used by DIVISION OF WORKMEN'S COMPENSATION

BEFORE THE RUBEROID CO

Division of Workmen's Compensation

Department of Labor and Industrial Relations

JEFFERSON CITY, MISSOURI

MAY 22 1952

Claim for Compensation

(To be sent to the Division at Jefferson City, Missouri, [illegible] or death, or from the date of the last payment of [illegible] DUIS

NOTE: Send one copy for the Division and one copy for each employer and insurer.

Use only when employer or insurer finally refuses or neglects to pay compensation.

Injury No. _____

(DO NOT FILL IN)

Rec. Ach. Form _____

County _____

Place of Hearing _____

Checked by _____

GIVE NAMES NUMBER, STREET, CITY AND STATE IN ALL ADDRESSES

1. Claim is hereby made to follows for compensation as provided in the Missouri Workmen's Compensation Law, for personal injury (or death) the employee by accident arising out of and in the course of his employment, both employer and employee having elected to [illegible] before and at the time of the accident.
2. Name and address of all claimants: Fee James
   [illegible] Cook Ave., East St. Louis, Illinois
3. Name and address of all employers: Ruberoid Company
   [illegible] Riverview Drive, St. Louis, Missouri
4. Name and address of all insurers: Self
5. Injured employee's name: Fee James
6. Average weekly wages, $ 40.00
7. Date of [illegible] March, 1952
8. Place [illegible] Riverview Drive St. Louis, Mo.
9. Place of [illegible] (Number or location) (Street) (City) (State)
10. Did injury result in death: no If so, answer questions 24 and 25 on the reverse side hereof.
11. Parts of body injured: Chest, lungs, nose, bronchial tubes, and throat.
12. Weeks of temporary disability to date: _____ 13. Weeks of probable future temporary disability: unknown
14. Exact nature of any permanent injury: To be determined.
15. How accident happened, cause, and work employee was doing for employer at the time:
    While working as a boatsman and steeker, claimant contracted silicosis, and asbestosis.
16. Additional statements: (See reverse side hereof.)
17. Total compensation paid to date, $ [illegible]
18. Total value compensation claimed, $ [illegible]
19. Dated May 19, 1952
20. Claimant's Signature: Fee James
21. Claimant's Attorney: [illegible] St. Louis, Missouri
22. By _____
23. Address: [illegible] St. Louis, Missouri

NOTE: Line 20 MUST BE SIGNED—NOT TYPED

PLAINTIFF'S EXHIBIT GF-854