

STATE OF MARYLAND)
) SS
 CITY OF BALTIMORE)

This is to certify that I, Dr. Ralph J. Young M. D. is the family physician of John Smothers and do hereby acknowledge and declare that the following is a true statement of the condition of the above named John Smothers:

REG. No. 8580 DR. RALPH J. YOUNG OFFICE HOURS:
 8 TO 10 A. M.
 2 TO 4 P. M.
 7 TO 9 P. M.

DATE 11/19/26 1429 E. MONUMENT STREET PHONE, WOLFE 3992

PATIENT'S NAME John Smothers ADDRESS 619 N Bethel St

R Do whom it may concern

This is to certify that the above named person has been under my care for the last 5 yrs. His condition is one of general senile debilitation. He requires the daily attention of an attendant especially in dressing and in getting around the house. Incontinence of urine and partial deafness. Hypertension and Vertigo. Constant trouble with memory.

Very truly
 R J Y

DUNBAR PHARMACY
 COR. JEFFERSON & EDEN STS.
 BALTIMORE

FULL NAME _____



This is to certify that Dr. Ralph J. Young personally appeared before me a Notary Public in and for the City of Baltimore and the State of Maryland, and upon being duly sworn according to law acknowledged the above statement and diagnosis made by him in his own hand writing to be true and bona fide.

Subscribed and sworn to this 19 day of November 1926.

Alvan S. Standley
 NOTARY PUBLIC.

