

# CROSS REFERENCE RECORD

**FIRM NAME OR SUBJECT** NEGRO PHYSICIANS ALEXANDER VIRGINIA **FILE NO.** \_\_\_\_\_

| <b>DATE</b> | <b>REMARKS</b>                     |
|-------------|------------------------------------|
| 6-5-41      | Dr. Alexander being considered for |
|             | position with the District Health  |
|             | Project of the Philadelphia Helath |
|             | Center.                            |
|             |                                    |
|             |                                    |
|             |                                    |

**SEE** PHILADELPHIA HEALTH CENTER DISTRICT **FILE NO.**  
HEALTH EXPERIMENT

**DATE** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

FILE CROSS REFERENCE RECORD UNDER NAME OR SUBJECT LISTED AT TOP OF THIS SHEET, AND IN PROPER DATE ORDER. THE PAPERS REFERRED TO SHOULD BE FILED UNDER NAME OR SUBJECT LISTED UNDER "SEE"

**YAWMAN AND ERBE MFG. CO.**  
ROCHESTER, N. Y.



**FISK**  
UNIVERSITY

FORM NO. 099CR