

(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.) \_\_\_\_\_

(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 ."

Witnesses  
to mark.

(Signature of  
Applicant.) \_\_\_\_\_

Southern Div. NOV 19 1908

DEC 7 1908



EXPERT.

U. S. DEPARTMENT OF THE INTERIOR

IN CASE OF

*George Chambers*

*Co. G. 19 Reg't U.S. V. Inf*

APPLICANT FOR *increase*

*Off. No. 292/90*

DATE OF EXAMINATION:

*Nov. 23*, 190*8*

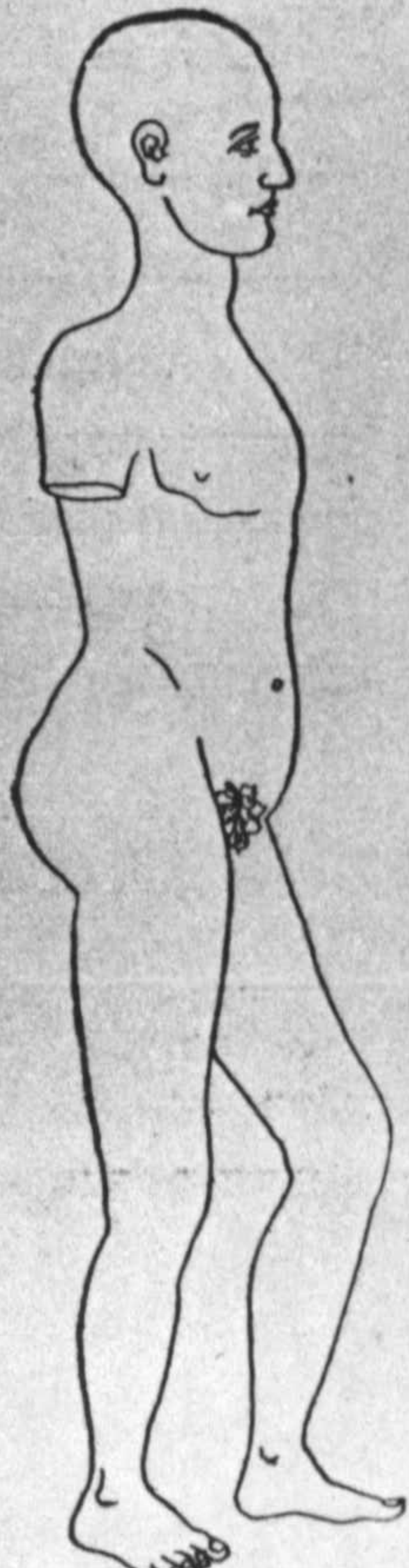
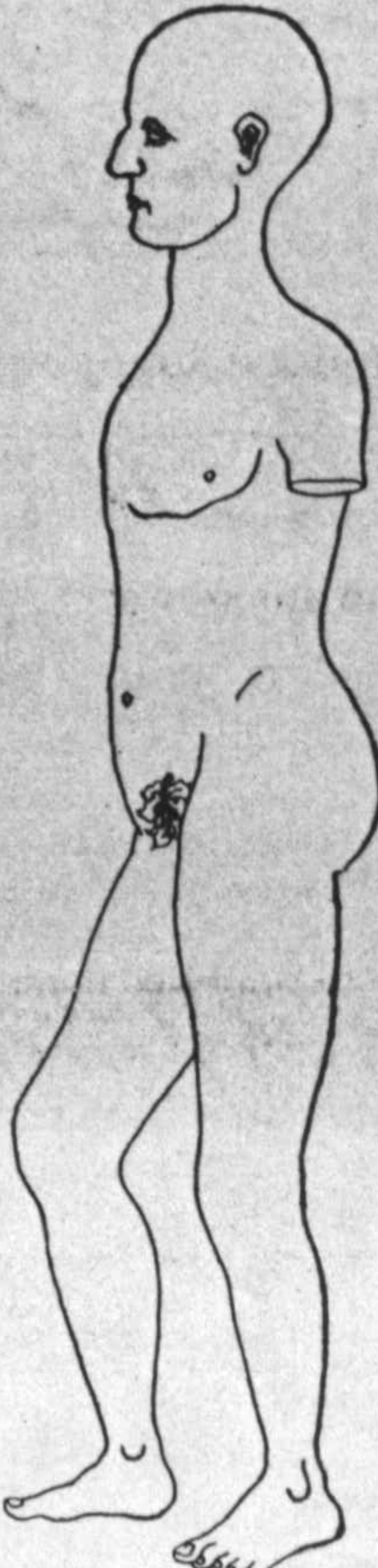
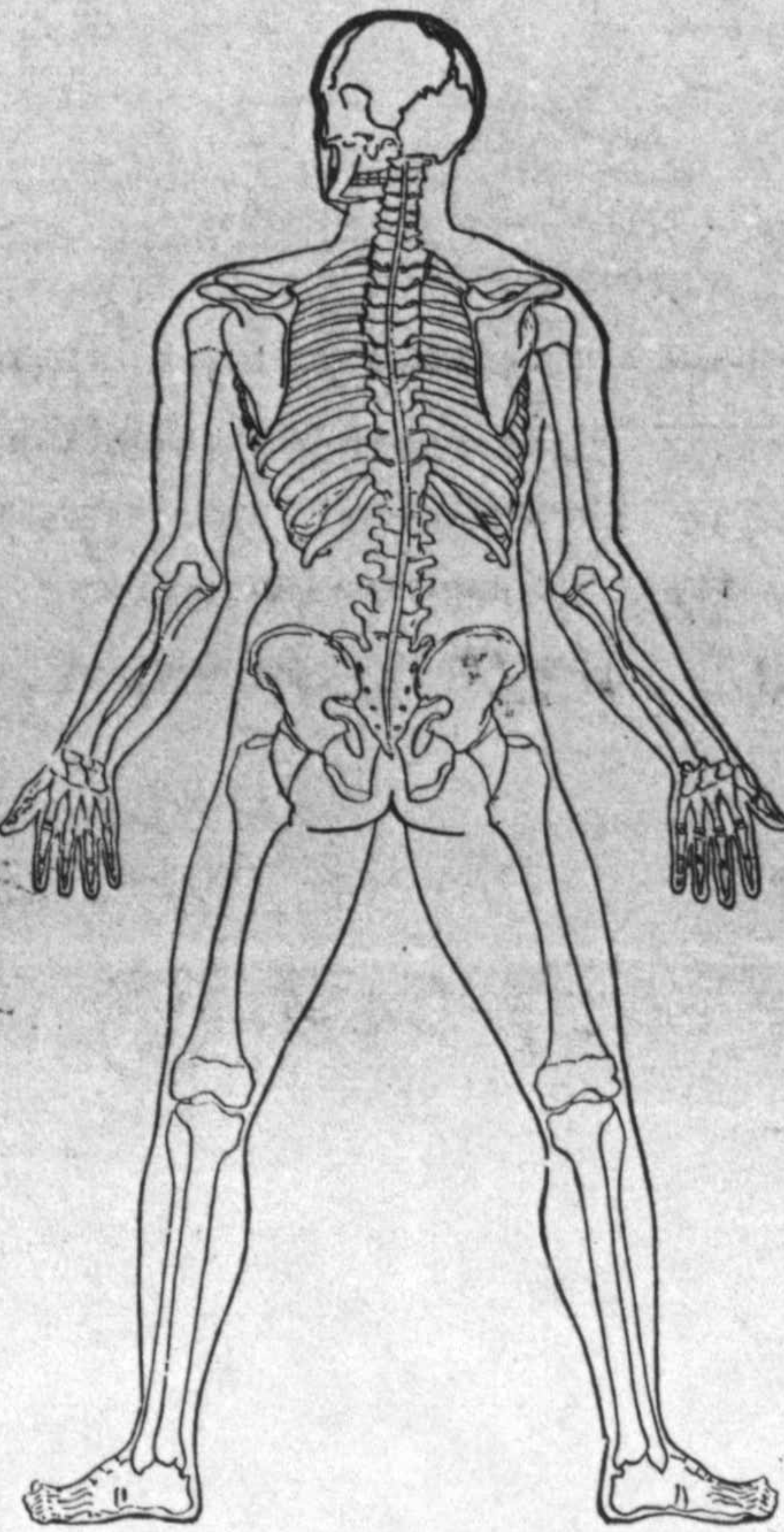
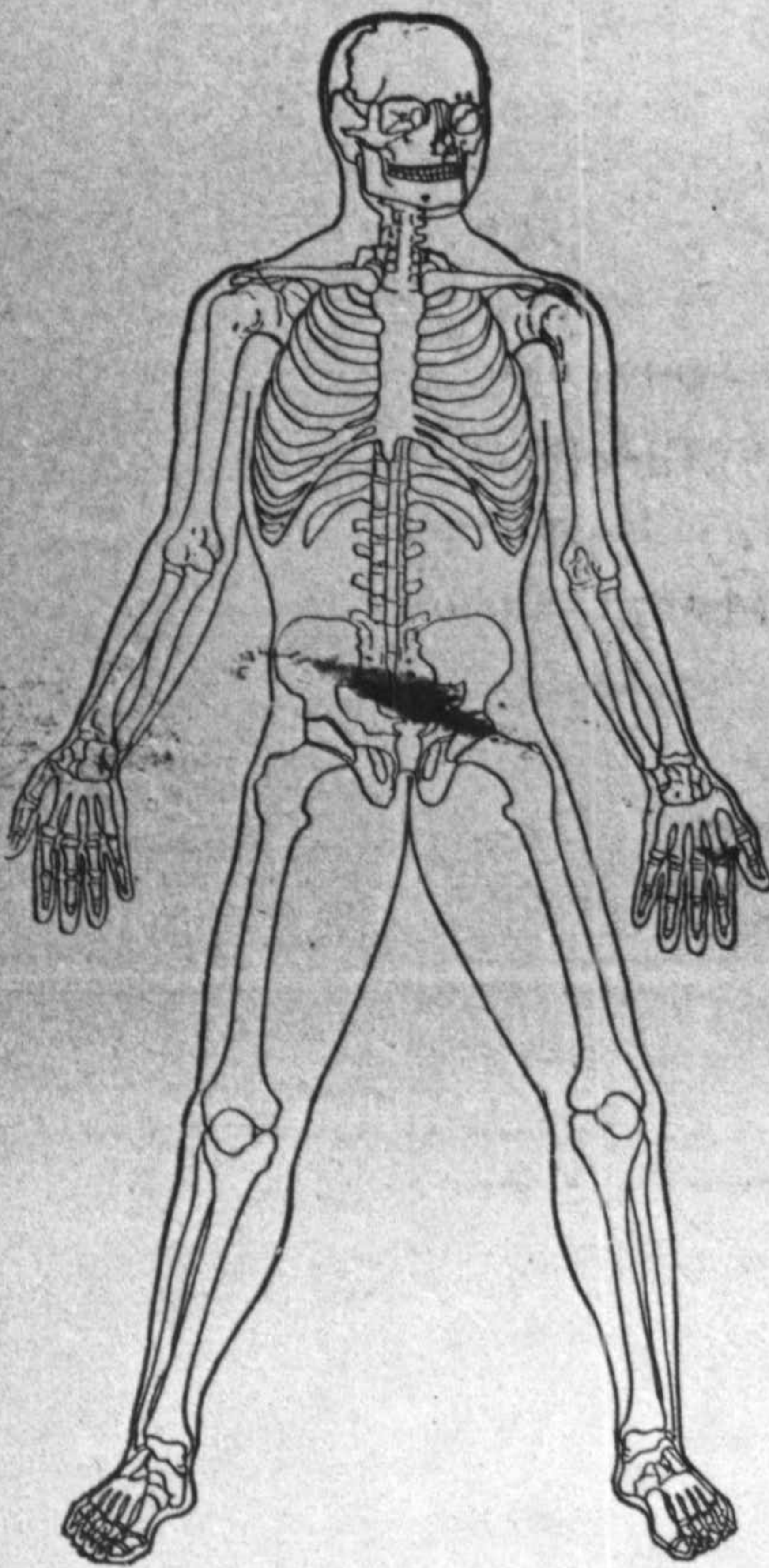
*A. C. Piterman* Pres.,  
BOARD.  
Sec'y, \_\_\_\_\_  
Treas., \_\_\_\_\_

Post office, *114 W. Franklin St.*

County, *Baltimore*

State, *Md.*

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

MSA-SC-4126-20713