

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 **John Harold Oyer**  
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 10th day of July, ~~189~~1934

**Rolland J. Weaver** Clerk

..STATEMENT..

Of \_\_\_\_ **John Harold Oyer** \_\_\_\_\_ to whom license has been issued as per copy above  
for the practice of Medicine, Surgery and Obstetrics:

My name is \_\_\_\_ **John Harold Oyer** \_\_\_\_\_ My age is **28** \_\_\_\_\_ years  
Place and birth \_\_\_\_ **Fort Wayne, Indiana** \_\_\_\_\_ My present address is \_\_\_\_ **Angola** \_\_\_\_\_  
Indiana. Schools or system of medicine to which I belong \_\_\_\_ **Regular Indiana University School of  
Medicine** \_\_\_\_\_

State of Indiana, \_\_\_\_ **Steuben** \_\_\_\_\_ County, SS:

I, \_\_\_\_ **John Harold Oyer** \_\_\_\_\_ solemnly swear the above and foregoing  
statement is true to the best of my knowledge and belief.

\_\_\_\_ **John Harold Oyer** \_\_\_\_\_  
Subscribed and sworn to before me, this \_\_\_\_ **10th** \_\_\_\_\_ day of \_\_\_\_ **July** \_\_\_\_\_ ~~189~~ **1934** \_\_\_\_\_

\_\_\_\_ **Rolland J. Weaver** \_\_\_\_\_  
Clerk \_\_\_\_ **Steuben** \_\_\_\_\_ Circuit Court