

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

Duplicate - Record of Proceedings

Employee Henry H. Hoerst Claim No. OD 107910
 Street and No. 10109 Wayne Ave. Date of Injury June 12, 1957
 City Woodlawn, Cincinnati, Ohio Manual No. 4233
 (State)
 Employer Philip Carey Mfg. Co. Risk No. 1634
 Street and No. Wayne Ave.
 City Lockland 15, Ohio
 (State)

FINDINGS OF FACTS AND MINUTES

Present for Claimant _____ (Address) _____
 Present for Employer _____ (Address) _____

On this day the above numbered claim, together with the proof on file, was presented to the Bureau, considered and a finding was made as follows:

That this claim be disallowed, for the reason the Administrator finds the filing of the claim application on December 6, 1958 was not made within the statutory time of one year after the beginning of disability of June 12, 1957, nor within a period of six months after the diagnosis of asbestosis on January 5, 1955; and there is no jurisdiction to consider this claim.

HEM:AMC

OD 107910-11

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee ☐ Show address where delivered
 (Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

X John J. Lunny
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 1-24-59 ADDRESS WHERE DELIVERED (only if requested in item #1) _____

159/15

CWS-16-71548-6 GPO

Date January 13, 1959

Administrator
 By George H. [Signature]
 Deputy Claims Administrator

File