

No. 1843

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, John L. Dunkel M.D., of the County of Steuben in the State of Indiana, whose post office address is Fremont 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~~ License

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 July 1897
J. C. Webster M.D. President
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 that John L. Dunkel 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 August 1897
John B. Parsell Clerk

..STATEMENT..

Of ___ John L. Dunkel _____ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is _____ John L. Dunkel _____ My age is __32__ years
Place and birth ___Fremont Indiana_____ My present address is _____Fremont_____
Indiana. Schools or system of medicine to which I belong _____Regular_____

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

I, _____ John L. Dunkel _____ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

Subscribed and sworn to before me, this _____ John L. Dunkel _____
this __19th____ day of __August_____ 189_7__

Clerk _____
Clerk _____**Steuben**____ Circuit Court