



BARBARA R. ADAMS, ESQ.
LAW OFFICES OF

FISHER & HURST

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

FOUR EMBARCADERO CENTER
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 956-8000

ATTORNEYS FOR
Defendant RAYMARK INDUSTRIES, INC.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

JAMES R. FUNSETH, et al.,	)	No. 823834
	)	
Plaintiff,	)	
	)	STIPULATION AS TO
v.	)	WORKERS COMPENSATION
	)	<u>FILES</u>
FIBREBOARD CORPORATION,	)	
et al.,	)	
	)	
Defendants.	)	

Defendant RAYMARK INDUSTRIES, INC., formerly known as
RAYBESTOS-MANHATTAN, INC., stipulates as follows:

That those workers compensation files and the documents
contained therein produced by counsel for RAYMARK INDUSTRIES,
INC. at the deposition of William Ambrose on August 23, 1984
are true and correct copies of business records of Raymark
Industries, Inc., with the exception of:

1) the files for employees of the Bridgeport
facility, which were obtained from records of the State of
Connecticut and which documents have been maintained by

1 Raymark Industries, Inc. since that time;

2 2) medical records and physicians reports contained
3 in the files. Such documents are stipulated to have been
4 received by this defendant shortly after the date of
5 authorship indicated thereon, and have been maintained by
6 Raymark Industries, Inc. as a part of the workers
7 compensation files since that time.

8 It is understood between the parties to this
9 stipulation that by entering into this agreement Raymark
10 Industries, Inc. is not conceding or stipulating to the
11 relevance of these documents in any trial or other judicial
12 proceeding.

13 DATED: 10/8/84

FISHER & HURST

14
15
16 By: 
17 BARBARA R. ADAMS
18 Attorneys for Defendant
RAYMARK INDUSTRIES, INC.

19 DATED: 10/10/84

20
21
22 By: 
23 STEVEN B. STEIN
24 Attorney for Plaintiff
25
26

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

- - - - - X

JAMES R. FUNSETH, et al, :

Plaintiffs, :

- against - :

No. 823834

FIBREBOARD CORPORATION, et al, :

Defendants. :

- - - - - X

August 23, 1984
1:45 o'clock P.M.

EXAMINATION BEFORE TRIAL of RAYMARK,
INC., by WILLIAM HENRY AMBROSE, pursuant
to Notice dated August 8, 1984, held at the
offices of Norman Landau, Esq., 233 Broadway,
New York, New York 10279, on August 23, 1984,
at 1:45 o'clock P.M., before a Notary Public
of the State of New York.

adler
REPORTING SERVICE
STENOTYPE REPORTERS

A P P E A R A N C E S :

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mjd/cjd

NORMAN J. LANDAU, ESQ.
Attorney for Plaintiffs
233 Broadway
New York, New York 10279

- and -

STEVEN B. STEIN, P.C.
Attorney for Plaintiffs
One Embarcadero Center
Suite 2112
San Francisco, California 94111

MORGAN, MEHUSH, MONAGHAN, MEYER,
ARVIDSON, ABRUTYN & LISOWSKI, ESQS.
Attorneys for Defendant, Raymark, Inc.
50 Broadway
New York, New York

BY: KATHLEEN F. MORAN, ESQ., of Counsel

LESTER, SCHWAB, KATZ & DWYER, ESQS.
Attorneys for Defendant Fibreboard Corporation
120 Broadway
New York, New York 10271

BY: CYNTHIA E. WEISS, ESQ., of Counsel

FRANK BONDONNO, ESQ.
Attorney for Defendant Owens-Corning Fiberglass
Corp.

BY: JAVITS, HINCKLEY, RABIN & ENGLER, ESQS.
1345 Avenue of the Americas
New York, New York 10105

BY: MICHAEL B. SENA, ESQ., of Counsel

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W I L L I A M H E N R Y A M B R O S E ,

having been first duly sworn by a Notary

Public, was examined and testified as follows:

EXAMINATION BY MR. STEIN:

2 Q Please state your name for the record.

3 A William Henry Ambrose.

4 Q Where do you reside?

5 A 195 Margaret Lane, Orange, Connecticut.

6 Q With whom are you employed, sir?

7 A Raymark, Stratford, Connecticut.

8 Q Would you give me the exact address
9 of where your office is?

10 A 75 East 20th Street, Stratford.

11 Q When did you start with Raymark?

12 A September 25, 1951.

13 Q When you started with them, what was
14 your job title or position?

15 A EAM trainee, electronic accounting machine
16 trainee.

17 Q Would you trace for me, briefly, each
18 of the positions you held with Raymark from the
19 time you started to the present?

20 A From September of '51 -- I honestly don't
21 know the date, a year or two later I formed a Pay-
22 roll Department and became payroll supervisor. I
23 probably stayed in that job for four or five years.

24 And then became administrative assistant
25 to the office manager and did all sorts of office

1
2 services, administrative services.

3 Then I was involved, again, four or
4 five years later, in data processing, now known
5 as management information systems, for a period
6 of probably three or four years.

7 I was involved with budget accounting.
8 Before, when I was assisting the office manager,
9 the office manager subsequently left and I was ap-
10 pointed the office manager, manager of administra-
11 tive services for a period of three or four years.
12 Then I was involved in data processing for a couple
13 of years, then I went into budget accounting.

14 About ten years ago I became involved with
15 personnel in the management of employee benefits.

16 Q Have you had the same job title for
17 the past ten years?

18 A Yes.

19 Q What specifically is that title?

20 A Manager of Employee Benefits, Stratford.

21 Q Within which department are you assigned?

22 A Personnel, human resources is the termin-
23 ology today.

24 Q To whom do you report?

25 A Walter Pratt.

2 Q What is his position with Raymark?

3 A Manager of human resources.

4 Q Is he also an officer of Raymark?

5 A No.

6 Q To whom does Mr. Pratt report?

7 A The director of human resources, who
8 is William Bilatti.

9 Q Is Mr. Bilatti an officer of the corpora-
10 tion?

11 A No, he is not, not to my knowledge.

12 Q To whom does Mr. Bilatti report?

13 A Robert Ford, who is the director of
14 human resources for the corporation. He is an
15 assistant secretary, so he is an officer of the
16 corporation.

17 Q What is your specific function in your
18 position at Raymark?

19 A Manage the employee benefits, part of
20 which is worker's compensation.

21 Q What does one do as a manager of the
22 employee benefits? What type of problems do you
23 solve? What type of situations do you handle
24 for the employees?

25 A You have to describe and discuss the

2 employee benefits that are available to prospec-
3 tive employees, enroll them in the various programs
4 and see that if they have applied for a benefit
5 from that program that it is properly safe.

6 Q Is worker's compensation benefits one
7 of the benefits that you personally handle for
8 Raymark employees at the Stratford plant?

9 A Yes.

10 Q Is your work limited solely to employees
11 of the Stratford plant?

12 A Yes.

13 Q Does Raymark have more than one plant
14 presently where workers are protected or covered
15 by worker's compensation programs?

16 A To my knowledge, yes.

17 Q At the present time, does each plant handle
18 its own worker's compensation situations?

19 A Not at the present time.

20 Q How is it handled at the present time?

21 A It's handled via Alexis, which is a
22 subsidiary of Alexander & Alexander.

23 Q Is that an outside company that has
24 been retained by Raymark for the purpose of handling
25 its national Worker's Compensation Program?

2 A Yes, they are located in Melville, Long
3 Island.

4 Q How long has Raymark used the Alexis
5 Company?

6 A January 1, 1983.

7 Q Prior to January 1, 1983 did each plant
8 handle its own worker's compensation?

9 A No. Stratford did. The other plants
10 were handled by Zurich American.

11 Q Is Zurich American an insurance company?

12 A Yes.

13 Q Did they provide a management service?

14 A To my knowledge, yes.

15 Q To the other plants?

16 A To my knowledge, yes.

17 Q When I say "the other plants," that
18 is other than the Stratford plant.

19 A Yes, other.

20 Q For how long had that company been handling
21 worker's compensation claims prior to Alexis taking
22 over?

23 A I don't know.

24 Q Did the Zurich Insurance Company ever
25 handle the Stratford worker's compensation claims?

2 A Not from first dollar. I understand
3 they carried an override or something along that
4 line, like a million deductible, a quarter of
5 a million dollar deductible.

6 Q When we talk about management of a
7 worker's compensation claim, what do you understand
8 that to be?

9 A The first report of accident is given
10 to them and from that they generate whatever paperwork
11 is necessary to pay the providers, pay the claimant
12 and hire representation at worker's compensation
13 hearings.

14 Q Let's talk about the Stratford plant
15 alone.

16 If a worker wished to make a worker's
17 compensation claim at the Stratford plant, what
18 would be the first thing that the worker would
19 do?

20 MS. MORAN: Is that today?

21 MR. STEIN: Yes, at present.

22 MS. MORAN: I will let the witness
23 answer but I will just note that that is
24 outside the scope of the deposition notice.

25 MR. STEIN: What I am going to

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do, so that the record is clear and to explain
it, find out how it is handled today and
then go back as far in time with this witness,
as to how these matters were handled.

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MS. MORAN: That is outside the
scope, but as long as the questioning is
brief, I will let the witness answer.

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A The employees are instructed, if they
are injured, to report to the Medical Department.
From there, the Medical Department notifies myself,
if I were involved in it at that time. If it
requires, under the OSHA regulations, treatment
outside of the plant, or if there's permanent
disfigurement or loss of time or restricted duty,
if you are familiar with the OSHA requirement,
then the first report of the accident is written
up and filed in the medical folder.

19

Q Each employee has his own medical folder?

20

A That's correct.

21

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Q Is that part of his personnel folder
or a separate document?

23

A Separate.

24

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Q Was the same procedure used in plants
other than Stratford?

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A I don't know.

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Q Do you have any knowledge of how prior to 1983 worker's compensation claims in plants other than the Stratford plant were handled?

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A No.

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Q How many plants, from 1938 to 1952, did Raybestos-Manhattan or Raymark have?

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A I can't give you an exact answer. I can speculate, if you want me to do that.

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Q I don't want you to speculate but what I would like you to do is name a plant, name where it's located and see how big a list we come up with.

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MS. MORAN: You are talking about plants that were owned by Raymark from 1938 to 1952?

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MR. STEIN: That's correct.

A I am aware of the Stratford plant. I'm aware of the Passaic plant, I'm aware of the Manheim, Pennsylvania plant.

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Q To your knowledge, did Raybestos-Manhattan, and instead of calling it Raybestos-Manhattan we will call it Raymark, for the period 1938 to 1952, do you know if there were any other plants

2 operated or controlled by Raymark?

3 A In the inquiries that I made regarding
4 worker's comp. records, I understand that the
5 Profitville, Indiana plant was established 1952.

6 Q During that period of time were there
7 any plants that were operated in the southern
8 part of the United States?

9 A I don't know.

10 Q Can you tell me whether at any of the
11 four plants that you have named textile products
12 were produced at those plants?

13 A No, I can't.

14 Q Can you tell me where, if at any location
15 from 1938 to 1952 asbestos products were pro-
16 duced to be sold under the Raymark label?

17 MS. MORAN: Excuse me. Would
18 you read the question.

19 A Asbestos or textile?

20 (Record read.)

21 Q When I say "Raymark label," I mean as
22 part of Raymark's business.

23 A No, I can't.

24 MS. MORAN: I believe the witness
25 already answered that question by listing

2 four plants for you. Were you asking some-
3 thing different?

4 THE WITNESS: Yes, he was.

5 MR. STEIN: I was asking simply
6 the names of the plant or where they were
7 located and now I will find out specifically
8 what was being done at those plants, if he
9 knows.

10 Q Sir, from 1938 to 1952, did any of the
11 four plants that you have named produce asbestos
12 textile products?

13 A I am not aware of it, no. I don't know.

14 Q Is it your understanding that they pro-
15 duced, that those four plants produced other than
16 asbestos textile products during that period of
17 time?

18 A They produced brake linings, automatic
19 transmission parts, but I am not familiar with
20 the formula of what went into that product.

21 Q At any of those plants were textile,
22 asbestos textile products with foreseeable use
23 in shipbuilding produced?

24 A I don't know.

25 Q When you say, "I don't know," is it

2 they might have been, they might not have been, or
3 you simply do not know?

4 A I simply do not know.

5 Q Do you know, sir, during the period
6 of time that you worked at the Stratford,
7 Connecticut plant whether or not asbestos textile
8 products were produced?

9 A No, I don't.

10 Q Did Raymark have a plant in Bridgeport,
11 Connecticut during the period '38 to '52?

12 A I don't know when it was in Bridgeport,
13 but I have heard people say that there was a
14 Bridgeport plant.

15 Q Is that Bridgeport plant no longer in
16 existence?

17 A That's correct.

18 Q Do you know the period of time a
19 Bridgeport plant was in existence?

20 A No, I don't.

21 Q Do you have any knowledge whatsoever
22 as to whether or not it was in existence between
23 1938 and '52?

24 A No, I don't know.

25 Q Do you know what was produced at the

2 Bridgeport plant?

3 A No, I don't.

4 Q Are there any other plants that were
5 in existence between '38 and '52 that are no longer
6 in existence today?

7 A Passaic is no longer in existence.

8 Q Is it your understanding that brake
9 parts were produced at the Passaic plant?

10 A No, that is not my understanding.

11 Q What is your understanding of what was
12 produced at the Passaic plant?

13 A Bowling balls, I know that was produced
14 at Passaic. I understood they had five product
15 lines but I don't know.

16 Q Can you tell me, sir, between 1938 and
17 1952, to your knowledge, did Raymark produce asbestos
18 tile products?

19 A No, I can't.

20 Q Can you tell me, sir, if you are aware
21 from any other knowledge other than your own personal
22 knowledge if between that period of time Raymark
23 produced asbestos textile products from any of
24 its plants?

25 A No.

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MR. STEIN: Let's have this docu-

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ment marked for identification.

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(Two-page document was marked as

5

Plaintiffs' Exhibit 1 for identification,

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as of this date.)

7

Q Sir, would you glance at the document

8

that's been marked Plaintiffs' Exhibit 1 for iden-

9

tification for a moment (handing).

10

Would you notice on the left side of

11

that document there's a series of names of products.

12

A Yes.

13

Q It's titled "Raybestos-Manhattan Textile

14

Products and Tradenames." Do you see that?

15

A Yes, I do.

16

Q Can you tell me, sir, whether you have

17

any knowledge whatsoever as to whether any of

18

the products that are named here were in fact

19

produced by Raybestos-Manhattan during the period

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1938 to 1952?

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A No.

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Q Can you tell me, sir, if you have any

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knowledge with respect to which factory, if any,

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produced any of the products that are listed on

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this exhibit?

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Q You indicated that there was a gentleman who was an assistant secretary of the corporation who was presently in charge of all of the worker's compensation claims or benefits for all of the factories of Raybestos-Manhattan; is that correct, sir?

A No. I indicated a gentleman, Robert Ford, by name, who was director of human resources for the corporation; nothing to do with worker's compensation.

Q Is that one of his responsibilities, that area?

A I'm not sure that it is. The treasurer is the one that worker's compensation comes under, as far as I know.

Q You are familiar with the worker's compensation claims of the plant that you have been assigned to and worked out of for the past 25 years, Stratford, Connecticut?

A Yes.

Q What I am asking is: Is there anybody above you who was familiar with the claims not only from the Stratford plant but worker's

2 compensation for other plants?

3 MS. MORAN: During what period
4 of time?

5 Q 1938 to 1952.

6 A No.

7 Q What about presently?

8 A No, there is nobody presently, as far
9 as I know.

10 Q Other than the treasurer of the company?

11 A No, he has knowledge of it now, 1984,
12 but he did not have knowledge of '38 to '52. He
13 wasn't even employed. He wasn't even born, I
14 don't think.

15 Q You indicated, sir, that part of the
16 process of filing of a worker's compensation claim
17 in the Stratford plant included an employee report-
18 ing to the Medical Department at that plant?

19 A Yes.

20 Q Is that correct?

21 A Yes.

22 Q Can you tell me if any of the other
23 plants presently have a Medical Department?

24 A No, I can't.

25 Q Can you tell me if the Stratford plant

2 had a Medical Department from the period 1938
3 through 1952?

4 A No, I can't.

5 Q Can you tell me if in the period 1938
6 to 1952 the Medical Department of the Stratford
7 plant was in any way involved in the handling
8 or precessing of worker's compensation cases?

9 A No, I can't.

10 MS. MORAN: Objection to the form of
11 the question. I believe the witness said he
12 didn't know if there was a medical director
13 at that time.

14 Q Can you tell me, sir, the names, if
15 you know, of the insurers, if any, providing
16 worker's compensation coverage for the Stratford
17 plant between the period 1938 to 1952?

18 A No, I can't.

19 Q Do you know, sir, if during that period
20 worker's compensation claims from the Stratford
21 plant were handled in-house, meaning that they
22 were self-insured?

23 A The only thing I remember was that there
24 was an Investors Mortgage Company that handled
25 worker's comp., and they're the ones who were

2 charged with the responsibility of placing the
3 insurance with the carriers. They handled worker's
4 compensation.

5 Q Was that a group of investors of Raybestos-
6 Manhattan or some outside company?

7 A It was an outside company. It was like
8 Alexis, akin to Alexis.

9 Q Did you ever personally have any dealings
10 with that organization?

11 A Not in '38 to '52.

12 Q To your knowledge, even if you didn't
13 have any personal work, with them, how did that
14 organization fit itself in with respect to handling
15 of a worker's compensation claim at the Stratford
16 plant from 1938 to 1952?

17 A I don't know. All I know is they were
18 in existence.

19 Q Do you know if that organization prepared
20 or maintained any records reflecting worker's
21 compensation claims during that period?

22 A No, I don't.

23 Q Did you make any efforts to find out
24 that information prior to your coming here today?

25 A I contacted the various plants, Profitville,

2 Manheim and North Charleston and spoke with them
3 and asked them if they had any knowledge of the
4 way the records were maintained between 1938 and
5 1952 and I got negative responses from all three
6 locations.

7 Q Did you, in your communication with
8 those plants, ask them if they had in their docu-
9 ment files or file cabinets records of worker's
10 compensation claims during that period?

11 A Yes.

12 Q What did they tell you?

13 A No, they did not.

14 Q You just added another plant. You added
15 the North Charleston plant and I asked you for
16 the name of all the plants that to your knowledge
17 were in existence in '38 to '52 and you didn't
18 include North Charleston.

19 A I don't know when that became in exis-
20 tence, when it started. I have no idea when that
21 plant started. It's no longer a part of Raymark.
22 That was spun off a couple of years ago.

23 Q Do you have any information or knowledge
24 as to whether or not that plant was in any way
25 involved with the production of asbestos textile

2 products?

3 A No.

4 Q You said you communicated with the North
5 Charleston plant. Who did you speak to?

6 A I just don't know offhand. Wait just
7 a minute and I will look in my briefcase.

8 MR. STEIN: Off the record.

9 (Discussion off the record.)

10 A (Continuing) At North Charleston I
11 spoke to Al Tiedeman, T-i-e-d-e-m-a-n, who indi-
12 cated -- I asked him: Were you around when the
13 records were created '38 to '52? The answer was
14 no. Any knowledge of how the records were kept,
15 the answer was no. Anyone in the company with
16 knowledge of how the records were maintained,
17 and the answer was no.

18 Q Did you ask him if there were any records
19 there at the time you were speaking to him?

20 A No.

21 Q You did not ask him that question?

22 A No, I didn't.

23 Q Did you ask that question to any of
24 the other plant managers or plant people?

25 A Yes, I did.

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Q That you spoke to?

A Yes, I did.

Q Was there some reason you didn't ask the individual at North Charleston the same question?

A No. I asked all of the people that I spoke with, I asked them the same three questions that I just read off to you. All the people that I spoke with at the various plants, I asked them the same three questions: Were you around when the records were created, any knowledge of how the records were kept, is there anyone in the company now with knowledge of how the records were maintained? Those three questions are what I asked.

Q I just want to make it clear. Did you ask anyone if at the present time in any of the business records or storage records or whatever, whether there were worker's compensation records for that period of time presently in their possession?

A No, I did not.

Q Sir, prior to coming here today, other than what you have just told us, did you make any effort to ascertain the existence of worker's

2 compensation records reflecting claims filed by
3 employees of Raybestos-Manhattan during the period
4 1938 to 1952 which alleged injury or sickness
5 arising from asbestos exposure?

6 MS. MORAN: Mr. Stein, the response
7 to your document demand was done by counsel
8 for Raymark. As you know, I have provided
9 you with the result of that effort.

10 MR. STEIN: I would like the
11 witness to answer the question.

12 A The answer is no.

13 Q Sir, prior to coming here today did
14 you make any attempts to establish where worker's
15 compensation claims filed by employees of Raybestos-
16 Manhattan during the period 1938 to 1952, which
17 alleged injury or sickness arising from asbestos
18 exposure were stored?

19 A No.

20 Q Prior to coming here today, sir, did
21 you make any effort to ascertain the location
22 of worker's compensation claims filed by employees
23 of Raybestos-Manhattan during the period 1938
24 to 1952 alleging injury or sickness arising from
25 asbestos exposure?

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A No.

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A Yes.

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Q Would you produce them for us now?

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MS. MORAN: Mr. Stein, the witness

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has copies of what I have already produced

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for you. As I understand, it is our obliga-

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tion under California law to provide you

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with copies of the documents and I have already

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provided you with copies of documents which

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are responsive to your document demand, which

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is part of your notice of deposition.

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The witness himself has copies

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of identical documents which were sent to

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him by counsel for Raymark.

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MR. STEIN: Off the record.

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(Discussion off the record.)

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MR. STEIN: Let's mark for iden-

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tification purposes of this deposition, those

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documents which have just been produced by

1
2 the witness himself as opposed to the docu-
3 ments that were produced by the attorney
4 prior to the deposition questioning.

5 Let the record indicate that the
6 witness has produced a large number of docu-
7 ments, on the top of which was the notice
8 that I served on the attorneys for Raymark.

9 I would like that notice marked
10 Exhibit 2 for identification; and that there
11 are three additional sets which were differ-
12 entiated by rubber bands and with face pages.
13 The first one says "Rider A," the second
14 one says "Stratford," and the third face
15 page says "Manheim."

16 I will ask that they be marked
17 2-A, 2-B and 2-C.

18 We will put a marking on the face
19 page and put rubber bands back around the
20 three sets.

21 (Above described documents were
22 marked as Plaintiffs' Exhibits 2-A, 2-B and
23 2-C for identification, as of this date.)

24 MS. MORAN: Before the deposition continues
25 I would like the record to note that I was

2 advised that two files that may have been
3 responsive to your request were temporarily
4 misplaced and I was unable to determine,
5 in the course of the last two days, why that
6 happened or what those files were.

7 But I believe they involved worker
8 compensation claims arising out of the North
9 Charleston plant.

10 When the person who was involved
11 in compiling these documents returns from
12 vacation, I will make every effort to have
13 them provided to you promptly.

14 MR. STEIN: Can we agree via
15 a date that is convenient to you, a letter
16 will be sent to me reflecting the results
17 of your search, can we do that?

18 MS. MORAN: Yes.

19 MR. STEIN: What is a date that
20 would be convenient to you? Would 20 days
21 be sufficient?

22 MS. MORAN: September 15th will
23 be fine.

24 Q Sir, you produced a number of documents
25 from your briefcase just now. Can you tell me

2 where you obtained those documents?

3 A They were provided by counsel for Pitney.

4 Q What was the name of the attorney who
5 provided it to you? What was the name of the
6 law firm?

7 A Pitney, Hardin, Kip and Such.

8 Q Don't tell me about any conversations.
9 Just tell me, did it come by hand-delivery, did
10 it come by mail?

11 A Parcel post, mail.

12 Q Was there a cover letter included with
13 the package of documents?

14 A Yes.

15 Q Will you show the letter to your counsel
16 first?

17 A Yes (handing).

18 MR. STEIN: May I see that letter?

19 MS. MORAN: I don't think corres-
20 pondence between counsel and the witness
21 is appropriate for production. I believe
22 that it is protected by the attorney/client
23 privilege.

24 If you can suggest to me some reason
25 why it is important, I would be happy to

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reconsider.

Q Sir, do you have any knowledge with respect to these records other than the information that is contained in the letter that was sent to you?

MS. MORAN: I object to the form of the question. I don't know what you mean by "knowledge."

The witness has testified extensively regarding his efforts to find someone in the company who has personal knowledge about this period of time.

A No, I don't.

Q Without telling us what was said, did you have any personal conversations with any representative of the Pitney, Hardin law firm with respect to these records?

A No, other than that they were being shipped to me.

Q Was that a communication from a secretary or paralegal?

A By one of the attorneys.

Q Sir, did you endeavor to find out where the originals of the records that you produced

2 are presently located?

3 THE WITNESS: Can we go off the
4 record?

5 MS. MORAN: No. Just answer
6 the question on the record.

7 A No, I didn't.

8 Q Whether you endeavored to find out or
9 not, do you have any knowledge as to where the
10 originals are?

11 A Yes.

12 Q Where are they?

13 A For Stratford I did see the documents
14 in the Bridgeport Worker's Compensation Commis-
15 sioner's Office a few years ago. Whether they
16 are all here or not, I can't say.

17 I recognize some of the names.

18 Q When you say the commissioner's office,
19 is that a state agency office or is that part
20 of Raymark?

21 A State agency, public record.

22 Q What were the circumstances surrounding
23 your going to look at those records?

24 A I was told to go there by someone at
25 the corporate headquarters, after knowledge that

1

2

came to their knowledge.

3

4

Q Who was the person that gave you that direction, sir?

5

6

A I think it was John Marsh, but I am not positive.

7

8

Q What was Mr. Marsh's relationship to the company?

9

A He's director of environmental for Raymark.

10

Q Is he still with the company?

11

A Yes, he is.

12

Q What is his present title?

13

14

A I'm not sure if it's the same but as far as I know he is doing the same thing.

15

Q Where is his office located?

16

A Trumbull, Connecticut.

17

Q He is an officer of the company?

18

A Not to my knowledge.

19

20

Q What is it that Mr. Marsh told you to do, to the best of your recollection?

21

22

A To look up the records, write down the names, the settlement dates and the amounts.

23

Q Did you do that?

24

A Yes, I did.

25

Q Did he also direct you to order copies

2 of the records?

3 A No.

4 Q To your knowledge, did anyone from Raymark
5 subsequent to your looking at the records order
6 copies of them?

7 A No, not to my knowledge. Obviously,
8 somebody did but not to my knowledge.

9 Q Do you have any idea why the request
10 was made of you?

11 A The instructions I got were, there were
12 some cases that had come to light that apparently
13 either the company was not aware of or hadn't
14 heard about or had forgotten about, and I was
15 not aware of them and he just asked me to go down
16 there and look in these records before they were
17 put back into the archives.

18 Q Do you know, sir, if Mr. Marsh has greater
19 knowledge than you with respect to the existence
20 of the worker's compensation records?

21 A No.

22 MS. MORAN: Objection to the
23 form. Are we talking about records from
24 1938 to 1952?

25 MR. STEIN: Yes.

2 A My understanding.

3 Q Your understanding is what?

4 A That the time frame is '38 to '52.

5 Q Where did that understanding come from?

6 A That's the reason I am here, to discuss
7 the '38 to '52 records.

8 Q That was based upon information you
9 obtained from the attorneys?

10 A From counsel, yes.

11 Q Have you, sir, seen the copies that
12 were obtained by Raymark from which the documents
13 you have produced were made?

14 A Only Stratford.

15 Q You have seen them recently, sir?

16 A A few years ago; 1978 or '9.

17 Q Are the copies of what was obtained
18 from the commissioner's office presently located
19 at the Stratford plant?

20 A No, not to my knowledge.

21 Q Where are they presently located?

22 A In the commissioner's office.

23 Q The commissioner's office has the original
24 documents; isn't that right, sir?

25 A Yes.

2

3

4

5

6

Q At some point in time Raymark ordered or requested the copies of the original documents of the commissioner's office be produced or provided to the Stratford office of Raymark; is that correct?

7

8

A No, I don't know. Not to my knowledge, no.

9

10

Q You have never seen these documents at the Stratford plant?

11

A That's right, until Monday.

12

13

14

Q You have never seen any worker's compensation records from 1938 to 1952 at the Stratford plant?

15

A No, I have not.

16

17

18

19

Q The only information you have with respect to these records is information that was provided to you by the attorneys, the Pitney, Hardin law firm?

20

A Yes.

21

22

Q That information came to you within the last few days?

23

A Yes, Monday.

24

25

Q Other than that information, you have no other information with respect to these documents?

2

A No.

3

Q You have no other knowledge with respect
4 to these documents?

5

A No.

6

Q You attempted to get knowledge such
7 as existed from other factories and you made the
8 phone calls and communications you previously
9 described to us?

10

A Yes.

11

Q Did you have any additional meetings or
12 discussions with the attorneys for Raymark as
13 to these documents?

14

A No.

15

MR. STEIN: Do you wish to enter

16

into any stipulations with respect to these

17

documents, where they come from, how they

18

were collected, anything that we can rely

19

on so as not to pursue the issue further

20

with this witness?

21

MS. MORAN: Yes. I would like

22

the record to note that apparently yesterday

23

you were at the Pitney, Hardin, Kip and Such

24

offices in New Jersey, and the documents

25

from which Exhibits 2-A, B and C were copied

2

were made available to you and you were advised

3

that those were the originals that Raymark's

4

counsel had at that time.

5

MR. STEIN: Let me interrupt

6

you. There's a court order that discusses

7

these originals. I was shown xerox copies

8

that were obtained from the Pitney, Hardin

9

law office.

10

It was made very clear that these

11

were not the originals. I was not shown

12

the originals. I was not shown anything

13

like that.

14

I was shown exactly what was produced

15

today. The order covering this deposition

16

provides that the originals be shown to me

17

and they were not.

18

The record that you are making,

19

not only is inaccurate, but it is not responsive

20

to what I asked.

21

If you can make some stipulation

22

with respect to what is produced, that would

23

be fine. To state on the record that I was

24

shown something I was not is inaccurate and

25

does not conform to what I requested.

2

I will keep asking this witness questions if you would like.

3

4

MS. MORAN: You asked me if I would like to make a statement and I would.

5

6

MR. STEIN: A stipulation is what I asked.

7

8

MS. MORAN: I wasn't there yesterday, so I can't state from personal knowledge. But I am familiar with the court order and I do understand that either we must provide originals to you for your review within 20 days or an explanation as to why Raymark is not in possession or does not have the originals.

9

10

11

12

13

14

15

That will be complied with.

16

With respect to the documents --

17

18

MR. STEIN: You withdraw your statement that I was shown originals yesterday?

19

20

MS. MORAN: I don't withdraw the statement that was made before. My statement was accurate.

21

22

23

24

I was advised, I was not there, that you were shown the documents from which

25

1
2 Plaintiffs' Exhibits 2-A, B and C were photo-
3 copied. Whether you want to call them orig-
4 inals or photocopies, you can call them what-
5 ever you would like. I wasn't there.

6 But in any event, these documents
7 that have been produced today are true and
8 complete copies of those documents in the
9 possession of Raymark which are responsive
10 to your document demand in connection with
11 today's deposition.

12 That's the stipulation that I would
13 make.

14 MR. STEIN: Would you read back
15 the last sentence?

16 (Record read.)

17 MS. MORAN: With the proviso
18 that I was advised that apparently two files
19 have been temporarily misplaced, and I will
20 let you know by September 15th whether or
21 not I can produce those files.

22 If I can, I will produce them before
23 September 15th, if they are located.

24 MR. STEIN: Do you wish to enter
25 into any stipulation as to how these documents

1

2

were prepared, maintained, stored, et cetera?

3

4

5

6

7

8

9

MS. MORAN: No, I don't. I think

that the witness has indicated that he has

attempted to find out that information and

that his search has not proved to be fruitful.

But if anything else is required under

California law, I would be happy to try to

get further information for you.

10

11

12

13

14

MR. STEIN: This record will

go to a commissioner for review. He did

not attempt to ascertain where the records

were stored; he did not attempt to ascertain

their location.

15

16

17

He did attempt to ascertain how

they were prepared. He read to us the three

questions.

18

19

20

21

22

Now, I am asking you if you would

like to enter into any stipulation which

sets forth the manner in which these documents

were stored, gathered and now copies of which

are produced today.

23

24

If you don't, that's fine. If

you do, that's fine, too.

25

MS. MORAN: The witness testified

2

that he was unable to find any information

3

regarding how these documents came into exis-

4

tence, were prepared, were received, were

5

maintained, were stored or were located from

6

1938 through 1952.

7

I think the witness has covered

8

that adequately. I have no information regard-

9

ing anything that happened subsequent to

10

1952 and so I can't enter into a stipulation

11

at this time.

12

MR. STEIN: Counsel, can you

13

stipulate that these documents were gathered

14

from the Raymark files by the attorneys for

15

Raymark for the purpose of this production?

16

MS. MORAN: Yes, counsel for

17

Raymark received your document demand and

18

copied those documents which were responsive

19

to it. Response was made by counsel, that's

20

correct, and I'll stipulate to that.

21

MR. STEIN: Will you further

22

stipulate that they were produced from the

23

business records of Raymark, that counsel

24

found them and produced them from Raymark's.

25

business records?

2

MS. MORAN: I don't personally

3

know the answer to that. I imagine that

4

it is so, but it appears, for example, that

5

some of the documents that you have were

6

copied from court files. Since I, myself,

7

did not participate in obtaining those docu-

8

ments, I don't know the source from which

9

they came.

10

MR. STEIN: You are counsel for

11

Raymark, though?

12

MS. MORAN: That's correct.

13

MR. STEIN: But you're from a

14

different attorney's office than the office

15

that actually gathered these up; is that

16

correct?

17

MS. MORAN: That's correct.

18

MR. STEIN: The attorney that

19

gathered these up is someone from the law

20

firm of Pitney, Hardin, Kip and Such.

21

MS. MORAN: That's correct.

22

MR. STEIN: If they did anything

23

with respect to Raymark records and gathered

24

them up we would have to ask them, wouldn't

25

we?

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MS. MORAN: That's correct.

MR. STEIN: Will you permit this witness to testify as to any conversations that he had with the attorneys from Pitney, Hardin, Kip and Such as to the manner in which these documents were gathered to be produced here today? Or do you assert that as privileged communications?

MS. MORAN: I will permit you to ask the witness whether or not there were such conversations. I don't know the answer to that.

MR. STEIN: I include in conversations writings. I am aware he did have a letter from attorneys and I have asked if I could review that letter and you have declined based on attorney/client privilege.

I don't know what is in it. It may be relevant to that issue. I just don't know.

MS. MORAN: Why don't you direct the preliminary question to the witness, for a yes or no answer. Because to my understanding there were no conversations with

2

this witness regarding how the documents

3

were prepared.

4

MR. STEIN: Also, written communica-

5

tions?

6

MS. MORAN: As I understand there

7

are no written communications regarding that

8

subject either.

9

Q Mr. Ambrose, did you obtain any informa-

10

tion from the Pitney, Hardin law firm as to where

11

the documents you produced today were gathered

12

from?

13

A No, I did not.

14

Q That information was not included in

15

the cover letter that was sent to you?

16

A Not to my knowledge.

17

Q Did any of the Pitney, Hardin attorneys

18

provide you with any information with respect

19

to the manner in which these documents were prepared?

20

A No, they did not.

21

Q Did they provide you with any information

22

as to where the originals of them are presently

23

located?

24

A No, they did not.

25

Q Did they provide you with any information

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2
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as to how they were received?

A No, they did not.

MR. STEIN: I have no further questions.

MR. SENA: On behalf of Owens Corning, I would also request that we be advised as to the production of documents for the two plants that have been temporarily mislaid and that if such documents are located and produced we be given copies.

MS. MORAN: I don't believe it's two plants. I believe that there may have been two files that are temporarily mislaid, but I will send you a copy of my correspondence to counsel for plaintiff. I will send a copy to everyone who is present at the deposition.

FURTHER EXAMINATION

BY MR. STEIN:

Q Sir, Exhibit 2 that you had in your briefcase was the legal notice of oral deposition of Raymark and attached to it was a series of documents which were titled "Exhibit A" and there are certain check marks next to certain

2 of the dates.

3 Can you tell me, sir, if you made any
4 effort to compare the information set forth next
5 to the check marks with the documents that were
6 produced today?

7 A No, I did not.

8 Q Did you have occasion to read Exhibit
9 A?

10 A Yes, I asked and answered it.

11 Q Can you tell me if you recognized any
12 of the worker's compensation claim names that
13 were on that exhibit?

14 A Yes, I did.

15 Q Were those the ones that you looked
16 at when you went to the commissioner's office around
17 1979?

18 A Yes.

19 MR. STEIN: Counsel, can you
20 make a representation as to what was produced
21 in response to item D of plaintiffs' notice
22 which limited for purposes of this deposition
23 to those items which refer to worker's
24 compensation claims?

25 MS. MORAN: Yes. To clarify

the record, I think that there are some documents checked on Exhibit A which do not refer to worker's compensation claims. But as I said before on the record, the documents provided to you today are copies of the records of Raymark which are responsive to your request contained in the notice of deposition, and that includes those documents which you specified by checking on Exhibit A.

MR. STEIN: Thank you very much.

MS. MORAN: With the proviso

that I said, the two files that were temporarily misplaced.

MR. STEIN: Thank you.

(Time noted: 3:00 o'clock P.M.)

-oOo-

W. H. AMBROSE

Subscribed and sworn to
before me, this day
of , 1984.

-oOo-

1 August 8, 1984

46

2

3

E X H I B I T S

4

PLAINTIFFS' FOR
IDENTIFICATION

PAGE

5

1 2-page document

15

6

2-A Set of documents,
"Rider A"

25

7

8

2-B Set of documents,
"Stratford"

25

9

2-C Set of documents,
"Manheim"

25

10

11

-oOo-

12

13

INFORMATION REQUESTED

14

P A G E L I N E

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26 14

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43 6

17

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-oOo-

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STATE OF NEW YORK)
 : SS.:

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COUNTY OF NEW YORK)

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I, Michael J. D'Amato, a shorthand
reporter and notary public within and for
the State of New York, do hereby certify:

That WILLIAM HENRY AMBROSE, the
witness whose examination is hereinbefore
set forth, was duly sworn by me and that
this transcript of such examination is a
true record of the testimony given by such
witness.

I further certify that I am not
related to any of the parties to this action
by blood or marriage and that I am in no
way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto
set my hand this day of June, 1984.


MICHAEL J. D'AMATO

PLF's Exh 1 Id
8/23/84
2 p1.

EXHIBIT B

RAYBESTOS-MANHATTAN TEXTILE PRODUCTS AND TRADE NAMES

I. Chrysotile Products

<u>Product</u>	<u>Approx. Date First Sold</u>	<u>Approx. Max. Asbestos %</u>	<u>Appearances</u>	<u>Intended Use</u>
Lap	1935	100	Convolute coiled felt	Electrical insulation
Roving	1910	95	Untwisted thread	Raw material for textiles
Cable filler	1938	100	Twisted thread	Electrical cable insulation
Glassbestos	1940	80	Twisted thread	" "
Yarn	1910	95	" "	Raw material for textiles and
Novatex	1972	100	" "	sewing thread
Sealsafe	1975	80	" "	for lagging and heat resistant fabrication
Rope	1910	90	Twisted rope	Sealing material
Wick	1910	90	Loosely twisted	" "
Cloth	1910	95	Woven fabric	Miscellaneous
Glassbestos	1940	80	" "	heat and flame
Rhinobestos	1946	90	" "	resistant appli-
Polybestos	1955	85	" "	cations such as
Silvabestos	1959	75	" "	welding curtains,
Novatex	1967	100	" "	fire checks, lag-
				ging cloth, lam-
				inate reinforcing, etc.
Speedlag*	1969	65	Adhesive coated woven fabric	Pipe lagging
Eleven thirty-				
three	1971	90	Woven fabric	Miscellaneous
Tribestos	1971	90	Woven fabric	Safety clothing
Sealsafe	1975	80	Treated cloth	Safety clothing
Goldbestos*	1959	70	Coated cloth	Ironing board covers
Novabestos*	1947	95	Woven cloth	Miscellaneous
Fluoro-				
bestos	1955	75	Fluorocarbon coated cloth	Chemical resistant
Terry-				
bestos*	1960	80	Tufted cloth	Gloves
Felts	1938	100	Paper coil or roll	Electrical insula- tion and/or lamin- ate reinforcement

Product	Approx. Date First Sold	Approx. Max. Asbestos %	Appearances	Intended Use
Gator tape	1910	85	Convolute coil	
Glassbestos	1963	80		
Sealsafe	1942	80		
Novatex	1975	80		Electrical and/or thermal insulation and/or fire resistance
Pyrotex	1970	100		
Allbestos	1938	60		
Novabestos*	1941	80		
Tubing	1947	85		
Novatex	1910	100		Filtering and protective covering for pipes and tubing
Sealsafe	1973	100		
	1975	80		

*Discontinued products: Novabestos - 1964
Terrybestos - 1965
Goldbestos - 1970
Speedlag - 1976

II. Crocidolite Products

Packings*	1920's	--	Coiled or twisted rope	Mechanical applications
Valve Rings*	1950's	--	Untwisted Thread	Mechanical applications

*Discontinued products: Packings - 1972
Valve rings - early 1970's

III. Amosite Products

Blankets*	1920's	100	Woven blanket	Electrical and/or thermal insulation for U.S. Navy
Tape*	1940	--	Convolute coil	Electrical and/or thermal insulation

*Discontinued products: Blankets - 1944
Tape - 1970

IV. Anthophyllite Products

Paper	1958	100	Compressed threads	Automatic transmission applications
-------	------	-----	--------------------	-------------------------------------

PLF's Exh. 2 IL
8/22/84

RECEIVED

JUL 12 1984

FIGUER, MURPHY

STEVEN B. STEIN
LAW OFFICE OF STEVEN B. STEIN
ONE EMBARCADERO CENTER, SUITE 2112
SAN FRANCISCO, CALIFORNIA 94111
Telephone: (415) 362-1371

Attorney for Plaintiffs

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

JAMES R. FUNSETH, et al.

Plaintiffs.

vs.

FIBREBOARD CORPORATION,
et al.,

Defendants.

NO. 823834

NOTICE OF ORAL
DEPOSITION OF
DEFENDANT

RAYMARK, INC.

TO ALL PARTIES AND THEIR RESPECTIVE ATTORNEYS OF RECORD:

PLEASE TAKE NOTICE that pursuant to Article 3 of the Code of
Civil Procedure, the oral deposition of Defendant, RAYMARK, INC.
will take place before a duly qualified Notary Public on the
date, place and time specified, and will continue from day to
day thereafter, Sundays and holidays excepted, until completed:

Date: August 8, 1984
Time: 10:00 a.m.
Location: Law Office of Norman J. Landau
233 Broadway, New York City, N.Y.

Witness: RAYMARK, INC., by an officer, director, managing
agent or other person including but not limited to
the corporate record custodian with knowledge who
consents to testify to the following specific
matters:

Exhibit C

1 (a) existence, preparation, receipt, maintenance, storage
2 and location of records reflecting bids to purchase,
3 sales, purchase, transfer, and delivery of textile
4 products which contained asbestos with foreseeable
5 application for use in shipbuilding and ship repair
6 during the period 1950-1952;

7 (b) existence, preparation, receipt, maintenance, storage
8 and location of records reflecting bids to purchase,
9 sales, purchase, transfer, and delivery to the United
10 States government (or agency thereof) and the shipyard
11 located at Bremerton, Washington, of textile products
12 which contained asbestos with foreseeable application
13 for use in shipbuilding and ship repair during the
14 period 1950-1952;

15 (c) existence, preparation, receipt, maintenance, storage
16 and location of records reflecting Worker's
17 Compensation claims filed by employees of
18 Raybestos-Manhattan during the period 1938-1952
19 alleging injury or sickness arising from asbestos
20 exposure;

21 (d) existence, preparation, receipt, maintenance, storage
22 and location of the documents which are identified
23 by a checkmark on attached exhibit A.
24

25 PLEASE TAKE FURTHER NOTICE that the deponent(s) are required
26 to produce the following original documents at the time and
27 place of their oral depositions:
28

(a) records reflecting bids to purchase, sales, purchase,

1 transfer, and delivery of textile products which
2 contained asbestos with foreseeable application for
3 use in shipbuilding and ship repair during the period
4 1950-1952;

5 (b) records reflecting bids to purchase, sales, purchase,
6 transfer, and delivery to the United States
7 government (or agency thereof) and the shipyard
8 located at Bremerton, Washington, of textile products
9 which contained asbestos with foreseeable application
10 for use in shipbuilding and ship repair during the
11 period 1950-1952;

12 (c) records reflecting Worker's Compensation claims filed
13 by employees of Raybestos-Manhattan during the period
14 1938-1952 alleging injury or sickness arising from
15 asbestos exposure;

16 (d) documents which are identified by a checkmark on
17 attached exhibit A.
18

19 Dated: July 12, 1984
20


21 STEVEN B. STEIN
22 Attorney for Plaintiff
23
24
25
26
27
28

- 1933 Donnelly, J. "Pulmonary Asbestosis," American Journal of Public Health, XLIII, p. 1273
Physician report that workers discovered hazard of asbestos exposure work and left job
- 1933 Johns-Manville Company board of directors meeting. Company settles eleven (11) asbestosis claims for \$35,000.00 and obtains covenant from attorney to not bring further suits
- 1933 Minutes of November 25, 1933, meeting between Lonsa, Brown (Johns-Manville), Simpson (Raybestos-Manhattan). Lonsa discusses desire to complete study begun three years earlier
- 1934 Gray, Roscoe W., M.D., Attorney's Testimony of Medicine. Matthew Bender & Company (1934)
Gray was Surgical Director for Aetna Life Insurance Company. He wrote:
Asbestos particles inhaled into the lung produce an exceedingly severe and perhaps fatal inflammation. This condition, called asbestosis, is not so important as many other forms of mineral irritation of lung tissue, because of its infrequency. However, it will become more prevalent as the industry grows... Since asbestosis is incurable, and usually results in total permanent disability followed by death, care and caution should be used before a claim is assumed.
This is a very serious disease and is practically incurable. Particles once ingested continue their slow, insidious, tissue destruction through years, even though exposure may long have terminated... Death usually occurs within a year after the patient can no longer work.
- 1934 Gilman, F. Pneumoconiosis, Part III - Pulmonary Asbestosis. Brit. J. Radiol., 7: 281 (1934)
- 1934 Wood, W.B. and E.R. Gloyne, Pulmonary Asbestosis, A Review of One Hundred Cases. Lancet, Vol. 2, pp. 1382-1384 (1934)
Reports at least three cases of asbestosis from less than one year of asbestos exposure, one to a clerical worker, two to workers handling asbestos outdoors, and two cases with carcinoma of the lung.
- 1934 December 15, Letter from Attorney Robert to Brown, Legal Department of Johns-Manville Company
Reports he has compared x-rays with preliminary report of three years earlier. Requests elimination of comparison of silicosis with asbestosis because of pendency of workmen's compensation legislation in New Jersey where Johns-Manville was lobbying against recognition of asbestos as an occupational disease.
"... and it is the policy of Johns-Manville to oppose any bill that attempted to include asbestos as compensable. It would be very helpful to have an official report to show that there is a substantial difference between

asbestosis and silicosis and by the same token, it would be troublesome if an official report should appear from which the conclusion might be drawn that there is very little, if any, difference between the two diseases."

Explains state of art of defense being used by Johns-Manville in common law suits by employees. Complains that plant E is described as "unacceptably dusty." Says he knows E isn't Johns-Manville plant, but wonders "whether the proprietor of Plant E has had an opportunity to review the comment." Concludes that comment indirectly concerns Johns-Manville and requests that it be deleted. Objects to phrase in this conclusion which apparently compared asbestos dust to granite dust as Robert feared that the conclusions might suggest a "possibility that a pneumoconiosis may arise more readily from asbestos than granite dust." Therefore, Robert suggests elimination of this part of the conclusion. Suggests that recommendation 4 be softened by inclusion of "possible" before "studies." Doesn't think his suggestion was "important."

2. 1934

✓ December 18. Letter from Brown (Legal Dept. Johns-Manville) to Judd (Raybestos-Manhattan). Brown forwards galleys, his and Attorney Robert's comments to Judd:

"I was just talking to Dr. Latta and I am inclined to believe he will accede to most of our requests by making appropriate provisions in the article."

3. 1934

✓ December 21. Letter from Brown (Legal Dept. Johns-Manville) to Latta. Returns galleys to Dr. Latta with Robert's comments:

"I trust you will give" Robert "your most serious consideration."

Says they are not suggesting that any scientific facts or inevitable conclusions be altered.

"All we ask is that all of the favorable aspects of the survey be included and that none of the unfavorable be unintentionally pictured in darker tones than the comments justify. I feel confident we can depend upon you and Dr. McConnell to give us this 'break'..."

4. 1934

✓ December 24. Letter from Brown to Judd (Raybestos-Manhattan). Apologizes for requesting return of galley prior to Raybestos-Manhattan review. But this was necessitated because of publication date pressure and failure to promptly remit would have resulted in papers publication "as it stood." Touts efforts of he and Robert in suggesting changes:

"that will be beneficial from the industry viewpoint. The interest of your company in the Report is identical to that of Johns-Manville" and our accomplishments respecting the report will be for the "benefit of both."

- 1935 Egbert, D.S., Pulmonary Asbestosis. American Review of Tuberculosis, Vol. 31, pp. 25-26 (1935)
Reported a fatal case of asbestosis in a thirty year old man. Includes table of other fatal cases with minimal exposure.
- 1935 Fulton, W.B., et al. Asbestosis, Part II. The Nature and Amount of Dust Encountered in Asbestos Fabricating Plants Part III. The Effects of Exposure to Dust Encountered in Asbestos Fabricating Plants on the Health of a Group of Workers. Commonwealth of Pennsylvania, Department of Labor and Industry, Harrisburg, September 20, 1935.
Found that eight (81) percent of the workers exposed to an average dust concentration of five million particles per cubic foot had asbestosis; twenty-two (22) percent exposed at the seventeen million particle level and fifty-seven (57) percent exposed at a forty-four million particle level had asbestosis.
- 1935 Lanza, A.J. and W.J. McConnell and J.W. Fehnel, Effects of the Inhalation of Asbestos Dust of the Lungs of Asbestos Workers, Publ. Health Rep., Vol. 50, pp. 1-12 (1935)
Study revealed thirty-three (33) of those examined had signs of asbestosis although he saw "no marked disability." He recommended that industry "sponsor studies on known cases of asbestosis as well as studies on effects of asbestosis on the heart." Lanza later became a consultant to Johns-Manville. (While Lanza did not publish until 1935, his study was substantially completed in 1931.)
- 1935 Lynch, R.H. and W.A. Smith, "Pulmonary Asbestosis" American Journal of Cancer, XLIV, p. 54
Two doctors at Medical College of South Carolina reported on autopsy on asbestos worker who had asbestosis and lung cancer.
6. 1935 ✓ October 3, Brown (Johns-Manville) to Sumner Simpson (Raybestos-Manhattan) re: Asbestos magazine request to publish:
"I quite agree with you that our interests are best served by having asbestos receive the minimum of publicity ... I think we should warn the publishers (if they decide to publish) to use American data (generated by Lanza) on the subject rather than English."
- 1935 State of New York enacts Workman's Compensation Law covering disease of asbestosis
- 1936 Donnelly, J., Pulmonary Asbestosis: Incidence and Prognosis, J. Ind. Hyg., Vol. 18, pp. 222-228 (1936)
Found x-ray evidence of asbestosis in 58 of 151 workers (38.4%). He stated:
"That the serious industrial hazard of this type of work has not previously received sufficient attention is becoming more apparent. The manufacture of asbestos products has increased more than four-fold in the last 20 years, and hence, because of

the greater number of workers exposed, and the more frequent the recognition as a pathological entity of the resulting pulmonary condition, the subject of asbestos has rapidly assumed greater importance."

6. 1936 ✓ October 31. Letter of Sumner Simpson to Jaffords (General Asbestos and Rubber Division) regarding proposed United States Public Health Service (USPHS) x-ray survey. Doesn't want x-rays to be given to all the "x-ray lawyers and doctors in the county" because of fear of suits. Says it would be good to have x-rays of all employees by USPHS without it getting in hands of others; would probably be better to let USPHS do it as "it would be one way of getting them without arousing much suspicion on the part of the employees" being interpreted by the employees "as having some connection with the Social Security Act." Again expresses concern over proliferation of law suits.
7. 1936 ✓ November 5. Letter of Sumner Simpson (Raybestos-Manhattan) to Jaffords (General Asbestos and Rubber Division) regarding request of USPHS to x-ray employees at Charleston. Sumner Simpson permits x-rays, but restricts their use to public health information and "you want to stress the fact that we do not want them given to x-ray lawyers and doctors so as to be the subject of suits for, as you know, we have had enough adjustments for any one company."
8. 1936 ✓ November 10. Letter of Sumner Simpson to Schuler, President of Thermal Rubber regarding proposal for Sarason experiments cites need for data in the Court Room to support their position. Cites cost (\$5,000 per year generally paid for by industry.) Concern is expressed over sequelae of asbestos exposure especially regarding T.B.
"My own idea is that it would be a good thing to distribute the information among the medical fraternity, providing it is of the right type and would not injure our companies."
Suggests a meeting of Johns-Manville, Raybestos-Manhattan, Goodyear and Mattison, Asbestos Manufacturing, Thermal and Russell Manufacturing.
9. 1936 ✓ November 20. Letter of Brown (Johns-Manville) to L.O. Gardner regarding terms of agreement:
"It is our further understanding that the results obtained will be considered the property of those who are advancing the required funds, who will determine whether, to what extent and in what manner they shall be made public. In the event it is deemed desirable that the results be made public, the manuscript of your study will be submitted to us for approval prior to publication."

10. 1936

✓ Letter from L.W. Gardner, Research Laboratories to Sumner Simpson (Raybestos-Manhattan)

Critique of E.W. Lynch's criticism of Gardner's early theories. Suggests Lynch's cases may have been silicosis instead of as in addition to asbestosis.

11. 1936

✓ Charles Mizinski & Julie M. Mizinski v. Raybestos-Manhattan, The American Surety Company, Connecticut
Asbestos compensation claim of plant worker,
settlement of \$2,100.00 in 1936

12. 1937

✓ January 9, Letter of Jeffords (General Asbestos and Rubber Division) to Sumner Simpson (Raybestos-Manhattan) regarding receipt of Dr. Shull's article. Complains about medical terms in article. Is going to discuss the article with Dr. Kenneth Lynch. Desires the acceleration of articles in literature about asbestos which he says do "not tend to solve the problem, if it is a problem."

13. 1937

✓ May 26, Letter from Jeffords (General Asbestos and Rubber Division) to Sumner Simpson (Raybestos-Manhattan) enclosing a report from Dr. Sayers entitled "A Study of Dust Control Methods in an Asbestos Fabricating Plant" which Sayers wanted to publish. Jeffords is criticizing the report. Refers to experiment of cutting off exhaust fan and increasing dust count to fifty million particles per cubic foot. Jeffords is fearful that plaintiffs may seize upon this as evidence of prior negligence.

"Of course, you, as well as other, who are competent to judge, know that nothing was known of the asbestos dust hazards, in this country, prior to 1929...."

14. 1937

✓ September 29, Letter of Brown (Johns-Manville to Simpson (Raybestos-Manhattan). Concerned over early Research Laboratory report that one injection of asbestos caused the immediate death of an animal.

1937

State of Pennsylvania enacts Workman's Compensation Law covering disease of asbestosis

1937

State of Indiana enacts Workman's Compensation Law covering disease of asbestosis

15. 1937

✓ Call v. Raybestos-Manhattan, The American Surety Company, The Hartford Accident & Indemnity Company, The Travelers Insurance Company, Connecticut

Asbestos compensation claim of plant worker;
settlement of \$2,500 in 1937

16. 1937

✓ Siket v. Raybestos-Manhattan, The American Surety Company, The Hartford Accident & Indemnity Company, The Travelers Insurance Company, Connecticut

Asbestos compensation claim of plant worker;
settlement of \$4,000.00 in 1937. By letter dated September 1, 1937, of Dr. Cole B. Gibson, Superintendent and medical director, Undercliffe Sanatorium.

- Meriden, Connecticut. diagnosis based upon history of nineteen years as asbestos weaver, onset of symptoms, character of symptoms and stereoscopic X-ray examination
- Letter dated June 16, 1937, of Dr. H.J. Antell, Bridgeport, Connecticut. With the history of exposure to asbestos of over a period of twenty years and in the presence of several negative X-rays ... he makes a diagnosis of bilateral pulmonary asbestosis (far advanced).
- 1938 Brecken, W.C., J.M. Galloway, J.L. Edwards, J.W. Miller and R.M. Sayers, A Study of Asbestosis in the Asbestos Textile Industry, Public Health Bulletin, No. 341, 1938
- Made a recommended standard for controlling exposure to asbestos dust of five million particles per cubic foot
- 1938 Verweid, Arthur J. and John W. Harr, "Pneumoconiosis and Pulmonary Carcinoma," American Journal of Pathology, XVIII, p. 49
- Report of Saranac Laboratory (relationship of dusts and industry not disclosed)
18. 1938 ✓ Stanley Budzinski v. Raybestos-Manhattan, The American Surety Company, Hartford Accident & Indemnity Company, Connecticut
- Asbestosis compensation claim of plant worker; settlement in 1938 of \$2,500.00
19. 1938 ✓ Andrew Urban v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company and The American Surety Company
- Asbestosis compensation claim of plant worker; settlement in 1938 of \$2,200.00
20. 1938 ✓ Ambrosevich v. Raybestos-Manhattan, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
- Asbestosis compensation claim of plant worker; settlement in 1940 of \$850.00
21. 1938 ✓ March 22, Letter of Sumner Simpson (Raybestos-Manhattan) to Asbestos Magazine re Brecken article
- "I think when we get through with our Saranac investigation, we will show that this paper is considerably distorted although he does say at last that where the air can be kept down to five million microns (wrong) there is no danger, and I can tell you confidentially, but I am not willing to make it public, that the air can be kept below five million microns with proper controls, but I am not willing to start a controversy with my competitors."
- Says he and Johns-Manville will share dust control secrets with competitors "when the time is right."
- Says he knows the plants studied by Brecken:
- "And as nearly as I can find out they have no dust control at all that amounts to anything."

22. 1939 ✓ March 23. Letter of Asbestos Magazine to Sumner Simpson (Raybestos-Manhattan) re: Gardner's preliminary work:
"Of course, we understand that all this info on asbestos is to be kept confidential and that nothing should be published about asbestos in Asbestos Magazine at present."
- 23 1939 ✓ May 4. Letter of Sumner Simpson to Brown (Johns-Manville). Sumner Simpson (Raybestos-Manhattan) agrees that Gardner has violated their agreement.
"The reports may be so favorable to us that they would cause us no trouble but they might be just the opposite which would be very embarrassing."
- 24 1939 ✓ Letter of Asbestos Magazine to Sumner Simpson (Raybestos-Manhattan):
"We have written you many times re: publishing on asbestos 'always you have requested that for certain obvious reasons, we publish nothing, and naturally, your wishes have been respected.'
"Possibly, a discussion of it (asbestos) along the right lines would serve to combat some of the rather undesirable publicity given to it in current newspapers."
- 25 1939 ✓ Letter of Sumner Simpson (Raybestos-Manhattan) to Brown (Johns-Manville) re: Asbestos Magazine request to publish:
"I think the less said about asbestos the better off we are ..."
"Asbestos has 'been very decent about not reprinting the English articles.'"
- 1939 State of Washington enacts Workman's Compensation Law covering disease of asbestosis
- 1939 State of Maryland enacts Workman's Compensation Law covering disease of asbestosis
- 26 1939 ✓ John Heydu v. Raybestos-Manhattan, The American Surety Company, Hartford Accident & Indemnity and The Travelers Insurance Company, Connecticut
Asbestosis compensation claim of plant worker; Settlement of \$999.00 in 1939
- 27 1939 ✓ Mary Hisey (widow of Stephen Hisey) v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker; Settlement of \$950.00 in 1939
- 28 1939 ✓ Frank Turak v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker; Settlement of \$2,000.00 in 1939

- 29 1939 ✓ Geo Margo v. Raybestos-Manhattan, Hartford Accident & Indemnity, The Travelers Insurance Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$7,500.00 in 1939
- 30 1939 ✓ Benjamin Esche v. Raybestos-Manhattan, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,350.00 in 1939
- 31 1939 ✓ Steve Mulner v. Raybestos-Manhattan, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$3,000.00 in 1939
- 32 1939 ✓ Andrew Vajanyi v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$4,350.00 in 1939
- 33 1939 ✓ Joseph Tivadar v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$2,500.00 in 1939
- 34 1939 ✓ John Baska v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,000.00 in 1939
Letter dated July 7, 1939 from Dr. Cole B. Gibson, Undercliffe Sanitarium, claims that the occupational history (thirteen years as asbestos weaver) suggests possibility of pulmonary asbestosis. Dr. Gibson also claims the asbestosis condition improves when patient is removed from working environment.
- 35 1939 ✓ Charles Brooks v. Raybestos-Manhattan, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$100.00 in 1939
- 36 1939 ✓ Alex Fekete v. Raybestos-Manhattan, The Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$200.00 in 1939
- 37 1939 ✓ Joseph F. Sturm v. Raybestos-Manhattan, The Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$600.00 in 1939
Letter dated September 15, 1939, from Dr. Paul T. Lengyel, Bridgeport, Ct., bluish discoloration of lip and fingernails suggests cyanosis common in

asbestos workers with the disease caused by the dust was termed "Blue disease" years ago by British doctors.

- 38 1939 ✓ John E. Nichols v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$3,500.00 in 1939
- 39 1939 ✓ John Syano v. Raybestos-Manhattan, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,500.00 in 1939
- 40 1939 ✓ Joseph Buske v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$425.00 in 1939
- 41 1939 ✓ William Pumps v. Raybestos-Manhattan, The Travelers Insurance Company, The Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,200.00 in 1939
- 42 1940 ✓ January 25, Letter of Dr. Alfred Hornblut to Sumner Simpson (Raybestos-Manhattan) regarding his analysis of Gardner's report
Says Breussen study is proof positive in a human laboratory of the "hazards of the work and the end results of the effect." Quotes Breussen Threshold Limit Value statement: Hornblut recommends:
" Seriously face the problem of dust control where asbestos is being used" continue to make dust counts.
- 43 1940 ✓ Archie Potculuik v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company and The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,350.00 in 1940
Deposition of Dr. Gibson, Undercliffe Sanatorium, states that the x-ray examination of Archie Potculuik revealed moderate interstitial fibrosis and symptomatology coupled with the occupational history of fourteen years as asbestos weaver compatible with a moderate degree of pulmonary fibrosis which is probably due to pulmonary asbestosis
- 44 1940 ✓ Pasquale Crocco v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$1,250.00 in 1940
- 45 1940 ✓ Benjamin Cronke v. Raybestos-Manhattan, The Travelers Insurance Company, Hartford Accident & Indemnity Company, The American Surety Company, Connecticut
Asbestosis compensation claim of plant worker;
Settlement of \$2,100.00 in 1940

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1941

✓ November 3, letter from Brown (Johns-Manville Legal Department) to Sumner Simpson (Raybestos-Manhattan) re: proposed review of book, "Pneumoconiosis" by Lanza

Says Johns-Manville not Raybestos-Manhattan would object, but refers to sensitivity of rest of industry to public discussion of asbestos and specifically says:

"I have in mind the ostrich like attitude which has been evidenced from time to time by some members of the industry."

1941

State of Delaware enacts Workmen's Compensation Law covering disease of asbestosis

47

1941

✓ Edgar Cravell v. Raybestos-Manhattan, The American Surety Company, Connecticut

Asbestosis compensation claim of plant worker; Settlement of \$1,000.00 in 1941

1942

Hollib, S.D. and A. Ancilrot. "Bronchogenic Carcinoma in Association with Pulmonary Asbestosis," American Journal of Pathology, XVIII, p. 123

Report of ten cases of asbestosis and lung cancer in asbestos insulators

1942

Hueper. Occupational Tumors and Allied Diseases.

Lists asbestos as a carcinogen, surveys case reports, and calls for use of a substitute product

48

1942

✓ December 29, Letter from Raybestos-Manhattan to Lanza

Advices Lanza of another common law suit by an employee; calls treating physician a quack; related he is sending x-rays to Dr. Vondergrase:

"Inasmuch as this claim may wind up in the Courts, I am writing you with the hopes that you may be able to render us that assistance which has been so invaluable to us in the past."

1943

Hueper. Bulletin for the Amer. Society for the Control of Cancer, Volume 25, No. 6 (1943)

He states at page 63:

"Industrial concerns are in general not particularly anxious to have the occurrence of occupational cancers among their employees or of environmental cancers among the consumers of their products made a matter of public records. Such publicity might reflect unfavorably upon their business activities and obliges them to undertake extensive and expensive technical and sanitary changes in their production methods and in the types of products manufactured. There is, moreover, the distinct possibility of becoming involved in compensation suits with extravagant financial claims by the injured parties."

"It is, therefore, not an uncommon practice that some pressure is exerted by the parties financially interested in such matters to keep information on the occurrence of industrial cancer well under cover."

- 1943 State of Oregon enacts Workmen's Compensation Law covering the disease asbestosis
- 1943 State of Nebraska enacts Workmen's Compensation Law covering the disease asbestosis
- 1943 State of Minnesota enacts Workmen's Compensation Law covering the disease asbestosis
- 1943 State of Michigan enacts Workmen's Compensation Law covering the disease asbestosis
- 1943 State of Arizona enacts Workmen's Compensation Law covering the disease asbestosis
- 1944 State of Virginia enacts Workmen's Compensation Law covering the disease asbestosis
- 1945 State of New Mexico enacts Workmen's Compensation Law covering the disease asbestosis
- 1945 State of Colorado enacts Workmen's Compensation Law covering the disease asbestosis
- 1946 Fletcher and Brinkner, 2. of Ind. Hyg. and Toxicology, Volume 26, p. 9 (1946)
Epidemiologic survey finding three cases of asbestosis in shipyard but concludes trade isn't hazardous (no monitoring of removal of old insulation and the majority of men surveyed had less than fifteen years exposure.)
- 17 1946 ✓ August 12, Letter from Gatto (President, Gatto Corporation) to Harkback (Raybestos-Manhattan) Complains that final report had not been rendered. Refers to interim reports that less than five microns is innocuous and says that heavier dust (greater than five microns) can be controlled by approved respirators
"With these two facts established, and without injection of possibilities of of cancer, etc., etc., we would have something definite and worthwhile to combat the claims of those country doctors' whose testimony is accepted by the Courts. Points to fact that all they need is this part of the report and "we could let the rest of it (experiments) go by the board."
- 50 1946 ✓ December 12, Letter from Brown (Johns-Manville Legal Dept.) to Bowditch (Sarason Laboratory) Asks whether someone else could complete Gardner's

Original copy sent to Mr. Hanson on 10/10/55

Form No. 1013 (Rev. 5-1-55)

PHOTO COPY

DATE	STATUS	OFFICE NO.	CLOCK NO.	RATE	REASONS FOR TRANSFER, CHANGE IN STATUS ETC.	COMPENSATION	COMBINATION	ATTENDANCE
12-10-22	Hired							
1-10-23	1. Restricted							
2-20-24	Healed							
4-1-25	Freq. rate	44	317	.55				
7-5-26	Chg. Rate	44	317	.57				
7-21-27	Chg. Rate	44	317	.60				
4-4-27	Chg. Clock #	44	172	.60				
1-9-29	Chg. Clock #	24	717	.56				
1-10-30	Quit	24	717	.56	Claims work interferes with health.	Thoro.	O.K.	Reg.

THE EMPLOYEE'S SIGNATURE

(M-8)
MICROB
FILE SEPAR

Trans. 1-9-39
C-163
Punyko William Joseph - #717 - Trans from Dpt. #44 (weaver) to #24 Sand. & Y.
5-4-29 - 11:00 A.M. Has rash in both axillae - Exam. by Dr. Kornblut.
Nothing to do w his occupation; per Dr. Kornblut. He advised
use of zinc oxide + pine tar ointment which was given him.
Punyko for use at home or as necessary.
11-17-39 - quit.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate copy of the Agreement to Compromise, Petition to Compromise and Order, X-ray report of Dr. Parmelee, Bacteriological Report of Dr. Peters, Results of Bacteriological Test and transcript of Dr. Gibson from the records of the Office of Workmen's Compensation Commission, State of Connecticut, Fourth District, in the case of:
Michael Ambrozewich

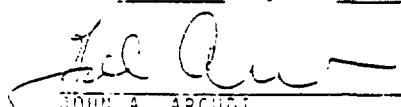
vs.

Raybestos Company, now Raybestos-Mannattan, Inc.

and

The Hartford Accident and Indemnity Co.;
The American Surety Company of New York; and
The Employers' Liability Assurance Corp.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

623

MICHAEL AMBROSEWICH, CLAIMANT	CORAN, wife, Josephine
Avenue E	
Stratford, Conn.	
VS	COMPENSATION COMMISSIONER
RAYBESTOS COMPANY now Raybestos-	FOURTH CONGRESSIONAL DIST.
MANHATTAN, INC.	
EMPLOYER	BRIDGEPORT, CONNECTICUT
AND	
THE HARTFORD ACCIDENT AND INDEMNITY CO.	MARCH 13, 1940.
THE AMERICAN SURETY COMPANY OF NEW YORK	
THE EMPLOYERS' LIABILITY ASSURANCE CORP.	
INSURERS-RESPONDENTS	

AGREEMENT TO COMPROMISE

OFFER TO COMPROMISE

AND

ORDER

Received
MAR 14 1940
Compensation Commissioner

WHEREAS on or about the 1st day of December, 1938 and for a number of years prior thereto, the claimant, Michael Ambrosewich, of Stratford, Connecticut, was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times mentioned herein subject to Part 3 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with - The Hartford Accident and Indemnity Company, The American Surety Company of New York and The Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 1st day of December 1938 he suffered an occupational disease, to wit: Asbestosis, and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said December 1, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim has been held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS THE SAID Michael Ambrozewich has a wife, Josephine, who is a potential dependent, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive from:

The Hartford Accident and Indemnity Company \$53.86

The American Surety Company of New York \$730.58

The Employers' Liability Assurance Corp. \$68.56

making a total sum of EIGHT HUNDRED FIFTY AND 10/100 - - - DOLLARS

and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Hartford Accident and Indemnity Company \$53.86

The American Surety Company of New York \$730.58

The Employers' Liability Assurance Corp. \$68.56

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act, for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Josephine Ambrozewich, wife of aforesaid claimant, Michael Ambrozewich, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said, Michael Ambrozewich, while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we herunto set our hands the day and date first above written.

Witnesses:

Charles Barak

Michael Ambrogovich
CLAIMANT

Edward H. Lavery

Josephine + Ambrogovich
POTENTIAL CLAIMANT - WIFE

RAYMOND COMPANY ROW
RAYMOND-MANHATTAN, INC.

By: W. H. Hudson

THE HARTFORD ACCIDENT AND INDEMNITY CO.

By: E. J. [Signature]

THE AMERICAN SURETY COMPANY OF NEW YORK

By: A. W. [Signature]

THE EMPLOYERS' LIABILITY ASSURANCE CORP.

By: E. J. O'Donnell

Approved 14 day of March, 1940.

E. T. Buckingham
Compensation Commissioner
Fourth Congressional District.

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B. M. PARMETER, M.D.
R. E. LOCKHART, M.D.
Beverly Hills, California

INTERNAL MEDICINE
AND SURGERY

November 11, 1938
Index No. 42752

Mr. Michael Ambrosevich

Dr. Adams

A stereoscopic radiographic examination of the chest shows no evidence of any peripheral lung infiltration which would suggest the presence of pulmonary tuberculosis. The apices and costo-phrenic angles are clear. There is moderate thickening of the hilar shadows and also of the primary and secondary bronchial shadows, indicating some peri-bronchial fibrosis. We believe these are early changes of pneumoconiosis and would classify the lesion as a first stage asbestosis.

Respectfully submitted,

P.B

B. M. Parmeter

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BRIDGEPORT HOSPITAL
BRIDGEPORT, CONN.

CLARENCE H. BARTON
LABORATORY

November 23, 1938

Dr. Joseph Adams
409 Noble Avenue
Bridgeport, Connecticut

Dear Dr. Adams:

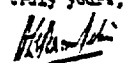
The laboratory findings on your patient, Mr.
Michael Anbrasevich are as follows:

Hgb. - 10.5 Sahli
R.B.C. - 5,970,000
W.B.C. - 7,550
Polye - 70
Bands - 10
S-L - 12
L-L - 2
Mono. - 3
Eos. - 7

The red blood cells are slightly hypochromic.

The sputum was mucoid in type. No definite
asbestos bodies were seen. After antiformin and sulphuric
acid preparation, the smears under the dark field showed
highly refractile bodies which resembled asbestos fibers.
No tubercle bacilli were found.

Very truly yours,


H. LeBaron Peters, M.D.



Bacteriological Laboratory
DEPARTMENT OF HEALTH
Bridgeport, Conn.

Form 30

JUN 19 1937

Doctor Abtall

The sputum submitted by you
on 6/15/37 from Michael Intaglietta
to be examined for tubercle bacilli showed
the following results: Positive

Kathryn R. Farrell

Division, Division of Laboratories

DR. COLB E. GIBSON.

(Sworn by Commissioner)

EXAMINED BY MR. McDONALD:

- Q Your full name, doctor? A Colb E. Gibson.
- Q Your address? A Meriden, Connecticut.
- Q You are connected with this sanatorium? A Superintendent and medical director of Undercliffe Sanatorium.
- (Qualifications of doctor admitted)
- Q Doctor, did you make a physical examination of one Michael Ambroszovich? A Yes, sir.
- Q This examination was made when? A February 22, 1939, and subsequent one on July 31, 1939.
- Q Will you report on your findings of this examination?
- A In the same manner as previously?
- Q Yes. A He was aged 44, born in Russia and came to United States in 1913. He worked first in a subway in New York as a laborer for four years; then for Johnsville Company, roofing paper department, for 1½ years; he came to Bridgeport in 1923 and ran a grocery business until 1929. During this period of 9 years he also did some factory work, and from 1926 he worked about 2½ years for Columbia Graphophone Company as a pressman. He began work for Raybestos Company July 1, 1929, remaining there for a few months, and he was laid off because of lack of work. He went to Crane Company for 6 months, working at trucking. In May 1931 he began working steadily at the Raybestos Co.

and remained there until December 23, 1938, when he was laid off because of no work. His Past Illness: He had a tonsillectomy in 1924; otherwise he has always been well. The reason for the tonsillectomy was that when he had colds he usually had severe sore throat. His present illness, he said he noticed that over a period of about two years prior to 1938 he had gradual development of shortness of breath. In the Fall of 1938 he developed vague pains in his anterior chest, more marked dyspnea on climbing stairs associated with some morning cough but no expectoration. Then these symptoms developed he decided to consult a physician which he did in November 1938. He was x-rayed at that time by Dr. Farwell. Since he was laid off in 1938 he feels somewhat improved; chest still feels heavy; it is difficult for him to take a long breath; and he has vague dull pain in his anterior sternal region. He says that he sleeps poorly and his appetite is capricious. On physical examination, his ordinary weight is 165; present 156. His general appearance is good; is somewhat sallow; he does not appear ill; he is well developed and nourished; eyes and ears are negative. Throat-moderately congested; slight post nasal drip. Teeth-upper and lower plates. Adenitis negative. Chest, well developed and well-used; no flattening of suprasternal space; no evidence of emphysema. Breath sounds are clear except in extreme left base where a few

fine crackles are heard which clear almost completely after cough. Heart - faint roughening and prolongation of breath sound in 5th intercostal space; no definite murmur; muscular quality fair; rate 72 sitting, 80 standing. Blood pressure 126/86. Abdomen negative. Fingers not clubbed. On moving around the man does not appear to be particularly dyspneic; he certainly is not acutely ill. The sputum revealed occasional golden globules but no definite asbestos bodies. X-ray of the chest on February 23, 1939, reveals a fine increase in density of the bronchovascular markings in the inner and middle zones in the lower portions of both lung fields. There is very fine beading of the truncal shadows in the middle zones. The upper portions of both lung fields are entirely within normal limits. Both hila are somewhat increased in size and are ragged. There is a small calcific deposit at the anterior level of the 4th rib on the left, apparently from a 4th rib former tuberculosis infection. The heart shadow is slightly enlarged to the left, the left ventricle appearing somewhat flabby. Both diaphragms are curved and free. No evidence of recent exudative lesion.

Summary: This man complains of gradual development of shortness of breath over a period of a couple of years and more recently vague pain in the anterior chest. He has moderate morning cough with no expectoration. He has

a history of having been employed as an asbestos weaver for a period of about 7 years. X-rays reveal very moderate increase in density of the truncal markings in a limited portion of the lung field which appears to be due to interstitial fibrotic change of mild degree. On the basis of this history and the findings I felt I had to assume the presence of a mild degree of pulmonary asbestosis. It is unlikely that any serious degree of disability exists as a result of these rather meagre findings. It seems almost certain that removal from the atmosphere of exposure to asbestos dust will be followed in six to nine months by an abatement of symptoms and that there will be no further progression of the mild fibrotic changes described. There seems little likelihood that this man will ever become completely disabled with pulmonary asbestosis if he does not return to the occupation of asbestos weaving. He was reexamined on July 31, 1939, and at that time he reported feeling but little better and that for the past 4 or 5 weeks he has had a heaviness in his anterior chest with some associated vague pain. He reported cough in the morning at which time he expectorates moderately, and this expectoration is lumpy. Shortness of breath has been about the same except for the past 3 or 4 weeks this has been slightly worse particularly during the time when atmospheric conditions were bad. He sleeps

poorly, eats fairly well. He still has difficulty in taking a long breath and this seems to be a predominant symptom. He has occasional distress in his epigastrium after meals. He has no gas, acid, or belching. On physical examination, his general appearance is unchanged; he does not appear particularly ill or incapacitated. He has no obvious dyspnea when sitting quietly nor does any noteworthy evidence of dyspnea appear after coughing or moving around moderately. He is somewhat sallow, smooth skin; has no bluish discoloration. Present weight is 157 as compared with 156 on February 28, 1939. Blood pressure is 118/76 as compared with 126/86 on February 28, 1939. Eyes and nose are negative. Throat is slightly chronically congested. Chest- Expansion approximately equal; no appreciable lag; some slight impairment of resonance over the extreme base; breath sounds are heard clearly throughout; no rales; no increased whisper. Heart-rate quiet, 68; after cough or moderate exercise 78; occasional dropped beat during quiet examination which cleared promptly following slight exercise. Muscular quality is good; no murmurs. Abdomen is negative. Fingers slightly thickened; not clubbed. My general impression following physical examination is that the patient has shown improvement in his general condition. Repeated x-ray examination revealed clearing of the bases in the lower por-

tion of both lung fields. In this film the haziness extends to the periphery; here to all intents and purposes it is normal (pointing on x-ray). Also a very definite clearing of the beading which I called attention to; in the second film it is entirely clear. The remainder of the x-ray examination was approximately the same. The tracheal markings on the left side are well delineated and probably very slightly thickened in the mid and terminal portions. Both costophrenic angles are clear. Diaphragms are curved and free. There appears to be slight left deviation of the heart and possibly some accentuating of the right border of the heart. On the basis of physical examination and x-ray examination one's impression is that this patient has shown improvement. This is not corroborated by the recital of symptoms by the patient, but I am not too convinced with the reality of the symptoms which he recited. The very minor degree of bronchial change which we now visualize in the x-ray might well be unaccompanied by any physical signs or any symptoms whatsoever in another individual without his occupational history. It must be admitted that from a theoretical standpoint it is possible that the very minor changes visualized might produce non-incapacitating mild dyspnea with possible occasional cough as a result of the irritative changes. It is my distinct impression that this man is

not totally incapacitated and that even now it is quite likely that he could be doing some gainful occupation of light and non-arduous variety. It is also my feeling within a year it is entirely proper to anticipate that the very minor degree of interstitial fibrosis may have cleared considerably and that he will have no significant symptomatology. Certainly, this man never had a sufficiently advanced degree of pulmonary asbestosis to become potentially liable to the disabling end results of profound dyspnea, weakness, and cough. It is my feeling that in all probability once his financial situation is straightened out, his difficulties will fade like the morning mist.

Q Doctor, I gather from that report this man was suffering from mild degree of fibrosis and from your first report and examination on February 28th, and your later report in July, there has been a marked improvement in the man's condition both physically and x-ray; that at the present time you do not class him as a totally disabled patient and he should be able to do some gainful type of occupation outside of that connected with dust? A That is my opinion.

Q It is your opinion that within a year's time his symptoms will be entirely cleared? A Very largely any symptoms he has will be non-discomforting at any rate.

Q A year from your examination in July, 1939? A Yes.

DATE	STATUS	DEPT NO	CLOCK NO.	RATE	REASONS FOR TRANSFER, CHANGE IN STATUS, ETC.	COMPETENCY	CONDUCT	ATTENDANCE
2-4-30	WIPED							
10-10-30	10-10-30 OFF							
12-16-32	RE-TRIPED							
4-28-33	ON-CLOCK"	111	308	.50				
11-17-34	TRANS.	34	80	.50				
4-28-34	"	111	335	.55 (ON SAMPLES)				
7-5-36	ON-CLOCK	111	335	.57				
3-21-37	"	111	335	.60				
4-4-37	"CLOCK"	111	182	.60				
				1306	Don't like it	4/12/37		
						of the pen relation		
						on other application		
						it was found to be old		
						get Co.		

THIS EMPLOYEE, DEPT NO. 111

It is noted and hereby acknowledged

TERMINATION NOTICE THE RAYBESTOS DIVISION OF RAYBESTOS MANUFACTURING, INC.

Form 100-A and 11-10-37 M

☒ LAY OFF ☐ SICKNESS ☐ LEAVE ON AD. PRO.

Form 100A SM 10-15-57 M

To be filled out completely and to be retained

TERMINATION NOTICE

THE RAYBESTOS DIVISION
OF RAYBESTOS MANUFACTURING, INC.

NAME OF UNIT ☒ DISCHARGE ☒ LAY OFF ☐ SICKNESS ☐ LEAVE OF ABSENCE ☐
Employee's Dept 44 No 102 Name M. HARRIS JR. Date 1/9/60
Title IR ad Nature of duties WEAVER Date 1/9/60

PAYMASTER The above named employee is being terminated, time is set 12:00 AM 12-23-58

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)					
Therapy Completed	First Worker	Lay	Constant Good	Attendance Regular	Date
Early Completed	Midsize Worker	Careless	Constant Fair	Attendance Irregular	
Not Completed	Slow Worker	Conscientious	Disobedient	Continued Absence	

REASON FOR LEAVING OR DISCHARGE

(To be filled in by Employer)
Further explanation
In case of Lay Off, if above employee has been instructed to report for possible to their employment, when?
Would you return for your discharge?
Has any Union action been taken?
Was employee given notice?
Was employee given notice?
SIGNATURES
Supervisor
Employee

EMPLOYEE MUST TRANSMIT THIS NOTICE AND DUPLICATES PROMPTLY TO SUPERINTENDENT

Ambrosewich Michael - Bridgeport Plant Employee

12-12-34 - Request from Mr. Halsey to check with Dr. Parmelee's office on X-Ray pictures of Mr. Ambrosewich. Inf. from P's office - Dr. Halsey ordered pictures of Ambrosewich on Nov. 11th and they were taken on that date. For details Dr. Parmelee referred us to Dr. Halsey.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order, and transcript of Dr. Cole B. Gibson

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Archie Poceluko

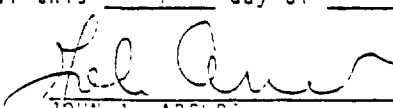
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Co.;
The Hartford Accident & Indemnity Co.;
The American Surety Company of New York; and
The Employers' Liability Assurance Corp.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

624

ARCHIE POCELUKO, CLAIMANT
707 Hallett St.
Bridgeport, Conn.

VS
RAYBESTOS COMPANY NOW
RAYBESTOS-MANHATTAN, INC.
EMPLOYER

AND

THE TRAVELERS INSURANCE CO.
THE HARTFORD ACCIDENT & INDEMNITY CO.
THE AMERICAN SURETY COMPANY OF NEW YORK
THE EMPLOYERS LIABILITY ASSURANCE CORP.
INSURERS
RESPONDENTS

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DIST.

BRIDGEPORT, CONNECTICUT

MARCH 13, 1940.

AGREEMENT TO COMPROMISE

PEITION TO COMPROMISE.

AND

ORDER

WHEREAS on or about the 3rd day of January 1939 and for a number of years prior thereto, the claimant, Archie Pocoluko, of Bridgeport, Connecticut was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part 3 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the Travelers Insurance Company, the Hartford Accident and Indemnity Company, the American Surety Company of New York and the Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 3rd day of January 1939 he suffered an occupational disease, to wit: Asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said January 3rd, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny; and

WHEREAS a partial hearing of said claim was held before the

Received
MAR 14 1940
Compensation Commissioner

Compensation Commissioner for the Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Archie Pocelniko has a wife, Fedora, and two minor children, to wit, Walter and Nicholas Pocelniko, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive from:

The Travelers Insurance Company	\$124.08
The Hartford Accident and Indemnity Co.	\$364.77
The American Surety Company of New York	\$730.03
The Employers' Liability Assurance Corp.	\$71.12

making a total sum of FIFTEEN HUNDRED FIFTY AND NO/100 - - - DOLLARS, and we the insurer respondents do agree to pay to the said claimant the sum above specified; to wit,

THE Travelers Insurance Company	\$124.08
The Hartford Accident and Indemnity Co.	\$364.77
The American Surety Company of New York	\$730.03
The Employers' Liability Assurance Corp.	\$71.12

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sum so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of the aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Fedora Pocelniko, wife of aforesaid claimant, Archie Pocelniko, do agree that in consideration of said sum so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an

occupational disease by the said Archie Pocelniko while in the employ of the said employer-respondent,

AND TO FURTHER CERTIFY that I, the claimant, Archie Pocelniko, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, and I, Fedora Pocelniko, wife of said Archie Pocelniko, potential dependents, and mother of aforesaid minor children, and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Archie Pocelniko, while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereto set our hands the day and date first above written.

Witnesses:

Charles Banks

Edward H. Green

Archie Pocelniko
Claimant, parent, natural guardian and next friend of Walter & Nicholas Pocelniko, potential claimants.

Fedora Pocelniko
Potential claimant and parent

RAYBESTOS COMPANY, now RAYBESTOS-MANHATTAN, INC.

By: H. W. Williams

THE TRAVELERS INSURANCE COMPANY Asss

By: J. H. Schlegel

THE HARTFORD ACCIDENT AND INDEMNITY CO.

By: W. A. Taylor

THE AMERICAN SURETY COMPANY OF NEW YORK

By: H. A. Dunne

THE EMPLOYERS' LIABILITY ASSURANCE CORP.

By: B. J. O'Connell

Approved this 14 day of March, 1940

E. T. Buckingham
Compensation Commissioner
Fourth Congressional District

Archip Poculnik

Raybestos - Manhattan

DR. COLE B. GIBSON.

(Sworn by Commissioner)

EXAMINED BY MR. BROWN:

Q Doctor, what is your full name? A Cole B. Gibson.

Q You are connected with this sanatorium? A Superintendent and medical director of Undercliffe Sanatorium.

(Qualifications of doctor admitted)
Q Doctor Gibson, will you outline the result of your findings of your examination made on March 6th? A February 28th was the examination.

Q Will you tell us the result of your examination? A I first saw him February 28, 1939. He was born in Russia and came to the United States in 1913. He first began work in Bridgeport for the Bridgeport Brass Company as a laborer on the floor for 2 or 3 years. He then worked for Rewington as a laborer for about 3 or 4 years, or until 1919. He then worked in the Singer shop for a short time as a laborer, and then for Electric Cable Company as floor laborer for a short time. He also work for U M C on floor job for a short time. He was out of work for quite a long period around 1922. In 1923 he began work for Raybestos as an asbestos weaver, days, and continued at that until 1927. He then went to General Electric and worked as a floor laborer for a short time; and then at Flumenthal's, weaving plush for a short time; then for Salter Textile Company, weaving velvet for a short time. In 1928 he returned to Raybestos Company, remaining there

as an asbestos worker until December 31, 1938 when he was laid off. Subsequently he was called to go to Stratford to work for the same company but did not feel well and consequently he did not report for duty. His Past Illness: He denies any serious past illness. The present illness: Last Fall he noticed th difficulty in breathing and weakness on climbing stairs was becoming more noticeable. He consulted Dr. John Adams in October. Medication was followed by no improvement, and the doctor sent him to Dr. Antell who x-rayed him about the 1st of November and told him that he had something wrong with his lungs. At the present time, February 28th, his cough is somewhat less severe than it was in the shop where it was quite troublesome. He said he feels considerably improved; he now has slight expectoration, tires easily, has shortness of breath on exertion, particularly on climbing stairs, but this is definitely less than when he quit work. He has some vague pain in the anterior chest for four to six months past; this also has shown some improvement since he quit work. Physical Examination: His ordinary weight is 165; his weight at the time of examination was 173; he is well developed and nourished, has a florid complexion, and did not appear acutely ill. His eyes, ears and throat are negative. Teeth: several missing. His chest was well muscled, well developed;

some flaring of lower ribs; slightly diminished respiratory sounds throughout; fine crackles over the left base posteriorly, not clearing after cough. Some impairment of resonance over both bases. Heart: Mucous r quality fair; rate 72 sitting, 80 standing; no murmurs. Blood pressure 120/90. Abdomen negative. Fingers not clubbed. Sparse specimen of sputum reveals opaque specks in which were found asbestos bodies. X-ray of the chest: our first films were on February 28, 1939 - show a rather diffuse fine granular density throughout both lung fields, more particularly on the right side. The descending bronchial trunks on the right were somewhat exaggerated particularly in the cardio phrenic angle. The periphery on both sides is somewhat hazy. Both hila, the root shadows, are moderately increased in density and the right is especially ragged. Fine granular increase in density noted is not of typical spider-web type and is distributed to a degree which is compatible with a moderate extent of interstitial fibrosis. The cardiac shadow is located to the left. The dome of the left diaphragm is curved and free. That of the right is depressed and not curved. Both costophrenic angles are clear. The summary is as follows: This man has been employed as an asbestos weaver for a total of approximately 14 years. During the other 12 years he has been in the country he has been ex-

played variously as a shop laborer. He complains of dyspnea, vague pain in the anterior chest, and fatigability. Cough which he had, has now improved considerably and he has slight or no expectoration. X-ray examination reveals moderate amount of interstitial fibrosis in the upper halves of both lung fields. Coupled with the history, symptomatology, these findings are compatible with a moderate degree of pulmonary fibrosis which in all probability is due to pulmonary asbestosis. Whether or not a very slight degree of underlying fibrotic change may be due to dust factors which he encountered in other occupations cannot be determined on the basis of this examination. There is, however, sufficient fine interstitial fibrosis to be responsible for the not very severe symptoms of which he complains. This fibrosis may be attributed to the asbestos exposure alone. The degree of disability which this man has at present is problematical. If the symptoms which he recites are true he should, in all probability, be considered as disabled for the time being. It seems very likely, however, that cessation of occupation as an asbestos weaver should be followed by definite improvement, certainly within a year, and at the end of that time he should be able to return to gainful occupation providing it is not asbestos or where he might be exposed to dusty atmosphere.

I saw him again on July 31, 1939. He complained of cough in the morning, has some sputum which is lumpy, states definitely he does not feel improved; still has pain in his anterior chest, practically constantly. After walking or any moderate exercise the pain is more severe and is accompanied by definite shortness of breath; he does not sleep well; he eats fairly well. On physical examination the man does not appear particularly ill, but he is definitely depressed mentally. Seems incooperative and is inclined to be sullen. His skin is well tanned; ears, nose and throat unchanged. His blood pressure this time 130/90 as compared to the same finding on February 28th. His present weight 184 as compared with 173 on February 28th. Heart rate is 72 sitting, 80 after coughing or slight exercise. Muscular quality fairly good, no murmurs and rhythm regular. Chest well shaped, well muscled, well developed, no lag, no impairment of resonance except over the base. Crackles heard in February are clear. Fingers slightly thickened, not clubbed. During the course of the examination the man was dyspneic after coughing, apparently became fatigued. Repeated stereoscopic x-ray examination on July 31st, reveals little if any change in the films as already described. The heavily defined haziness on the right side has undergone some clearing as you can see. It is my feeling he has shown some improvement in his condition as evidenced by

his increase weight; no doubt he was still dyspneic and he himself was greatly concerned about himself and his condition, very definite about his pain in his chest and there is no method in discussing this any further. The man's condition and x-ray films show tendency toward improvement. The time between the two examinations was not sufficient to bring to light any noteworthy changes, and it was too short a time to reach any conclusions as to the ultimate outcome. It is my feeling the man's mental attitude was not good, and something of a radical nature must be made to improve his outlook, otherwise he is going to magnify his symptoms. Definitely he is not to be classified as a far advanced case of pulmonary fibrosis. He has a moderate degree which quite probably arose from pulmonary asbestosis, but there is every reason to believe since he is removed from the atmosphere, that improvement of this condition should arise since it has improved without progress of the disability as seen. However, at the moment he needs some physiological attention, not so much psychology, but something to give him a definite lift. It is possible at the end of a year his x-ray and physical condition will be very materially improved; certainly the man cannot be going down hill, for the increase in weight and his blood pressure shows no change; his general condition is not worse but better.

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then I first saw him; therefore it is my feeling that eventually he should be able to return to some gainful occupation; not asbestos weaving.

Q I think, doctor, I have the picture here, if I interpret your reports correctly, that the man has been and was suffering when you last examined him of a moderate degree of pulmonary "asthetosis"? A Yes, sir.

Q Whether that was in your opinion of sufficient degree to be classified as total disability when you last examined him? A I think so; I don't believe the man could pursue a gainful occupation steadily, being easily fatigued and short of breath and with vague pains in his chest.

Q Then you say that you take into consideration his mental condition? A Yes, I felt that the man does not feel well and he is unquestionably definitely concerned about this symptoms as you or I might be under the same circumstances. I do feel, however, if he could understand the situation there is an opportunity for him to get well; his chances are excellent, certainly better than good, very good.

Q In your second examination on July 31st, you stated very definitely that as far as your x-ray and the physical examination revealed, his lung condition was very definitely improved? My feeling was this: on physical examination the man showed an improvement in his general

[illegible]

[Faint, illegible handwritten notes]

PERSONAL DATA		RATE OF PAY		REASONS FOR TRANSFER, CHANGE IN STATUS, ETC.		ANNUAL RATING		
DATE	STATUS	DEPT. NO.	CLOCK NO.	RATE		COMPETENCY	CONDUCT	ATTENDANCE
4/28 11/20/50		11/1	329	1.5				
5-36 26 10/20		44	324	57				
10/31		44	329	60				
4-27 - 10/21/50		44	329					
4-27/50	Leave off							

EMPLOYMENT CARD

P/f's Exh. 2-B Id.
8/23/84/med

STRATFORD

Angel

902

HARRY AND JOHN CROCCO, of Bridgeport, Connecticut, children and alleged dependents of deceased claimant, ~~John~~ Crocco,

CLAIMANTS

VS.

RAYBROS - MANHATTAN INC., of Stratford, Conn.,

Employer

and

TRAVELERS INSURANCE COMPANY, of Bridgeport, Conn.,

Insurer

and

HARTFORD ACCIDENT & INDEMNITY CO., of Bridgeport, Conn.,

Insurer

and

AMERICAN SURETY COMPANY of New Haven, Conn.,

Insurer

and

EMPLOYERS' LIABILITY ASSUR. CORP. of New Haven, Connecticut

Insurer

RESPONDENTS

C O R A M

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DISTRICT

Received
OCT 14 1949
COMPENSATION COMMISSIONER
FOURTH CONGRESSIONAL DISTRICT

OCTOBER 7 1949.

FINDING AND AWARD BY STIPULATION

Upon the within and foregoing stipulation being submitted to and examined by the undersigned, I find that the same is a fair and equitable settlement of a disputed claim.

WHEREFORE it is ordered, adjudged and awarded that the same be in all respects complied with, and that a compliance therewith shall be a final and complete settlement of all claims of said claimants against the respondents under and by virtue of Chapter 280, known as the Workmen's Compensation Act.

Ronald R. Ricket
COMPENSATION COMMISSIONER FOR THE
FOURTH CONGRESSIONAL DISTRICT.

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Ance

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MARY AND JOHN GROCCO, of Bridgeport, Connecticut, children and alleged dependents of deceased claimant, John Grocco,

GLADIATOR

VS.

RAYBESTON - MANHATTAN INC. of Stratford, Conn.,

Employer

and

TRAVELERS INSURANCE COMPANY of Bridgeport, Conn.,

Insurer

and

HARTFORD ACCIDENT & INDEMNITY CO. of Bridgeport, Conn.,

Insurer

and

AMERICAN SURETY COMPANY of New Haven, Conn.,

Insurer

and

EMPLOYERS' LIABILITY ASSURANCE CO. of New Haven, Connecticut

Insurer

RESPONSE

CORAM
COMMISSIONER

FOURTH CONGRESSIONAL DISTRICT

Received
OCT 14 1949
COMMISSIONER
FOURTH CONGRESSIONAL DISTRICT

OCTOBER 7 1949.

FINALE ANSWER BY STIPULATION

Upon the within and foregoing stipulation being submitted to and examined by the undersigned, I find that the same is a fair and equitable settlement of disputed claim.

WHEREFORE it is ordered, adjudged and awarded that the same be in all respects complied with, and that a compliance therewith shall be a final and complete settlement of all claims of said claimants against the respondents under and by virtue of Chapter 280, known as the Workmen's Compensation Act.

Ronald R. Ricketts
COMMISSIONER FOR THE
FOURTH CONGRESSIONAL DISTRICT.

MARY GROCCO AND JOHN GROCCO,
of Bridgeport, Connecticut,
children and allared dependents
of deceased claimant, John Angelo
Grocco,

C O R A M
COMPENSATION COMMISSIONER

VS. CLAIMANTS : FOURTH CONGRESSIONAL DISTRICT

RAYBESTON - MANHATTAN INC.,
of Stratford, Connecticut

Employer
and

TRAVELERS INSURANCE COMPANY
of Bridgeport, Connecticut
Insurer

and

HARTFORD ACCIDENT & INDEMNITY CO.,
of Bridgeport, Connecticut
Insurer

and

AMERICAN SURETY COMPANY of New
Haven, Connecticut
Insurer

EMPLOYERS' LIABILITY ASSUR. CORP.,
of New Haven, Connecticut
Insurer

RESPONDENTS

OCTOBER 5, 1949.

AGREEMENT OF ADJUSTMENT AND STIPULATION OF AWARD

46-210 WHEREAS the claimants, Mary Grocco and John Grocco contend that the deceased John Grocco sustained an injury arising out of and in the course of his employment (as a worker of asbestos) consisting of an occupational disease known as asbestosis, the first manifestation of the symptoms having occurred in April of 1949 and said claimant's death resulted on July 22, 1949, all of which claims are denied by the respondents, and

46-210 WHEREAS a contract of employment had been in force between John Grocco, deceased claimant, and Raybestos - Manhattan Inc. herein after referred to as the employer-respondent in April of 1949, and

WHEREAS said employer-respondent had fully complied with the terms of Sec. 1615-C cumulative supplement to the General Statutes of the State of Connecticut, 1935, by insuring its compensation risk with the TRAVELERS INS. CO., insurer-respondent, Hartford Accident & Indemnity Co., insurer-respondent, American Surety Co., insurer-respondent and Employers' Liability Assur. Corp., insurer-respondent, corporations authorized to carry such risk, and

WHEREAS the average weekly wage of the claimant was \$47.19 and his compensation rate, \$23.59, and

WHEREAS numerous conferences have been held between the parties and their attorneys at which time it was contended by the claimants that the deceased claimant sustained said asbestosis while employed in the capacity above set forth until January of 1939 at which time he was taken from the exposure of asbestosis and was given a job as janitor and since January 11, 1939 deceased claimant continued in his capacity as said janitor; said claimants further contend that

the first manifestation of the symptoms was in April of 1949 when this asbestosis was called to the attention of the deceased by Dr. George Roberge after claimant had suffered an attack of virus pneumonia; that said deceased was out of work during two separate periods from March 26, 1949 until April 6, 1949 and from June 30, 1949 until the date of his death, all of which claims are denied by the respondents it being their claim that this is not a compensable case and that said asbestosis arose out of conditions unconnected with his employment and therefore is not compensable and said respondents further contend that the claims in said case are not dependent under the Workmen's Compensation Act, and

WHEREAS at all of said conferences a desire was manifested by the parties hereto to amicably adjust and settle said claim once and for all time.

1661 NOW WHEREFORE it is hereby agreed by and between the parties hereto, Mary Crocco and John Crocco, children and alleged dependents of deceased John Crocco, claimants, and Raybestos-Manhattan Inc., employer-respondent, and Travelers Ins. Co., insurer-respondent, and Hartford Accident & Indemnity Co., insurer-respondent, and American Surety Co., insurer-respondent, and Employers Liability Assur. Corp., insurer-respondent, being all the parties to the controversy, that while their respective claims are made in good faith, the claims are disputed and the result, if fully prosecuted at a hearing, would be doubtful.

Article
WHEREFORE it is agreed by and between Mary Crocco, and John Crocco, children and alleged dependents of deceased John Crocco, claimants, and Raybestos-Manhattan Inc., employer-respondent, and Travelers Ins., Co., insurer-respondent, and Hartford Accident & Indemnity Co., insurer-respondent, and American Surety Co., insurer-respondent, and Employers' Liability Assur. Corp., insurer-respondent, that the various respondents shall pay to said claimants the sum of TWENTY TWO HUNDRED AND FIFTY DOLLARS (\$2250), based upon the following exposures: Travelers Ins. Co. 17 months; Hartford Accident & Ind. Co. 72 months; American Surety Co. 84 months and Employers' Liab. Assur. Corp. 13 months, and that said insurance carriers have agreed to pay the following sums: Travelers Ins. Co. - \$195.00; Hartford Accident & Indemnity Co. - \$750.00; American Surety Co. - \$370.00; Employers' Liab. Assur. Corp. - \$135.00.

Payment of said sum of TWENTY TWO HUNDRED AND FIFTY DOLLARS (\$2250) as above allocated is to be in full and final settlement, adjustment, accord and satisfaction of all claims including all medical and compensation, past, present and future which the aforesaid claimants have or might have against the respondents, or either of them, and to be made and accepted in lieu of all other compensation payments, either total, partial, permanent partial, specific and for periodic and permanent disfigurement under the terms of said Workmen's Compensation Act.

The sum of TWENTY TWO HUNDRED AND FIFTY DOLLARS (\$2250) shall be accepted as full and final settlement, adjustment, accord and satisfaction of all claims including all medical and compensation whether total, partial, permanent partial, specific and for serious and permanent disfigurement for the injury and death of John Crocco, deceased claimant, and for all claims for medical, surgical, hospital and nurses' expenses past, present and future, and for the statutory funeral bill, and for all compensation which may be due to anyone as a result of said injury to the end that the payment of said sum shall constitute a complete satisfaction of all claims due or to become due at any time in favor of anybody on account of said injury.

It is expressly understood and agreed that the acceptance of said sum of TWENTY TWO HUNDRED AND FIFTY DOLLARS (\$2250) is in full accord and satisfaction of a disputed claim, and that the payment of said sum is not an admission of liability.

It is further stipulated and agreed by and between the parties that this stipulation and agreement is intended to deal with any

...the compensation award, or otherwise, which exists as of the date hereof, or any changes of conditions which may arise in the future on account of the claimed conditions.

WHEREAS said deceased claimant, in the event of a finding of compensability in this case, would have been entitled to \$347.20 for temporary total disability, and said claimants and alleged dependents are the only heirs at law of said deceased, and by this agreement they agree to and do hereby indemnify and save harmless the employer-respondent and insurer-respondents from any claim of any character that might hereafter be made for any alleged temporary total which accrued during the life of the deceased amounting to \$347.20, and it is further contended that said settlement shall be binding upon all parties.

It is further agreed that this settlement shall be binding upon said claimants, their heirs, executors, administrators, assigns and neither she, he nor they shall hereafter make any claim of any character under the terms of said Compensation Act by reason of said alleged injury; and it is further agreed that said claimants shall not make any such claim through any executor, administrator, conservator, or other fiduciary who might later be appointed to administer the estate of said claimants, or they shall not hereafter make any such claim through any guardian or guardians who might later be appointed to represent the interest of said claimant.

It is further stipulated and agreed by and between the parties that this agreement and settlement was not induced or entered into by fraud, accident, mistake or duress on the part of either party, and that neither party hereafter shall have any further claim under the Workmen's Compensation Act of the State of Connecticut, as a result of the aforementioned claimed condition of the said claimant.

With further reference to said claim, it is agreed by and between the parties that said claimant hereby agree to indemnify and save harmless said respondents from any claim that may hereafter be made by said claimant, or by any person or persons on account of said injury.

IN VIEW OF THE FOREGOING, we, the undersigned, hereby unite in requesting that the Compensation Commissioner for the Fourth Congressional District make a finding and award pursuant to this stipulation.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 4 day of October, A. D. 1949.

IN WITNESS OF:

R. J. G. G. G.

Mary Cross

Child and alleged dependent of deceased claimant.

John V. Cross

Child and alleged dependent of deceased claimant.

Raybestos-Manhattan Inc.,
Employer-respondent

and
TRAVELERS INS. CO.,
Insurer-respondent

BY J. H. H. H.
Attorney for Respondents

Raybestos - Manhattan Inc.,
Employer-respondent

and
HARTFORD ACCIDENT & CO. CO.,
Insurer-respondent

BY Edward H. H. H.
Attorney for Respondents

IN THE PRESENCE OF:

Raybestos-Manhattan Inc.,
Employer-respondent, and
AMERICAN SURETY COMPANY,
Insurer-respondent

BY John J. Burink
Their Attorney

Raybestos-Manhattan Inc.,
Employer-respondent
and

EMPLOYERS' LIABILITY ASSUR.
CORP., Insurer-respondent

O'Keefe, Johnson & O'Keefe
BY O'Keefe, Johnson & O'Keefe
Their Attorneys

July 18, 1949

Received
JUL 20 1943
COMPTROLLER GENERAL
FOURTH CONGRESSIONAL DISTRICT

Commissioner Remond J. Zielinski,
955 Main St.,
Bridgeport, Conn.

Dear Commissioner Zielinski:

Re: Mr. Angelo Crocco

Mr. Angelo Crocco is confined at the present time in the Bridgeport Hospital where he is under treatment for his Asbestosis with a super-imposed Pneumonitis and Cardiac failure. The Asbestosis is of long standing. The super-imposed infection in his lungs is of recent origin, but the Cardiac condition is a complication of the Pulmonary Fibrosis due to his Asbestosis. The prognosis is guarded.

If there is any further information you desire, please advise.

-20-49
*7-10-1949
JPC/T

Sincerely,
E. Phillip Dinan, Jr.
E. Phillip Dinan, Jr., M.D.

Design
5-11-14
3:00 ✓

408
936

974.8

I would appreciate it if either you or your son could appear at this office either Wednesday or Thursday of this week and discuss this matter with me.

Very truly yours,

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Stratford, Conn.
Tel. 7-2623

MAY 7, 1948

Occupational History: While in the old country in Italy he worked on a farm, and again when he returned there for about six years, between 1914 and 1920. He came to the United States at the age of 19, in 1908. He was first employed at the New Departure Company in Bristol, Conn., where he worked as a maker of soap. He worked there until he came to Bridgeport in June of 1913, where he first went to work at the Raybestos as a weaver. In 1914 he was laid off and returned to Italy where he remained until 1920, when he again returned to the United States and was again employed in January 10, 1921 by the Raybestos Division in Bridgeport as a weaver. He had more or less continuous employment, except for several small lay-offs, from 1921 to 1939 at the Raybestos, and worked as a weaver. In 1939 he was transferred to the Stratford plant, in the millwright department as a sweeper, which he has done up to the present time. The first few years there he worked more or less in the factory, but for the past three years he has worked in the locker room, which was relatively free of any smoke or dust.

5-20-49
by at the present
of trail parties

THESE ARE THE ONLY TWO COPIES OF THIS DOCUMENT IN THE
ENTIRE COLLECTION AND IT IS REQUESTED THAT YOU RETURN THEM TO THE
LIBRARY AS SOON AS POSSIBLE.

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1. L.O.P. is a composite photograph of the subject.

REF ID: A67098

SECRET

52 17 1243

107-1-7032
FBI/DOJ

History of Illness: This man gives a history of having had a chronic cough, slight expectoration of some years duration. He cannot recall exactly when it first began. However, during the past several years this cough has become more troublesome and persistent, and he has been raising sputum daily. He stated that he felt that as if he had a cold all the time. During the last several years he has had to consult a family doctor because of the chronic cough and expectoration, for which he was given cough mixtures which gave him some relief. These so-called colds did not cause him to lose too much work.

In 1947 an x-ray was taken by the Mobile Unit of the State, which was said to show a spot in his lung, which was confirmed by x-rays taken by Farnalee-Lockhart in Bridgeport. The doctor told him he did not have Tuberculosis and he had nothing to worry about. His most recent illness began in March 25, at which time he was confined to his home with fever, chills, cough, expectoration, and it was felt by his family doctor that he had a pneumonia in his lung, for which he received treatment.

At the present time he complains of cough, expectoration, marked shortness of breath, especially on the least exertion. Shortness of breath to the point where he requires at least three pillows to sleep on at night. He notices easy fatigue, and states that he feels funny all over. There has been no appreciable weight lost. He believes that the symptoms of the cough and expectoration, shortness of breath and weakness, has progressed and has become more noticeable during the past two years.

Physical examination - That of a fairly well developed and nourished male, who does not appear acutely ill, but somewhat chronically ill. He coughed and expectorated frequently during the examinations. There is no evidence of any cyanosis or edema, but there is slight clubbing of the fingernails.

1025

STANDARD OF CARE:

ଉତ୍ତରାଞ୍ଚଳ ଗୋଷ୍ଠୀ

Re: Mr. Angelo Crocco

Ears - Negative. Drums not seen due to wax.

None - Negative.

Pharynx - Normal.

Thorax - Symmetrical, equal expansion on both sides.

Left - Note is slightly impaired between the

Motions of the diaphragm are restricted on

Abdomen - Somewhat obese, or the protuberance may be

Genitalia - Normal male.

data - R.B.C. 5,050,000. EG 87%.

W.B.C. 10,250 normal differential.

Sedimentation rate - 4 and 10 on the hour.

Sputum examinations are to be reported. Wasserman to be reported.

Radiographic examination of the chest revealed evidence of marked thickening of both hilar shadows and a rather diffuse peri-bronchial type of fibrosis scattered throughout the lower two-thirds of both lung fields. There is also some notable pleura thickening at both bases. Both apices are clear. There is no definite evidence of any super-imposed infection. The cardiac silhouette appears slightly enlarged.

№: 27 19270 610600

The Haystack Division of Haystack-Marketing, Inc.,
Stratford, Conn.

Comparing this x-ray with a film taken in August 2, 1947, there has been definite progression of the fibrosis in the lower two-thirds of both lungs, at the same of this increase at the bases may be due to the recent respiratory infection. However, I feel that there has been definite progression of the fibrosis, which was noted in the x-rays of August 1947.

It is noted that this man has had pulmonary symptoms for quite some time. He notices also that within the past two years that they have increased, which I believe coincides with the increase noted in his x-ray pictures.

Since there is no occupational hazard in the Stratford plant, and this man has been free from weaving since 1939, I do not feel that his employment while working at the Stratford plant, contributed to his present condition. As it is a well known fact, that Silicosis and Asbestosis once the lungs have become involved, will progress whether the man is in the environment or not. While working at the Stratford plant, he was only a sweeper, the last three years of which he was not in the factory at all but in the locker room, which was relatively free of any form of smoke or dust.

Diagnosis - Lebertosis.

H. Philip Dineen, Jr., M.D.

HPD/

NOTICE OF HEARING

8 ANGELO CRCCCO ✓
 84 East Main St.
 of Stratford, Conn.

Claimant

vs.
 RAYBESTOS DIVISION OF RAYBESTOS
 MANHATTAN, INC. c/o ~~Stratford~~ ✓
 of Stratford, Conn.
 TRAVELERS INSURANCE COMPANY ✓
 HARTFORD ACCIDENT & INDEMNITY COMPANY ✓
 of AMERICAN SURETY COMPANY OF NEW YORK ✓
 EMPLOYERS LIABILITY ASSURANCE CORP. ✓

Office of
 Compensation Commissioner
 Fourth Congressional District

You and each of you are hereby notified that the above-entitled matter will be heard with refer-
 ence to the following questions by the undersigned at his office, Room 404, No. 965 Main Street,
 Bridgeport, Conn., on the 28th day of April, 1949 at 11:00 A. M.

Asbestosis commencing January 10, 1921

Notice issued April 8, 1949

ROMUALD J. ZIELINSKI

Acknowledge receipt of this notice at once.

Commissioner

connected with Company - Child with family division.
 Health
 Dr. Dorian - April 49 - Lungs - changes
 in lungs plus later signs of asbestosis -

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THE CASE FOR YOU! If you appear without counsel, the Commissioner will endeavor to a
THE NECESSARY WITNESSES AND THEN EXPECT THE COMMISSIONER TO PREP
but the Commissioner offers no advice in this respect. Do not come to the hearing with
It is most frequently the case that persons claiming compensation appear without an att

issued by the Commissioner.

other costs or fees. If a witness refuses to appear, his attendance may be compelled by a subp

Each party must bear the expense of the attendance of his own witnesses, but there ar

prevision must pay the interpreter, if a charge is made for his services.

prove) of the Commissioner, in advance of the hearing. The party whose testimony requires h

disinterested person. It is better for the parties to agree upon the interpreter, or secure the

business relationship with one of the parties must be disclosed to him. He must be some reliable

or the Commissioner object, no interpreter can be accepted whose kinship to, or personal

stand clearly the English language a competent interpreter should be provided. If the adverse

It is essential that when either of the parties, or any witness, is unable to speak and nee

employer of proving "serious and willful misconduct" or "intoxication" when it is alleged.

be must prove that employee is able to go back to work. So, too, does the burden rest upon

alves to stop payment of compensation after such payments have been begun under an agreement

Frequently the burden of proof rests upon the employer. For example, when the employer

injury and the nature and duration of the disability.

especially have present the physician or physicians who treated him and can testify concerning t

not should bring to the hearing. If possible, witnesses to or other evidence of the injury, a

specify has caused before the hearing, how long the incapacity lasted. In other words, the clai

ally or partially incapacitated to work for more than seven days as a result thereof and, (d) if

standard. (b) that it arose out of and in course of employment, (c) that the employee was t

ing compensation. The claimant should ordinarily be prepared to show (a) that the injury wa

54 E. Main St. Ste. 1112

Raybster Div. of Raybster & Co.

(Notice to Director of Labor)

to

Injury

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Was Notified

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Assignment - 11 am on next day

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12/26/18 TD 12/26/24 - (222) 41 1/2 m

Stanford Accident 12/26/24 O 12/26/30 (332) 7.2 mo

Ann Smith 12/26/37 12/26/39 (392) 84 mo

Epl Lb 12/26/37 D-Left 1948 - (66) 13 mo

Epl during Jan 1939 - 100 21 6 1/2

Still working - stopped working May 27 19 21 6 1/2 mo

Dr. Jones & Roberts -

For work in April 1949 - mini pneumonia -
by examination - dead 2 years from stroke ex
- King City 2/1949 - should see evidence of King T. B - not
observed with C. infant - Child was found dead.

Health
Dr. Dixon - April 20 49 - Lungs - changes
in lungs plus later 2 years diagnosis of tuberculosis -

5 1/2
7 1/2
15 1/2
17 1/2
19 1/2
21 1/2

Angels River to Jan 12, 1913 - had off -
Oct 10/14 -

Returned to work on January 10, 1921 - until 12/29/38

Returned on 1/1/39 & working right up to date

Jan 10, 1921 - never in wrong run until Jan 1939.

Then came to that had run to work as a janitor -
to date & still doing the work -

London

12/2/18 to 12/2/19
On Jan - Run -
12/2/20 to 12/2/21
Only run Run
12/2/22 to 12/2/23
12/2/23 to 12/2/24
12/2/24 to 2/8/25

12/2/24

12/26/24 to 22/26/25
12/26/25 to 12/26/30

12/26/30 to 12/26/31 2 year gap

12/26/33 to 12/26/34

AWWS (47.19)
23.60

Actual 4/1/33 to 4/1/34

11/5/38 cancelled
12/26/34 to 12/26/38

12/26/37 to 12/26/41
actual to Sept 1, 1948

References

Sept 1, 1948

94

John 26 - 2nd Q -
Mary 28 - 2nd Q -

217 $\overline{) 72.00}$
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690
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217 $\overline{) 84.00}$
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1890
1736
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217 $\overline{) 48.00}$
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434
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7133

March 21
actual to Sept 1, 1949
Sept 1, 1948 to Sept 1, 1949

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STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Benjamin Crooks

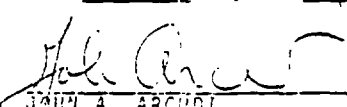
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Company;

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

625

BENJAMIN CROOKS
22 Howard Place
Bridgeport, Conn. CLAIMANT

CORAM:

VS

COMPENSATION COMMISSIONER

RAYBESTOS COMPANY now
RAYBESTOS-MANHATTAN, INC.
EMPLOYER

FOURTH CONGRESSIONAL DIST.

AND

THE TRAVELERS INSURANCE CO.
HARTFORD ACCIDENT AND INDEMNITY CO.
AMERICAN SURETY COMPANY

BRIDGEPORT, CONNECTICUT

OCTOBER 4th, 1940.

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

AND

ORDER

WHEREAS on or about the 16th day of April, 1938 and for a number of years prior thereto, the claimant, Benjamin Crooks, of Bridgeport, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Conn., and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with The Travelers Insurance Company, The Hartford Accident and Indemnity Company and The American Surety Company, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 16th day of April 1928, he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since April 4, 1940; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held on June 13, 1940 before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Benjamin Crooks has a wife, Dora, who is a potential dependent, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive from

The Travelers Insurance Company the sum of \$200.00

The Hartford Accident and Indemnity Co. the sum of \$700.00

The American Surety Company the sum of \$1200.00

making a total sum of Twenty One Hundred and No/100 Dollars (\$2100.00); and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Travelers Insurance Company, \$200.00

The Hartford Accident and Indemnity Company, \$700.00

The American Surety Company, \$1200.00

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY, that in consideration of said sums so paid, I, the claimant do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Dora Crooks, wife of aforesaid claimant, Benjamin Crooks, agree that in consideration of said sums so paid, to remise, release and forever discharge each

and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Benjamin Crooks, while in the employ of the said employer-respondents,

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Witness: Richard Thayer Benjamin Crooks
CLAIMANT
Lora Crooks
WIFE AND POTENTIAL CLAIMANT

RAYBETON COMPANY NOW
RAYBETON-MANHATTAN, INCORPORATED

By: R. W. Knudson

THE TRAVELERS INSURANCE COMPANY

By: J. H. Schriefer

HARTFORD ACCIDENT AND INDEMNITY COMPANY

By: C. Lawrence

AMERICAN SURETY COMPANY OF NEW YORK

By: A. W. Hammond

Approved this 14 day of October, 1940

E. T. Buckingham

Compensation Commissioner
Fourth Congressional District

RECORDED
JUL 1 1941
U. S. DEPARTMENT OF COMMERCE

SSM 049-07-6997

EMPLOYMENT CARD
THE BAYBROS DIVISION
of BAYBROS-MANHATTAN, Inc.

341

NAME Wanda Benjamin M

ADDRESS 22 Howard Place, Bridgeport, Conn. 5-0820

DATE OF BIRTH 6-28-80

EDUCATION High School

EXPERIENCE Domestic

STATUS Single

REASON FOR LEAVING PREVIOUS EMPLOYMENT Wanted to work

REASON FOR LEAVING PREVIOUS EMPLOYMENT Wanted to work

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to be used in connection with the

TERMINATION NOTICE

THE RAYBESTOS DIVISION
RAYBESTOS-MANHATTAN, INC.

[illegible]

Date	A.M.	P.M.	
May 20, 1968			(1) above subject caught near by fishing headquarters. Brought by boat

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)				
Thoroughly Competent	Highly Working	Lazy	Combined Good	Attendance Regular
Partly Competent	Medium Working	Combined	Combined Fair	Attendance Irregular
Not Competent	Slow Working	Combined	Deficiency	Continued Absence

(To be filled in by Bureau)	REASON FOR LEAVING OR DISCHARGE
	Went to Army for military service

§ 87(2)(b) indicates a threat

Would you be in a position to do so?

Do any lines appear to be
 written in pencil?

[illegible]

Page 10 of 10

YOU CAN MUST TRANSFER THE TRUST AND DUPLICATE PROBABLY TO SUPPLEMENT

Hired 6/7/35 --- L.C. 4/14/38

Benjamin - Worked in the Spt. Plant as a weaver & never worked in the Stratford Plant. No record of his employment was ever given to the Medical Dept. No card in their files which were started in 1937 in the Stratford Plant.

47. Phone request from the nurse in Thermostat Factory Medical Dept. for information regarding Mr. Crooks. She said he was working for them - had been suffering from continual attacks of bronchitis and that he had told her he was a compensation case when he worked for the Raybestos Company. In checking with Mrs. Porter on her back records it was discovered that Mr. Crooks was a compensation case of "asbestosis" in 1940 and was a case which was settled for \$2100.00. Case referred to Mr. J. Simpson & Mr. G. Hudson.

FILE COPY

Field Verbal Orders

THE RAYBESTOS DIVISION

of Raybestos-Manhattan, Inc.

Add Verbal Order

O Mr. George Hudson.

SUBJECT Case of Mr. Benjamin Crooks.

Employed in Leavitt Dept. in the Bridgeport Plant 1938 to 1939.

DATE Feb. 5, 1947

On 1/31/47 we had a request from the nurse in the Bridgeport Thermostat Company's Medical Dept. for information concerning one of their employees (Benjamin Crooks.). She said he was employed by them at the present time - had been having trouble with his chest - bronchitis, cough - pain etc. and had told them that while employed by the Raybestos Co. he had been a compensation case for that condition.

As this man worked in Bpt. our Medical Dept. in Stratford has nothing in their records on this case. It was not handled in any way thru the Medical Dept.

I believe you have a record of a settlement made in 1940 on the case, and I presume it was a final settlement.

We are passing on this information to you in case their made be some further questioning from Mr. Crooks or the Company for which he is now working.

E.B. Durfee RM
Medical Dept.

"DON'T SAY IT -- WRITE IT"

100-100-100

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order _____

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Pasquale Crocco

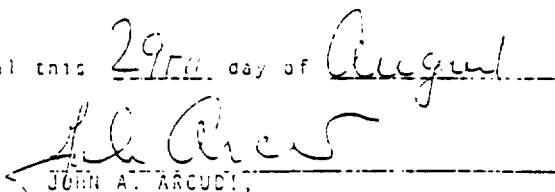
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this _____
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

626

... for the ... District
PASQUALE CROCCO, CLAIMANT : CORAM: ...
16 Oak Ave.
Milford, Conn. : COMPENSATION COMMISSIONER
VS. :
RAYBESTOS COMPANY now : FOURTH CONGRESSIONAL DIST.
RAYBESTOS-MANHATTAN, INC. :
EMPLOYER : BRIDGEPORT, CONNECTICUT
AND :
THE TRAVELERS INSURANCE CO. :
THE HARTFORD ACCIDENT & INDEMNITY CO.: JULY 18, 1940.
THE AMERICAN SURETY CO. OF NEW YORK :
THE EMPLOYERS' LIABILITY ASSURANCE CO.:
INSURER-RESPONDENTS

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

AND

ORDER

WHEREAS on or about the 30th day of April 1938 and for a number of years prior thereto, the claimant, Pasquale Crocco of Milford, Conn., was an employee of the Raybestos Company, now Raybestos-Manhattan, Inc. of Bridgeport, Conn. and

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to Part 3 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which said claimant was employed with The Travelers Insurance Company, the Hartford Accident and Indemnity Company, the American Surety Company of New York and the Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about January 15, 1940 he became aware that he was suffering from an occupational disease, to wit: Asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said January 15, 1940; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the

Compensation Commissioner for the Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Pasquale Crocco has a wife, Mary, and seven minor children, to wit, Anthony, Michael, Leonard, Pasquale, Jr., Mary Louise, Raymond and Ernest Crocco, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive from:

The Travelers Insurance Company	\$344.14
The Hartford Accident and Indemnity Co.	565.94
The American Surety Co. of New York	330.82
The Employers' Liability Assurance Corp.	11.10

making a total sum of TWELVE HUNDRED FIFTY AND NO/100 - - - DOLLARS, and we the insurer respondents do agree to pay to the said claimant the sum above specified, to wit:

The Travelers Insurance Company	344.14
The Hartford Accident and Indemnity Co.	565.94
The American Surety Company of New York	330.82
The Employers' Liability Assurance Corp.	11.10

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of the aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Mary Crocco, wife of aforesaid claimant, Pasquale Crocco, do agree that in consideration of said

as will also be the
Compensation Commissioner for the Fourth Congressional District

sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Pasquale Crocco while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, Pasquale Crocco, as parent and natural guardian and next friend of aforesaid minor children, potential dependents, and I, Mary Crocco, wife of said Pasquale Crocco, potential dependent, and mother of aforesaid minor children, and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Pasquale Crocco, while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Kenneth J. Miller
Witness

Kenneth J. Miller
Witness

Pasquale Crocco
Claimant, parent, natural guardian and next friend of Anthony, Michael, Leonard, Pasquale, Jr., Mary Louise, Raymond and Ernest Crocco, potential claimants.

Mary Crocco
Potential claimant and parent

RAYBESTOS COMPANY, NOW RAYBESTOS-MANHATTAN, INC.
By: W. H. H. H. H.

THE TRAVELERS INSURANCE COMPANY
By: W. H. H. H. H.

THE HARTFORD ACCIDENT AND INDEMNITY CO.
By: W. H. H. H. H.

THE AMERICAN SURETY COMPANY OF NEW YORK
By: W. H. H. H. H.

THE EMPLOYERS' LIABILITY ASSURANCE CORP.
By: W. H. H. H. H.

Approved this 12 day
of July, 1940.

E. B. B. B. B.
Compensation Commissioner
Fourth Congressional Dist.

EMPLOYEE NO.		EMPLOYMENT CARD		SS #049-C7-6396	
204		THE RAY DIVISION of RAYBESTOS-MANHATTAN, Inc.			
NAME	Crocco	Angelo	Anthony	Sex	Male
ADDRESS	878 So. E. Main St., Stratford, Conn.				PHONE 7-3465
DATE OF BIRTH	4-14-85	RELIGIOUS DENOMINATION	Catholic	BIRTHPLACE	Italy
SCHOOL	YRS.	YRS.	YRS.	NATIONALITY OF PARENTS	Italian
GRADE	HIGH OR BUSINESS	COLLEGE	NUMBER OF CHILDREN	TRADES OR WORK QUALIFIED FOR	None
MARRIED	YES		2	TOTAL DEPENDENTS	3
LAST EMPLOYER	New Departure Company,		Bristol, Conn.		
IN CASE OF ACCIDENT NOTIFY	Mary Crocco	NAME	Address	PHONE	RELATIONSHIP
		Above			Wife

It is hereby agreed that the undersigned is employed by THE RAYBESTOS DIVISION, of RAYBESTOS-MANHATTAN, Inc.

hereinafter called "the company," at the rate of \$_____ per _____ for services, payable weekly for a period commencing at the date hereof and terminating by either the company or the undersigned at any time.

In partial consideration for my employment by Raybestos-Manhattan, Inc., and as one of the conditions thereof I hereby agree to promptly inform Raybestos-Manhattan, Inc., of, and whenever requested, will disclose to its patent counsel, all inventions or improvements made or conceived by me from the time of my entering the employ of Raybestos-Manhattan, Inc., until my employment with Raybestos-Manhattan, Inc., is terminated, in or in any way resulting in automotive brake linings, clutch linings, body service control equipment, brakes, drums, footings, fan belts, one man, two or any machines or articles made, used or sold by Raybestos-Manhattan, Inc., or any machine or article in the making, using or selling of which Raybestos-Manhattan, Inc., is interested, or any methods, processes, systems or tools used or usable in connection with the production, sale or use of such service, machines or articles, regardless of whether said inventions or improvements were made or conceived or developed by me solely or jointly with another or others.

I also agree that without further or other consideration I will assign to Raybestos-Manhattan, Inc., or its successors or assigns, the title to all such inventions and improvements and will execute and deliver any and all papers necessary or desirable to apply for or obtain United States or foreign patents and to vest complete title therein in Raybestos-Manhattan, Inc., or its successors or assigns, and will perform all proper acts within my power necessary or desired by Raybestos-Manhattan, Inc., to obtain patents, assignments to Raybestos-Manhattan, Inc., for such inventions wherever and in whatsoever countries Raybestos-Manhattan, Inc., may desire.

APPROVALS	12-16-32	DATE EFFECTIVE	WITNESSES	EMPLOYEE'S SIGNATURE
SPACE FOR ACHIEVEMENTS, INVENTIONS, SUGGESTIONS, ETC.				

RAYBEST ATTAN INC. 00-047-51-150

NAME Crocco Angelo Anthony male

204

ADDRESS 1414 Washington St Phila

DATE OF BIRTH Apr 14, 95 RELIGIOUS Catholic BIRTHPLACE Italy NATURALIZED no

12 YRS. YRS. YRS. NATIONALITY Italian TRADES OR WORK weaver

GRADE 12 HIGH SCHOOL BUSINESS COLLEGE no QUALIFIED FOR weaver

MARRIED yes CHILDREN 1 TOTAL DEPENDENTS 1

LAST EMPLOYER New President Co Phila

IN CASE OF ACCIDENT NOTIFY Mary Crocco above wife

It is hereby agreed that the undersigned is employed by

hereinafter called "the company," at the rate of \$ 50 per hr for a period commencing at the date hereof and terminable by either the company or the undersigned at any time.

In special consideration for my employment by Raytheon-Manhattan, Inc., and as one of the conditions thereof I hereby agree to promptly inform Raytheon-Manhattan, Inc., of, and whenever requested, will disclose to its representatives, all inventions or improvements made or conceived by me, from the time of my entering the service of Raytheon-Manhattan, Inc., until my employment with Raytheon-Manhattan, Inc., is terminated, in or in any way relating to automotive brake lights, clutch facings, brake service system equipment, brakes, revs, machines, fan belts, car parts, tools, or any machines or articles made, used or sold by Raytheon-Manhattan, Inc., or any invention or article in the making, using or selling of which Raytheon-Manhattan, Inc., is interested, or any methods, processes, apparatus or tools used or usable in connection with the production, sale or use of such devices, machines or articles, regardless of whether said inventions or improvements were made or conceived or developed by me solely or jointly with another or others. I also agree that without further or other consideration I will assign to Raytheon-Manhattan, Inc., or its successors or assigns, the title in all such inventions and improvements and will execute and deliver any and all papers necessary or desirable to supply for or obtain United States or foreign patents and to run complete title thereon to Raytheon-Manhattan, Inc., or its successors or assigns, and will perform all proper acts within my power necessary or desired by Raytheon-Manhattan, Inc., to obtain patents, satisfactory to Raytheon-Manhattan, Inc., for such inventions whenever and in whatever country Raytheon-Manhattan, Inc., may desire.

APPROVALS

12/16/32

A. M. Dr. as to Crocco

DATE SIGNING WITNESS EMPLOYEE'S SIGNATURE

SPACE FOR ACHIEVEMENTS, INVENTIONS, SUGGESTIONS, ETC.

6-12-13 - HIRE 100-10-14 - POSITION OFF 1-10-17 - 4-1-20	LOCAL NO.	RESPONSE NO.	RATE OF PAY		REASONS FOR TRANSFER CHANGE IN STATUS, ETC.	ANNUAL EARNINGS		
			AMOUNT	PER		SAME AND EXTRA COMP	TOTAL EARNINGS	ANNUAL RATE
4-1-35 PRESENT RATE	44	337		.50				
4-18-35 new clock no.	44	318		.50				
7-5-36 ch. rate	44	318		.53				
4-11-37 " "	44	318		.60				
4-4-37 - clock no	44	185	1307	.60				
1-7-41 ch. clock no	"	"	"	"	Back of note			
1-11-39 ch. clock no	15	204		"				
1-11-39 Returned	15	"		.50				
3-1-40 ch. rate	15	"		.51				
7-25-39 Owl tick	15	204	2	.51				
8-2-39 Owl tick	15	204	2	.51				
10-1-39 Owl tick	15	204	2	.55				
4-26-41 Owl tick	15	204	2	.55				
7-21-41 " "	"	"	"	.59	P. = 1.15			
3-15-42 " "	"	"	"	.63				7.65
5-27-42 " "	"	"	"	.67				

THIS EMPLOYEE - 28

EMPLOYMENT RECORD AT RAYBESTOS

DATE BEGIN	SEPT.	CLOCK NO.	RATE	SHIFT	JOB	REASON FOR CHANGE	PERSON'S RATING			
							GENERAL	TECH.	QUAL.	PROD.
5-2-45	12	204	.71		2	Rate Change				
8-26-45	15	204	.71	4-4	2	Put on test work				
2-21-46	15	204	.75	4-4	2	Put on test work				
1-10-46	15	204	.84	4-4	2	General Rate Change				
4-21-46	15	204	.90	4-4	2	Rate change				
5-21-46	15	204	1.03	4-4	15-17	" "				
8-21-46	15	204	1.00	8-4	15-17	Put on test work				

15	204	Cresco Angelo Anthony	M	0	10	20	30	40	50	60	70	80	90	100
----	-----	-----------------------	---	---	----	----	----	----	----	----	----	----	----	-----

Amex 1

MARY AND JOHN CROCCO, of
Bridgeport, Connecticut,
children and alleged depen-
dents of deceased claimant,
John Crocco,

CLAIMANTS

VS.

RAYMOND - MANHATTAN Bldg.,
of Stratford, Conn.,

Employer

and

TRAVELERS INSURANCE COMPANY,
of Bridgeport, Conn.,
Insurer

and

HARTFORD ACCIDENT & LIABILITY CO.,
of Bridgeport, Conn.,
Insurer

and

AMERICAN SURETY COMPANY of
New Haven, Conn.,
Insurer

and

EMPLOYERS' LIABILITY ASSUR. CORP.
of New Haven, Connecticut
Insurer

RESPONDENTS

C O R A M

COMMISSIONER OF COMPENSATION

FOURTH CONGRESSIONAL DISTRICT

Received
OCT 14 1949
COMMISSIONER OF COMPENSATION
FOURTH CONGRESSIONAL DISTRICT

OCTOBER 7 1949.

FINDING AND AWARD BY THE COMMISSIONER

Upon the within and foregoing stipulation being submitted to
and examined by the undersigned, I find that the same is a fair
and equitable settlement of a disputed claim.

WHEREFORE it is ordered, adjudged and awarded that the same
be in all respects complied with, and that a compliance therewith
shall be a final and complete settlement of all claims of said
claimants against the respondents under and by virtue of Chapter
220, known as the Workmen's Compensation Act.

Richard D. Smith
Richard D. Smith
Commissioner of Compensation

Angel

MARY AND JOHN GROSSCO, of Bridgeport, Connecticut, children and alleged dependents of deceased claimant, John Grossco,

CLAIMANTS

VS.

RATINGS - MANHATTAN INC., of Stratford, Conn.,

Employer

and

TRAVELERS INSURANCE COMPANY of Bridgeport, Conn.,

Insurer

and

HARTFORD ACCIDENT & INDEMNITY CO., of Bridgeport, Conn.,

Insurer

and

AMERICAN SURETY COMPANY of New Haven, Conn.,

Insurer

and

EMPLOYERS' LIABILITY ASSURANCE CO. of New Haven, Connecticut

Insurer

RESPONDENTS

CORAM
THE COMMISSIONER
COMPTROLLER OF THE REVENUE

FOURTH CONGRESSIONAL DISTRICT

Received
OCT 14 1949
COMPTROLLER OF THE REVENUE
FOURTH CONGRESSIONAL DISTRICT

OCTOBER 7 1949.

FINDINGS AND RECOMMENDATION

Upon the within and finding stipulation being submitted to and examined by the undersigned, I find that the same is a fair and equitable settlement of disputed claim.

WHEREFORE it is ordered, adjudged and awarded that the same be in all respects complied with, and that a compliance therewith shall be a final and complete settlement of all claims of said claimants against the respondents under and by virtue of Chapter 280, known as the Workmen's Compensation Act.

Russell H. Smith
Commissioner of the Revenue for the
FOURTH CONGRESSIONAL DISTRICT.

MARY GROCCO AND JOHN GROCCO,
of Bridgeport, Connecticut,
children and alleged dependents
of deceased claimant, born *ANGEL*
Grocco,

S O R A N

COMPENSATION COMMISSIONER

VS. CLAIMANTS : FOURTH CONGRESSIONAL DISTRICT

HAYSTACK - HAYSTACK INC.,
of Stratford, Connecticut

Employer

HAYSTACK INSURANCE COMPANY
of Bridgeport, Connecticut

Insurer

HARTFORD ACCIDENT & INDEMNITY CO.,
of Bridgeport, Connecticut

Insurer

AMERICAN SURETY COMPANY OF NEW
Haven, Connecticut

Insurer

EMPLOYERS' LIABILITY ASSUR. CORP.,
of New Haven, Connecticut

Insurer

RESPONDENTS : OCTOBER 5, 1947.

STATEMENT OF AGREEMENT AND SETTLEMENT OF AWARD

vc-elo WHEREAS the claimants, Mary Grocco and John Grocco contend that the deceased *ANGEL* Grocco sustained an injury arising out of and in the course of his employment (as a worker of asbestos) consisting of an occupational disease known as asbestosis, the first manifestation of the symptoms having occurred in April of 1949 and said claimant's death resulted on July 22, 1949, all of which claims are denied by the respondents, and

WHEREAS a contract of employment had been in force between *ANGEL* Grocco, deceased claimant, and Haystack - Haystack Inc., herein-after referred to as the employer-respondent in April of 1949, and

WHEREAS said employer-respondent had fully complied with the terms of Sec. 1615-C (compulsory) supplement to the General Statutes of the State of Connecticut, 1935, by insuring its compensation risk with the HAYSTACK INS. CO., insurer-respondent, Hartford Accident & Indemnity Co., insurer-respondent, American Surety Co., insurer-respondent and Employers' Liability Assur. Corp., insurer-respondent, corporations authorized to carry such risk, and

WHEREAS the average weekly wage of the claimant was \$47.19 and his compensation rate, \$13.59, and

WHEREAS numerous conferences have been held between the parties and their attorneys at which time it was contended by the claimants that the deceased claimant sustained said asbestosis while employed in the capacity above set forth until January of 1939 at which time he was taken from the exposure of asbestos and was given a job as janitor and since January 1, 1939 deceased claimant continued in his capacity as said janitor; said claimants further contend that

the first manifestation of the symptoms was in April of 1949 when this anasthesia was called to the attention of the deceased by Dr. George Hatzberg after claimant had suffered an attack of virus pneumonia; that said deceased was out of work during two separate periods from March 26, 1949 until April 6, 1949 and from June 30, 1949 until the date of his death, all of which claims are denied by the respondents it being their claim that this is not a compensable case and that said anasthesia arose out of conditions unconnected with his employment and therefore is not compensable and said respondents further contend that the claims in this case are not compensable under the Workmen's Compensation Act, and

whereat at all of said conferences a desire was manifested by the parties hereto to amicably adjust and settle said claim once and for all time.

1001
NOW WHEREFORE it is hereby agreed by and between the parties hereto, Mary Crocco and John Crocco, children and alleged dependents of deceased John Crocco, claimants, and Mayhew-Hanckman Ins., Employer-Respondent, and Travelers Ins. Co., Insurer-Respondent, and Hartford Accident & Indemnity Co., Insurer-Respondent, and American Surety Co., Insurer-Respondent, and Employers Liability Assur. Corp., Insurer-Respondent, being all the parties to the controversy, that while their respective claims are made in good faith, the claims are disputed and the result, if fully prosecuted to a hearing, would be doubtful.

Agreed
WHEREFORE it is agreed by and between Mary Crocco, and John Crocco, children and alleged dependents of deceased John Crocco, claimants, and Mayhew-Hanckman Ins., Employer-Respondent, and Travelers Ins., Co., Insurer-Respondent, and Hartford Accident & Indemnity Co., Insurer-Respondent, and American Surety Co., Insurer-Respondent, and Employers Liability Assur. Corp., Insurer-Respondent, that the various respondents shall pay to said claimants the sum of TWENTY TWO THOUSAND AND FIVE HUNDRED DOLLARS (\$22,500), based upon the following apportionment: Travelers Ins. Co. 4 1/2 months; Hartford Accident & Ind. Co. 7 1/2 months; American Surety Co. 8 1/2 months; and Employers' Liab. Assur. Corp. 1 1/2 months, and that said respondents have agreed to pay the following sums: Travelers Ins. Co. - \$495.00; Hartford Accident & Indemnity Co. - \$750.00; American Surety Co. - \$1870.00; Employers' Liab. Assur. Corp. - \$119.00.

Payment of said sum of TWENTY TWO THOUSAND AND FIVE HUNDRED DOLLARS (\$22,500) as above allocated is to be in full and final settlement, adjustment, accord and satisfaction of all claims including all medical and compensation, past, present and future which the aforesaid claimants have or might have against the respondents, or either of them, and to be made and accepted in lieu of all other compensation payments, either total, partial, permanent partial, specific and for various and permanent disfigurement under the terms of said Workmen's Compensation Act.

The sum of TWENTY TWO THOUSAND AND FIVE HUNDRED DOLLARS (\$22,500) shall be accepted as full and final settlement, adjustment, accord and satisfaction of all claims including all medical and compensation whether total, partial, permanent partial, specific and for various and permanent disfigurement for the injury and death of John Crocco, deceased claimant, and for all claims for medical, surgical, hospital and nurses' services past, present and future, and for the statutory funeral bill, and for all compensation which may be due to anyone as a result of said injury to the end that the payment of said sum shall constitute a complete satisfaction of all claims due or to become due at any time in favor of anybody on account of said injury.

It is expressly understood and agreed that the acceptance of said sum of TWENTY TWO THOUSAND AND FIVE HUNDRED DOLLARS (\$22,500) is in full accord and satisfaction of a disputed claim, and that the payment of said sum is not an admission of liability.

It is further stipulated and agreed by and between the parties that this stipulation and agreement is intended to deal with any

any and all changes of conditions which may arise in the future on account of the claimed conditions.

WHEREAS said deceased claimant, in the event of a finding of compensability in this case, would have been entitled to \$347.20 for temporary total disability, and said claimants and alleged dependents are the only heirs at law of said deceased, and by this agreement they agree to and do hereby indemnify and save harmless the employer-respondent and insurer-respondents from any claim of any character that might hereafter be made for any alleged temporary total which accrued during the life of the deceased amounting to \$347.20, and it is further covenanted that said settlement shall be binding upon all parties.

It is further agreed that this settlement shall be binding upon said claimants, their heirs, executors, administrators, assigns and neither she, nor they shall hereafter make any claim of any character under the terms of said Compensation Act by reason of said alleged injury; and it is further agreed that said claimants shall not make any such claim through any executor, administrator, conservator, or other fiduciary who might later be appointed to administer the estate of said claimants, or they shall not hereafter make any such claim through any guardian or guardians who might later be appointed to represent the interest of said claimant.

It is further stipulated and agreed by and between the parties that this agreement and agreement was not induced or entered into by fraud, accident, mistake or duress on the part of either party, and that neither party hereafter shall have any further claim under the Workers' Compensation Act of the State of Connecticut, as a result of the aforementioned claimed condition of the said claimant.

With further reference to said claim, it is agreed by and between the parties that said claimant hereby agree to indemnify and save harmless said respondents from any claim that may hereafter be made by said claimant, or by any person or persons on account of said injury.

IN WITNESS WHEREOF, we, the undersigned, hereby unite in requesting that the Compensation Commissioner for the Fourth Congressional District make a finding and award pursuant to this stipulation.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 6 day of October, A. D. 1949.

IN WITNESS OF:
[Signature]

Mary Cross
Claimant and alleged dependent
of deceased claimant.

[Signature]
Claimant and alleged dependent
of deceased claimant.

Raybestos-Manhattan Inc.,
Employer-respondent

and
TRAVELERS INS. CO.,
Insurer-respondent

[Signature]
Witness

Raybestos - Manhattan Inc.,
Employer-respondent

and
TRAVELERS ACCIDENT & MD. CO.
Insurer-respondent

[Signature]
Witness

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

Raybestos-Manhattan Inc.,
Employer-respondent, and
AMERICAN SECURITY COMPANY,
Insurer-respondent

By J. B. Smith
Their Attorney

Raybestos-Manhattan Inc.,
Employer-respondent
and

EMPLOYERS' LIABILITY ASSURANCE
CORP., Insurer-respondent

By O'Keefe, Johnson & O'Keefe
Their Attorneys

- 1948 State of Arkansas enacts Workmen's Compensation Law covering the disease, asbestosis
- 1949 Annual Report of the Chief Inspector of Factories for the year 1948, British Home Office. (1951)
He states:
"It is very necessary to keep an ever watchful eye for the new case of -
asbestos in some manufacturing or
other process, for example, on ships
or buildings where the work may be
undertaken by someone not fully realizing
the necessity of preventing as far as
possible the inhalation of asbestos
fiber and dust."
- 1949 Editorial, 140 Journal of the American Medical Association, 1219, "Lung Cancer" (1948)
"Since some 20,000 workers are employed
in the asbestos producing industries of
this country and Canada and many additional
thousands in various asbestos consuming
industries, increased attention to this
probable occupational hazard of cancer of
the lung by the medical profession is
desirable."
- 1949 Smith, Kenneth and John-Manville officers
Health survey of Johns-Manville mill and request
for funds to suppress dust inside and outside
the mill in order to prevent more cases of
asbestosis.
- 1949 Conklin
Brands asbestos as cancer agent and calls for
testing and search for substitute products
- 1949 Franchini
Medical report of asbestosis in an insulator
- 1949 Asbestos strike in Quebec area. Arbitration
before Quebec Labour Relations Board, December 14,
1949. Testimony from industry and private doctors
on asbestos disease and exposure levels. Commitment
by companies to reduce dust levels.
- 1949 State of West Virginia enacts Workman's Compensation
Law covering the disease, asbestosis
- 1949 State of South Carolina enacts Workman's Compensation
Law covering the disease, asbestosis
- 51 1949 ✓ Mary Crocco (widow of Angelo Crocco) and John
Crocco v. Raybestos-Manhattan, The Travelers
Insurance Company, Hartford Accident & Indemnity
Company, The American Surety Company, Connecticut
✓ Asbestosis compensation claim of plant worker;
Settlement of \$2,350.00 in 1949
Letter dated May 7, 1949, from Dr. A. Phillip Winan,
Jr., Stretford, Connecticut, indicates that history
of exposure as a weaver for eighteen years along
with clinical symptoms and x-ray findings resulted
in diagnosis of asbestosis. There was a marked
progression of the fibrosis from x-ray in 1947

1 PROOF OF SERVICE BY MAIL - C.C.P. §1013a, 2015.5

2 I declare that:

3 I am over the age of 18 years, and am not a party to this
4 action. I am employed at One Embarcadero Center, Suite 2112, San
5 Francisco, California 94111. On the date below, I served a copy
6 of the document entitled:

7 NOTICE OF ORAL DEPOSITION (RAYMERK, INC.)
8

9 and this page by placing them in a sealed envelope addressed as
10 indicated below and depositing them in the United States mail at
11 San Francisco, California, with postage thereon fully prepaid.

12 I declare under penalty of perjury that the foregoing is
13 true and correct. Executed at San Francisco, California on the
14 date below.

15 DATED: July 12, 1984

16 
STEVEN B. STEIN

17
18 *Exhibit Raymerk, Inc.*
19 *Person delivering, 7/12/84*
20
21 
22
23
24
25
26
27
28

Gudmundson, Siggins and
Stone
710 Russ Building
235 Montgomery St.
San Francisco, CA 94104

Winningham, Roberts,
Rogie and Huber
425 California Street
San Francisco, CA 94104

McCutchen, Doyle, Brown
and Enersen
Three Embarcadero Center
San Francisco, CA 94111

St. Clair, Zappettini,
McFetridge & Griffin
235 Montgomery St. #635
San Francisco, CA 94104

Poplka, Allard, McCowan,
Cabrinha & Jones
1 Almaden Blvd., 8th Fl.
San Jose, CA 95113

Morgenstein, Ladd and
Jubelirer
255 California Street
San Francisco, CA 94111

Mark Rosenthal, Esq.
Three Embarcadero Center
Suite 670
San Francisco, CA 94111

Hardin, Cook Loper, Engel
and Bergez
One Kaiser Center #2300
Oakland, CA 94612

Mullay & Cederborg
1405 Central Building
436 14th Street
Oakland, CA 94612

Norman Landau, Esq.
233 Broadway
New York City, NY
10007

Berry and Berry
1221 Broadway
Suite 1880
Oakland, CA 94612

Law Offices of Fisher
and Hurst
Four Embarcadero Center
San Francisco, CA 94111

Roper, Majeski, Kohn
Bentley, Wagner & Kane
655 Montgomery Street
San Francisco, CA 94111

Law Offices fo William
Duke
433 California Street
Oakland, CA 94104

Plf's Exh. 2-A ID
8/23/84 hce

RIDER A

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Stipulation and Agreement

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

Charles Mizinski and Julia M. Mizinski, individually and as guardian
of two children, Frank B. and Dorothy M. Mizinski
vs.

Raybestos-Manhattan, Incorporated

and

American Surety Company

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCU DI,
Workmen's Compensation Commissioner
Fourth District

602

Charles Mizinski,
Bridgeport, Connecticut,
Employee

and

Julia M. Mizinski, individually
and as guardian of two children,
Frank B. and Dorothy M. Mizinski

Claimants

vs.

Raybestos-Manhattan, Incorporated,
Bridgeport, Connecticut,
Respondent Employer,

and

American Surety Company,
New York City,
Respondent Insurer.

Received
APR 16 1936
Compensation Commissioner
Fourth Congressional District

Court:

Compensation
Commissioner

Fourth Congressional
District.

April 14, 1936.

STIPULATION AND AGREEMENT.

It is hereby stipulated and agreed between Charles Mizinski of said Bridgeport, as employee, and Raybestos-Manhattan, Incorporated of said Bridgeport as employer, and the American Surety Company of New York City, as respondent insurer:

THAT, IN CONSIDERATION OF a disputed claim arising out of an injury alleged to have been due to an accident which occurred on or about October, 1934, whereby the said Charles Mizinski is alleged to have suffered an occupational disease known as asbestosis while in the employ of the said Raybestos-Manhattan, Incorporated, a compromise settlement has been agreed upon by all parties concerned.

In accordance with this agreement, said Charles Mizinski is to receive, and said American Surety Company, respondent insurer, is to pay, in a lump sum, without discount, the sum of twenty-one hundred dollars (\$2,100) in full and final settlement of any and all

claims which the said Charles Mizinski now has or may in the future have against said Raybestos-Manhattan, Incorporated, for compensation, medical, surgical or hospital expenses, due directly or indirectly to the injury alleged to have been sustained by said Charles Mizinski on or about October, 1934.

It is further understood and agreed that in addition to the lump sum payment mentioned above, that all medical, surgical and hospital bills incurred to the date of this agreement have been paid or are hereby assumed by the respondent employer, the Raybestos-Manhattan, Incorporated.

It is also understood and agreed that said respondent employer, Raybestos-Manhattan, Incorporated, waives any claim for re-imbursements which it, the said respondent employer ^{for payments} has/made to the claimant Charles Mizinski by way of compensation.

The claimants, i.e., Charles Mizinski and his wife, Julia M. Mizinski, individually and as guardian for two children, Frank B. Mizinski, aged ^{fourteen} ~~fourteen~~ years and Dorothy Marion Mizinski, aged ^{eight} ~~eight~~ years, fully understand the facts as recited herein, and acknowledge that payment of twenty-one hundred dollars (\$2,100) in a lump sum will constitute a full, final and complete settlement.

Witnessed by

James E. Hale
M. E. Murphy

Charles Mizinski
Claimant

Julia M. Mizinski
Julia M. Mizinski, individually
Julia M. Mizinski
Julia M. Mizinski as Guardian of
Frank B. and Dorothy M. Mizinski

RAYBESTOS-MANUFACTURING CO.

B. Simpson
Respondent Employer

American Supply Co.
Respondent Insurer.

The foregoing stipulation and agreement is hereby found
to be fair, just and reasonable and equitable, and the same is
hereby approved this 16th day of April, A. D. 1936.

E. T. Buckingham

Compensation Commissioner
Fourth Congressional District.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

James Cali

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;

Given under my hand and seal this
1978.

John A. Arcudi
JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

603

A. 4071921

JAMES CALI, CLAIMANT.) CORAN:
 -VS-)
 RAYBESTOS COMPANY, now) COMPENSATION COMMISSIONER
 RAYBESTOS-MANHATTAN, INC.)
 Employer.)
 And) FOURTH CONGRESSIONAL DISTRICT
 AMERICAN SURETY COMPANY and)
 HARTFORD ACCIDENT & INDEMNITY CO) BRIDGEPORT, CONNECTICUT.
 And TRAVELERS INSURANCE COMPANY)
 Insurers)
 RESPONDENTS.) MAY-28, 1937.

AGREEMENT TO COMPROMISEPETITION TO COMPROMISE.

And

ORDER.

Received
 JUN 10 1937
 Compensation Commissioner
 Fourth Congressional District

WHEREAS on or about the 22nd. day of January 1937 and for a number of years prior thereto, at intermittent periods the claimant, James Cali, of Bridgeport, Connecticut was an employee of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the American Surety Company, the Hartford Accident and Indemnity Company, and The Travelers Insurance Company, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 22nd. day of January 1937 he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further

claims that said disease is compensable; and further claims that he has been disabled from all work since said January 22nd. 1937; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and WHEREAS the claimant and respondents are in further dispute as to the actual periods of employment of the said claimant with the said employer, and

WHEREAS the said claimant and the respondents are in further dispute as to the particular company carrying the compensation insurance during the periods of the said claimants' employment with the said employer, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said James Cali has a wife, Pauline and five minor children, to wit, Rosario, Peter, Rose, Salvatore and Joseph Cali, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from the American Surety Company the sum of Twenty Seven Hundred Dollars (\$2,700.00), from the Hartford Accident and Indemnity Company the sum of Five Hundred and Fifty Dollars (\$550.00) and from The Travelers Insurance Company the sum of Two Hundred and Fifty Dollars (\$250.00), making a total sum of Thirty Five Hundred Dollars (\$3,500.00); and we the insurer respondents do agree to pay to the said claimant the sum above specified, to wit, The American Surety Company, Twenty Seven Hundred Dollars (\$2,700.00), the Hartford Accident and Indemnity Company, Five Hundred and

Fifty Dollars (\$50.00) and The Travelers Insurance Company, Two Hundred and Fifty Dollars (\$250.00) in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Pauline Cali, wife of aforesaid claimant, James Cali, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said James Cali while in the employ of the said employer-respondents,

AND TO FURTHER CERTIFY that I, the claimant, James Cali, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, and I, Pauline Cali, wife of said James Cali, potential dependent, and mother of aforesaid minor children, and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said James Cali while in the employ of the above named employer-respondent

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Witness by
Fred J. Zanillo
M. E. Murphy

James Cali
Claimant, parent, natural guardian and
next friend of Rosario, Peter, Rose,
Salvatore and Joseph Cali; potential
claimants.

Her Mark
Pauline (+) Cali
Potential claimant and parent.

RAYBESTOS COMPANY now
THE RAYBESTOS-MANHATTAN, INCORPORATED.
Employer.

BY

[Signature]
Its Attorneys.

THE AMERICAN SURETY COMPANY

BY Chas E Williams
Its Attorney.

THE HARTFORD ACCIDENT AND INDEMNITY CO.

BY [Signature]
Its Attorney.

THE TRAVELERS INSURANCE COMPANY.

BY [Signature]
D. L. O'NEILL.
Its Attorney.

approved June 10, 1937

E. T. Buckingham

10. *Journal of the American Statistical Association*, 1997, 92, 1023-1032.

DATE	STATUS	DEPT. NO.	CLOCK NO.	RATE OF PAY		REASONS FOR TRANSFER	ANNUAL RANKING		
				WAGE	WAGE		COMPETENCY	CONDUCT	ATTENDANCE
4-22-31	Normal	44	312						
4-23-31	Normal	44	312	.57					
4-24-31	Normal	44	312	.60					
4-25-31	Normal	44	312						
4-26-31	Normal	44	312						
4-27-31	Normal	44	312						
4-28-31	Normal	44	312						
4-29-31	Normal	44	312						
4-30-31	Normal	44	312						
4-31-31	Normal	44	312						
5-1-31	Normal	44	312						
5-2-31	Normal	44	312						
5-3-31	Normal	44	312						
5-4-31	Normal	44	312						
5-5-31	Normal	44	312						
5-6-31	Normal	44	312						
5-7-31	Normal	44	312						
5-8-31	Normal	44	312						
5-9-31	Normal	44	312						
5-10-31	Normal	44	312						
5-11-31	Normal	44	312						
5-12-31	Normal	44	312						
5-13-31	Normal	44	312						
5-14-31	Normal	44	312						
5-15-31	Normal	44	312						
5-16-31	Normal	44	312						
5-17-31	Normal	44	312						
5-18-31	Normal	44	312						
5-19-31	Normal	44	312						
5-20-31	Normal	44	312						
5-21-31	Normal	44	312						
5-22-31	Normal	44	312						
5-23-31	Normal	44	312						
5-24-31	Normal	44	312						
5-25-31	Normal	44	312						
5-26-31	Normal	44	312						
5-27-31	Normal	44	312						
5-28-31	Normal	44	312						
5-29-31	Normal	44	312						
5-30-31	Normal	44	312						
5-31-31	Normal	44	312						

To be filled out quarterly and in 1931

TERMINATION NOTICE

Form 100-A (Rev. 1-10-31)

Form 1100-A (Rev. 7-15-67)

To be filled out completely and in duplicate

TERMINATION NOTICE

THE RAYBESTOS DIVISION
OF RAYBESTOS-MANHATTAN, INC.

NOTICE OF (1) DISCHARGE (2) LAY-OFF (3) SICKNESS (4) LEAVE OF ABSENCE

Employee's Name: James C. Carr
Title: Electrician
Date: 7/1/68

PAYMASTER: This shows how employee is being terminated. How to pay: 1000.00 Date: 7/1/68

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)

Therapy Completed	Field Worker	Student Worker	Pay	Contract Paid	Attendance Regular
Early Discharged					Attendance Irregular
Not Completed					Continued Absence

REASON FOR LEAVING OR DISCHARGE:

(To be filled in by first unit)
Further Information: ASBESTOS EXPOSURE
In case of lay-off, the above employee has been terminated in regard for possible further employment about: None
Would you rehire (or your department)? Maybe, in your department, he would be worth in some other department. If he, in what capacity might he serve your unit?
Has any known or suspected illness?
Was an injury sustained?
Was termination given voluntarily?
EMPLOYER'S: In giving the employee this termination, employee must receive all the benefits, and may give any further information or assistance.

SIGNATURES

First Unit: [Signature] Second Unit: [Signature]

FOREMAN MUST TRANSMIT THIS NOTICE AND DUPLICATES PROMPTLY TO SUPERINTENDENT

Let. card

Call Vincent James #107 - Bridgeport - Dept #44

Hired 2-28-30

Laid off 10-9-30

Re-hired 7-14-34

?

Re-hired 7-14-34

?

Re-hired 4-28-31

Has been ill for over a year. No record of termination or date when he was first out of work on his employment card Feb. 24, 1938.

1-1-38 - Termination - Slip made out 3-1-38 - Man permanently disabled. (See data card.)

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order _____

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

George Siket

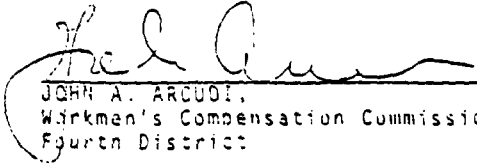
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;

Given under my hand and seal this 29th day of AUGUST,
1978.


JOHN A. ARCU DI,
Workmen's Compensation Commissioner
Fourth District

604

250

GEORGE SIKET, CLAIMANT.

VS.

RAYBESTOS COMPANY, now
RAYBESTOS-MANHATTAN, INC.
Employer.

and

AMERICAN SURETY COMPANY and
HARTFORD ACCIDENT & INDEMNITY CO.

And TRAVELERS INSURANCE COMPANY
Insurers
RESPONDENTS.

CORAM:

COMPENSATION COMMISSIONER,

FOURTH CONGRESSIONAL DISTRICT.

BRIDGEPORT, CONNECTICUT.

DECEMBER 15, 1937.

AGREEMENT TO COMPROMISE.

PETITION TO COMPROMISE.

And

ORDER.

WHEREAS, on or about the 11th day of June, 1937, and for a number of years prior thereto, at intermittent periods, the claimant, George Siket of Fairfield, Connecticut, was an employee of the Raybestos Company, now Raybestos-Manhattan, Inc. of Bridgeport, Connecticut; and

WHEREAS, the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the American Surety Company, the Hartford Accident and Indemnity Company, and The Travelers Insurance Company, all of which said companies exist and do business under the laws of this State and are duly author-

ized to take such risks in this State; and

WHEREAS, the claimant claims that on or about the 11th day of June, 1937 he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said June 11, 1937; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny; and

WHEREAS, the claimant and respondents are in further dispute as to the actual periods of employment of the said claimant with the said employer; and

WHEREAS, the said claimant and the respondents are in further dispute as to the particular company carrying the compensation insurance during the periods of the said claimant's employment with the said employer; and

WHEREAS, a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office; and

WHEREAS, the said George Siket has a wife, Theresa, and six minor children, to wit:

Helen, Ethel, Margaret, Goldie, George and Cornel Siket; all of whom are potential dependents; and

WHEREAS, the said claimant was represented at the aforesaid

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hearing and is now represented by counsel; and

WHEREAS, it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive

From The Travelers Indemnity Company the sum of \$741.90;

From The Hartford Accident and Indemnity Company the sum of \$1,514.92;

From The American Surety Company of New York the sum of \$1,743.18;

making a total sum of \$4,000; and we, the insurer respondents, do agree to pay to the said claimant the sum above specified, to wit:

The Travelers Indemnity Company \$741.90;

The Hartford Accident and Indemnity Company \$1,514.92;

The American Surety Company of New York \$1,743.18;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf, and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Theresa Siket, wife of

aforesaid claimant, George Siket, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said George Siket while in the employ of the said employer-respondents

AND TO FURTHER CERTIFY that I, the claimant, George Siket, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, and I, Theresa Siket, wife of said George Siket, potential dependent, and mother of aforesaid minor children, and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said George Siket while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

IN WITNESS WHEREOF, we hereunto set our hands the day

and date first above written.

Witnessed by

George Siket

Claimant, parent, natural guardian or next friend of Helen, Ethel, Margaret Goldie, George and Cornel Siket; potential claimants.

Theresa Siket

Theresa Siket
Potential claimant and parent.

RAYBESTOS COMPANY, now
THE RAYBESTOS-MANHATTAN, INCORPORATED
Employer

By C. P. Williamson

its Attorneys.

THE AMERICAN SURETY COMPANY

By C. P. Williamson

its Attorney.

THE HARTFORD ACCIDENT AND INDEMNITY CO

By Edmund A. Brown
its Attorney.

THE TRAVELERS INSURANCE COMPANY.

By Edward L. O'Leary
Superior
Attorney.

Approved December 15, 1937.

E. T. Buckingham

Compensation Commissioner of the
Fourth Congressional District.

GEORGE SKEET, of Fairfield, Conn.) CORAM
 CLAIMANT.)
 VS) COMPENSATION COMMISSIONER
 RAYBESTOS-MANHATTAN CORPORATION,)
 AND) FOURTH CONGRESSIONAL DISTRICT
 AMERICAN SURETY COMPANY, And) BRIDGEPORT, CONNECTICUT.
 HARTFORD ACCIDENT INDEMNITY CO., And)
 TRAVELERS INSURANCE COMPANY.) November 3, 1937.

Received
 NOV 5 - 1937
 Compensation Commissioner
 Congressional District

CLAIMS OF RESPONDENT, THE TRAVELERS INSURANCE CO.

The Respondent, The Travelers Insurance Company makes the following claims with respect to above:

1. That there is no evidence before Commissioner which would tend to prove that the man's health was in any way affected or the asbestosis caused by his work prior to December 29, 1924.

2. That the only evidence of claimant's health up to March 1925 is that his health was "very good" at that time; that he had never exhibited any symptoms of disease prior to that time; that he had felt no effects of his work up to that time and that he had had no doctor up to that time.

3. That his employment on December 20, 1922 was a new employment since he had left the employ of the Raybestos-Manhattan Corporation and engaged in the business of farming for a period of about two years and a half.

4. That no employment prior to December 20, 1922 could have contributed to his ailment in 1937.

5. That occupational diseases were not compensable until July 1, 1919 and that therefore no work prior to said date could be reckoned as a period of exposure.

6. That claimant voluntarily left the employ of the Company in March 1925, according to his testimony, or on August 22, 1922, according to the Company's payrolls, and engaged in the business of grocer.

THE UNIVERSITY OF CHICAGO

PERSONNEL		MILITARY RECORDS		RATE OF PAY		REASONS FOR TRANSFER		ANNUAL EVALUATION	
DATE	STATUS	DEPT NO.	CLOCK NO.	RATE	REASONS FOR TRANSFER	COMPLETENESS	CONDUCT	ATTENDANCE	
1-7-26	MINOR	44	328	.55					
11/35	PRESENT	44	328	.51					
7-5-36	Ch. Adm.	44	328	.60					
1-20-37	"	44	328						
1-20-37	Adm.	44	328						
1-1-38	Adm.	44	328	1306 .60	personally 2.15.06-8				

1000, 1000, 1000, 1000

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate copy of the Agreement to Compromise, Petition to Compromise and Order, and radiographic report from B. M. Parmelee, M.D.

from the records of the Office of Workmen's Compensation Commission, State of Connecticut, Fourth District, in the case of:
Stanley Dudzinski

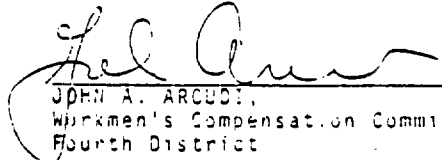
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The American Surety Company of New York;
The Hartford Accident & Indemnity Company; and
Employers' Liability Assurance Corporation, Ltd.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

605

STANLEY DUDZINSKI
Claimant

vs.

RAYBESTOS COMPANY, now
RAYBESTOS-MANHATTAN, INC.
Employer

and

THE AMERICAN SURETY COMPANY OF NEW YORK,
THE HARTFORD ACCIDENT & INDEMNITY COMPANY
and
EMPLOYERS LIABILITY ASSURANCE CORPORATION, LTD.
Insurers

Respondents.

CORAM:

COMPENSATION
COMMISSIONER,
FOURTH CONGRES-
SIONAL DISTRICT,

BRIDGEPORT,
CONNECTICUT.

October 1938.

AGREEMENT TO COMPROMISE,

PETITION TO COMPROMISE

AND ORDER.

WHEREAS, on or about the 16th day of April, 1938, and for a number of years prior thereto, at intermittent periods, the claimant, Stanley Dudsinski of Bridgeport, Connecticut, was an employee of the Raybestos Company, now the Raybestos-Manhattan, Inc. of Bridgeport, Connecticut; and

WHEREAS, the said Employee and Employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut as amended, and the Employer had insured its liability thereunder for the period during which said Claimant was employed with the above named Insurers, all of which said companies do business and are duly authorized to take such risks in this State; and

WHEREAS, the Claimant claims that on or about the 15th day of April, 1938, he exhibited symptoms and was found to be suffering from asbestosis and pneumoconiosis; and further claims that such constitute an occupational disease which arose out of and in the course of his employment with the said Employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said April 18, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said Respondents deny; and

WHEREAS, it is the desire of the Claimant and the Respondents and each of them to reach an amicable adjustment of the above disputed claim to the end that further litigation be ended and that doubtful and disputed claims be rendered certain;

THIS IS TO CERTIFY THAT I, the Claimant, have agreed to receive from the above named Respondents the full sum of twenty-five hundred dollars (\$2,500), in full accord and satisfaction of the above disputed claim;

AND TO FURTHER CERTIFY THAT, in consideration of said sum so paid, I, the Claimant, do hereby remise, release and forever discharge the Employer and the Insurers, Respondents, from all claims for compensation benefits, whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf, and whether said claim has already arisen or might arise by reason of the aforesaid claim of occupational disease;

AND TO FURTHER CERTIFY THAT I have no wife or children,
and that I have parents whose names are MICHAEL DUDZINSKI
and ANNA DUDZINSKI, who live in the Town of
Dziembrow, in Poland, which parents are in no
way dependant upon me within the provisions of the Workmen's Com-
pensation Act, which facts shall be found and determined by the
Compensation Commissioner in accepting and approving this settle-
ment and compromise;

AND TO FURTHER CERTIFY THAT We, the Claimant and the Re-
spondents, hereby submit this written Agreement to the Compensa-
tion Commissioner of the Fourth Congressional District, and re-
spectfully ask that said Agreement may be approved with the force
of a full and final award.

IN WITNESS WHEREOF, We have hereunto set our hands the day
and date first above written.

Witnessed by

Henry C. Shannock Stanislaw Dudzinski
7-10-1914 CLAIMANT

RAYBESTOS COMPANY, now THE RAYBESTOS
MANHATTAN, INCORPORATED,
EMPLOYER

by M. J. Hudd
its attorney

THE AMERICAN SURETY COMPANY OF
NEW YORK

by A. D. Quinlan
its attorney

THE HARTFORD ACCIDENT AND INDEMNITY
COMPANY

by E. J. F. Brown
its Representative

EMPLOYERS LIABILITY ASSURANCE
CORPORATION, LTD.

by A. J. H. Brown
its INSURER

APPROVED:

October 27 1938.

E. T. Buckingham

Compensation Commissioner of the
Fourth Congressional District.

R. M. FARMER, M. D.
R. W. LAMBERT, M. D.
Physicians, Gloucester

Small size
for double size copy

June 24, 1936,
Index No. 41984

Mr. Stanley Dedsinski

Dr. Fleck

A stereo radiographic examination of the chest shows no peripheral lung infiltration to suggest the presence of pulmonary tuberculosis. There is a moderate thickening of both hilum zones and a peri-bronchial fibrosis extending into the middle and lower portions of both lungs. There is no pleural thickening or effusion. The lateral diameter of the heart measures 10.5 cm. The inside diameter of the chest measures 32 cm. This indicates slight cardiac hypertrophy. The fibrosis noted is presumably the result of chronic irritation and is sufficient to confirm a clinical diagnosis of first stage asbestosis.

Respectfully submitted,

P. F.

B. M. Farmer

11/23/93
W. G. Carey & Co.
New York

Form 13-3A and 13-3B M

TERMINATION NOTICE
THE RAYBESTOS DIVISION
OF
RAYBESTOS-MANHATTAN, INC.

NOTICE OF QUIT ☒ DISCHARGE ☐ LAY-OFF ☒ SICKNESS ☐ LEAVE OF ABSENCE ☐
Employee's Name: John J. Smith Date: 4-19-58
Title: 11 Code: 1307

PAYMENT: The check accompanying this notice is being furnished, then to and 1 PM Date: 4-19-58

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)									
Threats of physical	Threats of verbal	Threats of sexual	Threats of financial	Threats of physical	Threats of verbal	Threats of sexual	Threats of financial	Threats of physical	Threats of verbal
Threats of sexual	Threats of financial	Threats of physical	Threats of verbal	Threats of sexual	Threats of financial	Threats of physical	Threats of verbal	Threats of sexual	Threats of financial
Threats of physical	Threats of verbal	Threats of sexual	Threats of financial	Threats of physical	Threats of verbal	Threats of sexual	Threats of financial	Threats of physical	Threats of verbal

REASON FOR LEAVING OR DISCHARGE

(To be filled in by Employer) Employee's discharge was due to his failure to report for possible further employment when called.
Further explanation: Employee's discharge was due to his failure to report for possible further employment when called.
In case of lay-off, the above employee has been laid off for possible further employment when called. Employee's discharge was due to his failure to report for possible further employment when called.
Would you, within the year following, be willing to work in some other department? Yes
If yes, in what capacity? As a worker
If no, why not? Employee's discharge was due to his failure to report for possible further employment when called.
Was employee given notice? Yes
Was employee given notice? Yes
Was employee given notice? Yes

INITIALS: To enable the Employer to determine if the employee is being discharged, the Employer must sign and date this notice. John J. Smith
Signature: John J. Smith
Date: 4-19-58

EMPLOYEE MUST TRANSMIT THIS NOTICE AND EMPLOYER'S SIGNATURE PROMPTLY TO SUPERINTENDENT

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate copy of the Stipulation

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Andrew Urban

VS.

Raybestos Division of Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident & Indemnity Co.;
The American Surety Company of New York; and
The Employers' Liability Assurance Corp.

Given under my hand and seal this 27th day of August,
1978.

JOHN A. ARCUO,
Workmen's Compensation Commissioner
Fourth District

606

WORKMEN'S COMPENSATION ACT

Andrew Urban
241 Midland St.,
Bridgeport, Conn.
Claimant

vs

Raybestos Division of
Raybestos-Manhattan, Inc.,
1437 Railroad Ave.,
Bridgeport, Conn.
Employer

and

The Travelers Insurance Company
The Hartford Accident & Indemnity Co.
The American Surety Company of New York
The Employer's Liability Assurance Corp.
Insurers
Respondents

Before
Hon. E. T. Buckingham
Compensation Commissioner
Fourth Congressional
District
State of Connecticut
November 11, 1938

Received
NOV 14 1938
Compensation Commissioner
- Congressional Dist. -

STIPULATION

Agreement made between Andrew Urban, the above named claimant, of the one part, and Raybestos Division of Raybestos-Manhattan, Inc., the above named employer, and The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company of New York, and The Employer's Liability Assurance Corporation, the above named Insurers, Respondents of the other part.

(1)

On or about August 20th, 1938, and for some time prior thereto, the said claimant, Andrew Urban, was employed as a weaver by the above named Employer, Raybestos Division of Raybestos-Manhattan Incorporated at Bridgeport, Connecticut and located in the Fourth Congressional District.

(2)

On said August 20th, 1938, and for sometime prior thereto, the parties hereto were subject to the provisions of the Workmen's Compensation Act of the State of Connecticut, and each had complied with all requirements of said Act.

(3)

On or about August 20th, 1938, the said Claimant, Andrew Urban, became ill, and as a result of such illness he was compelled to discontinue his employment. The Claimant, Andrew Urban, has been seen by Dr. F. J. Antell of Bridgeport, Connecticut and X-rays have been taken. The X-ray report reads "Bilateral pulmonary asbestosis".

(4)

It is and has consistently been the claim of the said Andrew Urban that he is suffering from a condition which he believes to be asbestosis, and that the said condition was contracted by him in the performance of his duties at The Raybestos Division of Raybestos-Manhattan, Incorporated, and that the said condition arose out of and in the course of his employment and comes within the scope of an occupational disease as referred to in the Workmen's Compensation Act of this State, and as has been previously defined by the Supreme Court of Errors of the State of Connecticut.

(5)

No agreement for the payment of the Workmen's Compensation Act of the State of Connecticut has ever been entered into between the said Andrew Urban and the present carrier, The Employer's Liability Assurance Corporation, as the present condition is one of a number of years.

(6)

The said claim was assigned for a hearing on the 30th day of September, A.D., 1938, before the Compensation Commissioner of the Fourth Congressional District, and after a brief hearing the case was adjourned to permit discussions.

(7)

After several discussions of the entire matter, it was finally agreed that a settlement in accordance with the following terms could be made:

There shall be paid to the said Claimant, Andrew Urban, the sum of Three Thousand Two Hundred (\$3200.) Dollars, said sum to be divided as follows:

(a) The Travelers Insurance Company . . .	\$644.32
(b) The Hartford Accident & Indemnity Co. .	1122.05
(c) The American Surety Co. of New York . .	1310.24
(d) The Employer's Liability Assurance Corp.	123.39
	<u>\$3200.00</u>

(8)

Therefore, there existing at this time an open and honest dispute and disagreement between the parties hereto as to their respective rights under the Workmen's Compensation Act of the State of Connecticut and it now having been definitely and finally agreed between the parties hereto, that is, between the said Claimant, Andrew Urban, Helen Urban, the wife and a prospective dependent of said Claimant, Helen Urban, as natural guardian for Margaret Urban, a minor daughter of said claimant and a prospective dependent of said Claimant, The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company of New York, and The Employer's Liability Assurance Corporation, Insurers and Respondents,

- (a) That the said sum in the foregoing paragraph be paid in full and final settlement, adjustment, accord and satisfaction of all claims of whatever kind or nature the said Claimant, Andrew Urban, and the prospective dependents, Helen Urban and Margaret Urban, may have at this time or may have at any future time by virtue of the Workmen's Compensation Act of the State of Connecticut, and

(2)

- (b) That the payment as agreed upon is made with the full understanding of these terms and conditions, that is, that said payment is payment in full for compensation, past, present and future, and payment in full for all medical, hospital, nursing, drug and pharmacy bills, past, present and future, and
- (c) That the payment as agreed upon is made with the full understanding of the parties hereto that there are no other terms or conditions or promises of any kind other than those herein incorporated, and with the completing of the payment as agreed upon, the matter is definitely terminated for all times.

(9)

In view of the foregoing, the parties hereto unite in requesting that the Hon. E. T. Dickinson, Compensation Commissioner for the Fourth Congressional District, having jurisdiction herein, make a finding and award pursuant to the terms and conditions of this Stipulation and Adjustment.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, this 10th day of November, A.D., 1938.

Samuel W. Zucker

Andrew Urban
Claimant

John Urban
Wife of Claimant and Prospective Dependent

John Urban
Natural Guardian and Mother of Margaret Urban, a minor daughter and prospective dependent.

The Travelers Insurance Co.
By [Signature]

The Hartford Accident & Indemnity Company
By [Signature]

The American Surety Co. of N. Y.
By [Signature]

R. J. Zielinski

The Employer's Liability
Assurance Corp.

Samuel W. Greider

by H. O. Somell

The foregoing stipulation and agreement is hereby
found to be fair, just and reasonable and equitable and the same
is hereby approved this 12th day of November, 1938.

Approved
Nov. 12, 1938

E. T. Buckingham
Compensation Commissioner
Fourth Congressional District

[illegible]

EMPLOYEE INFORMATION		DATE OF PAY		REASON FOR TRANSFER, CHANGE IN STATUS, ETC.		ANNUAL SALARY	
DATE	STATUS	DEPT. NO.	CLERK NO.	DATE	REASON FOR TRANSFER, CHANGE IN STATUS, ETC.	COMPETENCY	CONDUCT
4/1/34	present	44	314	4 1/2			
4 1/2	present	44	314	5 1/2			
7 5 30	present	44	314	6 0			
8 25 30	present	44	164	13 6			

EMPLOYMENT CARD
U.S. DEPARTMENT OF COMMERCE

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order _____

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
John Haydu

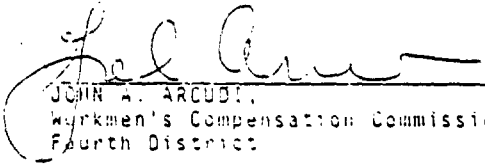
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

607

703

JOHN HAYDU, CLAIMANT

VS.

RAYBESTOS COMPANY, now
RAYBESTOS-MANHATTAN, INC.
Employer

and

EMPLOYERS LIABILITY ASSURANCE
CORPORATION and

AMERICAN SURETY COMPANY and

HARTFORD ACCIDENT & INDEMNITY CO.

and TRAVELERS INSURANCE COMPANY
Insurers
RESPONDENTS

CORAN:

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DISTRICT

BRIDGEPORT, CONNECTICUT

FEBRUARY 15, 1939.

AGREEMENT TO COMPROMISE.

PETITION TO COMPROMISE.

And

ORDER.

Received
FEB 15 1939
Compensation Commissioner
Fourth Congressional District

WHEREAS, on or about the 30th day of September, 1938, and for a number of years prior thereto, at intermittent periods, the claimant, John Haydu of Fairfield, Connecticut, was an employee of the Raybestos Company, now Raybestos-Manhattan, Inc. of Bridgeport, Connecticut; and

WHEREAS, the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the Employers Liability Insurance Corporation, the American Surety Company, the Hartford Accident and Indemnity Company, and The Travelers Insurance Company, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State; and

WHEREAS, the claimant claims that on or about the 30th

day of September, 1938, he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said September 30, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny; and

WHEREAS, the claimant and respondents are in further dispute as to the actual periods of employment of the said claimant with the said employer; and

WHEREAS, the said claimant and the respondents are in further dispute as to the particular company carrying the compensation insurance during the periods of the said claimant's employment with the said employer; and

WHEREAS, a partial hearing of said claim was held before the Compensation Commissioner for the said Fourth Congressional District as will more fully appear in the files of said office; and

WHEREAS, the said John Haydu has a wife, Anna, and one minor child, to wit:

John Haydu, Jr., both of whom are potential dependents, and

WHEREAS, the said claimant was represented at the aforesaid hearing and is now represented by counsel; and

WHEREAS, it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end further litigation be avoided and doubtful and disputed claims be rendered certain.

THERE IS TO CERTIFY, that I, the claimant, have agreed to receive

From the Employers Liability Assurance Corporation \$12.44

From the American Surety Company \$296.82

From the Hartford Accident and Indemnity Co. \$433.46

From The Travelers Insurance Company \$245.23;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf, and whether said claims have already arisen or hereafter might arise by reason the aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Anna Haydu, wife of aforesaid claimant, John Haydu, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said John Haydu while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, John Haydu, as parent, natural guardian and next friend of aforesaid minor child, potential dependent, and I, Anna Haydu, wife of said John Haydu, potential dependent, and mother of aforesaid minor child, and potential dependent, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said John Haydu while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Comp-

ensation Commissioner of the Fourth Congressional District
and respectfully ask that said agreement may be approved with
the force of a full and final award.

IN WITNESS WHEREOF, we hereto set our hands the day and
date first written above.

Witnessed by

Samuel W. Zuehl

John Hajdu

Claimant, parent, natural guardian
and next friend of John
Hajdu, Jr.; potential claimant.

Anna Hajdu

Potential claimant and parent.

RAYBESTOS COMPANY, now
THE RAYBESTOS-MAHATTAN, INC.
Employer

By Norman J. Guss
Its Attorney-in-Fact

EMPLOYERS LIABILITY ASSURANCE
CORPORATION

By Ch. O'Donnell
Attorney

AMERICAN SURETY COMPANY

By W. W. Ascaride
Its Attorney

HARTFORD ACCIDENT AND INDEMNITY CO.

By E. S. K. K. K.
Attorney

THE TRAVELERS INSURANCE COMPANY

By Edward L. O'Leary

Approved February 15, 1939

E. T. Buckingham
Compensation Commissioner
of the Fourth Congressional
District.

John Hayden

4-10-44 - HIRED

5-14-45 - LAID OFF

7-13-45 - HIRED

10-13-48 - LAID OFF

DATE	STATUS	DEPT. NO.	CLERK NO.	DATE	REASONS FOR TRANSFER OR CHANGE IN STATUS, ETC.	COMPETENCY	COMPL.	ATTENDANCE
7-9-31	Hired							
6-7-34	Laid Off	44	311			O.K.	O.K.	O.K.
12-14-36	Re-hired	44	332	.53	Lack of work			
3-21-37	Chg. rate	44	332	.56				
4-4-37	*clock no.	44	191	.60				
4-11-37	* rate	44	191	.60				
4-0-38	Laid Off	44	191	.60	Lack of work	Fair		
9-8-38	Re-hired	20	518	.48				
1-30-39	Laid off	20	518	.48		Fair	Med.	O.K.

THIS EMPLOYEE REPLACES

To be filled out every day and be filed in

Form 1005A (Rev. 11-15-77)

TERMINATION NOTICE OF THE RAYBESTOS DIVISION OF RAYBESTOS-MANHATTAN, INC.

NOTICE OF UNIT ☒ DISCHARGE ☐ LAY-OFF ☐ SICKNESS ☐ LEAVE OF ABSENCE ☐

Employee's Name: John J. Hall Date: 10 3 78

Unit Number: 1000 Nature of duties: Asst. Mgr. Date: 10 3 78

PAYMENT: The above named employee is being terminated, from to and PM

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)			
Employed	Discharged	Discharged	Discharged
Employed	Discharged	Discharged	Discharged
Employed	Discharged	Discharged	Discharged

REASON FOR LEAVING OR DISCHARGE

The employee has been terminated for the following reason(s): lack of ability

Further explanation: He is not doing his job.

In case of lay-off, the above employee has been notified in writing of the reasons for his termination, and may give any explanation in writing within 10 days of the date of the notice.

Would you please indicate the date of termination? 10/3/78 If not, in what capacity would he be employed?

Has the employee been notified in writing of the reasons for his termination, and may give any explanation in writing within 10 days of the date of the notice?

Was the employee given notice? Yes

Was the employee given notice? Yes

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Signature of employee: John J. Hall

Signature of supervisor: SP Smith

Signature of manager: SP Smith

Hayden John - #6111 - #20 Denters Dept. - 0-3 Trans. from Apt. 0/0/58
7 9 58 - Phys. exam. "Go" re-employment by Dr. K. S. S. - Pen. 6.14. Re-emp
9-30-58 - L.O.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Mary Kisley, Widow of Stephen Kisley, deceased

vs.

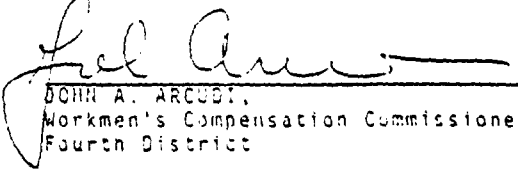
Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this
1976.

29th day of August.


JOHN A. ARCUSTI,
Workmen's Compensation Commissioner
Fourth District

608

MARY KISLEY, Widow of
Stephen Kisley, Deceased,
CLAIMANT

VS

RAYBESTOS-COMPANY now
RAYBESTOS-MANHATTAN, INC.,
EMPLOYER

and

TRAVELERS INSURANCE COMPANY

and

HARTFORD ACCIDENT & INDEMNITY CO.

and

AMERICAN SURETY COMPANY

and

EMPLOYERS LIABILITY ASSURANCE CORP.
INSURERS
RESPONDENTS

CORAM:

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DIST.

BRIDGEPORT, CONNECTICUT

MARCH 24, 1938.

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

and

ORDER.

WHEREAS on or about the twenty-ninth day of June, 1938 and for a number of years prior thereto, Stephen Kisley, now deceased, was an employe of the Raybestos Company, now known as Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS, said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said Stephen Kisley was employed, with The Travelers Insurance Company, The Hartford Accident & Indemnity Co., The American Surety Company and The Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of the State of Connecticut and are duly authorized to take such risks in this State, and

WHEREAS the claimant, Mary Kisley, alleges that on or about the 29th day of June, 1938, Stephen Kisley suffered an occupational disease, to wit: Asbestosis, and further claims that said occupational disease arose out of and in the course of his employment as a weaver with the said employer, and further claims that the said disease is compensable, and further claims that Stephen Kisley was disabled from all work from the 29th day of June 1938; and further claims that said Stephen Kisley died on July 22nd, 1938 as

a result of said occupational disease, to wit, asbestosis,
all of which said claims each and all of the said respondents
deny, and

WHEREAS it is the desire of the claimant and the said re-
spondents to reach an amicable adjustment of the above disputed
claim to the end that further litigation be avoided and doubtful
and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, Mary Kisley, claimant, have agreed
to receive from:

THE TRAVELERS INSURANCE COMPANY	\$132.10
THE HARTFORD ACCIDENT & INDEMNITY CO.	336.55
THE AMERICAN SURETY COMPANY	472.80
THE EMPLOYERS LIABILITY ASSURANCE CORP.	8.55

making a total sum of NINE HUNDRED FIFTY AND NO/100 DOLLARS (\$950.00)
and we, the respondent insurers, do agree to pay to the said
claimant, the sums above specified, in full accord and satisfaction
of above disputed claim.

AND DO FURTHER CERTIFY THAT in consideration of the said
sums so paid, I, the claimant, do hereby remise, release and for-
ever discharge the employer and all the insurer respondents from
any and all claims for compensation benefits, whether for comp-
ensation in any form payable to me under said Act or for surgical,
medical or hospital benefits payable on my behalf and whether said
claims have already arisen or hereafter might arise by reason of
aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY THAT I, Mary Kisley, widow of Stephen
Kisley, deceased, do agree that in consideration of said sums,
so paid, to remise, release and forever discharge each and all the
above named respondents from any and all claims which I might here-
after have against any and all of them by reason of the alleged
incurring of an occupational disease by said Stephen Kisley, dec-
eased, while in the employ of said employer-respondent.

AND TO FURTHER CERTIFY THAT We, the claimant, Mary Kisley,
and the respondents, hereby submit this written agreement to the
Compensation Commissioner for the Fourth Congressional District,
and respectfully ask that said agreement may be approved with the
force of a full and final award.

In witness thereof, we hereunto set our hands the day and date first above mentioned.

Witness:

M. G. Shanley

Mary Kieley
Widow of Stephen Kieley, deceased
CLAIMANT

BALTIMORE COMPANY NOW
BALTIMORE MANHATTAN, INC.

BY: E. M. [unclear] Secy.

TRAVELERS INSURANCE COMPANY

BY: Edward L. O'Leary

HARTFORD ACCIDENT & INDEMNITY CO.

BY: [unclear]

EMPLOYERS LIABILITY ASSURANCE CORP.

BY: E. J. [unclear]

Approved this 24 March, 1939.

E. J. Buckingham
Compensation Commissioner for
the Fourth Congressional District.

THE [unclear] COMPANY

BY: Henry W. [unclear]

Received
MAR 24 1939
Compensation Commissioner
4th Congressional District

[illegible]

Be it remembered, that on the 10th day of 1891, before me, the undersigned, a Justice of the Peace for the County of Washington, D. C., personally appeared the within and above named parties, who acknowledged to me the execution of the foregoing instrument, and that they executed the same for the purposes and consideration therein expressed.

Given under my hand and the seal of the County of Washington, D. C., this 10th day of 1891.

Notary Public for the District of Columbia.

[illegible]

DATE	STATUS	NO.	DEPT	CLOCK	RATE	REASONS FOR TRANSFER, CHANGE IN STATUS, ETC.	ANNUAL EVALUATION		
							COMPETENCY	CONDUCT	ATTENDANCE
1-25-28	hired	11/	331		55				
4/1/35	PRESIDENT	11/	329		55				
4-28-35	now 1000	44	317		57				
7-5-36	44	44	317		60				
3-21-37	"	44	317		60				
4-4-37	"	44	171		60				
4-14-39	Card off	44	178		1306	Card of work			
1-17-43									
7-13-43									

THIS EMPLOYEE IS NOT

TERMINATION NOTICE

THE RAYBESTOS DIVISION
OF RAYBESTOS-MANHATTAN, INC.

NOTICE OF QUIT ☐ DISCHARGE ☐ LAY-OFF ☐ SICKNESS ☐ LEAVE OF ABSENCE ☐

Employee's Dept. 44 No. 178 Name Stephen Kiskey Date 2-14-38

Date filed 1106 Nature of action Dismissal Date 1-14-38

PAYMASTER: The above named employee is being terminated, from to and 4 PM

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)					
Thoroughly Competent	☒	Steady Worker	☒	Lazy	☐
Fully Competent	☐	Marked Worker	☐	Constant Filler	☐
Not Competent	☐	Other Worker	☐	Discipline	☐
				Attendance Regular	☐
				Attendance Irregular	☐
				Continued Absent	☐

REASON FOR LEAVING OR DISCHARGE Not at all for if needed

(To be filled in by Employer) Not at all for if needed

Further Information Not at all for if needed

In case of lay-off, the above employee has been instructed to report for possible further employment whenever it is needed.

Would you return to your department? Yes (If not, to what capacity might he prove capable?) Not at all for if needed

Has any known illness problems? Yes The employee should be informed of the reason for this termination. Was employee given notice? Yes

Was Foreman given notice? Yes (How long is notice?) One day

Signature of Foreman [Signature] Date 2-14-38

Signature of Employee [Signature] Date 2-14-38

Signature of Supervisor [Signature] Date 2-14-38

Signature of Personnel Manager [Signature] Date 2-14-38

FOR EMPLOYER: To enable the Employment Department to comply with a re-employment of former employee, Foreman must advise all his foremen, and may give any further information desired necessary.

FOR EMPLOYEE: MUST TRANSMIT THIS NOTICE AND DUPLICATES PROMPTLY TO SUPERINTENDENT

STATE OF CONNECTICUT }
COUNTY OF FAIRFIELD } SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Frank Torok

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

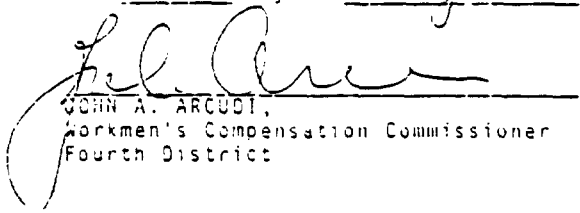
and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this

29th day of August

1978.


JOHN A. ARCUOT,
Workmen's Compensation Commissioner
Fourth District

609

FRANK TOROK, CLAIMANT : CORAM:
VS :
RAYBESTOS COMPANY NOW : COMPENSATION COMMISSIONER
RAYBESTOS-MANHATTAN, INC. :
Employer :
and : FOURTH CONGRESSIONAL DISTRICT
THE TRAVELERS INSURANCE COMPANY :
HARTFORD ACCIDENT AND INDEMNITY CO. : BRIDGEPORT, CONNECTICUT.
AMERICAN SURETY COMPANY :
EMPLOYERS LIABILITY ASSURANCE CORP. : MAY 9 1939.
Insurers :
RESPONDENTS :

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

WHEREAS on or about the 4th day of November, 1938 and for a number of years prior thereto, the claimant, Frank Torok, of Bridgeport, Connecticut, was an employee of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and,

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the Travelers Insurance Company, the Hartford Accident and Indemnity Company, the American Surety Company and the Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 4th day of November, 1938 he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since the 4th of November, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Frank Turck is a widower and has a mother, Julia and three minor children, to wit, Frank, Jr., George and Helen Turck, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The Travelers Insurance Company the sum of \$425.28

The Hartford Accident and Indemnity Company the sum of \$429.49

The American Surety Company of New York the sum of \$1060.90

The Employers Liability Assurance Corporation the sum of \$83.33

making a total sum of Two Thousand Dollars (\$2,000.00); and we the insurer respondents do agree to pay to the said claimant the sum above specified, to wit,

The Travelers Insurance Company \$425.28;

The Hartford Accident and Indemnity Company \$429.49;

The American Surety Company of New York \$1060.90;

The Employers Liability Assurance Corporation \$83.33;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Julia Torok, mother of aforesaid claimant, Frank Torok, do agree that in consideration of said sums so paid to revise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Frank Torok while in the employ of the said employer-respondents,

AND TO FURTHER CERTIFY that I, the claimant, Frank Torok, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Frank Torok, while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Witnesses:

Harold T. Leland

M. E. Muesler

Frank Torok
Claimant, parent, natural guardian
and next friend of Frank, Jr., George
and Helen Torok, potential claimants.

Julia Torok
Potential claimant and mother.

RAYSTOS COMPANY NOW
RAYSTOS-NAUATTAN, INC.

W. W. ... DIST. Sec.

THE TRAVELERS INSURANCE COMPANY

By ...

HARTFORD ACCIDENT AND INDEMNITY COMPANY

By ...

THE AMERICAN SURETY COMPANY OF NEW YORK

By ...

EMPLOYERS LIABILITY ASSURANCE CORP.

Approved 9 day of May, 1939. By E. ...

E. ...
Compensation Commissioner
Fourth Congressional Dist.

[illegible]

DATE		STATUS	DEPT. NO.	CLOCK NO.	RATE OF PAY	REASONS FOR TRANSFER, CHANGE IN STATUS, ETC.	COMPETENCY	CONDUCT	ATTENDANCE
4/1/55		PRESENT	44	315	55				
1-4-28		hired							
7-5-36		cl. no.	44	315	57				
3-1-37		" "	44	319	60				
4-4-37		clock no.	44	"	"				

U.S. GOVERNMENT PRINTING OFFICE: 1964 O - 351-590

NOTICE OF QUIT ☒	DISCHARGE ☐	LAY-OFF ☐	SICKNESS ☐	LEAVE OF ABSENCE ☐
Employee's Unit <u>114</u>	No. <u>110</u>	Name <u>F. J. JORGAK</u>	Date _____	Date _____
Grade Street _____	Measure of delivery <u>WEAVER</u>		Date <u>1306</u>	

PAYMASTER: The above named employees to being furnished, then to and

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)									
Thoroughly Competent	☒	Rapid Worker	☐	Lazy	☐	Constant Dood	☒	Neatness Regular	☒
Fairly Competent	☐	Moderate Worker	☐	• Cautious	☐	Constant Fail	☐	Neatness Irregular	☐
Not Competent	☐	Slow Worker	☐	Compulsive	☒	Disturbance	☐	Unfinished Accounts	☐

REASON FOR LEAVING OR DISCHARGE

(To be filled in by Formant)

Reason Unknown

Further Information

Reason of leaving this place unknown has been indicated in report for suitable further development where

Reason

Would you refer to your department? _____ If so, to what department?

could be done now? _____ The employee should be informed of the reason for this forwarding. Why?

has any future without problems? _____

Will employee give an order? _____ (How long a notice?)

Does employee give an order? _____ (How long a notice?)

IMPARTIAL: To study the Employment Displacement to completely consider a variety of sources of income changes, factors need across all the inquiries, and may give more weight to the

FOR THIS INFORMATION DISCLOSED HEREON.

SIGNATURES: *J. J. J. J. J.*

Supervisor

PERSONNEL MANAGER

2-15-5

MANAGER MUST TRANSMIT THIS NOTICE AND SIGNATURES PROMPTLY TO SUPERINTENDENT

“FBI MAN MIGHT TRANSMIT THIS NOTICE AND DUPLICATES PROMPTLY TO SUPERINTENDENT

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order _____

_____ from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Gus Wargo

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this _____
1975.

John A. Arcudi
JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

610

OUS VARGO, Plaintiff.

VS

RAYBESTOS COMPANY, now
RAYBESTOS-MANHATTAN, INC.
Employer.

and

AMERICAN SURETY COMPANY
HARTFORD ACCIDENT AND INDEMNITY CO.
TRAVELERS INSURANCE COMPANY
EMPLOYERS LIABILITY ASSURANCE CORP.
Insurers
RESPONDENTS

CORAM: Hon. J. J. ...

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DIST.

BRIDGEPORT, CONNECTICUT

November 9, 1938

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

WHEREAS, on or about the 4th day of November, 1938, and for a number of years prior thereto, the claimant, Ous Vargo, of Bridgeport, Connecticut, was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc. of Bridgeport, Connecticut; and

WHEREAS, the said employe and employer had accepted and were at all times herein mentioned subject to Part 2 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with the American Surety Company, the Hartford Accident and Indemnity Company, the Travelers Insurance Company, and Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State; and

WHEREAS, the claimant claims that on or about the 4th day of November, 1938 he suffered an occupational disease, to wit; asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said November 4, 1938; and

further claims that he will be disabled in the future; all of which said claims each and all of said respondents deny, and

WHEREAS, a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office; and

WHEREAS, the said Gus Wargo, has a wife, Rose.

WHEREAS, the said claimant was represented by the aforesaid hearing and is now represented by counsel; and

WHEREAS, it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant, have agreed to receive

From The Travelers Insurance Company the sum of \$346.33

From the Hartford Accident and Indemnity Company the sum of \$901.30

From The American Surety Company of New York the sum of \$1074.80

From The Employers Liability Assurance Corp. the sum of \$97.35;

making a total sum of \$2,500.00; and we, the insurer respondents do agree to pay to the said claimant the sum above specified, to wit:

The Travelers Insurance Company \$346.33;

The Hartford Accident and Indemnity Company \$901.30;

The American Surety Company of New York \$1074.80;

The Employers Liability Assurance Corporation \$97.35;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical, or hospital benefits payable on my behalf, and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim of occupational disease.

AND TO FURTHER CERTIFY that I, Rose Wargo, wife of aforesaid

claimant, Gus Wargo, do agree that in consideration of said sum...
so paid to remise, release and forever discharge each and all the
abovesigned respondents from any and all claims which I might
hereafter have against any and all of them by reason of the al-
leged incurring of an occupational disease by the said Gus Wargo,
while in the employ of the said employer-respondents.

AND TO FURTHER CERTIFY that we, the claimant and the respondents,
hereby submit the written agreement to the Compensation Commissioner
of the Fourth Congressional District and respectfully ask that said
agreement may be approved with the force of a full and final award.

IN WITNESS WHEREOF, we hereunto set our hands the day and date
first written above.

Witnessed by

Harold H. H. H.

M. E. Murphy

Gus Wargo
claimant

Rose Wargo
wife and potential claimant

RAYMONDS COMPANY, INC.
RAYMONDS MANUFACTURING, INC., Employer
By H. W. H. H.
Its Attorney

THE AMERICAN SURETY COMPANY
By A. H. H. H.

THE HARTFORD ACCIDENT AND INDEMNITY CO.
By L. H. H. H.

THE TRAVELERS INSURANCE COMPANY
By P. H. H. H.

THE EMPLOYERS LIABILITY ASSURANCE CORP.
By H. H. H. H.

Approved, March, 1939.

E. B. H. H.

Compensation Commissioner
of the Fourth Congressional
District.

[illegible]

20 for her by name of this the mother of a mother of her

Investor(s) entered "the company" at the rate of \$5 per \$100 for a period commencing at the date listed and terminable by either the company or the underwriter at any time. but overbills, payable

[illegible]

1. The name of the person or organization that is the subject of the report.

SALES OF THE
WILLIAM
IMPERIAL & COMPANY

1 APR 1964 12:30 PM

PAID BY THE U. S. DEPT. OF JUSTICE

DATE	STATUS	DEPT. NO.	CLOCK NO.	RATE	REASON FOR TRANSFER, CHANGE IN STATUS, ETC.	COMPETENCY	CONDUCT	ATTENDANCE
1/1/24	START	114	352	50	OUT	REHIRE	YES	
1/1/24	REHIRE	114	352	50				
1/1/24	PRESENT RATE	114	352	55				
1/1/24	NEW RATE	114	303	51				
1/1/24	NEW RATE	114	303	60				
1/1/24	NEW RATE	114	303	60				
1/1/24	NEW RATE	114	303	60				

Form 100-A of 11-24-54

TERMINATION NOTICE

THE RAYBESTOS DIVISION
OF RAYBESTOS-MANHATTAN, INC.

NOTICE OF QUIT ☒ DISCHARGE ☐ LAY-OFF ☐ SICKNESS ☐ LEAVE OF ABSENCE ☐

Employee's Dept. 202 No. 161 Name G. N. Noyes Date 1306

Time filed 4:30 PM Date of notice Apr. 4-38 Date 1306

PAYMASTER: The above named employee is being terminated, from to and 4:30 PM

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)									
Threaty Complaint	☒	Hard Worker	☒	Lay	☒	Good	☒	Attendance Regular	☒
Early Discharged	☐	Mediocre Worker	☐	Careless	☐	Good	☐	Attendance Irregular	☐
Not Completed	☐	Slow Worker	☐	Uncooperative	☐	Disobedient	☐	Conditioned Release	☐

REASON FOR LEAVING OR DISCHARGE

(To be filled in by Employer) Reason given

Further Information

In case of Lay-off, the above employee has been instructed to report for possible further employment when?

Would you advise for your department?

Would he prove useful?

Are any known safety problems?

Was employee given notice?

Was license given notice?

EMPLOYER: In signing this Termination Notice, I am certifying that the above employee is being discharged, and that I am giving you my further information as requested.

Signature [Signature] Date 1306

FOR MAN: THIS TRANSMIT THIS NOTICE AND DUPLICATES PROMPTLY TO SUPERINTENDENT

EMPLOYMENT CARD
THE RAYBESTOS DIVISION
OF RAYBESTOS-MANHATTAN, INC.

FORM 100-A OF 11-24-54

STATE OF CONNECTICUT }
COUNTY OF FAIRFIELD } SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Benjamin Szabo

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this
1978.

John A. Arcudi
JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

611

BENJAMIN SZABO, CLAIMANT :
 VS :
 RAYBESTOS COMPANY now :
 RAYBESTOS-MANHATTAN, INC. : COMPENSATION COMMISSIONER
 Employer :
 And : FOURTH CONGRESSIONAL DISTRICT
 HARTFORD ACCIDENT AND INDEMNITY CO. :
 AMERICAN SURETY COMPANY and : BRIDGEPORT, CONNECTICUT
 EMPLOYERS LIABILITY ASSURANCE CORP. :
 Insurers : MAY - 10 , 1939.
 RESPONDENTS.

AGREEMENT TO COMPROMISE
PETITION TO COMPROMISE

And

ORDER

WHEREAS on or about the 4th of November, 1938 and for a number of years prior thereto, the claimant, Benjamin Szabo, of Fairfield, Connecticut was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed, with the Hartford Accident and Indemnity Company, the American Surety Company and the Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 4th day of November, 1938 he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said November 4th, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

Received
 MAY 10 1939
 Compensation Commissioner

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District, as will more fully appear in the files of said office, and

WHEREAS the said Benjamin Szabo has a wife, Susie and two minor children, to wit, Jennie, 14, and William 13, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claim to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The Hartford Accident and Indemnity Company the sum of \$330.25

The American Surety Company of New York the sum of \$744.06

The Employers Liability Assurance Corporation the sum of \$55.69

making a total sum of Thirteen Hundred Fifty and No/100 Dollars; and we the insurer respondents to agree to pay to the claimant the sum above specified; to wit,

The Hartford Accident and Indemnity Company \$330.25;

The American Surety Company of New York \$744.06; and

The Employers Liability Assurance Corporation \$55.69;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Susie Szabo, wife of aforesaid claimant, Benjamin Szabo, do agree that in consideration of said

sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Benjamin Szabo while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, Benjamin Szabo, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, and I, Susie Szabo, wife of said Benjamin Szabo, potential dependent and mother of aforesaid minor children, and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Benjamin Szabo while in the employ of the above named employer-respondent,

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In Witness thereof we hereunto set our hands the day and date first above written.

Witnesses:

[Signature]

W. E. Mullen

Benjamin Szabo
Claimant, parent, natural guardian and next friend of Jennie and William Szabo; potential claimants.

Susie Szabo
Potential claimant and parent.

RAYSTOCK COMPANY NOW
RAYSTOCK-MANHATTAN, INC.

By W. H. Mullen Asst. Secy.

HARTFORD ACCIDENT AND INDEMNITY CO.

By [Signature]

THE AMERICAN SURETY CO. OF NEW YORK

By W. H. Mullen

EMPLOYERS LIABILITY ASSURANCE CORP.

By W. H. Mullen

Approved 11 of May, 1939.

E. T. Buckingham
Compensation Commissioner
Fourth Congressional District.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Steve Molnar

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

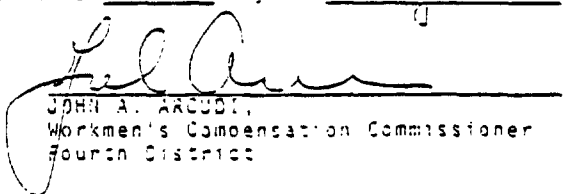
and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this

29th day of August

1976.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

STEVE . MOLNAR, CLAIMANT

VS

RAYBESTOS COMPANY now
RAYBESTOS-MANHATTAN, INC.
Employer

and

The Travelers Insurance Company
Hartford Accident and Indemnity Co.
American Surety Company
and Employers Liability Assurance
Corp.

Insurers
RESPONDENTS

CORAM:

COMPENSATION COMMISSIONER

FOURTH CONGRESSIONAL DISTRICT.

BRIDGEPORT, CONNECTICUT

MAY 10, 1939.

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

WHEREAS, on or about the 11th day of November, 1938 and for a number of years prior thereto, the claimant, Stephen Molnar, of Bridgeport, Connecticut was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various period during which the said claimant was employed, with The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company and The Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS, the claimant claims that on or about November 11, 1938 he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said November 11, 1938; and further claims that he will be disabled in the future, all of

Received
MAY 10 1939
Compensation Commissioner

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

Andrew Vaianvi

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this

29th day of August

1976.

John A. Arcudi
JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

613
150

ANDREW VAJANYI, CLAIMANT	:	CORAM:
VS	:	
RAYBESTOS COMPANY now RAYBESTOS-MANHATTAN, INC. Employer	:	COMPENSATION COMMISSIONER
And	:	FOURTH CONGRESSIONAL DISTRICT
THE TRAVELERS INSURANCE CO.	:	
HARTFORD ACCIDENT AND INDEMNITY CO.	:	BRIDGEPORT, CONNECTICUT
AMERICAN SURETY COMPANY And	:	
EMPLOYERS LIABILITY ASSURANCE CORP. : Insurers-RESPONDENTS	:	JUNE 17, 1938.

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And.

ORDER

WHEREAS on or about the 27th of September 1938 and for a number of years prior thereto, the claimant, Andrew Vajanyi, of Fairfield, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with - The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company and The Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 27th day of September 1938 he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said September 27, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Andrew Vajanyi has a wife, Katherine, and one minor child, to wit, Alice Vajanyi, 11 years of age, both of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The Travelers Insurance Company the sum of \$1227.77

The Hartford Accident and Indemnity Company the sum of \$1381.87

The American Surety Company of New York the sum of \$1550.88

The Employers Liability Assurance Corp. the sum of \$89.48

making a total sum of Forty Two Hundred Fifty and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sum above specified; to wit,

The Travelers Insurance Company \$1227.77;

The Hartford Accident and Indemnity Company \$1381.87;

The American Surety Company of New York \$1550.88;

The Employers Liability Assurance Corporation \$89.48;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Katherine Vajanyi, wife of aforesaid claimant, Andrew Vajanyi, do agree that in consideration of said

sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Andrew Vajanyi, while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant Andrew Vajanyi, as parent, natural guardian and next friend of aforesaid minor child, potential dependent, and I, Katherine Vajanyi, wife of Andrew Vajanyi potential dependent and mother of aforesaid minor child and potential dependent, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Andrew Vajanyi while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Witnesses:

M. E. Shear
Charles J. [unclear]

Andrew Vajanyi
Claimant, parent, natural guardian and
next friend of Alice Vajanyi, potential
claimant
Katherine Vajanyi
Potential claimant and parent

RAYBESTOS COMPANY NOW
RAYBESTOS-MANHATTAN, INC.

By: R. W. [unclear] Asst. Secy.

THE TRAVELERS INSURANCE COMPANY

By: [unclear]

HARTFORD ACCIDENT AND INDEMNITY COMPANY

By: [unclear]

AMERICAN SURETY COMPANY OF NEW YORK

By: A. A. [unclear]

EMPLOYERS LIABILITY ASSURANCE CORPORATION

By: [unclear]

Approved 17 day of June, 1939.

E. T. Buckingham
Compensation Commissioner Fourth Cong.
Dist.

[illegible]

It is believed that the study of a sample of four

for application. payable

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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PERSONAL DATA		STATUS		REASON FOR TRANSFER		DATE OF PAY		ANNUAL EARNINGS		
DATE	STATUS	DEPT.	CLOCK NO.	REASON FOR TRANSFER	DATE	RATE	COMPETENCY	CONDUCT	ATTENDANCE	
1-7-50	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				
4-15-51	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				
4-26-51	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				
7-5-56	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				
5-1-57	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				
1-1-57	6-1-1-1	44	310	REASON FOR TRANSFER	5-5	55				

To be filled out quarterly and in duplicate

TERMINATION NOTICE

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Joseph Tivadar

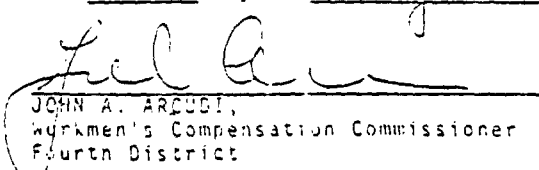
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and.

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

614

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JOSEPH TIVADAR, CLAIMANT *476 Spring St. Bridgeport, Ct.* : CORAM:
 VS *Bridgeport, Ct.* :
 RAYBESTOS COMPANY now : COMPENSATION COMMISSIONER
 RAYBESTOS-MANHATTAN, INC. :
 Employer :
 And : FOURTH CONGRESSIONAL DISTRICT
 The Travelers Insurance Co. :
 Hartford Accident and Indemnity Co. BRIDGEPORT, CONNECTICUT
 American Surety Company :
 and Employers Liability Assurance *July 3, 1939*
 Corporation :
 Insurers :
 RESPONDENTS :

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

WHEREAS, on or about the 7th of April, 1939 and for a number of years prior thereto, the claimant, Joseph Tivadar, of Bridgeport, Connecticut was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed, with The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company, and The Employers Liability Assurance Corp., all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about April 7th, 1939 he suffered an occupational disease, to wit, asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said April 7, 1939; and further claims that he will be disabled in the future, all of which said claims each and

all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office and

WHEREAS, the said Joseph Tivadar has a wife, Anna, and two minor children, to wit, Anthony age 10 and Anne age 9, all of whom are potential dependents, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The Travelers Insurance Company the sum of \$408.51;

The Hartford Accident and Indemnity Co. the sum of \$829.51;

The American Surety Company of New York the sum of \$1101.19;

The Employers Liability Assurance Corp. the sum of \$163.69

making a total sum of Twenty Five Hundred and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sums above specified, to wit;

The Travelers Insurance Company \$408.51;

The Hartford Accident and Indemnity Co. \$829.51;

The American Surety Co. of New York \$1101.19;

The Employers Liability Assurance Corp. \$163.69;

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I Anna Tivadar, wife of aforesaid claimant, Joseph Tivadar, do agree that in consideration of said sums

so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Joseph Tivadar while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, Joseph Tivadar, as parent, natural guardian and next friend of aforesaid minor children, potential dependents, and I, Anna Tivadar, wife of said Joseph Tivadar, potential dependent and mother of aforesaid minor children and potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Joseph Tivadar, while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

Witnesses:

Samuel W. Jordan

Joseph Tivadar
Claimant, parent, natural guardian and next friend of Anthony and Anne Tivadar, potential claimants.

Anna Tivadar
Potential claimant and parent.

RAYBESTOS COMPANY now
RAYBESTOS-MANHATTAN, INC.

By: John B. Brown

TRAVELERS INSURANCE COMPANY

By: William E. Byrne

AMERICAN SURETY CO. OF NEW YORK

By: W. H. Knickerbocker

HARTFORD ACCIDENT AND INDEMNITY CO.

By: Edward A. Brown

EMPLOYERS LIABILITY ASSURANCE CORP.

By: W. H. Knickerbocker

Received
JUL 3 - 1939
Compensation Commissioner
Fourth Congressional District

Approved 3 day of July, 1939.
E. T. Bussingh
Compensation Commissioner for the
Fourth Congressional District.

EMPLOYMENT CARD

THE RAYBROOK DIVISION
OF RAYBROOK-MANHATTAN, INC.

SS 7049-07-7509

103

NAME

Joseph

Stephan

SS M

ADDRESS

100 Mulberry St., Bridgeport, Conn.

DATE

1-24-1906

EMPLOYMENT

Raybrook-Mulberry Bridgeport

DATE

1-24-1906

STATUS

yes

RELIGION

Catholic

INDUSTRY

Slavish

DATE

1-24-1906

REASON

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Tivador Joseph Stephen - #555 - #22 Molded Drake - C-1414

4-6-39 - 2:20 P.M. Burn - 1st day. 48 ft. 4000 m. - Tanned and burning

Done on clean 1/1

4-10-39 - 0.4 ft -

4-13-39 - Notice received by Mr. Hawley from Mr. Tivador's lawyer regarding a claim made by Mr. Tivador that his illness was due to occupation.

4-6-39 - Sep. slip made out - Term. reason for quitting not given.

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order, and Medical Report from Dr. Cole B. Gibson

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
John Rusko

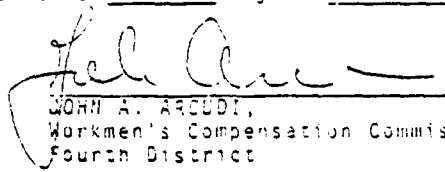
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Co.;
The Hartford Accident & Indemnity Company;
The American Surety Company; and
Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

615

JOHN RESKO, CLAIMANT : CORAM:
vs. :
RAYBESTOS COMPANY now : COMPENSATION COMMISSIONER
RAYBESTOS-MANHATTAN, INC :
EMPLOYER : FOURTH CONGRESSIONAL DISTRICT
And :
THE TRAVELERS INSURANCE CO. : BRIDGEPORT, CONNECTICUT
THE HARTFORD ACCIDENT AND :
INDEMNITY COMPANY :
AMERICAN SURETY COMPANY :
EMPLOYERS LIABILITY ASSURANCE : OCTOBER 11, 1939
CORPORATION :

INSURERS-RESPONDENTS

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

Received
OCT 11 1939
Compensation Commissioner
4th Cong. District

WHEREAS on or about the 8th day of June, 1939 and for a number of years prior thereto, the claimant, John Resko, of Bridgeport, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with- The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company and The Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 8th day of June, 1939 he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said June 8, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said John Resko has a wife, Elizabeth, who is a potential dependant, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The Travelers Insurance Company the sum of \$70.87

The Hartford Accident and Indemnity Co. the sum of \$423.82

THE AMERICAN SURETY COMPANY OF NEW YORK the sum of \$426.77

The Employers Liability Assurance Corp. the sum of \$78.74

making a total sum of One Thousand and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Travelers Insurance Company \$70.87

The Hartford Accident and Indemnity Company \$423.82

The American Surety Company of New York \$426.77

The Employers Liability Assurance Corp. \$78.74

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Elizabeth Resko, wife of aforesaid claimant, John Resko, do agree that in consideration of

said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said John Resko while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

WITNESSES:

Samuel W. Jurek

John Resko
Claimant.

Elizabeth Resko
Potential Claimant.

RAYBESTOS COMPANY NEW
RAYBESTOS MANHATTAN, INC.

BY: W. W. Korman

THE TRAVELERS INSURANCE COMPANY

BY: P. B. Schieffer

HARTFORD ACCIDENT & INDEMNITY CO.

BY: E. J. Taylor

AMERICAN SURETY COMPANY OF NEW YORK

BY: A. W. Leonard

EMPLOYERS LIABILITY ASSURANCE CORP.

BY: G. C. Brown

Approved 11 day of October, 1939

T. T. Buckingham
Compensation Commissioner Fourth
Congressional District.

COLE E. GIBSON, M.D.
UNLERCIP & SANATORIUM
MERIDEN, CONN.

July 7, 1939

Mr. E. W. Kanville
American Surety Company
Bridgeport, Connecticut

Dear Mr. Kanville:

The following report is submitted upon the examination
of JOHN RESKO, JR.

PERSONAL HISTORY: Age 50; married; wife living and well;
two children, oldest 19, youngest 18, both living and well. Family
history unimportant. He was born in Bridgeport.

OCCUPATIONAL HISTORY: He began work at American Grapho-
phone on Edison records where he remained for 7 months. He then
went to the Malleable Iron working as a core maker for 8 months;
in the oxidizing plant as core maker for one year. He was in the
Army from 1907 until 1919 after which he went to work at Bridge-
port Metal Goods, remaining there about 7 months and then went to
Columbia Graphophone Company, pressing records for 1 1/2 years. He
was laid off and then worked for the City for 3 or 4 months.
After this he entered the employ of The Stanley Rolling Mill
working for 3 months. Then he went to Raybestos Mfg. Co. about
1920. He quit twice and remained out for a short time, but the
third time he remained for about 13 years. At intervals he work-
ed a month or so at Lighthouse. He quit work about June 30, say-
ing that he could not stand the work any longer. He had been
weaving asbestos while at the Bridgeport plant but when he was trans-
ferred to Stratford he was trucking. He said that he found that
this was much too heavy for him.

PASS ILLNESS: He had influenza in Panama while in the
Army; Grippe in 1915; no other serious illness, accident or opera-
tion.

PRESENT ILLNESS: The onset was apparently in February
when he was out of work about 6 weeks with severe cold and was
short of breath with feeling of heaviness in his chest. Prior to
this time he had occasionally been bothered with some shortness
of breath and sensation of heaviness in his chest but not severe-
ly. Since the acute illness he has been weak, has some dry cough
in the morning and at night but otherwise during the day he has
little or no cough. He is dyspneic on exertion, especially on climb-
ing stairs. His legs are weak but this has improved somewhat since
he gave up work. He has a vague feeling of heaviness in his anterior
chest and occasional ache over his sternum, and this is sometimes
accompanied by a painful sticky sensation within his anterior chest.
He consulted Doctor Antell about three weeks ago after having Doctor
Duchek during his acute illness. At the present time he sleeps
poorly, his sleep being somewhat interrupted by occasional cough.
Appetite is finicky. His ordinary weight is 200 pounds or better;
his present weight is 186.

PHYSICAL EXAMINATION: He is a heavy set man, well developed and nourished, does not appear acutely ill. Eyes: Glasses. Throat: Tonsils either removed or deeply buried. Ears negative. Nose negative. Adenitis negative. Chest: Some flattening of the supraclavicular spaces; not shrunk; no lag; has diminished resonance over both bases; no definite rales; breath sounds clear; expansion good. Heart: P.M.-1. in 6th intercostal space in nipple line; faint blowing systolic murmur at the apex faintly transmitted toward the axilla; rate is slow, 68; occasional dropped beat; snapping aortic second sound. Abdomen is slightly protuberant; no tenderness or masses. Extremities negative; fingers not clubbed. Sputum; specimen could not be obtained for examination.

STEREOSCOPIC X-RAY of the chest reveals faint haziness over the lower half of the right lung field thereby accentuating the descending bronchial markings somewhat especially in the inner zone where these markings are somewhat tortuous and interlacing. There is, however, no distinct or definite evidence of spider weblike interstitial fibrotic change typical of asbestosis. On the left side there is some faint haziness in the mid lung field extending out to the periphery at the anterior level of the 5th and 6th ribs. Again, the spider web like interstitial fibrosis is not seen. There is some shagreening of the descending tracheal markings behind and just below the cardiac shadow. The right hilum is moderately enlarged and ragged. The left is somewhat ragged but not enlarged. There are multiple fibrocalcific deposits in and around the left hilum. The lung fields elsewhere are clear except that there is some haziness extending up in the mid axillary line on the right side to the clavicle. The heart appears to be definitely enlarged with deviation more pronounced to the left but also retracted to the right. Both costophrenic angles are clear. Diaphragms are curved and free.

DISCUSSION: Diagnosis in this patient is indeterminate. His occupational history is of somewhat over 13 years as an asbestos reaver suggests the possibility of pulmonary asbestosis. However, no sputum could be obtained from the patient to determine whether or not asbestos bodies were present. Moreover, x-ray examination of the chest while revealing some haziness over the lower portion of the right lung field does not exhibit typical and characteristic picture of pulmonary asbestosis in the moderately advanced or advanced stage. The haziness may indicate very early beginning interstitial fibrosis and it is not believed that this is of sufficient extent to cause any severe disability. It cannot be said definitely that a mild degree of interstitial fibrosis as result of asbestosis does not exist; but certainly such interstitial fibrosis does exist it is not present in any greatly advanced degree.

The onset of this man's illness was apparently an acute respiratory infection and prior to this time he had apparently been usually well except for occasional vague sensations in his chest, above described. It might well be that the weakness and shortness of breath of which he complains are sequential from the acute respiratory illness. It may be accentuated by the fact that he undoubtedly has cardiac abnormality as evidenced by faint blowing murmur indicative of valve failure and also by the definite x-ray evidence of moderately enlarged heart which strongly suggests the heart usually described as a mitral regurgitant heart. Insufficient symptoms and physical signs at present prevents the establishment of this latter diagnosis. Unquestionably, the man has some myocardial change and unquestionably he does have valvular leak. These conditions could be responsible for some shortness of breath especially during the period following an acute respiratory illness.

Briefly then, the noteworthy findings in this patient refer first to his heart, second to his lungs, in the latter where a minor degree of interstitial fibrosis possibly due to pulmonary asbestosis can not be entirely ruled out. It seems unlikely that there will be any further progress in the interstitial fibrosis if the man is removed from the atmosphere of asbestos weaving; and indeed it is entirely possible that considerable clearing of this may occur but whether there will be cessation of his symptoms will depend upon the condition of his heart, I believe.

Very truly yours,

COLL B. GIBSON

CBC/N.

COLL B. GIBSON M.D.

Rosko John Jr. - #025 - #26 Hubbar Broko - C-160A

3-16-39 - 11:40 AM. Pain in right knee. Exam. by Dr. Kornblat - Diagnosis, "arthralgia".

1st given him by Dr. Kornblat. Mr. Rosko says he has no pain in knee when sitting down but very severe pain when standing. He had a sitting-down job in V.A. Plant and his present occupation is that of a negotiator standing all the time. He went home at 11:45 - unable to work. Returned to work 5-27-39. (Knee 2 1st - 2 days)

3-29-39 - Out again ill - Sep. slip made.

4-6-39 - 4:30 PM Reported in Field Dept. that he was under treatment by Dr. Griswold. He said he had fluid in both knee joints which Dr. Griswold was removing at intervals. His right knee which he complained of on the 16th is now much improved - his left one very stiff & painful and is to receive treatments this week. He said Dr. Griswold had given him orders to remain out of work for the present.

3-29-39 - Separation slip made - Reason given - illness. Returned to work on May 1-1939

6-1-39 - Right knee painful and swollen again and he went home about 4:45 P.M. unable to work.

(presented?) (11/1/39)

STATE OF CONNECTICUT }
COUNTY OF FAIRFIELD } SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Charles Brooks

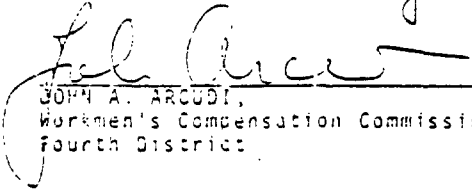
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

616

CHARLES BROOKS, CLAIMANT
 VS. *By Richard A. [unclear]*
 RAYBESTOS COMPANY now
 RAYBESTOS-MANHATTAN, INC. EMPLOYER
 AND
 THE AMERICAN SURETY COMPANY OF NEW YORK.
 EMPLOYERS' LIABILITY ASSURANCE CORP.
 INSURERS-RESPONDENTS
 CORAM:
 COMPENSATION COMMISSIONER
 FOURTH CONGRESSIONAL
 DISTRICT
 BRIDGEPORT, CONNECTICUT
 OCTOBER 24, 1939

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

And

ORDER

WHEREAS on or about the 31st day of March, 1939 and for a number of years prior thereto, the claimant, Charles Brooks, of Stratford, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part 2 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with - The American Surety Company of New York and The Employers' Liability Assurance Corporation, both of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 31st day of March, 1939 he suffered an occupational disease, to wit: Asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since March 31, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS the said Charles Brooks has a wife, Clara, who is a potential dependent, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed

~~CLAIMS TO THE UNITED STATES GOVERNMENT~~
and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The American Surety Company of New York \$74.90

The Employers' Liability Assurance Corp. \$25.10

making a total sum of ONE HUNDRED and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sum so specified, to wit:

The American Surety Company of New York \$74.90

The Employers' Liability Assurance Corp. \$25.10

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Clara Brooks, wife of aforesaid claimant, Charles Brooks, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Charles Brooks while in the employ of the said employer-respondents.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and
date first above written.

WITNESSES:

L. A. [Signature]

Charles O Brooks
CHAIRMAN

Glenn Brooks
POTENTIAL CLAIMANT

RATHEASTON COMPANY NOW
RATHEASTON MANHATTAN, INC
BY [Signature]

THE AMERICAN SURETY CO OF NEW YORK
BY A. W. [Signature]

EMPLOYERS' LIABILITY ASSURANCE CORP.
BY [Signature]

Approved 24 day of October, 1939

E. T. Buckingham
Compensation Commissioner Fourth
Congressional District.

Received
OCT 24 1939
Compensation Commissioner
Fourth Congressional District

1st. gerd

#157

Brooks Charles ---442-- 14 - Washington Dept. D-40

3-13-39 - 4:30 P.M. Complained of pain in left eye - First felt it when passing emergency ward. The green body visible. Small spot on lid opened & drained.

4-13-39 - 10:00 A.M. Yellow white necrotic. Swollen. To see Dr. in P.M. 18 to better

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2-1-40 - Mr. R. B. Davis requested a statement
Mr. Brooks present physical condition.
received 2/3/40 by Mr. Hawley and
Records to him.

2-28-40 Rehired. Physical condition to be checked in one month's time.

3-28-40 - Sent to Dr. Friedman for cardiograph tracing. Appt. given to him for Sat. A.M. on 3-30-40 at Dr. F's office.

4-9-40 - Report of cardiograph from Dr. Korabul (verbal) "tracing showed fair condition of heart and no water under month's work than before we started"
5-9-40 - Man - will head slipped and came down on night of 4-29-40. He is still in hospital - I want to check him up

Exp. card

App. card

Brooks Charles - #137 - #14 Machine Shop - C-40

8-15-40-10:00 AM. lacer. left 2nd knuckle - On emery wheel - Cleaned wound
applied sterile dressing & dressed.

9-26-40-4:00 PM. Slight cut on 2nd finger - Dressed by 10:15

10-11-40-4:15 PM. Long superficial lacer. left palm - On piece of tin.

Wound applied - wound stopped & dressed.

3-1-41 - 10:00 AM. lacer. base of left thumb with a piece of tin. Wound

applied dressing

10-30-41 9:00 AM. lacer. left palm - Dressed by 10:15

10-7-41 4:00 PM. lacer. back of 2nd finger. Wound appl. & dressed.

3/24/42 - 10:00 AM. lacer. of R. Forearm was "Coronary thrombosis" - other

conditions were "Bronchial pneumonia" - "Chronic carditis" - "Congested
heart failure".

AVOID VERBAL ORDERS

AVOID VERBAL ORDERS

THE RAYBESTOS DIVISION

AVOID VERBAL ORDERS

AVOID VERBAL ORDERS

THE RAYBESTOS DIVISION

of RAYBESTOS-MANHATTAN, INC.

INTER-OFFICE CORRESPONDENCE

TO Mr. J. J. Holaday.

SUBJECT Case of Charles Brooks.

DATE June 9, 1939

There is very little information to be obtained from the First Aid Unit records.

Mr. Brooks was out of work thru illness from April 19th 1939 to April 24th, and told me that his illness was a heavy cold. There was no other record of illness for him the remainder of 1939.

On January 23rd, of 1939 he was out and sent word to me thru his foreman that he had grippe. He was out 3 days, returned to work on the 26th, and after working two days was out ill again. That time he was out 7 days and returned to work Feb. 2nd, 1939. He worked thru the months of February and March, when he again remained out of work from March 21st to the present time and is still out. I have not heard from Mr. Brooks himself since March but thru telephone conversation with Dr. Friedman who is now treating him, I understand he is still ill and not able to work.

Mr. Holaday visited Brooks at his home on May 22nd, 1939 and found Mr. Brooks and about and apparently O.K.

E. B. Duffus R.H.

DON'T SAY IT. WRITE IT

First Aid Dept.

Nathan Harris Friedman, M. D.

2228 Main Street

Stamford, Connecticut

Dear Miss [illegible]
[illegible]
[illegible]

Dear Miss,

The cardiogram taken on
[illegible] [illegible] on April
7, 1949 revealed:

1. A regular sinus rhythm
2. Shortened S-R interval which
mean myocardial pathology.
3. ST depression probably due
to digitalis therapy.

These findings while abnormal,
show some evidence of improve-
ment. Clinically the man has
improved as is evidenced by
an increase in his vital capacity.

Very cordially yours,
Nathan Friedman, M.D.

Mr. J.J. Maloney, Safety Engineer,
Asbestos-Removal Inc.,
Stamford - Conn.

Dear Sir:-

Since March 30th I have taken care of Mr. Charles W. Brooks
of 59 Nichols Ave. Stratford for a respiratory ailment. The X-rays
slides are suggestive of asbestosis. Our sputum examinations have
failed to reveal asbestos fibres. He has been totally disabled since
March 30th, 1939 and is still unable to work.

Yours very truly,

N.H. Friedman M.D.
(R.H.)

not shown to
Dr. Maloney
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ACCIDENT REPORT

NAME O. P. J. J. J. NO 7017
 ADDRESS 59 Highland Ave. CITY Stratford, Conn.
 AGE 48 SEX Male MARITAL OR SINGLE Single
 EMPLOYER Machine Dept. POSITION Machine Dept.
 AVER. WEEKLY EARNINGS \$27. HOW LONG EMPLOYED HERE 2 mos.

DATE AND TIME OF ACCIDENT 250PM 6/8/34 MACHINE
 DEPT. IN WHICH ACCIDENT OCCURRED Machine Dept. NO.
 OCCUPATION WHEN EMPLOYED Machine Dept.
 DESCRIPTION OF ACCIDENT Putting in key for outter, man
 WITNESSES Running mill; machine turned against it and outter
came down on finger

NATURE AND EXTENT OF INJURY deep cut small right finger
 AGgravation if so, at what point
 ATTENDING PHYSICIAN OR HOSPITAL (NAME AND ADDRESS)

WAS INJURED EMPLOYEE RETURNED TO WORK YES IF SO, WHEN at once
 TO WHAT PERCENT OF CAPACITY none

DATE OF REPORT 6/8/34 NAME OF REPORTER H. D. Thompson

NAME O. F. Brooke No. 7017
ADDRESS 69 Nicholas Ave. CITY Sturteford, Tenn.
AGE 49 SEX male INJURED ON DUTY? yes
REASON FOR INJURY mechanical MACHINE? yes
APPROX. WEEKLY EARNINGS \$30. HOW LONG EMPLOYED HERE 7 mos.

DATE AND TIME OF ACCIDENT reported 11/19/34 (noticed 4 days prev)
DEPT. WHERE ACCIDENT OCCURRED Machine
OCCUPATION WHEN INJURED Machine
DESCRIBE FULLY HOW ACCIDENT OCCURRED defective gears probably leaning
on elbow while standing alone

WITNESSES _____
NATURE AND EXTENT OF INJURY swelling aggravation left elbow
AMPUTATION? if so, at what point
ATTENDING PHYSICIAN OR HOSPITAL (NAME AND ADDRESS) _____

AS INJURED EMPLOYEE REQUIRED TO WORK yes IF SO, WHEN at once
TOTAL LOSS OF PRODUCTIVITY none

FILED FOR NO. 11/19/34 MADE OUT BY R. D. Tugford

ACCIDENT REPORT

NAME Charles Brooks DOB 7019
ADDRESS 89 Hialeah Ave. CITY Hialeah, Fla.
AGE 21 SEX M. MARRIED OR SINGLE SINGLE
REGULAR EMP. Machine REGULAR OCCUPATION Mechanic
AVER. WEEKLY EARNINGS _____ HOW LONG EMPLOYED HERE 1 yr.

DATE AND TIME OF ACCIDENT 4/2/58 11:15 a.m.
DET. TO WHICH ACCIDENT OCCURRED Machine Shop
OCCUPATION WHEN INJURED Mechanic

DESCRIBE FULLY HOW ACCIDENT OCCURRED Was putting work into bench vise, caught
finger between vice and work.

NAME AND STREET OF INJURY Slight out hop of index finger right hand
AMPUTATION IF SO, AT WHAT POINT
APPROXIMATE PERCENTAGE OF DISABILITY (NAME AND ADDRESS)

Wash Post

ACCIDENT REPORT

NAME John No 7017
ADDRESS 1401 14th St CITY Washington, D.C.
AGE 31 SEX M MARRIED OR SINGLE Married
REGULAR DEPT. Police REGULAR OCCUPATION Investigator
AVER. WEEKLY EARNINGS \$100 HOW LONG EMPLOYED HERE 1 yrs.

N

DATE AND TIME OF ACCIDENT 10/17/53 3:30 P.M.
DEPT. TO WHICH ACCIDENT OCCURRED Police
OCCUPATION AT TIME OCCURRED Investigator
DESCRIBE FULLY HOW ACCIDENT OCCURRED While riding in car and vehicle
was struck from rear by car
WITNESSES

NATURE AND EXTENT OF INJURY None and 2145 14th St
APPROXIMATELY 10:30 AT WHAT POINT
ATTENDED BY PHYSICIAN OR HOSPITAL (NAME AND ADDRESS)

HAS YOUR EMPLOYEE BEEN HIRED TO WORK FOR 10:30 IF SO, WHEN BY WHOM
REMARKS See above

ACCIDENT REPORT

NAME Brooks, Chas. IN 7017
 ADDRESS 63 Nichols Ave. CITY Stratford
 AGE 53 SEX male MARRIED ON SINGLE widower
 OCCUPATION fla REGULAR OCCUPATION Machine Shop
 AVER. WEEKLY EARNINGS 100 HOW LONG EMPLOYED HERE 3 yrs.

DATE AND TIME OF ACCIDENT 9:30 AM Complained something in eye
 DET. NO. OF ACCIDENT OCCURRED fla
 OCCUPATION WHEN INJURED passing emery wheel, felt something fly in eye
 DETACHMENT FULLY USE ACCIDENT OCCURRED
 WITNESSES

NAME AND EXTENT OF INJURY No foreign body visible in eye. small sty
 APPOINTED on 11th approx At what point
 AT POINT OF DETACHMENT OF HOSPITAL (NAME AND ADDRESS) no

HAS INJURED EMPLOYEE BEEN ORDERED TO TAKE YES IF SO, WHEN at once
 IF NOT, WHEN WILL IT BE ORDERED TO TAKE NONE

Name Brooks Charles Number 1101
Address 59 Nichols Ave. City Stratford - Conn.
Age 50 Sex Male Married Yes How long employed here 6 yrs.
Regular Dept. #14 Mach. Regular Occupation Machinist
Date & Time of Accident At noon on 5-8-40
Date & Time Reported At once - noon on 5-9-40
Dept. in which Accident Occurred #14 Machine Shop
Occupation when Injured Placing a drill head with a helper and it
slipped.
Statement of Injured Said the drill head came down on his right hand.
Witnesses His helper - Bruno Primavera a Rubber Brake workman.
Nature & Extent of Injury Crushed and torn finger nail on right
second finger.
Amputation No If so, at what point -----
Attending Physician None at time of injury but to be checked by Dr.
His Address Kornblut later. Address 1539 Fairfield Ave. Apt.
Was Hospital None
Has Injured Employee Returned to Work Yes
If so, When At once after being treated in F-Aid Room
Probable Period of Incapacity None expected
Date of Report 5-16-40 Made Out By Estelle D. Durfee R.H.

Bartram

617

ALEX FEKETE, CLAIMANT
121 Denver Avenue
Bridgeport, Connecticut

VS.
RAYBESTOS COMPANY now
RAYBESTOS-MANHATTAN, INC

AND
THE HARTFORD ACCIDENT & INDEMNITY CO.
THE AMERICAN SURETY COMPANY OF NEW YORK
THE EMPLOYERS' LIABILITY ASSURANCE CORP.

: CORAM: 19
: COMPENSATION COMMISSION
: FOURTH CONGRESSIONAL
: DISTRICT
: BRIDGEPORT CONNECTICUT
: NOVEMBER , 1939

Received
NOV 29 1939
Comptroller of the Treasury

AGREEMENT TO COMPROMISE
PETITION TO COMPROMISE
AND
ORDER

WHEREAS on or about the month of May, 1939 and for a number of years prior thereto, the claimant, Alex Fekete, of Bridgeport, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with - The Hartford Accident and Indemnity Company, The American Surety Company of New York and The Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the month of May, 1939 he suffered an occupational disease, to wit: Asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said May, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Alex Fekete has a wife Mary P., who is a potential dependent, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from:

The Hartford Accident and Indemnity Company	\$27.15
The American Surety Company of New York	\$226.49
The Employers' Liability Assurance Corp.	\$46.36

making a total sum of THREE HUNDRED and No/100----Dollars; and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

^{Hartford} The Hartford Accident and Indemnity Company	\$27.15
The American Surety Company of New York	\$226.49
The Employers' Liability Assurance Corporation	\$46.36

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Mary P. Fekete, wife of aforesaid claimant, Alex Fekete, do agree that in consideration of

said sums so paid to remise, release and forever discharge each
and all the above named respondents from any and all claims which
I might hereafter have against any and all of them by reason of the
alleged incurring of an occupational disease by the said Alex Fekete
while in the employ of the said employer-respondents.

AND TO FURTHER CERTIFY that we, the claimant and the
respondents hereby submit the written agreement to the Compensation
Commissioner of the Fourth Congressional District and respectfully
ask that said agreement may be approved with the force of a full
and final award.

In witness thereof we hereunto set our hands the day and
date first above written.

WITNESSES:

E. P. O'Connell
John P. Condy

Alex. Fekete
Claimant.
Mary Fekete
Potential Claimant-Wife

EATBESTOS COMPANY NOW
EATBESTOS MANHATTAN, INC

BY H. W. Winkler

THE HARTFORD ACCIDENT & INDEMNITY CO.

BY J. D. ...

THE AMERICAN SURETY COMPANY OF NEW YORK

BY W. W. ...

THE EMPLOYERS' LIABILITY ASSURANCE CORP

BY E. P. O'Connell

Approved 29 day of November, 1939
E. P. O'Connell
Compensation Commissioner Fourth
Congressional District.

01 64-19-55-0

1

VIRGINIA-BANLIATAN, INC.

Alois Fekete

Copyrighted material, to Mr. Hudson - P-6-39.

Original card sent to Mr. Hudson - 9-6-39.

FORM NO. 1000 (REV. 1-25-38)

PRINTED IN U.S.A.

DATE	STATUS	DEPT. NO.	CLERK NO.	RATE	REASON FOR CHANGE IN STATUS - ETC.	COMPETENCY	CONDUCT	ATTENDANCE
1-14-34	Hired							
4-1-35	Proc. Rate	44	410	.60				
4-20-35	New Clock #	44	406	.60				
7-6-35	Chg. Rate	44	406	.63				
1-4-37	" "	44	406	.70				
3-21-37	" "	44	406	.74				
4-4-37	Chg. Clock #	44	159	.74				
12-10-37	Laid Off	44	159	.74				
12-12-37	Rehired	15	159	.74				
1-5-38	Chg. Clock #	15	180	.74				
5-12-38	Laid Off	15	170	.74	Lack of work	fair	O.K.	reg.

THIS FORM IS FOR OFFICIALS

#100

Fokete Alor - #150 - #15 Millwright Dept. C-15

12-18-38 - 10:45 A.M. Mac. left 4" gap. Pinched between boards - ind. appl. rdy
2-9-39 - 3:15 P.M. Shiver in left thumb - wood - removed - ind. appl. rdy
8-13-39 - L.O.

STATE OF CONNECTICUT }
COUNTY OF FAIRFIELD } SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate copy of the Agreement to Compromise, Petition to Compromise and Order, and Medical Report from Paul T. Lengyel, M.D.

from the records of the Office of Workmen's Compensation Commission, State of Connecticut, Fourth District, in the case of:
Joseph F. Sturm

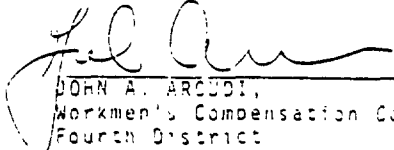
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Hartford Accident & Indemnity Co.;
The American Surety Co. of New York; and
The Employers' Liability Assurance Co.

Given under my hand and seal this 29th day of August,
1975.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

618

JOSEPH F. STURN, CLAIMANT
196 James Street
Fairfield, Conn.

1 CORAM:

1 COMPENSATION COMMISSIONER

VS.
RAYBESTOS COMPANY NOW
RAYBESTOS-MANHATTAN, INC.
EMPLOYER

1 FOURTH CONGRESSIONAL DISTRICT

1 BRIDGEPORT, CONNECTICUT

And
THE HARTFORD ACCIDENT & INDEMNITY CO.
THE AMERICAN SURETY CO. OF NEW YORK
THE EMPLOYERS' LIABILITY ASSURANCE CO.
INSURERS-RESPONDENTS

1 NOVEMBER, 1938

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

AND

ORDERS

Received
NOV 24 1938
Compensation Commissioner

WHEREAS on or about the 4th day of November, 1938 and for a number of years prior thereto, the claimant, Joseph F. Sturn, of Fairfield, Connecticut, was an employee of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with -The Hartford Accident and Indemnity Company, The American Surety Company of New York and The Employers' Liability Assurance Corp., all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 4th day of November, 1938 he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said November 4, 1938 and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the COMPENSATION Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Joseph F. Stum has a wife, Catherine, who is a potential dependant, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY THAT I, the claimant have agreed to receive from

The Hartford Accident and Indemnity Company \$190.00

The American Surety Company of New York \$175.00

The Employers' Liability Assurance Corporation \$34.37

making a total sum of SIX HUNDRED and No/100 Dollars; and we, the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Hartford Accident and Indemnity Company \$190.00

The American Surety Company of New York \$175.00

The Employers' Liability Assurance Corporation \$34.37

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Catherine Stum, wife of aforesaid claimant, Joseph F. Stum, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Joseph F. Stum while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

WITNESSES:

Edward Thomas

M. E. Newsham

Joseph F. Altman
Claimant

Catherine Altman
Potential Claimant - Wife

RAYBESTON COMPANY NOW
RAYBESTON MANHATTAN, INC.

BY W. W. Hudson

HARTFORD ACCIDENT & INDEMNITY CO.

BY Robert P. ...

AMERICAN SURETY COMPANY OF NEW YORK

BY Ad. ...

EMPLOYERS' LIABILITY ASSURANCE CORP.

BY W. O. ...

Approved 24 day of November, 1939

E. T. ...

Compensation Commissioner Fourth
Congressional District.

PAUL T. LENGYEL, M. D.
787 HANOVER AVENUE
BRIDGEPORT, CONNECTICUT

September 15, 1939

Examination of Mr. Joseph Sturn
199 James Street
Fairfield, Conn.

Patient was working at Raybestos Company for nine yrs. starting February 1928. He is a loom fixer. He stated that this peculiar job was dusty. His body is covered with asbestos dust. Sometimes he was working on brake linings for the same company. He noticed for the first time that he was losing weight, coughing, and spitting yellowish, bluish stuff, and had short breath from the least little thing. He got tired very easily.

Examination:

Patient is a tall, thin man, sixty-one years of age. Examination of eyes, head, mouth, extremities, abdominal organs are negative. There is a bluish discoloration of lip and fingernails suggesting cyanosis which is common in asbestos workers, and the disease caused by the dust was termed as "blue disease" years ago by the British doctors.

Inspection of the chest shows that the man has a long chest cavity in proportion of his height. The distance between expiration and inspiration--only one-quarter of an inch. Expansion of the chest was wide. Taking a deep breath was easy, less than in a normal person. Auscultation with the stethoscope revealed dry rales on both sides of the lung especially under the left arm at the base of the lung. The upper part of the lung is freely good. There is no sign of the rales in the apex which excludes the possibility of T. B. with cavitation. The note is much higher than in normal respiration showing an emphysema which is common amongst those people who were exposed to asbestos dust for a long time. Expansion of the lung at the base, especially on the left side is poor suggesting adhesions of the pleura due to a long standing inflammation process. The heart sound are clear and regular. The action of the heart is regular. Blood pressure is 140 over 90 which is fairly good, not low or not high for a man of sixty-one years of age.

4562

PAUL T. LENGYEL, M. D.
787 HANCOCK AVENUE
BRIDGEPORT, CONNECTICUT

Examination of Mr. Joseph Sturn

Fluoroscopic and X-ray examination of the lungs reveal a lentia interstitial involvement of both lungs in the lower parts. Several nodules and "clumps" of pictures of the lung tissues, inflammatory long standing processes could be seen in both lungs more numerous on the bases of both lungs and bronchi could be seen at the lower part, due to long standing cough. The pleura is thickened and could be seen between the right upper and middle lobe. There is adhesion on the right hand side but much thicker on the left hand side underneath the heart and towards the left side. The heart is a little bit smaller in size. There is no special dilation or other pathological sign on it.

Comparing the X-ray pictures with the other cases I have seen lately, that is, Mr. Waco, Molnar, etc., I could see this. This man's lung is involved just as much as anybody of the men especially the one whose case was very advanced. Mr. Sturn's lungs are just as badly involved with chronic inflammatory condition caused by asbestosis. There is hardly any lung tissue left especially the lower part of the low lungs. The picture looks like it has been shot with a shotgun. Fracture of the bronchi are more clearly visualized on the right side than the left. They are dilated due to the chronic cough he has.

Prognosis:

As far as his life is concerned, it is good. As far as his working capacity is concerned, it is bad. He won't be able to work for a couple of years. I should say about three or four years, even after that time he will be able to do very light work which doesn't cause any exercise.

Sincerely yours,

Paul Lengyel, M. D.

Paul Lengyel, M. D.

DATE	STATUS	DEPT NO	CLOCK NO	RATE	REASONS FOR TRANSFER, CHANGE IN STATUS, ETC.	CONFERRED	COMBUST	ATTACHED
1-30-26	Hired							
3-23-28	Laid off		502	.95	No work	Rehire	yes	
7-20-33	Rehired	44	405	.72				
4-1-35	Res. Rate	44	405	.61				
7-5-36	Ch. Rate	44	405	.64				
3-21-37	" "	44	405	.68				
4-4-37	" Clock #	44	167	1303				
11-11-38	Quit	44	167	1303	Secured another job	fair	O.K.	reg.

5100 1100 1100 1100 1100

EMPLOYMENT CARD
SEE HANDBOOK SECTION

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

John E. Nichols

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

JOHN L. NICHOLS,
479 Bostwick Avenue
Bridgeport, Conn.

CLAIMANT

: CORAM:

VS.
RAYBESTOS COMPANY, now
RAYBESTOS-MANHATTAN, INC

EMPLOYER

: COMPENSATION COMMISSIONER

: FOURTH CONGRESSIONAL DISTRICT

AND

THE TRAVELERS INSURANCE COMPANY
THE HARTFORD ACCIDENT & INDEMNITY CO.
THE AMERICAN SURETY CO. OF NEW YORK, and: BRIDGEPORT, CONNECTICUT
THE EMPLOYERS LIABILITY ASSURANCE CORP.

INSURERS-RESPONDENTS ; NOVEMBER 14, 1939

Received
NOV 14 1939
Compensation Commissioner

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

AND

ORDER

WHEREAS on or about the 19th day of August, 1939 and for a number of years prior thereto, the claimant, John L. Nichols, of Bridgeport, Connecticut, was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with -The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company of New York and the Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of the State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 19th day of August, 1939 he suffered an occupational disease, to wit; tuberculosis and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said August 19, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said John E. Nichols has a wife, Bessie, and two minor children, to wit: John E. Jr., and Barbara Nichols, all of whom are potential dependants, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY THAT I, the claimant have agreed to receive from

The Travelers Insurance Company the sum of ~~\$600.00~~ ^{894.51}
The Hartford Accident & Indemnity Co. the sum of ~~\$200.00~~ ^{910.66}
The American Surety Company of New York the sum of ~~\$200.00~~ ^{1481.51}
The Employers Liability Assurance Corp. the sum of ~~\$200.00~~ ^{113.02}

making a total sum of THREE THOUSAND and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Travelers Insurance Company ~~\$600.00~~ ^{894.51}
The Hartford Accident & Indemnity Co. ~~\$200.00~~ ^{910.66}
The American Surety Company of New York ~~\$200.00~~ ^{1481.51}
The Employers Liability Assurance Corp. ~~\$200.00~~ ^{113.02}

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Bessie Nichols, wife of aforesaid claimant, John E. Nichols, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said John

R. Nichols while in the employ of the said employer-respondents.

AND TO FURTHER CERTIFY that I, the claimant, John R. Nichols, Natural as parent, guardian, and next friend of aforesaid minor children, potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said John R. Nichols while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

WITNESSES:

Samuel D. Jones
M. E. Thompson

John R. Nichols
Claimant, parent, natural guardian
and next friend of John R. Jr. and
Barbara Nichols, potential claimants.
Bessie Nichols
Potential Claimant - Wife

RAYSTOCK COMPANY NOW
RAYSTOCK-MANHATTAN, INC

BY

H. W. Hudson
THE TRAVELERS INSURANCE COMPANY

BY

P. H. Schick
THE HARTFORD ACCIDENT & FIRE INSURANCE CO.

BY

W. H. Williams
THE AMERICAN SURETY COMPANY OF NEW YORK

BY

W. H. Williams
THE EMPLOYERS LIABILITY ASSURANCE CORP.

BY

Approved 14 day of November, 1939

E. B. Richardson
Compensation Commissioner
Fourth Congressional District.

Statement of Payment to Mr. Hubert L. H. H.

STATE OF NEW YORK

DATE	STATUS	PERIOD	NO.	DATE	REASON FOR TRANSFER PERIOD IN STATUS ETC.	COMPENSATION	REMARKS	ATTENDANCE
4-12-21	Hired							
4-1-22	Pres. Rate	44	346	.55				
4-21-22	Rev cl ck	44	307	.55				
7-1-22	Chg Rate	44	307	.57				
9-21-22	" "	44	307	.60				
4-4-23	" clock	44	164	.60				
2-24-23	" "	19	367	.51				
0-10-23	ult	19	367	.51	His doctor's orders	for	o.k.	reg.

THIS EMPLOYEE RECEIVED

MIC
FILE SE

1st card

Nichols John Edward - 1967 - 719 Sheet Packing - C-1306

2-20-39 - Out ill - Ret'd to work 3-22-39 - Out 2 days

6-2-39 - Out ill - Ret'd to work 6-5-39 (2 days)

8-15-39 - quit

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) ss. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement for Covenant not to Sue, Petition and
Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:

John Gyana

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

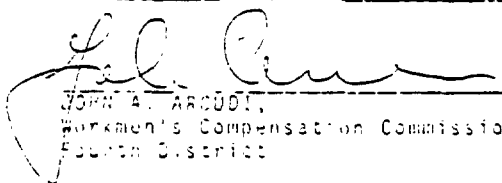
The American Surety Co. of N.Y.;

The Employers' Liability Assurance Corporation.

Given under my hand and seal this

29TH day of AUGUST

1976.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

620

JOHN GYANA, CLAIMANT :
202 Denver Avenue :
Bridgeport, Conn. :
Vs. :
RAYBESTOS COMPANY, now :
RAYBESTOS MANHATTAN, INC :
And Employer :
THE AMERICAN SURETY CO OF N.Y. :
THE EMPLOYERS' LIABILITY :
ASSURANCE CORPORATION :
Insurer-Respondents :
CORAM: :
: COMPENSATION COMMISSIONER
: FOURTH CONGRESSIONAL DISTRICT
: BRIDGEPORT, CONNECTICUT
: DECEMBER 11, 1938

Received
DEC 17 1938
Commissioner

AGREEMENT FOR COVENANT NOT TO SUE

PETITION AND ORDER

WHEREAS on or about the 12th day of February, 1938 and for a number of years prior thereto, the claimant, John Gyana, of Bridgeport, Connecticut, was an employe of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut and

WHEREAS the said employe and employer had accepted and were at all times mentioned herein subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with The American Surety Company of New York and The Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 12th day of February, 1938 he suffered an occupation disease, to wit: Asbestosis, and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since February 12, 1938; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of Said Fourth Congressional District as will more fully appear in the files of said office, and

DEC 12 1938

WHEREAS, the said John Gyana has a wife, Susie, who is a potential dependant, and

WHEREAS, the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said Raybestos-Manhattan, Inc., The American Surety Company of New York and the Employers' Liability Assurance Corporation, to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from:

The American Surety Company of New York \$1861.49

The Employers' Liability Assurance Corp. \$38.51

Making a total sum of NINETEEN HUNDRED and No/100 Dollars, and we the said insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The American Surety Company of New York \$1861.49

The Employers' Liability Assurance Corp. \$38.51

In return for the following covenant not to sue, or make further claim.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby, now and forever covenant and agree not to make any further claim against, sue or molest the employer, Raybestos-Manhattan, Inc., and all the insurer respondents above named, to wit: The American Surety Company of New York and The Employers' Liability Assurance Corporation, upon and as to said employer and said insurer respondents, only, to forthwith dismiss any and all such claims, suits or proceedings for compensation benefits, whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease and to forever refrain from instituting, pressing, collecting, or in any way aiding or proceeding upon any and all claims, demands, causes of action, suits, proceedings or adjudications whatever which I ever

AND I, Basil Gyana, wife of the aforesaid claimant John Gyana, do agree that in consideration of said sums so paid do hereby, now and forever covenant and agree not to make any further claim against, sue or molest the employer and the said insurer respondents above named, only, to forthwith dismiss any and all suits, claims and proceedings for compensation benefits in any form payable to me under said Act by virtue of said claim or an occupational disease by the said John Gyana while in the employe of the said employer respondents, who are parties to this agreement.

It is expressly understood and agreed that this instrument is not intended as a release or discharge of, nor as an accord of satisfaction with any other person whomsoever, but only as a covenant not to make any further claim against, on me, and to the effect that the employer, Raybestos-Manhattan, Inc. and said American Surety Company of New York and Employers' Liability Assurance Corporation, insurer respondents, purchase peace and are hereby given peace upon any and all claims and matters whatsoever and more particularly, said claim for compensation for occupational disease, to wit: Asbestosis, herein referred to.

It is also understood and agreed that no subrogation on the part of the Raybestos-Manhattan, Inc., The American Surety Company of New York or The Employers' Liability Assurance Corp., will be made against any monies collected by the Claimant from Raybestos-Manhattan, Inc.

Company, The Black Rock Machine Shop or the Crane Valve Company.

In witness thereof we hereunto set our hands the day
and date first above written.

Witnesses:

John H. Ray

John H. Ray

John Gyana

Claimant

Susie Gyana

Potential Claimant. Wife.

BATHSTON COMPANY NOW
BATHSTON MANUFACTURING, INC

THE AMERICAN SURETY CO. OF NEW YORK

BY W. H. H. H. H.

EMPLOYERS' LIABILITY ASSURANCE CORP.

BY W. H. H. H. H.

Approved / P-day of December, 1939

W. H. H. H. H.
Compensation Commissioner Fourth
Congressional District.

INVESTIGATION CASE NO. 100-117-24

INVESTIGATION CASE NO. 100-117-24

INVESTIGATION CASE NO. 100-117-24

DATE	STATUS	INVT TO	CLERK NO.	WAGE	REASON FOR TRANSFER CHANGE IN STATUS, ETC.	COMPETENCY	CONDUCT	DISCIPLINE
4-23-31	Hire							
4-1-35	Free, Rate	47	106	.45				
6-26-35	Ch. Clock #	47	904	.45				
7-8-36	Ch. Rate	47	904	.48				
3-21-37	" "	47	904	.51				
4-4-37	" Clock #	47	206	.51				
2-11-38	Laid Off	47	206	.51	Lack of work	thoro	O.K.	O.K.

THE EMPLOYEE'S SIGNATURE

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement Petition and Order to Compromise

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Joseph Resko

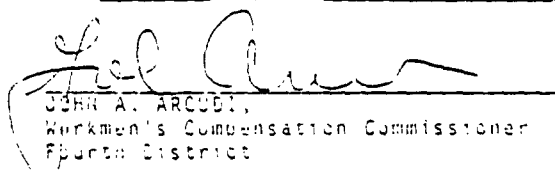
vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident & Indemnity Co.;
The American Surety Co. of New York;
The Employers' Liability Assurance Corp.

Given under my hand and seal this 29th day of August,
1978.


JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

JOSEPH REEKS CLAIMANT : CORAM:
 379 Boswick Avenue :
 Bridgeport, Connecticut :
 VS : COMPENSATION COMMISSIONER
 RAYBESTOS COMPANY, now : FOURTH CONGRESSIONAL DISTRICT
 RAYBESTOS-MANHATTAN, INC. EMPLOYER : BRIDGEPORT, CONNECTICUT
 AND :
 THE TRAVELERS INSURANCE COMPANY :
 THE HARTFORD ACCIDENT & INDEMNITY CO. :
 THE AMERICAN SURETY CO. OF NEW YORK :
 THE EMPLOYERS LIABILITY ASSURANCE CORP. :
 INSURERS-RESPONDENTS : DECEMBER 7th 1939

621

Received
 DEC 20 1939
 Insurance Commissioner
 of Connecticut

AGREEMENT, PETITION AND ORDER TO COMPROMISE

WHEREAS on or about the 12th day of August, 1939 and for a number of years prior thereto, the claimant, Joseph Reeks, of Bridgeport, Connecticut was an employee of the Raybestos Company, now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to part 8 of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with - The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company of New York and the Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of the State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 12th day of August 1939 he suffered an occupational disease, to wit; Asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said August 12, 1939; and further claims that he will be disabled in the future, all of which said claims and all of said respondents deny, and

WHEREAS, a partial hearing of said claim was held before the Compensation Commissioner of the Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said Joseph Reeks has a wife, Elizabeth, and two minor children, to wit: John Joseph and Jane Marion, all of whom are potential dependents, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY THAT I, the claimant, have agreed to receive from

- The Travelers Insurance Company the sum of \$128.72
- The Hartford Accident & Indemnity Co. \$151.55
- The American Surety Company of New York \$24.01
- The Employers Liability Assurance Corp. \$128.72

making a total sum of FOUR HUNDRED TWENTY-SEVEN and 20/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sums above specified, to wit:

- The Travelers Insurance Company \$128.72
- The Hartford Accident & Indemnity Co. \$151.55

The American Surety Company of New York \$56.01

The Employers Liability Assurance Corp. \$108.72

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Elizabeth Resko, wife of aforesaid claimant, Joseph Resko, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said Joseph Resko while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, Joseph E. Resko, as parent, natural guardian, and next friend of aforesaid minor children, potential dependents, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforesaid alleged incurring of an occupational disease by the said Joseph Resko while in the employ of the above named employer-respondent. The claimant reserves any and all rights, which he has or may have against the Raybestos Company of Canada.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

WITNESSES:

Samuel W. Resko
M. E. Mowbray

Joseph Resko
claimant, parent, natural guardian and
next friend of Joseph John Resko and
Jane Marion Resko, potential claimants.

Elizabeth E. Resko
Potential Claimant - Wife

RAYBESTOS COMPANY 207
RAYBESTOS-KANAWASTA, INC

H. W. Hudson

THE TRAVELERS INSURANCE COMPANY

H. O. Schlicher

THE HARTFORD ACCIDENT & INSURANCE CO.

H. D. Thomas

THE AMERICAN SURETY COMPANY OF NEW YORK

H. A. W. Brown

THE EMPLOYERS LIABILITY ASSURANCE CORP.

H. Richard L. Lynch

Approved the 22 day of
December, 1938.

W. B. Brinkman
Compensation Commissioner of the
Fourth Congressional District

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Heeko Joseph - #794 - #26 Rubber Dke. - C-1408

2-10-59 - Wd ill -

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
William Punyko

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The Travelers Insurance Company;
The Hartford Accident and Indemnity Company;
The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this 29th day of August,
1978.

John A. Arcudi
JOHN A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

622
12

WILLIAM PUNYKO, CLAIMANT : CORAM:
280 Eastwick Ave.,
Bridgeport, Connecticut :
Vs.
RAYBESTOS COMPANY, now : COMPENSATION COMMISSIONER
RAYBESTOS-MANHATTAN, INC
EMPLOYER : FOURTH CONGRESSIONAL DISTRICT
And
THE TRAVELERS INSURANCE COMPANY: BRIDGEPORT, CONNECTICUT
THE HARTFORD ACCIDENT AND
INDEMNITY COMPANY :
THE AMERICAN SURETY CO. OF N.Y.
THE EMPLOYERS' LIABILITY : January , 1940.
ASSURANCE CORPORATION
INSURERS-RESPONDENTS :

AGREEMENT TO COMPROMISE

PETITION TO COMPROMISE

AND

ORDER

Received
JAN 15 1940
Compensation Commissioner
of Connecticut

WHEREAS on or about the 18th day of August, 1939 and for a number of years prior thereto, the claimant, William Punyko, of Bridgeport, Connecticut, was an employe of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employe and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed with -The Travelers Insurance Company, The Hartford Accident and Indemnity Company, The American Surety Company of New York and The Employers' Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 18th day of August 1939 he suffered an occupational disease, to wit: Asbestosis and further claims that said occupational disease arose out of and in the course of his employment with the employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said August 18, 1939; and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny, and

WHEREAS a partial hearing of said claim was held before the Compensation Commissioner of said Fourth Congressional District as will more fully appear in the files of said office, and

WHEREAS the said William Panyko has a wife, Pearl, who is a potential dependant, and

WHEREAS the said claimant was represented at the aforesaid hearing and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from:

The Travelers Insurance Company \$186.70

The Hartford Accident and Indemnity Company \$438.83

The American Surety Company of New York \$523.40

The Employers' Liability Assurance Corporation \$31.07

making a total sum of TWELVE HUNDRED and No/100—Dollars, and we the insurer respondents do agree to pay to the claimant the sum above specified, to wit:

The Travelers Insurance Company \$186.70

The Hartford Accident and Indemnity Company \$438.83

The American Surety Company of New York \$523.40

The Employers' Liability Assurance Corporation \$31.07

in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act, or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Pearl Panyko, wife of aforesaid claimant, William Panyko, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of them by reason of the alleged incurring of an occupational disease by the said William Panyko while in the employ of the said employer-respondents.

AND TO FURTHER CERTIFY that we, the claimant and the respondents hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement may be approved with the force of a full and final award.

In witness thereof we hereunto set our hands the day and date first above written.

WITNESSES:

Eliakim M. Miller
M. E. Purnscho

William J. Purnscho
Claimant.
Pearl Purnscho
Potential Claimant-Wife

RAYBENSON COMPANY now
RAYBENSON-MANHATTAN, INC

BY: H. M. Hudson

THE TRAVELERS INSURANCE COMPANY

BY: P. H. Schickel

THE HARTFORD ACCIDENT & INDEMNITY CO.

BY: Clayton

THE AMERICAN SURETY COMPANY OF NEW YORK

BY: A. H. O'Connell

THE EMPLOYERS' LIABILITY ASSURANCE CO.

BY: H. O'Connell

Approved 15 day of January, 1940

Compensation Commissioner Fourth
Congressional District.

3626 STAMPA:

Very old stamp, dated 1947, and other stamps (stamps)
stamps and stamps and stamps and stamps and stamps -
stamps and stamps and stamps and stamps and stamps

1947 STAMPA:

It is possible that the stamp is a stamp
stamps and stamps and stamps and stamps and stamps

1947 STAMPA:

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1947 STAMPA:

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1947 STAMPA:

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1947 STAMPA:

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The Department of the Interior, Bureau of Land Management,
The Department of the Interior, Bureau of Land Management,
Stratford, Conn.

Mr. W. L. L. L. L.

History of Illness:

This man gives a history of having had a chronic cough, slight expectoration of some years duration. He cannot recall exactly when it first began. However, during the past several years this cough has become more troublesome and persistent, and he has been raising sputum daily. He stated that he felt that as if he had a cold all the time. During the last several years he has had to consult a family doctor because of the chronic cough and expectoration, for which he was given cough mixtures which gave him some relief. These so-called colds did not cause him to lose too much work.

In 1947 an x-ray was taken by the Mobile Unit of the State, which was said to show a spot in his lung, which was confirmed by x-rays taken by Farnham-Lockhart in Bridgeport. The doctor told him he did not have tuberculosis and he had nothing to worry about. His most recent illness began in March 22, at which time he was confined to his home with fever, chills, cough, expectoration, and it was felt by his family doctor that he had a pneumonia in his lung, for which he received treatment.

At the present time he complains of cough, expectoration, marked shortness of breath, especially on the least exertion. Shortness of breath to the point where he requires at least three pillows to sleep on at night. He notices easy fatigue, and states that he feels funny all over. There has been no appreciable weight lost. He believes that the symptoms of the cough and expectoration, shortness of breath and weakness, has progressed and has become more noticeable during the past two years.

Physical examination:

That of a fairly well developed and nourished male, who does not appear acutely ill, but somewhat chronically ill. He coughed and expectorated frequently during the examinations. There is no evidence of any cyanosis or edema, but there is slight clubbing of the fingernails.

of the patient's condition and the results of the examination of the patient's condition.

History of the patient's condition and the results of the examination of the patient's condition.

History of the patient's condition:

History of the patient's condition:

History of the patient's condition:

History of the patient's condition:

Head - Negative.
Ears - Negative. Drums not seen due to wax.
Eyes - Slightly prominent. Pupils are round and equal. React to light and accommodation. Discs not seen. Arcus senilis present.
Nose - Negative.
Mouth - Mucous membranes are normal. Tongue protrudes in the midline with no tremor, alteration or fissure.
Pharynx - Normal.
Throat - Many missing, remaining in poor condition.
Lungs - No stiffness, retraction or rigidity. Thyroid not palpable.
Thorax - Symmetrical, equal expansion on both sides. Motion is restricted at the base.
Lungs - Right - Note is impaired between the 7th and base. Breath sounds are harsh vesicular with many moderately coarse and coarse rales heard in this area.
Left - Note is slightly impaired between the 7th and base. Tactile fremitus and vocal resonance is increased. Breath sounds are harsh vesicular with many moderately coarse rales heard in this area. Motions of the diaphragm are restricted on both sides.
Heart - Not enlarged to percussion. Sounds are regular and of fair quality, somewhat distant. Blood pressure 128/84.
Abdomen - Slightly obese, or the protuberance may be due to posture.
Liver, spleen and kidneys - Not palpable. There is no tenderness, or masses noted. There is a right indirect inguinal hernia noted. Left ring is relaxed.
Genitalia - Normal male.
Rectum - Essentially negative except for mild varicosities.

Laboratory data - R.B.C. 5,050,000. Hb 87%.
W.B.C. 10,250 normal differential.
Sedimentation rate - 4 and 10 on the hour.
Sputum examinations are to be reported. Vesselment to be reported.

Radiographic examination of the chest revealed evidence of marked thickening of both hilar shadows and a rather diffuse peri-bronchial type of fibrosis scattered throughout the lower two-thirds of both lung fields. There is also some notable pleural thickening at both bases. Both apices are clear. There is no definite evidence of any superimposed infection. The cardiac silhouette appears slightly enlarged.

RE: 25-17529-10668

The Hydrotest Division of Hydrotest-Marketing, Inc.,
Beverly, Mass.

Re: E. Leroy Green

Diagnosis: - Tuberculosis.

Sincerely,

1. 7444 2122, 21, 42.

25/6

NOTICE OF HEARING

ANGILO CRCCCO
 100 East Main St.
 Stratford, Conn.

Claimant

vs.
 PAYEE'S DIVISION OF PAYEES
 WILKINSON, INC. c/o *Stratford*
 Stratford, Conn.
 TRAVELERS INSURANCE COMPANY
 HARTFORD ACCIDENT & INDEMNITY COMPANY
 AMERICAN SURETY COMPANY OF NEW YORK
 EMPLOYERS LIABILITY ASSURANCE CORP.

Office of
 Compensation Commissioner
 Fourth Congressional District

You and each of you are hereby notified that the above-entitled matter will be heard with reference to the following questions by the undersigned at his office, Room 404, No. 955 Main Street, Bridgeport, Conn. on the 25th day of April, 1949 at 11:00 A. M.

Asbestosis commencing January 10, 1921

Notice issued April 8, 1949

ROMUALD J. ZIELINSKI

Acknowledge receipt of this notice at once.

Commissioner

*circumstances with Company - Child in hospital & discharges.
 Dr. Dinn - April 49 - 2 pages - changes
 in way for later & good & long & stable -*

12/26/24 - 222 1/2 hr
 11/10/21
 Hatfield Circuit 12/26/24 & 12/26/30 (237) 72 mos
 Ann Luby 12/26/37 12/26/39 (392) 84 mos
 Epl Lb 12/26/37 12/26/39 1948 - (66) 13 mos
 Epl Luby 1939 - 100 21 6/12

Still working - stopped working
 10/11/41 - 216 1/2 mos

Dr. Gene & Rube -

Dr. Gene in April 1949 - Gene's presence -
 by conversation about Eugene's presence since ex
 - King City 2/1947 - about as evidence of T. B. - not
 changed with C. family - Child in presence of Dr. Gene.
 Health
 Dr. Dinn - April 1949 - Eugene - changes
 in King City - 2 years Eugene's presence -

Angels River to Jan 12, 1913 - had off
O 10/4 -

Return to work on Jan 10, 1921 - until 12/29/38

Return on 1/11/39 & working right up to date

Jan 10, 1921 - never in company run until Jan 1939.

Then said that he had run to work as a janitor -
to date still doing the work -

Index

12/2/18 to 12/2/19
12/2/20 to 12/2/21
12/2/22 to 12/2/23
12/2/23 to 12/2/24
12/2/24 to 2/3/25
On Jan - Run -
Only can Run

2/7/30

12/26/24 to 22/26/25
12/26/25 to 12/26/30

12/26/30 12/26/31 2 year gap

12/26/33 12/26/34

AWW 47.19
23.50

4/1/33 4/1/34

12/26/34 12/26/38
11/5/38 cancelled

12/26/37 to 12/26/41
actual 1 Sept 1, 1948

Sept 1, 1948

March 21
actual 1 Sept 1, 1949
actual 1 Sept 1, 1948

John 26 - 2nd C -
Mary 28 - 2nd C -

217 72.00
651
690
651
39

217 74.00
651
1890
1736
154

217 45.00
434
460
434
26
166
133

[illegible]

12/1/12 C.M.S. Page 13

PASQUALE CROCCO

5-16-38 HIRED
CANNISTERO TERM.
6-21-38 HIRED
12-2-38 TERM.

100

[illegible]

Form 1085-A and 1085-B

To be filled out by employer and by employee

TERMINATION NOTICE

THE RAYBESTON DIVISION
OF RAYBESTON MANHATTAN, INC.

NOTICE OF QUIT ☐ DISCHARGE ☐ LAY-OFF ☒ BUSINESS ☐ LEAVE OF ABSENCE ☐
Employee's Dist. 14 No. 190 Name Tasquale, George Date 6-6-1938
Date filed 1938

PAYMASTER: The above named employee is being terminated, then he and 8 AM Date 6-6-1938

RECORD OF EMPLOYMENT (MARK X IN PROPER SPACES)									
Employer's Name	Employee's Name	Employee's Address	Employee's City	Employee's State	Employee's Zip	Employee's Date of Birth	Employee's Date of Termination	Employee's Date of Re-employment	Employee's Date of Re-employment

REASON FOR LEAVING OR DISCHARGE

(To be filled in by Employer)
Reason for leaving or discharge: illness
Cause: illness
In case of lay-off, the above employee has been advised to report for possible further employment about 1938
Would you refer to your department? Yes
For any reason other than illness? Yes
Was employee (Name referred) Yes
Was business (Name referred) Yes
REMARKS: In writing the employee's department is completely ready to re-employ the employee, if necessary, at the same rate of pay and any other benefits as before.
Date filed on termination 6-6-1938

SIGNATURES
EMPLOYEE'S SIGNATURE Tasquale, George
FOREMAN MUST TRANSMIT THIS NOTICE AND DUPLICATES SEPARATELY TO SUPERINTENDENT

1st record.

(In Dept. #44 In Ept.)

Was trans. on 1/11/39 from Ept. Plant to Stratford in Millwright

4-3-39 - 10:30 AM. Absence back of rt. hand + wrist. Did not notice an up-

right very low and he scraped his hand against it. There applied a

5-19-39 - 9:55 AM. Reported a slight rash over right leg - Has intense

itching - applied phenol-soothing with no relief from itching. Applied

calamine lotion in P.M. Red. E calamine lotion on 20-22-39. Was

exam. by Dr. K. Williams on 23-39 + no treatment ordered. Did not re-

port again until the 27-39 when he came to talk with two

very small spots of rash on right leg. Cal. lot applied. Mr.

Green asked for a change of work and his employer was re-

ferred to Holt + S. H. H. G. 2211 (S. H. H.) appl. on 31-39.

10-10-39 - 10:30 AM. Reported small scattered red areas over rt. leg + foot

and left thigh. Checked by Dr. K. Williams. Diagnosis was

eczema. He recommended use of acetatedaseline which

was applied + small red. disappeared by his use.

7-25-39 - 1:30 P.M. Went home ill of own accord without reporting in

8-2-39. Absence noted by foreman on 7-25-39. He to work 4-2-39

8-2-39 - 1:30 P.M. Reported right foot low - He had an abscess in foot

and was treated by Dr. K. Williams. He was discharged on 8-2-39.

4-23-40 - 11 AM. Has scattered blots over front and arms. Slightly. Says he only feels them and never uses. blots out continually. He says he is - who advised use of bathing. No other treatment ordered.

End, card

7204

Greco Angelo Anthony - 115 Millwright - C-2

5-1-40 - 11:30 AM. Chest cold - Says he coughs constantly day & night. Exam by Dr. Hombler. Rx for cough given by Dr. K. Has chafed areas caused by loose pressure. Adv. to give him box of Keratonia powder for use at home. Still complains of itchy lesions scattered over body. Dr. advised discontinuing use of the ointment for this.

5-9-40 - Requested new Rx and another box of Keratonia powder. Powder dispensed & advised he get own supply of powder necessary.

6-10-40 - 11:30 AM. Underside left index finger injured at long. Station cut of finger done while office closed. Wound stopped bleeding. Rash over both legs and small area on both arms. Examined by Dr. K. Application of carbated vaseline ordered and applied. Some dispensed for his use at home. More was dispensed on 14th.

6-20-40 - 11:30 AM. Inquire for nail (left) dressed by Dr. Hombler. 11:30 AM. Exam by Dr. K. Part of nail removed. Nail was dressed. Station 11:30 AM.

11-14-40 10:00 AM. Examined right arm by Dr. Kumbat - Dr. requested the man's back be checked and he be assured of light work because of his hernia. Request referred to S's H. + H. failure.

12-26-40 10:00 AM. Right arm swelling and pain in both sides. Also complained that lifting the wheel barrow hurt his side and requested that his work consist of sweeping only. Case was referred to Mr. Halvey for investigation. Case could not be located for examination when Dr. Kumbat visited Plant #1.

12-31-40 11:00 AM. Examined by Dr. Kumbat - No hernia of left side but evidence of weakening. Doctor did not think it was necessary to only working with wheel barrow from his job. Said a new belt was not necessary at present but that when the old one was worn more belt it would be a advisable to get him one with support on both sides.

1-3-41 11:00 AM. Examined and advised by Dr. Kumbat - No instructions given by him in Field. His complaint was that his back hurt. He was not working with wheel barrow. He was advised by Dr. Kumbat to get home a few days but this was not done.

1-15-41 11:00 AM. Examination right arm. No injury. Hit with shovel. Light pain thru arm and shoulder. Treatment reported.

1-20-41 11:00 AM. Examination right arm and shoulder. Light pain thru arm and shoulder. Treatment reported.

1-25-41 11:00 AM. Examination right arm and shoulder. Light pain thru arm and shoulder. Treatment reported.

6204

11-14-40 10:00 AM. Examined right arm by Dr. Kumbat - Dr. requested the man's back be checked and he be assured of light work because of his hernia. Request referred to S's H. + H. failure.

1940

8504

Green, John Anthony - 211-11111111 6-2

9-4-42 - 4-4-42. Pain in rt. big toe. Exam. by Dr. Macgurney in
F.O.D. - and advised to soak the toe at home in mag.
sulph. Dmg. "Slight infection under toe-nail. No history
of injury."

9-19-42 - 9-19-42. Redness, lac. of rt. thumb - Done at home.
Relieved.

10-1-42 - 10-1-42. Redness of thumb injury. (Again on 2nd
10-1-42 - 10-1-42. Complained of pain in right arm + shoulder. Says
recent heavy furniture did not help the condition at all.
Went to Mr. R.B. Davis's office to see him about it. Utter exam-
ined on 9-1-42 in F.O.D. on 2nd. No treat ordered.

10-8-42 - 10-8-42. Shoulder checked by Dr. H. Ordered Stokes
bracket dispensed for home use. Where dispensed 11/5/42.

12/14/42 - 12/14/42 - Imported in F.O.D. and he had pain in his chest. Ex-
amined by Dr. F. - diagnosis was "bronchial congestion". Dr said he
had a few films brought on exam. with stethoscope. Dr. Grocco
ordered Dr. F. if he would have Brown change his work so that he
could not be obliged to go out doors but could remain inside all

...concluded that, in doing his work he was obliged to work in...

and Dr. Hyde would have to have a microscope. Dr. Crocco
 said he could not be obliged to go out more but could remain inside all

the time. He complained that in doing his work he was obliged to work in-
 side part of the day. Then go out into the cold periodically. Dr. Crocco
 visited Dr. Hyde and requested to attend to this request.
 3/11/43 - Dr. Hyde requested a prescription from doctor for a cold. Given
 at for compound eye, trip. Hyde, faintly, crooked, to be
 taken 1 cap, every 3 hours.
 5/25/43 - Dr. Hyde, the 17th. Requested
 a white ointment, which he said had been dispensed to him per order of Dr. Hyde.
 about several years ago. The ointment he wanted was not known in Med. Dept.
 as he was executed by Dr. Hyde at noon. Dr. Hyde did not think his rash was marked
 enough to need treatment. He said to wait until it was more pronounced.
 6/11/43 - Venetian. Not, the 14th.
 6/18/43 - Hyde - Requested by Dr. Hyde. Dr. Hyde brought a note from Dr. Ashcroft saying
 that he could operate on it if Dr. Crocco was not required to use his right arm. He
 finally for the next few weeks - at least 4. He said he was treating him for a
 condition of the arm. The minor inj. slip for Dr's note. This case was
 referred to Dr. Carlson who said he had nothing lighter for Crocco to do than
 operating. No treatment ordered by Dr. Hyde.
 6/25/43 - As told in right shoulder. Given at noon by Dr. Hyde. I.R. lamp treated. Of-
 fered. Given on 25th. - 26th. - 27th. Hubbed with broken blanket. On
 the 28th. treated by Tilton.
 7/1/43 - Not, the 6th.
 7/1/43 - Not, the 6th. Hyde, and given a box. 100 file for Dr's memo.
 7/27/43 - Hyde - Dr. Hyde said it was not necessary for him to see this man.
 8/13/43 - Hyde - Had pain in left foot. Checked by Dr. Hyde. Attributed his trouble to
 a sprain of the foot.

... Mr. W. Simpson announced bringing him to our Med. Dept. for these
... Dr. Voltaire & sent to Dr. Simpson on 2/11/49. With 2000. 2-10-49 arrived by
on 5/20/49 & deceased on 7/22/49. ... later admitted to Dr. Hays, again
Death certificate dir. "Coronary artery disease of the lungs due to
asbestosis".
Inform. from Dr. Roberts that a hearing had been held for 2/15/49. Then?
Inform. from Mr. Groves's son to Dr. W. Simpson that his father's name had been
settled for \$250 less all bills. Settlement was made so that each individual
Insurance Co. were to send him their share of the expense. The Employer's Group
were to bear 3% of the total expense.

6/15/49
10/23/49

1-4
Groves - Captain Anthony - died - 7/22/49

ANALYST

ABSENTEEISM RECORD

1-A
 Crocco Aurelio Anthony - #204 - #16 Millwright.

ABSENT	TERMINATION CLIP	RE-EMPLOY	RETURNED	DAYS ILL	OTHER CAUSES	NOTES
1/11/44	3/23 - 3/15	1/28 - 10/28	3/23/44	10		Ill. eye infection.
5/14/45			5/21/45			Vacation.
6/3/45			6/11/45			Vacation.
1-20-46			6-4-46			Vacation.
3/10/47	4/21 - 4/17	1/25 - 4/25	4/23/47	4		Ill. sent home by Dr.
5/1/47			5/26/47			Vacation
6/1/47			6/16/47			Vacation
7/1/47			8/17/47			terminal
8/1/47			9/1/47		1	terminal - wife died.
9/1/47			9/24/47		3	
10/1/47			10/13/47			Vacation
11/1/47			11/20/47		4	Vacation
12/1/47			12/20/47			Ill
1/1/48			1/20/48	11		Ill
2/1/48			2/20/48	8		Vacation - 27th & Ill
3/1/48			3/20/48			
4/1/48			4/20/48			
5/1/48			5/20/48			
6/1/48			6/20/48			
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11/1/49			11/20/49			
12/1/49			12/20/49			

STANDARD FORM FOR
 EMPLOYER'S FIRST REPORT OF INJURY

Statement of: Arvelo Gracco

This employee has not lost time because of his injury to date of attached report. His injury has not, as yet, been proven a compensable one. Therefore we do not send a wage statement at this time. Should he lose time at a later date due to the injury in attached report, or should this case prove to be decided a compensable one, we will then forward you a wage report at that time.

Estelle. S. Murray
 First Aid Dept.

Approved by L. A. L. A. B. C.

State & File Case #121
Number Carrier Angela Crocco
For Emp. ~~Angela Crocco~~
BUI Report to CCM
Carrier - File No.
(The spaces above are to be filled in by employer)

Time and place _____
 1. Location of plant or place where accident occurred _____ Not known
 2. Department _____ Not known State if employee's home _____ Not known
 3. If injured in a mine, did accident occur on surface, underground, shaft, drift or mill _____
 4. Date of injury _____ Not known _____ Day of week _____ Hour of day _____ A. M. _____ P. M.
 5. Date first injury became disabled _____ Not known _____ Date of report _____
 6. When did you or foreman first know of injury _____ Not known _____
 7. Name of foreman _____ Not known _____
 8. Name of injured _____ Not known _____
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 97. Name of injured _____ Not known _____
 98. Name of injured _____ Not known _____
 99. Name of injured _____ Not known _____
 100. Name of injured _____ Not known _____

10. Nature of thing causing injury: None known 11. Kind or power: (hand, foot, etc.) None
12. Part of machine: None which accident occurred: None
13. Was safety appliance or regulation provided: None (b) Was it in use at time: None
14. Was accident caused by injured's failure to use or observe safety appliance or regulation: None
15. Doctor fully informed and state what employee was doing when injured: Given to
history by a female nurse. Said about 4 to 6 weeks prior
reporting his condition he noticed a queer sensation in right
leg, about a week later he noticed slight pain in it. State what
he did anything, heavy work or
and address of witness: resides in

of Mr. Alfred Hornblut - "Night Industrial Burnin"
 No disability No disability Has injured returned to work Yes
 Is working full-time to job after Yes
 Is Alfred Hornblut-1939 Springfield Ave.
 None

Page 2000

Not reported to Commissioner as there was no Lost Time

24/10/40 - Bill received from New Haven Surgical Co. for Truss -----	\$7.20
11/11/40 - Bill received from New Haven Surgical Co. for Truss -----	\$10.00
	\$17.20

Case #121

Not reported to the Commissioner as there was no
Lost Time

**THE RAYBES
OF RAYBESTOS
WEAVING**

6-1-2-1-1

4-1-11

11-11

40

RAYB
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WINNING SOLID

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10

Case #121

ACCIDENT

REPORT

Name Grego Angelo Anthony Number 1204
Address 1009 Fairfield Ave. Bridgeport - Conn. City Bridgeport - Conn.
Age 32 Sex Male Married Yes How long employed here 13 yrs

Regular Dept. None Regular Occupation CarpenterDate & Time of Accident Not known - Said it was 3, 4, or 5 weeks previDate & Time Reported October 17th. 1939.Dept. in which Accident Occurred Not knownOccupation When Injured Not known

Statement of Injured Said about 3, 4, or 5 weeks prior to reporting th
accident he had a queer sensation in his right side, particularly not
icable when he lifted anything very heavy. Then after a week or so h
started to notice a slight pain in the right groin at times.
Witnesses None

Nature / Extent of Injury Right inguinal herniaAmputation No If so, at what point NoneAttending Physician Dr. Alfred HornblutHis Address 1009 Fairfield Ave. Bridgeport - Conn.What Hospital NoneHas Injured Employee Returned to Work Yes

If so, Then Immediately after being examined in the Police Dept. by
Dr. Hornblut.

Probable Period of Incapacity None to date of report. Later incapaciDate of Report Oct. 17, 1939 Made Out By Estelle B. DuffieForeman NoneREMARKS

Page 141

ACCIDENT REPORT

Name James H. Smith Number 254

Address 1234 Main St. City Chicago

Age 35 Sex Male Married Yes How long employed here 12 yrs

Regular Dept. Electrical Regular Occupation Electrician

Date & Time of Accident Not known - said it was 2, 3, or 4 weeks ago

Date & Time Reported October 17th, 1939.

Dept. in which Accident Occurred Not known

Occupation When Injured Not known

Statement of Injured Said about 2, 3, or 4 weeks prior to reporting to his division he was working in the main building, probably not working when he lifted and fell very heavy. That after a week or so he started to notice a slight pain in the lower back at times.
Witnesses _____

Nature & Extent of Injury Lower back pain

Amputation _____ If so, at what point _____

Attending Physician Dr. Henry Smith

His Address 1234 Main St. Chicago

What Hospital _____

Has Injured Employee Returned to Work Yes

If so, When _____
By _____

Probable Period of Incapacity One to two or three days

Date of Report Oct. 17, 1939 Made out By James H. Smith
Foreman _____

REMARKS

Sept. 17, 1945.

The New Haven Surgical Co.
284 Fairfield Avenue
Bridgeport, Connecticut.

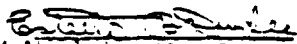
Gentlemen:

You furnished the bearer, Angelo Crocco,
with a truss in February of 1940, through our
request. Dr. Charles Hyde has recently examined
Mr. Crocco and has approved furnishing him with a
new belt.

Will you please fit him with a new one?
Thank you.

Very truly yours,
The Raybestos Division
Of Raybestos-Manhattan, Inc.

By: Estelle B. Duffee


Medical Department

September 17th, 1945.

Mr. Frank Bartell
The Employers' Group
132 Temple St.,
New Haven, Conn.

Re: Angelo Crocco

Dear Mr. Bartell:-

We reported Angelo Crocco as a case of right inguinal hernia on 10/18/39. This hernia became more pronounced on 2/27/40 and Dr. Kornblut (our Plant Physician) advised the use of a truss instead of surgical repair in his case.

This case was discussed with Mr. Sandell by our Plant Safety Engineer Mr. James Halsey, and Mr. Sandell approved the purchase of a truss, which was furnished to Mr. Crocco.

On 9/17/45 Mr. Crocco reported the need of a new truss. He was examined by Dr. Hyde who stated the man needed a new one, and he was sent to the New Haven Surgical Co., to be fitted to one.

Yours very truly,

The Raybestos Division
Of Raybestos-Manhattan, Inc.

By - Estelle B. Duffee, R.N.

Medical Dept.

ED/AMR

Estelle B. Duffee

October 31, 1943.

Mr. Frank Bartell.
The Employers' Group.
132 Temple St.,
New Haven, Conn.

Re: Angelo Crocco

Dear Mr. Bartell:

We find in referring to our past records, that a truss costing \$7.20 was furnished to Angelo Crocco by the New Haven Surgical Co. in either February or March of 1940.

The invoice from the New Haven Surgical Company was sent to us and we paid for the truss on April 4th, 1940. We then referred this bill to you and we have a record that you sent us your check for this which was dated Sept. 13th, 1940.

Very truly yours,

The Raybestos Division
Of Raybestos-Manhattan Inc.

By: Estelle B. Durfee RN
Medical Dept.

Temporary information on hearing held on
Angelo Crocco case at 2:30 PM on 6/16/49

As a tentative decision only: ^{presented by} ^{own} ^{own}
to be borne by Employers' Group.
" " divided between the other Insurance
Companies.

Probable further hearings requested on
the case?

Above inform. from Mr. W. Simpson on 6/20/49

Copy

The Raybestos Division

Raybestos-Manhattan Inc.

Bridgeport, Conn.

June 9, 1949

Bridgeport General Hospital.
Grant Street,
Bridgeport, Conn.

Gentlemen:

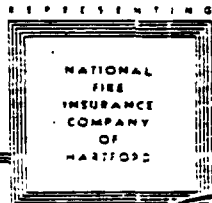
Re: Angelo Grocco

Please admit the bearer, Angelo Grocco. Our Plant physician, Doctor George Roberge has made reservation for Mr. Grocco for Friday, June 10th. 1949 and instructed us to send him in during the morning.

Very truly yours,

The Raybestos Division
Of Raybestos-Manhattan Inc.

By: Estelle S. Durfee RN
Medical Dept.



THE INVESTORS MORTGAGE COMPANY

171 State Street
Telephone 3-3171

Insurance

BRIDGEPORT 1, CONN.

Mar 25, 1939

Mr. W. S. Sutton
Rayburns-McCortan, Inc.
P. O. Box 1021
Bridgeport 2, Connecticut

Dear Bill:-

The above captioned case has been postponed
to the 15th day of June at 2:30 P.M.

Very truly yours,

JST:MCC

E. J. Sullivan
Vice-President

S. M. PARKER, M.D.
E. H. LOCKHART, M.D.
J. J. ESPOSITO, M.D.
BRIDGEPORT, CONN.

MEDICAL BUILDING
104 GOLDEN HILL STREET

August 2, 1947
Index No. 38555

Angelo Crocco

Dr. Roberts

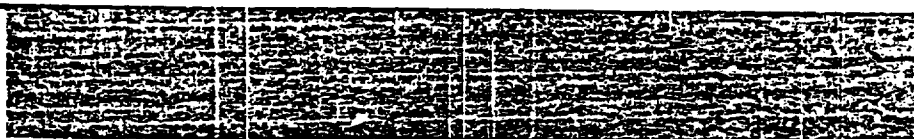
A radiographic examination of the chest shows thickening of both hilar shadows and a diffuse peribronchial type of fibrosis throughout the periphery of the lower two-thirds of both lungs. These changes, together with the patient's occupational dust history could be classified as a pneumoconiosis or asbestosis. There is no confluent lung consolidation and both apices are clear without any evidence of pulmonary tuberculosis. There is slight general cardiac enlargement.

Respectfully submitted,

E. H. Lockhart, M.D. (signed)

LHC

C O P Y



H. PHILIP DINAN, JR., M.D.
3406 MAIN STREET
STRATFORD, CONN.
TEL. 7-1833

Enclosed for the American Medical Association are two copies of a letterhead memorandum dated and captioned as above.

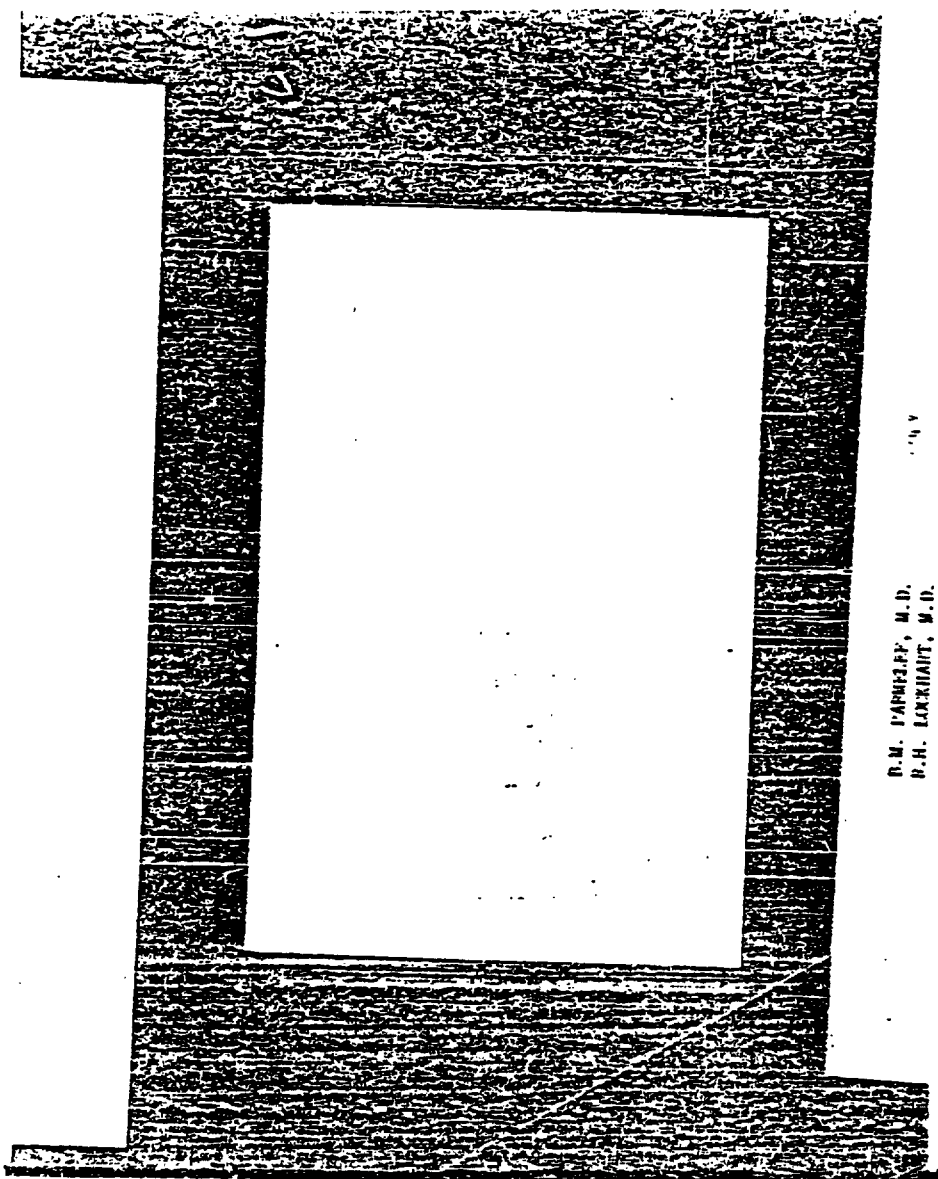
Letterhead Memorandum

The enclosed letterhead memorandum is a copy of the original letterhead memorandum dated and captioned as above. The original letterhead memorandum is being retained by the American Medical Association for its files. The enclosed letterhead memorandum is being furnished to you for your information and for your use in your office.

The enclosed letterhead memorandum is being furnished to you for your information and for your use in your office.

Very truly yours,

H. Philip Dinan, Jr.



D.M. PAMPHLET, M.D.
R.H. LEXHAUT, M.D.

B.M. PARMETER, M.D.
R.H. LOCKHART, M.D.
J.J. ENPOSITO, M.D.
Bridgeport 3, Conn.

Medical Building
1 Golden Hill Street

August 2, 1947
Index No. 86665

Angelo Crocco

Dr. Roberge

A radiographic examination of the chest shows thickening of both hilar shadows and a diffuse peribronchial type of fibrosis throughout the periphery of the lower two-thirds of both lungs. These changes, together with the patient's occupational dust history could be classified as a pneumoconiosis or asbestosis. There is no confluent lung consolidation and both apices are clear without any evidence of pulmonary tuberculosis. There is slight general cardiac enlargement.

Respectfully submitted,

R.H. Lockhart, M.D. (signed)

L:C

STANDARD FORM FOR
EMPLOYER'S FIRST REPORT OF INJURY

Approved by I. A. L. A. B. C.

Fill in details and send immediately to
CLAIMS DEPARTMENT

State's	File
Number	Carrier
For:	Employer
Carrier's File No.	

Generated by L A L A B C

CLAIMS DEPARTMENT

(The spaces above not to be filled in by Employer)

Location and location of injury (describe fully exact location of amputations or fractures, right or left). Right leg

Has injured returned to work _____ At what cost \$ _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

DATE	DESCRIPTION	AMOUNT	BALANCE
11/1/20	Received from Bpt. Hosp.	100.00	100.00
11/2/20	Received from Bpt. Hosp.	100.00	200.00
11/3/20	Received from Bpt. Hosp.	100.00	300.00
11/4/20	Received from Bpt. Hosp.	100.00	400.00
11/5/20	Received from Bpt. Hosp.	100.00	500.00
11/6/20	Received from Bpt. Hosp.	100.00	600.00
11/7/20	Received from Bpt. Hosp.	100.00	700.00
11/8/20	Received from Bpt. Hosp.	100.00	800.00
11/9/20	Received from Bpt. Hosp.	100.00	900.00
11/10/20	Received from Bpt. Hosp.	100.00	1000.00
11/11/20	Received from Bpt. Hosp.	100.00	1100.00
11/12/20	Received from Bpt. Hosp.	100.00	1200.00
11/13/20	Received from Bpt. Hosp.	100.00	1300.00
11/14/20	Received from Bpt. Hosp.	100.00	1400.00
11/15/20	Received from Bpt. Hosp.	100.00	1500.00
11/16/20	Received from Bpt. Hosp.	100.00	1600.00
11/17/20	Received from Bpt. Hosp.	100.00	1700.00
11/18/20	Received from Bpt. Hosp.	100.00	1800.00
11/19/20	Received from Bpt. Hosp.	100.00	1900.00
11/20/20	Received from Bpt. Hosp.	100.00	2000.00
11/21/20	Received from Bpt. Hosp.	100.00	2100.00
11/22/20	Received from Bpt. Hosp.	100.00	2200.00
11/23/20	Received from Bpt. Hosp.	100.00	2300.00
11/24/20	Received from Bpt. Hosp.	100.00	2400.00
11/25/20	Received from Bpt. Hosp.	100.00	2500.00
11/26/20	Received from Bpt. Hosp.	100.00	2600.00
11/27/20	Received from Bpt. Hosp.	100.00	2700.00
11/28/20	Received from Bpt. Hosp.	100.00	2800.00
11/29/20	Received from Bpt. Hosp.	100.00	2900.00
11/30/20	Received from Bpt. Hosp.	100.00	3000.00

Dr. B. B. B. for	25.00
Dr. B. B. B. for	97.00
Dr. B. B. B. for	118.00
	<u>239.00</u>

to be paid to the 144 all bills - total amount, 7. Inform. from Mr. Simpson on 7/2/49 that Concordia was free food about \$1,200 after all bills were paid.

Copy

The Raybestos Division

Raybestos-Manhattan Inc.

Stratford, Conn.

April 4, 1949

Doctor H.P. Dinan
3486 Main St.,
Stratford, Conn.

Re: Angelo Cocco

Dear Doctor Dinan:

The above named employee has done weaving while in our employe some years ago. The following data may be of service to you in connection with this case.

ANGELO COCCO

Originally hired	6/12/13
Laid off	10/10/14
Rehired	1/10/21

Several lay-offs and re-employments from 1921 to the present time which were all periods of short duration such as a month or two.

Weaving was his work in our Spt. Plant 1921 to 1939.
(18 yrs.)

Transferred from the Spt. Plant (as weaver) to Stratford in our Millwright Dept. as sweeper on 1/11/39.

Very truly yours,

The Raybestos Division
Of Raybestos-Manhattan Inc.

By: Estelle E. Durfee RN
Medical Dept.

(Encl. 2)

STATE OF EMPLOYEES' WAGES FOR PERIOD OF 26 WEEKS DATES

2/27/40 because employee was out 111 during that week.

EMPLOYER		The Payroll Division Of the Department of Labor, Inc.	
EMPLOYEE		Angelo Crocco	
DATE CHANGED TO WORK		No 1st time to date	
NUMBER OF HOURS WORKED PER DAY		8 & overtime	
NUMBER OF DAYS WORKED PER WEEK		8 & overtime	
IS EMPLOYEE PAID BY-		hour	
WEEK - DAY - WEEK - MONTH		1 year 4 mos. - 7 year L.O. - 20 yrs. 3 mos.	
REGULAR WAGES ON FIVE WORK		Time	
AT THAT RATE		1.00	
FROM	TO	WAGE	
1.	Jan. 1	4.00	
2.	Feb. 1	4.00	
3.	Mar. 1	4.00	
4.	Apr. 1	4.00	
5.	May 1	4.00	
6.	Jun. 1	4.00	
7.	Jul. 1	4.00	
8.	Aug. 1	4.00	
9.	Sep. 1	4.00	
10.	Oct. 1	4.00	
11.	Nov. 1	4.00	
12.	Dec. 1	4.00	
13.	Jan. 1	4.00	
14.	Feb. 1	4.00	
15.	Mar. 1	4.00	
16.	Apr. 1	4.00	
17.	May 1	4.00	
18.	Jun. 1	4.00	
19.	Jul. 1	4.00	
20.	Aug. 1	4.00	
21.	Sep. 1	4.00	
22.	Oct. 1	4.00	
23.	Nov. 1	4.00	
24.	Dec. 1	4.00	
25.	Jan. 1	4.00	
26.	Feb. 1	4.00	
TOTAL		100.00	

THIS IS A CORRECT STATEMENT OF THE 1211 OTHERS EMPLOYED AS
A MEMBER OF THE 1211 OTHERS EMPLOYED AS

Copy

Figures taken down by Mr. Gale per Mr. Gilbreath's dictation.

1st 100 1000

2nd 100

3rd 100

100 1000 10000

1000

100

100 1000

<u>Karello J. Brown</u>	<u>C. V.</u>	<u>4/4/47</u>
Originally hired	8/12/13	
Left off	10/10/14	
Rehired	1/10/21	

Several lay-offs and re-employments from 1941 to the present time which were spells of VEP, short duration such as a few months at the most.

Leaving in Dept. #44 in Apr. Plant 1921 to 1939.
(18 yrs.)

Transferred from #44 in Apr. Plant (reverted) to Dept. #15 Millwright as sweeper on 1/11/39.

(Information from Employment records.)

On 3/22/48, Dr. McGeorge was called in by Mr. Brown as his private physician. He was ill with a viral pneumonia. Doctor McGeorge discovered that Mr. Brown had a chest X-ray taken in 1947 and Dr. McGeorge sent Dr. McGeorge a copy of the report on the X-ray per request of Mr. Brown. It stated the condition could be classed as a pneumoconiosis or an asbestosis. Mr. Brown was sent on 4/5/48 to Dr. Simon for chest X-ray and Dr. Simon verified the diagnosis of asbestosis.

4/4/49

Doctor Simon:

Doctor Roberts has been treating Mr. Angelo Jrococo recently (as his private patient) for an upper respiratory infection. This is why he was interested in the x-ray of his chest which was taken in 1947, and a copy of which we enclose for your information. This x-ray of the chest was taken per request of Doctor Ashcroft, who was taking care of Mr. Jrococo at that time. We did not know at the Plant of this picture or report until the present time.

Estelle B. Durfee

COPY

H. Philip Dinan, Jr., M.D.
3466 Main St.
Stratford, Conn.
Tel. 7-2633

April 20, 1949

Raybestos Division of Raybestos-Manhattan, Inc.,
Stratford, Conn.

Dear Doctor Roberge:

Re: Angelo Crocco

A radiographic examination of the chest of Mr. Angelo Crocco on April 5, 1949, revealed evidence of marked thickening of both hilar shadows, and a rather diffuse peri-bronchial type of fibrosis scattered throughout the lower two-thirds of both lungs. There is also some notable pleura thickening at both bases. There is no definite lung consolidation. Both apices are clear. No definite evidence of any superimposed infection. The cardiac silhouette was slightly enlarged.

These changes in the x-ray pictures, together with the patient's occupational history, I believe is sufficient to make a diagnosis of Asbestos.

Sincerely,

H. Philip Dinan, Jr., M.D.

HPD/T

The Perbestos Division of Perbestos-Manhattan, Inc.,
Stratford, Conn.

Re: Mr. Angelo Grecco

History of Illness: This man gives a history of having had a chronic cough, slight expectoration of some years duration. He cannot recall exactly when it first began. However, during the past several years this cough has become more troublesome and persistent, and he has been raising sputum daily. He stated that he felt that as if he had a cold all the time. During the last several years he has had to consult a family doctor because of the chronic cough and expectoration, for which he was given cough mixtures which gave him some relief. These so-called colds did not cause him to lose too much work.

In 1947 an x-ray was taken by the Mobile Unit of the State, which was said to show a spot in his lung, which was confirmed by x-rays taken by Parmelee-Lockhart in Bridgeport. The doctor told him he did not have Tuberculosis and he had nothing to worry about. His most recent illness began in March 25, at which time he was confined to his home with fever, chills, cough, expectoration, and it was felt by his family doctor that he had a pneumonia in his lung, for which he received treatment.

At the present time he complains of cough, expectoration, marked shortness of breath, especially on the least exertion. Shortness of breath to the point where he requires at least three pillows to sleep on at night. He notices easy fatigue, and states that he feels funny all over. There has been no appreciable weight lost. He believes that the symptoms of the cough and expectoration, shortness of breath and weakness, has progressed and has become more noticeable during the past two years.

Physical examination - That of a fairly well developed and nourished male who does not appear acutely ill, but somewhat chronically ill. He coughed and expectorated frequently during the examinations. There is no evidence of any cyanosis or edema, but there is slight clubbing of the fingers.

The Raybestos Division of Raybestos-Manhattan, Inc.,
Stratford, Conn.

Re: Mr. Angelo Crocco

Head - Negative.
Ears - Negative. Drums not seen due to wax.
Eyes - Somewhat prominent. Pupils are round and equal. React to light and accommodation. Discs not seen. Arcus senilis present.
Nose - Negative.
Mouth - Mucous membranes are normal. Tongue protrudes in the midline with no tremor, ulceration or fissure.
Pharynx - Normal.
Teeth - Many missing, remaining in poor condition.
Neck - No stiffness, retraction or rigidity. Thyroid not palpable.
Thorax - Symmetrical, equal expansion on both sides. Motion is restricted at the base.
Lungs - Right - Note is impaired between the VVS and base. Breath sounds are harsh vesicular with many moderately coarse and coarse rales heard in this area.
Left - Note is slightly impaired between the VVS and base. Tactile fremitus and vocal resonance is increased. Breath sounds are harsh vesicular with many moderately coarse rales heard in this area. Motions of the diaphragm are restricted on both sides.
Heart - Not enlarged to percussion. Sounds are regular and of fair quality, somewhat distant. Blood pressure 138/84.
Abdomen - Somewhat obese, or the protuberance may be due to posture.
Liver, spleen and kidneys - Not palpable. There is no tenderness, or masses noted. There is a right indirect inguinal hernia noted. Left ring is relaxed.
Genitalia - Normal male.
Extremities - Essentially negative except for mild varicosities.

Laboratory data - R.B.C. 5,050,000. Hb 27%.
W.B.C. 10,250 normal differential.
Sedimentation rate - 4 and 10 on the hour.
Sputum examinations are to be reported. Wasserman to be reported.

Radiographic examination of the chest revealed evidence of marked thickening of both hilar shadows and a rather diffuse peri-bronchial type of fibrosis scattered throughout the lower two-thirds of both lung fields. There is also some notable pleural thickening at both bases. Both apices are clear. There is no definite evidence of any superimposed infection. The cardiac silhouette appears slightly enlarged.

The Raybestos Division of Raybestos-Manhattan, Inc.,
Stratford, Conn.

Re: Mr. Angelo Crocco

Comparing this x-ray with a film taken in August 2, 1947, there has been definite progression of the fibrosis in the lower two-thirds of both lungs, altho some of this increase at the bases may be due to the recent respiratory infection. However, I feel that there has been definite progression of the fibrosis, which was noted in the x-rays of August 1947.

Impression: This man's history of exposure as a weaver for 18 years, along with his clinical symptoms and x-ray findings, I believe a diagnosis of Asbestosis can be made.

It is noted that this man has had pulmonary symptoms for quite some time. He notices also that within the past two years that they have increased, which I believe coincides with the increase noted in his x-ray pictures.

I believe further studies should be done regarding his sputum to be sure that there is no super-imposed infection of Tuberculosis, which would make his condition more serious.

Since there is no occupational hazard in the Stratford plant, and this man has been free from weaving since 1939, I do not feel that his employment while working at the Stratford plant, contributed to his present condition. As it is a well known fact, that Silicosis and Asbestosis once the lungs have become involved, will progress whether the man is in the environment or not. While working at the Stratford plant, he was only a sweeper, the last three years of which he was not in the factory at all but in the locker room, which was relatively free of any form of smoke or dust.

I believe that this man is completely disabled and should lead a sedentary type of life because of the fact there is so much involvement from an x-ray standpoint as well as from clinical symptoms.

Diagnosis - Asbestosis.

Sincerely,

R. Philip Civan, Jr., M.D.

HIC/T

USA

H. Philip Dixon, Jr., M.D.
3466 Main Street
Stratford, Conn.
Tel. 7-2633

May 7, 1949

The Raybestos Division of Raybestos-Manhattan, Inc.
Stratford, Conn.

Dear Doctor Rehberg: Re: Mr. Angelo Crocco

The following is a report of my complete examination of Mr. Angelo Crocco on May 2, 1949.

Chief Complaint: Cough, expectoration and weakness.

Family History: Father and mother both dead, cause unknown. There is no history of any familial diseases.

Past History: Recalls no childhood diseases. He was in the Bridgeport Hospital for a kidney condition in 1939 - had no trouble since. Had no other serious illnesses or operations.

Marital History: He is married. His wife is dead - died of cancer. One son and one daughter, ages 26 and 28 - living and well.

Occupational History: While in the old country in Italy he worked on a farm, and again when he returned there for about six years, between 1914 and 1920. He came to the United States at the age of 19, in 1908. He was first employed at the New Departure Company in Bristol, Conn., where he worked as a melter of soap. He worked there until he came to Bridgeport in June of 1913, where he first went to work at the Raybestos as a weaver. In 1914 he was laid off and returned to Italy where he remained until 1920, when he again returned to the United States and was again employed in January 10, 1921 by the Raybestos Division in Bridgeport as a weaver. He had more or less continuous employment, except for several small lay-offs, from 1921 to 1939 at the Raybestos, and worked as a weaver. In 1939 he was transferred to the Stratford plant, in the millwright department as a sweeper, which he has done up to the present time. The first few years there he worked more or less in the factory, but for the past three years he has worked in the locker room, which was relatively free of any smoke or dust.

The Asbestos Division of Raybestos-Manhattan, Inc.,
Stamford, Conn.

Re: Mr. Angelo Grecco

History of Illness: This man gives a history of having had a chronic cough, slight expectoration of some years duration. He cannot recall exactly when it first began. However, during the past several years this cough has become more troublesome and persistent, and he has been raising sputum daily. He stated that he felt that as if he had a cold all the time. During the last several years he has had to consult a family doctor because of the chronic cough and expectoration, for which he was given cough mixtures which gave him some relief. These so-called colds did not cause him to lose too much work.

In 1947 an x-ray was taken by the Mobile Unit of the State, which was said to show a spot in his lung, which was confirmed by x-rays taken by Parmelee-Lockhart in Bridgeport. The doctor told him he did not have tuberculosis and he had nothing to worry about. His most recent illness began in March 25, at which time he was confined to his home with fever, chills, cough, expectoration, and it was felt by his family doctor that he had a pneumonia in his lung, for which he received treatment.

At the present time he complains of cough, expectoration, marked shortness of breath, especially on the least exertion. Shortness of breath to the point where he requires at least three pillows to sleep on at night. He notices easy fatigue, and states that he feels funny all over. There has been no appreciable weight lost. He believes that the symptoms of the cough and expectoration, shortness of breath and weakness, has progressed and has become more noticeable during the past two years.

Physical examination - That of a fairly well developed and nourished male who does not appear acutely ill, but somewhat chronically ill. He coughed and expectorated freely during the examination. There is no evidence of any symptoms of pneumonia, tuberculosis or any other disease of the respiratory system.

The Raybestos Division of Raybestos-Manhattan, Inc.,
Stamford, Conn.

Re: Mr. Angelo Grassano

Head - Negative.
Ears - Negative. Otitis not seen due to wax.
Eyes - Somewhat prominent. Pupils are round and equal. React to light and accommodation. Disks not seen. Arcus senilis present.
Nose - Negative.
Mouth - Mucous membranes are normal. Tongue protrudes in the midline with no tremor, ulceration or fissure.
Pharynx - Normal.
Teeth - Many missing, remainder in poor condition.
Neck - No stiffness, retraction or rigidity. Thyroid not palpable.
Thorax - Symmetrical, equal expansion on both sides. Motion is restricted at the base.
Lungs - Right - Note is impaired between the 7th and base. Breath sounds are harsh vesicular with many moderately coarse and coarse rales heard in this area.
Left - Note is slightly impaired between the 7th and base. Tactile fremitus and vocal resonance is increased. Breath sounds are harsh vesicular with many moderately coarse rales heard in this area. Motions of the diaphragm are restricted on both sides.
Heart - Not enlarged to percussion. Sounds are regular and of fair quality, somewhat distant. Blood pressure 128/84.
Abdomen - Somewhat obese, or the protuberance may be due to posture.
Liver, spleen and kidneys - Not palpable. There is no tenderness, or masses noted. There is a right indirect inguinal hernia noted. Left ring is relaxed.
Genitalia - Normal male.
Extremities - Essentially negative except for mild varicosities.

Laboratory data - R.B.C. 5,050,000. Hb 67%.
W.B.C. 10,250 normal differential.
Sedimentation rate - 4 and 10 on the hour.
Sputum examinations are to be reported. As soon as to be reported.

Radiographic examination of the chest revealed evidence of marked thickening of both hilar shadows and a rather diffuse peribronchovascular type of fibrosis scattered throughout the lower two-thirds of both lung fields. There is also some notable pleural thickening at both bases. Calcifications are absent. There is no definite evidence of any intrapulmonary infection. The cardiac silhouette appears slightly enlarged.

The Raybestos Division of Raybestos-Manhattan, Inc.,
Stratford, Conn.

Re: Mr. Angelo Crocco

Comparing this x-ray with a film taken in August 2, 1947, there has been definite progression of the fibrosis in the lower two-thirds of both lungs, altho some of this increase at the bases may be due to the recent respiratory infection. However, I feel that there has been definite progression of the fibrosis, which was noted in the x-rays of August 1947.

Impression: This man's history of exposure as a weaver for 18 years, along with his clinical symptoms and x-ray findings, I believe a diagnosis of asbestosis can be made.

It is noted that this man has had pulmonary symptoms for quite some time. He notices also that within the past two years that they have increased, which I believe coincides with the increase noted in his x-ray pictures.

I believe further studies should be done regarding his sputum to be sure that there is no super-imposed infection of Tuberculosis, which would make his condition more serious.

Since there is no occupational hazard in the Stratford plant, and this man has been free from weaving since 1939, I do not feel that his employment while working at the Stratford plant, contributed to his present condition. As it is a well known fact, that Silicosis and Asbestosis once the lungs have become involved, will progress whether the man is in the environment or not. While working at the Stratford plant, he was only a reaper, the last three years of which he was not in the factory at all but in the locker room, which was relatively free of any form of smoke or dust.

I believe that this man is completely disabled and should lead a sedentary type of life because of the fact there is so much involvement from an x-ray standpoint as well as from clinical symptoms.

Diagnosis - asbestosis.

Sincerely,

W. Philip Dima, Jr., M.D.

WPD

STATE OF CONNECTICUT)
COUNTY OF FAIRFIELD) SS. Bridgeport

C E R T I F I C A T I O N

THIS IS TO CERTIFY that the attached is a true and accurate
copy of the Agreement to Compromise, Petition to Compromise
and Order _____

from the records of the Office of Workmen's Compensation Commission,
State of Connecticut, Fourth District, in the case of:
Edgar Gravell

vs.

Raybestos Company, now Raybestos-Manhattan, Inc.

and

The American Surety Co. of N.Y.;
The Employers' Liability Assurance Corporation.

Given under my hand and seal this
1978

John A. Arcudi
John A. ARCUDI,
Workmen's Compensation Commissioner
Fourth District

627 -

EDGAR GRAVELL, CLAIMANT : CORAN
VS :
RAYBESTOS COMPANY NOW : COMPENSATION
RAYBESTOS-MANHATTAN, INC. : COMMISSIONER
EMPLOYER :
And :
AMERICAN SURETY COMPANY and : FOURTH CONGRESSIONAL
EMPLOYERS LIABILITY ASSURANCE CORP. : DISTRICT
INSURERS : BRIDGEPORT, CONNECTICUT
RESPONDENTS. : - MARCH 13, 1941

AGREEMENT TO COMPROMISE
PETITION TO COMPROMISE

And
ORDER

WHEREAS on or about the 12th of July, 1940 and for a number of years prior thereto, the claimant, Edgar Gravel, of Milford, Connecticut was an employee of the Raybestos Company now Raybestos-Manhattan, Inc., of Bridgeport, Connecticut, and

WHEREAS the said employee and employer had accepted and were at all times herein mentioned subject to Part B of the Workmen's Compensation Act of the State of Connecticut, as amended, and the employer had insured its liability thereunder for various periods during which the said claimant was employed, with the American Surety Company and the Employers Liability Assurance Corporation, all of which said companies exist and do business under the laws of this State and are duly authorized to take such risks in this State, and

WHEREAS the claimant claims that on or about the 13th day of July, 1940, he suffered an occupational disease, to wit: asbestosis; and further claims that said occupational disease arose out of and in the course of his employment with the said employer; and further claims that said disease is compensable; and further claims that he has been disabled from all work since said July 13, 1940 and further claims that he will be disabled in the future, all of which said claims each and all of said respondents deny and

Received
MAR 16 1941
Clerk

of coming to an amicable adjustment of the disputed claim of the claimant and

WHEREAS the said Edgar Gravell has a wife, Jennie L., who is a potential dependant and

WHEREAS the said claimant was represented at the aforesaid conferences and is now represented by counsel, and

WHEREAS it is the desire of the claimant and the said respondents to reach an amicable adjustment of the above disputed claims to the end that further litigation be avoided and doubtful and disputed claims be rendered certain.

THIS IS TO CERTIFY that I, the claimant have agreed to receive from

The American Surety Company of New York the sum of \$601.23
The Employers Liability Assurance Corporation the sum of \$1390.77 making a total sum of Two Thousand and No/100 Dollars; and we the insurer respondents do agree to pay to the claimant the sum above specified; to wit:

The American Surety Company of New York \$601.23 and
The Employers Liability Assurance Corporation \$1390.77
in full accord and satisfaction of above disputed claims.

AND TO FURTHER CERTIFY that in consideration of said sums so paid, I, the claimant, do hereby remise, release and forever discharge the employer and all the insurer respondents from all claims for compensation benefits whether for compensation in any form payable to me under said Act or for surgical, medical or hospital benefits payable on my behalf and whether said claims have already arisen or hereafter might arise by reason of aforesaid claim for occupational disease.

AND TO FURTHER CERTIFY that I, Jennie L., wife of aforesaid claimant, Edgar Gravell, do agree that in consideration of said sums so paid to remise, release and forever discharge each and all the above named respondents from any and all claims which I might hereafter have against any and all of

them by reason of the alleged incurring of an occupational disease by the said Edgar Gravell while in the employ of the said employer-respondent.

AND TO FURTHER CERTIFY that I, the claimant, Edgar Gravell and I, Jennie L., wife of said Edgar Gravell, potential dependant, do, in further consideration of said sums so paid, discharge each and all the above named respondents from all claims which might hereafter be made by them against any or all of the above named respondents by reason of the aforementioned alleged incurring of an occupational disease by the said Edgar Gravell while in the employ of the above named employer-respondent.

AND TO FURTHER CERTIFY that we, the claimant and the respondents, hereby submit the written agreement to the Compensation Commissioner of the Fourth Congressional District and respectfully ask that said agreement be approved with the force of a full and final award.

In witness thereof we hereto set our hands the day and date first above written.

Witnesses:

Edgar Gravell

Jennie L. Gravell

Wm. E. Patten

Edgar L. Gravell
Claimant

Jennie L. Gravell
Wife and potential
dependant

Raymond C. Graham
Raymond C. Graham, Inc.

W. H. H. H. H.

THE AMERICAN SURETY CO.
OF NEW YORK

BY Edgar L. Gravell

EMPLOYERS LIABILITY
ASSURANCE CORPORATION

BY Edgar L. Gravell

Witness
March 15, 1941
Ed. Buckingham
Compensation Commissioner

[illegible]

CONFIDENTIAL

100-443887-104

[illegible]

THIS EMPLOYER REPLACES

9-16-94 4.4. white log palm - mild X on serration - few in upper 1/3
9-14-98 2.14. white palm log hand - Wood - stem lit. appl. incl. increased.

6-18-18 - 10.50 AM. Three vt. under gins. Woodcock three - On Bealer - all v. rem. mounted also sent to Dr. J. B. Smith. Addressed on 16th

Aug-28 - 9:00 AM High beam v. low. Increased over 10
miles. cathodic sup. & val below applied.
Cathode more spar. splattered on car - North E.

[illegible]

ap. 1. "The most - limited. (200) 1-2 eq. 99) but, "This morning, m. 12.5 p.m. - 46 f.w.b.
to 50 f.w.b. & no perceived
Red

4-23-38 - Slight contusion on left shin
Healed 21st May 39 - Healed by Callow

[illegible][illegible][illegible]

2-23-54 - 4a.m. 1400000 sl. blt injection in v. thumb - ways he injured thumb - the ed. drunk his v. m. ind. appl. blt. lac. t. ind. v. thumb - ways he injured thumb

on Feb. 19th + did not report it. Had swelling + pain on Tues. 21st and still failed to report it. Yesterday ^{19th} he opened thumb with

3-1-39 - 24m. Has constant cough. Thumb addressed in French - whiskey and

Spain in contact - temple of normal - (last) to see his own physician
- (good) - failure at home while

Figure 1

2. The second part of the document addresses the challenges of data management in a rapidly changing environment. It highlights the need for flexible and scalable solutions that can adapt to new requirements and technologies. The author argues that organizations must invest in training and development to ensure that their staff are equipped with the skills necessary to manage complex data sets effectively. Additionally, the text stresses the importance of regular audits and reviews to identify potential weaknesses and areas for improvement.

5. The fifth part of the document concludes by summarizing the key points discussed and offering final thoughts on the future of the organization. It reiterates the importance of continuous improvement and the need to stay ahead of the competition through innovation and adaptability. The author expresses confidence in the organization's ability to overcome challenges and achieve its long-term goals, provided that it remains committed to the principles of transparency, accountability, and collaboration.

1

1. I have

3.2.39-11:00 AM. Chest exam. by Dr. [illegible]

James
- 2 -

2-10-19 - 5:15 P.M. Figure in center of left palm. Skin of hand very dry.

3-16-39 - 11:30 A.M. Conclusion of Synthesis of 2,4,6-trinitro-1,3,5-triazine. (No break in this) 1 hr.

一、二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

1-11-5

11-6-58 - 10:45 A.M. Shift loc. 1st box room - on 10th floor Value 1.00

120-29 - Illness in family - wife & New York of twelve of absence. Temp. term.
120-30 - Deceased

5-10-39 - New
Nov. 11. Field in 1-15-39 - July
visiting - "Heres
Diagnosis -
"Sorption 310, 35
"Sorption 310, 35
"Sorption 310, 35

100

[illegible]

Delivered to work - Dr. Lee said that he was
6-3-98 U.M. Mr. Gravell reported to his supervisor (Bill) that he was
Case no being treated by his own physician, Dr. Lee, and was having
a great deal of discomfort from the roof of his mouth,
which was raw and sore. Dr. Lee told Mr. Gravell

The cause of his sore mouth was, lead poisoning, from his work, and that the condition would not subside while he continued handling material with lead in it. This was reported which was raw and sore. This was reported from his

[illegible]

THE

[illegible]

Gravell Edgar A. - #420 - #200 letters - C-3

11-20-39 - 4 P.M. Reported an accident which occurred 4:00 A.M. previous day. Was hauling hand truck thru doorway of Bldg. # 6 and the door suddenly swung to and he let go the truck handle to grasp the door. Truck handle struck his back a sharp blow bruising lower part of back. Is applying liniment and heat at home.

12-22-39 - Week's leave of absence - Ret'd to work 1-3-40
1-23-40 - A.M. silver ring used in base of rt. index finger. Got the silver
in ring yesterday (12-22) and did not rpt. It. After wife tried
to remove silver at home in evening and failed, finger was
sent. This A.M. silver removed - ind. appl. & dressed. (Ret. 2-2-40)

1-33-40-11 dm Silver wood in leaf the young - black and spotted.
1-24-40-4. h. 1 no silver wood con. from st. under and between st. br-
dix and thorn. Tub. appl. to dr.

1-5-40 - 1. A. spotted, numerous in the
vegetation over and around the
spots, removed - toxic

07-8-46 - 2 evm fractured wound left forearm - struck with point
of rubber knife protruding from yellow workman's hip pocket.
(Witness) [unclear] [unclear] [unclear] [unclear] addressed

12-12-40 - Dr. W. Ward sent from Dr. Spillie's home that he had a heart attack and was not able to report for work. Visited by J. S. H. at home the 13th and left case to Dr. K. Not to work 19 (5 days)

2-19-40 - Supp exam. @ Dr. K's office sat. evening - report Dr. K. Terminal for him to refer to Dr. K. on 11th after chronic bronchial infection - Dr. K's opinion.

2-19-40 - 1:30 PM. Admitted in Bldg #6 on unit floor (cardiac had been filled) and stuck with head on floor. What an attack of Gorko after the fall. Wound. amon. yes.

3-25-40 - Reported unable to work - Dr. Green and pain in left side of chest - Exam. by Dr. Koenblat who advised him to go to New Haven Hospital to the Clinic and have a complete check up on his general condition. In Dr. K's opinion the case was purely a medical one. For treatment by a personal physician. Remained out east of week and sent word Friday the 3rd that he was asking upon Dr. K's suggestion to go to New Haven

3-25-40 - Applied for re-employment - Said they told him at the New Haven Hospital there was nothing wrong with his physical condition except an anemia. Checked by Dr. Koenblat. He is still having severe pain in left side of chest which they could not account for in the Hospital. Permission given by Dr. K. - For him to return to work and a request for findings and diagnosis, was sent to the New Haven Hospital. (Out 13 days)

3-25-40 - No-employment. 4-4-40 - Written contract of New Haven Hospital on Hospital's

4-4-40 - Miller advised by Dr. Kornblut that he was being transferred to the hospital in Montreal.

4th cord

Gervelle Edgar A. - #420 - #20 Renters - C-3

7-10-40 - 4 P.M. Reported in F.O. and unable to work. Says he has been working on ciggins since he was re-employed and was feeling fairly well but few days ago he was given his summer job of mixing urea in 1500 lb. and has been ill since that time. Feeling worse seriously ill each day. Says he gets coughing spells and cannot get his breath. Was allowed to go home and to return in A.M. Case referred to J.F.H. for transfer of work. He referred the case to W.F. Casey.

7-11-40 - 11:00 A.M. Examined by Dr. Kornblut and advised to take 2 weeks or more rest away from factory. Instructed him not to attempt working today.

7-15-40 - Requested leave of absence to go to Canada for rest & to improve his health. Saw Mr. Casey & asked if he could go without risking loss of job. Left for Canada to take temporary rest. Separation slip made out for him. Dated 7-9-40.

Date 7 - Returned to Employment Office for work. Dr. Kornblut definitely objected to his being rehired for inside work and there was no outside job available for him. He did not report in 1-21-40 report. Above info. from G.S.H.

01000000 00000000
This employee later brought suit against the Company for "ABSENCE OF PAY"
and won his suit. ... Empl. Group, Inc. Co. never notified out-
Mod. Dept. of amount of settlement on this case. KHD.

AVOID VERBAL ORDERS

AVOID VERBAL ORDERS

AVOID VERBAL ORDERS

THE RAYBESTOS DIVISION

of Raybestos-Manhattan, Inc.
INTER-OFFICE CORRESPONDENCE

TO Mr. J. C. Foley

DATE October 24, 1939

SUBJECT Case of Edgar Gravolio

On June 3rd, 1939 this employee's condition was reported to the first aid Dept. by his foreman, Mr. Gill. Gravolio had been out all day under the care of his own physician for "shingles." As he was recovering from "shingles" he developed a raw inflamed condition in the roof of his mouth which his physician, Dr. Lee, told him was due to absorption of either lead or sulphur and was due to his work. He told Mr. Gravolio that the inflamed condition in his mouth could not be healed until he stopped contact with these substances.

Mr. Gravolio was sent to Mr. Fletcher on 6-8-39 to have some blood chemistry done by the factor to determine whether or not he had lead poisoning. After my first visit to Mr. Gravolio the factor reported on 6-16-39 that all tests were negative for the trace of lead poisoning.

It was a

Checking Mr. Gravolio later, he was found to be rolling very well

DON'T SAY IT - WRITE IT

Printed and sent 9:22 AM

L.D. Burfoot H. S.

42
AVOID VERBAL ORDERS

AVOID VERBAL ORDERS

THE RAYBESTOS DIVISION
of Raybestos-Manhattan, Inc.
INTER-OFFICE CORRESPONDENCE

TO Mr. George C. Sullivan

DATE Oct. 2, 1940.

SUBJECT Bill for treatment of driver, Raybestos.

Factor submitted on 1-1-39 consulted regarding this check bill received from the driver, Raybestos, for treatment of our employee, George C. Sullivan.

Factor submitted states that we did not send R. C. Sullivan to the hospital for treatment, that he went up there of his own accord for treatment, and that we are not responsible for bill for his X-rays or treatment.

Enclosed for Factor is bill for treatment of driver, Raybestos.

DON'T SAY IT - WRITE IT

FORM 1007 (4-10-39) 22 30 R

Factory
ACCIDENT REPORT

NAME Oravall Ragar A. NO 2022
ADDRESS Myrtle Beach CITY Milford
AGE 49 SEX Male MARRIED OR SINGLE Married
USUAL OCCUPATION 120 REGULAR OCCUPATION
ANNUAL WEEKLY EARNINGS 120 HOW LONG EMPLOYED HERE 1 yr. 2 mo.

DATE AND TIME OF ACCIDENT March 10, 1937, 2:30 A.M.
PLACE WHERE ACCIDENT OCCURRED Reentry- 120
OCCUPATION WHEN INJURED Working on heater.
DISCUSS FULLY HOW ACCIDENT OCCURRED Glained fall and bumped about.
WITNESSES

SEVERE AND EXTENT OF INJURY None apparent.
ALERTNESS 120, AT WHAT POINT
ATTENDING PHYSICIAN OR HOSPITAL (NAME AND ADDRESS) no

WAS INJURED PERSON RETURNED TO WORK no IF SO, WHEN
APPROXIMATE PERIOD OF INCAPACITY

ACCIDENT REPORT

NAME E. Grovelli NO 5088
 ADDRESS Pyrtle Beach CITY Wilford, Conn.
 AGE 40 SEX male MARRIED OR SINGLE married
 OCCUPATION DEPT. Dentor REGULAR OCCUPATION brake press
 AVER. WEEKLY EARNINGS HOW LONG EMPLOYED HERE 2 weeks

DATE AND TIME OF ACCIDENT 10/10/36 3:10 P.M.
 PLACE WHERE ACCIDENT OCCURRED Dentor
 OCCUPATION WHEN INJURED wholesale bond truck
 DESCRIBE FULLY THE ACCIDENT OCCURRED removing log truck came down on foot
 WITNESSES _____

NATURE AND EXTENT OF INJURY bruised great toe right foot
 AMUTATION _____ IF SO, AT WHAT POINT _____
 ATTENDING PHYSICIAN OR HOSPITAL (NAME AND ADDRESS) _____

WAS INJURED EMPLOYEE RETURNED TO WORK yes IF SO, WHEN 6:00 PM
 PROBABLE PERIOD OF INCAPACITY none

DATE OF REPORT 10/30/36 MADE OUT BY H. P. Lee

Case 12-100

Verdict

Gravell Edgar A. 504
12 Form Jt. Milford-Coun.
49 male married
20 Beaters 1-19 job.
2 years

Time 9:00 A.M. Reported in First Aid 4-3-27.

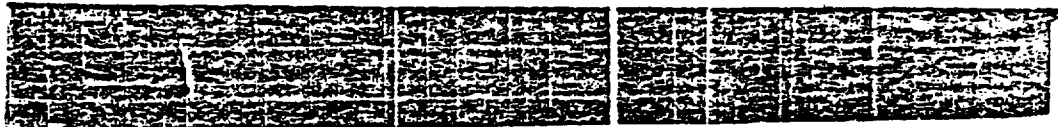
20 Beaters Working on 1-19 job.

SAID he was given a new job which required a new pulling motion which made arm & shoulder ache

Strain of shoulder muscles, and partial muscles. (left)

DR. Kornblut 1539 Fairfield Ave.

After visit to the Doctor's office.



Factor
ACCIDENT REPORT

Gravell Edgar A.

#504

12 Fern St. Myrtle Beach S.C. Milford - Ct.

50 years male married

#20 Beaters Dept. 2 - 8 job

? 3 years

In A.M. August 19, 1938

#20 Beater's Dept.

Moving a barrel

Caught right fourth finger under
barrel he was moving.

WOUNDS:

Laceration (tear laceration, of left
4th. finger - inner surface of finger, the first joint.

APPROXIMATELY IF SO, AT WHAT POINT

ATTENDING PHYSICIAN OR HOSPITAL Neither

ADDRESS OF PHYSICIAN OR HOSPITAL

HAS INJURED EMPLOYEE RETURNED TO WORK Yes

IF SO, WHEN At once after treatment by J. Tilton in First Aid Dept.

PROBABLE PERIOD OF INCAPACITY None

DATE OF REPORT August 20, 1938.

MADE OUT BY Estelle E. Duffer

FORWARD

REMARKS

MADE OUT BY Stelle. Stelle.
 DATE OF REPORT August 26, 1938.
 TO Stelle.
REMARKS

No wage statement attached to the report on Edgar Bravall because he lost no time to date of report. Should a loss of time occur, a wage statement will then be forwarded to you.

Stelle. C. Stelle. C.
 First and Last.

No report on this case sent to the Commissioner per
 Mr. Gale -- only First Time
 STANDARD FORM FOR

report on this case sent to the Commissioner as in
 10-17-34 from Mr. Gale - only last time case
 was reported on Form # 15

STANDARD FORM FOR EMPLOYER'S FIRST REPORT OF INJURY

Approved by L. A. L. A. R. C.

Please Complete fully and return promptly to
 The Employers' Liability Assurance Corporation, Ltd.
 Connecticut Claim Department
 30 Whitney Avenue, New Haven, Conn.

State	File	Case #70
Number	Carrier	Digar Gravelle
For	Employer	No rept. to Conn.
Carrier	File No.	
(The spaces above not to be filled in by Employer)		

- Name of Employer Raybenton-Whitman Co.
- Office address, No. and St. 75 East Main St. City or Town Stratford State Conn.
- Insured by The Employers' Liability Assurance Corporation, Ltd.
- Give nature of business (or article manufactured): Machine linkages and clutch factors.

- (a) Location of plant or place where accident occurred 75 East Main St. Stratford - Ct.
restorable - no change in subject (b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill 0
- Date of injury more proved to date (c) Date disability began Reported to us 8:00 AM 6-3
- When did you or foreman first know of injury When reported to us 8:00 AM 6-3
- Name of foreman Fred Gill

- Name of injured Digar (First Name) Gravelle (Last Name)
- Address, No. and St. 12 Fern St. City or Town Willford State Conn.
- Check (✓) Married Yes () Single None necessary
- Nationality American by birth Speak English Yes
- Age 51 Did you have an employment certificate or permit None necessary
- (a) Occupation when injured Handling raw steel Was this his or her regular occupation Yes
- (b) not state in what department or branch of work regularly employed None
- (c) How long employed by you 32 years (d) Was he or she a full or part time worker Full
- (e) No. hours worked per day normally 8 (f) No. days worked per week 5 or 6
- (g) Average weekly earnings About 4.00 (h) Average weekly earnings 225.00
- If board, lodging, food or other advantages were furnished in addition to wages, give estimated value per week or month 0

- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident No injury proven
- Part of machine on which accident occurred No machine
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident None nec.
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident No was hand
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident stock and climbed on the machine to work on the roof
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident his mouth was due to absorption of lead from the stock he was
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident handling. He was sent to the hospital for blood analysis which
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident Dr. suggested negative for any kind of lead poisoning and that
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident that he might be absorbing lead.

- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident roof of the south is red, irritated and sore.
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident None detected
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident Yes - not by
- Describe fully how accident occurred, accurately, and state what employee was doing at time of accident No loss time to date

March 21, 1940

Medical Clinic
New Haven Hospital
New Haven, Conn.

Re: Edgar A. Gravelle

Gentlemen:

One of our employees, Edgar Gravelle, was advised by our Plant physician (Dr. Alfred Kornblut) to go to the New Haven Hospital Clinic for a complete check-up on his physical condition. The man had been having pain in his left hypochondriac region, and his symptoms were so vague and indefinite, that it was difficult to account for the severe pain of which he complained. On several occasions his attacks of pain were so severe as to interfere with his work.

Mr. Gravelle has attended your Clinic and has returned to us for re-employment. He tells us they found nothing wrong with him other than an anemia. He is anxious to return to work, yet is still having attacks of pain.

Would you be willing to tell us if you found a pronounced anemia, and let us have a report of your findings on Mr. Gravelle's condition as regards X-ray findings, differential count, etc? If you prefer communicating with our physician, rather than the Management, his address is - Doctor Alfred Kornblut, 1239 Fairfield Ave., Bridgeport, Conn.

Very truly yours,

The Raybestos Division
Of Raybestos-Manhattan Inc.

Stella S. Curries AM
March 22, 1940.

NEW HAVEN HOSPITAL
NEW HAVEN, CONNECTICUT

April 5, 1940.

Case of Edgar Gravell A. 57242
12 Fern Street, Milford, Connecticut.

Date of Birth: March 24, 1888.

March 13, 1940. Medical Clinic.

Patient is a fifty-two years old, French-Canadian asbestos worker who came to Clinic complaining of a chronic cough which is productive of thick chunks of material in the morning, of two years duration. The cough has become gradually worse and is now productive of loose greenish-white material. He has had a wheeze and a sense of suffocation with dyspnea on exertion and a burning sensation of fullness under the sternum for the past eight weeks. Colds have been more frequent and anorexia with a ten pounds weight loss have ensued. Patient had an empyema and rib resection on the right at fourteen years of age. Made a good recovery.

Physical examination showed a generalized suppression of the percussion note and breath sounds over the entire chest but more marked on the right base. There were squeaking rhonchi over the entire chest anteriorly but much more marked over the sternum. Liver down one finger. Partial loss of hearing on the left with bone conduction greater than air conduction. Heart S.C. No ankle edema. No fluid wave but abdominal veins a little prominent.

Fluoroscopy showed a diffuse haze and mottling of the entire lung field and increased density at the apices. The right dome of the diaphragm is high and limited in motion with obliteration of the costo-phrenic sinus. The right border of the heart was widened suggestive of right ventricular hypertrophy.

Impressions:

1. Old chronic empyema, healed.
2. ? Asbestosis of lungs with pulmonary congestion and right ventricular hypertrophy and hepatomegaly (early).
3. ? Pulmonary tuberculosis.
4. Pericardial excretion.
5. Diminution of hearing on left.
6. Tracheo-bronchitis.
7. Varicose veins.

Laboratory Findings:

Urine: Negative.
Sputum: Negative for acid fast bacilli on 2 examinations.
Blood: S-19-40. R.B.C. 5,500,000; Hb. 10.5 g.; W.B.C. 6,400/mm. Diff. count: 82% segs., 12% lymphs., 6% monocytes.
S-19-40. R.B.C. 5,500,000; Hb. 10.5 g.; W.B.C. 6,400/mm.

NEW HAVEN HOSPITAL
NEW HAVEN, CONNECTICUT

W. HAMILTON
M.D.

Case of Bilar Gravel A- 37342 - 2 -

X-Ray Diagnosis: March 18, 1940.
1. Old thoracotomy, right.
2. Pleural thickening, right.
3. Thickened pleura, left base.
4. Bilateral pulmonary emphysema.
5. Scoliosis dorsal spine.

Feeding	Castile Analysis: April 4, 1940.	
	32 cc. brown mucus	Histamine 48 cc. brown mucus
	Free HCl 52 cc. Total	Free HCl 88 cc.
	78 cc.	Total 120 cc.
	Lactic negative	Lactic negative
	Bile negative	Bile negative
	Blood negative	Blood negative.

Patient was last seen on April 5, 1940, at which time anemia had responded to iron therapy. Cough and chest pain much improved.

He was asked to return for check-up in two months.

September 20, 1940.

Doctor Alfred Kornblut.
1339 Fairfield Ave.
Bridgeport, Conn.

Re: Edgar Gravelle

Dear Doctor Kornblut:

Do you recall the man who worked for Mr. Fred Gill when he was foreran of the Beater Dept., by the name of Edgar Gravelle? He was a short necked man who had frequent attacks of syncope upon exertion.

This man had a history of a rib resection. At one time he was ill and came in with a story of having seen a physician whom he had consulted tell him he was suffering from lead poisoning and you sent him to Dr. Freidman for blood test which was negative.

The man had frequent illnesses with resulting absences from employment and in February of this year he was home with a heart attack according to the man's own report.

In March of this year you found nothing definitely wrong with him and advised him to go up to the New Haven Hospital to their clinic and let them go over him thoroughly if he wanted to have a complete check-up to find out whether there was a condition which could be treated. I have a note on my card that you stated that in your personal opinion, Mr. Gravelle's condition was purely a medical one indicating treatment by a personal physician.

Mr. Gravelle acted upon your advice, and in April we requested the New Haven findings and they sent us an abstract. The only definite thing they discovered to treat was a pronounced anemia. In July he went to Canada for a rest to improve his health.

Mr. Carter brought down a bill from the New Haven Hospital today for \$100.00 to pay for 14 days and treatment of Mr. Gravelle. I am quite sure you did not send him there for treatment. I am sorry to hear of his illness but I am sure he will be glad to follow if he chose to do so.

Do you O. . . I am sure you will be glad to hear of his recovery. I would be glad to hear about it in order to be able to help him.

September 25, 1940.

-2-

Sorry to bother you with this long tale of the case, but do not know what you would want me to tell Mr. Hudson. Cannot call you by phone in the evening, as I do not have one at home.

Please let me know what you want done on this matter of the New Haven bill.

Thank you.

Very truly yours,

Estelle B. Burpee Jr.
First Aid Dept.

PIF's Exh 2-C Id.
8/23/84 MQ

MANHEIM

[illegible]

Name		Address		Birth date		Married		Single		Children		Height		Weight	
Occupation		Race		Inclusive Dates		Insurance Fee Separation		Survivor Credit		Ten		Min		Serv	
1-23	Big ditcher	44	6-12-34	5-15-34	8-2-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-24	Big ditcher	45	5-21-34	7-0-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-25	Big ditcher	46	7-9-34	7-28-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-26	Big ditcher	47	2-29-34	11-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-27	Big ditcher	48	10-15-34	9-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-28	Big ditcher	49	9-15-34	9-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-29	Big ditcher	50	1-11-34	8-22-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-30	Big ditcher	51	10-2-34	10-2-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-31	Big ditcher	52	10-2-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-32	Big ditcher	53	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-33	Big ditcher	54	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-34	Big ditcher	55	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-35	Big ditcher	56	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-36	Big ditcher	57	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-37	Big ditcher	58	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-38	Big ditcher	59	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-39	Big ditcher	60	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-40	Big ditcher	61	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-41	Big ditcher	62	1-5-42	1-5-42	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34	1-15-34
1-42	Big ditcher	63	1-5-42	1-5-42	1-15										

Name George Connor No. 180

Dept.	Classification	Rate	INCLOSIVE DATES		Reasons For Separation	Service Credit	
			From	To		Yrs.	Mos.
T-3	Engineer	\$14	3-20-44	5-14-47			
T-4	"	"	5-14-47				
T-5	"	"					
T-6	"	"					
T-7	"	"					
T-8	"	"					
T-9	"	"					
T-10	"	"					
T-11	"	"					
T-12	"	"					
T-13	"	"					
T-14	"	"					
T-15	"	"					
T-16	"	"					
T-17	"	"					
T-18	"	"					
T-19	"	"					
T-20	"	"					
T-21	"	"					
T-22	"	"					
T-23	"	"					
T-24	"	"					
T-25	"	"					
T-26	"	"					
T-27	"	"					
T-28	"	"					
T-29	"	"					
T-30	"	"					
T-31	"	"					
T-32	"	"					
T-33	"	"					
T-34	"	"					
T-35	"	"					
T-36	"	"					
T-37	"	"					
T-38	"	"					
T-39	"	"					
T-40	"	"					
T-41	"	"					
T-42	"	"					
T-43	"	"					
T-44	"	"					
T-45	"	"					
T-46	"	"					
T-47	"	"					
T-48	"	"					
T-49	"	"					
T-50	"	"					
T-51	"	"					
T-52	"	"					
T-53	"	"					
T-54	"	"					
T-55	"	"					
T-56	"	"					
T-57	"	"					
T-58	"	"					
T-59	"	"					
T-60	"	"					
T-61	"	"					
T-62	"	"					
T-63	"	"					
T-64	"	"					
T-65	"	"					
T-66	"	"					
T-67	"	"					
T-68	"	"					
T-69	"	"					
T-70	"	"					
T-71	"	"					
T-72	"	"					
T-73	"	"					
T-74	"	"					
T-75	"	"					
T-76	"						

33-180-09-1191 13-30-2 125

Name G. M. C. P. M.

Address 209 E. GRAMBY ST. KATHLEEN

Birth date Oct. 2, 1899

Married Single W Children 2

Height 5' 12" Weight 125

Dept.	Occupation	Rate	INCLUSIVE DATES		Reasons For Separation	Service Credit		
			From	To		Yrs.	Mos.	Days
D-4	Miner	D11	10-14-19	7-10-20	—			
D-4	Miner	PW	10-5-20	7-4-21	—			
D-12	Miner	35	5-11-21	5-16-21	—			
D-2	Wagner	PW	3-11-22	4-24-23	—			
D-2	Wagner	PW	4-30-24	4-18-25	Washing & Coal			
D-1	Palmer	35	8-25-25	2-8-26			5	12
D-1	Palmer	35	2-8-26	4-12-26			2	4
D-1	Palmer	38	8-12-26	6-3-26			1	21
D-4	Miner	PW	4-3-26	1-30-27			7	17
D-1	Palmer	38	1-20-27	2-21-27			1	1
D-4	Miner	PW	2-21-27	12-18-27			2	12
D-12	Miner	40	12-18-27	1-4-28			1	10
D-4	Miner	PW	1-4-28	2-18-28			0	27
			2-18-28					

No. 148

Name _____

Address _____

Birth date 12-2-1899

Married ☒ Single

Children 6

Height _____

Weight _____

Dept.	Occupation	Rate	INCLUSIVE DATES		Reasons For Separation	Service Credit	
			From	To		Yrs.	Mon. Days
1-1	Engineer	1.10	12-2-25	12-2-25			
1-2	Engineer	1.10	12-2-25	12-2-25	12-2-25		
1-3	Engineer	1.10	12-2-25	12-2-25			
1-4	Engineer	1.10	12-2-25	12-2-25			
1-5	Engineer	1.10	12-2-25	12-2-25			
1-6	Engineer	1.10	12-2-25	12-2-25			
1-7	Engineer	1.10	12-2-25	12-2-25			
1-8	Engineer	1.10	12-2-25	12-2-25			
1-9	Engineer	1.10	12-2-25	12-2-25			
1-10	Engineer	1.10	12-2-25	12-2-25			
1-11	Engineer	1.10	12-2-25	12-2-25			
1-12	Engineer	1.10	12-2-25	12-2-25			
1-13	Engineer	1.10	12-2-25	12-2-25			
1-14	Engineer	1.10	12-2-25	12-2-25			
1-15	Engineer	1.10	12-2-25	12-2-25			
1-16	Engineer	1.10	12-2-25	12-2-25			
1-17	Engineer	1.10	12-2-25	12-2-25			
1-18	Engineer	1.10	12-2-25	12-2-25			
1-19	Engineer	1.10	12-2-25	12-2-25			
1-20	Engineer	1.10	12-2-25	12-2-25			
1-21	Engineer	1.10	12-2-25	12-2-25			
1-22	Engineer	1.10	12-2-25	12-2-25			
1-23	Engineer	1.10	12-2-25	12-2-25			
1-24	Engineer	1.10	12-2-25	12-2-25			
1-25	Engineer	1.10	12-2-25	12-2-25			

No. **148**

Name _____

Address _____

Birth date **2-2-20** Married - ☐ Single ☒ Children ☒ Height _____ Weight _____

Dept.	Occupation	Rate	INCLUSIVE DATES		Reasons For Separation	Service Credit		
			From	To		Yrs.	Mon.	Days
1	Operator	4.11	2-2-20	2-2-21				
2	Operator	4.11	2-2-21	2-2-22				
3	Operator	4.11	2-2-22	2-2-23				
4	Operator	4.11	2-2-23	2-2-24				
5	Operator	4.11	2-2-24	2-2-25				
6	Operator	4.11	2-2-25	2-2-26				
7	Operator	4.11	2-2-26	2-2-27				
8	Operator	4.11	2-2-27	2-2-28				
9	Operator	4.11	2-2-28	2-2-29				
10	Operator	4.11	2-2-29	2-2-30				
11	Operator	4.11	2-2-30	2-2-31				
12	Operator	4.11	2-2-31	2-2-32				
13	Operator	4.11	2-2-32	2-2-33				
14	Operator	4.11	2-2-33	2-2-34				
15	Operator	4.11	2-2-34	2-2-35				
16	Operator	4.11	2-2-35	2-2-36				
17	Operator	4.11	2-2-36	2-2-37				
18	Operator	4.11	2-2-37	2-2-38				
19	Operator	4.11	2-2-38	2-2-39				
20	Operator	4.11	2-2-39	2-2-40				

No. 604
 S.S. 150-09-1814
 Name K. mit. Little
 Address 67 N. Main St., Mechanics
 Birth date Oct. 1, 1919
 Married Single ✓
 Children
 Total Height 5' 8"
 Weight 130

Dept.	Occupation	Rate	INCLUSIVE DATES		Reasons For Separation	Service Credit		
			From	To		Yrs.	Mos.	Days
7-45	V. Comm. - Electrician	30	10-2-36	11-9-36				
7-51	Electrician	43.50	11-9-36	3-10-37	7 mos. Overtime			
7-51	Electrician	39	6-12-37	6-21-37	"			
7-51	Electrician	43	6-21-37	11-6-37	7 mos. Overtime			
7-51	Electrician	43	11-6-37	10-2-39	"			
7-51	Electrician	43	10-2-39	1-10-41	Drift			
7-51	Electrician	43	1-10-41	7-9-45				
7-51	Electrician	43	7-9-45	7-16-45				
7-51	Electrician	43	7-16-45	7-22-45				
7-51	Electrician	43	7-22-45	7-27-45				
7-51	Electrician	43	7-27-45	7-31-45				
7-51	Electrician	43	7-31-45	8-4-45				
7-51	Electrician	43	8-4-45	8-11-45				
7-51	Electrician	43	8-11-45	8-18-45				
7-51	Electrician	43	8-18-45	8-25-45				
7-51	Electrician	43	8-25-45	9-1-45				
7-51	Electrician	43	9-1-45	9-8-45				
7-51	Electrician	43	9-8-45	9-15-45				
7-51	Electrician	43	9-15-45	9-22-45				
7-51	Electrician	43	9-22-45	9-29-45				
7-51	Electrician	43	9-29-45	10-6-45				
7-51	Electrician	43	10-6-45	10-13-45				
7-51	Electrician	43	10-13-45	10-20-45				
7-51	Electrician	43	10-20-45	10-27-45				
7-51	Electrician	43	10-27-45	11-3-45				
7-51	Electrician	43	11-3-45	11-10-45				
7-51	Electrician	43	11-10-45	11-17-45				
7-51	Electrician	43	11-17-45	11-24-45				
7-51	Electrician	43	11-24-45	12-1-45				
7-51	Electrician	43	12-1-45	12-8-45				
7-51	Electrician	43	12-8-45	12-15-45				
7-51	Electrician	43	12-15-45	12-22-45				
7-51	Electrician	43	12-22-45	12-29-45				
7-51	Electrician	43	12-29-45	1-5-46				
7-51	Electrician	43	1-5-46	1-12-46				
7-51	Electrician	43	1-12-46	1-19-46				
7-51	Electrician	43	1-19-46	1-26-46				
7-51	Electrician	43	1-26-46	2-2-46				
7-51	Electrician	43	2-2-46	2-9-46				
7-51	Electrician	43	2-9-46	2-16-46				
7-51	Electrician	43	2-16-46	2-23-46				
7-51	Electrician	43	2-23-46	3-1-46				
7-51	Electrician	43	3-1-46	3-8-46				
7-51	Electrician	43	3-8-46	3-15-46				
7-51	Electrician	43	3-15-46	3-22-46				
7-51	Electrician	43	3-22-46	3-29-46				
7-51	Electrician	43	3-29-46	4-5-46				
7-51	Electrician	43	4-5-46	4-12-46				

Name			No.		Inclusive Dates		Reason For Separation	Service Credit	
Days	Computation	Rate	From	To	Yrs.	Mon.		Days	
1-3	Mar 1951	12-4-51	12-4-51						
"	"	1-6-51	1-6-51						
"	"	1-6-51	7-10-51						
"	"	1-6-51	3-1-52						
"	"	1-6-51	2-1-52						
"	"	1-6-51	7-1-54						
"	"	1-6-51	2-1-55						
4-3	4-9-55	4-9-55	5-17-55						
4-3	4-9-55	4-9-55	5-17-55						
"	"	4-9-55	1-30-56	2-6-56	usual leave				
"	"	4-9-55	1-30-56	2-6-56					
"	"	4-9-55	2-20-56						
"	"	4-9-55	7-1-56	10-8-56	usual leave				
"	"	4-9-55	7-1-56	10-8-56	usual leave				

Remarks

Employee's Signature Hermit H. Hiltner

United States Air Force Division Form No. 10-1-60

Name <u>Kernit K. Hilton</u>		No. <u>604</u>						
Emp.	Occupation	Rate	INCLUSIVE DATES		Reason For Separation	Service Credit		
			From	To		Yrs.	Mon.	Days
5-7	Boarding Pipe	1.75	2-1-59					
"	"	1.75	2-1-59	5-2-59				
"	Brake Shoe Repair	1.66	5-2-59	6-8-59				
"	Boarding Pipe	1.78	6-8-59					
"	"	1.65	2-1-60					
"	"	1.75	2-1-60					
"	"	1.75	2-1-60					
"	"	2.05	2-1-60					
"	"	2.05	4-1-61	7-17-61	signed PAF			
"	Inspector B/L	1.95	7-17-61	7-27-64				
"	Inspector	2.45	7-27-64					
"	"	2.45	4-1-65	7-26-65	part			
P-27	Radio Inspector	2.25	7-26-65	8-5-65				
"	Radio Inspector	2.25	8-5-65	2-14-66	part			
Remarks			Employee's Signature					
			Signed, James Ambrose Division					

[illegible]

[illegible]

Form 128
NOTICE OF SEPARATION FROM EMPLOYMENT
 Name Charles J. Curran #68
 Date Last Employed Dec 18, 1949
 Reason for Separation Discharged - 12-28-49
Last Day - 9-30-49
 Supervisor Who Authorized Separation
 Extension of Separation
 Witnessed by [Signature]
 Deputy Chief, Personnel Division

Form 128
NOTICE OF SEPARATION FROM EMPLOYMENT
 Name Charles J. Curran
 Date Last Employed
 Reason for Separation
 Supervisor Who Authorized Separation
 Extension of Separation
 Witnessed by

DEPLOYMENT-MEDICAL CARD

4-0-22

25

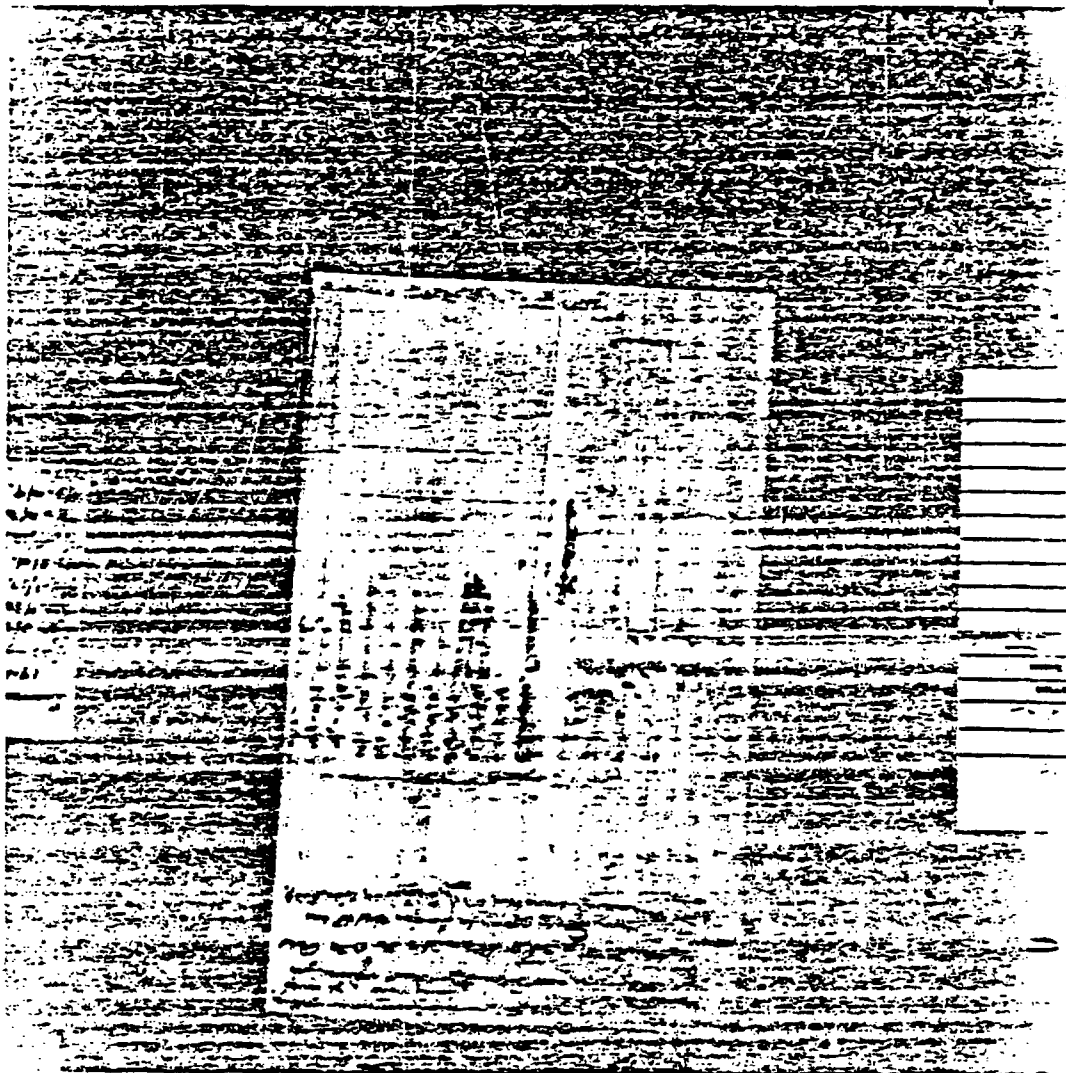
Disagreement

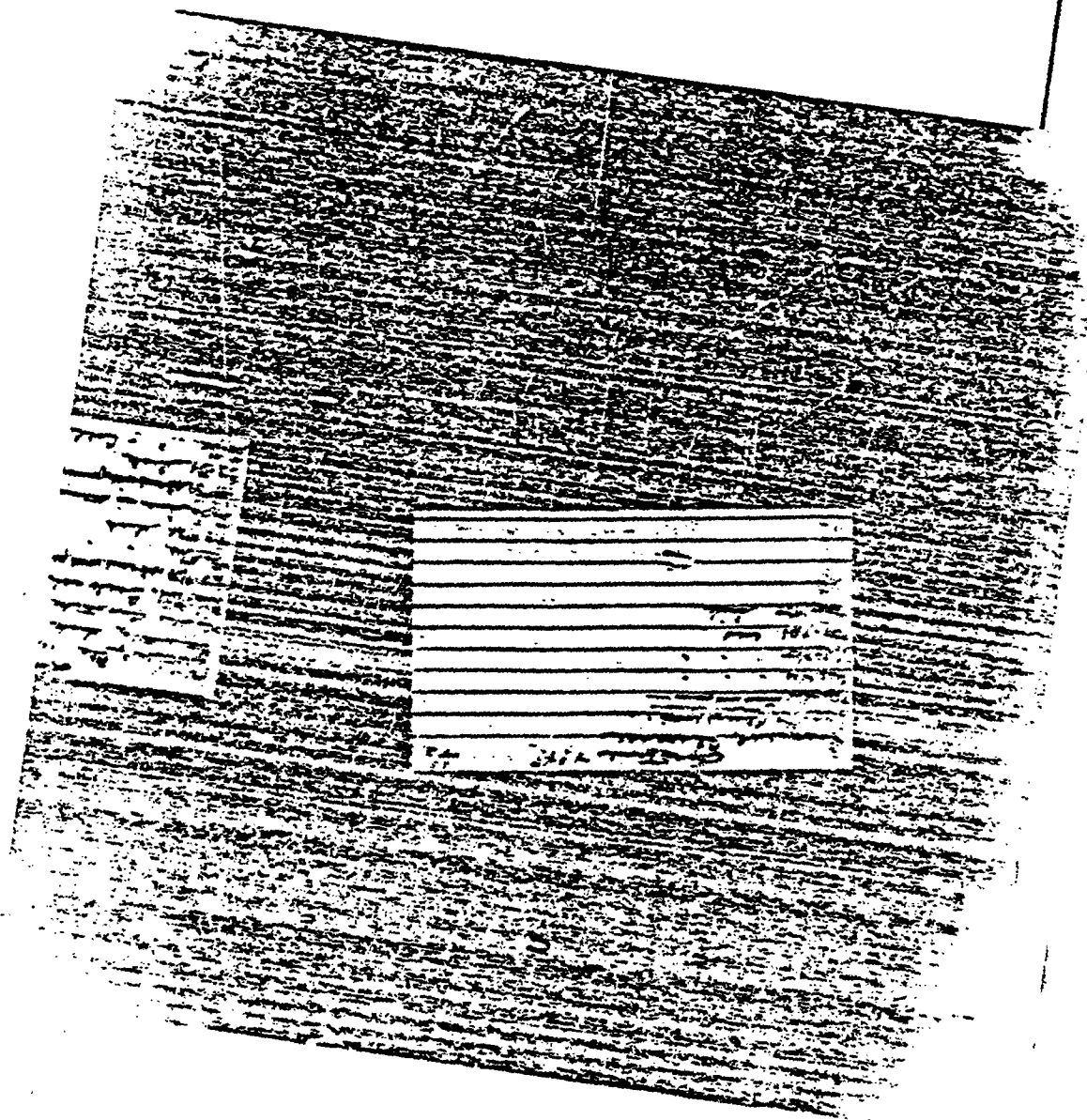
Table 1

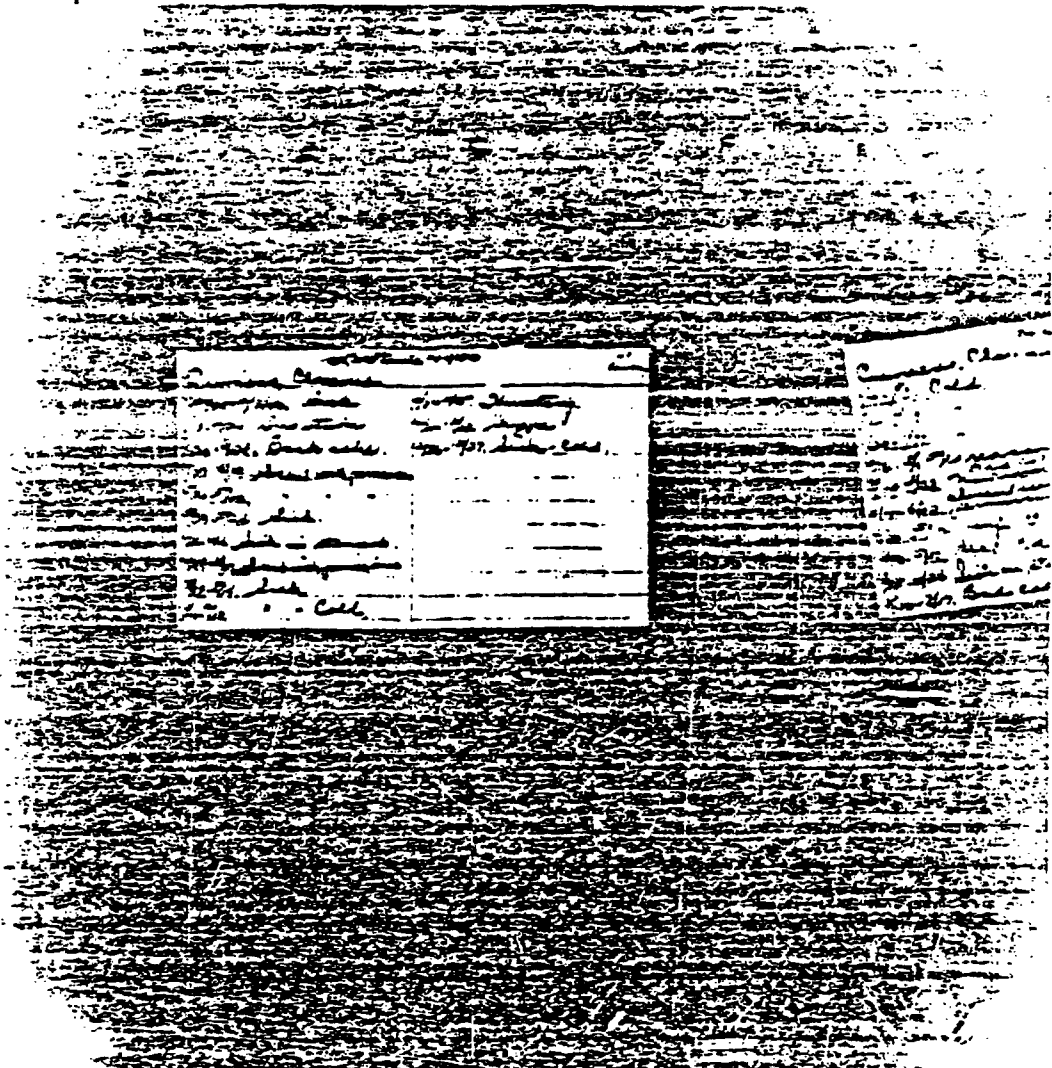
~~SECRET~~ 201 - 1

Correspondence: *Dr. J. A. J. van't Hof-Geest*

[illegible]







General Ledger	
1. The first column	2. The second column
3. The third column	4. The fourth column
5. The fifth column	6. The sixth column
7. The seventh column	8. The eighth column
9. The ninth column	10. The tenth column
11. The eleventh column	12. The twelfth column
13. The thirteenth column	14. The fourteenth column
15. The fifteenth column	16. The sixteenth column
17. The seventeenth column	18. The eighteenth column
19. The nineteenth column	20. The twentieth column
21. The twenty-first column	22. The twenty-second column
23. The twenty-third column	24. The twenty-fourth column
25. The twenty-fifth column	26. The twenty-sixth column
27. The twenty-seventh column	28. The twenty-eighth column
29. The twenty-ninth column	30. The thirtieth column
31. The thirty-first column	32. The thirty-second column
33. The thirty-third column	34. The thirty-fourth column
35. The thirty-fifth column	36. The thirty-sixth column
37. The thirty-seventh column	38. The thirty-eighth column
39. The thirty-ninth column	40. The fortieth column
41. The forty-first column	42. The forty-second column
43. The forty-third column	44. The forty-fourth column
45. The forty-fifth column	46. The forty-sixth column
47. The forty-seventh column	48. The forty-eighth column
49. The forty-ninth column	50. The fiftieth column
51. The fifty-first column	52. The fifty-second column
53. The fifty-third column	54. The fifty-fourth column
55. The fifty-fifth column	56. The fifty-sixth column
57. The fifty-seventh column	58. The fifty-eighth column
59. The fifty-ninth column	60. The sixtieth column
61. The sixty-first column	62. The sixty-second column
63. The sixty-third column	64. The sixty-fourth column
65. The sixty-fifth column	66. The sixty-sixth column
67. The sixty-seventh column	68. The sixty-eighth column
69. The sixty-ninth column	70. The seventieth column
71. The seventy-first column	72. The seventy-second column
73. The seventy-third column	74. The seventy-fourth column
75. The seventy-fifth column	76. The seventy-sixth column
77. The seventy-seventh column	78. The seventy-eighth column
79. The seventy-ninth column	80. The eightieth column
81. The eighty-first column	82. The eighty-second column
83. The eighty-third column	84. The eighty-fourth column
85. The eighty-fifth column	86. The eighty-sixth column
87. The eighty-seventh column	88. The eighty-eighth column
89. The eighty-ninth column	90. The ninetieth column
91. The ninety-first column	92. The ninety-second column
93. The ninety-third column	94. The ninety-fourth column
95. The ninety-fifth column	96. The ninety-sixth column
97. The ninety-seventh column	98. The ninety-eighth column
99. The ninety-ninth column	100. The hundredth column

1. *Charles Francis Smith*
2. *Edwin H. Smith*
3. *Edwin H. Smith*

OFFICE USE ONLY

1. *Smith*

2. *Smith*

1. *Smith*
2. *Armstrong Clark* 1924 - 32
3. *Personal Proc. F. L. Smith, Smith* 1924 - 1924
4. *Deletion* ending with 1924's date
5.
6.
7.
8.
9.
10.

OFFICE USE ONLY

1. *Smith*

جانبیہ - ۱۰۰

Tuberculosis _____	Flourish _____	Then _____
Pneumonia <u>Feb 27</u> _____	Flu _____	Dysentery _____
Head Colds _____	Chest Colds _____	Asium _____
Syphilis _____	Gun Wounds _____	Rheumatism _____
Dyspeptic Fever _____	Scarlet Fever _____	Malaria _____
Operations _____		Acc. Injuries _____
Ever in Hospital _____	Deafness _____	
Ever rejected for Life Insurance _____		

(Freq) Cough _____	Proactive _____	Mar. of Spine _____
Night Sweats _____	Reactions _____	Dyspnea _____
Pain _____	Location _____	
Appetite <i>poor</i> _____	Constipation <i>yes</i> _____	WATERS <i>yes</i> _____

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

James B. McTear
SECRET

CH-51

HEART

Age and Sex: 45 years - M
 Race: W
 Date: 10/10/44

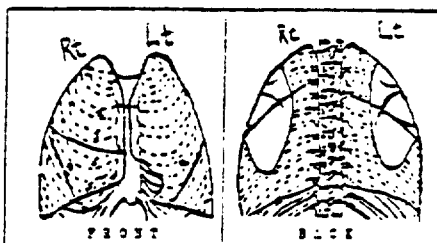
| DATE | AGE | SEX | RACE |
|----------|-----|-----|------|
| 10/10/44 | 45 | M | W |
| | | | |
| | | | |

Etiology: None
 Anatomic: None
 Functional: None

Pulse: Character

Associated Signs: — Cyanosis, Dyspnea, Rales, Rhonchi,
 Tachycardia, Edema, Potter's

LUNGS



Expansion: Satisfactory
 Character: Firm
 Percussion: Clear
 S. Insp. III
 Exp. III
 Dulness: None

Length: Satisfactory
 Bronchoves: L.T.S.
 Bronchial: L.T.S.
 Vesicular: F.T.S.
 Harsh Insp. L.T.S.
 Prolonged Insp. F.T.S.
 Tach. Res. None
 Tach. Exp. None

Wheeze: None
 Rhonchi: None
 Rales: None
 Sub Crep. None
 Crep. None
 Course: XXXXXXXXX

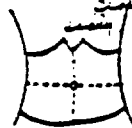
Remarks: Lungs were found to be normal on examination.

Heart: Normal in size and position. No murmurs or gallop rhythm. Aortic valve closure sound heard. No rales or rhonchi. No edema. No cyanosis. No tachycardia. No potter's. No dyspnea. No cough. No hemoptysis. No chest pain. No fatigue. No weight loss. No fever. No night sweats. No anorexia. No nausea. No vomiting. No diarrhea. No constipation. No urinary abnormalities. No menstrual abnormalities. No sexual abnormalities. No other abnormalities.

STATUS

1. Consciousness
2. Orientation
3. Memory
4. Intelligence
5. Personality
6. Affect
7. Motor
8. Sensory
9. Reflexes
10. Vital Signs

ABDOMEN



GENITALIA

- Scrotum
- Discharge
- Smear
- Testicles

RECTUM

- Hemorrhoids
- Sphincter
- Prostate
- Venereal

| EXAMINATION AND
FINDINGS | SPINE | THYROID | HEART | OTHER |
|-----------------------------|-------|---------|-------|-------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES:

Knee Jerk, Biceps, etc.

Babinski, Pupils

CIRCULATION

Varicose Veins

Arterio-sclerosis

BEHAVIOR

General Speech

Gait Personality Type

LABORATORY DATA

Patient: and Date: 10/10/54
 Age: 30 Sex: M
 Ref: 1000 Hospital: 10

X-ray: 1000 Date: 10/10/54
 Views: PA LA 1 1 1
 Interpretation and Remarks:
Normal
 Additional Tests:

Specialty for
1000

FLUOROSCOPE

| Exposure | Technique | Normal Breathing | Forced Breathing | 20 | 25 |
|----------|-----------|------------------|------------------|----|----|
| Left | Size | Shape | Position | | |
| Right | P.O. Size | Left Aortic | Right | | |

X-RAY READING

[Illegible header text]

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[Illegible footer text]

Competition - *handwritten*
Claim - *patent*
Permitted 9-27-50.

U. S. PATENT OFFICE

U. S. PATENT OFFICE
WASHINGTON, D. C.

9

In re ,

Claim No. 10009-1001

Death - Asbestosis

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

PENNSYLVANIA MANUFACTURERS' ASSOCIATION
CASUALTY INSURANCE COMPANY
25 BARKER BLVD., LANCASTER, PA.

Handwritten signature

PAYEE
CLAIM FOR COMPENSATION
BY BENEFICIARY FOR DEATH BENEFIT
UNDER THE WORKERS' COMPENSATION ACT

NAME OF CLAIMANT: **ETHEL GREEN, widow of**
CHARLES GREEN, deceased

RESIDENCE: **2511 12th St.,**
PHILADELPHIA, PA.

DATE OF DEATH: **October 20, 1949**

CAUSE OF DEATH: **Heart Attack**

DATE OF CLAIM: **October 20, 1949**

TO THE WORKERS' COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

I, the undersigned, hereby certify that the following is true and correct:

1. **CHARLES GREEN**, deceased, died on **October 20, 1949** at the primary point of **Philadelphia, Pennsylvania**.

2. The deceased had been employed in a hazardous occupation having a **dangerous** hazard in the Commonwealth of Pennsylvania for at least two years in the aggregate during the eight years next preceding casualty as follows:

| Name of Employer | Address | Date of Employment |
|---|---------|---------------------------------------|
| The Liberty Bell, of Philadelphia, Merchants, Bureau | | Sept. 1, 1947 to Sept. 1, 1949 |
| | | |
| | | |

3. The dependents are as follows:

| Name | Relationship | Age | Occupation | Sex |
|--------------------|--------------|-----------|------------------|---------------|
| ETHEL GREEN | Wife | 47 | Housewife | Female |
| JOHN GREEN | Son | 17 | Student | Male |
| JOHN GREEN | Son | 15 | Student | Male |
| JOHN GREEN | Son | 13 | Student | Male |

4. If claimant is a widow or widow's estate date and place of marriage: and if marriage was a common law marriage, so state. **October 12, 1948**

5. The deceased was last employed in a hazardous occupation having a **dangerous** hazard in the company of the defendant on **October 20, 1949** at **Philadelphia, Pennsylvania**.

6. The deceased became totally disabled on **October 20, 1949** at **Philadelphia, Pennsylvania**.

7. Did the deceased employee receive medical, surgical, or hospital services? **No**

THE COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF REVENUE
 DIVISION OF TAXES
 HARRISBURG, PENNSYLVANIA

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party having claim is requested to type or print full name and complete address of Petitioner attaching this petition. It is necessary to make affidavit to verify the original copy of the petition.

Subscribed and sworn to before me this 30th day of November, 1947
Lambert, Penna.
 My Commission Expires on _____ day of _____
 NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.
 Please enter my appearance for petitioner

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party having claim is requested to type or print full name and complete address of Petitioner attaching this petition. It is necessary to make affidavit to verify the original copy of the petition.

- Rule 41. An employee shall be deemed to have had an aggregate employment of two years in the Commonwealth of Pennsylvania during the eight years next preceding disability as an occupation involving a dust or asbestos hazard.
- (a) When during any two calendar years in the preceding eight years he has been employed in such an occupation; or
 - (b) When he has been employed in such an occupation during the eight year period for a total number of working days equal to twice the number of days the man employed in that industry work during an average year; or
 - (c) When he has been employed in such an occupation during any twenty-four calendar months during the eight-year period.

This form of Claim Petition is to be used for disability resulting from the following occupational diseases enumerated in Section 2 of the Occupational Disease Compensation Act:

- (k) Silicosis or anthracosis is any occupation involving direct contact with, handling of, or exposure to dust of silica minerals (SMU);
- (l) Asbestosis is any occupation involving direct contact with, handling of, or exposure to the dust of asbestos.

The term "Hazardous Occupation" as used in Paragraph 2 of the Claim Petition is defined in Rule 42 of the Workmen's Compensation Board as follows:

Rule 42. Every occupation involving exposure to an occupational disease hazard enumerated in Section 2 of the Occupational Disease Compensation Act shall be deemed a "Hazardous Occupation" as that term is used in Section 6 (b) and Section 9.

Rule 43. Anthracosis and silicosis shall be presumed to be an occupation having a silica hazard.

Rule 44. There shall be a presumption of fact that silicosis, anthracosis and asbestosis are diseases which develop to a point of disability only after an exposure of five or more years. Any party in interest, however, including the State Workmen's Insurance Fund, may produce evidence to show that in any particular instance the disease did in fact develop to a point of disability during an exposure of less than five years.

... of ten years in the
... probability is an over-
... has been employed in
... for several years
... for a total
... that indica-
... of various kinds
... concerning them
... with, history of, or
... of affairs in the
... followed by Rule 42
... according to Gordon
... "American"
... of record
... according to the dis-
... in the past
... that the
... according to a

1890-91
 Survey of ...
 ...
 ...
 ...
 ...
 ...

1. Name of injured employee _____
2. Date of accident _____
3. Name of employer _____
(a) Street, city, or village _____
(b) Loc. of accident under sixteen feet _____
4. (a) Was not daily earnings _____
(b) Engaged in what work when injured _____
(c) In what department _____
(d) Was this the regular occupation of injured person _____
5. Describe in this box accident occurred, so that it can be clearly _____
_____ 12-27-35
(a) Kind of machine, tool, or appliance with which accident occurred _____
(b) Part of machine or device causing accident _____
(c) Power driven _____ How fast or mechanical _____
(d) Any safeguard removed at time of accident _____
By whom _____
Nature of injury as definitely as possible _____
(a) Part of body injured (right or left) _____
(b) Attending physician or hospital: Name _____ Address _____
(c) Was employee returned to work _____
(d) If so, give date _____ 12-28-35
(e) If not, state estimate of probable length of disability _____
Page of this report _____ Reported by _____

1.9. 1944 - 1945

| | 1 | 2 | 3 | 4 |
|-----|---------|---------|---------|---------|
| 1 | 20.1.44 | 20.1.44 | 20.1.44 | 20.1.44 |
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| 98 | 20.1.44 | 20.1.44 | 20.1.44 | 20.1.44 |
| 99 | 20.1.44 | 20.1.44 | 20.1.44 | 20.1.44 |
| 100 | 20.1.44 | 20.1.44 | 20.1.44 | 20.1.44 |

1.9. 1944 - 1945

If employee was more than 1 month per month 5

If not more than 1 month

IF THE EMPLOYEE FOLLOWING YEAR

Hourly rate paid
Number of days in a normal week
If employed less than 11 weeks date of
Days worked

WAGES FOR THE YEAR 1944

From 1.9.44 to 31.8.45

1st period of 13 consecutive calendar weeks

From 1.9.44 to 13.9.44
Number days worked 13

2nd period of 13 consecutive calendar weeks

From 14.9.44 to 27.9.44
Number days worked 14

NOTE: The above figures are for the 1st and 2nd periods only. The 3rd period is for the 13th week of the year and the 4th period is for the 13th week of the year.

UNITED STATES MANUFACTURERS ASSOCIATION CREDIT REPORT FORM
WAGE SCHEDULE

CLASS NO.

Name of Employer _____
Address of Employer _____
City of Employer _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE INSURANCE COMPANY PROMPTLY AS THE COMPLETION AGREEMENT CANNOT BE FULFILLED UNTIL NOW COMPLETION HAS BEEN MADE. THIS INFORMATION IS SUBJECT TO

If employee was paid a fixed weekly, monthly, or annual wage, how much per week \$ _____
per month \$ _____ per year \$ _____

It is the purpose of this form to indicate the total wages earned during the period covered by this report, and to indicate the total wages payable during the period covered by this report.

IF THE EMPLOYEE WAS NOT PAID ON A FIXED SALARY BASIS, COMPLETE THE FOLLOWING WAGE SCHEDULE.

Hourly rate paid \$ _____ Number of hours constituting a normal work day _____
Number of days in a normal work week _____ Week ending or starting period: _____
If employee worked less than 13 weeks, date of commencement, from _____ to _____
Days worked _____ Total earnings \$ _____

SALARY FOR THE 12 WEEKS IMMEDIATELY PRECEDING ACTIVITY OR FOR THE PERIOD EMPLOYED

NOTE: Total earnings in this column is sum of the 12 weekly periods, but do not include tips or overtime.

| 1st period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From 1-17-47 to 2-16-48 \$11,111 | |
| Number days worked: 57 | |

| 2nd period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From 2-17-48 to 3-16-48 \$11,111 | |
| Number days worked: 57 | |

| 3rd period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From 3-17-48 to 4-16-48 \$11,111 | |
| Number days worked: 57 | |

| 4th period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From 4-17-48 to 5-16-48 \$11,111 | |
| Number days worked: 57 | |

NOTE: The 12 weekly periods of 13 weeks immediately preceding the pay date are to be divided into a number of 13 consecutive weekly periods, and the weekly wages reported in column 12 are subject to that period. The total wages payable in the period are also subject to that period. The 12 weekly periods of 13 weeks immediately preceding the pay date are to be divided into a number of 13 consecutive weekly periods, and the weekly wages reported in column 12 are subject to that period. The total wages payable in the period are also subject to that period.

Prepared by _____

Confidential

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD
HARRISBURG

DEFENDANT'S NOTICE OF HEARING

TO: JOHN J. WILSON, JR.,
Defendant

City
Address

Petition No. 117, 12

Lancaster, Penna.

July 24, 1930

18

To: J. J. WILSON, JR.,
Defendant
Address

To: J. J. WILSON, JR.,
Defendant
Address

To: J. J. WILSON, JR.,
Defendant
Address

To: J. J. WILSON, JR.,
Defendant
Address

To: J. J. WILSON, JR.,
Defendant
Address

If you fail to appear, the petition will be disposed of in your absence.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to offer.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application at this office.

I hereby notify you that the above claim petition will be heard by me on

July 24, 1930, at 10:00 A.M.

at Court Room No. 5, Fourth Fl., Court House, Lancaster, Penna.

JOHN J. WILSON, JR.

142 S. CHESTER ST., LANCASTER, PA.

MINISTRY OF LABOUR AND INDUSTRY
WORKERS' COMPENSATION BOARD
HAMILTON, ONT.

DEFERRED NOTICE OF HEARING

TO: _____
FROM: _____
DATE: _____

To: _____
To: _____
To: _____

If you fail to appear, the petition will be decided in your absence.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to offer.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application at this office.

I hereby certify that the above claim petition will be heard by me on _____
at _____

10-10-55

1. Name of company _____
Address _____
City _____ State _____
(a) Name of injured person _____
(b) Position, title, or occupation _____
(c) No. of children under sixteen years _____
2. (a) Date of accident _____
(b) Injured in what work when injured _____
(c) In what department _____
(d) Was this his regular occupation or injured person _____
3. Describe in full and verbatim an account of the accident

- (a) Kind of machine, tool, or appliance with which accident occurred _____
- (b) Part of machine or device causing accident _____
- (c) Power driven _____ Hand feed or mechanical _____
- (d) Was safeguard removed at time of accident _____
- (e) By whom _____
4. Nature of injury as definitely as possible _____
- (a) Part of body injured (right or left) _____
- (b) Attending physician or hospital: Name _____
Address _____
- (c) Has employee returned to work _____
- (d) If no, give date _____
- (e) If not, state estimate of probable length of disability _____

Date of This Report _____ Reported by _____

In re: James, C. Ware, Jr. 2-27-45
Claim 15-1-500 Auto Insurance

We acknowledge herewith receipt of the above accident report of duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company
P. O. BOX 117, LANSY, PENN. PA.

| EMPLOYERS REPORT
OF INDUSTRIAL INJURY | |
|---|--|
| <p>1. Name of Employer: THE STATE OF PENNSYLVANIA</p> <p>2. Name of Injured Person: JOHN J. JONES</p> <p>3. Address of Injured Person: 1234 Main St., Harrisburg, Pa.</p> <p>4. Date of Injury: 10/15/45</p> <p>5. Time of Injury: 10:30 AM</p> <p>6. Place of Injury: State Capitol Building, Harrisburg, Pa.</p> <p>7. Nature of Injury: Slipped on stairs</p> <p>8. Name of Physician: Dr. J. H. Smith</p> <p>9. Name of Hospital: St. Mary's Hospital, Harrisburg, Pa.</p> <p>10. Name of Doctor: Dr. J. H. Smith</p> <p>11. Name of Nurse: Miss M. Jones</p> <p>12. Name of Doctor: Dr. J. H. Smith</p> <p>13. Name of Doctor: Dr. J. H. Smith</p> <p>14. Name of Doctor: Dr. J. H. Smith</p> <p>15. Name of Doctor: Dr. J. H. Smith</p> <p>16. Name of Doctor: Dr. J. H. Smith</p> <p>17. Name of Doctor: Dr. J. H. Smith</p> <p>18. Name of Doctor: Dr. J. H. Smith</p> <p>19. Name of Doctor: Dr. J. H. Smith</p> <p>20. Name of Doctor: Dr. J. H. Smith</p> <p>21. Name of Doctor: Dr. J. H. Smith</p> <p>22. Name of Doctor: Dr. J. H. Smith</p> <p>23. Name of Doctor: Dr. J. H. Smith</p> <p>24. Name of Doctor: Dr. J. H. Smith</p> <p>25. Name of Doctor: Dr. J. H. Smith</p> <p>26. Name of Doctor: Dr. J. H. Smith</p> <p>27. Name of Doctor: Dr. J. H. Smith</p> <p>28. Name of Doctor: Dr. J. H. Smith</p> <p>29. Name of Doctor: Dr. J. H. Smith</p> <p>30. Name of Doctor: Dr. J. H. Smith</p> <p>31. Name of Doctor: Dr. J. H. Smith</p> <p>32. Name of Doctor: Dr. J. H. Smith</p> <p>33. Name of Doctor: Dr. J. H. Smith</p> <p>34. Name of Doctor: Dr. J. H. Smith</p> <p>35. Name of Doctor: Dr. J. H. Smith</p> <p>36. Name of Doctor: Dr. J. H. Smith</p> <p>37. Name of Doctor: Dr. J. H. Smith</p> <p>38. Name of Doctor: Dr. J. H. Smith</p> <p>39. Name of Doctor: Dr. J. H. Smith</p> <p>40. Name of Doctor: Dr. J. H. Smith</p> <p>41. Name of Doctor: Dr. J. H. Smith</p> <p>42. Name of Doctor: Dr. J. H. Smith</p> <p>43. Name of Doctor: Dr. J. H. Smith</p> <p>44. Name of Doctor: Dr. J. H. Smith</p> <p>45. Name of Doctor: Dr. J. H. Smith</p> <p>46. Name of Doctor: Dr. J. H. Smith</p> <p>47. Name of Doctor: Dr. J. H. Smith</p> <p>48. Name of Doctor: Dr. J. H. Smith</p> <p>49. Name of Doctor: Dr. J. H. Smith</p> <p>50. Name of Doctor: Dr. J. H. Smith</p> <p>51. Name of Doctor: Dr. J. H. Smith</p> <p>52. Name of Doctor: Dr. J. H. Smith</p> <p>53. Name of Doctor: Dr. J. H. Smith</p> <p>54. Name of Doctor: Dr. J. H. Smith</p> <p>55. Name of Doctor: Dr. J. H. Smith</p> <p>56. Name of Doctor: Dr. J. H. Smith</p> <p>57. Name of Doctor: Dr. J. H. Smith</p> <p>58. Name of Doctor: Dr. J. H. Smith</p> <p>59. Name of Doctor: Dr. J. H. Smith</p> <p>60. Name of Doctor: Dr. J. H. Smith</p> <p>61. Name of Doctor: Dr. J. H. Smith</p> <p>62. Name of Doctor: Dr. J. H. Smith</p> <p>63. Name of Doctor: Dr. J. H. Smith</p> <p>64. Name of Doctor: Dr. J. H. Smith</p> <p>65. Name of Doctor: Dr. J. H. Smith</p> <p>66. Name of Doctor: Dr. J. H. Smith</p> <p>67. Name of Doctor: Dr. J. H. Smith</p> <p>68. Name of Doctor: Dr. J. H. Smith</p> <p>69. Name of Doctor: Dr. J. H. Smith</p> <p>70. Name of Doctor: Dr. J. H. Smith</p> <p>71. Name of Doctor: Dr. J. H. Smith</p> <p>72. Name of Doctor: Dr. J. H. Smith</p> <p>73. Name of Doctor: Dr. J. H. Smith</p> <p>74. Name of Doctor: Dr. J. H. Smith</p> <p>75. Name of Doctor: Dr. J. H. Smith</p> <p>76. Name of Doctor: Dr. J. H. Smith</p> <p>77. Name of Doctor: Dr. J. H. Smith</p> <p>78. Name of Doctor: Dr. J. H. Smith</p> <p>79. Name of Doctor: Dr. J. H. Smith</p> <p>80. Name of Doctor: Dr. J. H. Smith</p> <p>81. Name of Doctor: Dr. J. H. Smith</p> <p>82. Name of Doctor: Dr. J. H. Smith</p> <p>83. Name of Doctor: Dr. J. H. Smith</p> <p>84. Name of Doctor: Dr. J. H. Smith</p> <p>85. Name of Doctor: Dr. J. H. Smith</p> <p>86. Name of Doctor: Dr. J. H. Smith</p> <p>87. Name of Doctor: Dr. J. H. Smith</p> <p>88. Name of Doctor: Dr. J. H. Smith</p> <p>89. Name of Doctor: Dr. J. H. Smith</p> <p>90. Name of Doctor: Dr. J. H. Smith</p> <p>91. Name of Doctor: Dr. J. H. Smith</p> <p>92. Name of Doctor: Dr. J. H. Smith</p> <p>93. Name of Doctor: Dr. J. H. Smith</p> <p>94. Name of Doctor: Dr. J. H. Smith</p> <p>95. Name of Doctor: Dr. J. H. Smith</p> <p>96. Name of Doctor: Dr. J. H. Smith</p> <p>97. Name of Doctor: Dr. J. H. Smith</p> <p>98. Name of Doctor: Dr. J. H. Smith</p> <p>99. Name of Doctor: Dr. J. H. Smith</p> <p>100. Name of Doctor: Dr. J. H. Smith</p> | |

Reported 37 _____

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Page 1 of 1

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

[illegible]

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NAME OF THE ASSURED _____
DATE OF BIRTH _____

The undersigned hereby certifies that the above assured
person is employed in a factory or manufacturing concern
and that the person named is the class member
of the CLASS.

Very truly yours,

Pennsylvania Manufacturers' Association —
Casualty Insurance Company

1. Name of injured employee _____ (a) Day of Year _____
(b) Hour of day _____ (c) Date disability began _____
2. Name of injured employee _____
(a) Home Address _____ (b) Age _____
(c) Married, single, or widowed _____
(d) No. of children under sixteen years _____
3. (a) Average daily earnings _____
(b) Engaged in what work when injured Painting
(c) In what department Painting
(d) Was this the regular occupation of injured person Yes
4. Describe in full how accident occurred, stating cause clearly

(a) Kind of machine, tool, or appliance with which accident occurred

(b) Part of machine or device causing accident _____
(c) Power Driven _____ Hand fed or mechanical _____
(d) Any safeguard removed at time of accident _____
By Whom _____
5. Nature of injury as definitely as possible Right arm injury
(a) Part of body injured (right or left) Right arm
(b) Attending physician or hospital: Name Dr. P. J. Smith
Address 123 Main St.
(c) Has employee returned to work Yes
(d) If so, give date Jan 15, 1963
(e) If not, state estimate of probable length of disability

Date of this report _____
Reported by _____

STATE OF NEW YORK
IN SENATE
January 12, 1937

REPORT OF THE COMMISSIONER OF LABOR AND INDUSTRY
ON THE PROGRESS OF THE WORK OF THE DEPARTMENT OF LABOR AND INDUSTRY
DURING THE YEAR 1936

CONTENTS

REPORT OF THE COMMISSIONER OF LABOR AND INDUSTRY
ON THE PROGRESS OF THE WORK OF THE DEPARTMENT OF LABOR AND INDUSTRY
DURING THE YEAR 1936

- CHAPTER I. The work of the department for the year 1936, as shown by the reports prepared at the close of the year.
- CHAPTER II. In relation to enforcing the child labor law, which is enforced by the department, through the agency of the division of child labor, the following are the results of the work of the department during the year 1936:
- CHAPTER III. In relation to enforcing the minimum wage law, which is enforced by the department, through the agency of the division of minimum wage, the following are the results of the work of the department during the year 1936:
- THE DEPARTMENT OF LABOR AND INDUSTRY HAS BEEN VERY ACTIVE IN ENFORCING THE CHILD LABOR LAW AND THE MINIMUM WAGE LAW.
- (SEE PAGE 12, AND 2 OF 1937)

**EMPLOYER'S REPORT
OF DOMESTIC INACTIVITY**

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NEW YORK: JAMES MANUFACTURERS ASSOCIATION CASUALTY INSURANCE COMPANY
 100 N. 4th ST. LANCASTER PA 17602
 610-391-1100
 2/2/83
 Made for by: A. J. [illegible]
 Official [illegible]
 Personal [illegible]

7/21/43
Made out by L. E. Rabin
Personal signature.

COMPENSATION INSURANCE

1000 270774.18 4-49 *Prof. G. Leach* 7/3 11/3

Dr. Robert Leach, Jr. - Treasurer - 1000 270774.18 4-49

immediate and direct costs of such funeral

according to the custom of the community

1000 270774.18 4-49

2000

[illegible]

PAPERBACK \$2.95
 LAMINATED PLASTIC
 100% GUARANTEE

| | | | | |
|------|------|------------------------|-----------------------------------|----------|
| DATE | UNIT | CUSTOMS CLASSIFICATION | UNITED STATES
CUSTOMS DIVISION | LOCATION |
| 1970 | | | AT WASHINGTON FIELD | TWIS IS |
| 1971 | | | WASHINGTON FIELD | SHIP |
| | | | WASHINGTON FIELD | A CHECK |

Enclaved is a check for claim under this certificate. Please deliver this check to the person or to his attorney. If the money is never wanted by claimant, it is disallowed or outside of jurisdiction has been received where the claim was submitted, please return the money with the assignment or secure unavailability. If for any reason the check is not delivered promptly, please notify this Bureau.

Yours truly,
GEORGE C. MCGILL, Deputy Group Chief

METROPOLITAN LIFE INSURANCE COMPANY

LESLIE A. LAMSON, President

ONE MANHATTAN AVENUE, NEW YORK 17, N. Y.

CLAIM
NUMBER

GROUP AND
POLICY NUMBER

NAME OF INSURED

DATE OF
DEATH

AMOUNT
PAID

350096

8577 G

MILLER HARRY

UNITED STATES ASBESTOS

1,000.00

DATE

7476

NAME OF CHECK

DIV OF RAYBESTOS MANHATTAN

THIS IS

APR 4 50

FANNIE D MILLER

A K HAHN PERS MGR

NOT

MANHEIM PA

A CHECK

RECEIVED
FOR
DEPOSIT
ONLY

Gentlemen:

Enclosed is a check for claim under this certificate. Please deliver this check to the payee or to his attorney, if represented by counsel. If an assignment or notice of assignment has been received since the claim was submitted, please return with the assignment or notice immediately. If for any reason the check is not delivered promptly, please notify this Division.

Yours truly,

GEORGE C. McQUEEN, *Superintendent*

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKEL, Chairman of the Board
LEROY A. LINCOLN, President

ONE MADISON AVENUE, NEW YORK 10, N.Y.
JUNE 5, 1947

J. Edwin Downing, Assistant Vice-President
GEORGE W. GIBBS, Assistant Secretary
FRED G. DILLON, Supervisor, Total and Permanent Disability

RAYBESTOS MANHATTAN INC.
UNITED STATES ASBESTOS DIV.
MANHEIM, PENNSYLVANIA
ATT: MR. A. K. HAHN, PERS MGR.

Name of Insured
HARRY MILLER

Address
11 EBY ST.
MANHEIM, PENNSYLVANIA

| Policy Number | Group Number | Serial Number | Amount of Insurance | Payment Date | First Payment Due | Number | Payment Amount |
|---------------|--------------|---------------|---------------------|--------------------|-------------------|--------|----------------|
| 42277 | 8577GLH | 7476 | \$1000 | Proof date 4-23-47 | | | |

PLEASE SEE PARAGRAPH(S) MARKED X.

1. The Company is pleased to inform you of the approval of this claim. The payments will be made during the continuance of total and permanent disability, in accordance with the terms of the policy.
2. The Company will be pleased to approve this claim upon receipt of the confirmatory insurance data—the employee's application card.
2. Please send us a copy of the in-force card with the application card.
4. Enclosed is a check for the benefits due to date.
5. Checks will be sent to you for delivery to the payee.
6. The first check will be sent to you for delivery to the payee, and we shall deliver subsequent checks.
7. A check for the benefits due to date is being sent to the claimant's attorney for delivery.
8. Checks will be sent to the claimant's attorney for delivery.
9. You will be notified as each payment is made.
10. The Company is pleased to inform you of the approval of this claim under the

| | | |
|---|--------------------------|--------------------------|
| ☒ Continued Protection on Account of Total Disability provision | } of the policy. 4-23-47 | has been accepted as the |
| ☐ Death Benefit in the Event of Total Disability provision | | |
11. Please send the employer's certificate to the Total and Permanent Disability Section for endorsement.
12. In order that the proper payee may be determined, please arrange to furnish us with a statement from the present attending physician, setting forth whether, in his opinion, the employee is mentally capable of transacting his personal affairs—for instance, the endorsing of checks—with the realization of the nature and consequences of his act.
13. In view of the mental incompetency of the employee, the disability payments are payable only to a legal guardian of the estate. A certified copy of the guardianship commission should be furnished without expense to this Company. The guardian should also complete the attached Selection Form.
14. The checks are being made payable to the order of the beneficiary, on the assumption that the beneficiary is alive, of legal age, mentally competent, interested in the employee's welfare, and that no guardian has been or will be appointed to handle the employee's affairs. If the facts are otherwise, please return the check and furnish us with full details and a copy of the guardianship commission, if one has been appointed.
15. The checks are being made payable to the order of the beneficiary, on the assumption that the beneficiary is alive, of legal age, mentally competent, and interested in the employee's welfare. If the facts are otherwise, please return our check and furnish us with full details.
16. The employee's certificate, properly endorsed, is enclosed.
17. This payment completes our liability under this certificate.
18. This payment completes our liability under this certificate. Please arrange to have the certificate, which is of no further value to the employee, sent to this Office in order that our records may be complete.

PLEASE NOTIFY US OF ANY CHANGE OF ADDRESS OF THE EMPLOYEE AND OF THE PAYEE.

F. G. DILLON, Supervisor
Total and Permanent Disability

June 3, 1947

Metropolitan Life Insurance Co.
1 Madison Avenue
New York 10, N. Y.

Re: Harry Miller,
Serial 7476

Attn: Mr. F. G. Dress

Dear Sir:

Enclosed herewith you will find the serial certificate
#7476 for Mr. Harry Miller as well as the statement of his at-
tending physician at the Lancaster County Hospital.

This is being sent in compliance with your May 1st
letter.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan, Inc.

(Mrs.) Mary E. Bailey
Insurance Department

mb

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKEL, Chairman of the Board

LEROY A. LINCOLN, President

One Madison Avenue, New York 10, N.Y.

Non-Resident
-Premium
Agent

JJC

May 19, 1947

J. LOUIS DOWLING
Assistant Vice-President
GEORGE W. SAGGER
Assistant Manager

Mr. A. E. Kahn, Personnel Manager
United States Asbestos Division
Raybestos-Manhattan, Inc.
Manheim, Pa.

Re T. & P. Group 8577 Serial 7476
HARRY MILLER

17
Tel. Room 5-22

Dear Mr. Kahn:

On May 1st we wrote asking that you endeavor to obtain for us the statement of Mr. Miller's attending physician at the Lancaster County Hospital. We also requested Mr. Miller's serial certificate.

We have no record of having received the requested material. We hope that it will be sent to us shortly. Your further cooperation in the matter will be appreciated.

Yours truly,

J. G. Dress
J. G. Dress, Supervisor
Total & Permanent
Disability Section

May 22, 1947

Metropolitan Life Insurance Co.
1 Madison Avenue
New York 10, N. Y.

RE: Harry Miller,
Serial 7276

Attn: Mr. F.J. Dress

Dear Sir:

In compliance with your May 19th letter, we have again asked Mrs. Miller to furnish us with the statement of Mr. Miller's attending physician at the Lancaster County Hospital. She will see that we get it in the very near future, and at that time we will forward it to you with Mr. Miller's serial certificate.

Very truly yours,

UNITED STATES ASSURANCE DIVISION
of Reinsurance Corporation, Inc.

(Mrs.) Mary E. Bailey
Insurance Department

mb

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. BECKER, Chairman of the Board

LEROY A. LINCOLN, President

ONE MADISON AVENUE, NEW YORK 10, N.Y.

J. EDWIN DOWLING

Assistant Vice-President

GEORGE W. SACKETT

Assistant Manager

JOHN E. NORMAN
First Vice-President

ME

May 1, 1947

Mr. A. K. Ealm, Personnel Manager
United States Asbestos Division
Raybestos-Manhattan, Incorporated
Manhasset, Pa.

Re T&P Group 8577
Serial 7476
HARRY MILLER

Dear Sir:

The completed Claim Form 0347 has been received.

Please submit a statement, on the enclosed claim form, from Mr. Miller's attending physician at the Lancaster County Hospital. In addition, we should like to have the serial certificate.

Yours truly,

F. G. Dress
F. G. Dress, Supervisor
Total & Permanent
Disability Section

Ruth M. Brenner, M.D.

My dear Mr. Ebers:

Mr. Harry Miller has Huntington's Chorea which is a progressive disease with the possibility of his developing mental symptoms. Due to the fact that the disease is becoming worse, he is not able to transact business and therefore has given his wife Power of Attorney.

If you need any more detail, please feel free to call me.

Sincerely,

Feb. 23, 1945

Ruth M. Brenner

| Family Record | Living | Dead | Cause of Death |
|----------------|--------|------|----------------|
| Grandfather | 25 | 33 | Pneumonia |
| Grandmother | 26 | | |
| Other Contacts | | | |

Has any one of your parents, brothers, sisters, wife, or children ever had the epilepsy, insanity, heart disease, or malignancy? If so, give particulars.

Part Medical (dates where possible)

Tuberculosis _____ Fluorisy _____
Pneumonia age 9 _____ Influenza _____ Bronchitis _____
Head Colds 5/yr. _____ Chest Colds _____ Asthma _____
Syphilis _____ Skin Diseases _____ Rheumatism _____
Typhoid Fever _____ Scarlet Fever _____ Malaria _____
Operations _____ Acc. Injuries _____
Ever in Hospital _____ Explain _____
Ever rejected for life insurance _____

Present Chronic Illness or Complaints

(Freq) Cough _____ Productive _____ Char. of Sputum _____
Night Sweats _____ Weakness _____ Dyspnea _____
Pain _____ Location _____
Appetite Good _____ Constipation _____ Diarrhea _____

Other complaints (blood in urine; stones; headaches; sleep; joint pain; occasional dizziness; palpitation; nocturia; polyuria)

Stomach age 12 - took four weeks to clear up
Has had eyes since about 8 years ago

Employee believes he is in good physical condition

Date _____ Record taken by _____ M.D.

T.B.H.

Refining: Mental Acts of Diffusion:

Impurity Quercetin - improved motion left half covered
considering in of the entire plane angle.

Group of 3/12/42 shows unusual density dist. lower lung fields
card - pt. in shadow: for cardiac enlargement.

2/29/45 Huntington's Charge (off from work)
 Mrs. Dr. Bremer.
 Copy of Chap 2 may report to Dr. Bremer.
 2/29/45

15/3/45

No. 717

EMPLOYMENT AND MEDICAL RECORD

Name in full: Miller, Henry Date: March 1, 1915
Date of Birth: March 2, 1885 Age: 30 Race: W
Place of Birth: Ill. Present Address: 1166 1/2 St. S. E. Wash. D. C.

PREVIOUS WORK RECORD

Age began work 22 No. years working 13

| EMPLOYED BY | EXACT NATURE OF WORK | FROM | TO | TOTAL |
|---------------------|----------------------|-------------|-------------|-----------------|
| 1. <u>U.S. Army</u> | <u>Infantry</u> | <u>1902</u> | <u>1915</u> | <u>13 years</u> |
| 2. <u>U.S. Army</u> | <u>Infantry</u> | <u>1902</u> | <u>1915</u> | <u>13 years</u> |
| 3. <u>U.S. Army</u> | <u>Infantry</u> | <u>1902</u> | <u>1915</u> | <u>13 years</u> |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ |

*Record period 1915

REMARKS

| Date of
Maximum Tide | Time of
Maximum Tide | Height of
Maximum Tide |
|-------------------------|-------------------------|---------------------------|
| 1900 | 11:00 | 10.0 |
| 1901 | 11:00 | 10.0 |
| 1902 | 11:00 | 10.0 |
| 1903 | 11:00 | 10.0 |
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| 1905 | 11:00 | 10.0 |
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3. SUBJECT CAPABILITY SYSTEMS ORCHESTRATION?

GIVE NAMES OF PROFESSIONAL, CIVIL, SOCIAL OR OTHER ORGANIZATIONS OF WHICH YOU ARE A MEMBER.

PESTICES EMPLOYMENT

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Wages Organization Form

Abstract

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Page 10

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| 2302 | |

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Lafayette

...and **How Many Can You Order? - Not Up**

"LARGEST EMPLOYERS SOURCE ORGANIZATION AMERICA"

Give Names of Programs, Courses, Series or Other Organizations of Which You Are a Member

PREVIOUS EDITIONS

Expenditures - Last Fiscal Year

PERSONAL HISTORY AND DETAILS

Index

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QUESTIONS AND ANSWERS

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2014年12月15日

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Abstract

Index

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0-52-

1949

1. THE STATE OF TEXAS

APPENDIX I

WORK SHEET

| Date | Time | Observation | Rate | Days | Remarks for Separation |
|--------|------|-------------|------|---------|------------------------|
| 12-24 | 5-3 | 1st Time | 25 | 5-20-34 | 17-10-34 |
| 12-25 | 5-12 | 2nd Time | 25 | 5-20-34 | 17-10-34 |
| 12-26 | 5-11 | 3rd Time | 31 | 5-20-34 | 17-10-34 |
| 12-27 | 5-16 | 4th Time | 32 | 5-20-34 | 17-10-34 |
| 12-28 | - | " | 42 | | |
| 12-29 | - | " | 45 | | |
| 12-30 | - | " | 47 | | |
| 12-31 | - | " | 53 | | |
| 1-1-32 | - | " | 54 | | |

EMPLOYMENT MEDICAL CARD

Wm. H. Hall *Wm. H. Hall*

THE UNIVERSITY OF CHICAGO

Robert L. Lanning

[illegible]

Date of accident 12/13/41 (a) Day of Week Saturday

(b) Hour of day _____ (c) Date disability began _____

Name of injured employee Harold Quinn

(M) Home Address 11 Cherry St. Minneapolis (c) Age 26

(f) Married, single, or widowed Married

(g) No. of children under sixteen years _____

(h) Average daily earnings _____

(i) Engaged in what work when injured men room cleaner

(j) In what department Clutch Room

(k) Was this the regular occupation of injured person Yes

Describe in full how accident occurred, stating cause clearly

Fall of 8' 2" - train left on right hand

(a) Kind of machine, tool, or appliance with which accident occurred _____

(b) Part of machine or device causing accident _____

(c) Power Driven _____ Hand feed or mechanical _____

(d) Any safeguard removed at time of accident _____

By Whom _____

Nature of injury as definitely as possible Fracture

(a) Part of body injured (right or left) Right Arm

(b) Attending physician or hospital: Name D. B. Williams

Address 645 ...

(c) Has employee returned to work Yes

(d) If so, give date 12/13/41

(e) If not, state estimate of probable length of disability _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

EMPLOYER'S REPORT
OF INDUSTRIAL ACCIDENT OR OCCUPATIONAL DISEASE

SUPPLEMENT TO COMPENSATION
ACT OF 1915, AS AMENDED
AND ACT OF 1938

IMPORTANT: FOLLOW CAREFULLY DETAILED INSTRUCTIONS ON REVERSE SIDE IN RED INK

EMPLOYING COMPANY: JOHN J. McKEE, JR.

(1) Name: JOHN J. McKEE, JR. (2) Office address: No. 1000 (3) Nature of business: MANUFACTURING

(4) Place where accident occurred: City

(5) Date accident occurred: 12/15/38

(6) Date disability began: 12/15/38

(7) Date accident reported to employee: 12/15/38

WITNESSES: JOHN J. McKEE, JR.

INSURED EMPLOYEE: JOHN J. McKEE, JR.

(8) Name: JOHN J. McKEE, JR. (9) Address: No. 1000

(10) Age: 30 (11) If under 18, did you have on file an employment certificate? No

(12) Number of Certificates: 1 (13) Occupation for which issued: MANUFACTURING

(14) (a) Occupation when injured: MANUFACTURING (b) Was this employee's regular occupation? Yes

(15) (a) How long employed at occupation at which injured: 1 year (b) How long employed by you: 1 year

(16) Number of hours worked per day: 8 (17) Number of days worked per week: 5

(18) Wages: Per hour: \$1.00 Per Day: \$8.00 Per Week: \$40.00 Board or Lodging: None

CAUSE OF ACCIDENT

(19) What was employee doing when the accident occurred? fall on a high stool

(20) What machine, tool, substance or obj. was most closely connected with the acc.? nothing

(21) If Machine or vehicle, what part of it? nothing

(22) How did the accident happen? fall on a high stool

(23) Was the machine, tool or object defective in any way? No

(24) Could the accident have been prevented? No

(25) Was injured using them? No

NATURE AND LOCATION OF INJURY OR OCCUPATIONAL DISEASE

(26) Describe in detail the nature of the injury or occupational disease, and the part of the body affected. For example: Amputation of right arm, crushing injury to chest, fractured respiratory tract, skin infection, etc.

(27) Attending physician and hospital: Dr. C. E. Smith, St. Mary's Hospital

(28) Has employee returned to work? No (29) If so, give date: 12/15/38 At what weekly wage? \$40.00

(30) If employee is disabled, probable length of disability? Indefinite

(31) Did injury result in death? No (32) If so, give date: None

INSURANCE CARRIER

(33) PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY

EMPLOYER
COUNTY
INDUSTRY
SAVE
AGE
OCCUPATION
WAGE
AGENCY
PART
ACCIDENT
UNSAFE
DEATH
PERSON
NATURE
LOCATION
REPORT
REMARKS
DISABILITY
PAYMENT
TIME LOST
MEDICAL
OTHER
TOTAL

In re: Harry Hillier 12-13-41
Claim No. 4641-7510 Foot

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employe gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

PAUL C. SNODGE, M. D.
121 COLLEGE AVENUE
LANCASTER, Pa.

Copy

U. S. Asbestos Co.
Manheim, Pa.

August 9, 1945

Dr. P. J. Guis
184 S. Main Street
Manheim, Pa.

Re: Mr. Harry Miller
11 Baby Street
Manheim, Pa.

Dear Doctor: My

Fluoroscopic examination of the chest shows that the diaphragm moves with a moderate excursion. There is diffuse infiltration at both bases. The chest is moderately well aerated and expansion is good.

Roentgenographic examination confirms these findings. There is diffuse infiltration along the trunk shadows at both bases, especially the left. The appearance is very typical of a second stage asbestosis. There is associated with this, pleuropericarditis.

A comparison of this film with the report rendered 6-4-33, shows definite advance in the disease.

DIAGNOSIS: Asbestosis - second
stage, especially
left base.

Thank you very much for referring this patient to me, and with kindest regards, I am

Very truly yours,

Paul C. Snodge

PCs:8

February 13, 1945.

Dr. P. F. Gule,
124 South Main Street,
Marion, Penna.

Dear Doctor Gule:

The following is a copy of the report of the chest x-ray of Harry Miller. This chest x-ray was taken 2/2/45 and read by Dr. Seab.

The hilar shadows are enlarged and show an increase in density. The bronchial shadows which present a fuzzy outline, are quite prominent in both sides. A number of small nodules in both sides, slightly more so in the right side. The apices appear fairly clear. Some flattening at the left base, the angles at the left base are effaced. The contour of the right base is fairly normal. The heart shadow and the aorta appear negative.

Diagnosis: The changes present suggest a second stage asbestosis. They appear slightly more marked by comparison with the film taken 1/12/42.

Robert D. Seab, M. D.

Yours truly,
ROBERT D. SEAB, M. D.,
MEDICAL STAFF, ROYAL CANADIAN MOUNTED POLICE
of Raytheon Corporation Inc.

Robert D. Seab
Copy made and sent to Marion, Penna.

May 10, 1945.

May 10, 1945

Dr. P. F. Guis,
184 South Main Street,
Machester, Penna.
A. J. Street,

Dear Doctor Guis:

The following is a copy of the report of the chest x-ray of Harry Miller. This chest x-ray was taken 5/3/45 and read by Dr. Seab.

Practically no change from an x-ray standpoint since the previous examination, 2/2/45.

Diagnosis: Same as stated at the previous examination, no change evident.

Robert D. Seab, M. D.

Very truly yours,

SEABERG CLARK ASSOCIATES
of Syntex-Uniontown Pa.,

SEABERG CLARK ASSOCIATES
184 South Main Street
Machester, Penna.
A. J. Street,
A. J. Street,
A. J. Street,

Harry Miller

2 1934
5/3/45

Practically no change from an x-ray standpoint since the previous examination,
2/2/45.

Diagnosis: Same as stated at the previous examination, no change evident.

Robert D. Swab
Robert D. Swab, M. D.

H. C. FULTON, M. D.
222 NORTH DUKE ST.
LANCASTER, PA.

Sept. 9, 1940

Dr. Thomas Metzger,
619 West Chestnut St.,
Lancaster, Pa.

Dear Dr. Metzger:

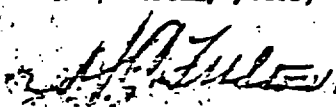
Thank you for referring Harry A. Miller to me.

This man's visual acuity is lowered to about
20/100 each eye and cannot be improved by any change
of lenses.

He has a massive central choroiditis in both
eyes which probably dates back over a period of about
2 years. There is no sign of activity at this time.
I do not believe there is any chance of his vision
improving.

Respectfully yours,

HCF:VK



Harry Miller

R 1831
2/2/45

The hilar shadows are enlarged and show an increase in density. The bronchial shadows which present a fuzzy outline, are quite prominent in both sides. A number of small nodules in both sides, slightly more so in the right side. The apices appear fairly clear. Some flattening at the left base, the angles at the left base are effaced. The contour of the right base is fairly normal. The heart shadow and the aorta appear negative.

Diagnosis: The changes present suggest a second stage asbestosis. ~~They~~
They appear slightly more marked by comparison with the film taken
3/12/42.

Robert D. Swab
Robert D. Swab, M. D.

F. H. J. ...
...
... enlarged his left
testis.
Left seminal vng slightly enlarged.

DIAGNOSIS

- (1) Vision very bad
- (2) Spine left side stiff
- (3) Chest ?
- (4) Left iliac ring enlarged.

12 Dec 1944

RAISE

LABRATORY - DATA

URINE:

Reaction *acid* Sp. Gr. *1.027* Albumin *neg*
 Sugar *neg* Microscopic *neg*

BLOOD:

R.B.C. *5.4 x 10⁶* Hb. *15.5 g* C. Index *0.8*
 W.B.C. *7.6 x 10³* *36* *1* *3* *5*

Morphology and Remarks:

Sedimentation Test:

Serology for
 Lues

8/29/40 Wassermann - neg

FLUOROSCOPE

| | | | | |
|------------|----------|------------------|--------------|----------|
| | | Normal Breathing | Rt | Lt |
| Diaphragm: | Emersion | | | |
| | | Forced Breathing | | |
| Heart: | A.P. | Size | Shape | Position |
| | Lateral | P.C. Zone | Left Auricle | Aorta |

X-RAY READING

GLANDS *Rel*

cervical
epitrochlear
Thyroid

axillary
inguinal

(a) palpable.

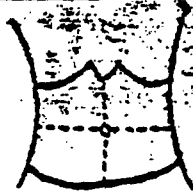
(b) diffuse enlargement

(c) nodular

Signs of Hyperthyroidism - Hypothyroidism

- (1) eye signs
- (2) tremor
- (3) tachycardia
- (4) flushing

ABDOMEN *Rel*



*Right good support
Left - slight enlargement
with rough surface.*

GENITALIA *Rel*

Scars
Discharge
Scrotum
Testicles

RECTUM *Rel*

Hemorrhoids
Sphincter
Prostate
Vesicles

| EXTRINSIC and
SPINE | SPINE | HANDS | FEET | OTHER JOINTS |
|------------------------|-------|-------|------|--------------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES:

Knee Jerk *Rel*
Humbert

Bacinski *Rel*
Pupils *OK*

CIRCULATION

Varicose Veins *No*

Arterio-sclerosis *Rel*

BEHAVIOR

General
Speech

Gait
Personality Type

CHEST

HEART

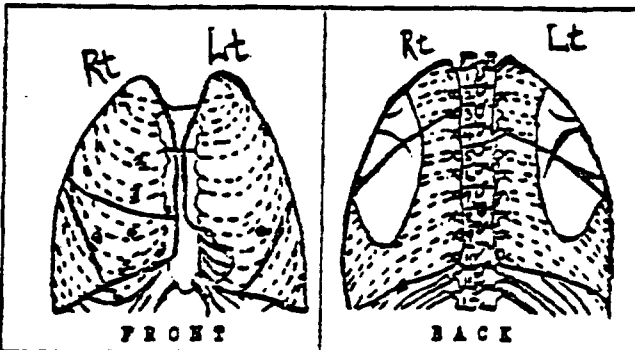
Apex beat Location - *Slightly enlarged to left*
 Tactile *no*
 Rhythm and Sounds *equal, regular, good quality*
 Murmurs *no. (possible in pulmonary area)*

| EXERCISING | AT REST | AFTER EXERCISE | 2 MIN. LATER |
|------------|---------|----------------|--------------|
| Pulse | 80 | 112 | 96 |
| Rate | 28/1 | 22 | 24 |
| Bl. Pr. | 125/60 | 145/20 | 125/18 |

Etiological Class
 Anatomical Class
 Functional Cap.

Pulse Character
 Associated Signs, — Dyspnea, Cyanosis, Neck Veins,
 Vessels, Edema, Petechiae

LUNGS



Expansion *37 - 39*
 Tactile Fremitus
 IV - IV
 Percussion
 Sl. imp. III
 Mod. imp. *1/1*
 Dullness *no*

Breath Sounds
 Broncho-ves B.V.B.
 Bronchial B.B.
 Feeble P.B.
 Harsh Insp. E.I.B.
 Prolonged Exp. P.E.
 Vocal Resonance
 I.V.R. - D.V.R.

Whisp. Perc. W.P.
 Friction Rub.
 Rales
 Sub Creb...Sibil...
 Creb...cccccccc
 Course ccccccccccccc

REMARKS *Int B.S. right side slightly decreased with*
rough about level apical points.
Post. Few dry rales both extreme bases.

PHYSICAL EXAMINATION

No. 77

Name: William J. Taylor
Address: 1234 Main St., New York, N.Y.

Age: 25

General: Well developed, muscular, overweight, no
gross deformities.
Skin: Clear, smooth, pink.
Scars: None on face.

| | | | | | |
|-------------|--------------|-------------|-----------------|-------------|-----------------|
| Temp | <u>98.6</u> | Pulse | <u>80</u> | Resp | <u>28</u> |
| Height | <u>5' 7"</u> | Weight | <u>172</u> lbs. | Est. Weight | <u>149</u> lbs. |
| Actual V.C. | | Normal V.C. | | % of Normal | |

Eyes: 169
Lids: Normal Sclera: Normal Movements: Normal
Conjunctiva: Normal Salivary: Normal Pupils: Normal

| Vision: Without Glasses | | With Glasses: | |
|-------------------------|-----------------------------|---------------|-----------------------------|
| Distance | Rt <u>20/</u> Lt <u>20/</u> | Distance | Rt <u>20/</u> Lt <u>20/</u> |
| | | | |

Color Blind: None

Ears: 169
Canals: Rt Normal Lt Normal
Drums: Rt Normal Lt Normal
Hearing: Rt 1/20 Lt 1/20

Nose: 169
Mucous membranes: Normal
Septum: Midline
Turbinate: Normal

Sinuses: 169
Frontals: Rt Normal Lt Normal
Maxillaries: Rt Normal Lt Normal

Lips: 169 Buccal Mucosa: Normal

| Teeth: | U.L. | U.L. | |
|--------|-----------------|-----------------|--|
| | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | |
| | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | |
| | L.R. | L.L. | |

O - Restored
X - Missing
= - Bad

Gums: No bleeding

Tongue: No deviation, normal in contour

Throat: (a) tonsils Rt Normal Lt Normal (b) palate Normal (c) Pharynx Normal

LABOR

LEWIS A. LAMSON, President
One Madison Avenue, New York 10, N. Y.

UNITED STATES ASBESTOS 2,000.00
DIV OF RAYSESTOS MANHATTAN
A K HAHN PERS MGR THIS IS
MANHEIM PA NOT
A CHECK

THIS IS
NOT
A CHECK

CONTRACT
FOR
INSURANCE
CONTRACT

Enclosed is a check for claim under this certificate. Please deliver this check to the payee or to his attorney, if represented by counsel. If an assignment or notice of assignment has been received since the claim was submitted, please return with the assignment or notice immediately. If for any reason the check is not delivered promptly, please notify this Division.

GEORGE C. MCGILLIEM, Supervisor Group

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKERT, Chairman of the Board
LEROY A. LINCOLN, President

One Madison Avenue, New York 17, N.Y.
June 5, 1947

J. EDWIN DOWLING
Acting Vice-President
GEORGE W. LUTY
Assistant Manager
FRED G. DEXTER
Superintendent of Claims

RAYBESTOS MANHATTAN INC.
UNITED STATES ASBESTOS DIV.
MANHATTAN, PENNSYLVANIA
ATTN: MR. A. K. HARN, PERS. MGR.

Name of Insured

HARRY MILLER

Address

11 KEY ST.
MANHEIM, PENNSYLVANIA

| Policy Number | Group Number | Serial Number | Amount of Insurance | Premium Values | First Payment Due | Number | Payment Amount |
|---------------|--------------|---------------|---------------------|--------------------|-------------------|--------|----------------|
| 42277 | 8577GLH | 7476 | \$1000 | Proof date 4-23-47 | | | |

PLEASE SEE PARAGRAPH(S) MARKED X.

- The Company is pleased to inform you of the approval of this claim. The payments will be made during the continuance of total and permanent disability, in accordance with the terms of the policy.
- The Company will be pleased to approve this claim upon receipt of the confirmatory insurance data—the employee's application card.
- Please send us a copy of the in-force card with the application card.
- Enclosed is a check for the benefits due to date.
- Checks will be sent to you for delivery to the payee.
- The first check will be sent to you for delivery to the payee, and we shall deliver subsequent checks.
- A check for the benefits due to date is being sent to the claimant's attorney for delivery.
- Checks will be sent to the claimant's attorney for delivery.
- You will be notified as each payment is made.
- The Company is pleased to inform you of the approval of this claim under the

| | | |
|--|-------------------------------|-------------------------------------|
| ☐ Continued Protection on Account of Total Disability provision
☒ Death Benefit in the Event of Total Disability provision | of the policy.
proof date. | 4-23-47
has been accepted as the |
|--|-------------------------------|-------------------------------------|
- Please send the employer's certificate to the Total and Permanent Disability Section for endorsement.
- In order that the proper payee may be determined, please arrange to furnish us with a statement from the present attending physician, setting forth whether, in his opinion, the employee is mentally capable of transacting his personal affairs—or, in other words, the endorsing of checks—with the realization of the nature and consequences of his acts.
- In view of the mental incompetency of the employee, the disability payments are payable only to a legal guardian of the estate. A certified copy of the guardianship commission should be furnished without expense to this Company. The guardian should also complete the attached Selection Form.
- The checks are being made payable to the order of the beneficiary, on the assumption that the beneficiary is alive, of legal age, mentally competent, interested in the employee's welfare, and that no guardian has been or will be appointed to handle the employee's affairs. If the facts are otherwise, please return our check and furnish us with full details and a copy of the guardianship commission, if one has been appointed.
- The checks are being made payable to the order of the beneficiary, on the assumption that the beneficiary is alive, of legal age, mentally competent, and interested in the employee's welfare. If the facts are otherwise, please return our check and furnish us with full details.
- The employee's certificate, properly endorsed, is enclosed.
- This payment completes our liability under this certificate.
- This payment completes our liability under this certificate. Please arrange to have the certificate, which is of no further value to the employee, sent to this Office in order that our records may be complete.

PLEASE NOTIFY US OF ANY CHANGE OF ADDRESS OF THE EMPLOYEE AND OF THE PAYEE

F. G. DEXTER, Supervisor
Total and Permanent Disability

June 3, 1947

Metropolitan Life Insurance Co.
1 Madison Avenue
New York 10, N. Y.

Re: Harry Miller,
Serial 7476

Attn: Mr. F. G. Dress

Dear Sir:

Enclosed herewith you will find the serial certificate
#7476 for Mr. Harry Miller as well as the statement of his at-
tending physician at the Lancaster County Hospital.

This is being sent in compliance with your May 1st
letter.

Very truly yours,

UNITED STATES ASSURANCE DIVISION
of Raytheon-Victor, Inc.

(Mrs.) Mary E. Bailey
Insurance Department

ab

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, Chairman of the Board

LEROY A. LINCOLN, President

One Madison Avenue, New York 10, N.Y.

May 19, 1947

J. Edwin Dwyer
Assistant Vice-President
General W. Scott
Assistant Secretary

Mr. A. E. Kahn
Personnel Manager
United States Asbestos Division
Raybestos-Manhattan, Inc.
Manheim, Pa.

JTC

Mr. A. E. Kahn, Personnel Manager
United States Asbestos Division
Raybestos-Manhattan, Inc.
Manheim, Pa.

Re T. & P. Group 8577 Serial 7476
TERRY MILLER

17
7-22

Dear Mr. Kahn:

On May 1st we wrote asking that you endeavor to obtain for us the statement of Mr. Miller's attending physician at the Lancaster County Hospital. We also requested Mr. Miller's serial certificate.

We have no record of having received the requested material. We hope that it will be sent to us shortly. Your further cooperation in the matter will be appreciated.

Yours truly,

J. O. Dress
J. O. Dress, Supervisor
Total & Permanent
Disability Section

May 22, 1947

Metropolitan Life Insurance Co.
1 Madison Avenue
New York 10, N. Y.

RE: Harry Miller,
Serial 7476

Attn: Mr. F.G. Dress

Dear Sir:

In compliance with your May 19th letter, we have again asked Mrs. Miller to furnish us with the statement of Mr. Miller's attending physician at the Lancaster County Hospital. She will see that we get it in the very near future, and at that time we will forward it to you with Mr. Miller's serial certificate.

Very truly yours,

JOHN JAMES ASSURANCE DIVISION
of Raytheon-Whitcomb, Inc.

(Mrs.) Mary E. Bailey
Insurance Department

mb

METROPOLITAN LIFE INSURANCE COMPANY

FREDERICK H. ECKER, Chairman of the Board

LEROY A. LINCOLN, President

ONE MADISON AVENUE, NEW YORK 10, N.Y.

JOSEPH E. NORTON
First Vice-President

J. EDWIN DOWLING
Assistant Vice-President

GEORGE W. SMITH
Assistant Manager

ME

May 1, 1947

Mr. A. K. Ehm, Personnel Manager
United States Asbestos Division
Raybestos-Manhattan, Incorporated
Meriden, Pa.

Re T&P Group 8577
Serial 7476
HARRY MILLER

Dear Sir:

The completed Claim Form 0547 has been received.

Please submit a statement, on the enclosed claim form, from Mr. Miller's attending physician at the Lancaster County Hospital. In addition, we should like to have the serial certificate.

Yours truly,

F. G. Dress

F. G. Dress, Supervisor
Total & Permanent
Disability Section

Ruth M. Brenner, M.D.

My dear Mr. Ebers:

Mr. Harry Miller has Huntington's Chorea which is a progressive disease with the possibility of his developing mental symptoms. Due to the fact that the disease is becoming worse, he is not able to transact business and therefore has given his wife Power of Attorney.

If you need any more detail, please feel free to call me.

Sincerely,

Feb. 23, 1945

Ruth M. Brenner

| Family Record | Living | Dead | Cause of Death |
|-----------------|--------|------|----------------|
| Parents | 25 | 15 | 17 |
| Children | 22 | 1 | 1 |
| Other Relatives | | | |

Has any one of your parents, brothers, sisters, wife, or children ever had the epilepsy, insanity, heart disease, or malignancy? If so, give particulars.

Present Medical (Dates Where Possible)

Tuberculosis _____ Fluorisy _____
Pneumonia AGE-9 _____ Influenza _____ Bronchitis _____
Head Colds 5/yr. _____ Chest Colds _____ Asthma _____
Syphilis _____ Skin Diseases _____ Rheumatism _____
Typhoid Fever _____ Scarlet Fever _____ Malaria _____
Operations _____ Acc. Injuries _____
Ever in Hospital _____ Explain _____
Ever rejected for Life Insurance _____

Present Chronic Illness or Complaints

(Freq) Cough _____ Productive _____ Char. of Sputum _____
Night Sweats _____ Weakness _____ Dyspnea for Asthma
Pain _____ Location Must have something more
Appetite Good _____ Constipation _____ Diarrhea _____

Other complaints (blood in urine; stones; headaches; sleep; joint pain; occasional dizziness; palpitation; nocturia; polyuria)

Fluorisy AGE 18 - took four weeks to clear up.
Has had eyes red about 8 years ago

Employee believes he is in good physical condition

Date _____ Record taken by _____ M.D.

T.B.H.

Foray of 3/25/12 shows increased density of low lying vegetation on edge of pond - some evidence for cardiac enlargement.

1/2/45 Huntington's Choice (off frame wall)
 Pres. Dr. Brewster.
 Copy of Chest & ray report to the Hunt. 1/29/45.

2/3/45

No. 717

EMPLOYMENT AND MEDICAL RECORD

Name in full: William Henry Date: March 1, 1915
Site of Birth: March 1, 1915 Age: 35 Race: White
Place of Birth: St. Louis, Mo. Present Address: 1184 1/2 St. Louis, Mo.

PREVIOUS WORK RECORD

Age began work 12 No. years worked 23

| EMPLOYED BY | EXACT NATURE OF WORK | FROM | TO | TOTAL |
|-----------------------|-----------------------|-------------|-------------|----------------|
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1915</u> | <u>1918</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1918</u> | <u>1921</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1921</u> | <u>1924</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1924</u> | <u>1927</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1927</u> | <u>1930</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1930</u> | <u>1933</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1933</u> | <u>1936</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1936</u> | <u>1939</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1939</u> | <u>1942</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1942</u> | <u>1945</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1945</u> | <u>1948</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1948</u> | <u>1951</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1951</u> | <u>1954</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1954</u> | <u>1957</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1957</u> | <u>1960</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1960</u> | <u>1963</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1963</u> | <u>1966</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1966</u> | <u>1969</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1969</u> | <u>1972</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1972</u> | <u>1975</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1975</u> | <u>1978</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1978</u> | <u>1981</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1981</u> | <u>1984</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1984</u> | <u>1987</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1987</u> | <u>1990</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1990</u> | <u>1993</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1993</u> | <u>1996</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1996</u> | <u>1999</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>1999</u> | <u>2002</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2002</u> | <u>2005</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2005</u> | <u>2008</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2008</u> | <u>2011</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2011</u> | <u>2014</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2014</u> | <u>2017</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2017</u> | <u>2020</u> | <u>3 years</u> |
| <u>St. Louis, Mo.</u> | <u>St. Louis, Mo.</u> | <u>2020</u> | <u>2023</u> | <u>3 years</u> |

Record periods idle

MARKS

[illegible][illegible]

TRAVELING EMPLOYERS, BEWARE OF THESE AGENTS!

Give NAMES OF PROFESSIONAL CITY, SOCIAL OR OTHER ORGANIZATION OF WHICH YOU ARE A MEMBER.

PREVIOUS DEPLOYMENT

[illegible]

107A

107-22

When Completed Fill In

DATE

TIME

NAME (Print) Miller, Harry LAST FIRST MIDDLE

Address (Print) St. Louis, Mo. CITY STATE

Total of Members: Total

| Occupation | Employer | Position | When Employed | No. of Dependents | Own Home | Years in Industry | Years in Service | Other |
|------------|-----------|----------|---------------|-------------------|----------|-------------------|------------------|-------|
| Manager | St. Louis | Manager | 1945-1950 | 2 | Yes | 10 | 10 | None |
| Manager | St. Louis | Manager | 1950-1955 | 2 | Yes | 10 | 10 | None |

What Services Can You Offer? See Us!

Temporary Employment Service Organization

Give Names of Professional, Civic, Social or Other Organizations of Which You Are a Member

PREVIOUS EMPLOYMENT

| Employer - Last Regular Job | Position Held and Dates | From | To |
|-----------------------------|-------------------------|------|------|
| St. Louis | Manager | 1945 | 1950 |
| St. Louis | Manager | 1950 | 1955 |
| St. Louis | Manager | 1955 | 1960 |
| St. Louis | Manager | 1960 | 1965 |
| St. Louis | Manager | 1965 | 1970 |
| St. Louis | Manager | 1970 | 1975 |
| St. Louis | Manager | 1975 | 1980 |
| St. Louis | Manager | 1980 | 1985 |
| St. Louis | Manager | 1985 | 1990 |
| St. Louis | Manager | 1990 | 1995 |
| St. Louis | Manager | 1995 | 2000 |
| St. Louis | Manager | 2000 | 2005 |
| St. Louis | Manager | 2005 | 2010 |
| St. Louis | Manager | 2010 | 2015 |
| St. Louis | Manager | 2015 | 2020 |
| St. Louis | Manager | 2020 | 2025 |
| St. Louis | Manager | 2025 | 2030 |
| St. Louis | Manager | 2030 | 2035 |
| St. Louis | Manager | 2035 | 2040 |
| St. Louis | Manager | 2040 | 2045 |
| St. Louis | Manager | 2045 | 2050 |
| St. Louis | Manager | 2050 | 2055 |
| St. Louis | Manager | 2055 | 2060 |
| St. Louis | Manager | 2060 | 2065 |
| St. Louis | Manager | 2065 | 2070 |
| St. Louis | Manager | 2070 | 2075 |
| St. Louis | Manager | 2075 | 2080 |
| St. Louis | Manager | 2080 | 2085 |
| St. Louis | Manager | 2085 | 2090 |
| St. Louis | Manager | 2090 | 2095 |
| St. Louis | Manager | 2095 | 2100 |
| St. Louis | Manager | 2100 | 2105 |
| St. Louis | Manager | 2105 | 2110 |
| St. Louis | Manager | 2110 | 2115 |
| St. Louis | Manager | 2115 | 2120 |
| St. Louis | Manager | 2120 | 2125 |
| St. Louis | Manager | 2125 | 2130 |
| St. Louis | Manager | 2130 | 2135 |
| St. Louis | Manager | 2135 | 2140 |
| St. Louis | Manager | 2140 | 2145 |
| St. Louis | Manager | 2145 | 2150 |
| St. Louis | Manager | 2150 | 2155 |
| St. Louis | Manager | 2155 | 2160 |
| St. Louis | Manager | 2160 | 2165 |
| St. Louis | Manager | 2165 | 2170 |
| St. Louis | Manager | 2170 | 2175 |
| St. Louis | Manager | 2175 | 2180 |
| St. Louis | Manager | 2180 | 2185 |
| St. Louis | Manager | 2185 | 2190 |
| St. Louis | Manager | 2190 | 2195 |
| St. Louis | Manager | 2195 | 2200 |
| St. Louis | Manager | 2200 | 2205 |
| St. Louis | Manager | 2205 | 2210 |
| St. Louis | Manager | 2210 | 2215 |
| St. Louis | Manager | 2215 | 2220 |
| St. Louis | Manager | 2220 | 2225 |
| St. Louis | Manager | 2225 | 2230 |
| St. Louis | Manager | 2230 | 2235 |
| St. Louis | Manager | 2235 | 2240 |
| St. Louis | Manager | 2240 | 2245 |
| St. Louis | Manager | 2245 | 2250 |
| St. Louis | Manager | 2250 | 2255 |
| St. Louis | Manager | 2255 | 2260 |
| St. Louis | Manager | 2260 | 2265 |
| St. Louis | Manager | 2265 | 2270 |
| St. Louis | Manager | 2270 | 2275 |
| St. Louis | Manager | 2275 | 2280 |
| St. Louis | Manager | 2280 | 2285 |
| St. Louis | Manager | 2285 | 2290 |
| St. Louis | Manager | 2290 | 2295 |
| St. Louis | Manager | 2295 | 2300 |
| St. Louis | Manager | 2300 | 2305 |
| St. Louis | Manager | 2305 | 2310 |
| St. Louis | Manager | 2310 | 2315 |
| St. Louis | Manager | 2315 | 2320 |
| St. Louis | Manager | 2320 | 2325 |
| St. Louis | Manager | 2325 | 2330 |
| St. Louis | Manager | 2330 | 2335 |
| St. Louis | Manager | 2335 | 2340 |
| St. Louis | Manager | 2340 | 2345 |
| St. Louis | Manager | 2345 | 2350 |
| St. Louis | Manager | 2350 | 2355 |
| St. Louis | Manager | 2355 | 2360 |
| St. Louis | Manager | 2360 | 2365 |
| St. Louis | Manager | 2365 | 2370 |
| St. Louis | Manager | 2370 | 2375 |
| St. Louis | Manager | 2375 | 2380 |
| St. Louis | Manager | 2380 | 2385 |
| St. Louis | Manager | 2385 | 2390 |
| St. Louis | Manager | 2390 | 2395 |
| St. Louis | Manager | 2395 | 2400 |
| St. Louis | Manager | 2400 | 2405 |
| St. Louis | Manager | 2405 | 2410 |
| St. Louis | Manager | 2410 | 2415 |
| St. Louis | Manager | 2415 | 2420 |
| St. Louis | Manager | 2420 | 2425 |
| St. Louis | Manager | 2425 | 2430 |
| St. Louis | Manager | 2430 | 2435 |
| St. Louis | Manager | 2435 | 2440 |
| St. Louis | Manager | 2440 | 2445 |
| St. Louis | Manager | 2445 | 2450 |
| St. Louis | Manager | 2450 | 2455 |
| St. Louis | Manager | 2455 | 2460 |
| St. Louis | Manager | 2460 | 2465 |
| St. Louis | Manager | 2465 | 2470 |
| St. Louis | Manager | 2470 | 2475 |
| St. Louis | Manager | 2475 | 2480 |
| St. Louis | Manager | 2480 | 2485 |
| St. Louis | Manager | 2485 | 2490 |
| St. Louis | Manager | 2490 | 2495 |
| St. Louis | Manager | 2495 | 2500 |
| St. Louis | Manager | 2500 | 2505 |
| St. Louis | Manager | 2505 | 2510 |
| St. Louis | Manager | 2510 | 2515 |
| St. Louis | Manager | 2515 | 2520 |
| St. Louis | Manager | 2520 | 2525 |
| St. Louis | Manager | 2525 | 2530 |
| St. Louis | Manager | 2530 | 2535 |
| St. Louis | Manager | 2535 | 2540 |
| St. Louis | Manager | 2540 | 2545 |
| St. Louis | Manager | 2545 | 2550 |
| St. Louis | Manager | 2550 | 2555 |
| St. Louis | Manager | 2555 | 2560 |
| St. Louis | Manager | 2560 | 2565 |
| St. Louis | Manager | 2565 | 2570 |
| St. Louis | Manager | 2570 | 2575 |
| St. Louis | Manager | 2575 | 2580 |
| St. Louis | Manager | 2580 | 2585 |
| St. Louis | Manager | 2585 | 2590 |
| St. Louis | Manager | 2590 | 2595 |
| St. Louis | Manager | 2595 | 2600 |
| St. Louis | Manager | 2600 | 2605 |
| St. Louis | Manager | 2605 | 2610 |
| St. Louis | Manager | 2610 | 2615 |
| St. Louis | Manager | 2615 | 2620 |
| St. Louis | Manager | 2620 | 2625 |
| St. Louis | Manager | 2625 | 2630 |
| St. Louis | Manager | 2630 | 2635 |
| St. Louis | Manager | 2635 | 2640 |
| St. Louis | Manager | 2640 | 2645 |
| St. Louis | Manager | 2645 | 2650 |
| St. Louis | Manager | 2650 | 2655 |
| St. Louis | Manager | 2655 | 2660 |
| St. Louis | Manager | 2660 | 2665 |
| St. Louis | Manager | 2665 | 2670 |
| St. Louis | Manager | 2670 | 2675 |
| St. Louis | Manager | 2675 | 2680 |
| St. Louis | Manager | 2680 | 2685 |
| St. Louis | Manager | 2685 | 2690 |
| St. Louis | Manager | 2690 | 2695 |
| St. Louis | Manager | 2695 | 2700 |
| St. Louis | Manager | 2700 | 2705 |
| St. Louis | Manager | 2705 | 2710 |
| St. Louis | Manager | 2710 | 2715 |
| St. Louis | Manager | 2715 | 2720 |
| St. Louis | Manager | 2720 | 2725 |
| St. Louis | Manager | 2725 | 2730 |
| St. Louis | Manager | 2730 | 2735 |
| St. Louis | Manager | 2735 | 2740 |
| St. Louis | Manager | 2740 | 2745 |
| St. Louis | Manager | 2745 | 2750 |
| St. Louis | Manager | 2750 | 2755 |
| St. Louis | Manager | 2755 | 2760 |
| St. Louis | Manager | 2760 | 2765 |
| St. Louis | Manager | 2765 | 2770 |
| St. Louis | Manager | 2770 | 2775 |
| St. Louis | Manager | 2775 | 2780 |
| St. Louis | Manager | 2780 | 2785 |
| St. Louis | Manager | 2785 | 2790 |
| St. Louis | Manager | 2790 | 2795 |
| St. Louis | Manager | 2795 | 2800 |
| St. Louis | Manager | 2800 | 2805 |
| St. Louis | Manager | 2805 | 2810 |
| St. Louis | Manager | 2810 | 2815 |
| St. Louis | Manager | 2815 | 2820 |
| St. Louis | Manager | 2820 | 2825 |
| St. Louis | Manager | 2825 | 2830 |
| St. Louis | Manager | 2830 | 2835 |
| St. Louis | Manager | 2835 | 2840 |
| St. Louis | Manager | 2840 | 2845 |
| St. Louis | Manager | 2845 | 2850 |
| St. Louis | Manager | 2850 | 2855 |
| St. Louis | Manager | 2855 | 2860 |
| St. Louis | Manager | 2860 | 2865 |
| St. Louis | Manager | 2865 | 2870 |
| St. Louis | Manager | 2870 | 2875 |
| St. Louis | Manager | 2875 | 2880 |
| St. Louis | Manager | 2880 | 2885 |
| St. Louis | Manager | 2885 | 2890 |
| St. Louis | Manager | 2890 | 2895 |
| St. Louis | Manager | 2895 | 2900 |
| St. Louis | Manager | 2900 | 2905 |
| St. Louis | Manager | 2905 | 2910 |
| St. Louis | Manager | 2910 | 2915 |
| St. Louis | Manager | 2915 | 2920 |
| St. Louis | Manager | 2920 | 2925 |
| St. Louis | Manager | 2925 | 2930 |
| St. Louis | Manager | 2930 | 2935 |
| St. Louis | Manager | 2935 | 2940 |
| St. Louis | Manager | 2940 | 2945 |
| St. Louis | Manager | 2945 | 2950 |
| St. Louis | Manager | 2950 | 2955 |
| St. Louis | Manager | 2955 | 2960 |
| St. Louis | Manager | 2960 | 2965 |
| St. Louis | Manager | 2965 | 2970 |
| St. Louis | Manager | 2970 | 2975 |
| St. Louis | Manager | 2975 | 2980 |
| St. Louis | Manager | 2980 | 2985 |
| St. Louis | Manager | 2985 | 2990 |
| St. Louis | Manager | 2990 | 2995 |
| St. Louis | Manager | 2995 | 3000 |

EMPLOYMENT-MEDICAL CARD

[illegible]

See, Kang

No. 917

فرضه

Three:

Одобрено: _____

[illegible]

Date of accident 12/13/41 (a) Day of Week Saturday

(b) Hour of day _____ (c) Date disability began _____

Name of injured employee Harold G. Smith

(d) Home Address 11 E. 1st St. Minneapolis (e) Age 26

(f) Married, single, or widowed Married

(g) No. of children under sixteen years _____

(h) Average daily earnings _____

(i) Engaged in what work when injured Room Cleaner

(j) In what department Clutch Room

(k) Was this the regular occupation of injured person Yes

Describe in full how accident occurred, stating cause clearly

Fall of 6' 2" - from rail and right hand
to floor

(a) Kind of machine, tool, or appliance with which accident occurred _____

(b) Part of machine or device causing accident _____

(c) Power Driven _____ Hand feed or mechanical _____

(d) Any safeguard removed at time of accident _____

By whom _____

Nature of injury as definitely as possible Fracture

(a) Part of body injured (right or left) Right hand

(b) Attending physician or hospital: Name H. E. W. W.

Address 645 W. 1st St.

(c) Has employee returned to work Yes

(d) If so, give date 12/13/41

(e) If not, state estimate of probable length of disability _____

REPORT OF OCCUPATIONAL INJURY

DEPARTMENT OF LABOR AND INDUSTRY

EMPLOYING COMPANY: THE PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY

(1) Name: John J. Smith

(2) Office address: No. 1234 Market Street, Philadelphia, Pa.

(3) Nature of business: Manufacturing of machinery

(4) Place where accident occurred: Factory

(5) Date accident reported to employer: 12/15/33

INJURED EMPLOYEE

(6) Name: John J. Smith

(7) Address: No. 1234 Market Street, Philadelphia, Pa.

(8) Age: 35

(9) Number of certificates: 1

(10) Occupation when injured: Machine operator

(11) How long employed at occupation at which injured: 5 years

(12) Number of hours worked per day: 8

(13) Wages: Per hour 1.00, Per Day 8.00, Per Week 40.00

CAUSE OF ACCIDENT

(14) What was employee doing when the accident occurred: Operating a lathe

(15) What machine, tool, substance or obj. was most closely connected with the acc.: Lathe

(16) If machine or vehicle, what part of it: Lathe

(17) How did the accident happen: Hand caught in lathe

(18) Was the machine, tool or object defective in any way? No

(19) Could the accident have been prevented? No

(20) Were mechanical guards or other summary safeguards (such as gates) provided? No

(21) Was injured using them? No

DATE AND LOCATION OF EVENT OR OCCUPATIONAL DISEASE

(22) Date: 12/15/33

(23) Location: Factory

(24) Nature of injury or occupational disease: Amputation of right arm

(25) Attending physician and hospital: Dr. J. H. Smith, St. Mary's Hospital

(26) Has employee returned to work? No

(27) If no, give date: 12/15/33

(28) If injured result in death? No

(29) If no, give date: 12/15/33

EMPLOYEE'S STATEMENT

(30) I hereby certify that the above is a true and correct statement of the facts as they occurred.

(31) Signature: John J. Smith

(32) Date: 12/15/33

(33) Place: Factory

(34) Name of witness: John J. Smith

(35) Address: No. 1234 Market Street, Philadelphia, Pa.

(36) Age: 35

(37) Occupation: Machine operator

(38) How long employed: 5 years

(39) Number of hours worked per day: 8

(40) Wages: Per hour 1.00, Per Day 8.00, Per Week 40.00

(41) Nature of injury: Amputation of right arm

(42) Date: 12/15/33

(43) Location: Factory

(44) Nature of injury or occupational disease: Amputation of right arm

(45) Attending physician and hospital: Dr. J. H. Smith, St. Mary's Hospital

(46) Has employee returned to work? No

(47) If no, give date: 12/15/33

(48) If injured result in death? No

(49) If no, give date: 12/15/33

In re: Harry Miller 12-13-41

Claim No. 4041-3910 Foot

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

PAUL C. SMOKE, M. D.
125 COLLEGE AVENUE
LANCASTER, PA.

Copy

U. S. Asbestos Co.
Manheim, Pa.

August 9, 1945

Dr. F. F. Guis
184 S. Main Street
Manheim, Pa.

In re: Mr. Harry Miller
11 Baby Street
Manheim, Pa.

Dear Doctor: My

Fluoroscopic examination of the chest shows that the diaphragm moves with a moderate excursion. There is diffuse infiltration at both bases. The chest is moderately well aerated and expansion is good.

Roentgenographic examination confirms these findings. There is diffuse infiltration along the trunk shadows at both bases, especially the left. The appearance is very typical of a second stage asbestosis. There is associated with this, pleuropericarditis.

A comparison of this film with the report rendered 6-4-35, shows definite advance in the disease.

DIAGNOSIS: Asbestosis - second
stage, especially
left base.

Thank you very much for referring this patient to me, and with kindest regards, I am

Very truly yours,

Paul C. Smoke

PC:3

February 13, 1945.

Dr. F. T. Guis,
184 South Main Street,
Marbleton, Penna.

Dear Doctor Guis:

The following is a copy of the report of the chest x-ray of Harry Miller. This chest x-ray was taken 2/2/45 and read by Dr. Smith.

The hilar shadows are enlarged and show an increase in density. The bronchial shadows which present a fuzzy outline, are quite prominent in both sides. A number of small nodules in both sides, slightly more so in the right side. The apices appear fairly clear. Some flattening at the left base, the angles at the left base are effaced. The contour of the right base is fairly normal. The heart shadow and the aorta appear negative.

Diagnosis: The changes present suggest a second stage asbestosis. They appear slightly more marked by comparison with the film taken 3/22/42.

Robert D. Smith, M. D.

Yours truly, R. D. SMITH
M.D.,
UNITED STATES ARMY MEDICAL SERVICE
at Raytheon-Engstrom Inc.

Robert D. Smith
Major, Medical Corps, U.S. Army

May 15, 1943.

Dr. P. F. O'Neil,
124 South Main Street,
Machan, Penna.

Dear Doctor O'Neil:

The following is a copy of the report of the chest x-ray of Harry Miller. This chest x-ray was taken 5/3/43 and read by Dr. Quab.

Practically no change from an x-ray standpoint since the previous examination, 2/2/43.

Diagnosis: Same as stated at the previous examination, no change evident.

Robert D. Quab, M. D.

Very truly yours,

UNITED STATES AIRBORNE DIVISION
of Raybestos-Robinson Inc.,

Raybestos-Robinson Inc.
Company House and Army Air Station
Cincinnati, Ohio

Harry Miller

B 1934

5/3/45

Practically no change from an x-ray standpoint since the previous examination,
2/2/45.

Diagnosis: Same as stated at the previous examination, no change evident.

Robert D. Smith
Robert D. Smith, M. D.

H. C. FULTON, M. D.

229 NORTH DUXIE ST.

LANCASTER, PA.

Sept. 9, 1940

Dr. Thomas Metzger,
619 West Chestnut St.,
Lancaster, Pa.

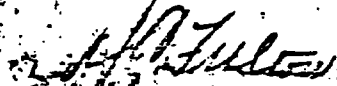
Dear Dr. Metzger:

Thank you for referring Harry A. Miller to me.

This man's visual acuity is lowered to about
20/100 each eye and cannot be improved by any change
of lenses.

He has a massive central choroiditis in both
eyes which probably dates back over a period of about
2 years. There is no sign of activity at this time.
I do not believe there is any chance of his vision
improving.

Respectfully yours,



HCF:VK

Harry Miller

R 1831
2/2/43

The hilar shadows are enlarged and show an increase in density. The bronchial shadows which present a fuzzy outline, are quite prominent in both sides. A number of small nodules in both sides, slightly more so in the right side. The apices appear fairly clear. Some flattening at the left base, the angles at the left base are effaced. The contour of the right base is fairly normal. The heart shadow and the aorta appear negative.

Diagnosis: The changes present suggest a second stage asbestosis. ~~They~~
They appear slightly more marked by comparison with the film taken
3/12/42.

Robert D. Swab
Robert D. Swab, M. D.

435 ... with ... for ...
P. E. ...
... enlarged to left
... enlarged.
Left ... enlarged.

Minor Physical Defect
Major Physical Defect

- DIAGNOSIS
- ① ...
 - ② ...
 - ③ ...
 - ④ ...

RECOMMENDATIONS
C ...

RATING

LABORATORY - DATA

URINE: Reaction *acid* Sp. Gr. *1.017* Albumin *neg*
 Sugar *neg* Microscopic *neg*

BLOOD: R.B.C. *5-8* Hb. *14.5* C. Index *.37*
 W.B.C. *16,000* *4-10* X *1* *1*
 Morphology and Remarks:
 Sedimentation Test:

Serology for *8/29/40 Wassermann - neg*
 Lues

FLUOROSCOPE

| | | | | |
|---------------------|---------|------------------|--------------|----------|
| | | Normal Breathing | Rt | Lt |
| Diaphragm: Emersion | | | | |
| | | Forced Breathing | | |
| Heart: | A.P. | Size | Shape | Position |
| | Lateral | P.C. Zone | Left Auricle | Aorta |

X-RAY READING

GLANDS *neg*

cervical
epitrochlear
thyroid

axillary
inguinal

(a) palpable

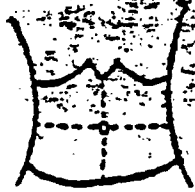
(b) diffuse enlargement

(c) nodular

Signs of Hyperthyroidism - Hypothyroidism

- (1) eye signs
- (2) tremor
- (3) tachycardia
- (4) flushing

ABDOMEN *neg*



Rings good support
Rt. - slightly enlarged
with rough surface.

GENITALIA *neg*

Scars
Discharge
Scrotum
Testicles

RECTUM *neg*

Hemorrhoids
Sphincter
Prostate
Vesicles

| EXTREMITIES and
SPINE | SPINE | HANDS | FEET | OTHER JOINTS |
|--------------------------|-------|-------|------|--------------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES:

Knee Jerk *normal*
Humbert

Babinski *neg*
Pupils *OK*

CIRCULATION

Varicose Veins *OK*

Arterio-sclerosis *neg*

BEHAVIOR

General
Speech

Gait
Personality Type

CHEST

HEART



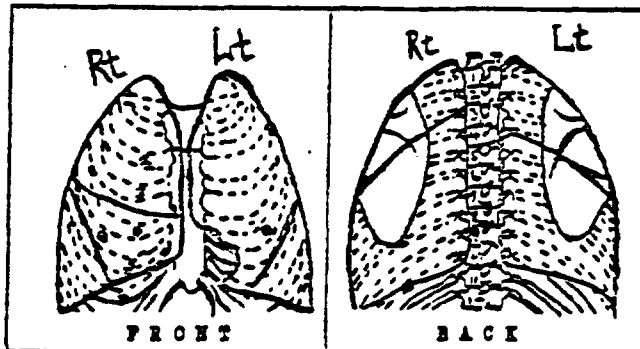
Apex beat Location - *Slightly enlarged to left*
 Thrills - *None*
 Rhythm and Sounds - *equal, regular, good quality*
 Murmurs - *None (possible in pulmonary area)*

| EXERCISE | AT REST | AFTER EXERCISE | 2 MIN. LATER |
|----------|---------|----------------|--------------|
| Pulse | 80 | 112 | 94 |
| R.R. | 20 | 25 | 24 |
| B.P. | 120/80 | 145/90 | 135/85 |

Etiological Class
 Anatomical Class
 Functional Cap.

Pulse: Character
 Associated Signs, — Dyspnea, Cyanosis, Neck Veins,
 Vessels, Edema, Petechiae

LUNGS



Expansion 37 - 39
 Tactile Fremitus
 IV - IV
 Percussion
 SL. Imp. III
 Mod. Imp. III
 Dullness III

Breath Sounds
 Broncho-ves B.V.B.
 Bronchial B.B.
 Feeble F.B.
 Harsh Insp. H.I.B.
 Prolonged Exp. P.E.
 Vocal Resonance
 I.V.R. - D.V.R.

Whisp. Pec. W.P.
 Friction Rub.
 Rales
 Sub Creb...Sib...
 Creb...cccccccc
 Course ccccccccccccc

REMARKS *Right B.S. right side slightly decreased with*
rough short lived expiratory sounds.
Post. Few dry rales both extreme bases.

Name: John J. ...
 Address: ...
 Age: 25
 Date: ...
 Height: 5' 7"
 Weight: 147 lbs.
 Actual V.C.: ...
 Normal V.C.: ...
 Temp: 98.6
 Pulse: 80
 Resp: 24
 Est. Weight: 147 lbs.
 % of Normal: ...

Dues: 16.9 balls: 2 Movements: _____
 lids: 9 conjunctiva: _____ sclerae: _____ pupils: _____

| Vision: Without Glasses | | With Glasses: | |
|-------------------------|-------------------|---------------|----------------|
| Distance | Rt 20/ <u>man</u> | | 20/ <u>man</u> |
| | Lt 20/ <u>man</u> | | 20/ <u>man</u> |

Color Blind

Part: 124

| | | | | |
|---------|----|-----|----|-----|
| case | Rt | | Lt | |
| draw | Rt | | Lt | |
| hearing | Rt | /20 | Lt | /20 |

Nose:
mucous membranes
septum from left side of septum
turbinate

Sinusoids:

| | | | | |
|-------------|----|-------|----|-------|
| Centrals | Rt | _____ | Lt | _____ |
| Auxiliaries | Rt | _____ | Lt | _____ |

Lips -- Buccal Noose: _____

| Teeth: | U.R. | U.L. | |
|--------|---------------|---------------|--------------|
| | 6 5 4 3 2 1 | 1 2 3 4 5 6 | 0 - Restored |
| | 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 | X - Missing |
| | L.R. | L.L. | = - Bad |

My business

Tongue vs direction Traces the contour
 Root vs position vs shape vs taste

Throat: (a) tonsils Enlarged (b) palate 0 (c) Pharynx 0

LAST

S.S. 180-655995 No 983

Name Arthur Weisman 6-5-01

Address 324 Gough St. San Francisco, Ca. Tel. _____

Birth date Nov. 22 1909 Married ☒ Single ☐ Children 2 Height _____ Weight _____

| Dept. | Occupation | Rate | INCLUSIVE DATES | | Reasons For Separation | Service Credit | | |
|-------|------------|------|-----------------|----------|------------------------|----------------|------|------|
| | | | From | To | | Tot. | Max. | Days |
| 2-1 | Trainee | 35 | 6-11-27 | 5-2-27 | | | | |
| 2-1 | Trainee | 37 | 5-2-27 | 2-20-31 | | | | |
| 2-2 | Trainee | 40 | 2-20-28 | 3-1-28 | | | | |
| 2-2 | Trainee | 44 | 3-1-28 | 6-5-37 | 11-11-37 | | | |
| 2-2 | Trainee | 44 | 6-5-37 | 11-11-37 | 11-11-37 | 5 | 2 | 9 |
| 2-2 | Trainee | 44 | 6-5-37 | 11-11-40 | | 2 | 2 | 25 |
| 2-2 | Trainee | 44 | 11-11-40 | 11-11-40 | | 1 | 2 | 0 |
| A-12 | WEAVER | P.W. | 11-11-40 | 12-28-42 | | | | 62 |
| | WEAVER | P.W. | 12-28-42 | | | | | |
| T-12 | | P.W. | 1-25-44 | 7-25-44 | | | | |
| S-72 | Teacher | 56 | 7-25-44 | 7-31-44 | | | | |
| | | 63 | 7-31-44 | | | | | |
| | | | 6-19-45 | 6-21-45 | | | | |
| S-67 | TEACHER | 66 | 6-19-45 | 6-21-45 | | | | |

[illegible]

[illegible]

| NAME | | | | No. | |
|------------|-------|-----------------|------|----------|---------------------|
| EMPLOYED | | RATE | | TIME | P.M. |
| DEPARTMENT | | OCCUPATION | | | |
| DATE | DEPT. | OCCUPATION | RATE | DATE | LEFT SERVICE REASON |
| 11-29-37 | D-7 | Incher | .43 | 11-29-37 | Transfer |
| | | | | 12-6-37 | Laid off OK. |
| 8-16-38 | D-7 | Repairman | .43 | | Both |
| 10-12-38 | D-4S | Spreader Driver | .43 | 12-12-38 | Retired |

Form 110-28-37

U. S. ASBESTOS CO.

Employment Record

Date 3/29/37

Name Robert Roy Myers Height 5'4" Weight 128

Address Lancaster P.D. 1 Phone 262-2

Date of Birth March 6, 1917 Married No Children under 16 years No

Education 1 year High school Trades Mechanic

Defects in hearing, eyesight, speech, or limb No

Have you a Hernia No Any disease No

Employed here before — Date No Dept.

Where last employed Carl P. Myers & Sons P.D. 1 Lancaster

Occupation Repair work Length of Service 6 years

Reason for Leaving Not enough work

I hereby certify that the statements made in the above record are true to the best of my knowledge and belief, and promise to give a full week's notice when leaving Company's employ. I also understand that any misstatement wilfully made by me will be sufficient cause for discharge.

Employee's
Signature

Robert Roy Myers

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD
HARRISBURG

REFEREE'S NOTICE OF HEARING

Claimant Raymond Ludwig,
Street Address 249 St. Charlotte St.,
Manheim, Lanc. Co., Pa.
City _____
_____ vs. _____
Defendant U.S. Asbestos Div. of
Raybestos,
Address Manheim,
Lanc. Co., Pa.

Petition No. 104,023

Lancaster, Pa.
June 11, 1940,

19

To Richard W. Martin, Esq.,
46 S. Third Street,
Lancaster, Pa.

To Paul A. Thollon, Esq.,
111 N. Second St., Lancaster, Pa.

To Philip E. O'Connell, Esq.,
State Workmen's Comp. Bd.,
Harrisburg, Pa.

To Penna. Assoc. Gas. Inc. Co.,
28 S. Orange St., Lancaster, Pa.

Penna. Assoc. Gas. Inc. Co.,
Finance Bldg., Philadelphia, Pa.

I hereby notify you that the above claim petition will be heard by me on Tuesday,

June 28, 1940,

10:30 (approx.) A. M.

at Court Room 4, Fourth Floor, Court House, Lancaster, Pa.

John B. Graybill
(Referee)

JOHN B. GRAYBILL,
Third Floor, Court House, Lancaster, Pa.

Chest X-ray Reports

Raymond Ludwig Claim Number: 4044-921

Metropolitan Life Insurance Company Survey 1930, 1935, 1946-1949

1930 — 1st degree asbestosis

1935 — No change

1936-1939 — Markings are more definite
slight progress.

2/20/45. (Dr. Seab)

The hilar shadows are enlarged and show a decided increase in density. A marked fibrosis in the right and left lower lobe areas. The contour of the right lung appears fairly normal. The left base and the heart outline, especially the left side, is quite fuzzy in character. The heart shadow shows some enlargement.

Diagnosis: The changes present, in view of this man's occupation, indicate asbestosis, practically of the third stage.

Robert D. Seab, M. D.

1/25/46. (Dr. Seab)

The lung markings show practically no change from an x-ray standpoint since the previous examination.

Diagnosis: Third stage asbestosis, practically no change from an x-ray standpoint since the previous examination, 2/20/45.

Robert D. Seab, M. D.

Martha G. McCartney

5/27/46.

PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY
WAGE SCHEDULE

29

CLAIM NO.

Raymond Ludwig
(Injured Employee)

(Employer)

7-16-46
(Date of Accident)

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE INSURANCE COMPANY PROMPTLY, AS THE COMPENSATION AGREEMENT CANNOT BE PREPARED, NOR COMPENSATION PAID UNTIL THIS INFORMATION IS SUPPLIED.

If employee was paid a fixed weekly, monthly, or annual wage, how much?

per (wk.) (mo.) (year)

Date of birth of employee *Aug. 12, 1898*

IF THE EMPLOYEE WAS NOT PAID ON A FIXED SALARY BASIS, COMPLETE THE FOLLOWING WAGE SCHEDULE:

Hourly rate paid *74¢* Number of hours constituting a normal work day

Number of days in a normal work week Were meals or lodging provided?

Show date of hire if injured has been in your employ less than three months

(Date employed)

WAGES FOR THE 12 WEEKS IMMEDIATELY PRECEDING ACCIDENT OR FOR THE PERIOD EMPLOYED

Show total earnings of the employee in each of the 12 week periods, but do not include tips or gratuities.

| 1st period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From <i>3/24/45</i> To <i>6/24/45</i> \$ <i>97.07</i> | |

| 3rd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <i>9/24/45</i> To <i>12/24/45</i> \$ <i>92.91</i> | |

| 2nd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <i>6/30/45</i> To <i>9/23/45</i> \$ <i>351.78</i> | |

| 4th period of 13 consecutive calendar weeks (the 13 weeks immediately preceding the accident) | Total Wages Earned |
|---|--------------------|
| From <i>12/24/45</i> To <i>3/24/46</i> \$ <i>92.91</i> | |

NOTE: When the employee's wage basis is an hourly rate, daily rate, or by the output (piece work), the Act requires that 12 weeks immediately preceding the accident are to be divided into 4 periods of 13 consecutive weeks each, and the weekly wage computed by dividing by 13 the earnings in that period most favorable to the injured. It is this provision of the Law which makes necessary the wage detail requested herein.

Prepared by

FORM NO. 1-1938 (REV. 1-1938)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

BUREAU OF WORKMEN'S COMPENSATION
HARRISBURG, PA.
CASE NUMBER

IMPORTANT: FOLLOW CAREFULLY DETAILED INSTRUCTIONS ON REVERSE SIDE

EMPLOYING CONCERN

UNITED STATES ARMY AIR FORCE
of Mechanicsville, Pa.

Employer or
Carrier's File No.

DO NOT WRITE
THIS COLUMN

EMPLOYER'S

(1) Name United States Army Air Force (Give name under which concern does business)

(2) Office address: No. and Street East Second Street City Mechanicsville County Lancaster

(3) Nature of business Manufacturing of Aircraft Engines (List principal products or services of the concern)

(4) Place where accident occurred Mechanicsville City Lancaster County

(5) On Employer's Premises Yes (Yes or No) Department Clutch Packing & Carving

(6) Date of Accident 3/26/46 (7) Hr. AM (8) Hr. Int. began working

(9) Date disability began 3/26/46 (10) (a) Was Int. paid in full for the day Yes or No

(b) Date accident reported to employer 3/26/46

Witnesses: (Names and addresses)

COUNTY

INDUSTRY

DATE

HOURS WORK

AGE

CONJ. CONGUT
AND SEX

INJURED EMPLOYEE

(11) Name Raymond (First Name) Leach (Last Name) (Nationality or Race)

(12) Address: No. and Street 217 South Charlotte Street City Mechanicsville County Penn.

(13) Age 21 (14) If under 18, did you have on file an employment certificate (Yes or No)

(15) Number of Certificates (16) Occupation for which issued

(17) Check (V) Married X Single X Male X Female X U. S. Citizen X (18) No. children under 16 yrs.

(19) (a) Occupation when injured Overhaul Mechanic, Clutch Packing (b) How long employed at occupation at which injured 1942

(20) (a) How long employed at occupation at which injured (b) How long employed by you

(21) Number of hours worked per day (22) Number of days worked per week

(23) Wages: Per hour 1 Per day 1 Per Week 1 Board or Lodging

DEPENDENT

OCCUPATION

TIME EMPLOY

WAGE

AGENCY

PART

CAUSE OF ACCIDENT

(24) What was employee doing when the accident occurred Carving (Describe briefly as loading truck, operating a drill press, etc.)

(25) What machine, tool, substance or obj. was most closely connected with the acc. shoveling dirt; painting with spray gun, etc.

(26) If Machine or vehicle, what part of it (Name the machine, tool, appliance, gun, liquid, etc. involved)

(27) How did the accident happen Worked in Carving and Grinding Department from June 1923 (Describe the accident fully, stating whether injured person fell or was struck, etc. and all factors contributing to the accident. Use other side for additional space.)

(28) Was the machine, tool or object defective in any way? well February 1945 since then, because of health was transferred to the Clutch Packing Department.

(29) If so, how? (Specify by illuminating, ventilating, etc.)

(30) Could the accident have been prevented? (31) How? (Specify by illuminating, ventilating, etc.)

(32) Were mechanical guards or other necessary safeguards (such as goggles) provided

(33) Was injured using them?

ACCIDENT TYPE

UNSAFE ACT

NEED. DEF.

PERSON. DEF.

NATURE

LOCATION

REPORT LA

INSURANC.

DISABILITY

PAYMENT LA

NATURE AND LOCATION OF INJURY OR OCCUPATIONAL DISEASE

(34) (Describe in detail the nature of the injury or occupational disease, and the part of the body affected. For example, Amputation of right arm, crushing injury to chest, affected respiratory tract, skin infections, etc.)

(35) Attending physician and hospital Dr. C. W. Feltz, Mechanicsville, Penna. (Name and address)

(36) Has employee returned to work? (37) If so, give date (38) At what whly. wage?

(39) Did injury result in death? (40) If so, give date

TIME LOST

WAGES

COMP

MEDICAL

OTHER

TOTAL

OCC. DIS. Y

INSURANCE CARRIER

(41) PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY

Branch Office LANCASTER, PA.

(42) Date of this report 4/20/46

Made out by A. E. Hahn

Official position Personnel Manager

In case of minor accidents, however, exceptions, etc., etc., side.

ACCIDENT REPORT

3. Date of Accident 3/26/46 (a) Day of Week _____
(b) Hour of day _____ (c) Date disability began 3/26/46
4. Name of injured employee Raymond L. Lindberg
(b) Home address 249 S. Chas. St. St. Louis, Mo. (c) Age May 13, 1894
(d) Married, single, or widowed Married
(e) No. of children under sixteen years _____
5. (b) Average daily earnings _____
(c) Engaged in what work when injured Call Tender
(d) In what department Carding & Control
(e) Was this the regular occupation of injured person _____
6. Describe in full how accident occurred, stating cause clearly While on duty, was struck by a moving car.
March 26, 1946, at St. Louis, Mo.
Employee of the St. Louis & San Francisco Railway Co.
(a) Kind of machine, tool, or appliance with which accident occurred _____
- (b) Part of machine or device causing accident _____
(c) Power Driven _____ Hand feed or mechanical _____
(d) Any safeguard removed at time of accident _____
By whom _____
7. Nature of injury as definitely as possible Whiplash
(a) Part of body injured (right or left) _____
(b) Attending physician or hospital: Name D. C. Thompson
Address _____
(c) Has employee returned to work _____
(d) If so, give date _____
(e) If not, state estimate of probable length of disability _____

1939
 Anti-743
 X last day marked
 March 25, 1946

2/11/45 - trans

C-164-A-18-27-48-EM

In re: Lutwig, Raymond 3-26-46
Claim No. 4046-921 Asbestosis

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company
21 E. ORANGE ST., LANCASTER, PA.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
FOREIGN'S COMPENSATION BOARD
HARRISBURG

7-12-64 REFUSE'S NOTICE OF POSTPONEMENT

[illegible]

శివరాత్రి, ఏడాది లో, 1944.

Hearing in the above case which was set for
10:30 A.M., Court House, Lancaster, Pa.
because of illness of the Reporter can no longer
has been postponed.

All parties in interest will receive due notice of the time and place of hearing.

John B. Graybill
(Referee)
Orion, N.Y., Lancaster, Pa.

COMPENSATION INSURANCE

NAME Ludwig, Raymond #046-921

349 South
Main

| Dept. | Date of Accident | Date Out | Date In | Days Lost | Nature of Injury | REMARKS | DESCRIPTION |
|---------|------------------|----------|---------|-----------|------------------|-----------|--|
| | 2/20/46 | 3/20/46 | | | Total | Admission | Worked in Canning and
Doubly Department from June 1923 until
since then, because of health was
the Cattle Feeding Department |
| | | | | | | | Rev. C. M. |
| | | | | | | | Draft #173166R, in the amount of 360.84 which included \$4.27 interest
from 4-3-46 to 9-4-46 incl. delivered to Richard Martin, C. O. 457. Cash |
| 171289R | 2/5/46 | 10/2/46 | | 64.00 | | | \$424.84 |
| A311457 | 10/3/46 | 10/30/46 | | 64.00 | | | \$488.84 |
| 178109R | 10/31/46 | 11/27/46 | | 64.00 | | | \$552.84 |
| 178158R | 11/28/46 | 12/25/46 | | 64.00 | | | \$616.84 |
| A337713 | 12/26/46 | 1/22/47 | | 64.00 | | | \$680.84 |
| 178221R | 1/23/47 | 2/14/47 | | 64.00 | | | \$744.84 |
| 178273R | 2/20/47 | 3/19/47 | | 64.00 | | | \$808.84 |
| A355263 | 3/20/47 | 4/10/47 | | 64.00 | | | \$872.84 |

COMPENSATION INSURANCE

4046-921

349 South Charlotte Street,
 Franklin, Penna

REMARKS - DESCRIPTION

Class
 Numbers

Payments

Notes: Worked on Caiding and Handling
 current from June 1923 until Feb 1940.
 then because of health was transferred to
 Hotel Training Department

Rev. C. M. Webb.

2.84 which included 4.27 interest and paid the compensation
 to Richard Martin, C. 9, 457, Oak St. Lancaster (counsel for the claimant)

124.84

488.84

752.84

116.84

180.84

442.84

08.84

72.84

249 South Charlotte Street,
Manheim, Penna.
August 1949.

State Workmen's Insurance Board,
Johnston Building,
Harrisburg, Penna.

Re: Raymond Ludwig,
249 South Charlotte Street,
Manheim, Penna.

Dear Sirs:

Check number 44230 S, in the sum of eight dollars (\$8.00), payee Raymond Ludwig, is enclosed. Mr. Ludwig was stricken and died 8-17-49 before he could sign the check.

Will you please have the check made payable to Elva Ludwig, Widow of Raymond Ludwig, 249 South Charlotte Street, Manheim, Penna.

Thank you. I am

Very truly yours,

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD
HARRISBURG

REFEREE'S NOTICE OF HEARING

Raymond Ludwig,
Claimant
249 S. Charlotte St.,
Street Address
Manheim, Penna.
City
vs.
U.S. Asbestos Div. of Haystack
Defendant
Manheim, Penna.
Address

Petition No. 104,923

July 3, 1946.

Lancaster, Pa. 19

To Richard Martin, Esq.,
45 N. Duke St.,
Lancaster, Penna.

If you fail to appear, the petition will be disposed of in your absence.

To Paul A. Mueller, Esq.,
45 N. Duke St.,
Lancaster, Penna.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to offer.

To Ralph W. Henny, Esq.,
State Workmen's Ins. Fund,
Johnston Bldg., Harrisburg, Pa.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application at this office.

To Penna. Fire, Acc. & Cas. Ins. Co.,
28 E. Orange St., Lancaster, Pa. (and)
Finance Bldg., Philadelphia, Penna.

I hereby notify you that the above claim petition will be heard by me on Wednesday,

July 17, 1946, 10:30 A.M.,

at Court Room #4, Fourth Floor, Court House, Lancaster, Penna.

John B. Graybill
(Referee)

Claim Department #4046-921
Raymond Ludwig vs U.S.A asbestos Div.,

AWARD

Compensation is, accordingly, awarded to Raymond Ludwig, the claimant, at the rate of \$20.00 per week (66-2/3% of \$31.15 being in excess of the maximum under the Act) from April 2, 1946 and to continue thereafter as long as the claimant is totally disabled within the limitations of the Pennsylvania Occupational Disease Act, effective July 1, 1945; provided however, that the total liability of the defendant and the Commonwealth of Pennsylvania, the State Workmen's Insurance Board, Custodian of the Occupational Disease Fund and all parties defendant, shall not exceed the sum of \$4,000.00.

This compensation is to be paid jointly, 80% or the sum of \$16.00 per week to be paid by the U. S. Asbestos Div., of Raybestos-manchattan, Inc., and/or the Pennsylvania Manufacturers' Association Casualty Insurance Company, insurance carrier of the defendant, and 20% or the sum of \$4.00 per week to be paid by the Commonwealth of Pennsylvania out of monies to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

The above order is to bear interest at the rate of 6% on all deferred payments according to Section 410 of the Act.

Draft #173166R, in the amount of \$560.84, which included \$2.27 interest, and paid the compensation from 4-2-46 to 9-4-46 incl., delivered to Richard Martin, Esq., 45 N Duke St., Lancaster (Counsel for the Claimant)

Claim #10246-921
UNITED STATES ASBESTOS DIV
Raymond Ludwig, Dec'd.

Compensation is, accordingly, awarded to Elva W. Ludwig, the claimant, for Raymond Ludwig, the decedent, at the rate of \$41.00 per week, from July 19, 1949 to August 17, 1949, the date of the death of the decedent, a period of 4-17 weeks, in the sum of \$165.57 to be paid by the Commonwealth of Pennsylvania out of monies to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

Compensation is awarded to Elva W. Ludwig, the claimant, on her own behalf, at the rate of \$41.00 per week (66-2/3% of \$312.50 being in excess of the maximum under the Act) from August 17, 1949 and to continue thereafter within the limitations of the Occupational Disease Act effective July 1, 1945, provided, however, that the total liability of the employer and the Commonwealth of Pennsylvania, the State Workmen's Insurance Fund, Custodian of the Occupational Disease Fund, and all parties decedent, shall not exceed the sum of \$1,000.00. This compensation shall be paid jointly 50% of the sum of \$41.00 per week to be paid by the U. S. Asbestos Division and 50% of the sum of \$41.00 per week to be paid by the Commonwealth of Pennsylvania. The Commonwealth of Pennsylvania shall be the insurance carrier of the decedent, and 50% of the sum of \$41.00 per week to be paid by the Commonwealth of Pennsylvania out of monies to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

Mrs. McGinty: On draft #316045-B, paying this case from 8-17-49 to 3-28-50 incl., or the sum of \$312.36, including \$5.16 interest, will be turned over to Richard Martin, Esq., Lancaster, Pa will the \$160.00 funeral reimbursement draft #259813-B.

• Might add this case will expire May 21, 1950, incl.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION BOARD
HARRISBURG

REFEREE'S NOTICE OF HEARING

Claimant Wm. J. Ludwig, widow of Raymond Ludwig,

247 North Charlotte St.,

Street Address Harrisburg, Penna.

City Harrisburg, Pa.

Defendant Washburne Lumber Co.,

100 North 11th St.,

Address Harrisburg, Pa.

Petition No. 217, 24

Harrisburg, Pa.

Filed Feb. 7, 1932 19

To Wm. J. Ludwig,

247 North Charlotte St.,

Harrisburg, Pa.

To Wm. J. Ludwig,

100 North 11th St.,

Harrisburg, Pa.

To Wm. J. Ludwig,

100 North 11th St.,

Harrisburg, Pa.

If you fail to appear, the petition will be disposed of in your absence.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to offer.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application at this office.

I hereby notify you that the above claim petition will be heard by me on Tuesday

February 21, 1932 9:30 a.m.

at Room 4, Fourth Fl., Court House, Harrisburg, Pa.

John J. [Signature]

142 N. Second St., Harrisburg, Pa.

220-28
COMMONWEALTH OF PENNSYLVANIA

FATAL
CLAIM PETITION FOR COMPENSATION
BY DEPENDENTS FOR DEATH RESULT-
ING FROM SILICOSIS, ANTERACO-
SILICOSIS OR ASBESTOSIS

DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKMEN'S COMPENSATION

HARRISBURG

2nd Fl. 3rd Bldg. East
P. O. Box 317

Elys W. Ludwig,
240 South Charlotte St.,
Philadelphia, Pennsylvania
U.S. Asbestos Div. of Raybestos-
Manhattan, Inc.,
Manhattan, Kansas

Claim Petition No. PHILA. 575, 1946
22,908
August 30, 1949 19
Raybestos Asbestos Case File No.
Finance Bldg., Philadelphia, Penna.
SECOND TRUST RESERVE ACCOUNT

TO THE WORKMEN'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

The Petitioner respectfully represents:

1. Elys W. Ludwig, died on 17th day of August, 1949

as the primary result of Asbestosis

2. The decedent had been employed in a hazardous occupation having a serious hazard in the Commonwealth of Pennsylvania for at least two years in the aggregate during the eight years next preceding disability as follows:

| Name of Employer | Address | Date of Employment
From - To |
|--|--------------------------|---------------------------------|
| <u>U.S. Asbestos Div. of Raybestos-</u>
<u>Manhattan, Inc.,</u> | <u>Manhattan, Penna.</u> | <u>1922 to Mar. 1946</u> |
| | | |
| | | |

3. The dependents are as follows:

(See reverse side of petition)

| Name | Residence | Relation | Dependency | Born |
|------------------------|---|-------------|--------------|----------------------|
| <u>Elys W. Ludwig,</u> | <u>240 S. Charlotte St.,</u>
<u>Philadelphia, Penna.</u> | <u>wife</u> | <u>total</u> | <u>Nov. 11, 1896</u> |
| | | | | |
| | | | | |

4. If claimant is a widow or widower state date and place of marriage; and if marriage was a common law marriage, so state Philadelphia, Pa. - 1922 to 1946

5. The decedent was last engaged in a hazardous occupation having a serious hazard in the employ of the defendant on 26th day of March 1946

6. The decedent became totally disabled on 26th day of March 1946

7. Did the deceased employee receive medical, surgical, or hospital services? Yes.
Dr. Charles P. Hall, Philadelphia, Pa. (and) Dr. E. E. Egan, Philadelphia, Pa.

8. What were the expenses of the last sickness and burial? None
9. Has the employer paid any part of these, if so, how much? None
10. The weekly wages of the decedent in the employ of the defendant was \$ 3.50

10. Was compensation paid decedent between the time total disability began and the date of his death? Yes - \$1200
(If so state when payments began.)

11. The claimant set forth the following additional facts which are believed to be important:
Since I am the widow of Raymond Ludwig I am claiming compensation for his death as a result of asbestosis. I was totally dependent upon him.

Wherefore the claimant ask the Workmen's Compensation Board to make an award that the Defendant shall pay such compensation as due under the Occupational Disease Compensation Act.

Edward Ludwig
249 South Charlotte St.,
Memphis, Tenn.

Subscribed and sworn to before me, this 30th day of August, 1949
at Lancaster, Tenn.

Thelma R. Delp
Thelma R. Delp,
19 Clark.

My Commission Expires on _____ day of _____ 1950

NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.

Please enter my appearance for petitioner

Attorney

Address

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party taking oath is requested to type or print full name and complete address of Petitioner signing this petition. It is necessary to make affidavit to only the original copy of the petition.

Rule 41. An employee shall be deemed to have had an aggregate employment of two years in the Commonwealth of Pennsylvania during the eight years next preceding disability in an occupation involving a silica or asbestos hazard.

- (a) When during any two calendar years in the preceding eight years he has been employed in such an occupation; or
- (b) When he has been employed in such an occupation during the eight year period for a total number of working days equal to twice the number of days the men employed in that industry work during an average year; or
- (c) When he has been employed in such an occupation during any twenty-four calendar months during the eight-year period.

This form of Claim Petition is to be used for disability resulting from the following occupation diseases listed in Section 2 of the Occupational Disease Compensation Act.

- (k) Silicosis or anthraco-silicosis in any occupation involving direct contact with, handling of, or exposure to dust of silicon dioxide (SiO₂).
- (l) Asbestosis in any occupation involving direct contact with, handling of, or exposure to the dust of asbestos.

The term "Hazardous Occupation" as used in Paragraph 2 of the Claim Petition is defined in Rule 42 of the Workmen's Compensation Board as follows:

Rule 42. Every occupation involving exposure to an occupational disease hazard enumerated in Section 2 of the Occupational Disease Compensation Act shall be deemed a "Hazardous Occupation" as that term is used in Section 6 (b) and Section 9.

Rule 43. Anthracite coal mining shall be presumed to be an occupation having a silica hazard.

Rule 44. There shall be a presumption of fact that silicosis, anthraco-silicosis and asbestosis are diseases which develop to a point of disablement only after an exposure of five or more years. Any party in interest, however, including the State Workmen's Insurance Fund, may produce evidence to show that in any particular instance the disease did, in fact, develop to a point of disablement during an exposure of less than five years.

Ch. Charlotte M. Chamberlain
2-17-49 - Released
~~not to be used~~

To the Clutch Firing Department

not a valid compensation, para 2.246
inter Counsel for the Claimant.

| LT
C. | DATE
PARTMENTS
RECORDED | AMOUNT | TOTAL | REMARKS |
|----------|-------------------------------|--------|--------|---------|
| | 8-27-47 | 312.25 | 312.54 | |
| | 8-28-47 | 312.25 | 312.54 | |
| | 8-29-47 | 312.25 | 312.54 | |
| | 8-30-47 | 312.25 | 312.54 | |
| | 8-31-47 | 312.25 | 312.54 | |
| | 9-1-47 | 312.25 | 312.54 | |
| | 9-2-47 | 312.25 | 312.54 | |
| | 9-3-47 | 312.25 | 312.54 | |
| | 9-4-47 | 312.25 | 312.54 | |
| | 9-5-47 | 312.25 | 312.54 | |
| | 9-6-47 | 312.25 | 312.54 | |
| | 9-7-47 | 312.25 | 312.54 | |
| | 9-8-47 | 312.25 | 312.54 | |
| | 9-9-47 | 312.25 | 312.54 | |
| | 9-10-47 | 312.25 | 312.54 | |
| | 9-11-47 | 312.25 | 312.54 | |
| | 9-12-47 | 312.25 | 312.54 | |
| | 9-13-47 | 312.25 | 312.54 | |
| | 9-14-47 | 312.25 | 312.54 | |
| | 9-15-47 | 312.25 | 312.54 | |
| | 9-16-47 | 312.25 | 312.54 | |
| | 9-17-47 | 312.25 | 312.54 | |
| | 9-18-47 | 312.25 | 312.54 | |
| | 9-19-47 | 312.25 | 312.54 | |
| | 9-20-47 | 312.25 | 312.54 | |
| | 9-21-47 | 312.25 | 312.54 | |
| | 9-22-47 | 312.25 | 312.54 | |
| | 9-23-47 | 312.25 | 312.54 | |
| | 9-24-47 | 312.25 | 312.54 | |
| | 9-25-47 | 312.25 | 312.54 | |
| | 9-26-47 | 312.25 | 312.54 | |
| | 9-27-47 | 312.25 | 312.54 | |
| | 9-28-47 | 312.25 | 312.54 | |
| | 9-29-47 | 312.25 | 312.54 | |
| | 9-30-47 | 312.25 | 312.54 | |
| | 9-31-47 | 312.25 | 312.54 | |
| | 10-1-47 | 312.25 | 312.54 | |
| | 10-2-47 | 312.25 | 312.54 | |
| | 10-3-47 | 312.25 | 312.54 | |
| | 10-4-47 | 312.25 | 312.54 | |
| | 10-5-47 | 312.25 | 312.54 | |
| | 10-6-47 | 312.25 | 312.54 | |
| | 10-7-47 | 312.25 | 312.54 | |
| | 10-8-47 | 312.25 | 312.54 | |
| | 10-9-47 | 312.25 | 312.54 | |
| | 10-10-47 | 312.25 | 312.54 | |
| | 10-11-47 | 312.25 | 312.54 | |
| | 10-12-47 | 312.25 | 312.54 | |
| | 10-13-47 | 312.25 | 312.54 | |
| | 10-14-47 | 312.25 | 312.54 | |
| | 10-15-47 | 312.25 | 312.54 | |
| | 10-16-47 | 312.25 | 312.54 | |
| | 10-17-47 | 312.25 | 312.54 | |
| | 10-18-47 | 312.25 | 312.54 | |
| | 10-19-47 | 312.25 | 312.54 | |
| | 10-20-47 | 312.25 | 312.54 | |
| | 10-21-47 | 312.25 | 312.54 | |
| | 10-22-47 | 312.25 | 312.54 | |
| | 10-23-47 | 312.25 | 312.54 | |
| | 10-24-47 | 312.25 | 312.54 | |
| | 10-25-47 | 312.25 | 312.54 | |
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COMPENSATION INSURANCE

Elva (widow)

4006-921. Living Raymond 241 South Charles St. 8-17-4

Industry 3/26/46 Death Benefit 3/26/46 Death Paid 3/26/46

on Collection. Worked in Carding and Printing Department

in 1945 since then because of health was transferred to the Cl

and 1731667 in the amount of 360.84 which included 4.27 interest - 4.27 and 4.27 and, delivered to Richard Martin Co. 450. Made 44 Lancaster Town

| DATE
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| 9-18-46 | 360.84 | | 02072R | 9-18-46 | 64.00 | 704.84 | 02072R | 9-18-46 |
| 10-18-46 | 64.00 | 8-27-46 | 020258R | 10-18-46 | 64.00 | 768.84 | 020258R | 10-18-46 |
| 11-18-46 | 64.00 | 488.84 | 61909-B | 11-18-46 | 64.00 | 1832.84 | 61909-B | 11-18-46 |
| 12-18-46 | 64.00 | 552.84 | 022458R | 12-18-46 | 64.00 | 1896.84 | 022458R | 12-18-46 |
| 1-18-47 | 64.00 | 616.84 | 022958R | 1-18-47 | 64.00 | 1960.84 | 022958R | 1-18-47 |
| 2-18-47 | 64.00 | 680.84 | 99175-9 | 2-18-47 | 64.00 | 2024.84 | 99175-9 | 2-18-47 |
| 3-18-47 | 64.00 | 744.84 | 090558R | 3-18-47 | 64.00 | 2088.84 | 090558R | 3-18-47 |
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| 7-18-47 | 64.00 | 1000.84 | 092158R | 7-18-47 | 64.00 | 2344.84 | 092158R | 7-18-47 |
| 8-18-47 | 64.00 | 1064.84 | 092158R | 8-18-47 | 64.00 | 2408.84 | 092158R | 8-18-47 |
| 9-18-47 | 64.00 | 1128.84 | 170263R | 9-18-47 | 64.00 | 2472.84 | 170263R | 9-18-47 |
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| 1-18-48 | 64.00 | 1384.84 | 171742R | 1-18-48 | 64.00 | 2728.84 | 171742R | 1-18-48 |
| 2-18-48 | 64.00 | 1448.84 | 171742R | 2-18-48 | 64.00 | 2792.84 | 171742R | 2-18-48 |
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| 4-18-48 | 64.00 | 1576.84 | 171742R | 4-18-48 | 64.00 | 2920.84 | 171742R | 4-18-48 |
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| 5-18-53 | 64.00 | 5480.84 | 171742R | 5-18-53 | 64.00 | 6824.84 | 171742R | 5-18-53 |
| 6-18-53 | 64.00 | 5544.84 | 171742R | 6-18-53 | 64.00 | 6888.84 | 171742R | 6-18-53 |
| 7-18-53 | 64.00 | 5608.84 | 171742R | 7-18-53 | 64.00 | 6952.84 | 171742R | 7-18-53 |
| 8-18-53 | 64.00 | 5672.84 | 171742R | 8-18-53 | 64.00 | 7016.84 | 171742R | 8-18-53 |
| 9-18-53 | 64.00 | 5736.84 | 171742R | 9-18-53 | 64.00 | 7080.84 | 171742R | 9-18-53 |
| 10-18-53 | 64.00 | 5800.84 | 171742R | 10-18-53 | 64.00 | 7144.84 | 171742R | 10-18-53 |
| 11-18-53 | 64.00 | 5864.84 | 171742R | 11-18-53 | 64.00 | 7208.84 | 171742R | 11-18-53 |
| 12-18-53 | 64.00 | 5928.84 | 171742R | 12-18-53 | 64.00 | 7272.84 | 171742R | 12-18-53 |
| 1-18-54 | 64.00 | 5992.84 | 171742R | 1-18-54 | 64.00 | 7336.84 | 171742R | 1-18-54 |
| 2-18-54 | 64.00 | 6056.84 | 171742R | 2-18-54 | 64.00 | 7400.84 | 171742R | 2-18-54 |
| 3-18-54 | 64.00 | 6120.84 | 171742R | 3-18-54 | 64.00 | 7464.84 | 171742R | 3-18-54 |
| 4-18-54 | 64.00 | 6184.84 | 171742R | 4-18-54 | 64.00 | 7528.84 | 171742R | 4-18-54 |
| 5-18-54 | 64.00 | 6248.84 | 171742R | 5-18-54 | 64.00 | 7592.84 | 171742R | 5-18-54 |
| 6-18-54 | 64.00 | 6312.84 | 171742R | 6-18-54 | 64.00 | 7656.84 | 171742R | 6-18-54 |
| 7-18-54 | 64.00 | 6376.84 | 171742R | 7-18-54 | 64.00 | 7720.84 | 171742R | 7-18-54 |
| 8-18-54 | 64.00 | 6440.84 | 171742R | 8-18-54 | 64.00 | 7784.84 | 171742R | 8-18-54 |
| 9-18-54 | 64.00 | 6504.84 | 171742R | 9-18-54 | 64.00 | 7848.84 | 171742R | 9-18-54 |
| 10-18-54 | 64.00 | 6568.84 | 171742R | 10-18-54 | 64.00 | 7912.84 | 171742R | 10-18-54 |
| 11-18-54 | 64.00 | 6632.84 | 171742R | 11-18-54 | 64.00 | 7976.84 | 171742R | 11-18-54 |
| 12-18-54 | 64.00 | 6696.84 | 171742R | 12-18-54 | 64.00 | 8040.84 | 171742R | 12-18-54 |
| 1-18-55 | 64.00 | 6760.84 | 171742R | 1-18-55 | 64.00 | 8104.84 | 171742R | 1-18-55 |
| 2-18-55 | 64.00 | 6824.84 | 171742R | 2-18-55 | 64.00 | 8168.84 | 171742R | 2-18-55 |
| 3-18-55 | 64.00 | 6888.84 | 171742R | 3-18-55 | 64.00 | 8232.84 | 171742R | 3-18-55 |
| 4-18-55 | 64.00 | 6952.84 | 171742R | 4-18-55 | 64.00 | 8296.84 | 171742R | 4-18-55 |
| 5-18-55 | 64.00 | 7016.84 | 171742R | 5-18-55 | 64.00 | 8360.84 | 171742R | 5-18-55 |
| 6-18-55 | 64.00 | 7080.84 | 171742R | 6-18-55 | 64.00 | 8424.84 | 171742R | 6-18-55 |
| 7-18-55 | 64.00 | 7144.84 | 171742R | 7-18-55 | 64.00 | 8488.84 | 171742R | 7-18-55 |
| 8-18-55 | 64.00 | 7208.84 | 171742R | 8-18-55 | 64.00 | 8552.84 | 171742R | 8-18-55 |
| 9-18-55 | 64.00 | 7272.84 | 171742R | 9-18-55 | | | | |

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

3. Date of accident 4/30/42 (a) Day of Week _____

(b) Hour of day _____ (c) Date disability began None

4. Name of injured employee Raymond Ludwig

(1) Home Address 2001 1st St. Hawthorne (c) Age 42

(e) Married, single, or widowed Married

(g) No. of children under sixteen years _____

5. (b) Average daily earnings _____

(c) Engaged in what work when injured Cashier

(d) In what department Cashier

(e) Was this the regular occupation of injured person Yes

6. Describe in full how accident occurred, stating cause clearly.

Climbing ladder at roller

(a) Kind of machine, tool, or appliance with which accident occurred

(b) Part of machine or device causing accident _____

(c) Power Driven _____ Hand feed or mechanical _____

(e) Any safeguard removed at time of accident _____

By Whom _____

8. Nature of injury as definitely as possible Bruise

(a) Part of body injured (right or left) Left index finger hand

(b) Attending physician or hospital: Name Dr. G. W. Martin

Address Memphis, Pa

(c) Has employee returned to work _____

(d) If so, give date _____

(e) If not, state estimate of probable length of disability _____

Date of this report _____

C-18-A-11-11-41-22M

In re: Raymond Ludwig 4-30-42
Claim No. 4042-1373 Finger, hand

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employe gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

EMPLOYER'S REPORT
OF INDUSTRIAL INJURY

BUREAU OF WORKMEN'S COMPENSATION
HARRISBURG, PA.
CASE NUMBER

IMPORTANT: FOLLOW CAREFULLY DETAILED INSTRUCTIONS ON REVERSE SIDE

EMPLOYING CONCERN UNITED STATES AIR FORCE

(1) Name of Employer **Raytheon-Ramilton Inc.** (Give name under which concern does business)
(2) Office address: No. and Street **East Stiegel Street, Danheim** County **Lancaster**
(3) Nature of business **Manufacturers of Asbestos Textiles** (List principal products or services of the concern)
(4) Place where accident occurred **Danheim** County **Lancaster**
(5) On Employer's Premises **Yes** (Yes or No) Department **Winding**
(6) Date of Accident **1/2/54** (7) At **PM** (8) No. hrs. began working
(9) Date disability began **2008** (10) (a) Was full paid in full for the day (Yes or No)
(11) Date accident reported to employer **1/2/54**
Witnesses: (Name and address)

DO NOT WRITE IN
THIS COLUMN

EMPLOYER NO.
COUNTY
INDUSTRY
DATE
HOURS WORKED
AGE
CONJ. CONDITION
AND SEX

INJURED EMPLOYEE

(12) Name **Raymond** (First Name) **Indig** (Last Name) (Nationality or Race)
(13) Address: No. and Street **249 South Charlotte Street** City **Danheim**
(14) Age **49** (15) If under 18, did you have on file an employment certificate (Yes or No)
(16) Number of Certificates (17) Occupation for which issued
(18) Check () Married ☒ Single ☒ Male ☒ Female ☒ U. S. Citizen (19) No. children under 18 yrs.
(20) (a) Occupation when injured **Winder** (b) Was this employee's regular occupation **Yes**
(21) (a) How long employed at occupation at which injured (b) How long employed by you
(22) Number of hours worked per day (23) Number of days worked per week
(24) When: Per hour: Per day: Per Week: Board or Lodging

DEPENDENCY
OCCUPATION
TIME EMPLOYED
WAGE
AGENCY
PART

CAUSE OF ACCIDENT

(25) What was employee doing when the accident occurred **Operating a winder** (Describe briefly) as loading truck; operating a drill (over-
shooting dirt; painting with spray gun, etc.)
(26) What machine, tool, substance or obj. was most closely connected with the acc. (Name the machine, tool, appliance, gas, liquid, etc. involved)
(27) If machine or vehicle, what part of it (State if gear, pulley, motor, etc.)
(28) How did the accident happen **Turned back and right wheel came off and fell on toe** (Describe the accident fully, stating whether injured person fell or was struck, etc.
and all factors contributing to the accident. Use other side for additional space.)
(29) Was the machine, tool or object defective in any way? (30) If so, how?
(31) Could the accident have been prevented? (32) How? (Specify by illuminating, ventilating,
replacing, providing goggles, etc.)
(33) Were mechanical guards or other secondary safeguards (such as goggles) provided
(34) Was injured using them?

ACCIDENT TYPE
UNSAFE ACT
MECH. DEFECT
PERSON. DEFECT
NATURE
LOCATION
REPORT LAW
INSURANCE
DISABILITY
PAYMENT LAW

NATURE AND LOCATION OF INJURY OR OCCUPATIONAL DISEASE

(35) **Fracture of right second toe** (Describe in detail the nature of the injury or occupational disease, and the part of the body affected. For example
Amputation of right arm, crushing injury to chest, affected respiratory tract, skin infections, etc.)
(36) Attending physician and hospital **Dr. D. E. Martin, Danheim, Penna.** (Name and address)
(37) Has employee returned to work? (38) If so, give date (39) At what whip, wage?
(40) If employee is disabled, probable length of disability?
(41) Did injury result in death? (42) If so, give date

TIME LOST
WEEKS DAY
COMP.
MEDICAL
OTHER

INSURANCE CARRIER

(43) PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY
Branch Office **LANCASTER, PA.**
Made out by **L. F. John**

TOTAL
OCC. DIS. T.

ACCIDENT REPORT

3. Date of Accident 1/8/44 (a) Day of Week _____
 (b) Hour of day _____ (c) Date disability began 1/8/44
4. Name of injured employee Raymond E. Kuder
 (b) Home address 3498 Char. Latt St (c) Age May 13, 1944
 (f) Married, single, or widowed married
 (g) No. of children under sixteen years _____
5. (b) Average daily earnings _____
 (c) Engaged in what work when injured winder
 (d) In what department D-C
 (e) Was this the regular occupation of injured person _____
6. Describe in full how accident occurred, stating cause clearly turned flap back & caught
finger in roller

 (a) Kind of machine, tool, or appliance with which accident occurred _____

 (b) Part of machine or device causing accident _____
 (c) Power Driven _____ Hand feed or mechanical _____
 (d) Any safeguard removed at time of accident _____
 (e) By whom _____
8. Nature of injury as definitely as possible bruise
 (a) Part of body injured (right or left) right hand
 (b) Attending physician or hospital: Name His mother
 Address _____
 (c) Has employee returned to work _____
 (d) If so, give date _____
 (e) If not, state estimate of probable length of disability _____

3-17-48-20M

In re: RAYMOND LUDWIG 1-8-44

Claim No. 4044-65 TOR

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

March 28, 1946.

Dr. C. W. Pohl,
210 West High Street,
Warrhein, Penna.

Dear Doctor Pohl:

The following is a copy of the report of the chest x-ray of Edward Ludwig.
This chest x-ray was taken 3/25/46 and read by Dr. Swab.

3/25/46.

The lung shadows show practically no change from the x-ray of 2/20/45, at least since the previous examination.

Diagnosis: Third stage asbestosis, practically no change from the first x-ray at 2/20/45 since the previous examination, 2/20/45.
Robert D. Swab, M. D.

2/20/45.

The hilar shadows are enlarged and show a decided increase in density. A marked fibrosis in the right and left lower lobe area. The contour of the right base appears fairly normal. The left base and the heart outline, especially the left side, is quite fuzzy in character. The heart shadow shows some enlargement.

Diagnosis: The changes present, in view of this man's occupation, indicate asbestosis practically of the third stage.

Robert D. Swab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan Inc.,

Company Nurse and X-ray Technician

Form 100-104 (Rev. 1965)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

BUREAU OF WORKMEN'S COMPENSATION
HARRISBURG, PA.
CASE NUMBER

IMPORTANT: FOLLOW CAREFULLY DETAILED INSTRUCTIONS ON REVERSE SIDE

EXPLODING CONCERN UNITED STATES ASBESTOS DIVISION

(1) Name of Explosion Investigations, Inc. (Give name under which conduct your business) Employer or Carrier File No.
(2) Office address: No. and Street East 34th Street City Marble County Lancaster
(3) Nature of business Manufacturers of asbestos facilities (List principal products or services of the concern)
(4) Place where accident occurred Marble Lancaster
(5) On Employer's Premises Yes Department Universal Mining
(6) Date of Accident 1/9/68 (7) Mr. AM PM (8) Mr. Lat. began working
(9) Date disability began None (10) (a) Was Lat. paid in full for the day (Yes or No)
(b) Date accident reported to employer 1/9/68
Witness: (Name and address)

INJURED EMPLOYEE

(11) Name Raymond Indig (First Name) (Middle Initial) (Last Name) (Nationality or Race)
(12) Address: No. and Street 249 South Charlotte Street City Marble County Penn.
(13) Age 30 (14) If under 18, did you have on file an employment certificate (Yes or No)
(15) Number of Certificate (16) Occupation for which issued
(17) Check (✓) Married Single Male Female E. E. (Hillson) (18) No children under 16 yrs.
(19) (a) Occupation when injured Indig (b) Was this employee's regular occupation Yes
(20) (a) How long employed at occupation at which injured (b) How long employed by you
(21) Number of hours worked per day (22) Number of days worked per week
(23) Wages: Per hour: Per day: Per Week: Board or Lodging

CAUSE OF ACCIDENT

(24) What was employee doing when the accident occurred? (Describe briefly as loading truck, operating a drill press, shoveling dirt, painting with spray gun, etc.)
(25) What machine, tool, substance or obj. was most closely connected with the acc. (Name the machine, tool, appliance, gas, liquid, etc. involved)
(26) If Machine or vehicle, what part of it (State if gear, pulley, motor, etc.)
(27) How did the accident happen? (Describe the accident fully, stating whether injured person fell or was struck, etc., of finger and was advised to see his doctor for diagnosis, and all factors contributing to the accident. Use other side for additional space.)
(28) Was the machine, tool or object defective in any way? (29) If so, how?
(30) Could the accident have been prevented? (31) How? (Specify by illuminating, ventilating, replacing, providing goggles, etc.)
(32) Were mechanical guards or other necessary safeguards (such as goggles) provided
(33) Was injured using them?

NATURE AND LOCATION OF INJURY OR OCCUPATIONAL DISEASE

(34) (Describe in detail the nature of the injury or occupational disease, and the part of the body affected. For example, Amputation of right arm, crushing injury to chest, affected respiratory tract, skin infections, etc.)
(35) Attending physician and hospital Dr. D. W. Martin, Marble, Penn. (Name and address)
(36) Has employee returned to work? (37) If so, give date (38) At what wkly. wage?
(39) If employee is disabled, probable length of disability?
(40) Did injury result in death? (41) If so, give date

INSURANCE CARRIER

(42) PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY
Branch Office LANCASTER, PA.

DO NOT WRITE IN THIS COLUMN

EMPLOYEE

COUNT

INJURY

DATE

HOURS WORKED

AGE

CONJ. CONT. AND SI

DEFENSE

OCCUPATION

TIME EMPLOYED

WAGE

AGENCY

PART

ACCIDENT

UNSAFE

MECH. OR

PERSON. OR

NATURE

LOCATION

REPORT

INSURANCE

DISABILITY

PAYMENT

TIME WORKED

WEEKS

COMP

MEDIC

OTHER

TOTAL

ACCIDENT REPORT

Date of Accident 1/9/43 (a) Day of Week _____

(b) Hour of day 8 (c) Date disability began Jan 10

Name of injured employee Raymond F. King 50

(b) Home address 498 Clearville St. (c) Age 31 12 1912

(f) Married, single, or widowed married

(g) No. of children under sixteen years _____

(b) Average daily earnings _____

(c) Engaged in what work when injured Welder

(d) In what department Tire W. H. King

(e) Was this the regular occupation of injured person _____

3. Describe in full how accident occurred, stating cause

clearly Small piece of metal

(a) Kind of machine, tool, or appliance with which accident occurred

(b) Part of machine or device causing accident _____

(c) Power Driven _____ Hand feed or mechanical _____

(d) Any safeguard removed at time of accident _____

(e) By whom _____

3. Nature of injury as definitely as possible Cortex

(a) Part of body injured (right or left) Right middle finger

(b) Attending physician or hospital: Name Dr. L. H. King

Address _____

(c) Has employee returned to work _____

(d) If so, give date _____

(e) If not, state estimate of probable length of disability _____

C-154-A-12-19-44-226

In re: Ludwig, Raymond 1-2-45

Claim No. 4245-1138 Finger

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number.

In all EYE CASES, see that the injured employe gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

100 BOX 107 LANCASTER, PA

March 1, 1945

Dr. P. P. Guis,
184 South Main Street,
Manheim, Penna.

Dear Doctor Guis:

The following is a copy of the report of the chest x-ray of Raymond Ludwig.
This x-ray was taken 2/20/45 and read by Dr. Swab.

The hilar shadows are enlarged and show a decided increase in density. A marked fibrosis in the right and left lower lobe area. The contour of the right base appears fairly normal. The left base and the heart outline, especially the left side, is quite fuzzy in character. The heart shadow shows some enlargement.

Diagnosis: The changes present, in view of this man's occupation, indicate asbestosis, practically of the third stage.

Robert D. Swab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan Inc.

Ruth G. McCarter
Company Nurse and X-Ray Technician

8-4-49.

Dr. Wm. M. Kummer,
136 East High Street,
Mannheim, Penna.

Re: Raymond Ludwig,
South Charlotte Street,
Mannheim, Penna.

Dear Doctor Kummer:

The following are copies of the reports of the chest x-rays of Raymond Ludwig. These x-rays were taken 8-1-49, 3-25-46 and 2-20-45 all were read by Dr. Swab.

8-1-49

The lung markings are more pronounced on this film by comparison with the previous film, taken 3-25-46, also the heart shadow and the hila show some increase in size at this time too. Evidence for some thickening of the pleura laterally in both sides is present at this examination. The contour of the right base appears normal, the left is not outlined. The extension at the bases is slightly less at this time too.

Diagnosis: Third stage asbestosis, more marked at this time by comparison with the previous film as noted above.

Robert D. Swab, M. D.

3-25-46.

The lung markings show practically no change from an x-ray of same date since the previous examination.

Diagnosis: Third stage asbestosis, practically no change from an x-ray of same date since the previous examination, 2-20-45.

Robert D. Swab, M. D.

2-20-45

The hilar shadows are enlarged and show a decided increase in density. A marked fibrosis in the right and left lower lobe area. The contour of the right base appears fairly normal. The left base and the heart outline, especially the left side, is quite fuzzy in character. The heart shadow shows some enlargement.

Diagnosis: The changes present, in view of this man's occupation, indicate asbestosis, practically of the third stage.

Robert D. Swab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Mannheim Inc.,

Company Nurse and X-Ray Technician

Almond Ludwig

2 1961
2/20/65

The hilar shadows are enlarged and show decided increase in density. Marked fibrosis in the right and left lower lobe area. The center of the right base appears fairly normal. The left base and the lower outline, especially the left side, is quite fuzzy in character. The heart shadow has some enlargement.

Diagnosis:- The changes present, in view of this acute observation, indicate emphysema, especially of the lower lobes.

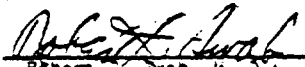
Robert H. Lusk
Robert H. Lusk, M.D.

Raymond Ludwig

R 2461
3/25/46

The lung markings show practically no change from an x-ray standpoint since the previous examination.

Diagnosis: Third stage asbestosis, practically no change from an x-ray standpoint since the previous examination, 2/10/45.


Robert C. Swab, M. D.

Raymond Ludwig

R 3389
8-1-49

The lung markings are more pronounced on this film by comparison with the previous film, taken 3-24-48, also the heart shadow and the aorta show some increase in size at this time too. Evidence for some thickening of the pleura laterally in both sides is present at this examination. The contour of the right base appears normal, the left is not outlined. The expansion at the bases is slightly less at this time too.

Diagnosis: Third stage asbestosis, more marked at this time by comparison with the previous film as noted above.

Robert E. Galt
Robert E. GALT, M. D.

No. 466

PAST EMPLOYMENT AND MEDICAL RECORD

Name in full: Ludwig Raymond Date: 1/30/40
 Date of Birth: May 19, 1894 Age: 45 Race: _____
 Place of Birth: Glenora, Pa. Present Address: Charlotte St. - Washin.

PREVIOUS WORK RECORD

Age began work 13 No. years worked 29

| EMPLOYED BY | EXACT NATURE OF WORK | FROM | TO | TOTAL |
|---------------------|----------------------|-------------|----------------|-------|
| 1. <u>Amos Rock</u> | <u>Coal Carrier</u> | <u>1919</u> | <u>1922</u> | |
| 2. <u>Asbestos</u> | <u>Carding Dept</u> | <u>1923</u> | <u>to date</u> | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Record periods idle

REMARKS Just Expence - 4/21/23 to date front tender - Ciler - Stokes
 D-2

2/20/45. Chest x ray requested by Dr. P. J. Lurie.

Temp. 96+ A.M.

Wt. 158 lbs.

Short of breath.

Tight feeling in chest.

Appetite not too good.

Cough in morning a good bit. Get a coughing spell
at times around tea.

3/25/46. Dr. Pahl.

Temp P.M. 98.3

Wt. 153 lbs.

Short of breath & tight feeling in chest.

Pain in chest - dull mostly.

Appetite - cannot eat as much as he used to.

Cough - morning - dry cough mostly, very little sputum

| Family Record | Living | | Dead | | Cause of Death |
|----------------|--------|--------|------|---|----------------|
| | Age | Health | Age | ? | |
| Father | | | 46 | ? | |
| Mother | | | 48 | ? | |
| Wife | 47 | Fair | | | |
| Children | | | | | |
| Other Contacts | | | | | |

Has any one of your parents, brothers, sisters, wife, or children ever had the epilepsy, insanity, heart disease, or malignancy? If so, give particulars.

Negative

Past Medical (dates where possible)

Tuberculosis _____ Pleurisy _____ When _____
Pneumonia _____ Influenza _____ Bronchitis _____
Head Colds 4 1/2 yr. Chest Colds 4 1/2 yr. Asthma May have once
Syphilis _____ Skin Diseases _____ Rheumatism _____
Typhoid Fever _____ Scarlet Fever _____ Malaria _____
Operations Spleenectomy age 26. Acc. Injuries _____
Ever in Hospital _____ Explain _____
Ever rejected for Life Insurance No.
Remains left side 1 yr. ago. after lifting heavy weight - has worn braces since then

Present Chronic Illness or Complaints

(Freq) Cough ✓ Productive _____ Char. of Sputum ✓
Night Sweats _____ Weakness ✓ Dyspnoea ✓
Pain Occasional: Location _____
Appetite Good. Constipation No Diarrhoea No

Other complaints (blood in urine; stones; headaches; sleep; joint pain; occasional dizziness; palpitation; nocturia; polyuria)

Employer says he has been troubled with a cough when getting out of bed in morning, lasts 2 hours, accompanied by white sputum - occasional substernal pain or pulling sensation; during increased duration of breaths heart couple years (walking fast or climbing stairs), somewhat weaker, sensation decreased after 20 years he works hard.

Employer thinks he is not good condition but not as good as 10 years ago.
Date _____ Record taken by _____ M.D.

Tom D. McIntyre

-3-
PHYSICAL EXAMINATION

Ex 46

Name: Mr. Raymond Ludwig
Address: Washburn, Pa.

Age 45

GENERAL APPEARANCE: fairly well developed adult male, complaints above noted, good basic component, cooperative

Hair:

Skin:

Scars:

Temp

Pulse

Resp

Height

Weight

lbs.

Est. Weight

lbs.

Actual V.C.

Normal V.C.

% of Normal

HEAD

Eyes:

Lids:

Balls:

Movements:

conjunctiva:

sclerae:

pupils: react slowly

Vision: Without Glasses

With Glasses:

Distance

Rt

20/30

20/20

Lt

20/40

20/20

Color Blind

Fundus

Ears: C Clear

canal

Rt

Lt

drums

Rt

Lt

hearing

Rt

/20

Lt

/20

Nose:

reddish granular appearance

mucous membranes

septum

turbinates

Sinuses:

frontals

Rt

Lt

maxillaries

Rt

Lt

Lips — Buccal Mucosa:

Teeth:

U.A.

U.L.

8 7 6 5 4 3 2 1

± 2 3 4 5 6 7 8

0 - Restored

8 7 6 5 4 3 2 1

± 2 3 4 5 6 7 8

1 - Missing

L. R.

L.L.

2 - Bad

Gums

bleed with pressure

Tongue

Throat:

(a) tonsils

Rt

enlarged & red

(b) palate

(c) Pharynx

Lt

not enlarged

LARYNX

GLANDS *neg.*

cervical
epitrochlear
Thyroid

Axillary
inguinal

(a) palpable

(b) diffuse enlargement

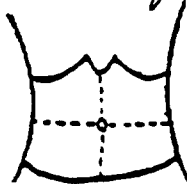
(c) nodular

Signs of Hyperthyroidism - Hypothyroidism

- (1) eye signs
- (2) tremor
- (3) tachycardia
- (4) flushing

ABDOMEN

liver not felt
Spleen not felt



Rings not enlarged.

Rt

Left - not as well supported as right, but ring not unduly enlarged.

GENITALIA *neg.*

Scars
Discharge
Scrotum
Testicles

RECTUM *neg.*

Hemorrhoids
Sphincter
Prostate *neg. tenderness on palpation*
Vesicles

| EXTREMITIES and SPINE | SPINE | HANDS | FEET | OTHER JOINTS |
|-----------------------|-------|-------|------|--------------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES: Knee Jerks *normal*
Rhomberg *slight swaying*

Babinski *neg*
Pupils

CIRCULATION

Varicose Veins *no*

Arterio-sclerosis *no*

BEHAVIOR

General *Good*
Speech

Gait
Personality Type

LABORATORY - DATA

URINE:

Reaction
Sugar

Sp. Gr.
Microscopic

Albumin

BLOOD:

R.B.C. 3,700,000

Hb. 80% 11 grams

C. Index 1.04

W.B.C. 6,000

6.4

L

35

M

E

1

B

Morphology and Remarks:
RBC's Normal
Sedimentation Test:

Serology for
Lucas

FLUOROSCOPE

| | | | |
|------------|------------------|-----------|--------------|
| | Normal Breathing | Rt | Lt |
| Diaphragm: | Excursion | | |
| | Forced Breathing | | |
| Heart: | A.P. | Size | Shape |
| | Position | | |
| | Lateral | P.C. Zone | Left Auricle |
| | | | Aorta |

X-RAY READING

1930 → ~~First Degree Hemiparesis~~
1936-1939 → ~~Shift Progress~~

SUMMARY

45 year old male with above enumerated complaints.
On P.E. Nose - reddish granular appearance.
Teeth - very poor condition - pyorrhea
Epineuric tubercles decreased.
Lymph nodes.
Skin rash - generalized.

Minor Physical Defect
Major Physical Defect

DIAGNOSIS

- (1) Dental sepsis
- (2) Scurvy in lungs - advanced case.
- (3) Skin rash - generalized - red outbreaks

RECOMMENDATIONS

- (1) Consult dentist
- (2) X-ray of chest
- (3) Wasserman test

RATING

| Name <i>Raymond L. Lewis</i> | | No. <i>734</i> | | | | | | |
|------------------------------|-------------------|----------------|-----------------|----|------------------------|----------------|------|------|
| Dept. | Description | Date | INCLUSIVE DATES | | Reasons For Separation | Service Credit | | |
| | | | From | To | | Yrs. | Mos. | Days |
| B2 | H. P. W. | 4-5-35 | 7-6-36 | | | 0 | 0 | 1 |
| B2 | Card. Transfer PW | 2-6-36 | 11-5-37 | | | 1 | 3 | 29 |
| B2 | P. W. | 4-2-37 | 10-2-39 | | | 1 | 10 | 27 |
| B2 | P. W. | 10-2-39 | 10-7-40 | | | 0 | 0 | 5 |
| B2 | Card. Transfer PW | 10-7-40 | | | | 0 | 0 | 24 |
| | | | 5-3-43 | | | | | |
| B3 | C. W. W. W. W. W. | 5-3-43 | 4-20-43 | | | | | |
| B3 | W. W. W. W. W. | 4-20-43 | | | | | | |
| T10 | | 4-20-44 | 2-19-45 | | | | | |
| F23 | Card. Transfer PW | 2-19-45 | 2-26-45 | | | | | |
| F23 | | 2-26-45 | | | | | | |

Location _____ Employee's Signature _____
 United States Atomic Energy Commission

SS. 163-07-8163

No. 757

Ludwig Raymond

Address

Married
Single

C. 1

Total

Height

Weight

Birth date *May 13-1896*

| Days | Completion | Rate | INCLUSIVE DATES | | Reasons For Separation | Service Credit | |
|-----------|-----------------------|-----------|-----------------|-----------------|------------------------|----------------|-------------|
| | | | From | To | | Yrs. | Mon. Days |
| <i>02</i> | <i>Grand Transfer</i> | <i>35</i> | <i>6-22-23</i> | <i>6-22-23</i> | | <i>2</i> | <i>0 4</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>38</i> | <i>6-22-23</i> | <i>7-2-23</i> | | <i>0</i> | <i>9 7</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>40</i> | <i>7-2-23</i> | <i>4-28-24</i> | | <i>0</i> | <i>9 26</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>50</i> | <i>4-28-24</i> | <i>2-16-25</i> | | <i>1</i> | <i>0 18</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>54</i> | <i>5-16-23</i> | <i>1-18-28</i> | | <i>2</i> | <i>7 2</i> |
| <i>02</i> | <i>Order</i> | <i>40</i> | <i>1-18-28</i> | <i>2-6-28</i> | | <i>0</i> | <i>0 26</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>54</i> | <i>2-6-28</i> | <i>6-12-29</i> | | <i>1</i> | <i>0 6</i> |
| <i>02</i> | <i>Order</i> | <i>40</i> | <i>6-12-29</i> | <i>11-11-29</i> | | <i>0</i> | <i>4 4</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>54</i> | <i>11-11-29</i> | <i>5-11-32</i> | | <i>2</i> | <i>6 20</i> |
| <i>02</i> | <i>Transfer</i> | <i>32</i> | <i>5-11-32</i> | <i>2-13-33</i> | | <i>0</i> | <i>5 6</i> |
| <i>02</i> | <i>Transfer</i> | <i>28</i> | <i>2-13-33</i> | <i>2-4-33</i> | | <i>0</i> | <i>1 11</i> |
| <i>02</i> | <i>Order</i> | <i>32</i> | <i>2-4-33</i> | <i>7-31-33</i> | | <i>0</i> | <i>5 2</i> |
| <i>02</i> | <i>Order</i> | <i>26</i> | <i>7-31-33</i> | <i>7-4-33</i> | | <i>0</i> | <i>1 2</i> |
| <i>02</i> | <i>Grand Transfer</i> | <i>40</i> | <i>7-4-33</i> | <i>7-5-35</i> | | <i>1</i> | <i>0 27</i> |

Louisiana - 1940.
Ludwig, Raymond
3/20 - Lake
destruction -
Totally destroyed

CHARLES M. POHL, M. D.
270 W. HIGH ST.
MANHEIM, PA.

Received 3/25/46
B. G. McC.

March 25, 1946

Request that a chest x-ray
be made on Raymond Ludwig
& result furnished to me.

Charles M. Pohl, M. D.

Name in full Ludwig Raymond

No. 11

Employed

Time:

Department

Occupation *Artist*

[illegible]

Name Ludwig Raymond S L
 Street Epworth Top Public Schools
 City Epworth State Mississippi Local Government Epworth

Telephone
 Telegraph 1 2 3 4 5 6 7 8
 Home School 1 2 3 4
 College 1 2 3 4
 Other

Education
 Last School Attended and What Course

References
 1.
 2.
 3.
 Insurance, Medicine, Radio, etc.

Comments
 Arranges seems to be a steady reliable person

| WORK RECORD | | | | | |
|-------------|-----|--------------|-----------|------|----------------------|
| Date | Day | Occupation | Rate | Date | Reason for Dismissal |
| 1-21-23 | Mon | First Tender | \$5.36.40 | | |
| 4-27-24 | Mon | First Tender | 5 | | |
| 5-11-25 | Mon | First Tender | \$4.11.40 | | |
| 3-29-23 | Mon | First Tender | 5 | | |
| 7-6-36 | Mon | Board Tender | pm | | |
| 11-5-37 | Mon | Driver | .462 | | |
| 2 | | | | | |

[illegible]

Application For Employment

UNITED STATES ASBESTOS DIVISION

of Raybestos-Manhattan, Inc.

Date 6-21-23

222 183-07-8163

Were Qualified For

Name (Print) Ludwig Raymond S.

Address (Print) 365 S. 1st St. N. Minneapolis 1st

Tel. or
Nearest Tel.

| | | | | | | | | |
|---|----------------------|---|-------------------------------------|-------------------------------------|--|---|------------------------------------|------------------------------------|
| HEIGHT
<u>5-10</u> | WEIGHT
<u>164</u> | SINGLE
☒ | MARRIED
☐ | WIDOWED
☐ | NO. OF DEPENDENTS
Total <u>2</u> Partial <u>0</u> | OWN HOME
RENT <u>0</u> | RENT
LIVE WITH REL.
<u>0</u> | CHILD
<u>0</u> |
| PLACE AND DATE OF BIRTH
<u>29 Lancaster Pa May 12 1894</u> | | NATURALITY OF FATHER
<u>U.S.</u> | | YEARS IN LINEAGE
<u>11</u> | | YEARS IN LINEAGE
<u>11</u> | | CHILD
<u>0</u> |
| PHYSICAL CONDITION
<u>Good</u> | | HEALTH
<u>No</u> | | READ BLINDNESS
<u>None</u> | | ARTICULATION AND
DICTATION ETC.
<u>None</u> | | UNDER LBS
LIFTING
<u>100</u> |

What Machine Can You Operate? Set Up

Temporary Employment, Specific Occupational Abilities.

Give Names of Professional, Civic, Social or Other Organizations of Which You Are a Member.

PREVIOUS EMPLOYMENT

| | | | |
|--|---|-------------------------------------|---------------------|
| EMPLOYER—Last Employer Inc
<u>Ames Roth</u> | POSITION HELD AND DUTIES
<u>Head Carrier</u> | From
<u>1/10/22</u> | To
<u>5/1/22</u> |
| Address
<u>Little, Pa</u> | | Rate of Pay
<u>\$4.00 per hr</u> | |
| Kind of Business
<u>Contractor</u> | | Reason Left
<u>Termination</u> | |
| Previous Employer | Position Held and Duties | From | To |
| Address | | Rate of Pay | |
| Kind of Business | | Reason Left | |
| Employer | Position Held and Duties | From | To |
| Address | | Rate of Pay | |
| Kind of Business | | Reason Left | |
| Employer | Position Held and Duties | From | To |

| | | |
|---|--|----------------------|
| 1. Name of the person or organization
2. Address
3. City
4. State
5. Zip | | 6. Date
7. Time |
| 8. Name of the person or organization
9. Address
10. City
11. State
12. Zip | | 13. Date
14. Time |
| 15. Name of the person or organization
16. Address
17. City
18. State
19. Zip | | 20. Date
21. Time |
| 22. Name of the person or organization
23. Address
24. City
25. State
26. Zip | | 27. Date
28. Time |
| 29. Name of the person or organization
30. Address
31. City
32. State
33. Zip | | 34. Date
35. Time |

1. *Chlorophyll a* (Chl *a*)

SECRET

1. 1. 1.

1

•

Form 123

NOTICE OF SEPARATION FROM EMPLOYMENT

Name Robert A. [unclear] '7:9 Date 8/19/77

Dept. Last Employed Post Office

Reason of Separation Discontinued employment

Supervisor Who
Authorized Separation [Signature]

Execution of Separation
Witnessed by [Signature]

United States Railroad Director

JERRY B. NORTON
Treas. Vice-President
Metropolitan Life Insurance Company

METROPOLITAN LIFE INSURANCE COMPANY

FRANKLIN H. ELLIS, Chairman of the Board
LEWIS A. LINCOLN, President
One Madison Avenue, New York 10, N. Y.

Gr.
Revs

| CLAIM NUMBER | GROUP AND SERIAL NUMBER | NAME OF BENEFITARY | NAME TO | CHECK AMOUNT |
|--------------|-------------------------|--------------------|-------------------------|--------------|
| 336066 | 65778 | LUDWIG RAYMOND | PAYBESTOS-MANHATTAN INC | 1,000.00 |
| DATE | 7410 | PAYEE OR CASH | UNITED STATES | THIS IS |
| AUG 25 49 | ELVA N LUDWIG | | ASBESTOS DIVISION | NOT |
| | | | MR A K WAHN PERS MGR | A CHECK |
| | | | MANHEIM PA | |

Gentlemen:

Enclosed is a check for claim under this certificate. Please deliver this check to the payee or to his attorney, represented by counsel. If an assignment or notice of assignment has been received since the claim was submitted, please re-notify the assignment or notice immediately. If for any reason the check is not delivered promptly, please notify this Division.

Yours truly,

CHARLES C. McQUEEN, Supervisor

NAME Ludwig Raymond

[illegible]

| | | | | |
|----------------|----------------------|---------|------------|----------------------|
| 8/25 1000 full | G.C. 3/46
763 4/3 | 8/17/49 | Sh. Kummer | deceased Aug 1 |
| | | | | Sanctuary Cause - |
| | | | | immediate cause - |
| | | | | suffered 2 years |
| | | | | contributory cause |
| | | | | death - caused by |
| | | | | doctor - Sh. Kummer |
| | | | | Sanctuary Cause |
| | | | | 1 day c 7.00 |
| | | | | Other services |
| | | | | Advanced instruction |
| | | | | Constitutional |

DUP INSURANCE

Send No.

7410
125-

MEDICAL REPORT

| Form
And
A | NATURE OF ILLNESS | Date
Report
Made | Date
Report
Received |
|------------------|---|------------------------|----------------------------|
| 20 | shingles Aug 14?
8-5-44 return indefinite
re letter for correction
11-1-44 | 8-10 | 8-9 |
| 7 | deceased Aug 17, 1949
Lancaster General Hospital
immediate cause - congestive heart
failure
suffered 2 years
contributory cause - advanced ischemic (coronary)
death - caused by decubal ulcer
doctor - Dr. Kemmer

Lancaster General Hospital
1 day @ 7.50 7.50
other charges 25.50
\$ 33.00

advanced ischemic with secondary
congestive heart failure | 1949
8/19 | 8/19 |

GROUP INSURANCE

NAME *Ludwig Raymond*

MEDICAL

| Date of Check | Amount of Check | Paid to & Inc. | Check Number | Last Day Working | Date of return | For | DATE OF |
|---------------|-----------------|----------------|--------------|------------------|----------------|-----|---------|
|---------------|-----------------|----------------|--------------|------------------|----------------|-----|---------|

| | | | | | | | |
|------|-------|------|---------|------|--|-----------|------|
| 8-18 | 25 71 | 8-19 | 3484282 | 7-19 | | Mr Martin | 2 20 |
| | | | | | | Shingles | Aug |

Letter to ...

8/25 1000 full G.C. 3/4 8/11/49 Dr. Kummer
763 413 76

delivered personally
to beneficiary
Mrs. Elva W. Ludwig

deceased time
Lancaster ...
immediate cause -
suffered 2 years
contributory cause
death - caused by a
doctor - Dr. Kummer

Lancaster ...
1 day @ 7.00
other services

advised ...
congratulate - free

Serial No

7414

Furukawa
Med.
A-7

NATURE OF ILLNESS

Disc
3000
1000

75
Rader

7-20 Shingles Aug 14.

1-10 2-9

in the infinite

see letter for correction

بہارِ ناز و نغمہ

men deceased Aug 17, 1949

1944
8/19 8/11

Lincoln General Hospital
immediate cause - congestive heart failure

4. suffered 2 years

contributory cause - advanced cataracts (8 years)
+

being ^{continued by} death - caused by deceased's oxygen
shortage - Ch. Hammer

Lincoln General Hospital

1 day @ 7.00 7.00

other services $\$ \frac{29.50}{29.50}$

Advanced atherosclerosis with secondary congestive heart failure.

UNITED STATES DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.

AMERICAN ASSURANCE COMPANY
ONE WALL STREET, NEW YORK 11, N. Y.

| DATE | AMOUNT AND
CURRENCY | NAME OF CHECK | PAID TO | CHECK
NUMBER |
|-------------|------------------------|-------------------|--|-----------------|
| JAN 25 1953 | 100.00 | CHARLES E. CLEVER | AMERICAN ASSURANCE CO. INC.
JANET E. CLEVER THE SUTHER
UNITED STATES ASSURANCE DIV
MANHEIM PA | 25000 |

THIS IS
NOT
A CHECK

Gentlemen:

Enclosed is a check for claim under this certificate. Please deliver this check to the payee unless the payee attorney. If represented, deliver to the attorney. If an assignment or notice of assignment has been received since the please return this check with the assignment or notice immediately. If for any reason the check is not delivered pr this Division.

Yours truly
GEORGE C. MCGILLAM, Sup.

G. C. MCGILLAM, Sup.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

Charles E. Shearer

3 264
8/2/42

The main shadows show some enlargement and increase in density, and bronchial shadows, especially the right lower, show an increase in density. There is increased density in the right lower lung field, but no definite thickening of the right base. The contour of the left lung remains normal. The size and outline of the heart and aorta appears normal. There is no deviation of the trachea or subternal tumor.

Diagnosis: Chronic pleuritis and pneumonitis, more on the right side. The increased density, especially the right lower lobe, and evidence for some fibrosis is indicative for a first or second stage asbestosis.

Interpretation, 8/2/42

UNION MINING CORPORATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

1. I became totally disabled as the result of Asbestosis On 12-1-54
 City of Scranton 1954

My total disability is result of employment in a hazardous occupation having a hazardous
 hazard, and I have been so employed in the Commonwealth of Pennsylvania at least two years in the
 occupation during the eight year period preceding the date of disability as follows:

| Name of Employer in Penna. | Address | Date of Employment |
|---------------------------------|----------------------|--------------------|
| <u>Union Mining Corporation</u> | <u>Scranton, Pa.</u> | <u>12-1-54</u> |
| | | |
| | | |
| | | |
| | | |

4. The above named defendant was my employer when I was last exposed to a hazardous hazard
 and I was in the defendant's employ from 12-1-54 to 12-1-54

5. Since the date of leaving the defendant's employment, I have been employed as follows:
I have been unable to work since 12-1-54

6. I received notice of my disability, 12-1-54
by the defendant's doctor

7. Before my disability began I earned \$12.00 a week as miner

Whereas the Board of Directors of the State of Pennsylvania shall make an award for such compensation as may be due and payable to the petitioner and his dependents for the period of disability as stated in the petition.

Subscribed and sworn to before me this 10 day of February 1933

My Commission Expires on 10 day of February 1933

NOTICE: This petition may be signed and sworn to by any dependent for himself and all other dependents.

Please enter my appearance for petitioner

NOTICE: This petition should be filed in original and five exact copies either typed or printed. The party making oath is requested to type or print full name and complete address of Petitioner signing this petition. It is necessary to make affidavit to only the original copy of the petition.

Rule 41. An employee shall be deemed to have had an aggregate employment of two years in the Commonwealth of Pennsylvania during the eight years next preceding disability in an occupation involving a silica or asbestos hazard:

- (a) When during any two calendar years in the preceding eight years he has been employed in such an occupation for a total number of working days equal to twice the number of days the men employed in that industry work during an average year; or
- (c) When he has been employed in such an occupation during any twenty-four calendar months during the eight-year period.

This form of Claim Petition is to be used for disability resulting from the following Occupational Diseases listed on the Occupational Disease Compensation Act.

- (a) Silicosis or anthraco-silicosis in any occupation involving direct contact with handling of, or exposure to dust of silicon dioxide (SiO₂).
- (i) Asbestosis is any occupation involving direct contact with, handling of, or exposure to the dust of asbestos.

The term "Hazardous Occupation" as used in Paragraph 3 of this claim petition is defined in Rule 42 of the Workmen's Compensation Board as follows:

Rule 42. Any occupation involving exposure to an occupational disease hazard enumerated in Section 3 of the Occupational Disease Compensation Act shall be deemed a "hazardous occupation" as that term is used in Section 6 (b) and Section 9.

Rule 43. Anthracite coal mining shall be presumed to be an occupation having a silica hazard. Where there is a presumption that silicosis, anthraco-silicosis and asbestosis are due to exposure to dust of silicon dioxide, the presumption shall only be rebutted after an exposure of five or more years. The State Workmen's Insurance Fund, may provide for the payment of compensation for the disease due in fact, develop to a

10-1-49

Claim #1043-2733
U.S. Asbestos Div.,
Charles Spencer

ORDER AND AWARD

Compensation is, accordingly, awarded to Charles E. Spencer, the Claimant, at the rate of \$10.00 per week (66-2/3% of \$52.38 being in excess of the maximum under the Act) from August 2, 1948, and to continue thereafter as long as the claimant is totally disabled within the limitations of the Pennsylvania Occupational Disease Act of 1945; providing, however, that the total liability of the defendant, the Commonwealth of Pennsylvania and all parties herein shall not exceed the sum of \$2,000.00.

This compensation paid jointly, 50% of the sum of \$10.00 per week to be paid by the U. S. Asbestos Division of Asbestos-Hamilton Inc., employer, and/or the Pennsylvania Manufacturers' Association Casualty Insurance Company, insurance carrier of the defendant, and 50% of the sum of \$10.00 per week to be paid by the Commonwealth of Pennsylvania out of monies to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

The above order to bear interest at the rate of 6% on all deferred payments according to Section 404 of the Act.

Mrs. McCartney: Draft #457963-R, in the amount of \$1130.38, incl \$12.38 interest, delivered to Attorney Harvey Lutz, Oct 4, 1949.

Compensation from 8-2-48 to 10-7-49 incl, plus \$12.38 interest.

Future drafts will be mailed to you.

PENNA. MFRS ASS'N. CAS. INS. CO.,
Per - B.G. Sweet

*McCartney
3/27/50*

August 19, 1942.

Pennsylvania Manufacturers' Association Casualty
Insurance Company,
25 West Orange Street,
Lancaster, Penna.

Re: Charles E. Sharrer
Claim Number: AC42-2733.

Dear Sirs:

The following is a copy of the report of the chest x-ray of Charles E. Sharrer.
This chest x-ray was taken 7-2-42 and read by Dr. Snab 8-12-42.

The hilar shadows show some enlargement and increase in density, the bronchial shadows, especially the right lower, show an increase in density. A hazy increased density in the right and left lower lobe. A very slight flattening of the right base, the contour of the left base appears normal. The size and outline of the heart and aorta appear normal. There is no deviation of the trachea or subcutaneous tumor.

Diagnosis: Chronic hillitis and bronchitis, more so the right side. The hazy increased density, especially the right lower lobe, and evidence for some fibrosis is indicative for a first or second stage asbestosis.

Robert D. Snab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan Inc.,

Company Nurse and X-Ray Technician

| 55,785-57-5 | | | | |
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| DATE | | DESCRIPTION | | AMOUNT | | CHECK NO. | | BANK | | REMARKS | |
|------------|--|-------------|--|--------|--|-----------|--|------|--|---------|--|
| 1960-01-01 | | Balance | | 100.00 | | | | | | | |
| 1960-01-02 | | Deposit | | 50.00 | | | | | | | |
| 1960-01-03 | | Withdrawal | | 25.00 | | | | | | | |
| 1960-01-04 | | Deposit | | 75.00 | | | | | | | |
| 1960-01-05 | | Withdrawal | | 30.00 | | | | | | | |
| 1960-01-06 | | Deposit | | 60.00 | | | | | | | |
| 1960-01-07 | | Withdrawal | | 40.00 | | | | | | | |
| 1960-01-08 | | Deposit | | 80.00 | | | | | | | |
| 1960-01-09 | | Withdrawal | | 15.00 | | | | | | | |
| 1960-01-10 | | Deposit | | 90.00 | | | | | | | |
| 1960-01-11 | | Withdrawal | | 20.00 | | | | | | | |
| 1960-01-12 | | Deposit | | 100.00 | | | | | | | |
| 1960-01-13 | | Withdrawal | | 35.00 | | | | | | | |
| 1960-01-14 | | Deposit | | 70.00 | | | | | | | |
| 1960-01-15 | | Withdrawal | | 45.00 | | | | | | | |
| 1960-01-16 | | Deposit | | 85.00 | | | | | | | |
| 1960-01-17 | | Withdrawal | | 25.00 | | | | | | | |
| 1960-01-18 | | Deposit | | 95.00 | | | | | | | |
| 1960-01-19 | | Withdrawal | | 30.00 | | | | | | | |
| 1960-01-20 | | Deposit | | 105.00 | | | | | | | |
| 1960-01-21 | | Withdrawal | | 40.00 | | | | | | | |
| 1960-01-22 | | Deposit | | 110.00 | | | | | | | |
| 1960-01-23 | | Withdrawal | | 50.00 | | | | | | | |
| 1960-01-24 | | Deposit | | 120.00 | | | | | | | |
| 1960-01-25 | | Withdrawal | | 60.00 | | | | | | | |
| 1960-01-26 | | Deposit | | 130.00 | | | | | | | |
| 1960-01-27 | | Withdrawal | | 70.00 | | | | | | | |
| 1960-01-28 | | Deposit | | 140.00 | | | | | | | |
| 1960-01-29 | | Withdrawal | | 80.00 | | | | | | | |
| 1960-01-30 | | Deposit | | 150.00 | | | | | | | |
| 1960-01-31 | | Withdrawal | | 90.00 | | | | | | | |
| 1960-02-01 | | Deposit | | 160.00 | | | | | | | |
| 1960-02-02 | | Withdrawal | | 100.00 | | | | | | | |
| 1960-02-03 | | Deposit | | 170.00 | | | | | | | |
| 1960-02-04 | | Withdrawal | | 110.00 | | | | | | | |
| 1960-02-05 | | Deposit | | 180.00 | | | | | | | |
| 1960-02-06 | | Withdrawal | | 120.00 | | | | | | | |
| 1960-02-07 | | Deposit | | 190.00 | | | | | | | |
| 1960-02-08 | | Withdrawal | | 130.00 | | | | | | | |
| 1960-02-09 | | Deposit | | 200.00 | | | | | | | |
| 1960-02-10 | | Withdrawal | | 140.00 | | | | | | | |
| 1960-02-11 | | Deposit | | 210.00 | | | | | | | |
| 1960-02-12 | | Withdrawal | | 150.00 | | | | | | | |
| 1960-02-13 | | Deposit | | 220.00 | | | | | | | |
| 1960-02-14 | | Withdrawal | | 160.00 | | | | | | | |
| 1960-02-15 | | Deposit | | 230.00 | | | | | | | |
| 1960-02-16 | | Withdrawal | | 170.00 | | | | | | | |
| 1960-02-17 | | Deposit | | 240.00 | | | | | | | |
| 1960-02-18 | | Withdrawal | | 180.00 | | | | | | | |
| 1960-02-19 | | Deposit | | 250.00 | | | | | | | |
| 1960-02-20 | | Withdrawal | | 190.00 | | | | | | | |
| 1960-02-21 | | Deposit | | 260.00 | | | | | | | |
| 1960-02-22 | | Withdrawal | | 200.00 | | | | | | | |
| 1960-02-23 | | Deposit | | 270.00 | | | | | | | |
| 1960-02-24 | | Withdrawal | | 210.00 | | | | | | | |
| 1960-02-25 | | Deposit | | 280.00 | | | | | | | |
| 1960-02-26 | | Withdrawal | | 220.00 | | | | | | | |
| 1960-02-27 | | Deposit | | 290.00 | | | | | | | |
| 1960-02-28 | | Withdrawal | | 230.00 | | | | | | | |
| 1960-02-29 | | Deposit | | 300.00 | | | | | | | |
| 1960-03-01 | | Withdrawal | | 240.00 | | | | | | | |
| 1960-03-02 | | Deposit | | 310.00 | | | | | | | |
| 1960-03-03 | | Withdrawal | | 250.00 | | | | | | | |
| 1960-03-04 | | Deposit | | 320.00 | | | | | | | |
| 1960-03-05 | | Withdrawal | | 260.00 | | | | | | | |
| 1960-03-06 | | Deposit | | 330.00 | | | | | | | |
| 1960-03-07 | | Withdrawal | | 270.00 | | | | | | | |
| 1960-03-08 | | Deposit | | 340.00 | | | | | | | |
| 1960-03-09 | | Withdrawal | | 280.00 | | | | | | | |
| 1960-03-10 | | Deposit | | 350.00 | | | | | | | |
| 1960-03-11 | | Withdrawal | | | | | | | | | |

சென்னை, 15.05.2019

செய்யுறை சீர்திருத்த அட்டைச்சுவை

| | | |
|--|--|--|
| <p>(1) Name of injured person (Last, first, middle initial) _____</p> <p>(2) Date of accident _____</p> <p>(3) Time of accident _____</p> <p>(4) Place where accident occurred _____</p> <p>(5) Nature of accident _____</p> <p>(6) How accident happened _____</p> <p>(7) Was employee returning to work? _____</p> <p>(8) Did injury result in death? _____</p> | | <p>NAME</p> <p>DATE</p> <p>TIME</p> <p>PLACE</p> <p>NATURE</p> <p>RETURN</p> <p>DEATH</p> |
| <p>(9) Name of employer _____</p> <p>(10) Address of employer _____</p> <p>(11) City _____</p> <p>(12) State _____</p> <p>(13) Zip _____</p> <p>(14) Name of supervisor _____</p> <p>(15) Name of witness _____</p> <p>(16) Name of doctor _____</p> <p>(17) Name of hospital _____</p> <p>(18) Name of insurance carrier _____</p> | | <p>EMPLOYER</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>SUPERVISOR</p> <p>WITNESS</p> <p>DOCTOR</p> <p>HOSPITAL</p> <p>INSURANCE</p> |
| <p>(19) Nature of injury or occupational disease _____</p> <p>(20) Date of injury or occupational disease _____</p> <p>(21) Time of injury or occupational disease _____</p> <p>(22) Place where injury or occupational disease occurred _____</p> <p>(23) How injury or occupational disease happened _____</p> <p>(24) Was employee returning to work? _____</p> <p>(25) Did injury result in death? _____</p> | | <p>NATURE</p> <p>DATE</p> <p>TIME</p> <p>PLACE</p> <p>NATURE</p> <p>RETURN</p> <p>DEATH</p> |
| <p>(26) Name of insurance carrier _____</p> <p>(27) Address of insurance carrier _____</p> <p>(28) City _____</p> <p>(29) State _____</p> <p>(30) Zip _____</p> <p>(31) Name of agent _____</p> <p>(32) Name of broker _____</p> <p>(33) Name of reinsurer _____</p> <p>(34) Name of underwriter _____</p> <p>(35) Name of adjuster _____</p> <p>(36) Name of claims administrator _____</p> <p>(37) Name of legal counsel _____</p> <p>(38) Name of medical consultant _____</p> <p>(39) Name of vocational consultant _____</p> <p>(40) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(41) Name of physician _____</p> <p>(42) Address of physician _____</p> <p>(43) City _____</p> <p>(44) State _____</p> <p>(45) Zip _____</p> <p>(46) Name of hospital _____</p> <p>(47) Address of hospital _____</p> <p>(48) City _____</p> <p>(49) State _____</p> <p>(50) Zip _____</p> <p>(51) Name of insurance carrier _____</p> <p>(52) Address of insurance carrier _____</p> <p>(53) City _____</p> <p>(54) State _____</p> <p>(55) Zip _____</p> <p>(56) Name of agent _____</p> <p>(57) Name of broker _____</p> <p>(58) Name of reinsurer _____</p> <p>(59) Name of underwriter _____</p> <p>(60) Name of adjuster _____</p> <p>(61) Name of claims administrator _____</p> <p>(62) Name of legal counsel _____</p> <p>(63) Name of medical consultant _____</p> <p>(64) Name of vocational consultant _____</p> <p>(65) Name of other consultant _____</p> | | <p>PHYSICIAN</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>HOSPITAL</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(66) Name of insurance carrier _____</p> <p>(67) Address of insurance carrier _____</p> <p>(68) City _____</p> <p>(69) State _____</p> <p>(70) Zip _____</p> <p>(71) Name of agent _____</p> <p>(72) Name of broker _____</p> <p>(73) Name of reinsurer _____</p> <p>(74) Name of underwriter _____</p> <p>(75) Name of adjuster _____</p> <p>(76) Name of claims administrator _____</p> <p>(77) Name of legal counsel _____</p> <p>(78) Name of medical consultant _____</p> <p>(79) Name of vocational consultant _____</p> <p>(80) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(81) Name of insurance carrier _____</p> <p>(82) Address of insurance carrier _____</p> <p>(83) City _____</p> <p>(84) State _____</p> <p>(85) Zip _____</p> <p>(86) Name of agent _____</p> <p>(87) Name of broker _____</p> <p>(88) Name of reinsurer _____</p> <p>(89) Name of underwriter _____</p> <p>(90) Name of adjuster _____</p> <p>(91) Name of claims administrator _____</p> <p>(92) Name of legal counsel _____</p> <p>(93) Name of medical consultant _____</p> <p>(94) Name of vocational consultant _____</p> <p>(95) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(96) Name of insurance carrier _____</p> <p>(97) Address of insurance carrier _____</p> <p>(98) City _____</p> <p>(99) State _____</p> <p>(100) Zip _____</p> <p>(101) Name of agent _____</p> <p>(102) Name of broker _____</p> <p>(103) Name of reinsurer _____</p> <p>(104) Name of underwriter _____</p> <p>(105) Name of adjuster _____</p> <p>(106) Name of claims administrator _____</p> <p>(107) Name of legal counsel _____</p> <p>(108) Name of medical consultant _____</p> <p>(109) Name of vocational consultant _____</p> <p>(110) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(111) Name of insurance carrier _____</p> <p>(112) Address of insurance carrier _____</p> <p>(113) City _____</p> <p>(114) State _____</p> <p>(115) Zip _____</p> <p>(116) Name of agent _____</p> <p>(117) Name of broker _____</p> <p>(118) Name of reinsurer _____</p> <p>(119) Name of underwriter _____</p> <p>(120) Name of adjuster _____</p> <p>(121) Name of claims administrator _____</p> <p>(122) Name of legal counsel _____</p> <p>(123) Name of medical consultant _____</p> <p>(124) Name of vocational consultant _____</p> <p>(125) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(126) Name of insurance carrier _____</p> <p>(127) Address of insurance carrier _____</p> <p>(128) City _____</p> <p>(129) State _____</p> <p>(130) Zip _____</p> <p>(131) Name of agent _____</p> <p>(132) Name of broker _____</p> <p>(133) Name of reinsurer _____</p> <p>(134) Name of underwriter _____</p> <p>(135) Name of adjuster _____</p> <p>(136) Name of claims administrator _____</p> <p>(137) Name of legal counsel _____</p> <p>(138) Name of medical consultant _____</p> <p>(139) Name of vocational consultant _____</p> <p>(140) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(141) Name of insurance carrier _____</p> <p>(142) Address of insurance carrier _____</p> <p>(143) City _____</p> <p>(144) State _____</p> <p>(145) Zip _____</p> <p>(146) Name of agent _____</p> <p>(147) Name of broker _____</p> <p>(148) Name of reinsurer _____</p> <p>(149) Name of underwriter _____</p> <p>(150) Name of adjuster _____</p> <p>(151) Name of claims administrator _____</p> <p>(152) Name of legal counsel _____</p> <p>(153) Name of medical consultant _____</p> <p>(154) Name of vocational consultant _____</p> <p>(155) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(156) Name of insurance carrier _____</p> <p>(157) Address of insurance carrier _____</p> <p>(158) City _____</p> <p>(159) State _____</p> <p>(160) Zip _____</p> <p>(161) Name of agent _____</p> <p>(162) Name of broker _____</p> <p>(163) Name of reinsurer _____</p> <p>(164) Name of underwriter _____</p> <p>(165) Name of adjuster _____</p> <p>(166) Name of claims administrator _____</p> <p>(167) Name of legal counsel _____</p> <p>(168) Name of medical consultant _____</p> <p>(169) Name of vocational consultant _____</p> <p>(170) Name of other consultant _____</p> | | <p>INSURANCE</p> <p>ADDRESS</p> <p>CITY</p> <p>STATE</p> <p>ZIP</p> <p>AGENT</p> <p>BROKER</p> <p>REINSURER</p> <p>UNDERWRITER</p> <p>ADJUSTER</p> <p>CLAIMS</p> <p>LEGAL</p> <p>MEDICAL</p> <p>VOCATIONAL</p> <p>OTHER</p> |
| <p>(171) Name of insurance carrier _____</p> <p>(172) Address of insurance carrier _____</p> <p>(173) City _____</p> <p>(174) State _____</p> <p>(175) Zip _____</p> <p>(176) Name of agent _____</p> <p>(177) Name of broker _____</p> <p>(178) Name of reinsurer _____</p> <p>(179) Name of underwriter _____</p> <p>(180) Name of adjuster _____</p> <p>(181) Name of claims</p> | | |

1. Date of accident 7/11/42 (a) Day of week Monday

(b) Hour of day 7:15 (c) Date disability began 7/11/42

2. Name of injured employee W. E. Brown

(b) Home address 7 B. St. Detroit, Mich. (c) Age 35

(d) Married, single, or widowed Married

(e) No. of children under sixteen years 2

3. (a) Average daily earnings \$12.00

(b) Engaged in what work when injured Truck Driver

(c) In what department Tow Truck Division

(d) Was this the regular occupation of injured person Yes

4. Describe in full how accident occurred, stating cause

clearly Truck disabled by mechanical failure

while driving on highway

his doctor has disabled him from work

(a) Kind of machine, tool, or appliance with which accident occurred

(b) Part of machine or device causing accident

(c) Power driven Hand fed or mechanical

(d) Was safeguard removed at time of accident

By whom Unknown

Describe nature of injury as definitely as possible Arterial

(a) Part of body injured (right or left)

(b) Attending physician or hospital: Name Dr. Paul D. Stone

Address Marquette, Mich.

(c) Has employee returned to work

(d) If so, give date

(e) If not, state estimate of probable length of disability

Handwritten note:
Injured to the
extent that he
is unable to
perform his
duties.

Handwritten note:
New information

SECRET

Pattern No. 1733

To Mr. J. Edgar Hoover, Director, FBI
Washington, D. C.
Dear Sir:

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application at this office.

10:30 a.m.

2000

John A. Miller

(*Refers*)

[illegible]

WAGE SCHEDULE

CASE NO.

Charles E. Miller

(Injured Employee)

(Employer)

5/12/45

(Date of Accident)

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE INSURANCE COMPANY PROMPTLY, AS THE COMPENSATION AGREEMENT CANNOT BE PREPARED, NOR COMPENSATION PAID UNTIL THIS INFORMATION IS SUPPLIED.

If employee was paid a fixed weekly, monthly, or annual wage, how much?

per
(wk.) (mo.) (year)

Date of birth of employee June 21, 1895

IF THE EMPLOYEE WAS NOT PAID ON A FIXED SALARY BASIS, COMPLETE THE FOLLOWING WAGE SCHEDULE:

Hourly rate paid 1.0550 W. Number of hours constituting a normal work day 5

Number of days in a normal work week 5 Were meals or lodging provided? 2

Show date of hire if injured has been in your employ less than three months
(Date employed)

WAGES FOR THE 13 WEEKS IMMEDIATELY PRECEDING ACCIDENT OR FOR THE PERIOD EMPLOYED

Show total earnings of the employee in each of the 13 week periods, but do not include tips or gratuities.

| 1st period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From <u>5/1/45</u> To <u>5/14/45</u> \$ <u>713.13</u> | |

| 3rd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <u>5/14/45</u> To <u>5/27/45</u> \$ <u>551.26</u> | |

| 2nd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <u>5/11/45</u> To <u>5/24/45</u> \$ <u>597.46</u> | |

| 4th period of 13 consecutive calendar weeks (the 13 weeks immediately preceding the accident) | Total Wages Earned |
|---|--------------------|
| From <u>5/1/45</u> To <u>5/14/45</u> \$ <u>662.86</u> | |

NOTE: When the employee's wage basis is an hourly rate, daily rate, or by the output (piece work), the Act requires that the 13 weeks immediately preceding the accident are to be divided into 4 periods of 13 consecutive weeks each, and the weekly wage computed by dividing by 13 the earnings in that period most favorable to the injured. It is this provision of the Law which makes necessary the wage detail requested herein.

.....
.....
.....

I acknowledge herewith receipt of the above accident
report in duplicate. In all future correspondence concern-
ing this case, please refer to it by the claim number.
IN ALL FIVE CASES, see that the injured employee gets im-
mediate attention from an eye specialist.

Very truly yours,

PENNSYLVANIA WORKMEN'S COMPENSATION ASSOCIATION
CASUALTY INSURANCE COMPANY

.....

|||||

Mrs. Poy: This is the final payment on
this case - \$3600.00 plus interest of \$11.32
made at time of first payment.

EGS

Name in full: James Charles E. Jones Date: 4/1/40
 Date of Birth: Jan 29, 1889 Age: 40 Race: White
 Place of Birth: Bellevue, C. Present Address: 1117 Jay

PREVIOUS WORK RECORD

Age began work 10 No. years worked _____

| EMPLOYED BY | NATURE OF WORK | FROM | TO | REMARKS |
|---------------------------|----------------|-------------|----------------|--------------------|
| 1. <u>Federal Stearns</u> | <u>Farm</u> | <u>1917</u> | <u>1926</u> | <u>9 years off</u> |
| 2. <u>J. S. Roberts</u> | <u>Farmer</u> | <u>1924</u> | <u>1922</u> | <u>1 yr</u> |
| 3. <u>James C. Jones</u> | <u>Farmer</u> | <u>1926</u> | <u>1927</u> | <u>1 yr</u> |
| 4. <u>J. S. Roberts</u> | <u>Farmer</u> | <u>1929</u> | <u>To date</u> | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

*Record periods idle

REMARKS

[Faint, mostly illegible handwritten notes at the top of the page]

Exam 1:

[Faint handwritten notes]

[Faint handwritten notes]
 5' 4 1/2 116 1/2 135 T-29.2 P-20 R-22 D-2 - 15 1/2

Chest:

examination - 37-34.

On the right side the B.S. are decreased and rumbling. Dry rales are heard in the mid interlobes anterior chest wall and along the posterior chest wall and the base posteriorly. On the left side the B.S. are decreased & rumbling front & back.

Heart - negative

| | | |
|-----|-----|-----|
| 94 | 100 | 90 |
| 22 | 26 | 20 |
| 115 | 130 | 115 |
| 80 | 85 | 80 |

Laboratory

X-ray - Some haziness in both cost-phrenic angles. Thickened interlobar pleura right side. Increased lung markings both lower lung fields.
Impression: - Fibrosis - pulmonary - (Robertson)

| | | | | |
|------------------|------------------|-----------------|----------------|-----------|
| NAME | DATE | AGE | SEX | ETHNICITY |
| ADDRESS | CITY | STATE | COUNTRY | |
| EDUCATION | OCCUPATION | RELIGION | POLITICAL | |
| PREVIOUS SURGERY | PREVIOUS ILLNESS | PREVIOUS TRAUMA | PREVIOUS DRUGS | |

Has any one of your parents, brothers, sisters, wife, or children ever had the following, tuberculosis, heart disease, or insanity? If so, give particulars.

Operative

Part Medical (dates where possible)

| | | |
|----------------------------------|--------------------------|------------|
| Tuberculosis | Fleury | Ten |
| Pneumonia | Tetanus | Scarlet |
| Head Colds | Chest Colds | Arthritis |
| Syphilis | Skin Diseases | Rheumatism |
| Typhoid Fever | Scarlet Fever | Malaria |
| Operations | Assoc. Injuries | |
| Ever in Hospital | Explain | |
| Ever rejected for Life Insurance | <i>Monopolita</i> (1930) | |

Present Chronic Illness or Complaints

| | | |
|--------------|--------------|-----------------|
| (Freq) Cough | Productive | Char. of Sputum |
| Night Sweats | Weakness | Dyspnea |
| Pain | Location | |
| Appetite | Constipation | Diarrhea |

Other complaints (blood in urine; stones; headaches; sleep; joint pain; occasional dizziness; palpitation; nocturia; polyuria)

*On exam. of general physical state, nothing is noted
at present time before employment here. no notes of shortness
of breath.
He mentions that his headaches are due to heat loss - Dr. Hanks put him
on 150 in 1929 - gradually lost weight over period of years.
Employee believes he is in good health.*

Date _____ Record taken by _____ M.D.

Thos D. Webster

Name: John Doe Age: 40
 Sex: Male Race: White
 Date: 1/1/50 Time: 10:00 AM
 Source: Referral from Dr. Smith
 Temp: 98.6 Pulse: 72 Resp: 18
 Height: 5' 8 1/2" Weight: 175 lbs. Est. Weight: 175 lbs.
 Actual V.C.: Normal Normal V.C.: Normal % of Normal: 100

Eyes: Negative balls: Normal Movements: Normal
 conjunctiva: Normal sclerae: Normal pupils: Normal
 Vision: Without Glasses With Glasses:
 Distance Rt 20/15 Lt 20/20
 Color Blind A - 8 - 4 lines Fundus Normal
 Ears: Negative
 Rt Normal Lt Normal
 drums Rt Normal Lt Normal
 hearing Rt /20 Lt /20

Nose:
 mucous membranes Normal
 septum Markedly deviated
 turbinates Normal
 Sinuses: Blocked five times
 frontal Rt Normal Lt Normal
 maxillaries Rt Normal Lt Normal

Lips - Buccal Mucosa: Normal
 Teeth: U.R. U.L.
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
 L. R. L. L. 0 - Restored
 1 - Missing
 2 - Bad

Gums No bleeding
 Tongue No deviation, no tenderness, no coating
 Throat: (a) tonsils Rt Normal Lt Normal (b) palate Normal (c) Pharynx Normal

LABENT

HEART *Not enlarged*

Heart Location - 5th intercostal space
Cardiac size
Rhythm and Sounds equal, regular, good quality
Murmurs *None*

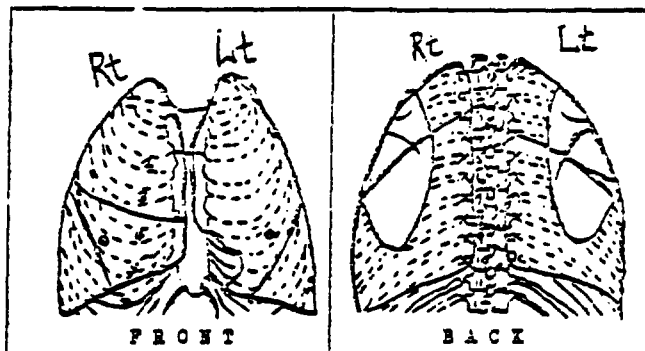
| EXERCISE | AT REST | AFTER EXERCISE | 2 MIN. LATER |
|----------|---------|----------------|--------------|
| Pulse | 68 | 110 | 102 |
| Resp | 20 | 20 | 24 |
| Sp. Pr. | 125/75 | 130/80 | 120/60 |

Etiological Class
 Anatomical Class
 Functional Cap.

Pulse: Character

Associated Signs, --- Dyspnoea, Cyanosis, Neck Veins,
 Vessels, Edema, Petechiae

LUNGS



Expansion $\frac{7}{8}$ - 3 7

Tactile Fremitus

+++ - DTF

Percussion

Sl. imp. III

Mod. imp. III

Dullness $\frac{7}{8}$

Breath Sounds

Broncho-ves B.V.B.

Bronchial B.B.

Feeble F.B.

Harsh Insp. B.V.B.

Prolonged Exp. P.E.

Vocal Res chance

I.V.R. - D.V.R.

Whisp. Pec. W.P.

Friction Rub.

Rales

Sub Creb...Sib...a

Creb oooooon ooo

Course oooooonchus ooo

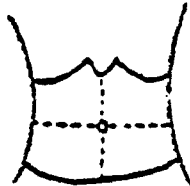
REMARKS

P. h. impaired both sides
B.S. markedly rougher throat, more so
in lower portion & duller where many dry rales are heard, & decreased.
Post. D.S. decreased over bases & associated with
many dry rales both sides, more pronounced right side.

Signs of Hypothyroidism - Hypothyroidism

- (1) palpable (2) diffuse enlargement (3) nodular
(1) eye signs
(2) tremor
(3) tachycardia
(4) flushing

ABDOMEN *Tip of spleen felt.*



lungs good upper
Rt
Left

GENITALIA →

Scars
Discharge
Scrotum
Testicles - *Smaller left testis*
Varicocele -

RECTUM - *neg.*

Hemorrhoids
Sphincter
Prostate
Vesicles

| EXTREMITIES and SPINE | SPINE | HANDS | FEET | OTHER JOINTS |
|-----------------------|-------|-------|------|--------------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES: Knee Jerks *Knee*
Rosenberg

Babinski *neg.*
Pupils *O.R.*

CIRCULATION

Varicose Veins *no*

Arterio-sclerosis *no*

BEHAVIOR

General *good*
Speech *clear*

Gait *normal*
Personality Type

LABORATORY DATA

URINE: *Normal acid* Sp. Gr. *1.011* *Normal neg*
 Color neg *Microscopic clear*

BLOOD: R.B.C. *4-350,000* Hb. *23% 14.5g* C. Index *1.0*
 W.B.C. 259/105-1 L *37* M *2* E *3*
 Morphology and Remarks:
 Sedimentation Test:

Serology for *7/12/42 Wassermann - Strongly Positive*
 7/12/42 Wassermann - Strongly Positive

FLUOROSCOPE

| | | | |
|----------------------|---------|--------------|----------|
| Normal Breathing | | Rt. | Lt. |
| Diaphragm: Excursion | | | |
| Forced Breathing | | | |
| Heart: | A.P. | Size | Shape |
| | Lateral | P.C. Zone | Position |
| | | Left Auricle | Aorta |

X-RAY READING

1000

مجلس شورای اسلامی
جمهوری اسلامی ایران
وزارت فرهنگ و ارشاد اسلامی
سازمان اسناد و کتابخانه ملی
دفتر اسناد و کتابخانه ملی
تهران - خیابان ولیعصر
پلاک ۱۸۸
تلفن ۸۸۸۸۸۸۸۸

7

4. The fourth part of the document discusses the consequences of failing to comply with the record-keeping requirements. It states that individuals or organizations that fail to comply may be subject to fines, penalties, or even criminal prosecution.

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Handwritten text on lined paper, possibly a signature or a short paragraph.

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301-12-1-100-100

My dear Mr. [unclear]

I have just received your letter of the 10th inst.

and am glad to hear that you are well.

I am, I hope, the same.

Yours truly,

Mary Walker

100 [unclear]

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UNITED STATES DEPARTMENT OF AGRICULTURE

Supervisor's Report

Date Last Employed *Feb. 15, 1944*

Reason of Separation *Ret. 12.12.43*

Retiree 12.12.43

Outgoing 9000000
Election for L.P. 1944

Signature *W. H. H.*

Signature *W. H. H.*

Signature *W. H. H.*

United States Department of Agriculture

[Handwritten:] Sir
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April 10, 1943

Government Life Insurance Company
1000 - 1000
New York 10, N.Y.

Attention: Mr. L. J. Applegate

Mr. Charles L. Shearer
Serial 7669

Dear Sir:

Attached you will find a Statement of Claim for the above employee. Mr. Shearer has been disabled since May 12th, 1943. His life insurance certificate is enclosed so that the proper consideration can be made if the claim is honored.

Mr. Shearer wished to have the dependent coverage and the personal hospitalization and surgical covered if the premiums on the life insurance is waived.

Mr. Shearer was granted total disability by our insurance carrier as of October 1949.

Very truly yours,

GEORGE STANLEY AMERSON, President
of Employees' Insurance, Inc.

(Mrs.) George Stiles
Insurance, Inc.

encl:

| | |
|---|--------|
| Thyroid | |
| Removal of thyroid (complete procedure, including dissection of thyroid arteries, to be treated as one operation) | 150.00 |
| Removal of thyroid arteries, not followed by removal of thyroid: One or more at one operation | 50.00 |
| Two or more stage operations | 75.00 |
| Complete procedure to be treated as one operation | |
| Parathyroid glands, removal of (for medical cases) | 50.00 |
| More than one tumor | 75.00 |
| Excision into (tapping excepted) | 25.00 |
| Ligatures | |
| Cutting operation | 25.00 |
| Severing of tendons | |
| Complete | 25.00 |
| Multiple | 40.00 |

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| Uterus | |
| Removal of uterus (complete procedure, including dissection of uterine arteries, to be treated as one operation) | 150.00 |
| Removal of uterus, not followed by removal of ovaries: One or more at one operation | 50.00 |
| Two or more stage operations | 75.00 |
| Complete procedure to be treated as one operation | |
| Parovarium (ovary) | |
| Abdominal, chest, or thoracic (other than hysterectomy) | 10.00 |
| External, by incision, joint or spine | 10.00 |
| Breast | |
| Cutting operation or injection treatment for radical cure of adenocarcinoma (complete procedure) | 25.00 |
| Cutting operation for papillary tumor or carcinoma in situ | 25.00 |
| Cutting operation for fissure | 10.00 |
| Skull | |
| Cutting into cranial cavity | 150.00 |
| Spine or Spinal Cord | |
| Operation with removal of portion of vertebra or vertebrae (except coccyx) | 150.00 |
| Removal of part or all of coccyx | 50.00 |
| Tapping—See Paracentesis | |
| Tumor, Removal of—See under Ear, Nose, or Throat | |
| Tumors | |
| Removal of, by cutting operation: | |
| Malignant tumors (except those of face, lip, or skin) | 100.00 |
| Malignant tumors of face, lip, or skin | 25.00 |
| Benign tumors, one or more: | |
| Requiring hospital residence | 25.00 |
| Not requiring hospital residence | 10.00 |
| Vascular Vessels | |
| Cutting operation or injection treatment (complete procedure on all vessels) | 40.00 |

SCHEDULE OF SURGICAL OPERATIONS

(Maximum Payment of Insurance Benefit Allowed)

The amount of payment for any surgical operation shall not exceed the amount specified in this schedule for such surgical operation.

The amount specified in this schedule is not intended to represent what the physician's or surgeon's charge will or should be, but merely what the maximum amount payable to the employee is under the terms of the Group Policy.

Surgical Operation Maximum Payment

Abdomen

Cutting into abdominal cavity for diagnosis or treatment of organs therein (unless otherwise specified in this schedule)..... \$100.00

Abscesses

Abscesses requiring hospital residence (for each abscess, one or more)..... 25.00

AMPUTATIONS

Thigh..... 75.00
Arm, forearm, entire hand, leg, or entire foot..... 50.00
Fingers or toes, each..... 10.00

APPENDIX, REMOVAL OF..... 100.00

BLOOD TRANSFUSIONS

Recipient, each transfusion (not more than six)..... 25.00

BREAST

Amputation..... 100.00
Abscesses, deep (furuncles excepted), one or more..... 25.00

CANCER—See Malignant tumors, under Tumors

CHEST

Complete thoracoplasty, or removal of portion of lung..... 150.00
Other cutting into chest cavity for diagnosis or treatment (tapping excepted)..... 40.00
Induction of artificial pneumothorax..... 25.00

CHILDREN—See Obstetrics

Dislocation, Reduction of

Hip or knee joint (patella excepted)..... 35.00
Shoulder, elbow, or ankle joint..... 25.00
Lower jaw..... 15.00
Collar bone or wrist..... 10.00

For dislocations requiring an open operation the maximum payments will be twice the amounts shown above.

Surgical Operation Maximum Payment

EAR, NOSE, OR THROAT

Removal of mastoid—cutting operation for removal of diseased bone: one side..... \$75.00
both sides..... 100.00
Removal of tonsils, or tonsils and adenoids..... 25.00
Sinus operation by cutting (puncture of antrum excepted)..... 35.00
Submucous resection of nasal septum..... 35.00
Tracheotomy for removal of foreign body or injury..... 35.00
Cutting into the trachea..... 35.00
Any other cutting operation (puncture of antrum and tapping excepted)..... 10.00

EMBRION (REMOVAL)

Shoulder or hip joint..... 100.00
Knee joint..... 75.00
Elbow, wrist, or ankle joint..... 50.00
Diseased portion of bone, including curettage (alveolar processes excepted)..... 50.00

EYE

Any cutting operation into the eyeball (through the cornea or sclera)..... 50.00
Removal of eyeball..... 35.00
Cutting operation on eye muscle..... 20.00

FRACTURE, TREATMENT OF

Thigh, leg, incision, upper arm, or pelvis..... 50.00
Vertebra or vertebrae (except coccyx or vertebral processes)..... 50.00
Lower jaw (alveolar processes excepted), collar bone, shoulder blade, or forearm..... 25.00
Wrist, hand, ankle, or foot, each..... 15.00
Fingers or toes, one or more..... 10.00
Nose, rib, or ribs..... 10.00

The amounts shown above are for Simple Fractures.

For Compound Fractures the maximum payments will be one and one-half times the amounts shown above for the corresponding Simple Fractures.

For fractures requiring an open operation (including bone grafting or bone splicing) the maximum payments will be twice the amounts shown above for the corresponding Simple Fractures.

CONTINUITY OF EMPLOYMENT OF THE EMPLOYEE DURING THE SURGICAL OPERATION

SECTION I. NOTICE AND PROOF OF CLAIM

1. Within seven days of a surgical operation on which claim may be made, the employee shall give to the Insurance Company written notice of such operation and the date of such operation. Proof of such surgical operation shall be furnished to the Insurance Company not later than thirty days after the date such surgical operation was performed.

The Insurance Company, upon receipt of the notice required by the Group Policy, will furnish the employee with a form to be filled out by the employee and the form shall be returned by the employee within thirty days after the Insurance Company receives such notice. The employee shall be deemed to have complied with the requirements of the Group Policy as to proof of claim upon submission within the time limit in the Policy for filing proof of claim, when proof covering the occurrence, character and extent of the surgical operation for which claim is made.

Failure to furnish notice or proof within the time provided in the Group Policy shall not constitute a bar to recovery of claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible.

2. No action at law or in equity shall be brought to recover on the Group Policy for a claim for benefits referred to in this certificate supplement prior to the expiration of sixty days after proof of claim has been filed in accordance with the requirements of the Group Policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of claim is required by the Policy.

SECTION II. PAYMENT OF CLAIMS

All benefits provided under the Group Policy will be paid to the Employee immediately after receipt of due proof.

SECTION III. CESSATION OF INSURANCE

1. The Surgical Operation Insurance shall automatically cease on the date of termination of the Employee's employment. Termination of employment, for the purposes of Surgical Operation Insurance, means cessation of active work as an Employee as defined in the Group Policy, except that

(a) if the Employee is absent from active work because of sickness or injury, his employment may, for the purposes of his Surgical Operation Insurance, be deemed to continue until terminated by the Employer in accordance with the terms of the Group Policy, or

(b) if the Employee is absent from active work because of temporary layoff, his employment may, for the purposes of his Surgical Operation Insurance, be deemed to continue until terminated by the Employer in accordance with the terms of the Group Policy, but in no case beyond the duration of such limited period as may be prescribed in the Group Policy.

2. The Surgical Operation Insurance shall automatically cease on the date the Employee becomes entitled to the Maximum Surgical Operation benefit payable to him as set forth on the time payment form. It may be reinstated only if and when the Employee returns to active work for the Employer on full time.

3. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, his Surgical Operation Insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

4. The Employee's Surgical Operation Insurance shall automatically cease immediately upon the discontinuance of the Group Policy or of the provisions thereunder for Surgical Operation Insurance.

5. (A) If the Employee, at the date of the cessation of his Surgical Operation Insurance under the Group Policy, is totally disabled as a result of injury or sickness and, while still so totally disabled and within thirty-one days after such cessation, undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, he shall be entitled to whatever benefit would have been payable under the Group Policy for such surgical operation had his Surgical Operation Insurance been in force on the date of such surgical operation.

(B) If a female Employee is pregnant at the date of the cessation of her Surgical Operation Insurance under the Group Policy and, as a result of such pregnancy and within nine months after such cessation, undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, she will be entitled to whatever benefit would have been payable under the Group Policy for such surgical operation had her Surgical Operation Insurance been in force on the date of such surgical operation.

6. The cessation of the Employee's Surgical Operation Insurance shall not affect any claim incurred before such cessation.

Policy No. _____

CERTIFICATE SUPPLEMENT TO BE RETURNED TO AND
MADE PART OF CERTIFICATE, SERIAL NO. 7569

UNITED STATES ARMY DIVISION
OF METROPOLITAN LIFE INSURANCE CO.
(INCORPORATED IN THE UNITED STATES OF AMERICA)

Issued under the above Group Policy on the effective date hereof for Surgical Operation Insurance.

The Employee, while so insured under the Group Policy, undergoes any surgical operation specified in the Schedule of Surgical Operations hereof, as a result of:

(a) any injury not arising out of or in the course of his employment, or

(b) any illness not entailing him to become under any treatment's compensation or occupational disease law,

or any other cause.

PAY THE EMPLOYEE, subject to the terms and limitations of the Group Policy, for the actual surgical fee charged for such surgical operation, provided (1) that such surgical operation was recommended and performed by a physician or surgeon legally licensed to practice medicine, and (2) that the amount of such payment shall in no event exceed the amount specified for such surgical operation in the Schedule of Surgical Operations hereof.

If two or more surgical operations specified in the Schedule of Surgical Operations hereof are performed upon the Employee during any one continuous period of disability, whether from one or more causes, or are performed during successive periods of disability due to the same or related cause or causes, the total payments under the Group Policy for all such operations shall not exceed the Employee's Maximum Surgical Operation Benefit specified below, provided that, if any two or more of such surgical operations are performed on any one time and in the same operative field, the total payment under the Group Policy for all operations performed at one time and in the same operative field shall not exceed the maximum benefit specified in the said Schedule for that one of the operations performed for which the largest amount is specified in the said Schedule.

No payment shall be made under the Group Policy for any surgical operation which is due to pregnancy or resulting childbirth or complications if the pregnancy entered on the effective date of the Employee's Surgical Operation Insurance.

The Employee's Maximum Surgical Operation Benefit on the effective date of this certificate supplement is One Hundred and Fifty Dollars.

The benefits evidenced by this certificate supplement are in addition to any benefits otherwise payable under the Group Policy. The insurance evidenced by this certificate supplement, including the following pages, is provided under and is subject to the provisions of the Group Policy.

METROPOLITAN LIFE INSURANCE COMPANY.

Effective June 23, 1944.

Form G.S. 3119—March 1943
PRINTED IN U.S.A.

Harry L. Lincoln
President



1 Madison Avenue, New York

To

An Employee of

United States Asbestos
Division
of Raybestos-Manhattan, Inc.

- (A) If an Employee is absent from active work because of illness, his employment may, at the discretion of the Employer, be continued on temporary leave until terminated by the Employer in accordance with the terms of the Group Policy, or
- (B) If the Employee is absent from active work because of temporary injury, his employment may, for the purposes of his Hospital Expense Insurance, be continued on temporary leave until terminated by the Employer in accordance with the terms of the Group Policy, but in no case for the duration of such limited period as may be prescribed in the Group Policy.
2. (A) The Employee's Hospital Expense Insurance on his own account shall automatically cease on the date of expiration of the maximum number of days for which Daily Benefits are payable under the Group Policy on account of the Employee's own hospital confinement. It may be reinstated only if and when the Employee returns to active work for the Employer on full pay.
- (B) The Employee's Hospital Expense Insurance on account of any Dependents shall automatically cease on the date of expiration of the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such Dependents' hospital confinement. It may be reinstated only after the termination of such hospital confinement and upon recovery of the Dependent from the bodily injury or sickness which caused such hospital confinement, and only provided the Employee is then insured on his own account.
3. The Employee's Hospital Expense Insurance on account of any Dependents shall automatically cease on the day of termination of such person's status as a Dependent of such Employee as defined in the Group Policy. (See Section I of this certificate.)
4. If the Employee fails to make any contribution required by the Employer to the cost of his insurance under the Group Policy, such insurance shall automatically cease on the date of the expiration of the last period for which such contribution was made by the Employee.

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of the Employee's own hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such Dependents' hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such person's status as a Dependent of such Employee as defined in the Group Policy.

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of the Employee's own hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such Dependents' hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such person's status as a Dependent of such Employee as defined in the Group Policy.

8. If a female Employee or Dependent is pregnant at the date of the expiration of the Hospital Expense Insurance on her account, and, as a result of such pregnancy and within nine months after such expiration, becomes confined as a patient in a hospital, the Employee will be entitled to the Hospital Expense Insurance on the date of commencement of such hospital confinement.

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of the Employee's own hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such Dependents' hospital confinement, or

...the maximum number of days for which Daily Benefits are payable under the Group Policy on account of such person's status as a Dependent of such Employee as defined in the Group Policy.

SUMMARY OF PROVISIONS OF THE GROUP POLICY INDIVIDUALLY AFFECTING THE EMPLOYEE

Section I. Definition of the Term "Dependent"

The term "Dependent" is defined in the Group Policy as (a) an Employee's wife, (b) any unmarried child over the age of 18 and under 21 years of age of a dependent of a dependent family member, including in any case, any child of a dependent family member who is a resident of the United States or Canada.

Section II. Continuation of Insurance by Payment of Premium

For all hospital confinement of the Employee which is caused by any one pregnancy or resulting childbirth or complications, the Daily Benefit shall not be paid for more than fourteen days and the sum of the payments for all Special Hospital Services (including delivery room) shall not exceed five times the Daily Benefit in force on account of the Employee; provided, however, that no payment of any kind shall be made for such hospital confinement if the pregnancy existed on the effective date of the Employee's Hospital Expense Insurance.

For all hospital confinement of a Dependent which is caused by any one pregnancy or resulting childbirth or complications, the total of the payments for both Daily Benefits and all Special Hospital Services combined shall not exceed ten times a Daily Benefit in force on account of such dependent; provided, however, that no payment of any kind shall be made for such hospital confinement if the pregnancy existed on the effective date of the Hospital Expense Insurance on account of such Dependent.

Section III. General Provisions

No Agent has authority to waive the required notice or proof of a claim, nor to extend the time within which notice or proof must be given.

This certificate is nonassignable and the insurance and benefits are nonassignable prior to a loss. The insurance does not at any time provide paid-up insurance, or loan or cash values.

Section IV. Notice and Proof of Claims

1. Written notice of hospital confinement on which claim may be made must be given to the Insurance Company within _____ days after the commencement of such hospital confinement. Proof of such hospital confinement must be furnished to the Insurance Company not later than _____ days after the termination of the period of hospital confinement for which benefits are payable under the Group Policy.

The Insurance Company, upon receipt of the notice required by the Group Policy, will furnish such forms as are usually furnished by it for filing proofs of claim. If such forms are not received by the claimant within fifteen days after the Insurance Company receives such notice, the claimant shall be deemed to have complied with the requirements of the Group Policy as to proof of claim upon submitting, within the time fixed in the Policy for filing proofs of claim, written proof covering the occurrence, character and extent of the hospital confinement for which claim is made.

Failure to furnish notice or proof within the time provided in the Group Policy shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible.

2. No action at law or in equity shall be brought to recover on the Group Policy for a claim for benefits referred to in the certificate prior to the expiration of _____ days after proof of claim has been filed in accordance with the requirements of the Group Policy, nor shall such action be brought at all unless brought within _____ years from the expiration of the term within which proof of claim is required by the Policy.

Section V. Payment of Claims

Subject to due proof of claim, the Employee will be entitled to the benefits payable during any period of hospital confinement for which benefits are payable, and any benefits remaining unpaid at the termination of such period will be paid immediately upon receipt of proof of claim.

Section VI. Cancellation of Insurance

1. All Hospital Expense Insurance shall automatically cease on the date of termination of the Employee's employment.

GROUP POLICY NO. 7569

UNITED STATES GOVERNMENT

...and upon account of each child of the Employee who is a Dependent as defined in the Group Policy.

...and upon account of each child of the Employee who is a Dependent as defined in the Group Policy.

...and upon account of each child of the Employee who is a Dependent as defined in the Group Policy.

(a) at least ten consecutive hours if he receives emergency care following an injury or undergoes a surgical operation, otherwise

(b) at least eight consecutive hours.

The Insurance Company shall PAY TO THE EMPLOYEE, subject to the terms and limitations of the Group Policy:

(a) the Daily Benefit in force at the date of commencement of such confinement on account of the person becoming so confined, for each day of such confinement, but in no case for more than thirty-two days; and

(b) the amount of the actual expense charged for all Special Hospital Services of either or both of the following types received during such confinement, provided (a) that the services received were recommended and approved by a physician or surgeon legally licensed to practice medicine and (b) that the total payments under the Group Policy for all expenses charged for each such type of service shall in no event exceed the maximum determined in accordance with the following table:

| TYPE OF SERVICE | MAXIMUM PAYMENT |
|---|------------------------------|
| Type (A)—Anesthesia and the administration thereof, and use of operating room | Five times the Daily Benefit |
| Type (B)—All other services charged for by the hospital except services of physicians or special nurses | Five times the Daily Benefit |

See Section II hereof for restrictions applicable to Pregnancy and Maternity.

The maximum period for payment of Daily Benefits and the maximum payments for Special Hospital Services specified above shall be the maximums for any one continuous period of hospital confinement whether due to one or more causes or for successive periods of hospital confinement due to the same or related cause or causes.

The insurance evidenced by this certificate, including the following pages, is provided under and is subject to all of the provisions of the Group Policy.

METROPOLITAN LIFE INSURANCE COMPANY.

Effective June 23, 1944

Form 335, 11-10-43—December 1943

Harry E. Smith, President

22 Feb 1962 Thurs 1962

117- Book 1 in c. 1/2/1/2

117 - 117.1 - 117.2 - 117.3

.....
.....
.....

F. G. DRENN, Secretary
Total and Permanent
Debitors

CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 12/19/30 BY [illegible]

EXCEPT WHERE SHOWN OTHERWISE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 12/19/30 BY [illegible]

EXCEPT WHERE SHOWN OTHERWISE

CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 12/19/30 BY [illegible]
EXCEPT WHERE SHOWN OTHERWISE

DATE 12/19/30 BY [illegible]

Loanable 12/19/30 on Policy 12/19/30
in case of L. The then will be paid
by the [illegible] to [illegible] C. [illegible]
[illegible] [illegible]

THIS CERTIFICATE IS TO BE ATTACHED TO THE POLICY TO MAKE IT A PAID UP POLICY.

NAME OF INSURED *Charles Scherer*

CONTRACT POLICY NUMBER *8577-6-L.H.*

CERTIFICATE NUMBER *7669*

Date Certificate surrendered *4-3-50*

Countersigned by:

James W. Wolfe
Ins. Supervisor

Received from: *Charles Scherer*

the certificate enumerated for transmission to the Home or Head Office of the Metropolitan Life Insurance Company with the claim for total disability and the application to have the insurance premiums waived.

February 7, 1955

Interpretation Life Insurance Company
One Madison Avenue
New York 17, N.Y.

Attention: Mr. George J. McQuinn

Re: Charles E. Shearer
John G. Shearer, Inc.
(Group)

Dear Sirs:

Attached you will find the "Proof of Death Statement", the life insurance certificate and the register card of the above employee deceased. Mr. Shearer died February 12, 1955.

Very truly yours,

UNITED STATES ASSURANCE COMPANY
of Springfield, Mass.

Insurance Supervisor

encl
v

8/1000

Form 128

STATEMENT OF SEPARATION FROM EMPLOYMENT

Name LIVEN, BRADY # 468

Date Last Employed 11-12-49 Date 12-13-49

Reason of Separation 1. D. 12-22-49

SEPARATED 12-13-49

Indefinite Leave

Eligible for life insurance only

Supervisor Who
Authorized Separation

Continuation of Separation

Witnessed by B. A. Linscott

United States Customs Division

[illegible]

December 13, 1957

Metropolitan Life Insurance Company
One Madison Avenue
New York 17, N.Y.

Attention: Mr. T. C. McCallan

Re: Elmer Greasy
Serial 6913

Dear Mr. McCallan:

Attached you will find the "Proof of Death Statement" and the Registrar
Cards for the above employee who died December 6, 1957.

Mr. McCallan, Mrs. Esther S. Greasy, widow and beneficiary of the de-
ceased, is unable to locate the Life Insurance Certificate. They have
searched but it has failed to turn up. What do we do now? We have
never had a situation where the certificate was not forthcoming.

Very truly yours,

(Mrs.) Janet Wolfe
Personnel Administrator, Insurance
Group

Please let Mrs. Greasy's father

METROPOLITAN LIFE INSURANCE COMPANY **Ch 10**
PLEASE NOTE THE INSTRUCTIONS IN PARAGRAPH NO. 1

1. Please have the beneficiary complete the claimant's statement on the attached Form O-1 and return it to me as soon as possible.
2. Please send the statement of beneficiary to me as soon as possible.
3. If the beneficiary is deceased, please send the statement of beneficiary to me as soon as possible.
4. The claimant is to be returned to me as soon as possible.
5. The claimant is to be returned to me as soon as possible.
6. The claimant is to be returned to me as soon as possible.
7. This check is to be returned to me as soon as possible.
8. Please deliver this check to the person to whom it is payable as soon as possible.
9. If the beneficiary is deceased, please send the statement of beneficiary to me as soon as possible.
10. If the beneficiary is deceased, please send the statement of beneficiary to me as soon as possible.

There is no statement to be made as an unlicensed claimant's word
is sufficient to certify to what is found.
George C. McDaniel, Secretary, Metropolitan

Erney, Ellen

CLAIMT
58883064007
680037 4577-

1216576574-
MTC
MRS JANET
RAYBESTOS
MANHEIM PA

THIS IS NOT A CHECK

| Account No. | | Account Name | Account Type | Account Status | Account Balance | Account Date | Account Description | Account Remarks |
|-------------|--|--------------|--------------|----------------|-----------------|--------------|---------------------|-----------------|
| 10000000 | | | | | | | | |

44 125

SEE ATTACHED LETTER

***REPLACEMENT OF STAMP CASES:**

SECRET

16. ~~UNCLASSIFIED~~ ~~DATE 04-11-2013 BY 60322~~

1. **Abstract** is required for all papers. It should be a brief summary of the paper, not more than 10% of the total length. It should be written in a clear, concise, and factual manner. It should not contain any conclusions or recommendations. It should be written in a way that is easy to read and understand. It should be written in a way that is easy to read and understand. It should be written in a way that is easy to read and understand.

5. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whistler (1987).

In 1941 Frank, Evan

B-27-4

Case No. 4249-463

Labors Lost

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number. In all EYE CASES

is all EYE CASES are that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Very truly yours,
TEXTILE MANUFACTURERS ASSOCIATION
CASUALTY INSURANCE COMPANY
 517 ORANGE ST. LANCASTER, PA.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
AGREEMENTS COMPENSATION BOARD
HARRISBURG

REFERENCE NOTICE OF HEARING

Case No. _____
Petitioner No. 125, 126
City _____
Lancaster, Pa.
Date Nov. 11, 1947 19

To Paul A. Miller, Secy.
of A. J. J. Co.,
Lancaster, Penna.

To State Compensation Fund,
Attn: Paul A. Miller, Secy.
Department of Labor and Industry,
Harrisburg, Pa.

To The Pennsylvania Gas & Electric Co.,
21 E. Fourth St., Lancaster, Pa. (and)
Harrisburg, Pa.

To _____

If you fail to appear, the petition will be dis-
posed of in your absence.

All witnesses whose testimony you desire to
present must also be present at the hearing to-
gether with such records as you desire to offer.

If it is necessary to subpoena any of your wit-
nesses, subpoenas may be had upon application at
this office.

I hereby certify you that the above claim petition will be heard by me on _____

December 6, 1947, _____ 9:30 A.M.

at Court Room No. 4, Fourth Fl., Court House, Lancaster, Pa.

JOHN D. GLENN

142 E. Chestnut St., Lancaster, Pa.

April 2, 1947.

Pennsylvania Manufacturers' Association
Casualty Insurance Company,
26 East Chicago Street,
Lancaster, Penna.

Rev. Elmer Broody,
R. D. # 3,
Shubuta, Penna.

Dear Elmer:

The following are copies of the reports of the chest x-rays of Elmer Broody:

7-13-44.

The ribs and the bronchial shadows are slightly prominent in both sides. There is evidence for some fibrosis in the right and left lower lobes, more on the right. There is a slight amount of swelling in the upper part of the lungs of the right appears normal. There is a small amount of fatty calcification in the right side of the heart. The aorta appears normal. A small amount of nodules in both sides. No deviation of the trachea or mediastinal shadow.

Diagnosis: The changes in the right apex indicate a minimal TB, no evidence for any activity at this time. The slight fibrosis in the right and left lower lobes, more on the right, I believe, is due to a degree of asbestosis. There is either a slight dilatation of the right side of the heart or else it is more centrally located than the normal situated heart. Recommend a re-raying of this chest 6 months later.

Robert D. Smith, M. D.

12-30-44.

Practically no change from an x-ray standpoint since the previous examination, 7-13-44.

Diagnosis: Same as stated at the previous examination. Recommend a re-ray one to four months later for comparative study.

Robert D. Smith, M. D.

2-12-49.

The lung markings are quite prominent, though they are definitely less so than present on the previous film, taken 12-30-44. The heart shadow is only very slightly increased in size on this film by measurement. Nothing additional found on which to report.

Diagnosis: Second stage asbestosis, some improvement concerning the lung since the previous examination. A very slight increase in the size of the heart shadow since the previous examination. Recommend a re-ray 4 to 6 months later for comparative study.

Robert D. Smith, M. D.

Very truly yours,

Company Nurse and X-ray Technician

JOHN D. KELN, M.D.
1000 14th St., N.W.
Washington, D.C.

To the DIRECTOR, U.S. BUREAU OF HEALTH
Washington, D.C., D.C. June 1, 1946.

From: Mrs. Anna Corbally, Mrs. G.
28 E. Street, N.E.
Washington, D.C.

Continued:

At the request of Mr. Miller, Mrs. Corbally has been examined by you.

Mr. Corbally gave a history of having worked at the U. S. Tobacco Co. for 24 years during a long part of the time. He stated he had lost some time from his work several years ago, but that he had been able to work until December 22, 1945. At that time he was completely exhausted by the middle of the afternoon. Since then he has noted a persistent, almost continuous cough. He is unable to ascend one flight of stairs without stopping for breath. He has been treated for his cough to no avail. His heart beats very rapidly during a sustained exertion.

Physical examination showed him to be in moderate respiratory distress while at rest. His respiratory rate was 20 per minute. Examination of his chest showed restriction to be rigid and shallow. Percussion was hyperresonant. There was a great deal of fine and coarse rales in both lung fields. Electrocardiogram was from 35" - 34". The remainder of the physical examination was negative.

He was given an exercise test and was able to step ten times onto a stool 2' above the floor. This amount of exercise caused his respiratory rate to increase to 40 and his pulse to 92. They returned to 34 and 68 respectively after 2 minutes.

A vital capacity examination showed it to be 1.7 liters.

A chest X-ray, the report of which will be forwarded, showed a moderately characterized emphysema.

I believe this man is totally disabled as far as doing any physical work is concerned. He is not bedfast, but gets around with difficulty.

Thank you for referring him to me.

Yours very truly,

/s/ John D. Keln, M.D.

JDK:jr

PENNSYLVANIA MANUFACTURERS ASSOCIATION
CASUALTY INSURANCE COMPANY

Second Floor

MANUFACTURERS BUILDING

Lancaster, Pa.



TELEPHONE 600

LANCASTER, PA.

June 24, 1940.

Re: State & Federal
Salem, Oregon
City of Salem, Oregon

Mrs. Bertha McCartney
United States Arbitration Division
of Republic-Insurance, Inc.
Nashua, N.H.

Dear Mrs. McCartney:

In accordance with our telephone conversation
of this afternoon I again looked over the file on the above.

As to the 3-day report, to which Dr. Kohn
refers in his letter of June 1, 1940, has not been received.
However, we have made notation to forward you a copy when
same is received at this office.

Very truly yours,

Pennsylvania Manufacturers' Assoc.
Casualty Insurance Company

H. R. Miller
Insurance Representative.

PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY
WAGE SCHEDULE

CLAIM NO. _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE INSURANCE COMPANY PROMPTLY AS THE COMPENSATION AGREEMENT CANNOT BE PAID NOR COMPENSATION PAID UNTIL THIS INFORMATION IS RECEIVED.

If employee was paid a fixed weekly, monthly, or annual wage, how much?

For _____ Date of birth of employee _____

IF THE EMPLOYEE WAS NOT PAID ON A FIXED SALARY BASIS, COMPLETE THE FOLLOWING WAGE SCHEDULE:

Weekly rate paid \$ _____ Number of hours worked _____

Number of days in a normal work week _____ (If 5 days, please specify)

Number of days in a normal work week _____ (If 5 days, please specify)

WAGE FOR THE 15 WEEKS IMMEDIATELY PREVIOUS TO THE DATE OF THE ACCIDENT
 (Show total earnings of the employee in each of the 15 week periods, but do not include tips or gratuities.)

| | |
|---|--------------------|
| 1st period of 15 consecutive calendar weeks | Total Wages Earned |
| From _____ to _____ | \$ _____ |

| | |
|---|--------------------|
| 2nd period of 15 consecutive calendar weeks | Total Wages Earned |
| From _____ to _____ | \$ _____ |

| | |
|---|--------------------|
| 3rd period of 15 consecutive calendar weeks | Total Wages Earned |
| From _____ to _____ | \$ _____ |

| | |
|---|--------------------|
| 4th period of 15 consecutive calendar weeks (the 15 weeks immediately preceding the accident) | Total Wages Earned |
| From _____ to _____ | \$ _____ |

NOTE: When the employee was paid on an hourly rate, daily rate, or by the piece (piece work), the last preceding rate for 15 weeks immediately preceding the accident can be broken into 15 consecutive weekly rates, and the weekly rates averaged or divided by 15 the average in that period will constitute the average. It is the purpose of the law that these average constitute the wage which is payable.

Prepared by _____

If employment was less than 15 weeks complete data on previous work.

[illegible]

THE WORKERS' COMPENSATION BOARD
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG, PENNSYLVANIA

DEFENDANT'S NAME AND ADDRESS
NAME OF DEFENDANT
ADDRESS
CITY, STATE AND ZIP

Case No. 12-1234
Date of Injury
Date of Onset of Disability
Date of Filing of Complaint
Name of Plaintiff
Address of Plaintiff
City, State and ZIP

Case No. 12-1234
Date of Injury
Date of Onset of Disability
Date of Filing of Complaint
Name of Plaintiff
Address of Plaintiff
City, State and ZIP

TO THE WORKERS' COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

- The Plaintiff respectfully represents:
1. My name is JOHN J. SMITH
 2. I became totally disabled as the result of an industrial accident on April 23, 1964 day of April at 10:00 a.m.
 3. My total disability is permanent and total and I am a boardman corporate having a share interest in the Commonwealth of Pennsylvania at least two years in the aggregate during the eight years next preceding the date of disability as follows:

| Name of Employer in Pennsylvania | Address | Date of Disability From To |
|---|---------------------------------|--|
| <u>Commonwealth of Pennsylvania, 1234</u> | <u>Harrisburg, Pennsylvania</u> | <u>April 23, 1964</u> to <u>April 23, 1964</u> |
| | | |
| | | |
| | | |

4. The above named defendant was my employer when I was last exposed to a share interest and I was in the defendant's employ from 1962 to January 21, 1964
5. Since the date of leaving the defendant's employment, I have been employed as follows:
Since January 21, 1964, I have been unable to work because of condition on
disability.
6. I served notice of my disability on the above named defendant on April 23, 1964 in the following way: By mail to the
company address as well as by certified mail to the employer.
7. Before my disability began I earned \$6.00 a week as a member of the union

shall proceed to show that it may partially imitate the common oil, in fact, serving as a point of dissimulation during an exposure of less than five years.

DATE OF ACCIDENT _____
NAME OF INJURED EMPLOYEE _____
POSITION OF EMPLOYEE _____
DUTY ASSIGNED _____
LOCATION OF ACCIDENT _____
TIME OF ACCIDENT _____
NATURE OF ACCIDENT _____
CAUSE OF ACCIDENT _____
INJURY SUSTAINED _____
TREATMENT _____
DATE OF RETURN TO WORK _____
REMARKS _____
REPORTED BY _____

12. EVERETT BRADY 14/10/07
HARRISBURG, 5151 FRT 2009.
MISS HESSING
Went to an office at 1000 B. S. in
Notary Company of H. A. HANN
Disability.
Told HAN that I was out
H. A. HANN Rep. HESSING's
Went to H. A. HANN to
H. A. HANN to CHA. HANN.

October 15, 1943

U. S. Asbestos Div.,
Raybestos-Manhattan, Inc.,
Defendant.

CITY AND AWARD

Compensation is accordingly awarded to John Bremer, the claimant, at the rate of \$12.00 per week (total of \$72.00 being in excess of the maximum under the Act) from December 30, 1942 and to continue thereafter as long as the claimant is totally disabled within the limitations of the Pennsylvania Occupational Disease Act of 1945; providing however, that the total liability of the defendant, the Commonwealth of Pennsylvania and all parties herein shall not exceed the sum of \$4,000.00.

This compensation paid jointly, 90% or the sum of \$64.80 per week to be paid by the U. S. Asbestos Div., of Raybestos-Manhattan, Inc., defendant, and/or the Pennsylvania Manufacturers' Association Casualty Insurance Company, insurance carrier of the defendant, and 10% or the sum of \$7.20 per week to be paid by the Commonwealth of Pennsylvania out of moneys to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

The above award is to bear interest at the rate of 5% on all deferred payments according to Section 440 of the Act.

The U. S. Asbestos Div. of Raybestos-Manhattan, Inc., defendant, and/or the Pennsylvania Manufacturers' Association Casualty Insurance Co., insurance carrier of the defendant, and the Commonwealth of Pennsylvania out of the moneys to the credit of the State Workmen's Insurance Fund are further directed to reimburse the claimant the following medical expenses:

| | |
|------------------|---------|
| Dr. C. M. Kohl | \$15.00 |
| Dr. E. A. Elwell | 12.00 |

90% thereof or the sum of \$22.50 to be paid by the U. S. Asbestos Div., of Raybestos-Manhattan, Inc., defendant, and/or the Pennsylvania Manufacturers' Association Casualty Insurance Company, insurance carrier of the defendant, and 10% or \$3.00 thereof to be paid by the Commonwealth of Pennsylvania out of moneys to the credit of the Occupational Disease Fund created in the State Workmen's Insurance Fund.

*Revised 10/15/43
B. M. C.*

COMPENSATION INSURANCE

Date of report 12-11-11 Date Report 12-11-11 Date Report 12-11-11

1. The first two lines of the poem are:



PAST EMPLOYMENT AND MEDICAL RECORD

Name *Henry James Smith* Date *7/10/16*
 Born *July 7, 1893* at *49* in *white*
 at *Leicester County, Virginia* *355 S. Charlotte St.*
Richmond

PREVIOUS WORK RECORD

Age upon entry No. of years worked

| Employed by | Short Name of Work | To | Total |
|-------------------------------|--------------------|----|------------------|
| 1. <i>Leicester River</i> | <i>June 1922</i> | - | <i>2 years</i> |
| 2. <i>Leicester Ry. track</i> | | | <i>1.2 years</i> |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

.....

REMARKS:

Aug 10 1941

Aug 10 1941

in a small room - in a camp. of some kind.
He seems to have a very large collection of

100 copies of the

100 copies of the

100 copies of the

in the - he has off from work since 1941

Aug 10 1941

Aug 10 1941

He. Phil requests that she be read -
with great attention to the

Mr. Barry said - some of the will be read - and he will
be read first to the committee & then he will read something
with her. There is a lot of pressure of time
in the part of the in the hope of the - something in the
night.

DATE 7/12/46

76 77

76 77

Has any one of your relatives, by name, father, mother, brother, sister, or child, been afflicted with the following diseases, or any of them? If so, state name and age.

Negative.

PAST MEDICAL HISTORY (See also)

Inter. *See above* Were
 Parotitis about 7 yrs of age. Stomachitis
 Headache Chest Cough Asthma
 Syphilis Skin Diseases Rheumatism
 Typhoid Fever Malaria
 Urinary Age 18 years
 Eyes or Ears
 Ever treated for Life Insurance? *Have reported about 10 years ago and since then has been insured for \$500.*

PRESENT CHRONIC ILLNESS OR COMPLAINTS

(From) Cough Character Char. of Sputum
 Night Sweats Weakness Dyspnea
 Pain Loss of Weight Hemoptysis
 Appetite Constipation Diarrhea

Other symptoms (blood in urine, edema, urticaria, sleep, joint pains, abnormal heart sounds, abnormal bowel sounds, etc.).

*expect to have T.B. in a few weeks. Dr. Bell
 Dr. C. M. Bell
 has been seeing me on the basis of my pulmonary
 C. my lungs feel well*

Date 7/12/46 Exam taken by M. D.

D. H. M. C. C. C.
 Physician Secretary

PHYSICAL EXAMINATION

Name Edward J. Brown
 Address Madison, Wis.

GENERAL APPEARANCE

Well-developed, white male
 Hair Black
 Skin Clear
 Nose None
 Mouth 5.5" x 2.5"
 Teeth Good
 Neck 5.5" x 2.5"
 Height 5' 10" Weight 135 B.P. 125

HEAD

Eyes Yes
 Ears Yes
 Nose Yes
 Mouth Yes
 Teeth: Upper 5544321 Lower 1234567 (O-Exposure: Bad)
 5544321 1234567 (X-Mucous:)
 Tongue Mo. swollen on throat
 Gums No bleeding

HEART AND LUNGS

Apex beat 5.5"
 Thrill None
 Murmur and Sound Equal & Regular
 Murmur None
 At Rest After Exercise 1 Min. Later
 Pulse 75 90 80 Dilated? Yes
 Rate 75 90 80 Arrhythmia? Yes
 R. P. 100 120 120 Functional? Yes
 Pulse: Character Full & Regular
 Auscultation Signs
 Lung Signs - Chest Expansion
None

ANTHROPOMETER

Height

Weight

Arm Span

GENITALIA

RECTUM

EXTREMITIES AND SPINE

GLANDS

REFLEXES

CIRCULATION

BEHAVIOR

LABORATORY - DATA

URINE

Reaction

Color

Sp. Gr.

Microscopic

Albumen

BLOOD

R.B.C.

W.B.C.

Hb.

C. Index

P. E. M.

SEROLOGY (or LIES)

SUMMARY

DIAGNOSIS

RECOMMENDATIONS

RATING

1 "22
2 "22

RECOMMEND A REVIEW OF THE STUDY AFTER FOR COMPARATIVE STUDY.

Ernest T. Tracey 1 1/2 in.
2-10-49

The lung markings are quite prominent, though they are definitely less so than present on the previous film taken 12-10-48. The heart shadow is only very slightly increased in size on this film by measurement. Nothing additional found on which to report.

Diagnosis: Asbestosis, some improvement concerning the lung since the previous examination. A very slight increase in the size of the heart shadow since the previous examination. Recommend a re-ray 6 to 8 months later for comparative study.

Robert D. Webb, M.D.
Robert D. Webb, M.D.

Elvin Jones

2 1962
12 1962

1. The subject, Elvin Jones, is a member of the previous organization.

2. Jones: Date of birth at the previous organization. Recommend a re-entry
one to four weeks later for corrective study.

Robert D. Jones

Robert D. Jones, Jr.

Elmer J. Greer

3264
7/22/46

The ribs and the thoracic shadows are symmetric prominent in both sides. There is evidence for some fibrosis in the right and left lower lung, more so the right. There is a slight amount of mottling in the right apex. The contour of the bases appears normal, though the left base presents a somewhat fuzzy outline. A slight dilatation of the right side of the heart. The aorta appears sensitive. A couple of nodules in both sides. No deviation of the trachea or subternal tumor.

Diagnosis: The changes in the right apex indicate a minimal t b, no evidence for any activity at this time. The slight fibrosis in the right and left lower lung, more so the right, I believe, is due to a degree of asbestosis. There is either a slight dilatation of the right side of the heart or else it is more centrally located than the usual situated heart. Recommend a re-raying of this chest 6 months later.

Robert J. Greer
Robert J. Greer, M. D.

April 14, 1949.

Dr. C. M. Hall,
11 West Main Street,
Birmingham, Penna.

Re: Elton T. Broady,
125 South Charlotte Street,
Birmingham, Penna.

Dear Doctor Hall:

This is a corrected copy of a previous x-ray report, showing the degree of calcification, as requested by you.

2-10-49.

The lung markings are quite prominent, though they are definitely less so than in some of the previous films, taken 12-30-48. The heart shadow is only very slightly increased in size on this film by measurement. Nothing additional found on which to report.

Diagnosis: Second stage calcification, some improvement concerning the lung since the previous examination. A very slight increase in the size of the heart shadow since the previous examination.
Recommend: re-ray 4 to 6 months later for comparative study.
Robert D. Smith, M. D.

Very truly yours,

UNITED STATES ASSOCIATES DIVISION
of Eastman-Kodak Company

COPYING PERIOD AND X-RAY DEVELOPMENT

20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854.

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE SURVEY OF THE
FISH AND WILDLIFE RESOURCES OF THE STATE OF TEXAS.

[illegible]

OF SYDNEY-AMSTERDAM, INC.

~~CONFIDENTIAL~~

January 12, 1949.

Dr. R. C. Field,
118 South Charlotte Street,
Miami, Florida.

Rev. Elmer F. Droney,
125 South Charlotte Street,
Miami, Florida.

Dear Doctor Field:

The following are copies of the reports of the chest x-rays of Elmer F. Droney. These x-rays were taken 12-10-48 and 7-12-48, both were read by Dr. Smith.

12-10-48.

Practically no change from an x-ray standpoint since the previous examination, 7-12-48.

Diagnosis: Same as stated at the previous examination. Recommend a x-ray one to four months later for comparative study.

Robert O. Smith, M. D.

7-12-48.

The ribs and the bronchial shadows are slightly prominent in both sides. There is evidence for some fibrosis in the right and left lower lobes, more on the right. There is a slight amount of softening in the right apex. The contour of the bases appears normal, though the left base presents a somewhat fuzzy outline. A slight dilatation of the right side of the heart. The aorta appears negative. A couple of nodules in both sides. No deviation of the trachea or mediastinum.

Diagnosis: The changes in the right apex indicate a minimal T. B., no evidence for any activity at this time. The slight fibrosis in the right and left lower lobes, more on the right, I believe, is due to a degree of asbestosis. There is either a slight dilatation of the right side of the heart or else it is more centrally located than the usual dilated heart. Recommend a re-x-ray of this chest 6 months later.

Robert O. Smith, M. D.

Very truly yours,

UNITED STATES ATOMIC DIVISION
of Raytheon-Whitcomb Inc.,

Company Form and X-ray Committee

July 1, 1934.

Dr. C. E. Paul,
110 West 41st Street,
Manhattan, New York.

Dear Doctor Paul:

The following is a copy of the report of the chest exam. of Edwin T. Bremer.
This chest x-ray was taken 7/11/34 and read by Dr. Jacob.

The ribs and the bronchial shadows are all well prominent in this film. There is evidence for some fibrosis in the right and left lower lobes, more so the right. There is a slight amount of swelling in the right area. The contour of the heart appears normal, though the left base presents a somewhat fuzzy outline. A slight dilatation of the right side of the heart. The aorta appears normal. A couple of nodules in both sides. No deviation of the trachea or subcutaneous tissue.

Diagnosis: The changes in the right apex indicate a minimal & b, no evidence for any activity at this time. The slight fibrosis in the right and left lower lobes, more so the right, I believe, is due to a chronic of apical lesion. There is either a slight dilatation of the right side of the heart or else it is more centrally located than the normal situated heart. Recommend a re-examination of this chest 6 months later.

Respectfully,
Robert D. Jacob, M. D.

Very truly yours,

UNITED STATES BUREAU OF INVESTIGATION
of Department of Justice

Robert D. Jacob
Special Agent in Charge

In re: ALVIN J. JONES 11-1-34
Claim No. 11-1-34 11-1-34

We acknowledge herewith receipt of the above accident report in duplicate. In all future correspondence concerning this case, please refer to it by the claim number. In all EYE CASES, see that the injured employee gets immediate attention from an eye specialist.

Very truly yours,

Pennsylvania Manufacturers' Association
Casualty Insurance Company

RECEIVED

11-1-34

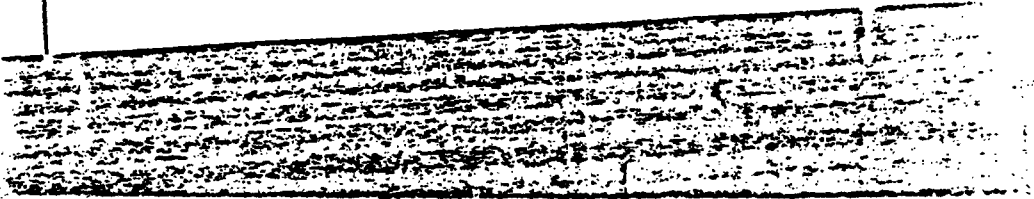
11-1-34

11-1-34

[illegible]

[illegible]

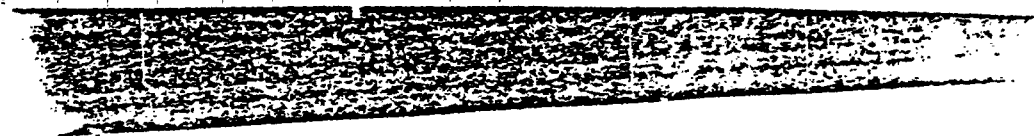
| EMPLOYER'S REPORT
OF INDUSTRIAL INJURY | | DATE OF INJURY | |
|--|--|---|--|
| <p>1. Name of Employer: THE MONROE MANUFACTURING CO.</p> <p>2. Address of Employer: 1000 N. 10th St., Monroeville, Pa.</p> <p>3. Name of Injured Employee: JOHN J. CHERRY</p> <p>4. Address of Injured Employee: 1000 N. 10th St., Monroeville, Pa.</p> <p>5. Date of Injury: 7/15/40</p> <p>6. Time of Injury: 8:15 A.M.</p> <p>7. Nature of Injury: Hand crushed by machine</p> | | <p>8. Date of Report: 7/15/40</p> <p>9. Name of Reporting Officer: J. J. CHERRY</p> <p>10. Title of Reporting Officer: Owner</p> | |
| <p>11. Description of Injury: Hand crushed by machine</p> <p>12. Description of Cause: Hand caught in machine</p> <p>13. Description of Effect: Hand crushed</p> <p>14. Description of Treatment: First aid</p> <p>15. Description of Result: Hand crushed</p> | | | |
| <p>16. Name of Insurance Carrier: PENNSYLVANIA MANUFACTURERS' ASSOCIATION CASUALTY INSURANCE COMPANY</p> <p>17. Address of Insurance Carrier: 1000 N. 10th St., Monroeville, Pa.</p> <p>18. Name of Insurance Agent: J. J. CHERRY</p> <p>19. Address of Insurance Agent: 1000 N. 10th St., Monroeville, Pa.</p> | | | |



GROUP INSURANCE

NAME *Company, Group No. 1 Charles H. Winkler* *President of* *...*

| NO. | NAME | AGE | SEX | DATE OF BIRTH | DATE OF DEATH | CAUSE OF DEATH | DATE OF BURIAL | DATE OF INTERMENT | DATE OF CREMATION | DATE OF REINTERMENT | DATE OF REINTERMENT |
|-----|------------|------------|------------|---------------|---------------|----------------|----------------|-------------------|-------------------|---------------------|---------------------|
| 1 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
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| 3 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 4 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 5 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 6 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 7 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 8 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 9 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 10 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 11 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 12 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 13 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 14 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 15 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 16 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 17 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 18 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 19 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |
| 20 | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> |



[illegible]

1954-1955

[illegible]

1-2-2-2-2

מס' 4000

REF. # 2 11573

DATE OF BIRTH

NAME

ADDRESS

CITY

STATE

COUNTY

ZIP

SIGNATURE

PRINTED NAME

DATE

September 12, 1942

Metropolitan Life Insurance Co.,
100 Broadway, New York, N.Y.

Attn: C. F. Lewis, Jr.

Dear Sir,

In reply to your letter of September 10, 1942 pointing out the discrepancy between the date of Mr. Brosey's hospital claim.

We checked with Mr. Brosey and was advised that he was confined to the hospital about 1942. The date Mr. Brosey entered was correct and was released on 1942. Apparently the error on the Statement of Claim for hospitalization was a typographical error.

We are enclosing the paid hospital bill to substantiate Mr. Brosey's claim. We would appreciate you returning this paid bill inasmuch as Mr. Brosey would like to retain it in his possession.

Very truly yours,

JOHN W. BROWN, Assistant Secretary
of Metropolitan Life Insurance Co.

Enclosure is attached

MEMORANDUM FOR THE RECORD

DATE: 10/10/50

TO: THE DIRECTOR

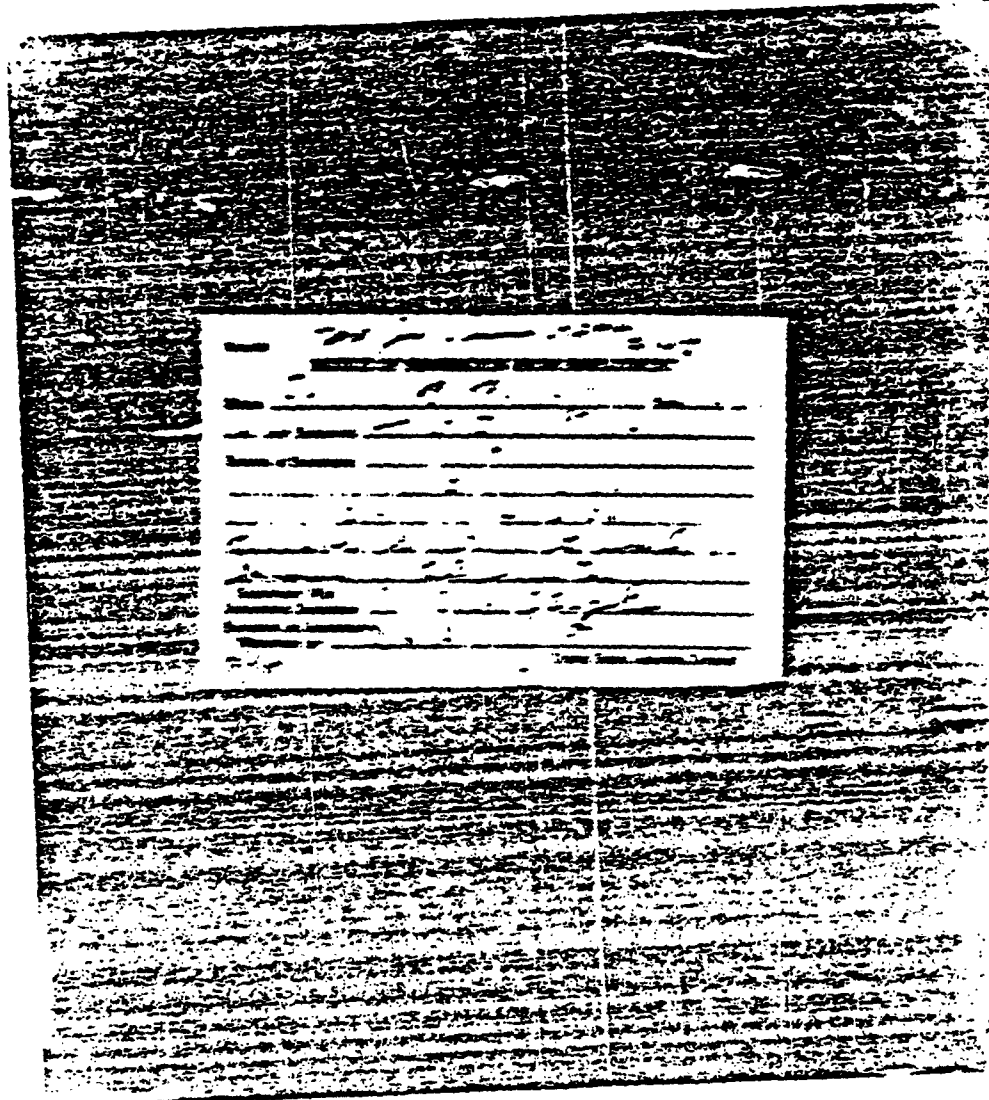
FROM: SAC, NEW YORK

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form No. 1
January 1964 Edition

1. Name of Subject _____
2. Address _____
3. Date of Birth _____
4. Sex _____
5. Race _____
6. Height _____
7. Weight _____
8. Eyes _____
9. Hair _____
10. Complexion _____
11. Place of Birth _____
12. Date of Entry into Country _____
13. Date of Departure from Country _____
14. Date of Return to Country _____
15. Date of Arrival at Destination _____
16. Date of Departure from Destination _____
17. Date of Return to Destination _____
18. Date of Arrival at Destination _____
19. Date of Departure from Destination _____
20. Date of Return to Destination _____

Signature _____
Special Agent in Charge

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

METROPOLITAN LIFE INSURANCE COMPANY

Forwards to Metropolitan Life Insurance Company

12000 12/1/44

The National Bureau of Life Insurance, New York, N.Y. October 10, 1944

United States Division of
Employees' Compensation, Incorporated
Washington, Pa.

Re: RYAN T. RYAN
Serial 6911

Attended by: Mr. A. E. Bohn, Foreman, Manager

Gentlemen:

Mr. Ryan's claim for hospitalization benefits has been approved and enclosed in our check for \$156.62 representing six days of hospital confinement at \$5 per day, plus \$26.62 special service fee, and \$100 surgical benefits.

The hospital indicates that Mr. Ryan was confined from August 9th until August 14, 1944. However, they charge eight days' confinement. Please determine the correct period of hospital confinement and service so that we may be assured our full liability has been completed. Your cooperation will be appreciated.

Yours truly,
G. T. Lane, Jr.
Assistant Superintendent
Commercial Group Division

By *P. L. Haffner*

HL/AS

IF YOU REPLY TO THIS LETTER, PLEASE BE SURE TO GIVE THE CORRECT POLICY NUMBER.

Richard L. Selke

EMPLOYMENT-MEDICAL CARD

Name in full *Richard L. Selke*

No. *223*

Employed

Time:

Occupation *Truck Driver*

Occupation *Truck Driver*

| Employment Record | | | Health Comment | | Lab. Service | |
|-------------------|-------|----------|-----------------------------|--|--------------|-------------------|
| Date | Dept. | Comments | Date | | Date | Exam. |
| 4/10/42 | | | 3. Low left forearm - again | | 4-4-42 | Wellness |
| 4/21/42 | | | over. Swollen during P.M.C. | | | Relief - swelling |
| 4/21/42 | | | Swollen body remains from | | | |
| 4/21/42 | | | right elbow to long. Throat | | | |
| 4/21/42 | | | throat. B.M.C. | | | |
| 4/21/42 | | | Cold | | | |
| 4/21/42 | | | express right index finger | | | |
| 4/21/42 | | | fall | | | |
| 4/21/42 | | | Cold - sore throat | | | |
| 4/21/42 | | | Swollen lower neck and arm | | | |
| 4/21/42 | | | in white creaming | | | |
| 4/21/42 | | | in C.B. W. cream | | | |
| 4/21/42 | | | Headache | | | |
| 4/21/42 | | | Cold | | | |
| 4/21/42 | | | Headache | | | |
| 4/21/42 | | | Swollen left arm - sore | | | |
| 4/21/42 | | | swollen wrist. In P.O. line | | | |

[illegible]

NOV-19-1935-11-17

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKERS' COMPENSATION BOARD
HARRISBURG

Constance Alice Gordon, PETITIONER'S NOTICE OF HEARING
vs. Edward S. Gordon

Constance Alice Gordon
142 N. Hick St.,
Lancaster, Penna.
vs.
Edward S. Gordon, Div. of Employees,
142 N. Chestnut St.,
Lancaster, Penna.

Petition No. 110,022

Lancaster, Penna.

Nov. 7, 1935

To Paul A. Miller, Esq.,
50 N. Third St.,
Harrisburg, Penna.

To James A. McLaughlin, Esq.,
42 N. Market St.,
Lancaster, Penna.

To James A. McLaughlin, Esq.,
23 S. Centre St., Lancaster, Penna. (and)
Lancaster, Penna.

To Constance Alice Gordon, Petitioner,
142 N. Chestnut St.,
Lancaster, Penna.

If you fail to appear, the petition will be disposed of in your absence.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to use.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application to this office.

I hereby notify you that the above claim petition will be heard by me on Thursday

November 14, 1935

9:30 A.M.

at Court Room No. 4, South Fifth, Court House, Lancaster, Penna.

JOHN J. GRAYBILL

142 N. Chestnut St., Lancaster, Penna.

1. What is the purpose of the study?
 2. What are the research objectives?
 3. What is the scope of the study?
 4. What are the limitations of the study?
 5. What are the research questions?
 6. What is the significance of the study?
 7. What are the expected outcomes?
 8. What are the research hypotheses?
 9. What is the theoretical framework?
 10. What are the key concepts and variables?
 11. What is the research methodology?
 12. What are the data sources?
 13. What are the data collection methods?
 14. What are the data analysis methods?
 15. What are the results of the study?
 16. What are the conclusions of the study?
 17. What are the implications of the study?
 18. What are the recommendations for future research?
 19. What are the references?
 20. What are the appendices?

Longman 21

25-702

19

To: Mr. J. Edgar Hoover
Director
FBI

To: Mr. J. Edgar Hoover, Dir.

To Mr. J. H. Jones, Care of the
Post Office, New York, N. Y.

If you fail to appear, the petition will be considered of in your absence.

All witnesses whose testimony you desire to present must also be present at the hearing together with such records as you desire to offer.

If it is necessary to subpoena any of your witnesses, subpoenas may be had upon application to this office.

I hereby notify you that the above claim petition will be heard by me on February 2, 1934

Page 6, 100.

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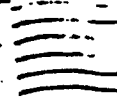
1. 1941-1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 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

SECRET

242 E. Duane Ave. Los Angeles

Mr B.W. Gilmer
117 D. Leland
2200 West Dixie St
Pensacola
Pensacola
Florida
Rec'd - 11-51
B.W. McC

Wm. B. Gaudet
c/o DeSoto St.
Brownsville
Pensacola Fla



Mrs Bertha G. Mc Cartney
c/o U. S. Asbestos Co.
Mauheine
Perry

FLORIDA *"The Sunshine State"*

April 13. 51

Dear Mr. M. C. Partney

I want to thank you
so much for sending my two checks down
to me, I received them last evening,
I think that was a nice thing to do.
I will keep them until I come home,
which I intend to be till the first
of the month. Thank you again

Sincerely yours,
G. L. G. L.

April 11, 1951.

Dear Mrs. Geldart:

Enclosed are two checks for you, the Company's share of the Referee's Award as paid by Pennsylvania Manufacturers' Association Casualty Insurance Company.

Do not be disturbed that Mr. Geldart's name is given as Richard E. It will be all right to cash these checks as they are. I called the Insurance Company's attention to the error and it should be corrected on your subsequent checks.

I hope you are enjoying your visit. I am

Sincerely yours,

JOHN J. HARRIS'S COMPENSATION BOARD, COMMONWEALTH OF PENNSYLVANIA:

_____ died on _____ day of _____ 19____
 _____ primary result of _____

2. The decedent had been employed in a hazardous occupation having a ^{Special} ~~Special~~ ^{Occupational} ~~Occupational~~ ^{Exposure} ~~Exposure~~ ^{Index} ~~Index~~ ^{Rating} ~~Rating~~ ^{of} ~~of ¹⁰⁰ ~~100~~ ^{or} ~~or~~ ^{more} ~~more ^{than} ~~than ⁵⁰ ~~50~~ ^{percent} ~~percent based in the Commonwealth of Pennsylvania for at least two years in the aggregate during the eight years next preceding ^{the} ~~the~~ ^{death} ~~death~~ ^{of} ~~of~~ ^{the} ~~the ^{decedent} ~~decedent~~ as follows:~~~~~~~~~~

| Name of Employer | Address | Date of Employment
From To |
|------------------|------------|-------------------------------|
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] |

3. निष्कर्ष :-

| Serial | Reference | Position | Dependency | Notes |
|--------|------------|------------|------------|------------|
| 1 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 2 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 3 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 4 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 5 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 6 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 7 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 8 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 9 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |
| 10 | 100-100000 | 100-100000 | 100-100000 | 100-100000 |

4. If decedent is a widow or widower, was a common-law spouse, or a partner in a common-law relationship, the date of death of the common-law spouse or partner.

No. 8 - The decedent was last engaged in a hazardous occupation involving a [unclear] toward in the employ of [unclear] dependent on [unclear] day of [unclear]

6. The decedent became totally disabled on 12 day of March, 1964

Claim #4050-1028
UNITED STATES ASBESTOS DIV.,
Richard D. Gelder, Dec'd.

ORDER AND AWARD

Compensation is, accordingly, awarded to Beatrice Alice Gelder, widow of Richard D. Gelder, deceased, at the rate of \$15.00 per week (44% of \$32.00 being in excess of the maximum under the Act) from April 11, 1950 to January 10, 1956, the end of the 300 week period, in the total sum of \$1500.00. This compensation to be paid jointly, 70% or the sum of \$1050.00 per week to be paid by the U. S. Asbestos Div., of Asbestos Manhattan Inc., defendant, and/or the Pennsylvania Manufacturers' Association Casualty Insurance Company, insurance carrier of the defendant, and 10% or the sum of \$150 per week to be paid by the Commonwealth of Pennsylvania out of monies to the credit of the Occupational Disease Fund, created in the State Workmen's Insurance Fund.

The above order is to bear interest at the rate of 6% on all deferred payments according to 410 of the Act.

JOHN B GRAYBILL, REFEREE
FOURTH COMPENSATION DISTRICT

Dated March 9, 1951

Rec'd 4-5-51
BUSE

April 23, 1950.

Pennsylvania Manufacturers' Association
Casualty Insurance Company,
22 East Orange Street,
Lancaster, Penna.

Dear Sirs:

The following are copies of the reports of the chest x-rays of Richard D. Gald. These chest x-rays were taken 1-4-50 and 7-11-47, both were read by Dr. Swab.

1-4-50.

The changes in both sides are slightly more prominent by comparison with the previous film, taken 7-11-47.

Diagnosis: Third stage tuberculosis. Slightly more marked by comparison with the previous film.

Robert D. Swab, M. D.

7-11-47.

Marked fibrosis in the right and left lower lobe areas, much less as one ascends to the apices. The hila are not well outlined, evidently chronic basal pleurisy is present, laterally in the lower lobes and the interlobar pleura on the right side. The heart appears to be retracted toward the right to a certain degree, the right side of the heart shows some dilatation. There appears to be some broadening of the aortic shadow and mediastinum. No deviation of the trachea or subternal tumor, no bone pathology.

Diagnosis: Actebostosis, I believe, a third stage. Emphysema slightly more marked than present on the previous film, taken 3/14/42.

Robert D. Swab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan, Inc.,

Bertha L. G. Carter
Company Nurse and X-Ray Technician

| Sl. No. | Particulars | Amount | Total |
|---------|-------------|--------|-------|
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| II | | | | III | | | | IV | | | | | | | |
|----------------------------------|----|---|----|----------------------------------|----|---|------|----------------------------------|--|--|--|----------------------------------|--|--|--|
| 1 | 32 | 4 | 32 | 4 | 32 | 5 | 37.7 | 5 | | | | | | | |
| 2 | 32 | 5 | 32 | 4 | 32 | 4 | 46 | 6 | | | | | | | |
| 3 | 32 | 4 | 32 | 5 | 40 | 5 | 32 | 4 | | | | | | | |
| 4 | 44 | 6 | 32 | 5 | 46 | 6 | 27.9 | 4 | | | | | | | |
| 5 | 38 | 5 | 32 | 4 | 46 | 6 | 27.3 | 4 | | | | | | | |
| 6 | 46 | 6 | 32 | 4 | 40 | 5 | 40 | 5 | | | | | | | |
| 7 | 40 | 5 | 32 | 5 | 46 | 5 | — | — | | | | | | | |
| 8 | 32 | 5 | 32 | 5 | 46 | 5 | 55 | 5 | | | | | | | |
| 9 | 46 | 6 | — | — | 46 | — | 46 | — | | | | | | | |
| 10 | 32 | 4 | — | 0 | 40 | — | 46 | — | | | | | | | |
| 11 | 32 | 4 | 40 | 5 | 40 | 5 | 40 | — | | | | | | | |
| 12 | 38 | 5 | 32 | 4 | 46 | — | 39.9 | 5 | | | | | | | |
| 13 | 38 | 5 | 46 | 6 | 38 | 5 | 41 | 5 | | | | | | | |
| 625.30
244.16
381.14
64 | | | | 524.30
524.30
126.31
51 | | | | 725.35
524.30
201.05
63 | | | | 725.35
374.12
351.23
51 | | | |

23.

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

CLAIM NUMBER

Richard D. Liden

CLAIM NO.

2-6-5-8
General Account

General Account
Date of birth of employee *September 5, 1895*

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE INSURANCE COMPANY PROMPTLY. AS THE COMPENSATION AGREEMENT CANNOT BE PAID UNTIL COMPENSATION HAS BEEN PAID AND THIS INFORMATION IS SUPPLIED.

If employee was paid a fixed weekly, monthly, or annual wage, how much per week \$
per month \$ **per year \$**

(It is not necessary to complete the first three portions before the insured employee unless wage payments were made for vacation, sick, or holiday in total benefit.)

IF THE EMPLOYEE WAS NOT PAID ON A FIXED SALARY BASIS, COMPLETE THE FOLLOWING WAGE SCHEDULE:

Monthly rate paid *27.50* **Number of hours constituting a normal work day** *8*
Number of days in a normal work week *5* **Were meals or lodging provided?**
If employed less than 13 weeks: date of employment, from **to**
Days worked **Total earnings \$**

WEEKS FOR THE 12 WEEKS IMMEDIATELY PRECEDING ACCIDENT OR FOR THE PERIOD EMPLOYED

Show total earnings of the employee in each of the 12 week periods, but do not include tips or gratuities.

| 1st period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <i>2-7-49</i> To <i>5-8-49</i> \$ <i>650.09</i> | |
| Number days worked? <i>64</i> | |

| 2nd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <i>5-8-49</i> To <i>8-6-49</i> \$ <i>715.92</i> | |
| Num. days worked? <i>69</i> | |

| 3rd period of 13 consecutive calendar weeks | Total Wages Earned |
|--|--------------------|
| From <i>8-7-49</i> To <i>9-7-49</i> \$ <i>521.27</i> | |
| Number days worked? <i>51</i> | |

| 4th period of 13 consecutive calendar weeks | Total Wages Earned |
|---|--------------------|
| From <i>11-7-49</i> To <i>2-5-50</i> \$ <i>589.45</i> | |
| Number days worked? <i>59</i> | |

NOTE: The Act requires that the 12 weeks immediately preceding the accident are to be divided into 4 periods of 13 consecutive weeks each, and the weekly wage ascertained by dividing by 13 the earnings in that period most favorable to the insured. The Act also requires that the total wages earned during last two complete calendar quarters be divided by number of days employee worked, and daily wage so ascertained multiplied by five. The highest weekly wage from these two methods applies.

Immediate Cause - Respiratory failure due to severe
 Length of time - over 5 years.

Contributing Cause - Chronic lung - 2 months

Past history increased asbestos exposure

Chronic right lower lobe
 not eaten

Last day worked 2-6-50 until 11:00 A.M.

Possible chronic appendicitis - Lancaster General

Dr. F. W. Kummer
 Chg \$27.00

J. B. Pottier

Chg \$100.00

Med. fee 113.00

Physician 70.00

Physician 37.00

Surgical 100.00

\$309.00

History of Pericardial adhesions

History of adhesions from damage of liver to chest

Asbestos - later aspects of diaphragm.

Appendectomy 2-6-50 to 2-22-50.

16 days @ \$7.50 120.00

Other service 163.20

283.20

Dr. Kummer
 Chg \$10.00

Rec. physician 10.00

Hospital 25.00

Phys. service 69.60

104.60

Lancaster General Hospital.

3-31 to 4-4.

Asbestos, severe and primary.

Constriction of all lower lobe of lung.

1 day @ 6.50 6.50

3 days @ 7.50 22.50

29.00

Other service 69.40

98.40

Dr. F. L. Toney - Consultant.

Dr. Henry Hildt - Lancaster General Hospital Pathologist.

Friday March 31.

Commercial disability

| Year | Area (Hectares) | Production (Tons) | Yield (Tons/Hectare) | Remarks |
|------|-----------------|-------------------|----------------------|---------|
| 1960 | 1000 | 1000 | 1.00 | |
| 1961 | 1000 | 1000 | 1.00 | |
| 1962 | 1000 | 1000 | 1.00 | |
| 1963 | 1000 | 1000 | 1.00 | |
| 1964 | 1000 | 1000 | 1.00 | |
| 1965 | 1000 | 1000 | 1.00 | |
| 1966 | 1000 | 1000 | 1.00 | |
| 1967 | 1000 | 1000 | 1.00 | |
| 1968 | 1000 | 1000 | 1.00 | |
| 1969 | 1000 | 1000 | 1.00 | |
| 1970 | 1000 | 1000 | 1.00 | |
| 1971 | 1000 | 1000 | 1.00 | |
| 1972 | 1000 | 1000 | 1.00 | |
| 1973 | 1000 | 1000 | 1.00 | |
| 1974 | 1000 | 1000 | 1.00 | |
| 1975 | 1000 | 1000 | 1.00 | |
| 1976 | 1000 | 1000 | 1.00 | |
| 1977 | 1000 | 1000 | 1.00 | |
| 1978 | 1000 | 1000 | 1.00 | |
| 1979 | 1000 | 1000 | 1.00 | |
| 1980 | 1000 | 1000 | 1.00 | |
| 1981 | 1000 | 1000 | 1.00 | |
| 1982 | 1000 | 1000 | 1.00 | |
| 1983 | 1000 | 1000 | 1.00 | |
| 1984 | 1000 | 1000 | 1.00 | |
| 1985 | 1000 | 1000 | 1.00 | |
| 1986 | 1000 | 1000 | 1.00 | |
| 1987 | 1000 | 1000 | 1.00 | |
| 1988 | 1000 | 1000 | 1.00 | |
| 1989 | 1000 | 1000 | 1.00 | |
| 1990 | 1000 | 1000 | 1.00 | |
| 1991 | 1000 | 1000 | 1.00 | |
| 1992 | 1000 | 1000 | 1.00 | |
| 1993 | 1000 | 1000 | 1.00 | |
| 1994 | 1000 | 1000 | 1.00 | |
| 1995 | 1000 | 1000 | 1.00 | |
| 1996 | 1000 | 1000 | 1.00 | |
| 1997 | 1000 | 1000 | 1.00 | |
| 1998 | 1000 | 1000 | 1.00 | |
| 1999 | 1000 | 1000 | 1.00 | |
| 2000 | 1000 | 1000 | 1.00 | |
| 2001 | 1000 | 1000 | 1.00 | |
| 2002 | 1000 | 1000 | 1.00 | |
| 2003 | 1000 | 1000 | 1.00 | |
| 2004 | 1000 | 1000 | 1.00 | |
| 2005 | 1000 | 1000 | 1.00 | |
| 2006 | 1000 | 1000 | 1.00 | |
| 2007 | 1000 | 1000 | 1.00 | |
| 2008 | 1000 | 1000 | 1.00 | |
| 2009 | 1000 | 1000 | 1.00 | |
| 2010 | 1000 | 1000 | 1.00 | |
| 2011 | 1000 | 1000 | 1.00 | |
| 2012 | 1000 | 1000 | 1.00 | |
| 2013 | 1000 | 1000 | 1.00 | |
| 2014 | 1000 | 1000 | 1.00 | |
| 2015 | 1000 | 1000 | 1.00 | |
| 2016 | 1000 | 1000 | 1.00 | |
| 2017 | 1000 | 1000 | 1.00 | |
| 2018 | 1000 | 1000 | 1.00 | |
| 2019 | 1000 | 1000 | 1.00 | |
| 2020 | 1000 | 1000 | 1.00 | |
| 2021 | 1000 | 1000 | 1.00 | |
| 2022 | 1000 | 1000 | 1.00 | |
| 2023 | 1000 | 1000 | 1.00 | |
| 2024 | 1000 | 1000 | 1.00 | |
| 2025 | 1000 | 1000 | 1.00 | |
| 2026 | 1000 | 1000 | 1.00 | |
| 2027 | 1000 | 1000 | 1.00 | |
| 2028 | 1000 | 1000 | 1.00 | |
| 2029 | 1000 | 1000 | 1.00 | |
| 2030 | 1000 | 1000 | 1.00 | |

Die Kunst des Schmiedens

19. 8. 13

| DATE | DESCRIPTION | AMOUNT | TOTAL | DATE | DESCRIPTION | AMOUNT | TOTAL | DATE |
|----------|-------------|----------|---------|---------|-------------|---------|-------|------|
| 10-10-35 | 54 00 | 1955 00 | 7712450 | 6-3-36 | 54 00 | 2989 00 | | |
| 10-10-35 | 54 00 | 1909 00 | 772336R | 7-2-36 | 54 00 | 3043 00 | | |
| 12-10-35 | 54 00 | 1963 00 | 774993R | 8-1-36 | 54 00 | 3097 00 | | |
| 1-11-35 | 54 00 | 2017 00 | 785548R | 9-1-36 | 54 00 | 3151 00 | | |
| 2-11-35 | 54 00 | 2071 00 | 795953R | 10-1-36 | 54 00 | 3205 00 | | |
| 3-11-35 | 54 00 | 2125 00 | 795953R | 11-1-36 | 54 00 | 3259 00 | | |
| 4-11-35 | 54 00 | 2179 00 | 795953R | 12-1-36 | 54 00 | 3313 00 | | |
| 5-11-35 | 54 00 | 2233 00 | 795953R | 1-2-36 | 54 00 | 3367 00 | | |
| 6-11-35 | 54 00 | 2287 00 | 795953R | 2-2-36 | 54 00 | 3421 00 | | |
| 7-11-35 | 54 00 | 2341 00 | 795953R | 3-2-36 | 54 00 | 3475 00 | | |
| 8-11-35 | 54 00 | 2395 00 | 795953R | 4-2-36 | 54 00 | 3529 00 | | |
| 9-11-35 | 54 00 | 2449 00 | 795953R | 5-2-36 | 54 00 | 3583 00 | | |
| 10-11-35 | 54 00 | 2503 00 | 795953R | 6-2-36 | 54 00 | 3637 00 | | |
| 11-11-35 | 54 00 | 2557 00 | 795953R | 7-2-36 | 54 00 | 3691 00 | | |
| 12-11-35 | 54 00 | 2611 00 | 795953R | 8-2-36 | 54 00 | 3745 00 | | |
| 1-12-35 | 54 00 | 2665 00 | 795953R | 9-2-36 | 54 00 | 3799 00 | | |
| 2-12-35 | 54 00 | 2719 00 | 795953R | 10-2-36 | 54 00 | 3853 00 | | |
| 3-12-35 | 54 00 | 2773 00 | 795953R | 11-2-36 | 54 00 | 3907 00 | | |
| 4-12-35 | 54 00 | 2827 00 | 795953R | 12-2-36 | 54 00 | 3961 00 | | |
| 5-12-35 | 54 00 | 2881 00 | 795953R | 1-3-36 | 54 00 | 4015 00 | | |
| 6-12-35 | 54 00 | 2935 00 | 795953R | 2-3-36 | 54 00 | 4069 00 | | |
| 7-12-35 | 54 00 | 2989 00 | 795953R | 3-3-36 | 54 00 | 4123 00 | | |
| 8-12-35 | 54 00 | 3043 00 | 795953R | 4-3-36 | 54 00 | 4177 00 | | |
| 9-12-35 | 54 00 | 3097 00 | 795953R | 5-3-36 | 54 00 | 4231 00 | | |
| 10-12-35 | 54 00 | 3151 00 | 795953R | 6-3-36 | 54 00 | 4285 00 | | |
| 11-12-35 | 54 00 | 3205 00 | 795953R | 7-3-36 | 54 00 | 4339 00 | | |
| 12-12-35 | 54 00 | 3259 00 | 795953R | 8-3-36 | 54 00 | 4393 00 | | |
| 1-1-36 | 54 00 | 3313 00 | 795953R | 9-3-36 | 54 00 | 4447 00 | | |
| 2-1-36 | 54 00 | 3367 00 | 795953R | 10-3-36 | 54 00 | 4501 00 | | |
| 3-1-36 | 54 00 | 3421 00 | 795953R | 11-3-36 | 54 00 | 4555 00 | | |
| 4-1-36 | 54 00 | 3475 00 | 795953R | 12-3-36 | 54 00 | 4609 00 | | |
| 5-1-36 | 54 00 | 3529 00 | 795953R | 1-4-36 | 54 00 | 4663 00 | | |
| 6-1-36 | 54 00 | 3583 00 | 795953R | 2-4-36 | 54 00 | 4717 00 | | |
| 7-1-36 | 54 00 | 3637 00 | 795953R | 3-4-36 | 54 00 | 4771 00 | | |
| 8-1-36 | 54 00 | 3691 00 | 795953R | 4-4-36 | 54 00 | 4825 00 | | |
| 9-1-36 | 54 00 | 3745 00 | 795953R | 5-4-36 | 54 00 | 4879 00 | | |
| 10-1-36 | 54 00 | 3799 00 | 795953R | 6-4-36 | 54 00 | 4933 00 | | |
| 11-1-36 | 54 00 | 3853 00 | 795953R | 7-4-36 | 54 00 | 4987 00 | | |
| 12-1-36 | 54 00 | 3907 00 | 795953R | 8-4-36 | 54 00 | 5041 00 | | |
| 1-2-36 | 54 00 | 3961 00 | 795953R | 9-4-36 | 54 00 | 5095 00 | | |
| 2-2-36 | 54 00 | 4015 00 | 795953R | 10-4-36 | 54 00 | 5149 00 | | |
| 3-2-36 | 54 00 | 4069 00 | 795953R | 11-4-36 | 54 00 | 5203 00 | | |
| 4-2-36 | 54 00 | 4123 00 | 795953R | 12-4-36 | 54 00 | 5257 00 | | |
| 5-2-36 | 54 00 | 4177 00 | 795953R | | | | | |
| 6-2-36 | 54 00 | 4231 00 | 795953R | | | | | |
| 7-2-36 | 54 00 | 4285 00 | 795953R | | | | | |
| 8-2-36 | 54 00 | 4339 00 | 795953R | | | | | |
| 9-2-36 | 54 00 | 4393 00 | 795953R | | | | | |
| 10-2-36 | 54 00 | 4447 00 | 795953R | | | | | |
| 11-2-36 | 54 00 | 4501 00 | 795953R | | | | | |
| 12-2-36 | 54 00 | 4555 00 | 795953R | | | | | |
| 1-3-36 | 54 00 | 4609 00 | 795953R | | | | | |
| 2-3-36 | 54 00 | 4663 00 | 795953R | | | | | |
| 3-3-36 | 54 00 | 4717 00 | 795953R | | | | | |
| 4-3-36 | 54 00 | 4771 00 | 795953R | | | | | |
| 5-3-36 | 54 00 | 4825 00 | 795953R | | | | | |
| 6-3-36 | 54 00 | 4879 00 | 795953R | | | | | |
| 7-3-36 | 54 00 | 4933 00 | 795953R | | | | | |
| 8-3-36 | 54 00 | 4987 00 | 795953R | | | | | |
| 9-3-36 | 54 00 | 5041 00 | 795953R | | | | | |
| 10-3-36 | 54 00 | 5095 00 | 795953R | | | | | |
| 11-3-36 | 54 00 | 5149 00 | 795953R | | | | | |
| 12-3-36 | 54 00 | 5203 00 | 795953R | | | | | |
| 1-4-36 | 54 00 | 5257 00 | 795953R | | | | | |
| 2-4-36 | 54 00 | 5311 00 | 795953R | | | | | |
| 3-4-36 | 54 00 | 5365 00 | 795953R | | | | | |
| 4-4-36 | 54 00 | 5419 00 | 795953R | | | | | |
| 5-4-36 | 54 00 | 5473 00 | 795953R | | | | | |
| 6-4-36 | 54 00 | 5527 00 | 795953R | | | | | |
| 7-4-36 | 54 00 | 5581 00 | 795953R | | | | | |
| 8-4-36 | 54 00 | 5635 00 | 795953R | | | | | |
| 9-4-36 | 54 00 | 5689 00 | 795953R | | | | | |
| 10-4-36 | 54 00 | 5743 00 | 795953R | | | | | |
| 11-4-36 | 54 00 | 5797 00 | 795953R | | | | | |
| 12-4-36 | 54 00 | 5851 00 | 795953R | | | | | |
| 1-5-36 | 54 00 | 5905 00 | 795953R | | | | | |
| 2-5-36 | 54 00 | 5959 00 | 795953R | | | | | |
| 3-5-36 | 54 00 | 6013 00 | 795953R | | | | | |
| 4-5-36 | 54 00 | 6067 00 | 795953R | | | | | |
| 5-5-36 | 54 00 | 6121 00 | 795953R | | | | | |
| 6-5-36 | 54 00 | 6175 00 | 795953R | | | | | |
| 7-5-36 | 54 00 | 6229 00 | 795953R | | | | | |
| 8-5-36 | 54 00 | 6283 00 | 795953R | | | | | |
| 9-5-36 | 54 00 | 6337 00 | 795953R | | | | | |
| 10-5-36 | 54 00 | 6391 00 | 795953R | | | | | |
| 11-5-36 | 54 00 | 6445 00 | 795953R | | | | | |
| 12-5-36 | 54 00 | 6499 00 | 795953R | | | | | |
| 1-6-36 | 54 00 | 6553 00 | 795953R | | | | | |
| 2-6-36 | 54 00 | 6607 00 | 795953R | | | | | |
| 3-6-36 | 54 00 | 6661 00 | 795953R | | | | | |
| 4-6-36 | 54 00 | 6715 00 | 795953R | | | | | |
| 5-6-36 | 54 00 | 6769 00 | 795953R | | | | | |
| 6-6-36 | 54 00 | 6823 00 | 795953R | | | | | |
| 7-6-36 | 54 00 | 6877 00 | 795953R | | | | | |
| 8-6-36 | 54 00 | 6931 00 | 795953R | | | | | |
| 9-6-36 | 54 00 | 6985 00 | 795953R | | | | | |
| 10-6-36 | 54 00 | 7039 00 | 795953R | | | | | |
| 11-6-36 | 54 00 | 7093 00 | 795953R | | | | | |
| 12-6-36 | 54 00 | 7147 00 | 795953R | | | | | |
| 1-7-36 | 54 00 | 7201 00 | 795953R | | | | | |
| 2-7-36 | 54 00 | 7255 00 | 795953R | | | | | |
| 3-7-36 | 54 00 | 7309 00 | 795953R | | | | | |
| 4-7-36 | 54 00 | 7363 00 | 795953R | | | | | |
| 5-7-36 | 54 00 | 7417 00 | 795953R | | | | | |
| 6-7-36 | 54 00 | 7471 00 | 795953R | | | | | |
| 7-7-36 | 54 00 | 7525 00 | 795953R | | | | | |
| 8-7-36 | 54 00 | 7579 00 | 795953R | | | | | |
| 9-7-36 | 54 00 | 7633 00 | 795953R | | | | | |
| 10-7-36 | 54 00 | 7687 00 | 795953R | | | | | |
| 11-7-36 | 54 00 | 7741 00 | 795953R | | | | | |
| 12-7-36 | 54 00 | 7795 00 | 795953R | | | | | |
| 1-8-36 | 54 00 | 7849 00 | 795953R | | | | | |
| 2-8-36 | 54 00 | 7903 00 | 795953R | | | | | |
| 3-8-36 | 54 00 | 7957 00 | 795953R | | | | | |
| 4-8-36 | 54 00 | 8011 00 | 795953R | | | | | |
| 5-8-36 | 54 00 | 8065 00 | 795953R | | | | | |
| 6-8-36 | 54 00 | 8119 00 | 795953R | | | | | |
| 7-8-36 | 54 00 | 8173 00 | 795953R | | | | | |
| 8-8-36 | 54 00 | 8227 00 | 795953R | | | | | |
| 9-8-36 | 54 00 | 8281 00 | 795953R | | | | | |
| 10-8-36 | 54 00 | 8335 00 | 795953R | | | | | |
| 11-8-36 | 54 00 | 8389 00 | 795953R | | | | | |
| 12-8-36 | 54 00 | 8443 00 | 795953R | | | | | |
| 1-9-36 | 54 00 | 8497 00 | 795953R | | | | | |
| 2-9-36 | 54 00 | 8551 00 | 795953R | | | | | |
| 3-9-36 | 54 00 | 8605 00 | 795953R | | | | | |
| 4-9-36 | 54 00 | 8659 00 | 795953R | | | | | |
| 5-9-36 | 54 00 | 8713 00 | 795953R | | | | | |
| 6-9-36 | 54 00 | 8767 00 | 795953R | | | | | |
| 7-9-36 | 54 00 | 8821 00 | 795953R | | | | | |
| 8-9-36 | 54 00 | 8875 00 | 795953R | | | | | |
| 9-9-36 | 54 00 | 8929 00 | 795953R | | | | | |
| 10-9-36 | 54 00 | 8983 00 | 795953R | | | | | |
| 11-9-36 | 54 00 | 9037 00 | 795953R | | | | | |
| 12-9-36 | 54 00 | 9091 00 | 795953R | | | | | |
| 1-10-36 | 54 00 | 9145 00 | 795953R | | | | | |
| 2-10-36 | 54 00 | 9199 00 | 795953R | | | | | |
| 3-10-36 | 54 00 | 9253 00 | 795953R | | | | | |
| 4-10-36 | 54 00 | 9307 00 | 795953R | | | | | |
| 5-10-36 | 54 00 | 9361 00 | 795953R | | | | | |
| 6-10-36 | 54 00 | 9415 00 | 795953R | | | | | |
| 7-10-36 | 54 00 | 9469 00 | 795953R | | | | | |
| 8-10-36 | 54 00 | 9523 00 | 795953R | | | | | |
| 9-10-36 | 54 00 | 9577 00 | 795953R | | | | | |
| 10-10-36 | 54 00 | 9631 00 | 795953R | | | | | |
| 11-10-36 | 54 00 | 9685 00 | 795953R | | | | | |
| 12-10-36 | 54 00 | 9739 00 | 795953R | | | | | |
| 1-11-36 | 54 00 | 9793 00 | 795953R | | | | | |
| 2-11-36 | 54 00 | 9847 00 | 795953R | | | | | |
| 3-11-36 | 54 00 | 9901 00 | 795953R | | | | | |
| 4-11-36 | 54 00 | 9955 00 | 795953R | | | | | |
| 5-11-36 | 54 00 | 10009 00 | 795953R | | | | | |
| 6-11-36 | 54 00 | 10063 00 | 795953R | | | | | |
| 7-11-36 | 54 00 | 10117 00 | 795953R | | | | | |
| 8-11-36 | 54 00 | 10171 00 | 795953R | | | | | |
| 9-11-36 | 54 00 | 10225 00 | 795953R | | | | | |
| 10-11-36 | 54 00 | 10279 00 | 795953R | | | | | |
| 11-11-36 | 54 00 | 10333 00 | 795953R | | | | | |
| 12-11-36 | 54 00 | 10387 00 | 795953R | | | | | |
| 1-12-36 | 54 00 | 10441 00 | 795953R | | | | | |
| 2-12-36 | 54 00 | 10495 00 | 795953R | | | | | |
| 3-12-36 | 54 00 | 10549 00 | 795953R | | | | | |
| 4-12-36 | 54 00 | 10603 00 | 795953R | | | | | |
| 5-12-36 | 54 00 | 10657 00 | 795953R | </ | | | | |

No. 177

PAST EMPLOYMENT AND SERVICE RECORD

Name in full: William Richard O. Date: 4/22/40
 Date of Birth: 7-1-1891 Age: 43 Race: White
 Place of Birth: Menasha, Wis. Present Address: 2958 Highland Ave. Madison

PREVIOUS WORK RECORD

Age began work _____ No. years worked _____

| EMPLOYED BY | EXACT NATURE OF WORK | PERIOD | TO | TOTAL |
|--|----------------------|----------------|------------|-------|
| 1. Colonial Ind. Eng. Office | Boiler | 1908-1910 | 2 yrs. | |
| 2. The Wisconsin Cement Co. | Trucker | 1910-1915 | 4 1/2 yrs. | |
| 3. <u>See any</u> | | 1915-1920 | 5 yrs. | |
| 4. <u>Wisconsin Cement Co. 2 divisions</u> | Super | 1920-1923 | 3 yrs. | |
| 5. <u>W. C. Cement Co. & Engineering</u> | Eng. | 1/1923 to date | | |
| 6. _____ | Super | - 5 yrs. | | |
| 7. _____ | Foreman | | | |
| 8. _____ | | | | |
| 9. _____ | | | | |
| 10. _____ | | | | |

*Record periods idle

REMARKS Just exposure - 4/21/24 to 4/28/25 Supervised 3-2
 4/29/25 to 12/16/40 Overseer 3-25-5-1-7-10-11
 12/16/40 to date Supervisor 3-8

Stone - Sept - The Little - Best - Service - in - the - world

13/42: The letter was dated five years ago - he will stop at breakfast
of his work, but he will be in the morning & afternoon, morning
of his work: he will be in the morning & afternoon, morning
even - no work: he will be in the morning & afternoon, morning
on the way. The letter was dated five years ago - he will stop at breakfast
before the rest of the work & he will be in the morning & afternoon, morning
morning & afternoon: he will be in the morning & afternoon, morning
from 12 noon: he will be in the morning & afternoon, morning - 37-38°

Force: - X ray of chest.

Dray of 3/13/42 - above filling in of both costo-phrenic sulci,
with increase in density. In a few days more - with increase, increasing an
one absorption in the center. The margins are thin & clear, there is increase as one
moves in from the periphery. The capsule should be enlarged - the periphery of the
upper margin is smooth.

- 7/11/47.

Temp 98 AM.

berry cough - mostly in winter - change fair.
 leaves of berries.
 not around 190 -

1-4-49. Dr. H. H. Kimmel.

Temp. A m.

pleurisy. N side. about a week ago.

Is having a complete physical with Dr. Krummel.

1st channel 151
ground up, stable.

good upstate.

Feb 9. - Three shows - Photo

| Family Record | Parents | Siblings |
|---------------|---------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |

Has any one of your parents, brothers, sisters, wife, or children ever had the epilepsy, insanity, heart disease, or malignancy? If so, give particulars.

2nd mother & father had diabetes

Past Medical (dates where possible)

Tuberculosis _____ Pleurisy _____ Then _____
Pneumonia _____ Influenza _____ Bronchitis _____
Head Colds _____ Chest Colds _____ Asthma _____
Syphilis _____ Skin Diseases _____ Rheumatism _____
Typhoid Fever _____ Scarlet Fever _____ Malaria _____
Operations _____ Acc. Injuries _____
Ever in Hospital _____ Explain _____
Ever rejected for Life Insurance — *Neuropathic — 3 years ago.*

Present Chronic Illness or Complaints

(Freq) Cough *dry* _____ Productive _____ Char. of Sputum _____
Night Sweats _____ Weakness _____ Dyspnoea *slight* _____
Pain *back weight under sternum* _____ Location _____
Appetite *fair* _____ Constipation *No* _____ Diarrhoea *No* _____
Other complaints (blood in urine; stones; headaches; sleep; joint pain; occasional dizziness; palpitation; nocturia; polyuria)

Headaches + vertigo without cause.
Dyspnoea at times - pinned with belt 16 hours - broken belt
circles:
The system was cough, dyspnoea with hard work or exercise -
dead weight under sternum.

Record taken by _____ M.D.

Name: Richard D. Richardson
 Address: 177
 Date: 1/10
 Age: 37
 Sex: Male
 Race: White
 Religion: Protestant
 Education: High School
 Occupation: Engineer
 Marital Status: Single
 Date of Birth: 1/10
 Actual V.C.: 20/20
 Usual V.C.: 20/20
 % of Normal: 100

Eyes: Negative
 Lids: Normal Balls: Normal Movements: Normal
 Conjunctiva: Normal Sclerae: Normal Pupils: Normal
 Vision: Without Glasses: 20/20 With Glasses: 20/20
 Distance: Rt 20/15 Lt 20/20
 Color Blind: A-OK Fundus: Normal

Ears: Negative
 Canal: Rt Normal Lt Normal
 Drums: Rt Normal Lt Normal
 Hearing: Rt Normal Lt Normal

Nose: Normal
 Mucous Membranes: Normal
 Septum: Normal
 Turbinates: Normal

Sinuses:
 Frontals: Rt Normal Lt Normal
 Maxillaries: Rt Normal Lt Normal

Lips - Buccal Mucosa: Normal

Teeth: U.R. 8 7 6 5 4 3 2 1 U.L. 8 7 6 5 4 3 2 1
 O - Restored
 X - Missing
 = - Bad
 Cavity: R. None L.L. None

Gums: No bleeding

Tongue: No deviation, tremor, or crusting

Throat: (a) tonsils Rt Normal Lt Normal (b) palate Normal (c) Pharynx Normal

LARYNX

CHEST

HEART *Not enlarged*

Apex beat Location — *5th intercostal*

Mururs *no*

Rhythm and Sounds *equal, regular, fairly good quality — clearing H.*

Respiratory *no*

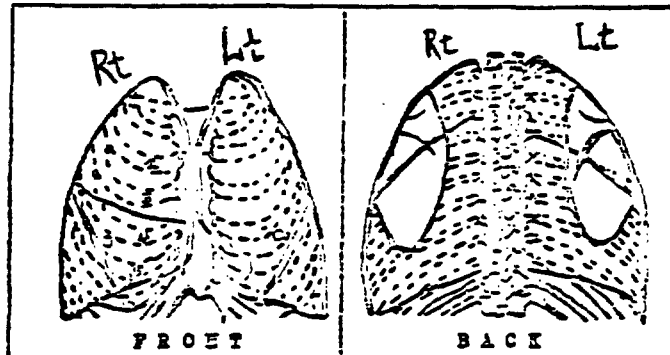
| IMPRESSION | AT REST | AFTER EXERCISE | 2 MIN. LATER |
|------------|---------|----------------|--------------|
| Pulse | 72 | 75 | 75 |
| Temp | 97.8 | 98.0 | 98.0 |
| Res. | 18 | 20 | 18 |

Etiological Class
Anatomical Class
Functional Cap.

Pulse: Character

Associated Signs. — Dyspnea, Cyanosis, Neck Veins,
Vessels, Edema, Potashias

LUNGS



Expansion *97-38 1/2*

Tactile Fremitus

Exp. — *exp*

Percussion

Sl. imp. *lll*

Mod. imp. *lll*

Dullness *exp*

Breath Sounds

Broncho-ves B.V.B.

Bronchial B.B.

Feeble F.B.

Harsh Imp. E.B.

Prolonged Exp. P.E.

Vocal Res. *ance*

I.V.R. — *V.B.*

Whisp. Poo. W.P.

Friction Rub.

Rales

Sub Creb. *si base*

Creb *occasional*

Course *occasional*

REMARKS *W.P.* sounds come thru fairly well down to blood
level but below this level they are very much increased or
absent, with many rales (dry) *the trachea + overdevelopment of chest*
not : some impairment of p.h. noted.
Post. C.S. come thru over apex + down to 3rd dorsal
space, but 4 and 5, there is marked decrease or absence of C.S.

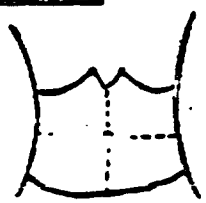
GLANDS

Cervical
epitroclicar
Thyroid

Axillary
inguinal

- (a) palpable (b) diffuse enlargement (c) nodular
- Signs of Hyperthyroidism - Hypothyroidism
- (1) C.O. signs
 - (2) tremor
 - (3) tachycardia
 - (4) flushing

ABDOMEN *neg.*



Rings *good support*
Rt
Left

GENITALIA *neg.*

Scars
Discharge
Scrotum
Testicles

RECTUM *neg.*

Hemorrhoids
Sphincter
Prostate
Vesicles

| EXTREMITIES and SPINE | SPINE | HANDS | FEET | OTHER JOINTS |
|-----------------------|-------|-------|------|--------------|
| Posture | | | | |
| Mobility | | | | |
| Swelling | | | | |
| Tenderness | | | | |

REFLEXES: *None James Rhomborg neg.*

Basalinski neg
Pupils *0.11*

CIRCULATION

Varicose Veins *no*

Arterio-sclerosis *no*

BEHAVIOR

General *good*
Speech *clear*

Gait *normal*
Personality Type

LABORATORY DATA

URINE:

Reaction *acid* Sp. Gr. *1.016* Albumin *neg*
Sugar *neg* Microscopic *cell*

BLOOD:

R.B.C. *4.740* Hb. *96.7.15.59* C. Index *1.0*
W.B.C. *P 61 L 38 M 1* E *1* B *1*

Morphology and Remarks:

Sedimentation Test:

Serology for
Lucas

FLUOROSCOPE

| | | | |
|------------|------------------|--------------|----------|
| | Normal Breathing | Rt | Lt |
| Diaphragm: | Excursion | | |
| | Forced Breathing | | |
| Heart: | A.P. | Size | Shape |
| | Lateral | P.C.Zone | Position |
| | | Left Auricle | Aorta |

X-RAY READING

Handwritten:
 ...
 ...
 ...
 ...
 ...

Minor Physical Defect
Major Physical Defect

① Red & blue water
② Reddish brown color
③ Dist. in blue & marked degree
④ Germanium tri-ox

- ① wire ~~to~~ replaced
- ② X-ray of ~~cat~~ ^{cat}.
- ③ content ~~being~~ ^{demolished}

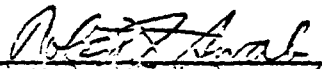
1.

Richard D. Gelder

B 3242
7/11/47

marked fibrosis in the right and left lower lobe area, much less as one ascends to the apices. The bases can not be well outlined, evidently chronic basal pleurisy is present, laterally in the lower lobes and the interlobar pleura on the right side. The heart appears to be retracted toward the right to a certain degree, the right side of the heart shows some dilatation. There appears to be some broadening of the aortic shadow and mediastinum. No deviation of the trachea or substernal tumor, no bone pathology.

Diagnosis: Asbestosis, I believe, a third stage. It appears slightly more marked than present on the previous film, taken 3/14/42.


Robert D. Shabo, M. D.

Richard D. Gelder

R 3922
1-4-50

The changes in both sides are slightly more prominent by comparison with the previous film, taken 7-11-47.

Diagnosis: Third stage asbestosis. Slightly more marked by comparison with the previous film.


Robert D. Swab, M. D.

January 5, 1950

Dr. Wm. M. Kummer,
136 East High Street,
Manheim, Penna.

Re: Richard D. Gelder,
235 East High Street,
Manheim, Penna.

Dear Doctor Kummer:

The following are copies of the report of the chest x-rays of Richard D. Gelder. These x-rays were taken 1-4-50 and 7-11-47 both were read by Dr. Swab.

1-4-50

The changes in both sides are slightly more prominent by comparison with the previous film, taken 7-11-47.

Diagnosis: Third stage asbestosis. Slightly more marked by comparison with the previous film.

Robert D. Swab, M. D.

7-11-47

Marked fibrosis in the right and left lower lobe area, much less as one ascends to the apices. The bases can not be well outlined, evidently chronic basal pleurisy is present, laterally in the lower lobes and the interlobar pleura on the right side. The heart appears to be retracted toward the right to a certain degree, the right side of the heart shows some dilatation. There appears to be some broadening of the aortic shadow and mediastinum. No deviation of the trachea, subternal tumor or bone pathology.

Diagnosis: Asbestosis, I believe, a third stage. It appears slightly more marked than present on the previous film, taken 3-14-42.

Robert D. Swab, M. D.

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan, Inc.

Company Nurse and X-Ray Technician

August 4, 1947.

Dr. P. F. Gals,
151 South Main Street,
Marion, Penna.

Mr. Richard D. Golder,
East High Street,
Ebensburg, Penna.

Dear Doctor Gals:

The following is a copy of the report of the chest x-ray of Richard D. Golder. This chest x-ray was taken 7-11-47 and read by Dr. Smab.

Marked fibrosis in the right and left lower lobe area, much less as one ascends to the apices. The bases can not be well outlined, evidently chronic basal pleurisy is present, laterally in the lower lobes and the interlobar pleura on the right side. The heart appears to be retracted toward the right to a certain degree, the right side of the heart shows some dilatation. There appears to be some broadening of the aortic shadow and mediastinum. No deviation of the trachea or subternal tumor, no bone pathology.

Diagnosis: Asbestosis, I believe, a third stage. It appears slightly more marked than present on the previous film, taken 3/11/42.

Edward D. Smab, M. D.

Very truly yours,

UNITED STATES ASBESTOS DIVISION
of Raybestos-Manhattan Inc.,

Company Nurse and X-ray Technicians

X

Richard Gordon Elder

4-1-22

223

0242

Tele. 224 W

Birth date *Nov. 5, 1895*

Abstract

Basic

Chilman, S.

Highlight

Wiederholt

| Dept. | Occupation | Rate | INCIDENT DATES | | Reasons For Separation | Service Credit | |
|-------|------------|-------|----------------|----------|------------------------|----------------|-----------|
| | | | From | To | | Yrs. | Mon. Days |
| 11-2 | Inspector | 50.00 | 11-23-24 | 1-19-25 | | | |
| 11-2 | Inspector | 60 | 1-19-25 | 4-17-25 | | | |
| 11-2 | Inspector | 63 | 4-13-25 | 11-23-25 | | | |
| 11-2 | Inspector | 70 | 11-23-25 | 1-20-26 | | | |
| 11-2 | Inspector | 73.00 | 1-20-26 | 4-27-31 | | | |
| 11-2 | Inspector | 40.00 | 4-27-31 | 1-1-33 | | | |
| 11-2 | Inspector | 37.00 | 1-1-33 | 3-28-33 | | | |
| 11-2 | Inspector | 44.00 | 3-28-33 | 2-15-37 | | | |
| 11-2 | Inspector | 47.00 | 2-15-37 | 10-1-39 | | | |
| 11-2 | Inspector | 45.00 | 10-1-39 | 12-4-40 | | | |
| 11-2 | Inspector | 43.00 | 12-4-40 | 2-6-50 | | | |
| 11-2 | Inspector | 41.00 | 2-6-50 | 4-7-50 | Last Day | | |
| 11-2 | Inspector | 41.00 | 4-7-50 | Dec 20 | | | |

| Name <u>Lindsey Denick</u> | | | No. | | Reasons For Separation | | Se
Yrs. | from Credit
Mon. Days |
|----------------------------|----------|------|--------------------|-------------|------------------------|--|------------|--------------------------|
| Dept. | Occupied | Rate | DISCLOSURE
From | DATES
To | | | | |
| D-5 | Prisoner | P.H. | 10-17-39 | 1-2-39 | | | 0 | 11/15 |
| D-53 | Prisoner | P.V. | 10-2-39 | 5-15-42 | | | | 20/29 |
| " | " | D | 2-1-42 | | | | | |
| T-50 | " | 656 | 3-20-44 | | | | | |
| T- | " | | | 3-2-45 | | | | |
| E- | " | | | 7-2-45 | | | | |
| E- | " | | | 10-5-45 | | | | |
| P-36 | Prisoner | 69 | 1-2-46 | | | | | |
| P-57 | Prisoner | 675 | 4-2-46 | | | | | |
| P-58 | Prisoner | 776 | 4-7-46 | | | | | |
| P-58 | Prisoner | 776 | 5-14-46 | | | | | |

Remarks " " " "

Employee's Signature _____

United States Abstract Division Form No. 10-16-40