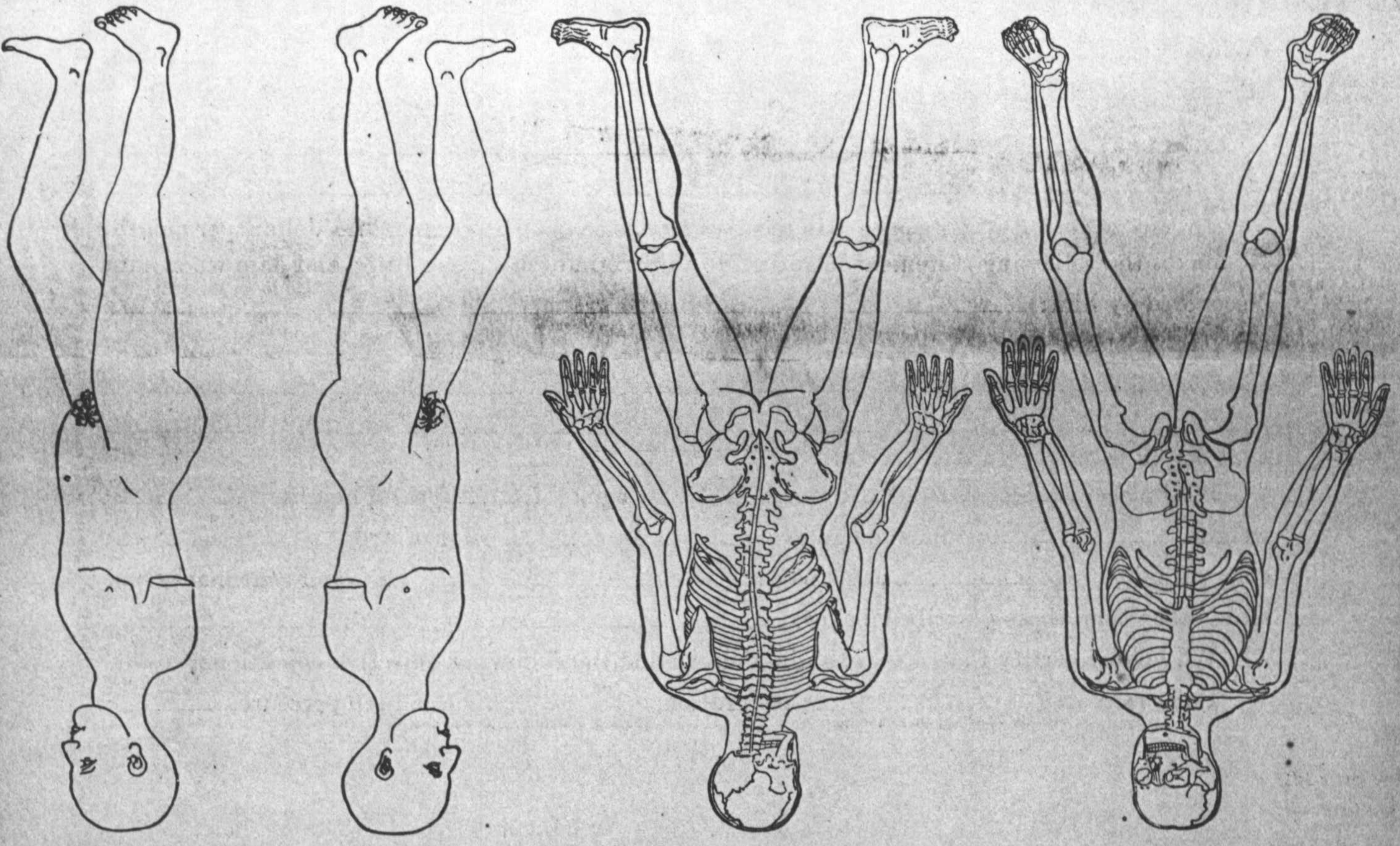


(Paste continuation sheet, if used, here.)

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.



U.S. DIVISION  
JUN 1 1913  
OFFICE

SURGEON'S CERTIFICATE

IN CASE OF

*Daniel Spree*

Co. *A*, 30 Reg't U.S. V. & Inf.

APPLICANT FOR *increase*

C No. *453,726*

DATE OF EXAMINATION:

*JUN 1 1913*, 19

*W. H. Bayley*, Pres., }  
34

*Wm. Cunningham*, Sec'y, }  
BOARD.

*E. D. Fawcett*, Treas., }

Post office, *Washington, D.C.*

County, \_\_\_\_\_

State, \_\_\_\_\_

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

U.S. DIVISION  
JUN 1 1913  
OFFICE

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. *Bayley*, Dr. *Fawcett*, and Dr. *Cunningham*, were personally present and actually participated in the examination of *Daniel Spree*, the claimant in this case, on \_\_\_\_\_ day of *JUN 1 1913*, 19\_\_\_\_."  
(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.)  
\_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and \_\_\_\_\_, the examining surgeons here present (waiving examination by \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.)  
(Signature of Applicant) \_\_\_\_\_