CLAUDE U. TOMPKINS
P. O. Box 507
BRIDGE CITY, TEXAS

DA. OF INJURY	NUMBER
JULY 1961	W 67299
	INSURANCE CO. NO.

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

STEPHENSON, STEPHENSON AND THOMPSON
ATTORNEYS AT LAW
STEPHENSON BUILDING
ORANGE, TEXAS

YOUR
LETTER OF 3-1-62
NOTICE AND CLAIM

VS
EMPLOYER

ARMSTRONG CONTRACTING & SUPPLY CORPORATION

INSURANCE CARRIER

THE TRAVELERS INSURANCE COMPANY
719 SCARBROUGH BUILDING
AUSTIN, TEXAS

ORANGE COUNTY

IN CONNECTION WITH THE ABOVE STYLED CASE HAS BEEN RECEIVED. ACCORDING TO OUR RECORDS THIS CASE IS NOW BEING HANDLED AS SHOWN BELOW. PLEASE NOTE THAT THE PROPER COURSE TO FOLLOW HAS BEEN MARKED WITH AN "X" IN THE LEFT HAND MARGIN.

WHEN WRITING TO THE INDUSTRIAL ACCIDENT BOARD CONCERNING YOUR CLAIM FOR COMPENSATION ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

	Your claim file indicates you are receiving weekly compensation payments and necessary medical care. It appears that no action is necessary by the Board at this time. If either compensation payments or necessary medical care is suspended before you have returned to work or fully recovered you may request the Board to assist you in your claim.
	Your claim file indicates that you have not lost sufficient time from work to be eligible for lost time compensation benefits. These benefits are not due unless you have been absent from work for eight days. If, however, your injury has affected your ability to work or if necessary medical care is not being furnished, you may have a claim for benefits other than lost time. Please advise the Board if you are claiming additional benefits and state the basis for your claim.
	Your claim file indicates that you have probably been paid the correct amount of lost time compensation benefits. If you are claiming benefits for disability or medical expenses or have other questions concerning your claim, please advise the Board and state the basis of your claim for additional benefits.
	Notice of Injury and Claim for Compensation has been received. In accordance with your wishes the Board will take no further action unless requested to do so. Please correspond with the Board if you have any questions concerning your claim. For their information, we are notifying the insurance carrier that claim has been filed.
XXXXX	Remarks: TO ATTORNEYS: PLEASE ADVISE APPROXIMATE DATE OF JULY 1961 FIRST DISTINCT MANIFESTATION OF DISEASE OCCURRED. ALSO APPROXIMATE DATE OF AUGUST 1961 RETURNED TO WORK.

No further action will be taken by the Board unless requested by you.

JS/GV 3-7-62

INDUSTRIAL ACCIDENT BOARD

ENC: FORM 148 & 149 TO INSURANCE COMPANY

Lee Woodward
EXECUTIVE DIRECTOR

1

PLAINTIFF'S EXHIBIT
ACS 156

MEMBER CHAIRMAN MEMBER

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING AUSTIN, TEXAS

LES MORELAND
EXECUTIVE DIRECTOR

C. F. BOYD
CLAIMS ADMINISTRATOR

May 23, 1962

REPLYING TO:

BOARD NUMBER W-67299 INS. CO. NO.

Messrs. Stephenson, Stephenson and Thompson
Attorneys At Law
Stephenson Building
Orange, Texas

EMPLOYEE Claude J. Tomplait

EMPLOYER Armstrong Contracting & Supply Corporation

DATE OF ACCIDENT July, 1961

COUNTY Orange

Dear Mr. Stephenson:

Your letter dated March 21, 1962, was received in this office on May 3, 1962, requesting the Board to set the above captioned case for hearing.

Before the Board processes this case for hearing it will be necessary that you advise the date on which your client was last injuriously exposed to the hazards of this disease. You should also establish the approximate date in July of 1961, that your client's incapacity began.

You have further indicated that your client had worked for the Aber Company, Industrial Insulating, John Mansville and Armstrong Contracting and Supply Corporation since his incapacity began. It will be necessary that you advise if your client was exposed to the hazards of this disease while employed by all of these employers. If so, you should furnish this office with the dates on which your client worked for these other employers.

As soon as the Board receives this information this case will have further attention.

Very truly yours,

INDUSTRIAL ACCIDENT BOARD

R. A. Fulcher
Awards Administrator

KNM:js

cc: The Travelers Insurance Company
719 Scarbrough Building
Austin, Texas

June 18, 1962

Industrial Accident Board
Walton Building
Austin, Texas

Re: I.A.B. Case No. W-67299 Claude J. Tomplait vs.
Armstrong Contracting and Supply Corporation

Gentlemen:

In reply to your letter of May 23, 1962 we submit the following information:

saw Dr. Greco on 7/26/61

1. Claimant's incapacity began on approximately the 26th day of July, 1961.

2. Claimant was exposed to the hazards of this occupational disease while employed as follows:

a. Armstrong Contracting and Supply Corporation, Houston, from August 17, 1961 for approximately three weeks.

b. The Aber Company, Houston, from approximately September 7 to approximately the middle of January, 1962.

c. Industrial Insulating, Houston, for approximately one week during the month of October, 1961 while his craft was on strike at The Aber Company.

d. John Mansville, Houston, from approximately the middle of January, 1962 to the middle of February, 1962.

e. Armstrong Contracting and Supply Company, Houston, for one week during the latter part of February, 1962.

Please set the above claim for hearing before your Board as soon as possible and advise the date of such setting.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

jl

LAW OFFICES OF
STEPHENSON, STEPHENSON AND THOMPSON
STEPHENSON BUILDING
ORANGE, TEXAS

KEMPER W. STEPHENSON, 1958
WARD STEPHENSON
MARLIN THOMPSON
JIM I. GRAVES

February 21, 1962

Mr. Claude J. Tomplait
Box 507
Bridge City, Texas

Re: I.A.B. W-67299 Claude J. Tomplait vs.
Armstrong Contracting & Supply Corporation

Dear Mr. Tomplait,

The Industrial Accident Board is requesting additional information relative to your compensation claim. Please sign the four attached sheets on the lines marked with an "x" and return them to us in the enclosed envelope.

On this sheet of paper, please answer the following questions. (Please do not write any of these answers on the yellow sheets; write your answers on this sheet of paper and return it to us and we will type the answers on the yellow sheets.)

1. When and where were you last injuriously exposed to the hazards of this occupational disease? Armstrong, at Firestone plant Orange

2. By whom were you employed at the time you were last injuriously exposed to the hazards of such disease? Armstrong

3. Give names and addresses of witnesses in support of your claim.
all men on job

4. Have you returned to work? If so, on what date?
yes
off about 8 days worked 2-3 wks finished job then went to work for Aber

5. Have you worked for Armstrong or for any other person, firm or corporation since your incapacity began? yes

unmed 2-3 wks	—	Armstrong Contracting & Supply Co.	Houston
5 mo	—	Aber Co.	"
1 wk	—	Industrial Insulating	"
4 wks	—	Johns Manville	"

6. If you have worked for Armstrong or for any other person, please state for whom and for how long.

7. Have you lost any time from work since the first manifestation of this occupational disease (July, 1961) ? If so, how much time have you lost and when?

Please return the yellow sheets and your answers to these questions as soon as possible.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

Ward Stephenson

jl
Encl.3

February 21, 1962

Mr. Claude J. Tomplait
Box 507
Bridge City, Texas

Re: I.A.B. W-67299 Claude J. Tomplait vs.
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Dear Mr. Tomplait,

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On this sheet of paper, please answer the following questions. (Please do not write any of these answers on the yellow sheets; write your answers on this sheet of paper and return it to us and we will type the answers on the yellow sheets.)

1. When and where were you last injuriously exposed to the hazards of this occupational disease?

2. By whom were you employed at the time you were last injuriously exposed to the hazards of such disease?

3. Give names and addresses of witnesses in support of your claim.

4. Have you returned to work? If so, on what date?

5. Have you worked for Armstrong or for any other person, firm or corporation since your incapacity began?

6. If you have worked for Armstrong or for any other person, please state for whom and for how long.

7. Have you lost any time from work since the first manifestation of this occupational disease (July, 1961)? If so, how much time have you lost and when?

Please return the yellow sheets and your answers to these questions as soon as possible.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

jl
Encl.3

STATUS OF CLAIM

EMPLOYEE
CLAUDE J. TOMP[illegible]T
P. O. BOX 507
BRIDGE CITY, TEXAS

DATE OF INJURY: JULY 1961

BOARD NUMBER: W 67299

INSURANCE CO. NO.:

INDUSTRIAL ACCIDENT BOARD
WALTON BUILDING
AUSTIN 14, TEXAS

STEPHENSON, STEPHENSON AND THOMPSON
ATTORNEYS AT LAW
STEPHENSON BUILDING
ORANGE, TEXAS

YOUR
LETTER OF 12-11-61
NOTICE AND CLAIM

VS
EMPLOYER
ARMSTRONG CONTRACTING & SUPPLY CORPORATION

INSURANCE CARRIER
THE TRAVELERS INSURANCE COMPANY
719 SCARBROUGH BUILDING
AUSTIN, TEXAS

IN CONNECTION WITH THE ABOVE STYLED CASE HAS BEEN RECEIVED. ACCORDING TO OUR RECORDS THIS CASE IS NOW BEING HANDLED AS SHOWN BELOW. PLEASE NOTE THAT THE PROPER COURSE TO FOLLOW HAS BEEN MARKED WITH AN "X" IN THE LEFT HAND MARGIN.

WHEN WRITING TO THE INDUSTRIAL ACCIDENT BOARD CONCERNING YOUR CLAIM FOR COMPENSATION ALWAYS GIVE THE BOARD'S NUMBER AND STYLE OF THE CASE.

ORANGE COUNTY

	Your claim file indicates you are receiving weekly compensation payments and necessary medical care. It appears that no action is necessary by the Board at this time. If either compensation payments or necessary medical care is suspended before you have returned to work or fully recovered you may request the Board to assist you in your claim.
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	Your claim file indicates that you have probably been paid the correct amount of lost time compensation benefits. If you are claiming benefits for disability or medical expenses or have other questions concerning your claim, please advise the Board and state the basis of your claim for additional benefits.
	Notice of Injury and Claim for Compensation has been received. In accordance with your wishes the Board will take no further action unless requested to do so. Please correspond with the Board if you have any questions concerning your claim. For their information, we are notifying the insurance carrier that claim has been filed.
	Remarks: TO ATTORNEY: IT APPEARS THAT HIS INJURY IS ONE COMING UNDER THE OCCUPATIONAL DISEASE PROVISIONS OF THE ACT. THEREFORE PLEASE COMPLETE AND RETURN THE ENCLOSED FORMS.

No further action will be taken by the Board unless requested by you.

JT/GV 12-16-61

ENC: FORMS 148 & 149 TO ATTORNEY

INDUSTRIAL ACCIDENT BOARD

Lee Woodward
EXECUTIVE DIRECTOR

1

Armstrong
CONTRACTING AND SUPPLY CORPORATION

TELEPHONE: RIVERSIDE 7-3530

7910 ARDMORE
P. O. BOX 14009
HOUSTON 21, TEXAS

December 18, 1961

Stephenson, Stephenson, and Thompson
Stephenson Building
Orange, Texas

Gentlemen: Attn: Mr. Ward Stephenson

Subject: Claim of Mr. Claude J. Tomplait

We acknowledge receipt of your letter dated December 11, 1961, with attached Form 1AB concerning the subject former employee.

This matter has been referred to our insurance carrier, The Travelers Insurance Company, 1220 Polk Street, Houston, Texas. Mr. C. W. Price has all details concerning this claim.

Very Truly yours,

ARMSTRONG CONTRACTING AND
SUPPLY CORPORATION

C. E. Foster
Branch Manager

pm
cc: Mr. C. W. Price
The Travelers Insurance Co.
1220 Polk Street
Houston, Texas

Claude Tomplait file

Solomon v. Massachusetts Bonding & Insurance Co., 347 SW2d 17

"In a compensation case plaintiff alleged that he suffered an accidental injury in 1954 by inhaling fumes from a spray and also alleged that while so working he suffered an occupational disease from the same work. His claim with the Industrial Accident Board alleged an injury in 1956 from inhaling fumes. The trial court instructed a verdict for defendant at the close of plaintiff's case because of the fatal variance between the claim filed with the Board and the pleading and proof on trial. The Court here sustained the judgment.

December 11, 1961

Armstrong Contracting and Supply Company
7310 Ardmore Street
Houston, Texas

Re: Claude J. Tomplait vs. Armstrong Contracting and Supply Company

Gentlemen:

In behalf of the above named person, we are enclosing notice of injury and claim for compensation. This document is self-explanatory. Please acknowledge receipt.

Yours truly,

STEPHENSON, STEPHENSON AND THOMPSON

Ward Stephenson

jl
Encl.

December 11, 1961

Industrial Accident Board
Walton Building
Austin, Texas

Re: Claude J. Tomplait vs. Armstrong Contracting and Supply Company

Gentlemen:

In behalf of the above named person, we are enclosing notice of injury and claim for compensation. This document is self-explanatory. Please acknowledge receipt.

Yours truly,

STEPHENSON, STEPHENSON AND THOMPSON

Ward Stephenson

jl
Encl.

NOTICE OF INJURY AND CLAIM FOR COMPENSATION
Texas Workmen's Compensation Law

My Full Name Is Claude (FIRST) J. (MIDDLE) Tomplait (LAST) Social Security No. 460-10-1966 Age 40

My Employer Was Armstrong Contracting and Supply Co., 7310 Ardmore St., Houston, Texas (ADDRESS)

I Was Injured on First distinct manifestation of occupational disease in July, 1961 (MONTH DAY YEAR) In Orange (CITY) Orange (COUNTY) Texas (STATE)

Were You Hired In Texas? Yes If Accident Occurred Outside Texas, On What Date Were You Transferred to State Where Accident Occurred? (MONTH DAY YEAR) Did You Work In Texas For This Employer Before Being Transferred?

I Was Working 8 Hours per Day 5 Days per Week at $ 4.265 per hour (HOUR - DAY - WEEK - MONTH)

My Average Weekly Wage Was $ 170.00 How Long Had You Been Working For This Employer? Approximately nine months

Were You Paid Wages for Date of Injury? I Started Losing Time On (MONTH DAY YEAR)

Are You Now Receiving Compensation? Have You Been Paid Any Compensation? If So, How much per Week? For How Many Weeks Have You Been Paid?

Have You Returned to Work? If So, On What Date? (MO. DAY YR.) At What Wage? (PER HOUR - DAY - WEEK - MONTH)

Describe Accident and Your Injury (in your own words). Injury to my body caused by asbestosis and silicosis causing severe external and internal injuries including pulmonary fibrosis, restrictive ventilatory defect, and arterio-desaturation.

Was Any Part of Your Body Amputated? No If So, Name Member and Give Point of Amputation.

Were You Sent to a Doctor or Hospital By Your Employer or His Insurance Company?

PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE

Name and Address of Doctor Dr. T. R. Jones, 1603 Memorial Professional Building, Houston, Texas

Name and Address of Hospital

I Was Hospitalized From To

Name of Employer's Insurance Company

Name and Address of Nearest Relatives Wife: Gladys Tomplait, P. O. Box 507, Bridge City, Texas

I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas.

I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD (CHECK ONE)

☐ Not Take Further Action Until Requested by Me.
☒ Act on My Claim as Soon as Possible.

Date Signed

Signature of Injured Employee

P. O. Box 507

J. J. PICKLE, Commissioner
Representing Employers

S. PERRY BROWN, Chairman
Representing Public

J. E. (ED) LYLES, Commissioner
Representing Workers

TEXAS EMPLOYMENT COMMISSION

AUSTIN 1, TEXAS

RICHARD L. COFFMAN
Administrator

August 25, 1961

EMPLOYMENT SERVICE
EMPLOYMENT INSURANCE
FARM LABOR SERVICE

Mr. Ward Stephenson
Stephenson, Stephenson and Thompson
Stephenson Building
Orange, Texas

Dear Mr. Stephenson:

Claude J. Tomplait
SS No. 460-10-1966

We do not have the authority to furnish you information concerning wages reported to this office by employers for Mr. Claude J. Tomplait even though he has given you written authorization to request such information. In addition to this, individual wage earning records for periods prior to April 1, 1960 have been destroyed, and we could not furnish information prior to that date even if we had the authority to do so.

We only retain individual wage earning records for the current "base period", which is presently the period from April 1, 1960 through March 31, 1961.

Of course, a record of taxable wages reported to this office is available to an individual if such information is needed in connection with a pending or disputed claim for unemployment insurance. We have also responded to subpoenas issued through a District Court directing us to produce records or answer an interrogatory concerning information in our records.

For your convenience, we are enclosing a pamphlet copy of the Texas Unemployment Compensation Act. We think that we are precluded from furnishing the information because of the provisions of Section 11(e) on Page 27 of this pamphlet.

In brown envelope in back JTL

We regret that we cannot be more helpful.

Sincerely yours,

Jack Howison
Asst. Chief of Tax Department

Enclosure

CALL OUR LOCAL OFFICE FOR QUALIFIED EMPLOYEES

August 16, 1961

Dr. Tom R. Jones
1608 Memorial Professional Building
1010 Louisiana Street
Houston, Texas

Dear Doctor:

We have been employed by Mr. Tomplait to represent him in a workmen's compensation claim which he is asserting against various employers. This claim arises by virtue of the lung condition which we understand from Dr. Greco that Mr. Tomplait has and which has been caused by his employment in the insulating business. We would like to have a report from you, outlining the examination which you made, giving the results of the examination and your diagnosis and prognosis. We are particularly interested in a beginning date, if you can give it to the best of your professional ability, of this condition. It is necessary in these type cases to establish, if possible, the time at which this would have, in reasonable medical probability, begun to develop.

If you will, please enclose your statement for the preparation of this report so we may forward our remittance to you.

You will find enclosed Mr. Tomplait's authority for this report which is for your files.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

WS/jd
Enc.

August 17, 1961

Texas Employment Commission

Austin, Texas

Re: Claude J. Tomplait, Social Security No. 460-10-1966

Gentlemen:

Please forward us a copy of the work record of Mr. Claude J. Tomplait for a period covering the past ten years. We need to know the name of each employer, period of time employed by each and the wage rate. Authorization for this information which has been signed by Mr. Tomplait is enclosed.

We shall appreciate your prompt attention in this matter.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

WS:jw
Encl.

August 16, 1961

Dr. John C. Greco
2832 Texas Avenue
Bridge City, Texas

Dear Doctor:

I have employed the law firm of Stephenson, Stephenson and Thompson of Orange, Texas to handle any claim for compensation that I might have by virtue of injuries received by me while working in the course of my employment.

This is your authority to give my said attorneys such information as they may desire pertaining to injuries sustained by me.

Yours truly,

Claude J. Tomplait

Claude J. Tomplait

August 16, 1961

Dr. John C. Greco
2832 Texas Avenue
Bridge City, Texas

Dear Doctor:

I have employed the law firm of Stephenson, Stephenson and Thompson of Orange, Texas to handle any claim for compensation that I might have by virtue of injuries received by me while working in the course of my employment.

This is your authority to give my said attorneys such information as they may desire pertaining to injuries sustained by me.

Yours truly,

Claude J. Tomplait

August 16, 1961

Dr. Tom R. Jones
1010 Louisiana Street
Houston, Texas

Dear Doctor:

I have emplcyed the law firm of Stephenson, Stephenson and Thompson of Orange, Texas to handle any claim for compensation that I might have by virtue of injuries received by me while working in the course of my employment.

This is your authority to give my said attorneys such information as they may desire pertaining to the injuries sustained by me.

Yours truly,

Claude J. Tomplait

August 16, 1961

Texas Employment Commission

Austin, Texas

Gentlemen:

This will be your authority to furnish my attorneys, Stephenson, Stephenson and Thompson of Orange, Texas any information which they may desire pertaining to my work record during the past 10 years; the names of my employers, rate of pay, and any other information which they might request.

Yours truly,

Claude J. Templeit