FILE NAME: Insulators Workers' Comp Claims (IWC)

DATE: 1958

DOC#: IWC023

DOCUMENT DESCRIPTION: Claimant - Reed, Clarence

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
PITTSBURGH
SAN FRANCISCO
NEW ORLEANS
MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER
INCORPORATED
INSURANCE
AVERAGE ADJUSTERS CONSULTING ACTUARIES
2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
TUXEDO 9-4304
BELL SYSTEM
TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

Settled

June 7, 1960.

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Travelers Policy No. RUB-6220500

Dear Sir:

Please note disposition made of the following claim:

Date of Accident:	August, 1957
Claimant:	Clarence H. Reed
Location:	San Antonio, Texas
Claim No. :	B-8742139
Disposition:	$500.00 Fatal $1052.23 Expense
Remarks:	

Very truly yours,

cm.

ALEXANDER & ALEXANDER, INC.

LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X
Auto Liability B.I. _____
P.D. _____
General Liability B.I. _____
P.D. _____

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
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TELEPHONE
TUXEDO 9-4304
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TELETYPE BA 582
CABLE ADDRESS
"ALEXBLUE"

February 19th, 1960

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Mr. Schiedt:

B 8742139
re: Clarence H. Reed
D/L August, 1957
Workmen's Compensation

We recently inquired of the Travelers Insurance Company in respect to the status of this old case, and for your information and file, we attach hereto copy of letter from their San Antonio, Texas Office, which will be found self explanatory.

Sincerely

ALEXANDER & ALEXANDER, INC.

Sue Fiseman
LOSS DEPARTMENT

R

The Travelers
The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
PAUL W. BOGUSCH, Claim Manager

BRANCH OFFICE
Petroleum Commerce Building
201 North St. Mary's Street
SAN ANTONIO 5, TEXAS
Telephone CApitol 5-7661

February 15, 1960

Alexander & Alexander
2225 North Charles Street
Baltimore 18, Maryland

Attn: G. H. Finley
General Adjuster

B-87L2139 (39-B-11782)
Armstrong Cork Company
Re: Clarence H. Reed
D/L: August 1957
Policy RUB-6220500

Gentlemen:

In answer to your request of February 8, 1960, we would like to advise that the above captioned claim is presently in suit in the District Court, Bexar County, San Antonio, Texas, in which the plaintiff's attorney is alleging asbestosis which caused the death of Clarence H. Reed. There are also other defendants in this suit being the insurance compensation carriers of other previous employers of the deceased, Clarence H. Reed. The deceased worked for two other companies subsequent to working for Armstrong Cork Company and the Texas Compensation Act provides that the last carrier will be denoted as the carrier for liability under Workmen's Compensation. However, it is necessary for us to maintain an estimate for the full amount of a fatality claim since it is conceivable and possible that the jury may find that we would be the last carrier.

The case has been specially set for the 23rd day of February, 1960, and will be tried at that time.

The estimates are set up for $12600 for fatality, $1000 medical ex[pense] and $1250 for expense.

Please advise if you desire any further information.

Very truly yours,

C. A. Morel[es]
Supervisi[ng]

PWH:rcw

July 10, 1959

The Travelers Insurance Company
710 Scarborough Building
Austin, Texas

Gentlemen: Attention: Bd. No. 860473

Subject: Mr. Clarence N. Reed, Deceased
Claim #B-8742139

In reply to your July 3, 1959 request for wage information, we enclose a copy of our June 30 letter which reflects the late Mr. Reed's lifetime employment with Armstrong Cork Company. The original wage request came from your San Antonio office, and in all probability, our reply and your latest letter passed each other on the way.

Our records indicate his termination was due to lack of work. Since he did not report an injury during his employment, we, of course, had no reason to submit an Employer's First Report of Injury.

In checking his four weeks of employment with Armstrong, we did find that the group he worked with ordinarily put in a five day week. How significant that might be, we cannot say. Perhaps someone in the Dallas office of Armstrong Contracting and Supply Corporation might have the answers. Mr. E. J. Stern, district manager, would be the man to contact.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosure

E. J. Stern, AC&S, Dallas
J. E. Zeller, AC&S, Lancaster

3X5 card - filed Texas

WAGE STATEMENT

EMPLOYEE CLARENCE H. REED, DEC'D
MRS. WILMA ESTHES REED, WIDOW
ROBERT FRANK REED AND JERRY WAYNE REED,
MINORS, 1230 ESSEX STREET
SAN ANTONIO, TEXAS

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
7-3-59	7-20-59	S 60473
INSURANCE CO. NO.		

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

Claim for compensation from the employee named at left will be heard on "Date of Hearing" shown above. Below are requests for Employer's First Report of Injury and wage information. Only those checked are being requested.

1 MR. RUDY RICE, ATTORNEY
417 SOUTH MAIN
SAN ANTONIO 5, TEXAS

ARMSTRONG CORK COMPANY AND SUPPLY CORP.
JUL 6 1959
DALLAS

VS
EMPLOYER ✓ 2 ARMSTRONG CORK COMPANY
1824 N. INDUSTRIAL BLVD.
DALLAS, TEXAS

INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANY
710 SCARBROUGH BLDG.
3 AUSTIN, TEXAS

CC:
MR. JAMES BERGEN

WHEN WRITING TO THE BOARD CONCERNING THIS CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
8-?-57 10-?-57		BEXAR

☑ REQUEST FOR EMPLOYER'S FIRST REPORT OF INJURY

No report of this injury has been received by the Industrial Accident Board. We call your attention to Section 7, Article 8307, Texas Civil Statutes, requiring every employer carrying Compensation Insurance to keep a record of all injuries sustained by his employees in the course of their employment, and to report same to the Board within 8 days, if the employee loses more than 1 day's time from his work on account of the injury. A severe penalty of not exceeding $1,000 is provided for failure to make such injury report. You should also furnish a copy of this First Report of Injury to your insurance carrier, if you have not already done so.

☑ REQUEST FOR WAGE INFORMATION

On the reverse side is Employer's Wage Statement which the Board requires that you complete and return to this office prior to "Date of Hearing" shown above. This information is requested for the 12-month period immediately preceding "Date of Injury" given above. If this employee has worked for you less than one year, you should submit a summary of wages for an employee of the same class, working substantially the whole of the immediately preceding year in the same or a similar employment. If you furnish an employee board, lodging, laundry, fuel or other advantages in addition to regular wages, or if the employee received tips or other gratuities for services, BE SURE TO GIVE THE ESTIMATED VALUE OF THE ITEM OR ITEMS. If you fail to do so, the Board will assign an estimated value.

3 This statement will benefit you, because it will be used to prevent an excessive compensation rate, and will insure the payment of compensation at the correct rate in this claim.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR

Return To:

1 INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

6

CAUTION: BE SURE TO COMPLETE REVERSE SIDE OF THIS FORM

WAGE STATEMENT

EMPLOYEE CLARENCE H. REED, DEC'D
MRS. WILMA ESTHES REED, WIDOW
ROBERT FRANK REED AND JERRY WAYNE REED, MINORS, 1230 ESSEX STREET
SAN ANTONIO, TEXAS

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
9-3-59	7-23-59	S 60473
INSURANCE CO. NO.		

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

1 MR. RUDY RICE, ATTORNEY
417 SOUTH MAIN
SAN ANTONIO 5, TEXAS

Claim for compensation from the employee named at left will be heard on "Date of Hearing" shown above. Below are requests for Employer's First Report of Injury and wage information. Only those checked are being requested.

VS
EMPLOYER ARMSTRONG CORK COMPANY
2 1824 N. INDUSTRIAL BLVD.
DALLAS, TEXAS

ARMSTRONG CORK CO. DALLAS
AND SUPPLY

INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANY
2 710 SCARBROUGH BLDG.
AUSTIN, TEXAS

DALLAS

CC:
MR. JAMES BERGEN

WHEN WRITING TO THE BOARD CONCERNING THIS CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
8-?-57 10-?-57		BEXAR

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1

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2

3

This statement will benefit you, because it will be used to prevent an excessive compensation rate, and will insure the payment of compensation at the correct rate in this claim.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR

Return To:

1

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

7

2

CAUTION: BE SURE TO COMPLETE REVERSE SIDE OF THIS FORM
RETURN ONE COPY TO YOUR INSURANCE CARRIER. RETURN ONE COPY TO BOARD

FREP PUSH

INTER/OFFICE COMMUNICATION

Armstrong
CONTRACTING AND SUPPLY CORPORATION

To J. E. Zeller, Lancaster

July 6, 1959

From E. J. Stern, Dallas

Subject Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

death 12-29-58

AIR MAIL

In connection with the subject claim, please find Wate Statement received today from the Industrial Accident Board at Austin, Texas. You will note that the date of hearing is 7-28-59, therefore, all papers in connection with this case must be processed as soon as possible.

LB

Enclosure

H. T. Miller, San Antonio

ES

worked Jerry Holmes to check and see if other employees only worked three days a week on the same job

June 30, 1959

The Travelers Insurance Company
201 N. St. Mary's Street
San Antonio 5, Texas

Gentlemen: Attention: Mr. H. W. Hill

Subject: Clarence H. Reed
Claim #B-8742139

The following figures indicate the entire employment in Texas by Armstrong Cork Company of Clarence H. Reed, S.S. #216-10-7857.

Pay Ending	Wages	Days	Hours
8/25/57	$ 77.28	3	24
9/1/57	77.28	3	24
9/15/57	77.28	3	24
9/22/57	77.28	3	24
	$309.12	12	96

During the above employment, we did not submit an accident report, and our records indicate both terminations were due to lack of work.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

E. J. Stern, AC&S, Dallas
J. E. Zeller, AC&S, Lancaster

Hired	Terminated	Rehired
8-21-57	8-28-57	13)(
9-11-57	9-18-57	(3)

Clarence H. Reed S.S.# 216-10-7857

Pay Ending	Wages	Days	Hours	State Wkd.
8-25-57	77 28	3	24	Texas
9-1-57	77 28	3	24	Texas
9-15-57	77 28	3	24	Texas
9-22-57	77 28	3	24	Texas
Totals	309 12	12	96	

IRCS

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING AND SUPPLY CORPORATION

To J. E. Zeller, Lancaster

June 25, 1959

From E. J. Stern, Dallas

Subject Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

Rick: Send copies of your letter to Stern + Zeller

AIR MAIL

On June 19, we wrote to you with reference to the above claim. Attached please find letter from The Travelers requesting further information in this regard.

We have checked our records again and herewith is a tabulation of our records of his employment:

Week of	Dates Worked	Total Hours	Rate	Gross
1957				
8/19-8/25	21 22 23	24	$ 3.22	$ 77.28
8/26-9/1	26 27 28	24	3.22	77.28
9/9-9/15	11 12 13	24	3.22	77.28
9/16-9/22	16 17 18	24	3.22	77.28

You will find copy of Employer's Wage Statement enclosed and no doubt, you will want to check your Lancaster records before completing the Statement.

We have searched our files and cannot find that a First Report of Injury was ever reported to us or filed with the Industrial Accident Board in Austin, Texas.

Please advise us of anything further that we can do in this connection.

LB

Enclosure

H. T. Miller, San Antonio

Mail Per our conversation 6/24/59

The Travelers

The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
PAUL W. BOGUSCH, Claim Manager

BRANCH OFFICE
Petroleum Commerce Building
201 North St. Mary's Street
SAN ANTONIO 5, TEXAS
Telephone: CApitol 5-7661

June 22, 1959

ARMSTRONG CONTRACTING AND SUPPLY CORP.

JUN 25 1959

DALLAS

Armstrong Cork Company
Plantation Road
Dallas, Texas

B-8742139
Armstrong Cork Company
Re: Clarnce H. Reed
D/L: 8 - 57

B-8742076
B & B Supply Company
Re: Clarence H. Reed
D/L: 5-1-59

Gentlemen:

We have been advised of a claim for compensation of beneficiaries of Clarence H. Reed through their attorney, Mr. Rudy Rice, of San Antonio, Texas. Such claim is for death benefits under Workmen's Compensation Act, death caused by asbestosis. The claimant allegedly worked for you during the months of August and September, 1957, in San Antonio, Texas, at the jobsite of the National Bank of Commerce Building. It is alleged that Clarence H. Reed breathed asbestos dust and became infected with asbestosis and subsequently died on December 29, 1958.

Would you please forward to us the employment dates of Clarence H. Reed and also forward a first report of injury - compensation, if Clarence H. Reed ever advised you of such an injury.

We are also forwarding for your attention Employer's Wage Statement for completion for the weekly wages of Clarence H. Reed for the period of time that he was employed by you.

We would appreciate a prompt reply to this letter as we anticipate an early hearing before The Industrial Accident Board and the possibility of suit being filed if such claim is denied by The Industrial Accident Board.

Thank you for your attention in this matter.

Very truly yours,

H. W. Hill

H. W. Hill, Adjuster

HWH:rcw

EMPLOYER'S WAGE STATEMENT

NOTE: *Please complete this Statement in detail in duplicate.*
Return original to this office promptly.
Send duplicate to your insurance carrier.

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Show number of days worked and amount earned. Also, where available, show hours worked.

STATEMENT OF TOTAL EARNINGS OF

FROM

TO

1. STATE MAXIMUM NUMBER OF HOURS WHICH EMPLOYEE WAS PERMITTED TO WORK PER WEEK OR MONTH UNDER THE PROVISIONS OF ANY STATUTE, REGULATION OR AGREEMENT LIMITING HOURS OF WORK.

HOURS	PER	UNDER

2. HOW MANY DAYS CONSTITUTED A WEEK'S WORK?

3. HOW MANY HOURS CONSTITUTED A DAY'S WORK?

4. IF EMPLOYEE WAS FURNISHED BOARD, LODGING, LAUNDRY, FUEL, OR OTHER ADVANTAGES HAVING A VALUE WHICH CAN BE ESTIMATED IN MONEY *(excluding, however, any sum paid to employee to cover any special expenses entailed on him by acts of his employment)*, STATE ESTIMATED VALUE PER MONTH OF EACH ITEM FURNISHED.

ITEM FURNISHED	ESTIMATED VALUE
	$
ITEM FURNISHED	ESTIMATED VALUE
	$

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT

DATE

CITY | STATE

SIGNATURE

OFFICIAL CAPACITY

EMPLOYER

	PERIOD COVERED BY EACH PAYMENT				DAYS WORKED	HOURS WORKED	OCCUPATION (Type of Work)	WAGE RATE (By Hour, Day, Week, or Month)	AMOUNT EARNED
	FROM		TO						
	MONTH	DAY	MONTH	DAY					
1									
2									
3									
4									
5									
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47									
48									
49									
50									
51									
52									
	TOTAL DAYS WORKED						TOTAL AMOUNT EARNED		

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
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LOS ANGELES
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INSURANCE

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2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

TELEPHONE
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CABLE ADDRESS
"ALEXBLUE"

June 25, 1959

Mr. Wallace B. Hofferth, Asst. General Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Re: CLAIM FOR COMPENSATION FOR DEATH
Clarence H. Reed
Social Security #216-10-7857

Dear Wally:

Thank you for your letter of June 24th and enclosures. We note that the Attorney has forwarded a copy of his letter with a copy of the claim to the Travelers Office in San Antonio, Texas. We are sending the original of the Attorney's letter and a copy of the claim to the Baltimore Branch with the request that they follow through and advise us of the developments together with any reserves set up for this claim.

Yours very truly,

ALEXANDER & ALEXANDER, INC.

J. E. Fannon
Vice President - Casualty

JEF/be

June 24, 1959

Mr. James E. Fannon
Alexander & Alexander, Inc.
2225 N. Charles Street
Baltimore 18, Md.

Dear Jim:

Subject: Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

Enclosed are a letter from the law offices of Rudy Rice, 417 South Main, San Antonio 5, Texas, and a Claim for Compensation for Death in behalf of the widow, Mrs. Wilma Esther Reed, 1230 Essex Street, San Antonio, Texas.

Clarence H. Reed was employed in our Contract Operations during the following periods:

8/25/57 to 8/28/57 - Quit Voluntarily
9/10/57 to 9/18/57 - Quit Voluntarily

Please forward one copy of the enclosed material to the proper office of The Travelers so that our interests may be fully protected.

Sincerely yours,

Wallace B. Hofferth
Assistant General Manager
Insurance Department

JEZ

Enclosures

W B Hofferth
per phone
SHA. 6/22/59

INTER/OFFICE COMMUNICATION

Armstrong
CONTRACTING AND SUPPLY CORPORATION

June 19, 1959

To J. E. Zeller, Lancaster

From E. J. Stern, Dallas

JUN 23 1959 WLH

Subject Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

Please find attached letter and Claim for Compensation for Death from the law office of Mr. Rudy Rice.

Our record of employment on this man is as follows:

Hired	Terminated	Reason Terminated
8/25/57	8/28/57	Quit Voluntarily
9/10/57	9/18/57	Quit Voluntarily

Please see that this claim is given to the proper authorities and taken care of as soon as possible.

MO

Enclosures

H. T. Miller, Jr., San Antonio

Fred
How do you want to
address this matter if
employment? Let me know
6/22

LAW OFFICES OF
[illegible]
SAN ANTONIO 5, TEXAS
PHONE CA 7-2488

June 15, 1955

Plantation Road
Dallas, Texas

Gentlemen:

I enclose herewith amended Claim for Compensation for Death filed on behalf of the beneficiaries and claimants stated [illegible] Claim for [illegible]

Yours very truly,

RUDY RICE

RR/pf
Enclosure (1)
cc: The Travelers Insurance Company
Petroleum Commerce Building
San Antonio, Texas

Claim for Compensation for Death

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

NOTE:—This claim should be made out in duplicate; one copy thereof should be mailed to the Industrial Accident Board and the other copy should be delivered to the Employer or the Insurance Company or Association carrying his insurance.

This is to notify you Armstrong Cork Company, Plantation Rd., Dallas, Texas
Name of employer or association or company with which employer is insured.

that I claim compensation from you under the Employers' Liability Act of Texas on account of the death of

Clarence E. Reed, on the 29th day of December 1958,
Name of deceased employee.

which resulted from injuries sustained ~~accident~~ and occupational disease dated 19 while in

the employ of Armstrong Cork Company, Plantation Road, Dallas, Texas
Name of employer. City or town.

The place of injury was while working for Armstrong Cork Co, Dallas, Texas, in
State name or description of building or place.

San Antonio, Texas

The cause* of death was fibrosis and emphysema of lung due to inhalation of asbest
Describe cause of injury.

while employed by Armstrong Cork Company approximately the dates of August and September, 1957

Name and P. O. address of witnesses in support of claim: Mrs. Wilma Esther Read, 1230 Essex Street, San Antonio, Texas

Give names and P. O. address of the Beneficiaries of the deceased (stating the kinship of each such Beneficiary to the deceased): Mrs. Wilma Esther Read, wife; Robert Frank Read, age 12

Jerry Wayne Read, age 7

Robert Frank Read, age 1

Which of the legal Beneficiaries above named are minors? State ages born Dec. 11, 1943, and Jer

Wayne Read, age 7, born September 10, 1951

Length of time employed in same employment previous to date of injury approximately two months and during
Years, months or days.

Wages of deceased employee on date of injury were Approximately $ per hour
Day, week or month.

Deceased was employed 5 (days) per week.
State whether 5 or 7 days.

This claim for compensation, with respect to such injury and because of the death of deceased, is made in behalf of and for each and all of the legal Beneficiaries of the deceased, as well as by and for the undersigned, he herein acting for himself and such legal Beneficiaries.

Social Security No. of Deceased 216-10-7857

Signature of Claimant.

1230 Essex Street
Street and number.

San Antonio, Texas
City or town.

this day of 19 59

NOTE:—If it is claimed that the violation, by the employer, of any statute enacted for the safety of employees, contributed to the injury or death of this employee, it is requested that this be so stated in this claim for compensation.

NOTE:—Section 4a, Part II, Employers' Liability Act—Unless the association or subscriber have notice of the injury, no proceedings for compensation for injury under this Act shall be maintained unless a notice of the injury shall have been given to the association or subscriber within thirty (30) days after the happening thereof; and unless a claim for compensation with respect to such injury shall have been made within six (6) months after the occurrence of same; or, in case of death of the employee or in case of his physical or mental incapacity within six (6) months after the death or the removal of such physical or mental incapacity. Provided, that for good cause the board may in meritorious cases waive the strict compliance with the foregoing limitations.

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
CHICAGO
LOS ANGELES
ATLANTA
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SAN FRANCISCO
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MIAMI
PHILADELPHIA

ALEXANDER & ALEXANDER
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2225 NORTH CHARLES STREET, BALTIMORE 18, MD.

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"ALEXBLUE"

Settled

June 7, 1960.

Mr. William L. Hughes, Manager
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Travelers Policy No. RUB-6220500

Dear Sir:

Please note disposition made of the following claim:

Date of Accident:	August, 1957
Claimant:	Clarence H. Reed
Location:	San Antonio, Texas
Claim No. :	B-8742139
Disposition:	$500.00 Fatal $1052.23 Expense
Remarks:	

Very truly yours,

cm.

ALEXANDER & ALEXANDER, INC.

LOSS DEPARTMENT

Indicate Whether:

Workmen's Comp. X
Auto Liability B.I. _____
P.D. _____
General Liability B.I. _____
P.D. _____

BALTIMORE
NEW YORK
CLARKSBURG
TULSA
ST. LOUIS
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ATLANTA
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SAN FRANCISCO
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TELEPHONE
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CABLE ADDRESS
"ALEXBLUE"

February 19th, 1960

Mr. R. C. Schiedt, Jr.
Insurance Department
Armstrong Cork Company
Lancaster, Pennsylvania

Dear Mr. Schiedt:

B 8742139
re: Clarence H. Reed
D/L August, 1957
Workmen's Compensation

We recently inquired of the Travelers Insurance Company in respect to the status of this old case, and for your information and file, we attach hereto copy of letter from their San Antonio, Texas Office, which will be found self explanatory.

Sincerely

ALEXANDER & ALEXANDER, INC.

Sue Gorman
LOSS DEPARTMENT

R

The Travelers
The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
PAUL W. BOGUSCH, Claim Manager

BRANCH OFFICE
Petroleum Commerce Building
201 North St. Mary's Street
SAN ANTONIO 5, TEXAS
Telephone CApital 5-7661

February 15, 1960

Alexander & Alexander
2225 North Charles Street
Baltimore 18, Maryland

Attn: G. H. Finlay
General Adjuster

B-87L2139 (39-B-11782)
Armstrong Cork Company
Re: Clarence H. Reed
D/L: August 1957
Policy RUB-6220500

Gentlemen:

In answer to your request of February 8, 1960, we would like to advise that the above captioned claim is presently in suit in the District Court, Bexar County, San Antonio, Texas, in which the plaintiff's attorney is alleging asbestosis which caused the death of Clarence H. Reed. There are also other defendants in this suit being the insurance compensation carriers of other previous employers of the deceased, Clarence H. Reed. The deceased worked for two other companies subsequent to working for Armstrong Cork Company and the Texas Compensation Act provides that the last carrier will be denoted as the carrier for liability under Workmen's Compensation. However, it is necessary for us to maintain an estimate for the full amount of a fatality claim since it is conceivable and possible that the jury may find that we would be the last carrier.

The case has been specially set for the 23rd day of February, 1960, and will be tried at that time.

The estimates are set up for $12600 for fatality, $1000 medical expense and $1250 for expense.

Please advise if you desire any further information.

Very truly yours,

C. A. Morel[illegible]
Supervisi[illegible]

HWH:rcw

July 10, 1959

The Travelers Insurance Company
710 Scarborough Building
Austin, Texas

Gentlemen: Attention: Bd. No. 860473

Subject: Mr. Clarence N. Reed, Deceased
Claim #B-8742139

In reply to your July 3, 1959 request for wage information, we enclose a copy of our June 30 letter which reflects the late Mr. Reed's lifetime employment with Armstrong Cork Company. The original wage request came from your San Antonio office, and in all probability, our reply and your latest letter passed each other on the way.

Our records indicate his termination was due to lack of work. Since he did not report an injury during his employment, we, of course, had no reason to submit an Employer's First Report of Injury.

In checking his four weeks of employment with Armstrong, we did find that the group he worked with ordinarily put in a five day week. How significant that might be, we cannot say. Perhaps someone in the Dallas office of Armstrong Contracting and Supply Corporation might have the answers. Mr. E. J. Stern, district manager, would be the man to contact.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

Enclosure

E. J. Stern, AC&S, Dallas
J. E. Zeller, AC&S, Lancaster

3X5 card - filed Texas

FREP PUSH

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING AND SUPPLY CORPORATION

July 6, 1959

To J. E. Zeller, Lancaster

From E. J. Stern, Dallas

Subject Claim for Compensation for Death — death 12-29-58
Clarence H. Reed
Social Security #216-10-7857

AIR MAIL

In connection with the subject claim, please find Wate Statement received today from the Industrial Accident Board at Austin, Texas. You will note that the date of hearing is 7-28-59, therefore, all papers in connection with this case must be processed as soon as possible.

LB

Enclosure

H. T. Miller, San Antonio

wanted Jerry Holmes to check and see if other employees only worked three days a week on the same job

WAGE STATEMENT

EMPLOYEE CLARENCE N. REED, DEC'D
MRS. WILMA ESTHES REED, WIDOW
ROBERT FRANK REED AND JERRY WAYNE REED,
MINORS, 1230 ESSEX STREET
SAN ANTONIO, TEXAS

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
7-3-59	7-23-59	S 60473
INSURANCE CO NO.		

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

1 MR. RUDY RICE, ATTORNEY
417 SOUTH MAIN
SAN ANTONIO 5, TEXAS

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JUL 6 1959
DALLAS

Claim for compensation from the employee named at left will be heard on "Date of Hearing" shown above. Below are requests for Employer's First Report of Injury and wage information. Only those checked are being requested.

VS
EMPLOYER ✓ ARMSTRONG CORK COMPANY
2 1824 N. INDUSTRIAL BLVD.
DALLAS, TEXAS

INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANY
710 SCARBROUGH BLDG.
3 AUSTIN, TEXAS

CC:
MR. JAMES BERGEN

WHEN WRITING TO THE BOARD CONCERNING THIS CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
8-?-57 10-?-57		BEXAR

☑ REQUEST FOR EMPLOYER'S FIRST REPORT OF INJURY

No report of this injury has been received by the Industrial Accident Board. We call your attention to Section 7, Article 8307, Texas Civil Statutes, requiring every employer carrying Compensation Insurance to keep a record of all injuries sustained by his employees in the course of their employment, and to report same to the Board within 8 days, if the employee loses more than 1 day's time from his work on account of the injury. A severe penalty of not exceeding $1,000 is provided for failure to make such injury report. You should also furnish a copy of this First Report of Injury to your insurance carrier, if you have not already done so.

☐ REQUEST FOR WAGE INFORMATION

2 On the reverse side is Employer's Wage Statement which the Board requires that you complete and return to this office prior to "Date of Hearing" shown above. This information is requested for the 12-month period immediately preceding "Date of Injury" given above. If this employee has worked for you less than one year, you should submit a summary of wages for an employee of the same class, working substantially the whole of the immediately preceding year in the same or a similar employment. If you furnish an employee board, lodging, laundry, fuel or other advantages in addition to regular wages, or if the employee received tips or other gratuities for services, BE SURE TO GIVE THE ESTIMATED VALUE OF THE ITEM OR ITEMS. If you fail to do so, the Board will assign an estimated value.

3 This statement will benefit you, because it will be used to prevent an excessive compensation rate, and will insure the payment of compensation at the correct rate in this claim.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR

Return To:

1 INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

6

2 CAUTION: BE SURE TO COMPLETE REVERSE SIDE OF THIS FORM

EMPLOYEE CLARENCE H. REED, DEC'D
MRS. WILMA ESTHES REED, WIDOW
ROBERT FRANK REED AND JERRY WAYNE REED,
MINORS, 1230 ESSEX STREET
SAN ANTONIO, TEXAS

DATE NOTICE MAILED CLAIMANT	DATE OF HEARING	BOARD NUMBER
9-3-59	9-23-59	S 60473
INSURANCE CO. NO.		

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

1 MR. RUDY RICE, ATTORNEY
417 SOUTH MAIN
SAN ANTONIO 5, TEXAS

Claim for compensation from the employee named at left will be heard on "Date of Hearing" shown above. Below are requests for Employer's First Report of Injury and wage information. Only those checked are being requested.

VS
EMPLOYER ARMSTRONG CORK COMPANY
2 1824 N. INDUSTRIAL BLVD.
DALLAS, TEXAS

ARMSTRONG CORK CO.
AND SUPPLY
DALLAS

INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANY
3 710 SCARBROUGH BLDG.
AUSTIN, TEXAS

CC:
MR. JAMES BERGEN

WHEN WRITING TO THE BOARD CONCERNING THIS CLAIM ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

DATE OF INJURY	NATURE OF INJURY	COUNTY WHERE INJURY OCCURRED
8-7-57 10-7-57		BEXAR

☑ REQUEST FOR EMPLOYER'S FIRST REPORT OF INJURY

No report of this injury has been received by the Industrial Accident Board. We call your attention to Section 7, Article 8307, Texas Civil Statutes, requiring every employer carrying Compensation Insurance to keep a record of all injuries sustained by his employees in the course of their employment, and to report same to the Board within 8 days, if the employee loses more than 1 day's time from his work on account of the injury. A severe penalty of not exceeding $1,000 is provided for failure to make such injury report. You should also furnish a copy of this First Report of Injury to your insurance carrier, if you have not already done so.

☑ REQUEST FOR WAGE INFORMATION

2 On the reverse side is Employer's Wage Statement which the Board requires that you complete and return to this office prior to "Date of Hearing" shown above. This information is requested for the 12-month period immediately preceding "Date of Injury" given above. If this employee has worked for you less than one year, you should submit a summary of wages for an employee of the same class, working substantially the whole of the immediately preceding year in the same or a similar employment. If you furnish an employee board, lodging, laundry, fuel or other advantages in addition to regular wages, or if the employee received tips or other gratuities for services, BE SURE TO GIVE THE ESTIMATED VALUE OF THE ITEM OR ITEMS. If you fail to do so, the Board will assign an estimated value.

3 This statement will benefit you, because it will be used to prevent an excessive compensation rate, and will insure the payment of compensation at the correct rate in this claim.

Joe G. Moore, Jr.
EXECUTIVE DIRECTOR

Return To:

1 INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN, TEXAS

7

2 CAUTION: BE SURE TO COMPLETE REVERSE SIDE OF THIS FORM
SEND ONE COPY TO YOUR INSURANCE CARRIER; RETURN ONE COPY TO BOARD

IAB-9-53

June 30, 1959

The Travelers Insurance Company
201 N. St. Mary's Street
San Antonio 5, Texas

Gentlemen: Attention: Mr. H. W. Hill

Subject: Clarence H. Reed
Claim #B-8742139

The following figures indicate the entire employment in Texas by Armstrong Cork Company of Clarence H. Reed, S.S. #216-10-7857.

Pay Ending	Wages	Days	Hours
8/25/57	$ 77.28	3	24
9/1/57	77.28	3	24
9/15/57	77.28	3	24
9/22/57	77.28	3	24
	$309.12	12	96

During the above employment, we did not submit an accident report, and our records indicate both terminations were due to lack of work.

Very truly yours,

ARMSTRONG CORK COMPANY

R. C. Schiedt, Jr.
Insurance Department

JEZ

E. J. Stern, AC&S, Dallas
J. E. Zeller, AC&S, Lancaster

Hired	Terminated	Re...
8-21-57	8-28-57	13
9-11-57	9-18-57	G

Clarence H. Reed S.S # 216-10-7857

Pay Ending	Wages	Days	Hours	State Wkd.
8-25-57	77.28	3	24	Texas
9-1-57	77.28	3	24	Texas
9-15-57	77.28	3	24	Texas
9-22-57	77.28	3	24	Texas
Totals	309.12	12	96	

IRCS

INTER/OFFICE COMMUNICATION

Armstrong CONTRACTING AND SUPPLY CORPORATION

To J. E. Zeller, Lancaster

June 25, 1959

From E. J. Stern, Dallas

Subject Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

AIR MAIL

On June 19, we wrote to you with reference to the above claim. Attached please find letter from The Travelers requesting further information in this regard.

We have checked our records again and herewith is a tabulation of our records of his employment:

Week of 1957	Dates Worked	Total Hours	Rate	Gross
8/19-8/25	21 22 23	24	$ 3.22	$ 77.28
8/26-9/1	26 27 28	24	3.22	77.28
9/9-9/15	11 12 13	24	3.22	77.28
9/16-9/22	16 17 18	24	3.22	77.28

You will find copy of Employer's Wage Statement enclosed and no doubt, you will want to check your Lancaster records before completing the Statement.

We have searched our files and cannot find that a First Report of Injury was ever reported to us or filed with the Industrial Accident Board in Austin, Texas.

Please advise us of anything further that we can do in this connection.

LB

Enclosure

H. T. Miller, San Antonio

The Travelers

The Travelers Insurance Company
The Travelers Indemnity Company

CLAIM DEPARTMENT
PAUL W. BOGUSCH, Claim Manager

BRANCH OFFICE
Petroleum Commerce Building
201 North St. Mary's Street
SAN ANTONIO 5, TEXAS
Telephone: CApitol 5-7661

June 22, 1959

ARMSTRONG CONTRACTING AND SUPPLY CORP.

JUN 25 1959

DALLAS

Armstrong Cork Company
Plantation Road
Dallas, Texas

B-8742139
Armstrong Cork Company
Re: Clarnce H. Reed
D/L: 8 - 57

B-8742076
B & B Supply Company
Re: Clarence H. Reed
D/L: 5-1-59

Gentlemen:

We have been advised of a claim for compensation of beneficiaries of Clarence H. Reed through their attorney, Mr. Rudy Rice, of San Antonio, Texas. Such claim is for death benefits under Workmen's Compensation Act, death caused by asbestosis. The claimant allegedly worked for you during the months of August and September, 1957, in San Antonio, Texas, at the jobsite of the National Bank of Commerce Building. It is alleged that Clarence H. Reed breathed asbestos dust and became infected with asbestosis and subsequently died on December 29, 1958.

Would you please forward to us the employment dates of Clarence H. Reed and also forward a first report of injury - compensation, if Clarence H. Reed ever advised you of such an injury.

We are also forwarding for your attention Employer's Wage Statement for completion for the weekly wages of Clarence H. Reed for the period of time that he was employed by you.

We would appreciate a prompt reply to this letter as we anticipate an early hearing before The Industrial Accident Board and the possibility of suit being filed if such claim is denied by The Industrial Accident Board.

Thank you for your attention in this matter.

Very truly yours,

H. W. Hill

H. W. Hill, Adjuster

HWH:rcw

EMPLOYER'S WAGE STATEMENT

NOTE: *Please complete this Statement in detail in duplicate.*
Return original to this office promptly.
Send duplicate to your insurance carrier.

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

Show number of days worked and amount earned. Also, where available, show hours worked.

STATEMENT OF TOTAL EARNINGS OF

FROM

TO

1. STATE MAXIMUM NUMBER OF HOURS WHICH EMPLOYEE WAS PERMITTED TO WORK PER WEEK OR MONTH UNDER THE PROVISIONS OF ANY STATUTE, REGULATION OR AGREEMENT LIMITING HOURS OF WORK.

HOURS	PER	UNDER

2. HOW MANY DAYS CONSTITUTED A WEEK'S WORK?

3. HOW MANY HOURS CONSTITUTED A DAY'S WORK?

4. IF EMPLOYEE WAS FURNISHED BOARD, LODGING, LAUNDRY, FUEL, OR OTHER ADVANTAGES HAVING A VALUE WHICH CAN BE ESTIMATED IN MONEY *(excluding, however, any sum paid to employee to cover any special expenses entailed on him by acts of his employment)*, STATE ESTIMATED VALUE PER MONTH OF EACH ITEM FURNISHED.

ITEM FURNISHED	ESTIMATED VALUE
	$
ITEM FURNISHED	ESTIMATED VALUE
	$

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT

DATE

CITY | STATE

SIGNATURE

OFFICIAL CAPACITY

EMPLOYER

	PERIOD COVERED BY EACH PAYMENT FROM MONTH	FROM DAY	TO MONTH	TO DAY	DAYS WORKED	HOURS WORKED	OCCUPATION (Type of Work)	WAGE RATE (By Hour, Day, Week, or Month)	AMOUNT EARNED
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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47									
48									
49									
50									
51									
52									
	TOTAL DAYS WORKED						TOTAL AMOUNT EARNED		

June 24, 1959

Mr. James E. Fannon
Alexander & Alexander, Inc.
2225 N. Charles Street
Baltimore 18, Md.

Dear Jim:

Subject: Claim for Compensation for Death
Clarence H. Reed
Social Security #216-10-7857

Enclosed are a letter from the law offices of Rudy Rice, 417 South Main, San Antonio 5, Texas, and a Claim for Compensation for Death in behalf of the widow, Mrs. Wilma Esther Reed, 1230 Essex Street, San Antonio, Texas.

Clarence H. Reed was employed in our Contract Operations during the following periods:

8/25/57 to 8/28/57 - Quit Voluntarily
9/10/57 to 9/18/57 - Quit Voluntarily

Please forward one copy of the enclosed material to the proper office of The Travelers so that our interests may be fully protected.

Sincerely yours,

Wallace B. Hofferth
Assistant General Manager
Insurance Department

JEZ

Enclosures

Law Offices Of
RUDY RICE
417 South Main
San Antonio 5, Texas
Phone CA 7-2499

June 15, 1953

Armstrong Cork Company
Plantation Road
Dallas, Texas

Gentlemen:

I enclose herewith amended Claim for Compensation for Death filed on behalf of the beneficiaries and claimants stated in said amended Claim for Compensation for Death.

Yours very truly,

RUDY RICE

RR/pf
Enclosure (1)
cc: The Travelers Insurance Company
Petroleum Commerce Building
San Antonio, Texas

Claim for Compensation for Death

INDUSTRIAL ACCIDENT BOARD
AUSTIN, TEXAS

NOTE:—This claim should be made out in duplicate; one copy thereof should be mailed to the Industrial Accident Board and the other copy should be delivered to the Employer or the Insurance Company or Association carrying his insurance.

This is to notify you Armstrong Cork Company, Plantation Rd., Dallas, Texas
Name of employer or association or company with which employer is insured.

that I claim compensation from you under the Employers' Liability Act of Texas on account of the death of

Clarence H. Read, on the 29th day of December 1958,
Name of deceased employee.

which resulted from injuries sustained ~~while~~ and occupational disease ~~at work~~ while in

the employ of Armstrong Cork Company, Plantation Road, Dallas, Texas
Name of employer. City or town.

The place of injury was while working for Armstrong Cork Co. Dallas, Texas, in
State name or description of building or place.

San Antonio, Texas

The cause* of death was fibrosis and emphysema of lung due to inhalation of asbestos
Describe cause of injury.

while employed by Armstrong Cork Company approximately the dates of August and September, 1957

Name and P. O. address of witnesses in support of claim: Mrs. Wilma Esther Reed, 1230 Essex Street, San Antonio, Texas

Give names and P. O. address of the Beneficiaries of the deceased (stating the kinship of each such Beneficiary to the deceased): Mrs. Wilma Esther Reed, wife; Robert Frank Reed, age 12 Jerry Wayne Reed, age 7

Which of the legal Beneficiaries above named are minors? State ages Robert Frank Reed, age 15 born Dec. 11, 1943, and Jerry Wayne Reed, age 7, born September 10, 1951

Length of time employed in same employment previous to date of injury approximately two months and during
Years, months or days.

Wages of deceased employee on date of injury were approximately $ per hour
Day, week or month.

Deceased was employed 5 (days) per week.
State whether 5 or 7 days.

This claim for compensation, with respect to such injury and because of the death of deceased, is made in behalf of and for each and all of the legal Beneficiaries of the deceased, as well as by and for the undersigned, he herein acting for himself and such legal Beneficiaries.

Social Security No. of Deceased 216-10-7857

Signature of Claimant.

1230 Essex Street
Street and number.

San Antonio, Texas
City or town.

this _____ day of _____ 19 59

TE:—If it is claimed that the violation, by the employer, of any statute enacted for the safety of employees, contributed to the injury or death of this employee, it is requested that this be so stated in this claim for compensation.
TE:—Section 4a, Part II, Employers' Liability Act—Unless the association or subscriber have notice of the injury, no proceedings for compensation for injury under this Act shall be maintained unless a notice of the injury shall have been given to the employer or subscriber within thirty (30) days after the happening thereof; and unless a claim for compensation with respect to such injury shall have been made within six (6) months after the occurrence of same; or, in case of death of the employee or in case of his physical or mental incapacity within six (6) months after the death or the removal of such physical or mental incapacity. Provided, that for good cause the board may in meritorious cases waive the strict compliance with the foregoing limitations as to notice and the filing of the claim before the board.