

No. 12272

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, Donald Wood Creel M.D., of the County of Steuben in the State of Indiana, whose post office address is Angola, 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 Diploma issued by University of Chicago Medical School Chicago Illinois

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
13th day of June 1899 33
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 Donald Wood Creel 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 20th day of Sept 1899 33
Rolland J. Weaver Clerk

..STATEMENT..

Of Donald Wood Creel to whom license has been issued as per copy above
for the practice of Medicine, Surgery and Obstetrics:

My name is Donald Wood Creel My age is blank years
Place and birth blank My present address is Angola,
Indiana. Schools or system of medicine to which I belong University of Chicago Medical School
Chicago, Illinois

State of Indiana, Steuben County, SS:

I, Donald Wood Creel solemnly swear the above and foregoing statement is
true to the best of my knowledge and belief.

Donald Wood Creel
Subscribed and sworn to before me, this 20th day of September ~~189~~ 19 33

Rolland J. Weaver
Clerk Steuben Circuit Court