

[This certificate to be filled in and signed by the secretary when full board is present.]
 "I hereby certify that Dr. W. H. Miller, Dr. J. H. Miller, and
 Dr. A. S. Cornwall, were personally present and actually participated in the
 examination of Alexander Lechman, the claimant in this case, on July 28th day
 of July, 1897
 (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 _____, 18 ____."
 (Signature.)

SURGEON'S CERTIFICATE

IN CASE OF

Alexander Lechman
 Co. A, 6th Reg't U. S. C. V. Inf.

Applicant for Increase

No. 683,990

DATE OF EXAMINATION:

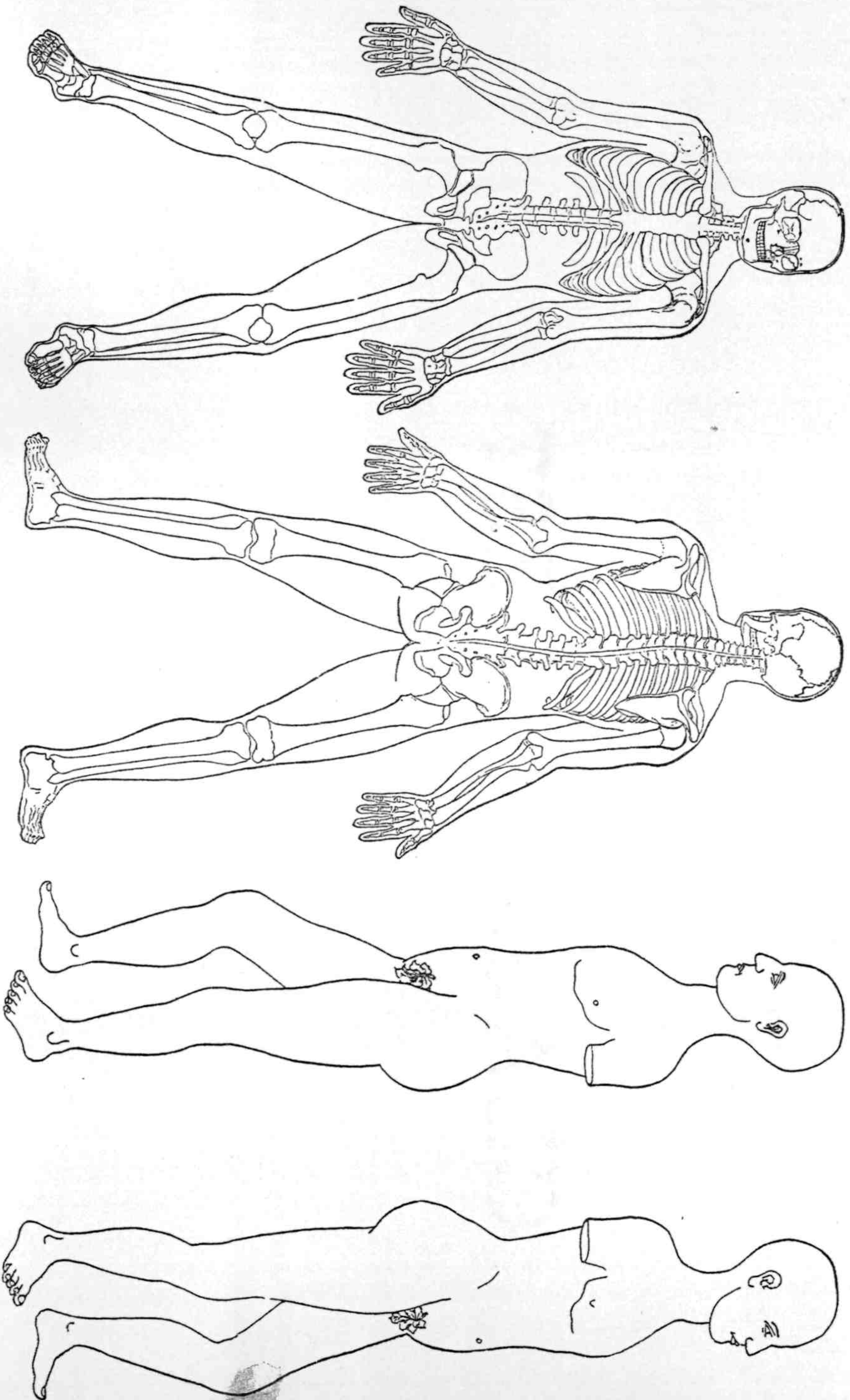
July 28th, 1897
Joseph Moore, Pres.,
J. H. Miller, Sec'y,
A. S. Cornwall, Treas.,
 BOARD.

Post office, Dover

County, Kent

State, Del.

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my."
 They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and
 sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certifi-
 cate contain a full description of the physical condition of the claimant at the time, which shall
 include all the physical and rational signs and a statement of all the structural changes. [Ex-
 tract from Section 4, Act of Congress approved July 25, 1882.]