PHYSICIAN'S CERTIFICATE

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF THE STATE OF INDIANA.

This is to Certify, That, pursuant to the provisions of "An Act regulating the practice of Medicine
Surgery and Obstetrics; providing for the issuing of license to practice; providing for the appointment of
a State Board of Medical Registration and Examination and defining their duties; defining certain
misdemeanors and providing penalties, and repealing all laws in conflict therewith and certain acts
therein specified," approved March 8, 1897,Lyman Abbott M.D.,
of the County ofSteuben in the State of Indiana, whose post office address is
Fremont, Steuben County, Indiana, has made application for a certificate
authorizing a license to practice Medicine, Surgery and Obstetrics in said State, and upon evidence
presented it appears that he is the legal possessor of a DiplomaLicense
issued to the person named therein, that he has paid the proper fee prescribed by the law, and in all
other respects complied with said act, and upon the presentation of this Certificate to the Clerk of
Steuben County, is entitled to a license to practice Medicine, Surgery and Obstetrics in the
State of Indiana.
IN WITNESS WHEREOF, the said Board of Medical Registration and Examination
Has caused this Certificate to be granted and signed by its Presiden
And Secretary, and attested by its official seal at Indianapolis, thi
9th day of July 189_ 7
Wm. F. Curryer M.D. Secretar
secretar
PHYSICIAN'S LICENSE
State of Indiana, Steuben County, ss:
I,John B. Parsell, Clerk of the Circuit Court of Steuben County, in the State of
Indiana, do hereby certify that Lyman A. Abbott
has complied with the laws of the State of Indiana relating to the practice of Medicine, Surgery and
Obstetrics, in the County and State aforesaid. – See page 257, Acts 1897.
WITNESS my hand and the seal of said Court, this _23rd _ day of August 189 7 Cler

..STATEMENT..

Of Lyman Ab	bott to whom license h	nas been issued as per copy above i	for the practice of
Medicine, Surgery	y and Obstetrics:		
My name is	Lyman Abbott	My age is 58	_ years
Place and birth _	Westbury, New York	My present address is	_Fremont
		belongRegular	
_	Steuben County, SS:	lemnly swear the above and forego	ning statement is
	of my knowledge and belief.	iemmy swear the above and forego	oning statement is
		Lyman Abb	oott
Subscribed and sv	worn to before me, this _23rd	_day of August 189 _7 _	-
		John I	B. Parsell
		Clerk Steub	en Circuit Cour