

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 ."

(Signature.)

Geo R. Graham

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 ."

(Signature.)

SURGEON'S CERTIFICATE

IN CASE OF

Jessiah Howard
Co. G, 14 Reg't U.S.C.A.

APPLICANT FOR *Inc.*

No. *438291*

DATE OF EXAMINATION:

December 12, 1901, 190

Geo R. Graham, Pres., } BOARD.
Sec'y, }
Treas., }

Post office, #224 W. Fayette St.,

County, Baltimore,

State, Maryland.

P. S.—Write your Post-office address plainly and in full.

