4809

R&S 009220

VCM Epidemiological Study - Individual Work History

Form C - Workers whose vital status is unknown

1. Date of birth 9-13-21
3. Date of retirement _____
2. Date hired 09-45
4. Date of termination 07-08-47
5. If we may trace this man through a retail credit bureau, which will not directly contact him or his family, please give his name and last known address:

[redacted]

Job history with estimated exposure

Job no.	Title		Check estimated exposure in ppm <50	50-199	200-500	>500
1	_____	from 9-45				
		to 7-47		!		
2	_____	from _____				
		to _____				
	_____	from _____				
		to _____				
	_____	from _____				
		to _____				
	_____	from _____				
		to _____				
	_____	from _____				
		to _____				
	_____	from _____				
		to _____				

EMPLOYMENT RECORD

	CLOCK NO	OCCUPATION	DEPARTMENT
	205-134	Miller	Saran Color. & Blending
Page. Adj.	"	"	"
contr. agr.	"	"	" "
4-22-46 contr. agr.	"	"	" "
7-3-47 Discharged. [redacted]			

NAME

EMPLOYMENT RECORD

CHANGED TO	REASON	CLOCK NO.	OCCUPATION	DEPARTMENT	RATE

NAME

Brick, Thomas G. 20631

205	CLOCK NUMBERS
134	

R&S 009221