

No. 12607

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, Kermit Wendall Covell M.D., of the County of Steuben in the State of Indiana, whose post office address is Angola 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 Diploma issued by the Indiana University of Medicine

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 President  
And Secretary, and attested by its official seal at Indianapolis, this  
3rd day of Sept 1899 35  
J. W. Bowers M.D. President  
William R. Davidson M. D. Secretary

PHYSICIAN'S LICENSE

State of Indiana, Steuben County, ss:

I, Rolland J. Weaver, Clerk of the Circuit Court of Steuben County, in the State of Indiana, do hereby certify that Kermit Wendall Covell 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 19th day of Dec 1899 35  
Rolland J. Weaver Clerk

..STATEMENT..

Of \_\_\_\_ **Kermit Wendall Covell** \_\_\_\_\_ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is \_\_\_\_ **Kermit Wendall Covell** \_\_\_\_\_ My age is \_\_\_\_ **23** \_\_\_\_ years  
Place and birth \_\_\_\_ **Angola, Indiana** \_\_\_\_\_ My present address is \_\_\_\_ **Angola** \_\_\_\_\_  
Indiana. Schools or system of medicine to which I belong \_\_\_\_ **Regular Indiana University School of Medicine** \_\_\_\_\_

State of Indiana, \_\_\_\_ **Steuben** \_\_\_\_\_ County, SS:

I, \_\_\_\_\_ **Kermit Wendall Covell** \_\_\_\_\_ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

Subscribed and sworn to before me, this \_\_\_\_ **19th** \_\_\_\_ day of \_\_\_\_ **December** \_\_\_\_\_ **Kermit Wendall Covell** \_\_\_\_\_  
189-19\_35\_\_

\_\_\_\_ **Rolland J. Weaver** \_\_\_\_\_  
Clerk \_\_\_\_ **Steuben** \_\_\_\_ Circuit Court