

UNIVERSITY OF KANSAS  
HEALTH SERVICE

WATKINS MEMORIAL HOSPITAL

Name

*John Asher*

Treated in Dispensary—Date:

*3/5/43*

Hour: .....a.m. ....p.m.

Confined to Hospital

*Exc per 3/5/43*

Known to be ill at home

This is not an excuse but a statement of illness.  
Not valid unless signed by a physician.

Date Issued

*3/5/43*

*Reuben Lewis*

M. D.