	SURGEON'S CERTIFICATE	of	Dr. ,, I per
	IN CASE OF	ficate ficate nedic	eby.
	Heeny muell	this	Cortif
	Co. D., Z Reg't 21. S. le. 2nd,	fillec	tha
	Applicant for Incure	te, hereby the	Dr. Carried
	No. 799, 778	ignature ignature consen consen day o ignature	We we
	DATE OF EXAMINATION:	fring the a	on pe
	march 16, 1898	the be exe	rsona
	harledline Pres.,	eons h	Hy pr
	2. S. lewill, Treas., BOARD.	ting as ting as ting as by Dr.  ere present	Dr. A.
C C	Post office, Sour	secretar or originat (wai	H. lactual
<u></u>	County,	ving.	प्रमुख्य प्र
	State,	d signe examin	Licipat Vian
	P. S Write your Post-office address plainly and in full.	referration	ed in t
-		by he	nd he
1			

Il use this blank, changing "we" to read "I," and "reds "Pres.," "Sec'y," "Treas.," and "Board" where the ertificate, and also on the back of the same.

That all examinations shall be thorough and search ription of the physical condition of the claimant at the and rational signs and a statement of all the struct of Congress approved July 25, 1882.]