## 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 Surgery and Obstetrics; providing for the issuing of license to practice; providing for the apporance a State Board of Medical Registration and Examination and defining their duties; defining cert misdemeanors and providing penalties, and repealing all laws in conflict therewith and certain therein specified," approved March 8, 1897,Thomas J. Creel of the County ofSteuben in the State of Indiana, whose post office address isAngola Steuben County, Indiana, has made application for a certifical authorizing a license to practice Medicine, Surgery and Obstetrics in said State, and upon evice presented it appears that he is the legal possessor of a DiplomaLicense	intment of cain n acts M.D., te
issued to the person named therein, that he has paid the proper fee prescribed by the law, ar other respects complied with said act, and upon the presentation of this Certificate to the CleSteuben County, is entitled to a license to practice Medicine, Surgery and Obstetri	rk of
State of Indiana.	
IN WITNESS WHEREOF, the said Board of Medical Registration and E	
Has caused this Certificate to be granted and signed by it	
And Secretary, and attested by its official seal at India	•
<b>9th</b> day of <b>July</b>	
J. C. Webster M.D	_
Wm. F. Curryer M. D	Secretary
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 thatThomas J. Creel	
has complied with the laws of the State of Indiana relating to the practice of Medicine, Surger Obstetrics, in the County and State aforesaid. – See page 257, Acts 1897.	ry and
WITNESS my hand and the seal of said Court, this _16th day ofJuly 189	

## ..STATEMENT..

OfThomas J. Creel	_ to whom license has been issued as per copy above for the practice
of Medicine, Surgery and Obstetrics	S:
My name isThomas J. Creel	My age is <b>29</b> years
Place and birthParkersburg, We	st Virginia My present address isAngola
Indiana. Schools or system of medic	cine to which I belongRegular
State of Indiana,Steuben  I, Thomas J. Creel	County, SS: solemnly swear the above and foregoing statement is true
to the best of my knowledge and be	
	Thomas J. Creel
Subscribed and sworn to before me	e, this <b>_16th</b> day of <b>July</b> 189 <b>_7</b>
	John B. Parsell
	Clerk <b>Steuben</b> Circuit Cour