

(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 _____, 190 _____."

(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, Robert Riley, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Wellson and Dr. Merritt, the examining surgeons here present (waiving examination by full board), on this 5 day of April, 1905."

Witnesses to mark.

(Signature of Applicant.)

Robert Riley



SURGEON'S CERTIFICATE

IN CASE OF

Robert Riley

Co. B. 7 Reg't W.C.F.

APPLICANT FOR Increase

No. 346556

DATE OF EXAMINATION:

April 5, 1905

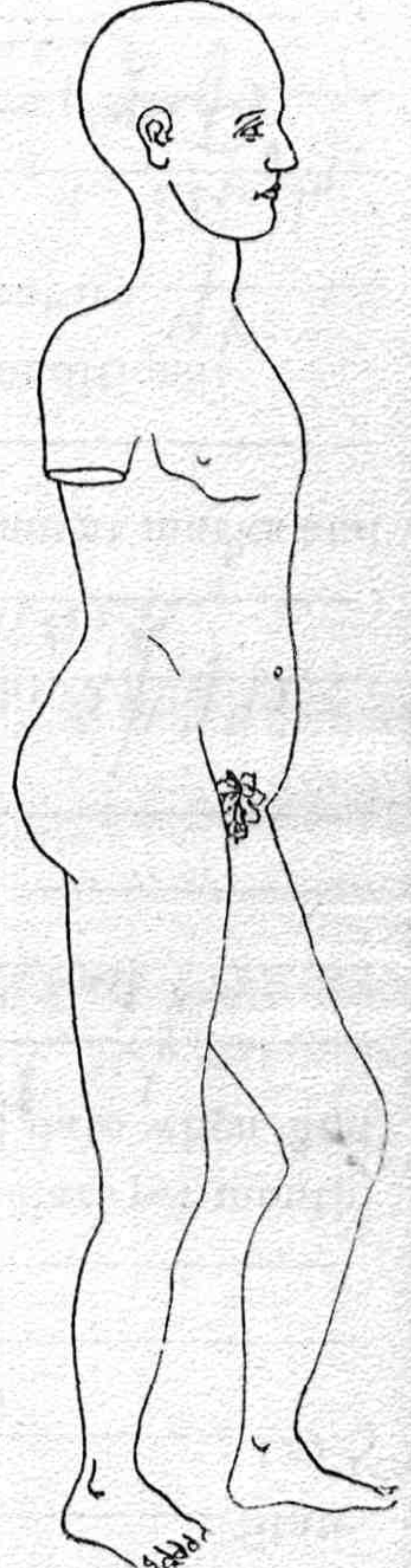
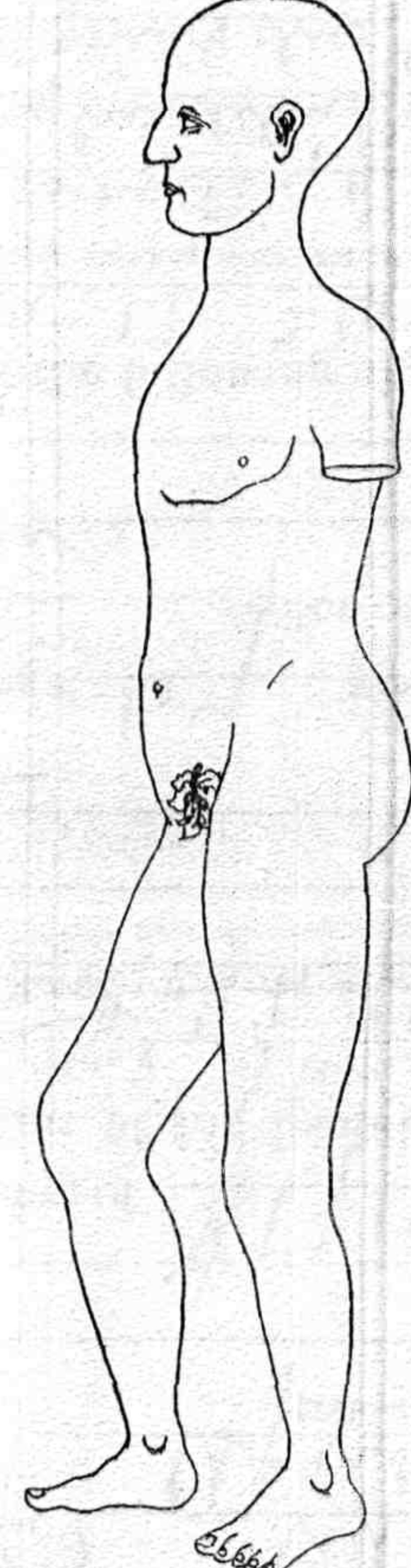
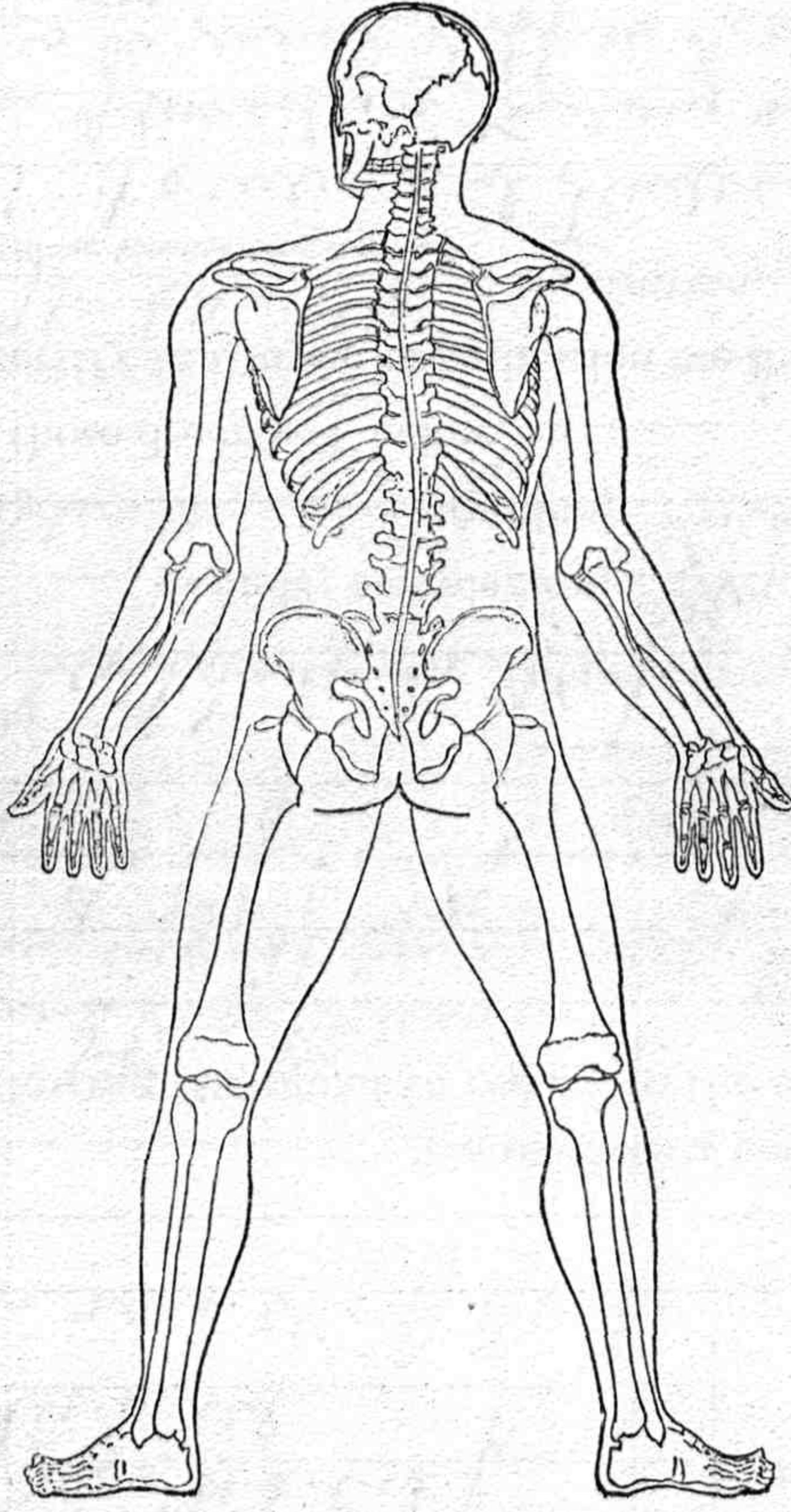
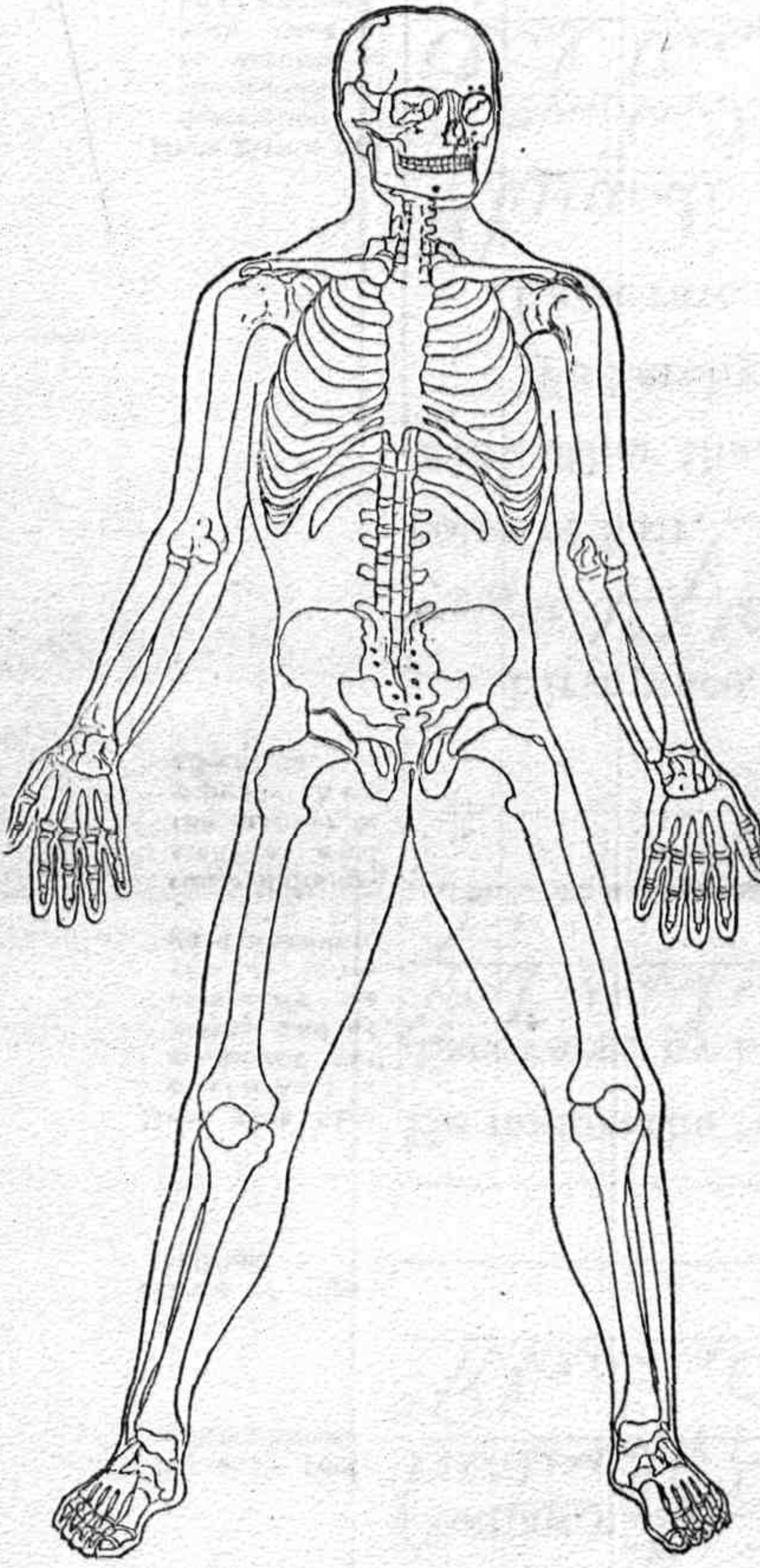
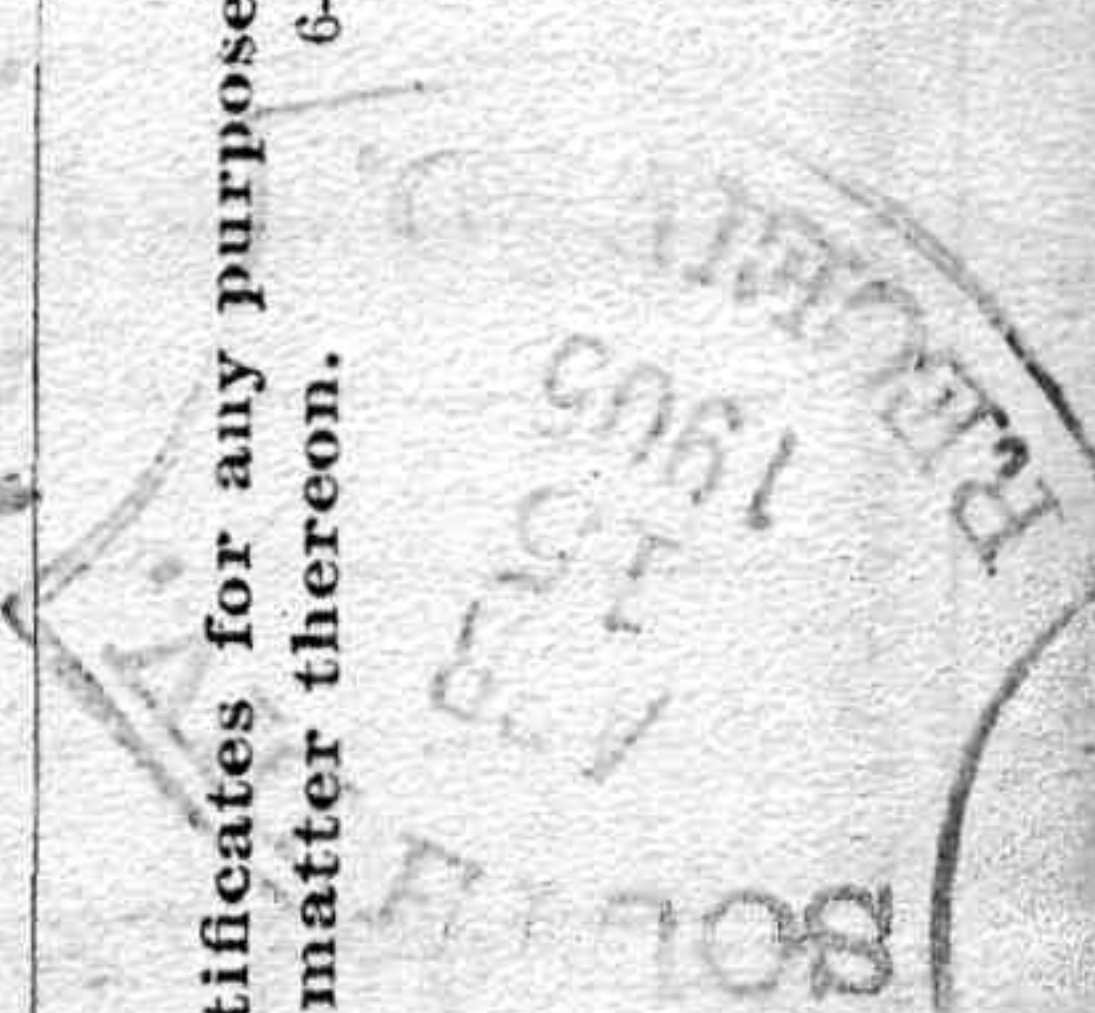
BOARD.
Pres., Greene
Sec'y, W. H. ...
Treas., Wellson

Post office, Easton

County, Talbot

State, Md

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



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.)