| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | J | F | M | R |
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NAME Winn, John Harvey AGE 61 SEX M CLAIM NO. OD-40667

EMPLOYER: Philip Carey Mfg. Co. CITY Lockland CORRES. — P. P. DIS.

DATE OF INJ. QUIT 11/8/43 HOUR RETURNED

NATURE OF INJ. Pulmonary emphysema due to inhaling asbestos dust.

RISK: 1684 MANUAL 1852 FORM OD-4 DATE REC'D.

DR. EST. S. S. NO.

| MEDICAL | | | COMPENSATION | | | | |
|---|---|---|---|---|---|---|---|
| DATE | AMOUNT | DR OR HOSPITAL | DATE | PERIOD | AMOUNT | RATE | KIND |
| | | | 3/13/45 | Disallowed by Dayton Bd. | | | |
| | | | 3/22/45 | Appl. for review filed | | | |
| | | | 3/29/45 | Appl. for review disallowed | | | |
| | | | 5/14/45 | Appl. to Med. Board filed | | | |
| | | | 11/1/45 | " " " denied | | | |
| | | | 12/12/45 | Motion for further consideration filed | | | |
| | | | 7/9/46 | F. E. S. | 500.00 | | |

RESERVES: 68 - 3 - 2400

REMARKS: Worked for Wright Aeronautical Corp 5/27/44 to 6/25/44

ALPHABETICAL (NAME) UNITS 1 2 4 7 YEARS 1 2 4 7 QUARTERS 1 2 3 4 (L) YEARS 6 5 4 3 2 1 MANUAL 4 3 2 1 FRAC. TIME AMP. EX. COST

PLAINTIFF'S EXHIBIT 12A-L



| MEDICAL | | | COMPENSATION | | | | |
|---|---|---|---|---|---|---|---|
| DATE | AMOUNT | DR. OR HOSPITAL | DATE | PERIOD | AMOUNT | RATE | KIND |
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