O.D. 9978

OHIO DEPARTMENT OF HEALTH

(26)

CERTIFICATE OF INDUSTRIAL OR OCCUPATIONAL DISEASE

COPY

Rec'd Mar 20, 1933

NAME OF PATIENT [redacted]

ADDRESS: Street and No. 3771 West 130 Street City or Village Cleveland, Ohio.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. The exact statement of OCCUPATION is very important. See instructions on back of certificate. Physicians should state DIAGNOSIS in plain terms.

PERSONAL AND STATISTICAL PARTICULARS

Sex	Age	Color	Country of Birth
Male	24	White	U.S. of A.

Single, married, widowed or divorced (*write* the word) Single

Occupation

(a) Present trade, profession or work (in which disease was acquired) Truck Driver

Particular kind of work in such trade, etc. Handling Gasoline & Oil

Date of entering present occupation Sept. 1932

Employer's name Highway Oil Company

Address 3970 Jennings Road.

Business (kind of goods made or work done) Oil & Gasoline Jobbers

(b) Previous occupations:

Name of occupations	Entered (year)	Left (year)
Soline Oil Co. (Warehouse and Loader)	1929	1931
General Oil Co. (Truck Driver)	1932	1933

Previous illnesses, if any, due to occupation:

Disease or illness	Year
Lead Poisoning	1930

MEDICAL CERTIFICATE OF DISEASE

Diagnosis of present illness Lead Poisoning

Chief symptoms and conditions Weakness of arms, and legs, paralysis of the rt. side of the face, dilated right pupil, disturbance of speech.

Date first symptoms appeared March 1, 1933

Complicating Diseases (such as alcoholism, syphilis, tuberculosis, etc.) None

What in your opinion caused this affliction? Constant exposure to Ethyl Gasoline.

Duration (actual, estimated) (Check which) 6 weeks.

Additional facts

Date of diagnosis March 1, 1933

(Signed) Edw. F. Kotershall, M. D.

Mar. 18, 1933 (Address) 2841 W. 25 Street.

Ind. Hy. 3—15M—3-32

Mail to STATE DIRECTOR OF HEALTH, Columbus.

For Instructions See Other Side