

1866

## IC058: Colunga, Petra Bonilla T.

Texas State Board of Medical Examiners

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An unmounted, certified, recent photograph of the applicant must be pasted on this face of the folded application.



If License is granted to me, send it to P.B.I. de  
de Colunga 2216 N. Caroline St. Dallas, Tex.  
by express, in care of mail.

**TEXAS STATE BOARD OF  
MEDICAL EXAMINERS**

Dallas  
SECRETARY'S FILING RECORD

(Do not write in spaces below)

de Colunga Petra Bonilla Toral  
(Full Name of Applicant)

Dallas  
(Present Address of Applicant.)

2216 No Caroline St  
(Texas Address of Applicant.)

**APPLICATION FOR ENDORSEMENT OF**

License No. 220 y a fojas 64 Issued By

The State of Chihuahua, Mexico

On the 14 day of Sept 1911

On Diploma From Laura Memorial Hospital

Medical Col. - Miar - St. of Cinem

Dated May 1911 1902

Applicant Rec'd Aug 1

Diploma Received Aug 1

Fee Paid due 1-0466

Texas License No. A. 04

Issued on June 25 1924

Forwarded by on 1924

Diploma Ret'd by Perro 1924

Recorded on Secretary

By Se

**REGULATIONS GOVERNING RECIPROCITY.**

Section VI of the Law governing the practice of medicine and surgery in Texas provides that "This board may at its discretion arrange for reciprocity in licensure with the authorities of other States and Territories having requirements equal to those established by this State."

Reciprocal endorsement is granted by this Board under the provisions of what are known as Rules No. 1 and No. 2, Rule No. 1 provides for the issuance of License through reciprocity, in the intervals between executive sessions of the Board, on unanimous approval by the members of the Reciprocity Committee of the application of an applicant who was examined and licensed by a State Board with which this Board has arranged for reciprocal endorsement. Under this rule, license may be issued any time, on the presentation of acceptable credentials. Rule No. 2 provides for worthy, elderly physicians, graduates of acceptable medical colleges, who have been engaged for a number of years in successful and reputable practice, but who are not examinees of a State Board. This is a discretionary provision and the acceptance or rejection of such applicants shall depend upon their personal and their professional merits. Applications subject to the provisions of Rule 2 shall be acted upon only in executive sessions of the Board; and license shall be granted only on approval of such applications by a majority of the members of the Board.

Applications for reciprocal endorsement, together with the fee, \$50.00, and the applicants medical diploma or a photograph thereof properly certified, should be sent to the office of the secretary of the Board, to whom all communications concerning licensure should be addressed.

Return postage should be sent with letters of inquiry.

Sessions of the Board for the examination of applicants for license are held twice each year—in the third or the fourth week of June and of November. Executive sessions may be called for by the President as often as the business in hand necessitates such action.



APPLICATION FOR RECIPROCAL ENDORSEMENT  
BY THE  
Texas State Board of Medical Examiners

1961  
1866  
95

License Certificate No. \_\_\_\_\_ having been issued to me by the Board of Medical Examiners for the State of \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, I hereby apply for license to practice Medicine and Surgery  
in the State of Texas, and submit the following statement of facts concerning my pre-medical and my medical education and training.

1. My name in full is Petra Bonilla Toral de Colunga M.D.  
(First, middle and last name must be given.)
2. My present postoffice address is 2216 N. Caroline St., State of (Wallas) Texas
3. I was born at Tetela de Ocampo Pueb., on the 30 day of January 1866  
Mexico
4. I intend to locate at Wallas., in \_\_\_\_\_ County.
5. PRE-MEDICAL EDUCATION. (Give name and location of the high schools and the colleges or universities attended; and say whether you graduated, or received a degree.)

HIGH SCHOOLS OR ACADEMIES. I received High-School education as follows: Escuela Elemental  
from 1872-1874- Escuela Superior from 1875-1878.  
Escuela Normal from 1879-1882.

I graduated from the Normal School and obtained Diploma on Dec. 1882

6. COLLEGE OR UNIVERSITY. I received credit for college work as follows: after all this I taught  
in the Public Schools for thirteen years from 1883 to 1895  
when I left Mexico for the United States in order to get a thorough  
medical education to go back to my country as a self supporting missionary  
Physician. I took the Nurses' Training Course in the Kellogg's Sanitarium  
at Battle Creek Mich. from 1896 to 1898 and from 1898 I received  
I received the Degree. from 19

7. MEDICAL EDUCATION AND TRAINING. as follows, at Cincinnati, Ohio.  
First Year From September 1898. To May, 1899, in The L. M. W. Medical College  
Second Year " " 1899, To " 1900, in " " " " "  
Third Year " " 1900, To " 1901, in " " " " "  
Fourth Year " " 1901, To " 1902, in " " " " "

8. THE DEGREE. Doctor of Medicine, was conferred on me by the " " " " "  
Medical College on the 1st day of May, 1902

9. INTERNSHIP. I served as Intern in the "Casa de Salud El Buen Samaritano" Hospital at Guanajuato.  
State of Guanajuato Mex From August of 1902, To August 9 1905 and

10. I have taken Post-graduate Courses as follows: while I was an intern resident Physician,  
I was a teacher in the Nurses' Training School established  
in the same "Casa de Salud El Buen Sa-  
11. Supplementary Remarks: maritano

NOTICE:—Applications for reciprocal endorsement shall not be considered by the Board in executive session until they are complete—in every part, including the Oath and the attachment of a certified, recent photograph of the applicant, the fee, \$50.00, has been paid (only certified checks, postoffice or express money orders shall be accepted in lieu of cash), and the applicants medical diploma or a photograph of it has been received, for inspection.

The applicants record must be certified by the State Board that granted the License which the Texas Board is asked to endorse, and his or her identity must be established by the officers of a medical society or by at least two reputable physicians, preferably members of a medical organization, who shall recommend the applicant as being worthy of the confidence of this board.

Diplomas and credentials should be sent by express, prepaid, or by registered mail. Unless otherwise requested and provided for, all returns shall be made by express, charges to be paid by the consignee.



12. CERTIFIED COPY OF LICENSE ON WHICH APPLICATION IS BASED.

(A true copy of the language of the State License, the endorsement of which is requested, must be entered in the space below.)

Quedo tomada razon de este Titulo a fofas 40 vta. y 41  
frente del Libro de Registro respectivo.

Forreón, Abril 26, 1906.

E. P. M.

Benito Flores.

This Title has been registered on pages 40 and 41 of the corresponding Register Book.

Forreón April 26, 1906

The M. P.

Benito Flores.

Queda registrado este titulo con el número 220 y a fofas sesenta y cuatro del libro respectivo.

Chihuahua Septiembre 14, 1911.

El Srío.

Braulio Hernandez

This title is registered under number 220 and on page sixty four of the corresponding book.

Chihuahua September 14, 1911. - The Sec.

Braulio Hernandez

(SEAL and SIGNATURES.)

13. CERTIFICATE OF STATE BOARD.

(To be filled by the Secretary of the State Board that issued the License of which the foregoing is a copy.)

I, \_\_\_\_\_, of \_\_\_\_\_, State of \_\_\_\_\_

Secretary of \_\_\_\_\_, for the State of \_\_\_\_\_,

hereby certify that the foregoing transcript of License is a true copy of License Certificate No. \_\_\_\_\_, issued to Dr. \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_, State of \_\_\_\_\_

by the State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,

on qualifications as follows: \_\_\_\_\_

(If applicant qualified by examination, say whether written, oral or practical.)

and Diploma from \_\_\_\_\_

(Give name of the college that graduated applicant.)

14. I further certify that Dr. \_\_\_\_\_

was examined by the Board of Medical Examiners for the State of \_\_\_\_\_ and made a general

average of \_\_\_\_\_ percent, as shown by the grades given in the following list of subjects of the examination:

Anatomy \_\_\_\_\_, Chemistry \_\_\_\_\_, Gynecology \_\_\_\_\_, Histology \_\_\_\_\_, Hygiene \_\_\_\_\_,

Bacteriology \_\_\_\_\_, Jurisprudence \_\_\_\_\_, Obstetrics \_\_\_\_\_, Pathology \_\_\_\_\_, Physiology \_\_\_\_\_,

\_\_\_\_\_, Diagnosis \_\_\_\_\_, Surgery \_\_\_\_\_,

(SEAL).

Secretary.

State Board of Medical Examiners.

15. RECOMMENDATION.

Date \_\_\_\_\_ 19\_\_\_\_

Acting for the \_\_\_\_\_, for the State of \_\_\_\_\_, I hereby certify that in so far as this Board has knowledge of his personal conduct or professional reputation, Dr. \_\_\_\_\_, of \_\_\_\_\_

is worthy of endorsement for License by the Texas State Board of Medical Examiners. The State of \_\_\_\_\_ hereby agrees to reciprocate the action of the Texas State Board of Medical Examiners, provided applicants from Texas are eligible for \_\_\_\_\_ License and will comply with regulations governing reciprocal endorsement in the

State of \_\_\_\_\_

Signed \_\_\_\_\_

Secretary.



16. CERTIFICATE OF PROFESSIONAL ABILITY, MORAL CHARACTER AND ETHICAL PRACTICE.

(This to be given by the officers of a medical society, when possible, or by at least two reputable physicians, preferably members of a medical organization.)

We (We) certify that we have known Dr. H. T. B. Joral Colunga of Daegu for about 2 years; that ~~he~~ she is a member in good standing of the Medical Society; that ~~he~~ she is a capable physician, and an ethical practitioner whose moral character is above reproach. he is not addicted to intoxicants or narcotics.

we (We) further certify that Dr. Petra Bonilla Joral Colunga ~~has been a~~ reputable practitioner of medicine in the State of Daegu for        years; that ~~he~~ she has never been engaged in an itinerant or advertising practice, and that the following is a correct description of him:

17. Day 5 in        Weight 150 Complexion Dark Color         
Hair        Eyes Brown Other identification marks or peculiarities       

We (We) further certify that to the best of our knowledge and belief Dr. Petra Bonilla Joral Colunga is a fit and proper person for endorsement for License by the Texas State Board of Medical Examiners.

I certify to this above  
W. Lyon Newton MD

Signed E. H. Towner

President Daegu Medical Society

Signed       

Secretary        Medical Society.

Subscribed and sworn to before me this        day of        19       

(SEAL.)        Notary Public.

The applicant must answer the following questions:

18. 1. Has your application for examination or for license been rejected by any State Board? no If yes, by what board and for what reason?
2. Have you failed in examination before any State Board? no If you have, name the Board and give date of the examination.
3. Has any State Board suspended or revoked a License it had granted to you? no If yes, name the Board, and say why such action was taken.
4. Do you intend to become a resident of Texas? yes
5. Are you now or have you ever been directly or indirectly associated with an advertising physician or an advertising medical office? no If you have, state when and where.
8. Have you ever been charged with or convicted of a crime of the grade of felony or of a State or Federal medical law? no If you have, give particulars.

19. APPLICANTS OATH.

STATE OF Texas  
County of Wallas

I, Petra Bonilla Joral de Colunga M.D. hereby certify under oath that I am the person named in this application for license to practice medicine and surgery in the State of Texas; that all statements I have made therein are true; that I am the person named in the medical Diploma—photographic reproduction of a medical Diploma (Scratch one or the other clause, in order to make affidavit fit that which is to be sent) submitted herewith, as a credential, and that I am the original and the lawful possessor of said diploma; that the photograph attached to this application is a true resemblance of me and that it was made within the last sixty days; that, in consideration of the issuance to me of a license to practice medicine and surgery in the State of Texas, I hereby pledge that I shall abstain from deceptive, or fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and I hereby agree that violation of this pledge shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and the privileges that accrued to me thereunder.

Signed Petra Bonilla Joral de Colunga M.D.

Subscribed and sworn to before me this,        day of        19

DRS. ROSSER & ROSSER  
710 MEDICAL ARTS BUILDING  
DALLAS, TEXAS

Dec. 28, 1923

Dr. T.J. Crow,,  
Sec. Medical Examiners Board,  
City.  
Dallas Co State Bk Bldg.

Dear Dr. Ceow:

Some time ago a lady physician, of mexican birth but now a citizen of Dallas was brought to me by Mrs. C.B. Luck, who is a personal and long time friend of mine for a discussion of her professional difficulties.

I was glad that you were acquainted with the situation and I told them that if any one could work out a plan for her relief you would certainly be better able than any other man I know.

It would seem with her education and the record of her past ethical conduct during many years of active practice would entitle her to much consideration, and I believe the Board would be unanimous in its desire.

You will know a plan better than I can suggest and I trust the same can be worked out.

Very truly,

C. M. Rosser.



The Battle Creek Sanitarium  
Battle Creek Michigan

SUPERINTENDENT'S OFFICE  
JOHN HARVEY KELLOGG, M.D.

May 6, 1924.

TO WHOM IT MAY CONCERN:

This certifies that Mrs. P. B. Toral de Colunga was a student in this institution for about two years, during which time she studied and practiced the methods of nursing employed here, together with dietetic and other physiologic means used here in the treatment of the sick. We found her faithful, dependable and intelligent, and a woman of excellent character.

It is some years since she left the institution, but the reports which I have received lead me to believe that she has maintained since leaving here the same excellent character which has entitled her to the respect and confidence of those who knew her here.

*John Harvey Kellogg*



NEW YORK CITY  
31 PARK PLACE

CHICAGO  
186 N. LA SALLE ST.

BALTIMORE  
316 EQUITABLE BLDG.

DENVER  
CENTRAL SAVINGS  
BANK BUILDING

PORTLAND, ORE.  
316 PITTOCK BLOCK

KANSAS, CITY  
711-12 K. C. LIFE BLDG.

DALLAS  
1009 INSURANCE BLDG.



*The Harrower Laboratory.*  
A LABORATORY OF APPLIED ENDOCRINOLOGY

GLENDALE, CALIFORNIA

1009 INSURANCE BLDG.

May 13  
1924

*Dallas, Texas,*

TO THE TEXAS STATE BOARD OF MEDICAL EXAMINERS:

It is a pleasure to me to have an opportunity  
to recommend for your favor Dr. P. B. T. Colunga.

I have known Dr. Colunga for about two years and  
have always considered her as being a woman of excel-  
lent character, integrity and capability. I further  
believe that she is particularly fitted to do a good  
work among her own country women in this state, both  
as a physician and a social worker.

Very truly yours,

*E. A. Macdonald*



CALLENDER L. JOHNSON

PHYSICIAN AND SURGEON

605 MAIN STREET  
DALLAS, TEXAS

PHONES: OFFICE } X 406  
                  } Y 2243      RES. U 1468

May 20.1924.

To whom it may Concern.

This to certify that I know  
Mrs. Petra Bonilla Toral de Colunga, M.D. I believe  
her to be of excellent character and know of her  
previous associations. All of which are of high  
standing.

Very truly,

*Callender L. Johnson*

I have not had the  
best opportunity to know  
the Doctor but I have  
had a number of conferences  
with her & have made  
some inquiries that fully  
satisfy me that she is worthy in  
all respects - I hope she can  
be helped by the Board  
*C. L. Johnson*

LIC. W. P. MARTIN  
ATTORNEY  
ATENCION ESPECIAL EN ASUNTOS MEXICANOS  
CALLE MAIN No. 909  
319 NORTH TEXAS BUILDING  
DALLAS, TEXAS.

M A Y  
TWENTYSIXTH,  
1 9 2 4 .

TO THE TEXAS STATE BOARD OF MEDICAL EXAMINERS :

Gentlemen :

I most heartily commend to your consideration  
Dr. P. B. T. Colunga.

I have known Dr. Colunga for a period of about three years and I unhesitatingly and without any reservation recommend her as being a woman of the highest character and integrity , and from my personal knowledge of Mexicans in this city who she has treated ; I have no hesitancy in saying that she is a capable physician and worthy of being licensed to practice her profession by your Honorable Board.

Any consideration shown Dr. Colunga will be greatly appreciated by ,

Yours truly,

W. P. Martin



Asunto:



PODER EJECUTIVO

SECRETARIA GENERAL

SECCION 3a.

RAMO DE

INSTRUCCION PUBLICA

PEDRO S. OLIVAS, SECRETARIO GENERAL DE GOBIERNO, IN-  
TERINO, DEL ESTADO LIBRE Y SOBERANO DE CHIHUAHUA, -----

CERTIFICA: Que bajo el número 220 y a fojas 64 del respec-  
tivo libro de registro de títulos profesionales que se lle-  
va en esta Secretaría, obra un registro del tenor siguiente:

"En la parte Superior, The Laura Memorial, Womans Medical, College, and Presbyterian Hospital, Cincinnati.-En vir-  
tut de la autoridad de que estamos nosotros el Consejo de la Facultad, del Colegio Médico Memorial "Laura", para mujeres y Hospital Presbiteriano Cincinnati, habiendo demandado una prosecución diligente de los estudios requere-  
ridos y habiendo sustentado un examen satisfactorio en los departamentos de Medicina, nosotros hoy conferimos a la Señorita Petra Bonilla Toral el grado de Doctora en Medicina, concediéndole los derechos y privilegios pertenecientes a este grado, plenamente autorizados y concedidos por la entrega de este diploma.-En testimonio de lo cual hemos puesto el sello de nuestro Colegio y las firmas que caizan este documento el primero de mayo del año del Señor de mil novecientos dos.- Un sello del Colegio que dice.-Colegio Médico Memorial "Laura" para Mujeres. Rúbricas. Presidente del Consejo de la Facultad Henry Melville Curtes, Secretario del Consejo de la Facultad y firmas del profesorado del Colegio. - Es traducción fiel hecha de su original.- Chihuahua, Septiembre 14 /911.- E.O.M.-J.M.Ponce de León.- Rubrica"-----

ES COPIA FIEL Y EXACTA QUE SE EXPIDE A PEDIMENTO DE LA  
SRA. PETRA B.TORAL DE COLUNGA PARA LOS USOS QUE A LA MISMA  
CONVENGAN; VA EN UNA FOJA UTIL Y LA AUTORIZO Y FIRMO EN  
LA CIUDAD DE CHIHUAHUA A LOS CATORCE DIAS DEL MES DE ABRIL  
DE MIL NOVECIENTOS VEINTICUATRO. -----

*Pedro S. Olivas*

C E R T I F I C A D O.

C E R T I F I C A M O S por medio del presente que, la Doctora - Señora Petra Bonilla Toral de Colunga, de Chihuahua, (México) es una Profesora y Doctora en buena opinión en este lugar de Bocoyna Distrito Benito Juárez, Estado de Chihuahua donde ella ha ejercido sus dos Profesiones con honradez; y que es de buen carácter profesional y moral y que ella no es adicta al uso habitual de bebidas embriagantes o sustancias soporíficas.

N O S O T R O S certificamos además que la Profesora y Doctora - Petra Bonilla Toral de Colunga ha tenido una práctica médica satisfactoria en este lugar de Bocoyna, Distrito Benito Juárez, - Chih. (Méx.) por siete años; y que ella nunca ha sido una doctora itineraria o anunciadora de sí misma en los diarios durante este período en el cual ha practicado en este lugar.

N O S O T R O S por lo tanto, juramos que la nombrada aquí (Señora Profesora y Doctora Petra Bonilla Toral de Colunga,) peticionaria de Licencia por endoso de Reciprocidad nos es bien conocida personalmente.

L A M A N I F E S T A C I O N hecha arriba respecto de su carácter moral y Profesional así como Etico es verdadera hasta donde nosotros sabemos y hemos visto.

B O C O Y N A, Chih. Marzo 15 de 1934.

El Presidente Municipal,

*Cosme Pérez*

El Secretario,

*Arístido González*

Testigos.

*A. Cervantes*

Testigos.

*Eduardo Gausatz*

El Juez Menor de Paz.

*Trinidad González*

El Secretario.

*Delfin González*





----- R E C O M E N D A C I Ó N . -----

para los fines a que haya lugar en beneficio de la señora profesora y doctora Petra Bonilla Toral de Colunga, de Chihuahua, (México), los subscriptos extendemos el presente instrumento dando fe de la reputación de la referida doctora y profesora Petra Bonilla Toral de Colunga, según lo que nosotros observamos en el ejercicio de sus dos Profesiones Magisterial y Médica durante su permanencia de siete años en este pueblo de Bocoyna Distrito Benito Juárez, Estado de Chihuahua, (México)

por lo tanto, la recomendamos a las Autoridades Médicas de Texas como persona propia y conveniente para recibir un Endoso de Licencia del Estado de Texas; y suplicamos a todas las Autoridades de dicho Estado con quienes ella venga en contacto, tengan a bien reputar como tal profesora y doctora a la citada Señora Petra Bonilla Toral de Colunga, no poniéndole obstáculos en el ejercicio de sus dos profesiones en las cuales nos consta que es muy competente y digna de toda la confianza que merece.

Bocoyna, pto. Benito Juárez, Marzo 15 de 1924.

El presidente Municipal,

*Cosme Pérez*

El Secretario,

*Amelio González*

Testigos.

*A. Linares*

Testigos.

*Eduardo Gaurato*

Juez Menor de Paz.

*Trinidad González*

Secretario.

*Delfin González*

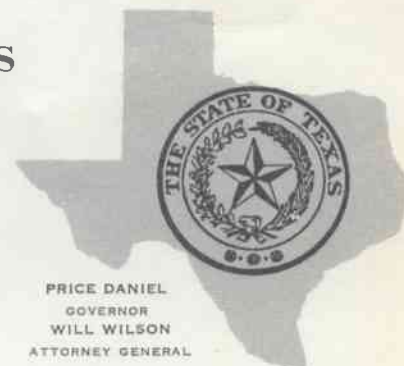
# TEXAS STATE BOARD OF MEDICAL EXAMINERS

## OFFICE OF THE SECRETARY

1714 Medical Arts Building

Telephone EDison 5-1251

Fort Worth 2, Texas



Failure to pay will result in  
Cancellation of license.  
Please disregard this notice  
if fee has been paid.

July 18, 1961

PRESIDENT  
J. G. RODARTE, M.D.  
TEMPLE

VICE-PRESIDENT  
R. H. PETERSON, D.O.  
WICHITA FALLS

SECRETARY  
M. H. CRABB, M.D.  
FORT WORTH

L. H. DENMAN, M.D.  
LUFKIN

M. C. CARLISLE, M.D.  
WACO

C. B. GARDNER, M.D.  
MERKEL

CECIL GREER, M.D.  
HOUSTON

HOWARD O. SMITH, M.D.  
MARLIN

G. G. PORTER, D.O.  
LUBBOCK

CHAS. D. REECE, M.D.  
HOUSTON

D. S. STAYER, M.D.  
DALLAS

H. R. COATS, D.O.  
TYLER

Petra Bonilla Toral de Colunga, M.D.  
2216 North Carolina Street  
Dallas, Texas

Dear Dr. de Colunga:

Fifteen days ago you were notified by certified mail that your \$5.00 Annual Registration fee was due and unpaid. To date we have not received remittance.

Your Texas license has been suspended for non-payment of Annual Registration fee, and if fee is not paid within thirty (30) days from date of this suspension notice, which is being sent by certified mail, your license will be cancelled.

Yours very truly,

M. H. Crabb, M. D., Secretary

mhc;chm



APPLICATION FOR REGISTRATION

PR

1958

IMPORTANT  
YOUR  
MEDICAL  
LICENSE  
APPLICATION  
FOR  
1958 PERMIT

FILL OUT  
AND RETURN  
DUE THE FIRST  
OF JANUARY,  
1958. PENALTY  
AFTER MAR. 1ST

TEXAS BOARD  
OF  
MEDICAL  
EXAMINERS

Medical Arts Bldg.  
Fort Worth 2,  
Texas

UNABLE TO LOCATE

DECEASED "Presumed dead" 8/10/81

PLEASE DO NOT FOLD

A-0466

NAME AND ADDRESS

PETRA BONILLA TORAL DE COLUNGA  
2216 NORTH CAROLINA STREET  
DALLAS, TEXAS

MD.



Application For Registration, \_\_\_\_\_, 195

To the Secretary, Texas State Board of Medical Examiners,  
Medical Arts Bldg., Fort Worth 2, Texas.

DO NOT SEND CASH

Herewith I enclose \_\_\_\_\_ for \$5.00 in payment of Fee for Annual Registration for the year 1958 and below give the information required by Law, as follows:

My full name is \_\_\_\_\_  
(AS JOHN RICHARD ROE)

My office address is \_\_\_\_\_

Residence address \_\_\_\_\_

My age is \_\_\_\_\_, I belong to the \_\_\_\_\_ school of practice.

The degree, Doctor, of \_\_\_\_\_ was conferred on me by

The \_\_\_\_\_ College on \_\_\_\_\_, 1 \_\_\_\_\_.

My Texas license is No. \_\_\_\_\_ and dated \_\_\_\_\_, 1 \_\_\_\_\_.

My License is recorded in counties of Texas as follows: \_\_\_\_\_

\_\_\_\_\_  
I certify that the foregoing statements are correct. Please send Annual Permit.

Signed \_\_\_\_\_

Permit must be secured on or before January 1st each year whether you are practicing or not.