

SECOND SCHEDULE.

NAME.	RESIDENCE	QUALIFICATION.
A. B.	Lytton	M.A., M.D., Toronto Univ.
O. D.	Kamloops	M.D., Glasgow, Scotland.
E. F.	New Westminster	L.S.A., London, England.
G. H.	Victoria	M.D., New York, U.S.

1886, c. 13, Second Sch.

THIRD SCHEDULE.

FORM A.

Received from (*Coroner or the person, &c., &c.*) the body of (*name, age, sex, &c., &c.*) for the purpose of dissection and anatomical instruction.

Dated the day of , A.D. 18.

Witness,

FORM B.

Received of (*medical practitioner's name*) the sum of dollars, for the body of (*name, age, sex, &c., &c.*) and I hereby certify that the said body has not been claimed by *bona fide* friends or relatives.

Dated the day of , A.D. 18 .

Witness,

R.L. No. 119, Sch.