

10-17-1861

McDonald, Daniel

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Daniel Mc. Donald*, age *Twenty*, occupation
Seaman, born in *Cap's Breton, Nova Scotia*

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None*
2. Have you any disease of throat, or difficulty of utterance? *None*
3. Have you any disease of Lungs or Heart? *None*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *None*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *None*
6. Have you been vaccinated within seven years? *None*

REMARKS.

DATE: *Oct. 17. 1861*

RENDEZVOUS: *Ellsworth*

P. W. Peury ~~Examining Surgeon~~
Recruiting Office