

**SURGEON'S CERTIFICATE**

IN CASE OF

Archibald Jason

Co. G., 29, Reg't U.S.C. Vol. Inf.

APPLICANT FOR Increase

Cert. No. 764 060

DATE OF EXAMINATION:

August 13, 190 1

<u>A. A. White</u> , Pres.,	} BOARD.
<u>Geo R. Graham</u> , Sec'y,	
<u>ABSENT WITH LEAVE</u> , Treas.,	

Post office, #224 W. Fayette St.,

County, Baltimore,

State, Maryland.

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

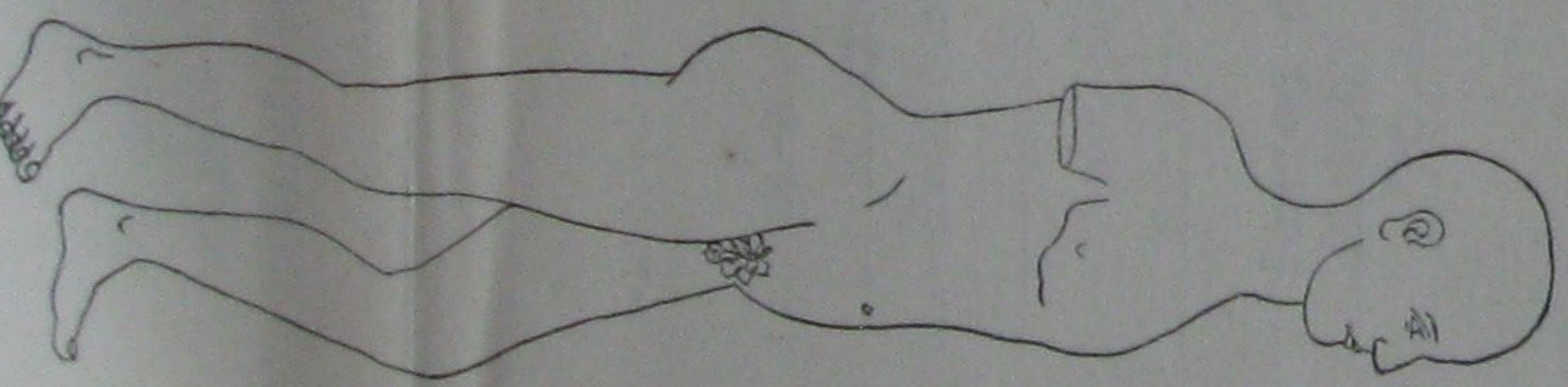
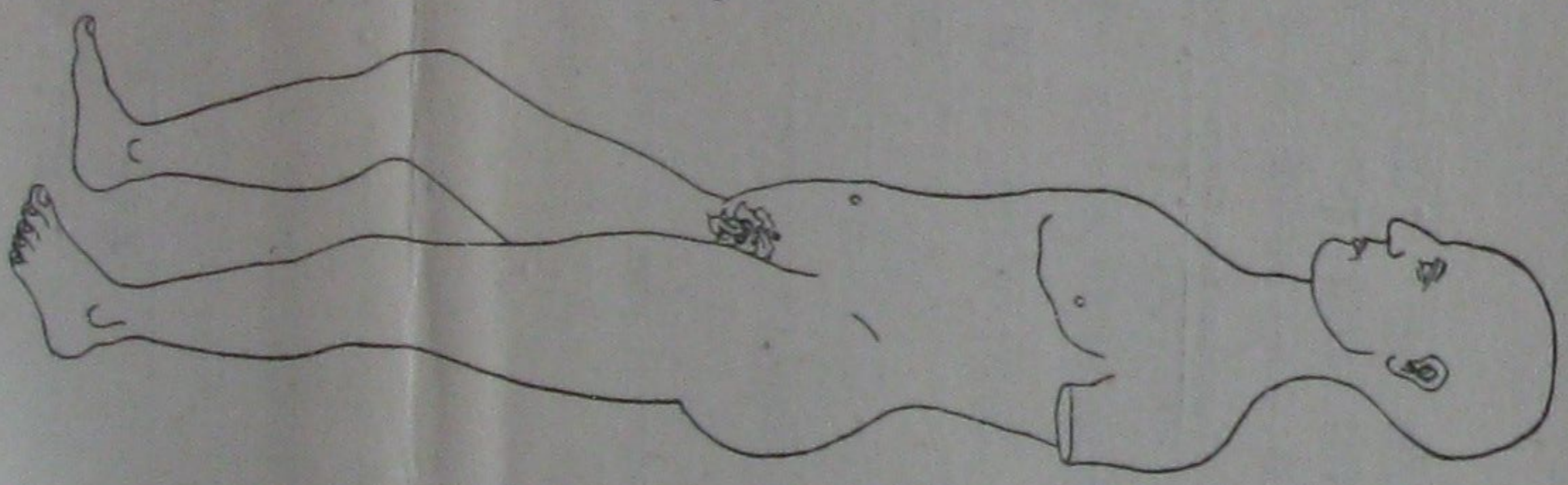
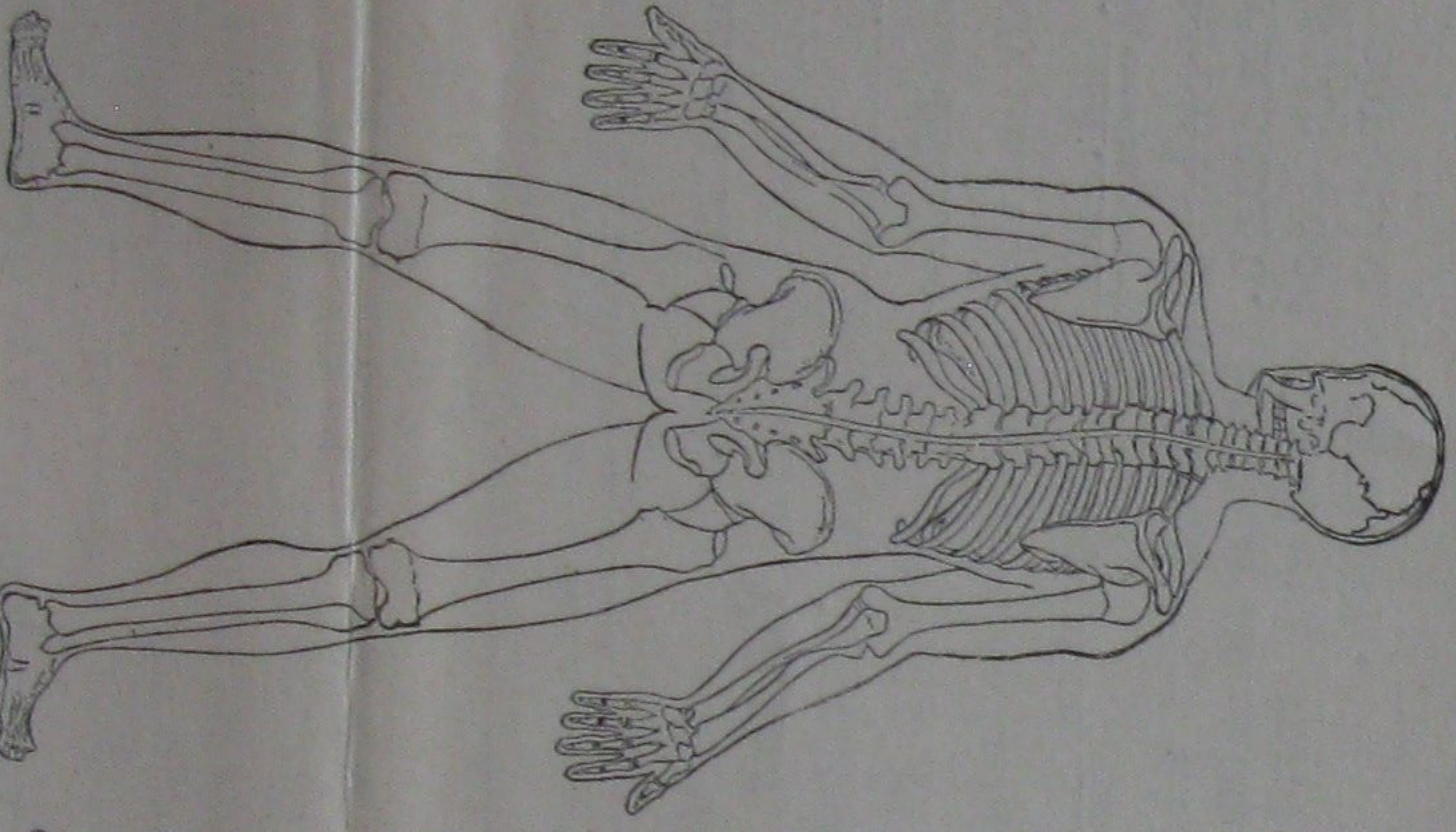
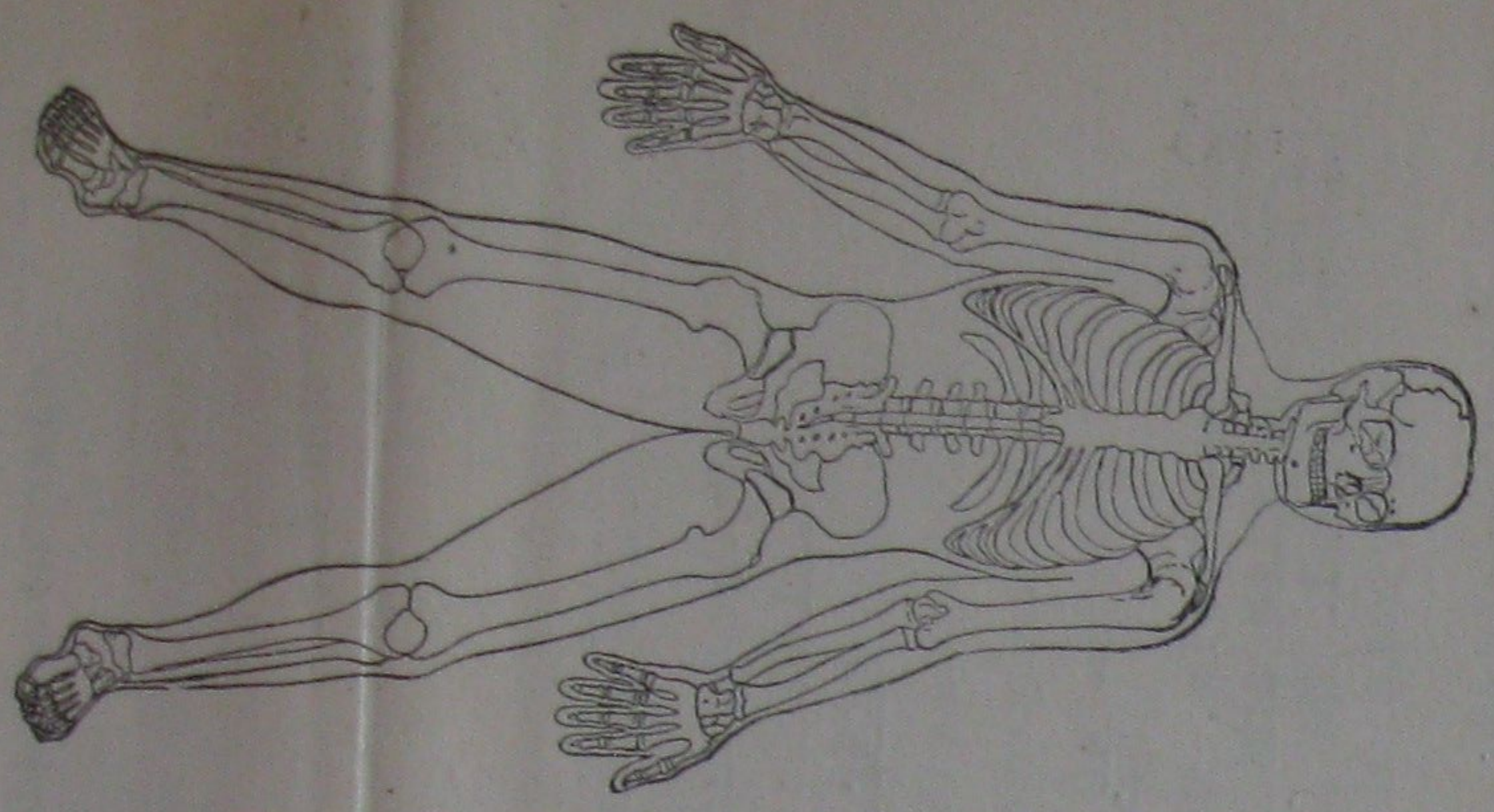
An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.  
This certificate to be filled in and signed by the secretary when the full board is present.

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

(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, Archibald Jason, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. A. A. White and Dr. Geo. R. Graham, the examining surgeons here present (waiving examination by full board), on this 13 day of August, 190 1.

A. A. White (Signature)  
Archibald Jason (Signature)



Single surgeons will use this blank, etc. "Pres.", "Sec'y.", and "Boa" back of the certificate, and sign at the foot of the