

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Orig. Pension Claim No. 1,329,535

Name of claimant.

Jose Fernander Juan Oliber

Address of Board.

Brooklyn P.O. N.Y. State.

Claimant's post-office address.

426 Bedford Ave. Bklyn N.Y.

Feb. 9th, 1905

[Date of examination.]

Chronic Bronchitis, Bleeding piles

Names of disabilities.

He receives a pension of No 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: Chronic bronchitis 1897, Bleeding piles 1900

Birthplace, Spain; age, 63 years; height, 5. 3¹/₂; weight, 118 pounds; complexion, dark; color of eyes, gray; color of hair, mixed; occupation, Cigar maker; permanent marks and scars other than those described below, None noted

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

Pulse rate, 72, 72, 111; respiration, 16, 16, 26; temperature, 98¹/₈;
Urine: [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Clear, amber, acid, sp. g. 1016; no albumen no sugar.

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

Chronic Bronchitis:

Chest symmetrical no dullness on percussion, measurements on nipple line 34-37" on ex & inspiration, no rales cough nor dyspnoea, vesicular breathing is heard throughout the chest

Bleeding piles:

On rectal examination we find no ex nor internal piles, no other rectal trouble noted.

General condition:

Claimant is 17 lbs under weight, his muscles is small but are hard & firm, & strength excellent, is a well preserved man for his years, no arcus senilis gait firm & elastic, heart normal pulse only went to 111 after climbing stairs 3 times. No other disability present. No evidence of vicious habits. No ratable disability found.

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.

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

J. A. Black, Pres. L. H. Chamberlain, Sec'y. J. H. Oliver, Treas.

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

Marginal entries must never be made.