ACACIA MUTUAL LIFE ASSOCIATION

CHARTERED BY SPECIAL ACT OF CONGRESS MARCH 3 1869

HOME OFFICE
101 INDIANA AVENUE
WASHINGTON, D.C.

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MEDICAL DIRECTOR

March 8, 1929

Dr. Robert Kahoe
Medical University of Cinn.
Cincinnati, Ohio

In Re: [redacted] Chemical Company
Dayton, Ohio

My dear Doctor:

This Association has under consideration an application for disability benefits under a policy of insurance held in this Association by Mr. [redacted]. In the papers it is stated that you have had the case under your personal observation.

Mr. [redacted] claims to have been totally disabled since March 26, 1924 from nervous disorders caused by Ethyl Gas poisoning while in the employment of the Chemical Department of the General Motors Chemical Company, and he states that the company has paid him disability compensation in full.

The information which we have indicates that this applicant is not at the present time totally disabled from the performance of all remunerative work, but that he is able to engage in light work sufficiently to find some remuneration.

In our consideration of the claim it is necessary that we have satisfactory information regarding the degree of actual disability. We wil therefore appreciate it if you will furnish us a statement of the particulars of the case, as it has come under your observation, the degree of disability at the present time, to what extent he is able to engage in remunerative work, etc. For your convenience, a questionnaire is presented on the reverse side of this sheet, which you are requested to complete and return to this office.

Whatever information is furnished will be of service to Mr. Ross and this Association, and will be duly appreciated.

Very truly yours,

J. B. Nichols

JBN:EW

J. B. Nichols
Medical Director

N 24443

State the cause, date, duration, and particulars of the applicant's illness as it has come under your observation.

What amount of compensation has been paid the applicant by the company which finally employed him, and for what period has this compensation been paid?

What is your estimate of this applicant's disability, so far as engaging in gainful work is concerned?

To what extent does he, or is he able to, engage in any remunerative occupation?

Remarks:

Date---------- Signature----------