FILE NAME: Philip Carey (PC)

DATE: 1960-1964

DOC#: PC015

DOCUMENT DESCRIPTION: Worker's Comp Claims

1245

Claim Number: OD 117279 Name: William E. Latto - Cincinnati

Cost as of February 1, 1961

Reserve: 0 Compensation: 0 Medical: 0

Date of Accident or Exposure: 7/29/60 Age: 62 Occupation: Asbestos Worker

Description of Accident or Exposure: By applying asbestos products commercially for 5 years.

Nature of Injury or Disease: Asbestosis.

HISTORY AND STATUS OF CLAIM

This claim was filed by the claimant, through his counsel, Mr. Thomas P. Ullman, on January 10, 1961. It has been pending on investigation and will be considered by the Administrator in the near future.

The Bureau's Actuarial Department would have been justified in establishing reserve against this claim in the amount of $5,800.00. This however, they overlooked, and we will not call this to their attention.

Control and verify your Workmen's and Unemployment Compensation Insurance costs
JOHN T. CANTLON & ASSOCIATES, Inc.
CONSULTING ACTUARIES
Columbus, Ohio

Claim Number: OD-117279 *Name:* William E. Latto

Cost as of January 1, 1962

Reserve: 0 *Compensation:* 0 *Medical:* 0

Date of Accident or Exposure: Quit Work 7/29/60 *Age:* 62 *Occupation:* Asbestos Worker

Description of Accident or Exposure: Applying asbestos products commercially for 35 years.

Nature of Injury or Disease: Asbestosis.

HISTORY AND STATUS OF CLAIM

This claim was investigated by the Bureau of Workmen's Compensation, and allowed for asbestosis and permanent total disability at a hearing on May 24, 1962. Compensation at the rate of $49.00 per week was ordered paid from January 11, 1961.

On January 1, 1962, the claim was pending on investigation. The Bureau's Actuarial Department therefore, would have been justified in establishing a reserve in the amount of $5,800.00. This was overlooked by the Bureau's Actuarial Department, and we will not call it to their attention.

(D-117229 *Name:* William E. Latto

Cost as of January 1, 1963

Reserve: 0 *Compensation:* $23,862.00 *Medical:* $1,138.00

Date of Accident or Exposure: 7/29/60 *Age:* 62 *Occupation:* Asbestos Worker

Description of Accident or Exposure: Claimant worked applying asbestos products commercially for 35 years.

Nature of Injury or Disease: Asbestosis.

HISTORY AND STATUS OF CLAIM

This claim was allowed by the Bureau of Workmen's Compensation, and the claimant was declared permanently and totally disabled beginning on January 11, 1961.

Compensation will be paid to the claimant for the remainder of his lifetime, and probably upon his death a death claim will be filed if there are any surviving dependents.

This year you have been charged $23,862.00 for compensation. We believe there is a question concerning this amount and we will discuss it with the Bureau and keep you advised of any developments.

Claim Number: OD 117279 *Name*: William E. Latto - Dec'd

Cost as of January 1, 1964

Reserve: $0. *Compensation*: $17,400.00 *Medical*: $2,626.00

Date of Accident or Exposure: Quit 7/29/60 *Age*: 62 *Occupation*: Asbestos Worker

Description of Accident or Exposure: By applying asbestos products commercially for 35 years

Nature of Injury or Disease: Asbestosis

HISTORY AND STATUS OF CLAIM

This claim was investigated and allowed by the Bureau of Workmen's Compensation. The claimant quit work on July 29, 1960 and when his claim was allowed for permanent total disability, compensation at a rate of $49.00 per week was ordered paid beginning on January 11, 1961.

The claimant died on February 22, 1964, A death claim has been filed by the widow but is now pending on investigation and has not yet been considered.

The status of the claim on January 1, 1964, on which date the decedent was still living and considered as permanently and totally disabled the status of the claim justifies a charge for compensation in the amount of $17,400.00. This charge is correct then in accordance with the rules and regulations of the Bureau's Actuarial Staff.

The claim will be charged to the merit-rating experience and premium rate of your company one more year. Thereafter, it will drop out of your merit-rating experience and have no further effect upon the premium rate.

Claim Number: OD 117279 *Name:* William E. Latto, Dec'd.

Cost as of January 1, 1965

Reserve: $11,000.00 *Compensation:* $8,740.00 *Medical:* $4,121.00

Date of Accident or Exposure: Quit 7/29/60 *Age:* 62 *Occupation:* Asbestos Worker

Description of Accident or Exposure: Applying asbestos products commercially for 35 years.

Nature of Injury or Disease: Asbestosis.

HISTORY AND STATUS OF CLAIM

uring the decedent's lifetime he was considered as permanently and totally disabled eginning on July 30, 1960. Compensation for permanent total disability was paid at 49.00 per week through February 16, 1964, in the amount of $9,079.00..

death claim was filed by the decedent's widow. This was investigated and allowed ollowing a hearing on February 25, 1965. A death claim in the amount of $16,000.00 as ordered paid.

n January 1, 1965, the date the claim was reviewed for reserve purposes the death laim was pending. The reserve in the amount of $11,000.00 is therefore correct and n accordance with the rules and regulations of the Bureau's Actuarial Department.

his is the last year the claim will be charged to the company for merit-rating rposes. In the future the cost will be charged back to the year 1960 and will ve no effect upon the premium rates.

January 22, 1962

Bureau of Workmen's Compensation
Ohio Departments Building
Columbus 15, Ohio

Attention: Mr. Paul Drugan
Room 410-A

Re: O.D. 117279
William Latto

Gentlemen:

The above numbered claim has been referred to this Division for a statement relative to the claimant's exposure to asbestos and silica dust while employed as an asbestos worker. The employment record of the claimant as taken from the file is as follows:

1925 - 1931	Smith Faris Co., Youngstown (Not in Directory)
1933 - 1942	Asbestos Service Co., 120 E. Woodland, Youngstown RI 4-2145
1942 - 1952	Johns-Manville
1952 - 1957	Philips Carey Co.
(9-3-56 - 9-23-56	Philips Carey Co. - this is a company statement)

In his letter of October 4, 1961, L. A. Pechstein, Assistant Secretary, The Philip Carey Manufacturing Co., Cincinnati, Ohio, makes the following statement:

"During the period for which we still have records of his employment with us, the claimant was an applicator of thermal insulation. The material was composed of 85% magnesia and asbestos fibers. In the process of application, it was necessary that the material be cut or sawed, thus freeing an undeterminate amount of asbestos fiber and silica dust".

The amount of asbestos fibers in the thermal insulation is 15%.

A visit was made to the Asbestos Service Co., 120 E. Woodland, Youngstown. This is the firm for which the claimant intermittently worked from 1933 to 1942. They stated that the claimant worked with magnesia containing 15% asbestos one-half of his time, and he worked with calcined

diatomaceous earth, approximately 10% of his time. Diatomaceous earth is a form of free silica, which when calcined is very active in producing silicosis. The material which he handled came in the form of shapes that could be fitted around pipes. He would cut the shapes with an unvented saw and be exposed to dust in visible quanities.

The following is quoted from a letter dated November 6, 1956, relative to C.D. 97742, Paul Wiegand, which claim was allowed. The company was the Asbestos Service Company:

"The claimant worked mostly on boiler installations and it is estimated that he spent over 50 per cent of his time installing insulation containing diatomaceous earth. This material is 100 percent silica and according to the company, most of it has been calcined. This makes it an active form of silica. Among other things, he would saw the blocks of insulation with a hand-saw. It is concluded that the claimant was exposed to silica dust in significant quantities while doing this work. The remainder of his time he installed insulation composed of asbestos or containing asbestos....."

If further information is needed in connection with this claim, a plant in Ohio can be found where insulation is being installed and dust counts made.

It is believed that the claimant had three years exposure to asbestos and/or silica dust in Ohio, part of which was within the past eight years.

Very truly yours,

DeWitt Huffman
Industrial Hygiene Engineer

DH:mh

ment and report same to the Bureau of Workmen's Compensation. This form OD-4 is to be used only in cases where the occupational disease causes a disability of MORE THAN ONE WEEK. It should be completed and signed by the disabled employee and his employer and mailed to the nearest office of the Bureau of Workmen's Compensation. Office addresses on reverse side of this application.

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION

Claim No. O. D. 117279

PART I. **Claimant's Report of Occupational Disease**

1. CLAIMANT'S NAME William (First) E. (Middle Initial) LATTO (Last)
2. Home Address 1023 (Number) Mason St. (Street) Warren, (City) Trumbull (County) Ohio (State)
3. Age 62 Social Security No. 278-10-2363 Employer: Philip Carey Mfg. Co.
   Occupation: Asbestos Worker (Welder, etc.) No. and relationship of dependents: Wife -(1)
4. From what disease are you suffering? Asbestosis, Pulmonary, with severe fibrosis, cystic formations and chronic inflamation
5. What parts of the body are affected? lungs
   Give date your symptoms first appeared: 4/59 Name of employer when symptoms appeared: Philip Carey Mfg. Co. How long in employ of this employer before symptoms first appeared: 8 years continuously
6. Location of plant where you worked, when disability began: Youngstown, Mahoning County (County and City)
7. When were symptoms first reported to employer? On or about April 1, 1959
8. Describe exactly how you were exposed to the substance, which, in your opinion caused your disease: by applying asbestos products commercially for 35 years .
9. Give name and address of physician who first diagnosed your disease as being occupational, and date diagnosis made: Wayne Hardin, 21 N. Wickliff Circle, Youngstown, Ohio
10. Have you previously suffered from the disease for which this application is made, or any other occupational disease? No If so, give details (dates of attacks, name and address of physician)
11. Date quit work: July 29, 1960 For what reason? began medical checkings
12. Date returned to work: - - - - Type of work: - - -
13. Occupation when disability began: Asbestos Worker Type of work you were doing when disability began: Application Asbestos materials Length of time in this type of work (a) immediately prior to onset of symptoms: continuously
    (b) During lifetime: 35 years
14. Were you exposed to dust in your work? yes Type of dust: from insulating products - Describe briefly how you were exposed: by shaping & applying magnesium products- fiber glass rock wool - diatomaceous earth, etc.
    Over what periods were you exposed in your employment? continuously
    Date of last exposure to dust: July 29, 1960
15. If you were exposed to the substance which allegedly caused this disease in other employments, give the names and addresses of the other employers, and dates of employments: other employers - Smith Faris Co., Youngstown, Ohio, 1925-1931; Asbestos Service Co., Youngstown, Ohio, 1933-1942; Johns Manville Co. and Philip Carey Co. 1942-1960.
16. Have you filed a previous application concerning this or any other occupational disease?
    If so, give claim number: No.

By signing this application I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who hereafter attend or examine me, from disclosing any knowledge or information which they thereby acquired. I have read all the statements contained herein and know the same to be true and correct. I hereby authorize the Bureau of Workmen's Compensation to pay any amounts which may be awarded direct to the persons rendering services pursuant to this application for payment out of the State Occupational Disease Fund.

(If applicant signs by mark two witnesses must sign here.) (Signature of applicant. If unable to sign, mark must be made.) William E. Latto

Street Address

City or Town

PART II. **Employer's Report of Occupational Disease** RECEIVED

1. Name of employer: (Name as shown on Insurance Certificate)
2. Office address: (Number) (Street) (City) (State) LEGAL UNIT
3. Nature of business: (Farming, coal mining, etc.) Type of organization: (Corp., Partnership, Individual)
4. The earnings of the injured employee for services rendered at time of occupational [illegible] are being reported

Age 62
Sex & c. c. 1
Dependents 01
Location (Coc 50
Date Report Fi 11 0
Date of Disa 9 7 7
Report Lag 16 L
Hearing Lag
Payment Lag
Occupation 69 C
Experience 4
Agency (Disea 4 4 2
Agency Part X
Type of Disea
Nature of Dis 2 1
Part of Body 2 X 2
Full Wage
Average Wag
Temporal
Degree of Disa 7
Days Loss
NOV 12 1961
Coded by 4
Manual No. 155
Risk No. 11 C

...agree with statements of claimant?..... If not, indicate the points of disagreement:.....

8. The following is a statement of wages earned each week by the injured employee during the period of one year immediately to date of disability July 26, 1959 to July 31, 1

Show total earnings—Make no deductions for Social Security, Old Age Pensions, Insurance or Unemployment Compensation.

For week ending	Amount of earnings during week	No. days employed during week	For week ending	Amount of earnings during week	No. days employed during w
7/26/59	186.00	5	5/8/60	126.70	3-1
8/2/59	186.00	5	5/22/60	136.80	4
8/9/59	186.00	5	5/29/60	171.00	5
8/16/59	186.00	5	6/5/60	136.80	4
8/23/59	186.00	5	6/12/60	171.00	5
8/30/59	186.00	5	6/19/60	102.60	3
9/6/59	186.00	5	6/26/60	136.80	4
9/13/59	148.80	4	7/3/60	179.00	5
9/20/59	186.00	5	7/10/60	152.80	4
9/27/59	186.00	5	7/17/60	191.00	5
10/4/59	186.00	5	7/24/60	191.00	5
10/11/59	186.00	5	7/31/60	191.00	5
10/18/59	186.00	5			
10/25/59	186.00	5	These wages were earned in West		
11/1/59	372.00	7	Virginia until 5/16/60 from which		
11/8/59	381.30	7	date the wages were earned in Penn		
11/15/59	148.80	4	vania.		
11/22/59	186.00	5			
11/29/60	186.00	5			
12/5/59	334.80	7			
12/13/59	334.80	7			
12/20/59	334.80	7			
Did Not work for Carey from above period to week ending 5/8/60.					

9. If meals, lodging, tips, etc., were received in addition to wages, describe and state weekly value $ 40.00

10. Will employee receive wages or meals and lodging during period of disability?.....
Indicate what part, if any:.....

11. If employee did not work on any days during the period shown on Wage Report (Item 6), state reasons: (Personal, plant shut down, other injuries, illness, etc.).....

By signing below, I do hereby certify that I have authority to execute this Employer's Report and that the answers to the questions given in said report are correct to the best of my information and belief. By signing this report, the employer certifies that this is a valid claim, requests that compensation be paid claimant forthwith and waives notice of receipt of claim as well as notice of order of compensation from the Bureau of Workmen's Compensation Administrator as provided in R. C. 4123.512-513.

This claimant was not included in our Ohio Reports but was included in our reports to West Virginia and Pennsylvania.

.....
(Name of person signing report)

.....
(Official title of person signing and his department)

The Philip Carey Manufacturing Co. For.....
(Name of employer as shown on Insurance Certificate)

Bureau Offices

Akron	807 United Bldg.	Logan	51½ E. Main St.
Canton	601 Market Avenue S.	Mansfield	405 Farmers Bank Bldg.
Cincinnati	41 Duttenhofer Bldg.	Martins Ferry	Cor. 4th & Walnut Sts.
Cleveland	414 Superior Avenue, W.	Portsmouth	302 Masonic Temple
Columbus	State Office Bldg.	Springfield	31 E. High Street
Dayton	3rd & Jefferson Sts.	Toledo	508 Richardson Bldg.
Hamilton	422 Rentschler Bldg.	Youngstown	803 Realty Bldg.
Lima	400 Colonial Bldg.	Zanesville	302 Masonic Bldg.

November 4, 1960



Mr. Thomas P. Wellman
Attorney at Law
108 N. Park Ave.
Warren, Ohio

WORKMEN'S COMPENSATION OCCUPATIONAL DISEASE (ASBESTOSIS)
CLAIM - WILLIAM E. LATTO, 1073 MASON ST., WARREN, OHIO

Dear Mr. Wellman:

Mr. Risko has forwarded your letter of October 27, Mr. Latto's letter of October 27, together with two copies of Claimant's Report of Occupational Disease requiring our completion and execution of Part II, for filing with the Ohio Bureau of Workmen's Compensation.

It is the policy of our company to assist employees in obtaining every Workmen's Compensation benefit to which they are entitled. The policy applies particularly to Mr. Latto who has been excellent and loyal employee for many years. Therefor, we are concerned over the fact that the earnings of Mr. Latto have not been reported on our pay roll reports to Ohio. If the claim is filed in Ohio, our answer to question 4, Part II, would have to be negative. Unless there is some reciprocity between Ohio and West Virginia or Ohio and Pennsylvania, we wonder whether the Ohio Bureau would deny jurisdiction and liability.

While Mr. Latto resides in Ohio, he was hired and controlled by our Pittsburgh Office, and has worked in recent years only in West Virginia or Pennsylvania. Following Rule XXIII of the Ohio State Workmen's Compensation Insurance Fund Manual, we have reported and paid as follows:

1957 through 1959	West Virginia
Week ending 5/8/60	" "
5/16/60 through 7/29/60	Pennsylvania

West Virginia, of course, is a captive state and we paid into its State Insurance Fund. In Pennsylvania, we are privately insured with Pennsylvania Manufacturers' Association Casualty Insurance Company (Policy No. PC 509523) to whom we report our Pennsylvania pay roll and pay premiums accordingly.

Mr. Latto and our Company had no mutual agreement to be bound by the Workmen's Compensation Law of any particular state.

Mr. Latto's letter indicates that he first notified the Company of his condition in April, 1959 while working in West Virginia. He became disabled in July, 1960 while working in Pennsylvania.

I believe we have had no asbestosis claims in West Virginia, and I do not know the provisions of its laws. However, we know that under the Pennsylvania Occupational Disease Act effective January 30, 1960, compensation for silicosis, anthracosilicosis or asbestosis is payable only when it is shown that the employee has aggregated at least two years employment in Pennsylvania during a period of ten years next preceding disability in an occupation having a silica or asbestos hazard. Our records at Cincinnati do not go back ten years, but Mr. Risko can help you with records on file at Pittsburgh.

Please do not hesitate to ask for further information. By copy hereof, we are asking our actuaries at Columbus to furnish any advice they have.

We will hold both copies of the Claimant's Report until the best procedure has been determined.

Sincerely,

L. A. Pechstein
Assistant Secretary

cc: John T. Cantlon
A. P. Risko - Pittsburgh

Ohio

DEPARTMENT OF INVESTIGATION

COLUMBUS

REPORT OF INVESTIGATION

No. OD-117279 S. S. No. 278-10-2363

of William E. Latto Employer The Philip Carey Manufacturing Co.
178 Laurie Drive Lockland
is Ormond Beach, Florida Address Cincinnati 15, Ohio

Industrial Commission of Ohio,

Pursuant to instructions, the above numbered claim has been made the subject of an investigation and
owing report relative to same is herewith submitted: Date Dictated 6-27-61

this report 6-27-61 Dates of investigation Various Date Transcribed 6-27-61

ation covered following matters: General Investigation
(Here give brief statement as to matters covered by investigation.)

Form OD-4 has been filed by the claimant on which he states he is
from a lung condition which is the result of an occupational disease
d in the course of his employment with the named employer. That his
worked was July 29, 1960.

The employer has submitted a letter in which they state that after
claimant did not work for them in Ohio. That he worked either in West
here we reported and paid, or Pennsylvania where they were privately
d paid premiums accordingly. They further states that from 1957 to
the claimant worked in West Virginia and from May 16, 1960 through
960 he worked in Pennsylvania. They further state they had no mutual
with the claimant to be bound by the Workmen's Compensation Law of any
state. The employer has submitted wages from January 1, 1953 to July

The claimant in his affidavit states that he has been a resident
e of Ohio continuously from 1915 to date. That from 1915 to 1943 he
ent of Youngstown, Ohio, and from 1943 to date he has been a resident
Ohio.

The claimant further states that he first started working in the
de in 1925 when he started working for the Smith Faris Company,
Ohio and remained in their employ until 1931. That he then became
the Asbestos Service Company, Youngstown, Ohio in 1933 and remained
loy until 1942. That the work performed for these two employers
i exclusively in Ohio.

The claimant further states that in 1942 until 1952 he was employed
ansville Company and since 1952 has been employed by the Philip Carey
Company.

The claimant further states that in 1950 to 1952 the vast majority
is performed in Ohio. That in 1953 approximately 30 weeks were spent
1954 approximately 40 weeks were spent in Ohio. He further states
spent the entire year in Ohio. He further states that from late
Spring of 1956 he worked exclusively in Ohio. However, there were
not working due to lack of work.

The claimant further states that his last exposure in Ohio occurred
Steel Corporation, Youngstown, Ohio in 1957.

orm C-19 has been completed by Dr. Hardin and is attached. Dr. Hardin
copy of the Pathology Report which is attached giving the diagnosis
pulmonary, with severe fibrosis, cystic formations and chronic inflam-
of the x-ray interpretations have been obtained and are attached along
he hospital records.

E)

Investigator or Deputy.

Respectfully submitted,

Angelo V. Nacarato

Angelo Nacarato,
Claims Investigator

James R. Madden

James R. Madden,
Deputy Administrator

AVN:dlm

ENCLOSURES:
Original File
C-19 - Dr. Hardin
C-16 - North Side Hospital
Copy of hospital records
C-17 - Dr. Ben S. Brown
C-17 - Dr. D.W. Metcalf
C-105 - William E. Latto
Pathology Report
Letter from Dr. Hardin
Letter from Employer's Actuaries
Letter from the employer to Attorney Wellman
Copy of claimant's wages from 1-1-53 to 7-31-60
Letter from the Employer
Letter from the Claimant

STATE OF OHIO
BUREAU OF WORKMEN'S COMPENSATION
CLAIMS SECTION

No. 117279 OD

Name William E. Latto
178 Laurie Drive
Ormond Beach, Florida

The Philip Carey Mfg. Co.
Lockland
Cincinnati 15, Ohio

NOTICE OF HEARING

Sieman, Sieman & Sieman, Attys.
705 Union Savings & Trust Bldg.
Warren, Ohio

John T. Cantlon & Assoc.,Inc.
40 W.Third Ave.
Columbus 1, Ohio

You are hereby notified that the above numbered claim will be for hearing at the office of The Bureau of Workmen's Compensation 1102 Realty Building Hearing Room City of Youngstown, Ohio, on the Twenty-Fourth day of May, 19 62, at 2:00 o'clock P. M.

This notice is sent you for your information in case you desire to be present. You will not be reimbursed for expense incurred in coming to this hearing, unless a subpoena has been issued for your attendance. However, if it is possible for you to appear, you may be able to furnish information which would be of assistance in deciding the questions involved.

TIME STATED IS DAYLIGHT SAVING

Question: ALLOWANCE OF CLAIM - OCCUPATIONAL DISEASE.

PJD:AMC
May 3,1962

Yours, truly,
BUREAU OF WORKMEN'S COMPENSATION

By Paul J. Dwyer
Deputy Claims Administrator
Referee

Employee William E. Latto Claim No. O.D. 117279 CD

Street and No. 178 Laurie Drive Date of Disability 7-29-60
Last inj.exposure 9-23-56

City Ormond Beach, Florida (State) Manual No. 1852

1684

Employer The Philip Carey Mfg. Co. Risk No.

Street and No. Lockland

City Cincinnati 15, Ohio (State)

FINDINGS OF FACTS AND MINUTES

On this day this claim was before the Bureau and findings and orders were made as follows:

That the above named employee was disabled because of the contraction, in the course of his employment, of say occupational disease as described in R. C. 4123.68, at the time and in the manner alleged in the application.

That said employee's employer was, at the time of the contraction of said occupational disease, a subscriber to the State Occupational Disease Fund;

That said employee at the time of entering into the employment from which said occupational disease resulted did not wilfully and falsely represent himself as not having previously suffered from such disease;

That application for compensation was filed with this Bureau within the time provided by law;

The claim, therefore, was allowed in accordance with the facts shown below, and order and authority granted to the Auditor for issuing warrants in payment of the same according to the rules of the Bureau.

Tot. Med. 35.00

Application filed 1-10-61 MEDICAL SERVICES

NOTE: ~~Payment of Compensation for period of 7-30-60 to 1-10-61 is held pending decision of application of Reconsideration.~~

Name	Address	Amount	Warrant No.
		49.00	

COMPENSATION Weeks at Rate of $

Type	Period	Amount	Warrant No.
T ~~1-11-61~~			

new P.T. 7-13-61

* Note to Auditor—In absence of another name, Claimant is Payee.

R. Tahlac for

Attorney for Claimant Paul Burns, Atty. Present for Employer John T. Cantlon & Associates

It is the finding of the Administrator that statutory requirements are satisfied herein risdiction of this claim involving asbestosis, a disease of the respiratory tract contracted : of occupational injurious exposure to dust containing asbestos, and that because of said , claimant is totally disabled. It is therefore ordered that the claim be allowed and ation be granted for permanent total disability from 7-30-60 to date - and continue suspension until future facts warrant the stopping of payment; that necessary medical ital care because of the asbestosis, be authorized and bills for same be paid per fee -

That the sum of $35.00 heretofore paid out of the Surplus Fund to Dr.F.G.Kravic, for st review and report, be now credited to said fund and charged as a cost of the claim.

: any special finding or order written hereon supersedes any printed matter in conflict therewith.

James L. Lyons
Administrator
George R. Thomas

May 24,1962 By
Date Name