

No. _8206_____

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, _____ George H. Dando _____ M.D., of the County of Steuben in the State of Indiana, whose post office address is _____ Orland, 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 the College of Physicians and Surgeons of Chicago, Illinois dated June 6, 1905 _____

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 _____ Circuit Court 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
____ 9th ____ day of _____ November ____ ~~189~~ 19_05____
____ W. A. Spurgeon M.D. _____ President
____ William L. Gott M. D. _____ Secretary

PHYSICIAN'S LICENSE

State of Indiana, _____ Steuben _____ County, ss:

I, _____ Ezra L. Dodge _____, Clerk of the Circuit Court of _____ Steuben _____ County, in the State of Indiana, do hereby certify that _____ George H. Dando _____ 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. Amended March 3, 1899 March 11, 1901 March 4, 1905

WITNESS my hand and the seal of said Court, this ____ 9th ____ day of _____ November ____ ~~189~~ 19_05____
____ Ezra L. Dodge _____ Clerk

..STATEMENT..

Of _____ George H. Dando _____ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is _____ George H. Dando _____ My age is __37__ years
Place and birth __Cleveland, Ohio____ My present address is __Orland____
Indiana. Schools or system of medicine to which I belong _____ Regular _____

State of Indiana, _____ **Steuben** _____ County, SS:

I, _____ George H. Dando _____ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

_____ George H. Dando _____
Subscribed and sworn to before me, this __9th____ day of __November____ ~~189~~19_05__

_____ Ezra L. Dodge _____
Clerk __ **Steuben** __ Circuit Court