

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, **Wade E. Livey**, Clerk of the Circuit Court of **Steuben**
County, in the State of Indiana, do hereby certify that **Leonard Joseph Thill**
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 11th day of Sept 189-19 47

_____**Wade E. Livey**_____ Clerk
By Louise Maloy Deputy

..STATEMENT..

Of ____ **Leonard Joseph Thill** _____ to whom license has been issued as per copy above
for the practice of Medicine, Surgery and Obstetrics:

My name is ____ **Leonard Joseph Thill** _____ My age is ____ **31** ____ years
Place and birth ____ **Grant County, Wisconsin** _____ My present address is ____ **Ashley** _____
Indiana. Schools or system of medicine to which I belong ____ **Marquette University of Medicine of**
Wisconsin _____

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

I, ____ **Leonard Joseph Thill** _____ solemnly swear the above and foregoing
statement is true to the best of my knowledge and belief.

____ **Leonard Joseph Thill** _____
Subscribed and sworn to before me, this ____ **11th** ____ day of ____ **Sept** ____ ~~189~~-19_ **47** ____

____ **Wade E. Livey** _____
Clerk ____ **Steuben** ____ Circuit Court
By Louise Maloy Deputy