.

Act June 5-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth, one-fourth, one-half, three-fourths, or total.

ABDOMEN: normal. SPLEEN: normal. LIVER: normal. STOMACH: normal. HERNIA: left indirect inguinal, tumor 3" by 6" passes external ring into scrotum, not reducible, not retainable by truss which is worn. BLADDER: normal. KIDNEYS: normal. URINALYSIS: specific gravity 1024, color amber, acid reaction, trace of albumin by HNO3, no casts, no sugar by Haines. HYDROCELE: no. VARICOCELE: no. PROSTATE: normal. There is no evidence of syphilis or gonorrhoea. REFLEXES: normal.

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.

BRAIN AND NERVOUS SYSTEM: marked nervous debility. SKIN: dry, cyanotic and wrinkled. RHEUMATIC OR GOUTY NATURE: no. UPPER EXTREMITIES: normal. LOWER EXTREMITIES: edema both feet, and ankles. NUTRITIONAL CONDITION: poor. His habits are good. He uses no drugs, no liquor, no tobacco.

§72 Cases: In every instance where aid and attendance is alleged, the Board will state (in so many words) whether the regular aid and attendance of another person is or is not required.

EYES: general condition poor, has diplopia at a distance arcus senilis present, vision of both eyes 20/200, is not corrected. EARS: no diseases, hearing of left ear total deafness cannot hear shouting at any distance. Right ear: total deafness cannot hear shouting at any distance.

He is very senile and feeble, has marked vertigo and falls very frequently and easily. He requires the constant assistance of another person in dressing and attending to the calls of nature because of his feebleness and he cannot go around with out assistance because of weakness and falling. He feeds himself but the food has to be served to him.

It is the opinion of the board that applicant is totally incapacitated for earning a support by manual labor and recommend a pension of \$72.00 per month.

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

Pres. J. J. Foyler, Sec'y. \_\_\_\_\_, Treas.

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

Marginal entries must never be made.

(SECRETARY'S CERTIFICATION.—To be filled and signed when the examination is made by the full board of three surgeons.)

"I hereby certify that Dr. \_\_\_\_\_ Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_."

(Signature.)

(CLAIMANT'S WAIVER, to be filled by the member acting as secretary, and signed by the applicant, when the examination is made by two members of the board.)

"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 \_\_\_\_\_, 19 \_\_\_\_\_."

Witnesses to mark.

(Signature of Applicant.)

Jan 26 1924

**HOMER ACT OF MAY 1, 1920. CERTIFICATE OF MEDICAL EXAMINATION**

IN CASE OF

Stephen M Page

Co. D, 6 Reg't Wis. Inf.

APPLICANT FOR Certificate

Ctf. No. 649318

DATE OF EXAMINATION: February 11, 1924

Pres., F.A. Foye; Sec'y, \_\_\_\_\_; Treas., \_\_\_\_\_; BOARD, #2

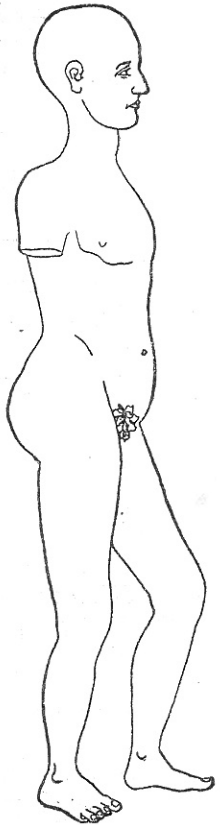
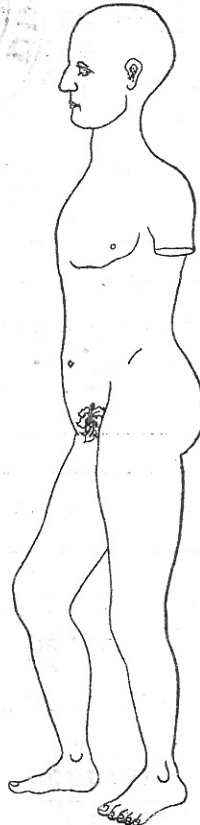
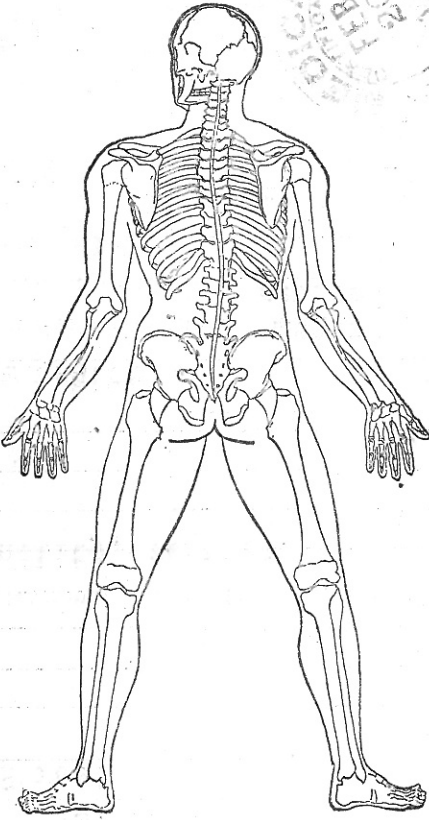
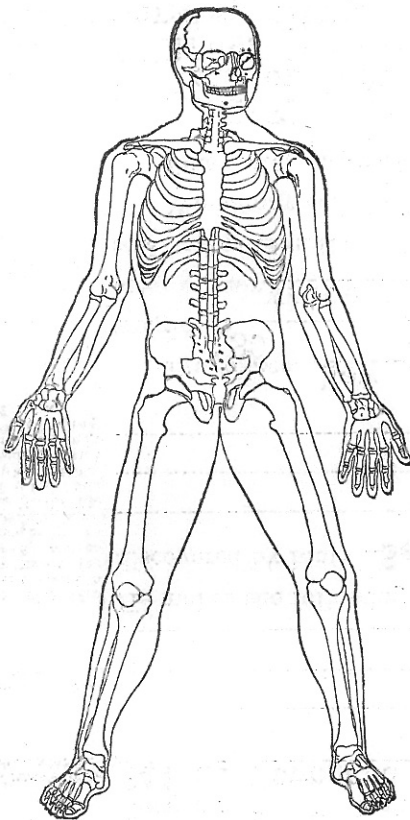
Post office, 405 South Hill

County, Los Angeles

State, California.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

FEB 27 1924



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.

(Paste continuation sheet, if used, here.)

Home. Ind. Bd. Los Angeles, Calif. Jan 25<sup>th</sup> 1889

Quinton