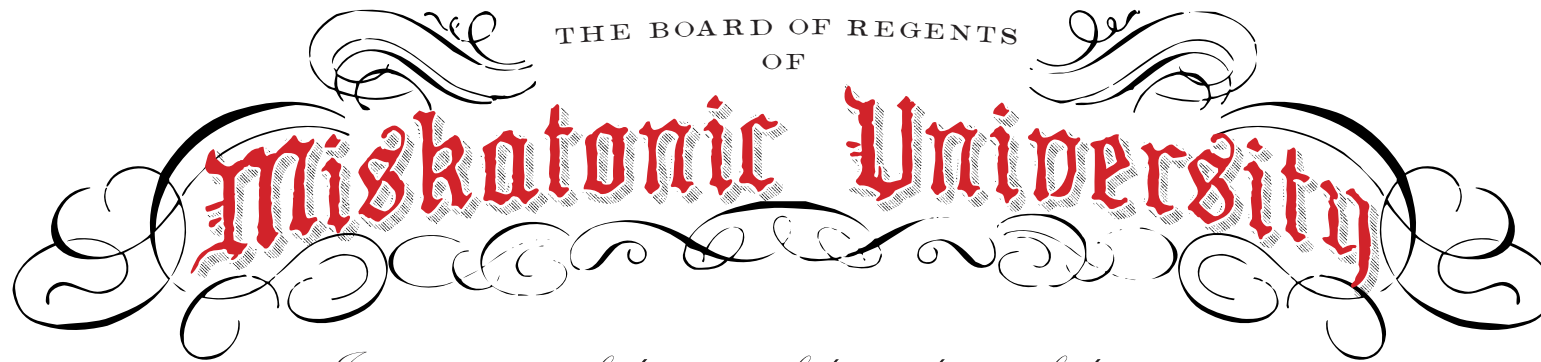




*In recognition of the successful completion of the requisite
course of study and on recommendation of the Faculty of the*

School of Medicine

by virtue of authority granted by charter of the State of Massachusetts, hereby confers upon

the degree of

Doctor of Medicine

with all the honors, rights, and privileges thereunto appertaining.

In witness whereof, this Diploma is conferred at Arkham, Massachusetts this thirtieth day of May.

Egan Wallace
CHANCELLOR OF MISKATONIC UNIVERSITY
W. Wilberforce
SECRETARY OF BOARD OF REGENTS



Allen Terry
REGISTRAR
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