

FILE NAME: Garlock (GAR)

DATE: 1945 Jan 16

DOC#: GAR013

DOCUMENT DESCRIPTION: Letter to Insurance Co. from Drs with Attachments

Martin B. Johnson. In September 27, 1944, another chest film was taken at the hospital. This showed "infiltration of the lungs, as described in the two previous films. In addition, there is a pneumothorax pocket in the right pleural space, extending along the axillary border and over the apex, causing approximately 25% or 30% compression of the lung. The heart is apparently shifted slightly toward the left side. In addition to the infiltration described in both lungs in the previous films, there is a slight increase in the linear markings in the left lung, from the clavicle to the base". The patient died at the hospital on September 29, 1944.

Autopsy was done by Dr. M. W. Popoff, the hospital pathologist. He will forward a complete report of his findings, both gross and microscopic. The autopsy material was reviewed by Drs. Whipple, MacMillan and me. It establishes the conclusion that the patient died "as a result of pneumothorax. This pneumothorax was associated with extensive pulmonary fibrosis, with emphysematous blebs and emphysema. Sections of the lungs confirm the diagnosis of pulmonary fibrosis, resulting from prolonged contact with asbestos". It is Dr. Popoff's opinion that the asbestosis was "of long duration".

The advisability of making a chemical examination of the ashed lung was taken up with Dr. Leroy U. Gardner of the Edward L. Trudeau Foundation at Saranac Lake, N. Y. He wrote me: "I would much rather rely on a histological examination of large blocks of lung tissue made by a competent pathologist than I would expect results from chemical data. At best, the latter is only supporting evidence of any morphological changes that may be present. We have done it on a good many lungs that have proved to have asbestosis, but all one can do is to demonstrate that there may be abnormal quantities of magnesium. The silicates that are detected might readily be due to other inhaled materials". On the basis of the above, it was not thought necessary to have the lung ashed.

Conclusion: It is my opinion, in which Drs. Popoff, MacMillan and Whipple tell me they concur, that this woman died of a pneumothorax, associated with pulmonary fibrosis and asbestosis; that this process began at some time after she first went to work for the Garlock Packing Company and steadily progressed; that she was, clinically, an advanced case of asbestosis when she returned to work for the Garlock Company in December 1942, and that the process would undoubtedly have gone on to a fatal termination even if she had not worked during the period from December 1942 to November 1943.

Very truly yours,

/s/ E. J. Moskowitz, M. D.

/t/ E. J. MOSKOWITZ, M. D.

NJP:IG
Enc.

BEFORE THE WORKMEN'S COMPENSATION BOARD
STATE OF NEW YORK

W.C.B. Case No. 74802823

IN THE MATTER OF THE CLAIM FOR COMPENSATION UNDER
THE WORKMEN'S COMPENSATION LAW OF

Raymond E. Clemons

against

Claimant,

SUBPOENA

Garlock Packing Company

Employer.

THE PEOPLE OF THE STATE OF NEW YORK

To George E. Houghton, Superintendent Textile Dept.
Garlock Packing Company, Palmyra, N. Y.

GREETING:

WE COMMAND YOU, that all business and excuses being laid aside, you and each of you appear and
attend before the WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at 70 Exchange Street
Rochester, New York

on the 26th day of November, 1948, at 2 o'clock in the evening afternoon
of that day, in Part 2 to testify and give evidence in a certain hearing then and there to be held in the
matter of the claim for compensation of Raymond E. Clemons, claimant,
against Garlock Packing Company, employer,
on the part of plaintiff

AND FOR A FAILURE TO ATTEND, you will be deemed guilty of a contempt and liable to the
penalties provided in Section 119 of the Workmen's Compensation Law and Section 405 of the Civil Practice
Act.

WITNESS: THE WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at Rochester
New York, the 22nd day of November, one thousand nine hundred and forty-eight

William L. Clay

AND BRING RECORDS OF ALL DUST COUNTS AND RECORDS OF AMOUNTS OF ASBESTOS
IN AIR AND CHEMICAL ANALYSIS OF ALL MATERIALS USED IN ROOM WHERE VERA
B. CLEMONS WORKED DURING HER EMPLOYMENT.

W. C. B. 74802523

Case No. Vera B. Clemons-decd

NOTICE OF DECISION IN DEATH CASE

Ins. Carrier's No. 43Estate of Vera B. Clemons Claimant
135 W. Foster St.
Palmyra, N.Y.Amer. Lumbermens Mut.
(Insurance Carrier)Carlock Paving Co.
Palmyra, N.Y. EmployerAtty Wm. L. Clay
Powers Bldg., Rochester, N.Y.Amer. Lumbermens Mut.
Reynolds Arcade Bldg. Roch. N.Y.

You are hereby notified that at a hearing held before the Workmen's Compensation Board on 11-26-48 a decision and award of compensation was made in the above case of Vera B. Clemons decedent as follows:

Name	Address	Relationship	Date of Birth	Percentage	Rate per Week
Klaine Ann Clemons	above address	daughter	1-18-32	10	2.75
Eugene Raymond Clemons	ditto	son	9-16-36	10	2.75
Lucille Vera Clemons	ditto	daughter	9-30-39	10	2.75
Occupational condition, notice and causal relation are found as to the children.					8.25
Atty Wm. L. Clay fee of \$400.00—lien—separate checks to be sent. Award made under Article 4A to children in full amount \$6,500.00 to cover death benefits.					
Claim of husband Raymond E. Clemons, disallowed. Case Closed.					

and the employer and insurance carrier are hereby directed in accordance with the provisions of the Workmen's Compensation Law, to pay such award to the following persons:

To Raymond E. Clemons, 135 W. Foster St. Palmyra, N.Y.

Father natural guardian for the use and benefit of the children.

and funeral expenses \$ 200.00 to Raymond E. Clemons ~~tax~~ paid by him to undertake

Employer and carrier are directed to pay at once \$ 1790.25 for 217 weeks at \$ 8.25 from date of death 9-29-44 to 11-26-48 19 48 direct to the

and thereafter (\$ 16.50 bi-weekly.)

Balance of the award is ordered paid into the Aggregate Trust Fund as provided under Section 27 of the law. Present value of the award as ordered paid into the Aggregate Trust Fund as of _____ is \$ _____. Present value does not include funeral benefits.

Check to be drawn to the order of "State Insurance Fund—Aggregate Trust Fund Account." The Aggregate Trust Fund is to make bi-weekly payments at the rate of \$ _____ beginning with _____ to the _____

The above copy of the decision and award is sent you pursuant to law. TAKE NOTICE that the above award or decision was duly filed in the office of the Workmen's Compensation Board on the 21 day of January 1949 19 _____

Dated 1-21-49 19 _____

By _____

Mary Doubin
Chairman

C
67

MBP
1-31-49

WORKMEN'S COMPENSATION BOARD

STATE OF NEW YORK

W. C. B.

Case No. 74802523 Vera B. Glomons-dec'd.

NOTICE OF DECISION IN DEATH CASE

Ins. Carrier's No. 43**CORRECTOR**Estate of Vera B. Glomons Claimant
135 W. Foster St.
Palmyra, N.Y.Amer. Lumbermens Mut.
(Insurance Carrier)Garlock Packing Co.
Palmyra, N.Y.

Employer

Atty Wm. L. Clay
Powers Bldg.
Rochester, N.Y.

You are hereby notified that at a hearing held before the Workmen's Compensation Board on 11-25-48 a decision and award of compensation was made in the above case of Vera B. Glomons decedent as follows:

Name	Address	Relationship	Date of Birth	Percentage	Rate per Week
Claim of husband Raymond E. Glomons, disallowed. DISMISSED.					
Klaine Ann Glomons above address		daughter	1-18-24	15	4.125
Eugene Raymond Glomons	ditto	son	9-16-26	15	4.125
Lucille Vera Glomons	ditto	daughter	9-30-39	15	4.125
					12.375

Occupational condition, notice and causal relation are found as to the children.

Atty Wm. L. Clay fee of \$400.00-1125-separate check to be sent.

Award made under Article 44 to children (not to exceed \$6,500.00) to cover death benefits.

and the employer and insurance carrier are hereby directed in accordance with the provisions of the Workmen's Compensation Law, to pay such award to the following persons:

To Raymond Ew. Glomons, 135 W. Foster St., Palmyra, N.Y.

Father & natural guardian for the use and benefit of the children.

and funeral expenses \$ 200.00 to Raymond E. Glomons paid by him to undertaker.

Employer and carrier are directed to pay at once \$685.38 for 217 weeks at \$2.375 from date of death 9-29-44 to 11-26-48 19 direct to the and thereafter (\$ 24.75 bi-weekly.)

Balance of the award is ordered paid into the Aggregate Trust Fund as provided under Section 27 of the law. Present value of the award as ordered paid into the Aggregate Trust Fund as of _____ is \$ _____ Present value does not include funeral benefits.

Check to be drawn to the order of "State Insurance Fund—Aggregate Trust Fund Account." The Aggregate Trust Fund is to make bi-weekly payments at the rate of \$ _____ beginning with _____ to the _____

The above copy of the decision and award is sent you pursuant to law. TAKE NOTICE that the above award or decision was duly filed in the office of the Workmen's Compensation Board on the 24th day of February 1949 19 _____

Dated 2-24-49 19 _____

By _____

Mary Doubin
Chairman

C
67

MSBP
11-4-47

Reduced 7/21/86

(American) 5/18
Lumbermens Mutual Casualty Company
of Illinois

James S. Hempter, Chairman
Mutual Insurance Building, Chicago 40

REYNOLDS ARCADE BUILDING
ROCHESTER 4, NEW YORK

TELEPHONE
MAIN 1071

May 3, 1949

Garlock Packing Company
Palmyra
New York

Attention: Mr. H. B. Pierce

RE: Vera Clemons, dec.

Dear Mr. Pierce:

The amount of the award in this case will amount to
six thousand eighty six dollars and fifteen cents (\$6086.15).

This includes all payments to be made for award
purposes.

Very truly yours,

George A. Ryder
George A. Ryder
comp. claim

9-32-122



5-4-49 5/11/49
Lumbermens Has Insured Fifty Billion Miles of Motoring

GARLOCK EM

EE RECORD

G.P. Co. 1598

NAME		Mrs. Vera Smith Clemons		Clock No.		660	
ADDRESS		135 West Foster Street		Palmyra, New York		Phone No.	
In Case of Accident Notify		Ray Clemons		Same Address			
Education		Grammar		Trade		None	
Date Hired		5-20-18					
Height		5' 4 1/2"		Weight		194 Lbs	
Physical Examination		Yes					
Citizenship		Amer.		Where Born		Macedon Center	
Date Born		5-25-02					
Married		x Single		Dependents		3 Children	
Previous Employment		-----		Date		Hour	
Dept. Worked In		Type of Work		Remarks		Rate	
Textile Dept.		Loom Operator		Hired 5-20-18		10.00	
				Resigned 7-8-18		11.00	
				10-19-18		12.00	
				9-1-19		13.00	
				4-5-20		15.00	
				Resigned 5-20-18		7 31-18	
Textile Dept.		Creel Operator		Back 12-3-42		12.00	
				1-10-43		.50	
						20.00	

[illegible]

No. 4

Factory pay roll change card covering
separation of the decedent on
November 26, 1943.

THE GARLOCK PACKING COMPANY—FACTORY PAYROLL CHANGES								ROUTING—	INITIAL
NAME Vera Clemons		DEPT. Textile		CLOCK NO. 660		REHIRED		GENERAL MANAGER	
JOB Weaver		CODE 310		MACH. CODE 260		DATE Dec. 3, 1942		PER. REC. DIV.	
RECOMMENDATION FOR INCREASE:								COST DIV.	
PRESENT RATE		PER HR.		NEW RATE		PER HR.		FACTORY OFFICE FILE	
REASON:									
TRANSFER:		DEPARTMENT		CLOCK NO.		JOB		CEILING RATE	
FROM:								BONUS HOURLY	
TO:								CEILING RATE	
REASON:								EFFECTIVE DATE	
REMOVED FROM PAYROLL:								EFFECTIVE DATE	
REASON:		Resigned. Not physically able to do the work.						November 26, 1943	
EMP. MGR.				APP. PRODUCTION MGR.					
DIV. SUPT.				APP. GENERAL MGR.				DEC 3 - 1943	

Packing Company

, NEW YORK

December 5, 1944

Mr. Ray Smith:

Mrs. Ryder, Compensation Claims Agent, Lumbermen's Mutual Insurance Company, has asked for a wage statement for the above subject employee.

The factory records show that she was re-employed December 5, 1942 and resigned or was laid off November 26, 1943. They raise the question that possibly her wages might have been continued after that date. What the insurance company desires is the total wages earned by Mrs. Cline from December 5, 1942 until she was removed from our payroll.

You probably know that Mrs. Cline died in September 1944.

W. H. Parson

WHR:IO

cc: Miss Governor

The Garlock Packing Company

PALMYRA, NEW YORK

January 8, 1947

Mr. Charles W. Green, Attorney at Law,
Strong, Bodine, Wright & Conde,
800 Powers Building,
Rochester 4,
New York.

Re: Raymond E. Clemons as Limited Administrator
of the Estate of Vera E. Clemons, deceased
vs: Garlock Packing Company

Dear Mr. Green:

This letter will introduce Mr. James B. Alsdorf, Staff Attorney of our Company.

Mr. Alsdorf is taking up with Mr. Wilcox of Harris, Beach, Keating, Wilcox & Dale, the questions involved in the recent action brought by Mr. William L. Clay in the Clemons matter. In view of the foregoing, we will appreciate it if you will give Mr. Alsdorf a brief summary of the present status of the subject case which you are handling for us.

This letter will also serve as a reply to yours of January 2, and in accordance with your request, we enclose (American) Lumbermen's Mutual Casualty Company Workmen's Compensation Policy No. YC2,984,368 covering 1944; also Policy No. YC2,895,115 covering 1943. Although Mrs. Clemons died in 1944 she was last employed by our Company in 1943. Our record of her employment is as follows:

First employed	-	May 20, 1918
Resigned	-	July 31, 1928
Re-employed	-	Sept. 17, 1928
Resigned	-	June 29, 1929
Re-employed	-	Dec. 3, 1942
Resigned	-	Nov. 26, 1943

In next to the last paragraph of your letter of the 2nd you state that "Mr. Zurett has suggested that inasmuch as the (American) Lumbermen's Mutual Casualty Company has not afforded you coverage under its policy No. YC2,984,368 and will not be required to pay any judgment which may be entered in the action,

Mr. Charles W. Green,
Attorney at Law.

you may deem it desirable and proper to have this firm or some attorneys other than the Lumbermen's Mutual counsel take the defense of the action and follow it through to a conclusion". In this connection, it was our understanding that you were to protect our interests with respect to this action, working in cooperation with Mr. Ryder of the insurance carrier. This is referred to in your letter of November 18, 1944. It is our understanding that the Lumbermen believed this to be a compensation case and were willing to accept liability under their policy as a result of the post-mortem performed on Mrs. Gleason at the time of her death. Although the Lumbermen are no longer our insurance carrier, they certainly have an interest in this case and should continue to cooperate fully in defense of the action which has been brought through Mr. Clay.

After you have had an opportunity to review the case further, we shall be glad to have your comments.

Very truly yours,

THE GARLOCK PACKING COMPANY

Assistant Secretary.

KBP:CH

Encls.

NAME Smith, John Mrs. Raymond E. Clemmenc		NO. 657 703 270	
ADDRESS R.F.D. #3 Palmyra, N.Y.		CHANGE OF ADDRESS	
NATIONALITY Am	COLOR	SEX Female	MARRIED, SINGLE OR WIDOWED Single
HEIGHT 5' 5"	WEIGHT 140	COLOR HAIR	AGE 17
DEPENDENTS - (WIFE OR DEPENDENT HUSBAND)		USE INTOXICANTS? (YES OR NO)	
(CHILDREN UNDER 18 YEARS OF AGE - GIVE DATE OF BIRTH)		(GRANDCHILDREN, BROTHERS OR SISTERS UNDER 18 YRS, PARENTS OR GRANDPARENTS)	
PREVIOUS DISABILITY			
DEFECTS - IF ANY (DESCRIBE IN DETAIL)			
REMARKS			

[illegible]

EMPLOYER'S SIGNATURE

INDEX FINGER, MIDDLE AND RING FINGERS
EXTENSION SHOULD BE SIMULTANEOUS FLAT

WAGE STATEMENT

The basis of compensation under the New York Workmen's Compensation Law is the average daily wage earned by the employee during the whole year or a substantial part of the year prior to the accident and in the same occupation. If the employee has not worked at the same work for a year or a substantial part thereof, then the rate is determined by taking the average of the wages of the same class who did work the whole or a substantial part of each immediately preceding year or years of similar employment. It is necessary, therefore, to show by weekly periods the amount of days worked and the amount of wages (including all overtime) in each such period.

If the injured employee has worked a year or a substantial part of a year the form marked "A" should be used. If he has not worked for a year or a substantial part thereof and another employee has, then the form "B" should be used. In either case, the table following these forms should be carefully prepared and certified.

New York

New York

19

This is to certify that Mrs. Verne S. Clemons

(Name of person certified)

(Name of office or position held)

(Name of employer)

(Address of office or position held)

(Name of injured person)

Injured on or about

(Day, Month, Year)

"A"

I have examined the payroll of said employer and the following table shows the days worked and the wages earned by said employee during the period

"B"

I have examined the payroll of said employer and find that the injured employee did not work for said employer a substantial portion of the year before the accident. The following table shows the days worked and the wages earned by another employee of the same class employed by the same employer who did work a substantial part of each year of the year or similar employment.

Signed by

Official Position

No.	WEEK ENDING			Days Worked	Amount Paid Including all Overtime	No.	WEEK ENDING			Days Worked	Amount Paid Including all Overtime	No.	WEEK ENDING			Days Worked	Amount Paid Including all Overtime
	Month	Day	Year				Month	Day	Year				Month	Day	Year		
1	Apr	5	1942		120	19	Apr	10	1942		4	30	Aug	7	1943		
2		12			18	20		17			24	31	Aug	14			245
3		19			2166	21		24			2158	28		21			278
4		26			428	22	May	1			2819	29		28			2790
5	Jan	2	1943		1977	23		8			1657	40	Sep	4			2780
6		9			2274	24		15			3201	41		11			332
7		16			2374	25		22			2927	42		18			
8		23			2288	26		29			2998	43		25			
9		30			142	27	June	5			2950	44	Oct	2			309
10	Feb	6			2423	28		12			2880	45		9			260
11		13			1968	29		19			2824	46		16			275
12		20			2049	30		26			2078	47		23			251
13		27			2961	31	July	3			2038	48		30			281
14	Mar	6			2014	32		10			3170	49	Nov	6			268
15		13			3075	33		17			3027	50		13			2880
16		20			2967	34		24			3105	51		20			265
17		27			3083	35		31			2967	52		27			279
18	Apr	3			2953												

Entire Total \$ 1291.1

WAGE STATEMENT

The basis of compensation under the New York Workmen's Compensation Law is the amount actually earned by the injured employee during the whole year or a substantial part of the year prior to the accident and in the same occupation. If the injured employee has not worked all the same work for a year or a substantial part thereof, then he may be compensated by taking into account another employee of the same class who has worked the whole or substantially the whole of such immediately preceding year in the same or similar employment. It is necessary, therefore, to show by weekly periods the number of days worked and the amount earned (including all overtime) in each such period.

If the injured employee has worked a year or a substantial part of a year the form marked "A" should be used. If he has not worked for a year or a substantial part thereof and another employee has, then the form "B" should be used. In either case, the table following these forms should be carefully prepared and certified.

New York

This is to certify that Mr. James J. Sullivan

(Name of person suffering)

has been injured by an accident on or about

(Date of accident)

Injured on or about

(Day, Month, Year)

"A"

I have examined the payroll of said employer and the following table shows the days worked and the wages earned by said employee during the period stated therein.

"B"

I have examined the payroll of said employer and find that the injured employee did not work for said employer a substantial portion of the year before the accident. The following table shows the days worked and the wages earned by another employee of the same class employed by the same employer who did work a substantial part of such year in the same or similar employment.

Signed by

Official Position

WEEK ENDING				Days Worked	Amount Paid Including all Overtime	WEEK ENDING				Days Worked	Amount Paid Including all Overtime	WEEK ENDING				Days Worked	Amount Paid Including all Overtime
Month	Day	Year				Month	Day	Year				Month	Day	Year			
1	Dec	5	1942		7 20	19	Apr	10	1943		24 61	20	May	7	1943		17 34
2		12			18	20		17			24 61	21		14			25 31
3		19			21 66	21		24			21 58	22		21			27 36
4		26			4 28	22	May	1			28 19	23		28			27 36
5	Jan	2	1943		19 77	23		4			16 57	24	Sept	4			29 38
6		9			22 14	24		15			12 02	25		11			31 38
7		16			23 74	25		22			29 77	26		18			31 38
8		23			22 28	26		29			29 98	27		25			17 46
9		30			14 44	27	June	5			29 50	28	Oct	2			30 31
10	Feb	6			24 23	28		12			28 80	29		9			26 07
11		13			19 25	29		19			26 04	30		16			27 58
12		20			20 49	30		26			20 98	31		23			25 13
13		27			29 61	31	July	3			29 33			30			28 11
14	Mar	6			30 14	32		10			22 70	1	Nov	6			26 07
15		13			30 75	33		17			30 22	2		13			28 80
16		20			29 61	34		24			31 03	3		20			28 55
17		27			30 83	35		31			29 69	4		27			34 33
18	Apr	3			29 53												

Entire Total \$123.19

WAGS LITERARY

1. The number of days worked in each month of the year 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643,

If the injured employee has worked a year or a substantial part of a year, the form marked "A" should be used. If he has not worked for a year or a substantial part thereof and another employee has, then the form "B" should be used. In either case, the following three forms should be carefully prepared and certified.

New York



(Name of child) (Date of birth) (Place of birth)

Plumber, Street Dig. 12' 3" deep

injured on or about

1944-1945

A

I have examined the payroll of said employer and the following table shows the days worked and the wages earned by said

stated therein

"B"

I have examined the payroll of said employer and find that _____ the injured

employees did not work for said employer a substantial portion of the year before the accident. The following table shows that they worked and the wages earned for the year before the accident.

THE

1942			1943			1944			1945			1946			1947			1948			1949		
Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day
1	1	1942	1	1	1943	1	1	1944	1	1	1945	1	1	1946	1	1	1947	1	1	1948	1	1	1949
2	2	1942	2	2	1943	2	2	1944	2	2	1945	2	2	1946	2	2	1947	2	2	1948	2	2	1949
3	3	1942	3	3	1943	3	3	1944	3	3	1945	3	3	1946	3	3	1947	3	3	1948	3	3	1949
4	4	1942	4	4	1943	4	4	1944	4	4	1945	4	4	1946	4	4	1947	4	4	1948	4	4	1949
5	5	1942	5	5	1943	5	5	1944	5	5	1945	5	5	1946	5	5	1947	5	5	1948	5	5	1949
6	6	1942	6	6	1943	6	6	1944	6	6	1945	6	6	1946	6	6	1947	6	6	1948	6	6	1949
7	7	1942	7	7	1943	7	7	1944	7	7	1945	7	7	1946	7	7	1947	7	7	1948	7	7	1949
8	8	1942	8	8	1943	8	8	1944	8	8	1945	8	8	1946	8	8	1947	8	8	1948	8	8	1949
9	9	1942	9	9	1943	9	9	1944	9	9	1945	9	9	1946	9	9	1947	9	9	1948	9	9	1949
10	10	1942	10	10	1943	10	10	1944	10	10	1945	10	10	1946	10	10	1947	10	10	1948	10	10	1949
11	11	1942	11	11	1943	11	11	1944	11	11	1945	11	11	1946	11	11	1947	11	11	1948	11	11	1949
12	12	1942	12	12	1943	12	12	1944	12	12	1945	12	12	1946	12	12	1947	12	12	1948	12	12	1949
13	13	1942	13	13	1943	13	13	1944	13	13	1945	13	13	1946	13	13	1947	13	13	1948	13	13	1949
14	14	1942	14	14	1943	14	14	1944	14	14	1945	14	14	1946	14	14	1947	14	14	1948	14	14	1949
15	15	1942	15	15	1943	15	15	1944	15	15	1945	15	15	1946	15	15	1947	15	15	1948	15	15	1949
16	16	1942	16	16	1943	16	16	1944	16	16	1945	16	16	1946	16	16	1947	16	16	1948	16	16	1949
17	17	1942	17	17	1943	17	17	1944	17	17	1945	17	17	1946	17	17	1947	17	17	1948	17	17	1949
18	18	1942	18	18	1943	18	18	1944	18	18	1945	18	18	1946	18	18	1947	18	18	1948	18	18	1949
19	19	1942	19	19	1943	19	19	1944	19	19	1945	19	19	1946	19	19	1947	19	19	1948	19	19	1949
20	20	1942	20	20	1943	20	20	1944	20	20	1945	20	20	1946	20	20	1947	20	20	1948	20	20	1949
21	21	1942	21	21	1943	21	21	1944	21	21	1945	21	21	1946	21	21	1947	21	21	1948	21	21	1949

Entire Total: 120.15

The Garlock Packing Company

PALMYRA, NEW YORK

Vera S. Clemons

January 10, 1945

Mr. Geo. A. Ryder, Claim Adjuster
American Lumbermens Mutual Casualty Co.
of Illinois
Reynolds Arcade Bldg.
Rochester 4, N. Y.

Dear Mr. Ryder:

Responding to your telephone request to our Miss Governor, factory nurse, we give you below the record of the employment of the above subject party as shown on our records:

First employed - May 20, 1918
Resigned - July 31, 1928

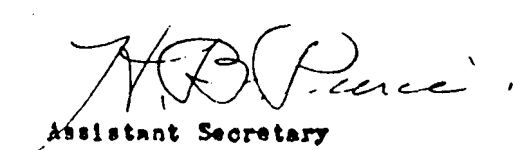
Re-employed - Sept. 17, 1928
Resigned - June 29, 1929

Re-employed - Dec. 3, 1942
Resigned - Nov. 26, 1943

We trust the above will meet your requirements.

Very truly yours,

THE GARLOCK PACKING COMPANY


Assistant Secretary

HBP:WMC:10

COMPENSATION BOARD
NEW YORK

W.C.B. Case No. 74802825

*Heard on the Court -
at his home at 930 p.m.
November 23, 1948*

NDER

mont, } SUBPOENA

loyer.

*By Louis P. ...
H. ...*

STATE OF NEW YORK

ndent Textile Dept.
nyra, N. Y.

ETING:

xcuses being laid aside, you and each of you appear and
attend before the WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at 70 Exchange Street
Rochester, New York

on the 26th day of November, 1948, at 2 o'clock in the evening afternoon
of that day, in Part 2 to testify and give evidence in a certain hearing then and there to be held in the
matter of the claim for compensation of Raymond E Clemons, claimant,
against Garlock Packing Company, employer,
on the part of plaintiff

AND FOR A FAILURE TO ATTEND, you will be deemed guilty of a contempt and liable to the
penalties provided in Section 119 of the Workmen's Compensation Law and Section 405 of the Civil Practice
Act.

WITNESS: THE WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at Rochester
New York, the 22nd day of November, one thousand nine hundred and forty-eight

[Signature]
William I. Clay

AND BRING RECORDS OF ALL DUST COUNTS AND RECORDS OF AMOUNTS OF ASBESTOS
IN AIR AND CHEMICAL ANALYSIS OF ALL MATERIALS USED IN ROOM WHERE VERA
B. CLEMONS WORKED DURING HER EMPLOYMENT.

BEFORE THE WORKMEN'S COMPENSATION BOARD

STATE OF NEW YORK

W.C.B. Case No. _____

IN THE MATTER OF THE CLAIM FOR COMPENSATION UNDER
THE WORKMEN'S COMPENSATION LAW OF

_____ Claimant,
against

_____ Employer.

STATE OF NEW YORK, }
COUNTY OF _____ } ss.:
CITY OF _____ }

_____, being duly sworn, says: that he is over the
age of twenty-one years; that on the _____ day of _____, 194____, he served
the foregoing subpoena upon _____, the witness therein
named, at _____ by delivering to and leaving with him personally a
(Place of Service)
true copy thereof, and at the same time and place exhibiting to him the original with the signature of
_____ thereto subscribed, and paying to him the sum
of _____ as fee for his attendance; that he knew the person so served to
be the individual mentioned and described in said subpoena as the person to whom such subpoena was
addressed.

Sworn to before me this _____ day

of _____, 194_____

Notary Public
Commissioner of Deeds

Served on Mr Houghton
at his home at 9:30 p m
November 23, 1948


By Homer Pulver
Police Chief.

BEFORE THE WORKMEN'S COMPENSATION BOARD

STATE OF NEW YORK

W.C.B. Case No. 74802823

IN THE MATTER OF THE CLAIM FOR COMPENSATION UNDER
THE WORKMEN'S COMPENSATION LAW OF

Raymond E. Clemons

against

Claimant,

SUBPOENA

Garlock Packing Company

Employer.

THE PEOPLE OF THE STATE OF NEW YORK

To George E. Houghton, Superintendent Textile Dept.
Garlock Packing Company, Palmyra, N. Y.

GREETING:

WE COMMAND YOU, that all business and excuses being laid aside, you and each of you appear and
attend before the WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at 70 Exchange Street
Rochester, New York

on the 26th day of November, 1948, at 2 o'clock in the evening afternoon
of that day, in Part 2 to testify and give evidence in a certain hearing then and there to be held in the
matter of the claim for compensation of Raymond E. Clemons, claimant,
against Garlock Packing Company, employer,
on the part of plaintiff

AND FOR A FAILURE TO ATTEND, you will be deemed guilty of a contempt and liable to the
penalties provided in Section 119 of the Workmen's Compensation Law and Section 405 of the Civil Practice
Act.

WITNESS: THE WORKMEN'S COMPENSATION BOARD OF THE STATE OF NEW YORK, at Rochester
New York, the 22nd day of November, one thousand nine hundred and forty-eight

William L. Clay

AND BRING RECORDS OF ALL DUST COUNTS AND RECORDS OF AMOUNTS OF ASBESTOS
IN AIR AND CHEMICAL ANALYSIS OF ALL MATERIALS USED IN ROOM WHERE VERA
B. CLEMONS WORKED DURING HER EMPLOYMENT.