

PROOF OF DEATH

STATEMENT OF EMPLOYER

TO THE METROPOLITAN LIFE INSURANCE COMPANY:
Claim Division.

City North Charleston, S. C.

Group Number 6683 GLH Serial Number 358 Date of Certificate 7/3/33 Amount of Insurance \$ 500.00

This is to certify that Ben Garvis aged 57 died on the 17 day of March 1934
(Name of Employee)

and was in the employ of the undersigned at the date of death.

That the deceased had been so employed from 9/5/22 to 1934

And last reported for work on 11/7/33 192

Name of Beneficiary Ida R. Garvis Relationship Wife Age

Residence: No. and Street 152 Spring St. City or Town Charleston State S. C.

Was deceased cared for by the Company's Nursing Service during last illness?

Employer GENERAL ASBESTOS & RUBBER DIVISION
of Raybestos-Manhattan, Inc.

Dated April 2nd 1934 By W. K. Muckenfuss

Send Claim Check to GENERAL ASBESTOS & RUBBER DIV., (Official Representative of Employer)
of Raybestos-Manhattan, Inc. at North Charleston, S. C.

ATTENDING PHYSICIAN'S STATEMENT

As the Company preserves a record of its mortality experience, the report of the Attending Physician will be of great service if precise and full answers are given to the following questions.

NOTE.—If no attending physician, or in case of sudden death by accident or otherwise, attach certified copy of the record of death as shown by the books of the Health Department, Registrar, County Clerk or other officer having charge of such records.

1. Full Name of Deceased? <u>Ben Garvis</u> 2. Date of Death? Month <u>March</u> Day <u>17th</u> Year <u>1934</u> 3. Place of Death? If death occurred in a hospital or institution, give its name. No. <u>Roper Hosp</u> Street <u></u> City or Town <u>Charleston</u> State <u>S.C.</u> 4. Cause of Death? <u>Carcinoma, Bronchial</u> <u>Asbestosis</u> <u>From Jan. 10, 1934</u> Duration from personal knowledge... Yrs. <u>Don't know</u> Mos. <u></u> Days <u></u> Duration from history given... Yrs. <u></u> Mos. <u></u> Days <u></u> Contributory or <u>Secondary Bronchial</u> Secondary <u>Infection</u> <u>Don't know</u> (Duration) Yrs. <u></u> Mos. <u></u> Days <u></u>	5. How long had deceased been ill when you were called to attend in last illness? <u>Since November, 1933</u> 6. Date of your first visit in last illness? <u>January 10, 1934</u> 7. Date of your last visit? <u>March 17, 1934</u> 8. Was death caused by any condition arising from decedent's occupation? <u>Probably asbestos dust was a contributing factor.</u> 9. Was death due to suicide, homicide or accident? If accident, give particulars and date. <u>No</u>
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I Hereby Certify that I attended the Deceased from Jan. 10, 1934 to Mar. 17, 1934 1934;
that I signed the Certificate on file at the office of the Board of Health or Register of Vital Statistics, and that the answers as above recorded are complete and true to the best of my knowledge and belief.

Signature of Physician W. Atmar Smith

Dated April 6 1934

Residence: No. and Street 72 Society St. City or Town Charleston State S.C.