

No. 6936

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, Thomas R. Whitemarsh M.D., of the County of Steuben in the State of Indiana, whose post office address is Salem, 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 Michigan College of Medicine and Surgery of Detroit, Michigan dated March 23, 1897 and a certificate or diploma from Michigan Board of Registration in Medicine dated January 26, 1900

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
26th day of April 1899
M. S. Canfield M.D. President
William L. Gott M. D. Secretary

PHYSICIAN'S LICENSE

State of Indiana, Steuben County, ss:

I, Ezra L. Dodge, Clerk of the Circuit Court of Steuben County, in the State of Indiana, do hereby certify that Thomas R. Whitemarsh 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 21st day of May 1899
Ezra L. Dodge Clerk

..STATEMENT..

Of __ Thomas R. Whitemarsh _____ to whom license has been issued as per copy
above for the practice of Medicine, Surgery and Obstetrics:

My name is ____ Thomas R. Whitemarsh _____ My age is __35__ years
Place and birth ____ Canada _____ My present address is __Salem Center _____
Indiana. Schools or system of medicine to which I belong ____ Regular _____

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

I, ____ Thomas R. Whitemarsh _____ solemnly swear the above and
foregoing statement is true to the best of my knowledge and belief.

____ Thomas R. Whitemarsh _____
Subscribed and sworn to before me, this _21st_____ day of ____ May _____ ~~189~~19_04__

____ Ezra L. Dodge _____
Clerk ____ **Steuben** ____ Circuit Court