

No. \_\_\_\_9051\_\_\_\_

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, amended March 3, 1899, March 11, 1901 and March 4, 1905 \_\_\_\_Lawrence Love Dill\_\_\_\_ 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 University of Michigan Homopathic Department Ann Arbor Michigan dated January 7, 1910 the said college being in good standing with this board and he has completed with the law in all respect and has taken the examination required by this board on following subjects set out in certificate and has obtained the necessary percent required on foregoing branches\_\_\_\_

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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  
\_\_17th\_\_ day of \_\_February\_\_\_\_ ~~189~~ 19\_10\_\_  
\_\_\_\_James M. Demmeir M.D.\_\_\_\_ President  
\_\_\_\_William L. Gott M. D.\_\_\_\_ Secretary

PHYSICIAN'S LICENSE

State of Indiana, Steuben County, ss:

I, John B. Allman, Clerk of the Circuit Court of Steuben County, in the State of Indiana, do hereby certify that Lawrence Love Dill 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 21st day of February 189-19\_10  
John B. Allman Clerk

..STATEMENT..

Of Lawrence Love Dill to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is Lawrence Love Dill My age is 25 years  
Place and birth Cass County, Indiana My present address is Angola  
Indiana. Schools or system of medicine to which I belong Homopathic

State of Indiana, Steuben County, SS:

I, Lawrence Love Dill solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

Lawrence Love Dill  
Subscribed and sworn to before me, this 21st day of February 189-19\_10

John B. Allman  
Clerk Steuben Circuit Court  
By Roxie E. Allman Deputy