METROPOLITAN LIFE INSURANCE COMPANY

April 16, 1963

Mr. Karl Krieg, Employee Relations Manager
The Philip Carey Manufacturing Company
320 South Wayne Avenue
Cincinnati 15, Ohio

Dear Mr. Krieg:

Supplementing our letter of April 6, attached is a listing received from the Home Office of death claims that were paid between 1957 and 1962 due to respiratory causes.

We hope that this information will be of some use to you.

Very truly yours,

J. R. LYNCH
Group Supervisor

jrl/ds
enclosure
cc: Mr. S. J. Fasold, Secretary

reviewed in order to assemble data to comply with this policyholder's request. The identifying information is shown below separated by general cause of death.

Malignant neoplasm (cancer) of the respiratory disease:

Name	Age
Haynie, Jos.	44
Miller, Geo.	54
Ashbridge, Alfred	66
Ellis, Benjamin	73
Leonard, Wm.	77
Martin, Edward	67
Estabrooks, Rufus	63
Santal, Harry	65
Stall, Arthur	56
Scott, Young	58
Zalewski, Vincenty	77
Whitley, Jonny	58
Woods, Alonzo	55
Carisky, Stephan	47

Diseases of the Respiratory System:

Vance, Edward	76
Jackson, Louis	62
Willetts, Clarence	64
Cocom, Herbert	63
Berlin, Richard	57
Patterson, Wm.	70
Raymond, Lewis	62
Morris, Chas.	71

Reg. Dist. No. 3114
Primary Reg. Dist.

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 056522
Registrar's No. [redacted]

1. PLACE OF DEATH
a. County: Hamilton.
b. City, Village, or Location: CINCINNATI
c. Length of stay (in this place):
d. Name of Hospital or Institution (If not in hospital or institution, give street address): RESIDENCE
e. Is place of death inside city limits? YES ☐ NO ☐ 3425 BEVIS AVENUE *

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. State: Ohio.
b. County: [illegible]
c. City, Village, or Location: Cincinnati — 49
d. Street Address: 3425 Bevis Ave.
e. Is residence inside city limits? YES ☒ NO ☐
f. Is residence on a farm? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First: Essie — Middle: — Last: Jackson.

4. DATE OF DEATH: Month 8/ Day 9/ Year 1961

5. SEX: male
6. COLOR OR RACE: Colored
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10; 2;99; 61.
9. AGE (In years last birthday): 61. — If under 1 year: Months 10, Days 6 — If under 24 hours: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: PHILIP CAREY MFG. Phillips Carey Co. (Roofing & Insulation)
11. BIRTHPLACE (State or foreign country): Evergreen, Ala.
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Cyrus Jackson.
14. MOTHER'S MAIDEN NAME: Amanda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes
16. SOCIAL SECURITY NO.: 470.05.1440.
17. INFORMANT'S SIGNATURE — Address: Dora Jackson. 3425 Bevis Av

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) COR PULMONALE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASBESTOSIS, OCCUPATIONAL.
DUE TO (c)
Interval between onset and death:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

21. I attended the deceased from ____ to ____ and last saw him/her alive on ____
Death occurred at ____ m on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herbert P. [signature] (Degree or title) M. D. CORONER
22b. ADDRESS: HAMILTON CO. OHIO
22c. DATE SIGNED: 8-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8; 12;:61.
23c. NAME OF CEMETERY OR CREMATORY: Colored American
23d. LOCATION (City, town, or county) (State): CINCINNATI, OHIO — Oakley Ohio.

24. NAME OF EMBALMER: E.F. Stegall — LIC. NO.: 5151a
25. FUNERAL DIRECTOR'S SIGNATURE: Elizabeth F. Stegall — LIC. NO.: 328

26. FUNERAL FIRM AND ADDRESS: Pierce & People's Funeral Home (Street No.) 1504 John St (City) Cincinnati, (State) Ohio.

27. DATE REC'D BY LOCAL REG.: [illegible]
28. REGISTRAR'S SIGNATURE: [signature]
29. SUB-REGISTRAR'S SIGNATURE:

(Fee for this certificate. $3.00)

Charles Hardester
Charles Hardester
State Registrar

. WARNING: It is illegal to duplicate this copy by photostat or photograph.

NOV 13 1981	[illegible]
Date	No.

HVS-20143—525R—5-55

CORRECTED CERTIFICATE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

File No. 15680

Primary Dist. No. 462-430

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH
a. County: Montgomery
b. City, Borough or Township: Norristown
c. Length of stay in 1b.: 6 Hrs. 45 Mins.
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION: Sacred Heart Hospital
e. Is Place of Death Inside Municipality Limits? Yes ☒ No ☐ 34

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Pa.
b. County:
c. City, Borough or Township: Norristown 462
d. Street Address or Location: Main & Barbadoes
e. Is Residence Inside Municipality Limits? Yes ☒ No ☐
f. Is Residence on a Farm? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): a. (First) Raymond b. (Middle) c. (Last) Lewis

4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 57

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 11, 1903
9. AGE (in years last birthday): 53 — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10. FULL NAME OF SPOUSE:

11. BIRTHPLACE (State or foreign country): Honeybrook Twp., Pa.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Lewis
14. MOTHER'S MAIDEN NAME: Edith Brooks

15. USUAL OCCUPATION (even if retired): Shipping clerk — Philip Carey Magnesia Co.
16. Social Security No.:
17. INFORMANT: Mary Thompson — ADDRESS: 134 Washington Ave. Downingtown, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:
IMMEDIATE CAUSE (a): Asbestosis, generalized, pulmonary
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Cor Pulmonale
DUE TO (c): Duodenal Ulcer with Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5410

PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a))

19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED.
20c. Time of Injury: Hour, m. E.S.T., Month, Day, Year
20d. INJURY OCCURRED: While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)
20f. CITY, BOROUGH, TOWNSHIP — COUNTY — STATE

21. I hereby certify that I attended the deceased from 1/23/57, 19...., to 1/23/57, 19...., that I last saw the deceased alive on 1/23/57, 19...., and that death occurred at 5:50 P E.S.T. from the causes and on the date stated above.

22a. SIGNATURE: Joseph [illegible], M.D. — M.D. or D.O.
22b. ADDRESS: 1039 DeKalb St. Norristown, Penna.
22c. DATE SIGNED: 1/29/57

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: Jan. 26, 1957
23c. NAME OF CEMETERY OR CREMATORY: Honeybrook Methodist
23d. LOCATION (City, Boro, Twp. & County) (State): Honeybrook, Chester Co. Pa

24. DATE REC'D BY REG.: 1-25-57
25. REGISTRAR'S SIGNATURE: Julia M. Kennedy
26. SIGNATURE OF FUNERAL DIRECTOR — ADDRESS: D. Rae Boyd, Norristown, Pa.

... Pennsylvania Division of Vital Statistics in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953

(Fee for this certificate. $3.00)

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Charles Hardester
Charles Hardester
State Registrar

Date: NOV 13 1981

No. [illegible]

HVS-20145—525M—9-55

CORRECTED CERTIFICATE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 15680

Primary Dist. No. 462-430

Registered No. 53

1. PLACE OF DEATH a. County: ~~Montgomery~~	2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State: Pa. b. County:
b. City, Borough or Township: Norristown; c. Length of stay in 1b: 6 Hrs. 45 Mins.	c. City, Borough or Township: Norristown
d. FULL NAME OF HOSPITAL or INSTITUTION: Sacred Heart Hospital	d. Street Address or Location: Main & Barbadoes
e. Is Place of Death inside Municipality Limits? Yes ☒ No ☐	e. Is Residence inside Municipality Limits? Yes ☒ No ☐; f. Is Residence on a Farm? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) a. (First): Raymond	b. (Middle):	c. (Last): Lewis
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 57		

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (in years last birthday)
Male	White	Never married	July 11, 1903	53

10. FULL NAME OF SPOUSE:	11. BIRTHPLACE (Also give state or foreign country): Honeybrook Twp., Pa.; 12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: George Lewis	14. MOTHER'S MAIDEN NAME: Edith Brooks
15. USUAL OCCUPATION (even if retired): Shipping clerk, Philip Carey Magnesia Co.; 16. Social Security No.:	17. INFORMANT: Mary Thompson; ADDRESS: 134 Washington Ave. Downingtown, Pa.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART I. Death was caused by:

IMMEDIATE CAUSE (a) Asbestosis, generalized, pulmonary

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b) Cor Pulmonale
DUE TO (c) Duodenal Ulcer with Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a))

19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. | 20c. Time of Injury (Hour, m., Month, Day, Year)

20d. INJURY OCCURRED While at work ☐ Not while at work ☐ | 20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) | 20f. CITY, BOROUGH, TOWNSHIP | COUNTY | STATE

21. I hereby certify that I attended the deceased from 1/23/57, 19..., to 1/23/57, 19..., that I last saw the deceased alive on 1/23/57, 19..., and that death occurred at 5:50 P.m. E.S.T. from the causes and on the date stated above.

22a. SIGNATURE	M.D. or D.O.	22b. ADDRESS	22c. DATE SIGNED
[signature]	M.D.	1039 DeKalb St. Norristown, Penna.	1/29/57

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, Boro., Twp. & County) (State)
Burial	Jan. 26, 1957	Honeybrook Methodist	Honeybrook, Chester County, Pa.

24. DATE REC'D BY REG.	25. REGISTRAR'S SIGNATURE	26. SIGNATURE OF FUNERAL DIRECTOR / ADDRESS
1-25-57	Julia M. Kennedy	D. Rae Boyd, Norristown, Pa.

Reg. Dist. No. 0101 — [Ohio] DEPARTMENT OF HEALTH — DIVISION OF VITAL STATISTICS — State File No. 050502

Primary Reg. Dist. No. — Registrar's No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN 1b: 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Jewish Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Lockland
d. STREET ADDRESS: 500 Wyoming Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO
f. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED (Type or print): First: Clarence — Middle: — Last: Hulette

4. DATE OF DEATH: Month: July — Day: 8 — Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: 7-7-1896
9. AGE (In years last birthday): 64

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: (Roofing & Insulation) Philip Carey Company
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Hulette
14. MOTHER'S MAIDEN NAME: Luella Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 270-05-6880
17. INFORMANT'S SIGNATURE: Lloyd Hulette — Address: 9515 Crestbrook Cincinnati

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Severe emphysema pulmonary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Pulmonary fibrosis
DUE TO (c): Asbestosis pulmonary
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cor Pulmonale
19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour — Month, Day, Year — a.m. p.m.
20d. INJURY OCCURRED: WHILE AT WORK — NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-12-59 to 7-8-60 and last saw him alive on 7-8-60
Death occurred at 11 — on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: [illegible]
22c. DATE SIGNED: 7/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 12, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Glendale Ohio

24. NAME OF EMBALMER: Thomas P. Watson — (LIC. NO.) 5779A
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — (LIC. NO.) 4225

26. FUNERAL FIRM AND ADDRESS: Vorhis Funeral Homes, Inc. — (STREET NO.) 310 Dunn St. — (CITY) Lockland — (STATE) Ohio

27. DATE REC'D BY LOCAL REG.: JUL 18 1960
28. REGISTRAR'S SIGNATURE: R. E. [signature] MD
29. SUB-REGISTRAR'S SIGNATURE:

Reg. Dist. No. 3101
Primary Reg. Dist.

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 057535
Registrar's No.

1. PLACE OF DEATH
a. COUNTY Hamilton
b. CITY, VILLAGE, OR LOCATION Cincinnati
c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL OR INSTITUTION Christ Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO

2. USUAL RESIDENCE
a. STATE Ohio
b. COUNTY Hamilton
c. CITY, VILLAGE, OR LOCATION Wyoming
d. STREET ADDRESS 624 Vine Street
e. IS RESIDENCE INSIDE CITY LIMITS? YES NO X
f. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED (Type or Print) First Herbert Middle Lewis Last Gooch
4. DATE OF DEATH Aug, 15 1960
5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 2/28/1897
9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION Laborer
10b. KIND OF BUSINESS OR INDUSTRY Phillip Carey Co ~~(Roofing & Insulation)~~
11. BIRTHPLACE Turnersville Ky.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alex Gooch
14. MOTHER'S MAIDEN NAME Susie ~~Gooch~~ Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes W.W. One
16. SOCIAL SECURITY NO. 270-05-1023
17. INFORMANT'S SIGNATURE Birdie M. Gooch

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [illegible]
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED [illegible]
20c. TIME OF INJURY
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY
20f. CITY, VILLAGE, OR LOCATION COUNTY STATE

21. I attended the deceased from [illegible] to [illegible] and last saw him alive on [illegible]
Death occurred at [illegible] on the date stated in 4; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title)
22b. ADDRESS [illegible]
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL Burial
23b. DATE 8/19/1960
23c. NAME OF CEMETERY OR CREMATORY Family Cemetery
23d. LOCATION Turnersville, Ky.
24. NAME OF EMBALMER Oscar S. Lee 3966A
25. FUNERAL DIRECTOR'S SIGNATURE Oscar S. Lee 2800
26. FUNERAL FIRM AND ADDRESS Oscar S. Lee & Son, 400 N. Wayne Avenue, Lockland (Cincinnati 15), Ohio
27. DATE REC'D BY LOCAL REG. AUG 17 1960
28. REGISTRAR'S SIGNATURE [illegible]
29. SUB-REGISTRAR'S SIGNATURE