No. ___blank____

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, _____ _____ M.D., of the County of __ _____ in the State of Indiana, whose post office address is _____ _____ 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 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 __ _____ 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
_____ day of ___ _____ ~~189~~ 19____
_____ President
_____Secretary

PHYSICIAN'S LICENSE

State of Indiana, ____ **Steuben** _____ County, ss:

I, __Rolland J. Weaver _____, Clerk of the Circuit Court of _____ Steuben _____ County, in the State of Indiana, do hereby certify that _____Arthur K. Hammond _____ 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 _26th____ day of _Nov_____ ~~189~~ 19__35__
____ Rolland J. Weaver _____ Clerk
By Kathryn Rodgers Deputy

_____

..STATEMENT..

Of ____ Arthur K. Hammond _____ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is ___ _____ Arthur K. Hammond _____ My age is ____84___ years Place and birth ____ Ashley, Indiana_____ My present address is _____Ashley_____ Indiana. Schools or system of medicine to which I belong ___Fort Wayne Medical College_____

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

I, _____ Arthur K. Hammond _____ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

_____ Arthur K. Hammond _____ _____

Subscribed and sworn to before me, this __26th_____ day of _____Nov_____ ~~189~~ 19_35__

____ Rolland J. Weaver _____

Clerk ___**Steuben** ___ Circuit Court

By Kathryn Rodgers Deputy