No.	4178	}

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,Charles W. Goodale M.D.,
of the County of Steuben in the State of Indiana, whose post office address is
Metz 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 DiplomaLicense
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 189 7
J. C. Webster M.D President
Wm. F. Curryer M. DSecretary
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 Charles W. Goodale
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, this22nd day ofJuly 1897John B. Parsell Clerk

..STATEMENT..

Of Charles W. Goodale		to who	m license h	ias been is:	sued as per	as per copy above for the		
practice of N	Medicine, Surgery and	Obstetrics:						
My name is	e is Charles W. Goodale				_ My age is	53	years	
Place and bi	irth Metz India n	a	My pres	ent addres	s isI	Metz		
Indiana. Sch	ools or system of med	licine to which I	belong	Regula	r			
State of Indi	iana, Steuben	County, SS:						
l,	Charles W. G	oodale		solemnly s	wear the ab	ove and	l foregoing	
statement is	s true to the best of m	y knowledge an	d belief.					
			_		Charles W.	Goodale	e	
Subscribed a	and sworn to before n	ne, this 22nd _						
					Johr	ո B. Pars	ell	
				(ClerkSte	uben	_ Circuit Court	
Noted at the	e bottom of the page:							

Died January 5, 1905