

1900

Application for Yeast

Follow this and additional works at: <https://scholarsjunction.msstate.edu/mss-williams-papers>

Recommended Citation

"Application for Yeast" (1900). *Daniel Williams Papers*. 105.
<https://scholarsjunction.msstate.edu/mss-williams-papers/105>

This Document is brought to you for free and open access by the Manuscripts Division at Scholars Junction. It has been accepted for inclusion in Daniel Williams Papers by an authorized administrator of Scholars Junction. For more information, please contact scholcomm@msstate.libanswers.com.

11-25

APPLICATION FOR YEAST

Date

Simpson County Chapter,
American Red Cross,
Magee, Miss.

Gentlemen:

This is to certify that
Name of Patient

of, has applied to me for
treatment for pellagra. He, She, is not able to pay for treatment. If the Red Cross will
furnish the yeast I will give instructions for taking same and also advise him, her, as to
proper diet for preventing pellagra.

Signed..... M. D.

Address.....

Gentlemen: I hereby certify that I am the patient mentioned above. Not being able
to pay for yeast I wish to avail myself of the Red Cross aid. I agree to follow instructions
of the above named physician and remain under his care until discharged.

Signed.....
Name of Patient.

Address.....

Date.....

NOTE: One requisition good for two pounds of yeast only. Patient must sign
application.