

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. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_."

(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 \_\_\_\_\_, 19 \_\_\_\_."

Witnesses to mark. { \_\_\_\_\_

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

CERTIFICATE OF MEDICAL EXAMINATION

IN CASE OF

*James Harnoff*  
Co. 1, 39 Reg't W.S.C. 2d

APPLICANT FOR *Increase*

No. *94464*

DATE OF EXAMINATION:

*Nov 25*, 19 *20*

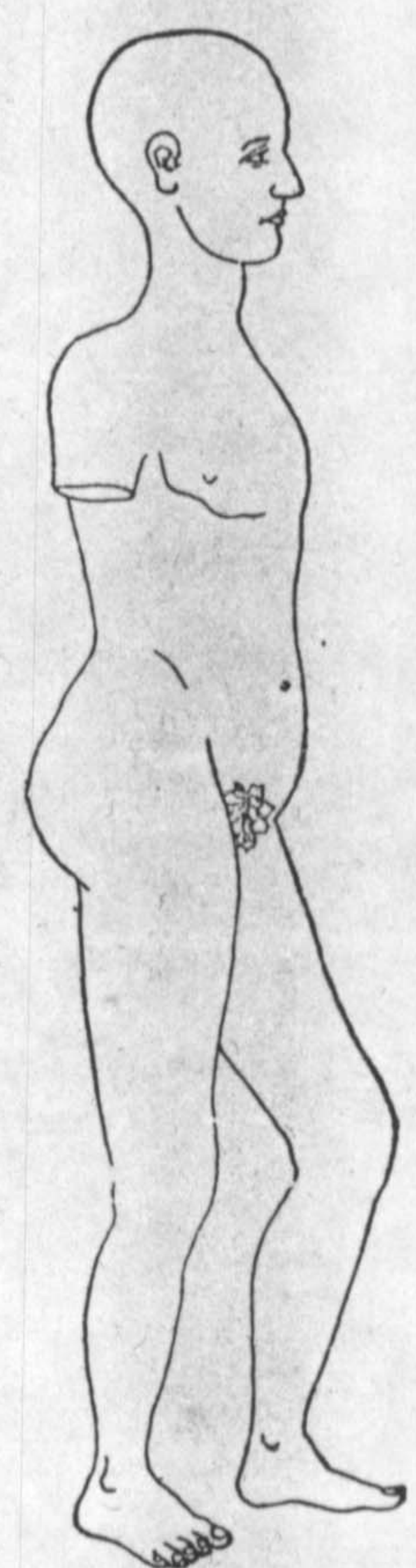
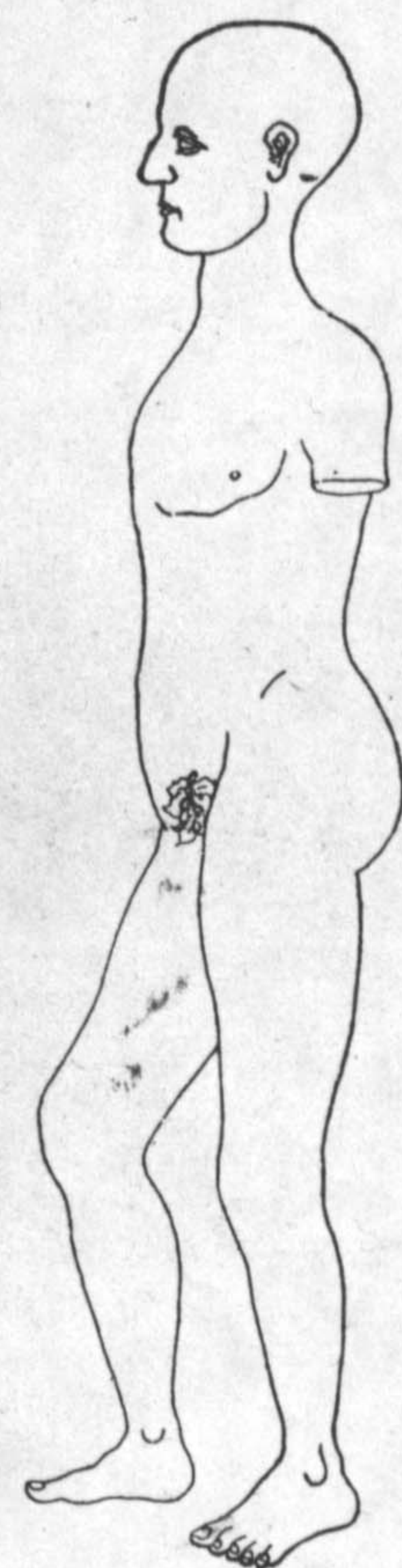
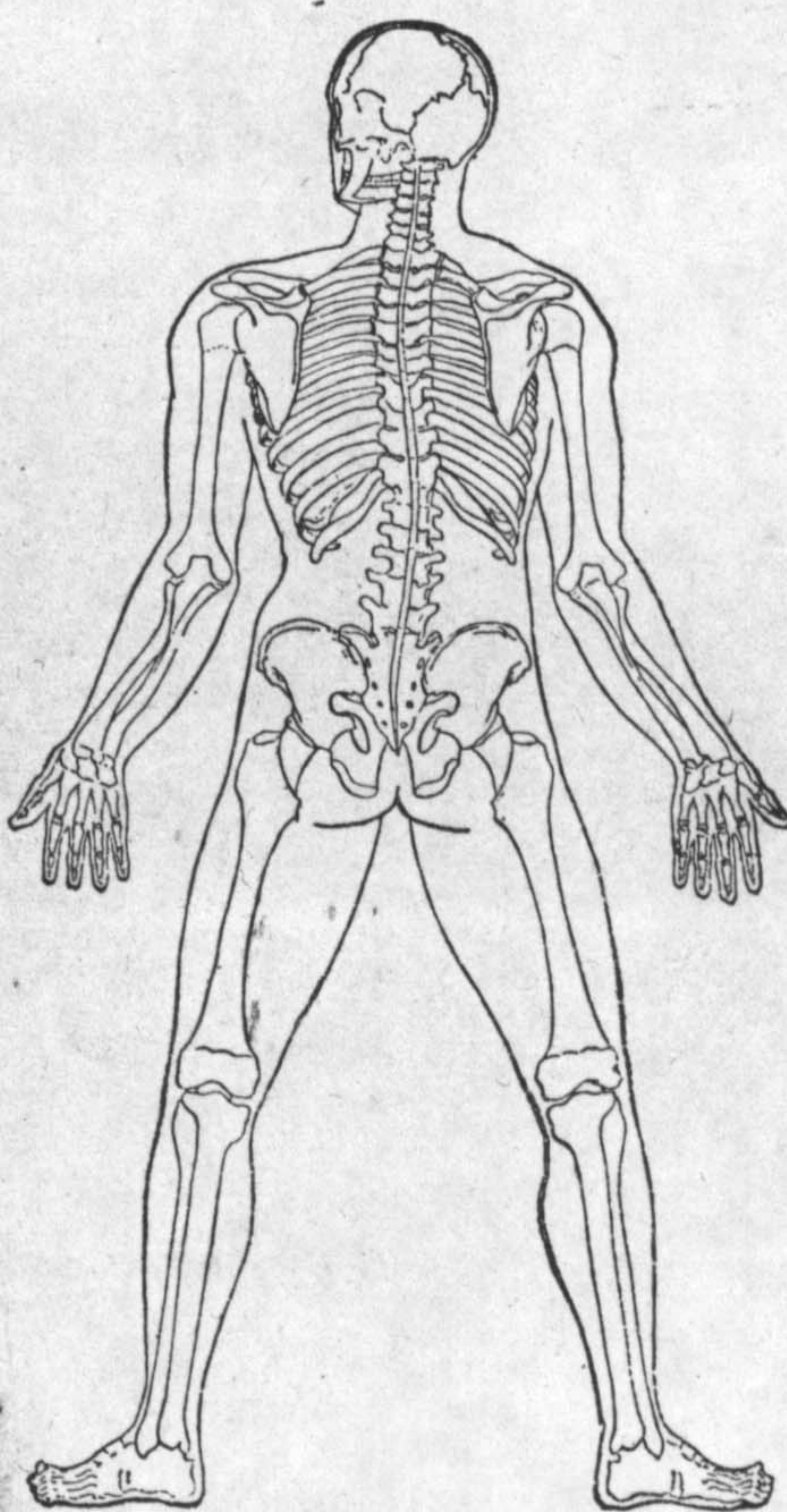
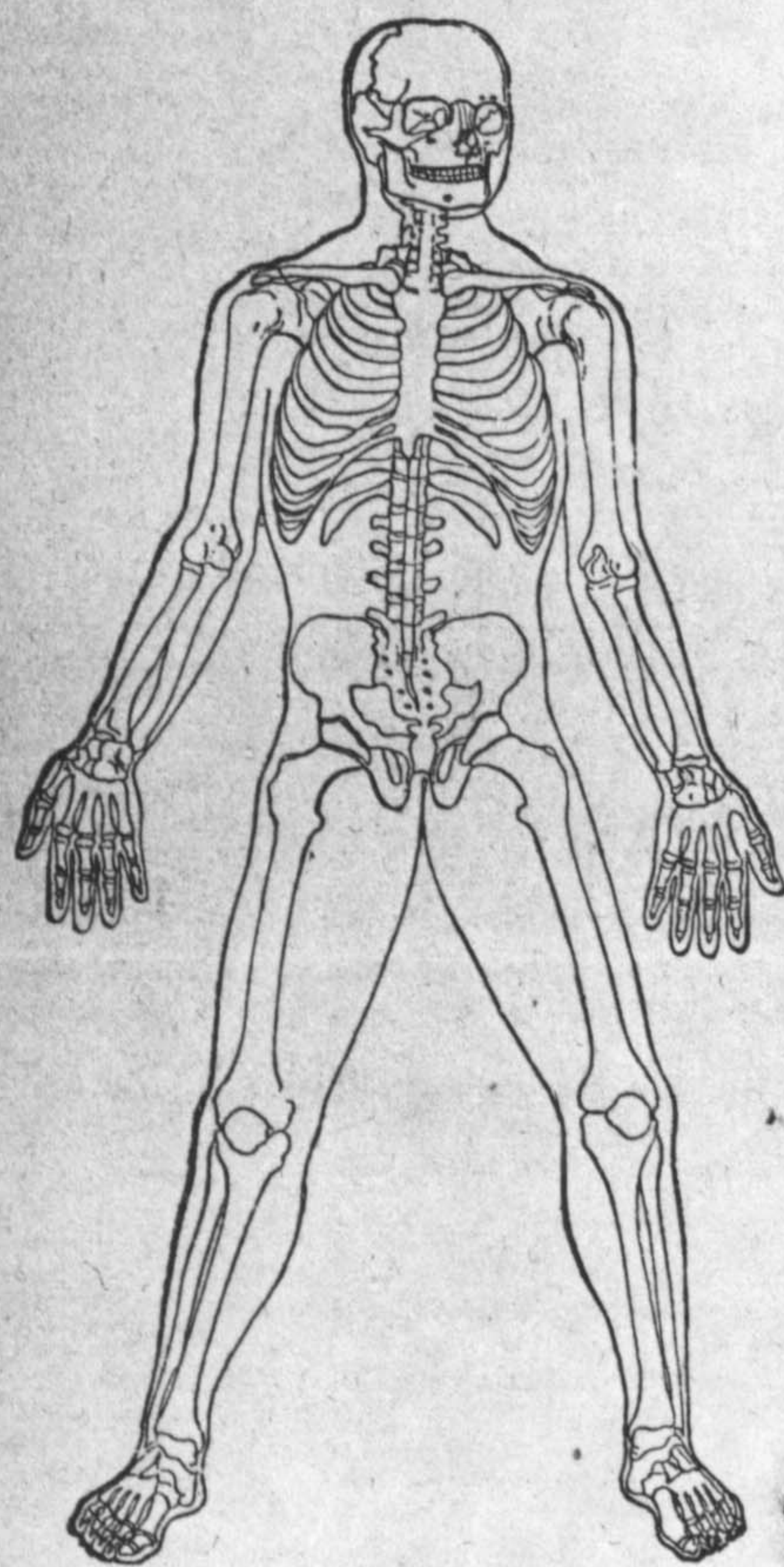
BOARD.  
*Henry J. ...*, Pres.,  
*James Harnoff*, Secy.,  
*Wm. L. ...*, Treas.,

Post office *Balltown*

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

State, *Ind*

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.  
DEC 18 1920  
MEDICAL DIVISION  
RECEIVED



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.

(Paste continuation sheet, if used, here.)