

OFFICE OF THE AUDITOR OF PUBLIC ACCOUNTS,

Pichmond Aur

Hr. Yowhatan T. Foster,

## Logan, Va.

Dear Sir:-

We also find that the certificate of the physician is not properly filled, as he does not state the disease or condition that causes partial disability. We herewith return the application for such information as your case may justify.

Yours very truly, **FERISION** 

J/T.