

EVIDENCE OF PHYSICIAN

STATE OF ARKANSAS,

COUNTY OF *Benton*

I, *L. B. Boyer* a duly registered and practicing physician in *Benton* County, Arkansas, do hereby certify that I am personally well acquainted with *Coleman McGovrah* of *Vivada*, Arkansas, who is an applicant for a pension under the Statutes of Arkansas.

That at his request I have made an examination of his physical condition, and find:

State description and character of wound

Physical condition and to what cause is his incapacity for manual labor attributable

*Cancer on lower lip; Partial blindness & deafness
Chronic bronchitis; localized anaesthesia on
right side, lumbar region; lameness of right
knee. Disability due to old age and exposure;*

and that said disability is not the result of his own vicious habits still persisted in

Extent of disability

*Unable to work for past two
years*

L. B. Boyer.

M. D.

Subscribed and sworn to before me this *19* day of *June* 190*9*

C. H. Curren
Notary Public