

# EXAMINATION.

State of Maryland County of Anne Arundel

Doctor's name and Post-office address. *Charles B. Hays M. D., whose P. O. address is *Wingfield* County of Anne Arundel State of Maryland*

Name of soldier. *Charles B. Hays* years standing, and that he has this day examined carefully one *33* being first duly sworn, says that his age is now *33* years, and that he is a regular practicing physician of *33*

who, he is informed was late a *Private* in Company *B. Co. 30th Reg't.* Vol's, and finds him afflicted as follows:

*Chronic Rheumatism*

*Throbbing Heart (cardiac) trouble*

*Wound from a bullet wound*

*in lower extremities that makes his body to be quite painful*

and he further says that the said *Charles B. Hays* is incapacitated for the performance

of manual labor by reason of aforesaid disabilities in about the following degree: *2 1/2 yrs or nearly entirely disabled, he is unable to stand for any length of time & by reason of his condition he can work no longer*

and the affiant further says that he is in nowise interested in the prosecution of this claim for pension.

Affiant's Signature. *Charles B. Hays M. D.*

Subscribed and sworn before me this *18th* day of *November* 1891

The affiant is a credible witness, and the person he represents in the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written.

[Official Signature.] *Wm. A. Smith* [L. S.]

Doctor: Here give a full and clear diagnosis of the disability upon which pension is claimed as you find it now upon examination, and state what was the probable cause, giving all rational and physical signs of each disease. Here state in about what degree claimant is disabled, in your judgment. That is, state about how much of the time he is not able to work.