UNIVERSITY OF KANSAS
HEALTH SERVICE
WATKINS MEMORIAL HOSPITAL

Name James Johnston 4/27/45

Treated in Dispensary—Date: 4/13/45 Hour: .....a. m. .....p. m.

Confined to Hospital No p T 4/13/45 — 5/2/45

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 4/27/45

Beatrice B. Low M. D.

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