Form C-11—10M—12-57

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

Duplicate - Record of Proceedings

Employe Henry H. Hoerst Claim No. OD 107910

Street and No. 10109 Wayne Ave. Date of Injury June 12, 1957

City Woodlawn, Cincinnati, Ohio (State) Manual No. 4233

Employer Philip Carey Mfg. Co. Risk No. 1634

Street and No. Wayne Ave.

City Lockland 15, Ohio (State)

[redacted]

FINDINGS OF FACTS AND MINUTES

Present for Claimant (Address)

Present for Employer (Address)

On this day the above numbered claim, together with the proof on file, was presented to the Bureau, considered and a finding was made as follows:

That this claim be disallowed, for the reason the Administrator finds the filing of the claim application on December 6,1958 was not made within the statutory time of one year after the beginning of disability of June 12,1957, nor within a period of six months after the diagnosis of asbestosis on January 5,1955; and there is no jurisdiction to consider this claim.

OD 107910-H

#1-INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee ☐ Show address where delivered

(Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

SIGNATURE OR NAME OF ADDRESSEE (must always be filled in)

X [signature]

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 1-24-58

ADDRESS WHERE DELIVERED (only if requested in item #1)

1-9-58

HEM:AMC

Date January 13,1959

Administrator

By [signature]
Deputy Claims Administrator