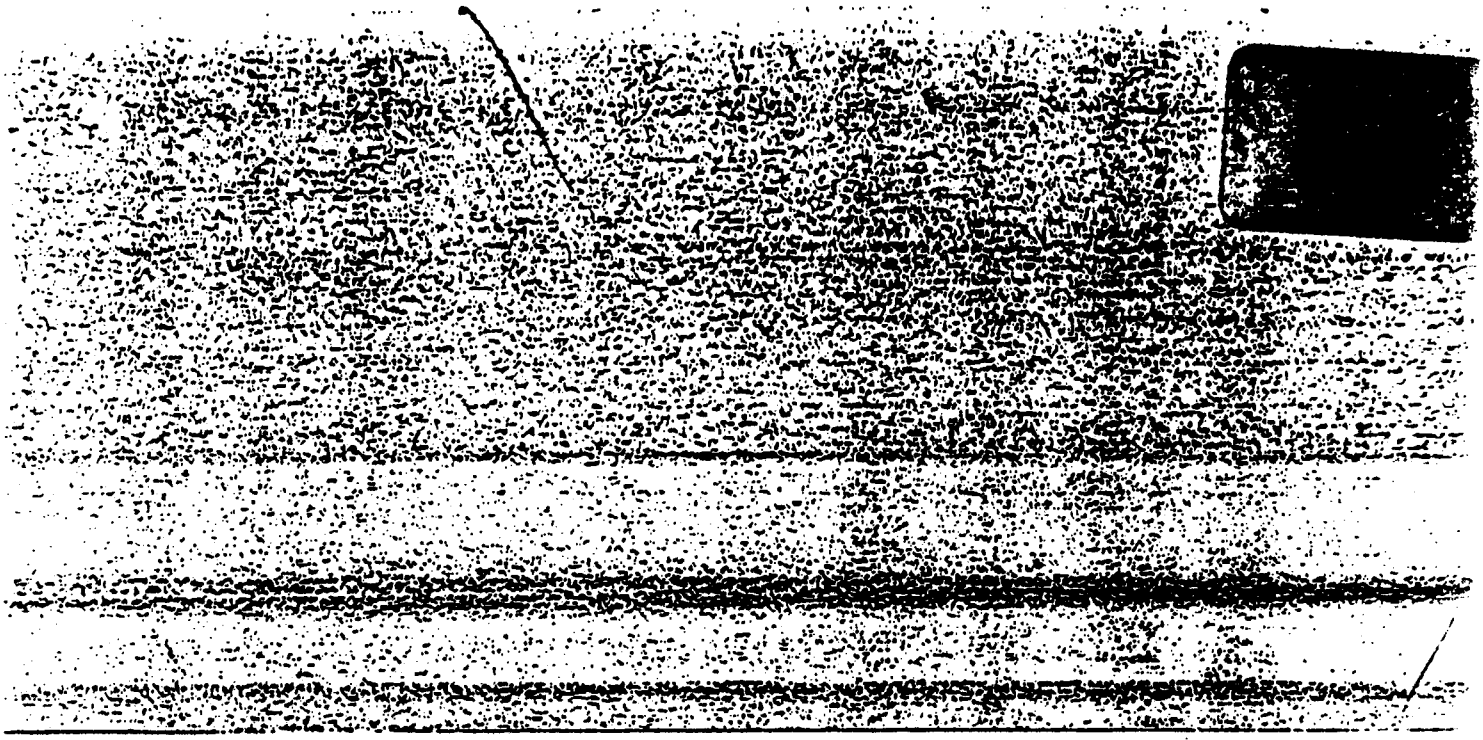
FILE NAME: Metropolitan Life (ML)

DATE: мфорπмфум

DOC#: MLолп

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Dr. McConnell
Welfare Division
Industrial Health Section

Re: 43-G-2 - Johnson's Co.,
Thetford Mines West, Quebec

We issued this policy in 1929, and to date we have premiums of $33,000 against Death claims of $28,500 and Disability claims of $3,000. The experience is very unfavorable in the current year, the premiums amounting to $6,830 with Death claims of $11,000 and Disability claims of $1,000.

An analysis of the claims shows a preponderance of lung disorders. The company is engaged in the quarrying and manufacturing of asbestos, and we feel that there is a decided occupational hazard here. We would like to have you or Mr. Fehnel inspect the plants of this company at your convenience.

Attached is a copy of the claim analysis.

G.W. Fitzhugh, Supervisor
Actuarial Division
Group Life & Health Section

May 27, 1935
GWF/DB

Dr. McConnell,
Welfare Division,
Industrial Health Section

Re: Johnson's Company, Thetford Mines West, Quebec

We cover the employees of the above company for group life insurance, and to date the claims amount to 83% of the premiums. Several years ago the experience was unfavorable, and we referred the group to you because there was a substantial number of claims for lung diseases. There has been an improvement in the experience in recent years and the coverage has shown a profit since 1935.

In 1936 the question of offering this company Accident & Health benefits was considered and we asked you to make an inspection of the properties. You reported that the employees were French Canadians and looked undernourished and that in your opinion the claim experience would not be very good. On the basis of this report, we decided not to offer Accident & Health coverage.

Our representative has again raised the question of Accident & Health coverage and advises us that the company has appropriated a considerable sum of money for mine improvements. Possibly this will improve the group as a risk for group coverage.

We would appreciate a further inspection of this company's properties and a report from you at your convenience. The group is not large enough to justify the expense of a special trip for this inspection, but possibly you will have someone in the vicinity soon and can have him make a report.

In advising us whether you consider this company an acceptable risk for Accident & Health coverage, you will want to take into consideration that for this industry (asbestos mines) we load our standard rates 40%. In other words, if you think the claim rate will be less than 140% of the claim rate in a non-hazardous industry, our normal rate should be adequate. Of course, the plan we will offer will not provide benefits for occupational accidents.

D. C. Bull

Actuarial Division
Group Life & Health Section

August 22, 1939
DCB/HM

Discussed with Bull over 'phone
Told him had experience was due to French Canadians & not to industrial process

MET 1060

PRODUCED SIGNATURE

M E M O R A N D U M

July 3, 1944

DR. ARMSTRONG:

The Actuarial Division has asked us to study the Johnson's Mine Company on which we have Group Life coverage, because in the last three years we have paid 28 claims of which 13 deaths were due to tuberculosis. The Group is increasing the premium on the company as of July 1, 1944.

Johnson's Mine Company quarries and manufactures asbestos and is located in Thetford Mines. Several industrial hygiene surveys have been made at Johnson's Mines in past years--the first was in June 1930 in connection with the study of an asbestos industry in Canada. Another study was made in March 1931. As you will probably recall the conclusion reached in the asbestos study was that asbestosis did not predispose to tuberculosis. Very high dust counts were found at Johnson's Mines with 99.85% of the particles of less than 10 microns. Workers were very careless about expectorating on the floors; drinking water was supplied in buckets and common drinking cups were in use. A number of recommendations were made to improve general operating conditions of this mine. No subsequent study has been made. I have suggested, inasmuch as Mr. Fehnel is planning to visit Canada on other business, that he include Johnson's Mine in his trip with a view to a recheck survey of the Johnson's Company properties and a survey, if possible, of the living conditions of employees. If you think it feasible, I might be able to arrange to go along on this trip also. It seems to me regardless of whether asbestosis contributes to tuberculosis, there is a tuberculosis problem, not only in Johnson's Mines but in Thetford Mines. The latest mortality figures that I could secure show that Thetford Mines in 1941 had a tuberculosis mortality of 259 per 100,000; in Quebec 80 per 100,000; and in Canada 51 per 100,000. I have written to Dr. Gardner in Saranac to ask his advice about the present status of asbestosis in relation to tuberculosis and also for any suggestions as to the approach to this problem in Canada. I discussed the matter briefly with Dr. Burnette when he was last here and he suggested getting in touch with Dr. Turgeon, Director of the Division of Industrial Hygiene in Quebec City. I plan to write to Dr. Turgeon for more up-to-date figures on tuberculosis mortality and a breakdown by male age groups. If I went to Canada I could discuss the problem more freely than I could by mail. Before plunging into this, however, I should like to have your advice as to the proper lines of procedure so as to avoid crossing any administrative lines or stirring up trouble without leading to any constructive result. I might add that the Actuarial Division has asked Dr. McConnell about the health conditions in Johnson's Mine from time to time. Dr. McConnell's opinion was that the employees were French-Canadians and looked undernourished and that, in his opinion, the claim experience would not be very good. It has been for this reason that A&H has not been sold.

George W. Wheatley, M.D.

PRODUCED S/C/MMS
MET 0698

METROPOLITAN LIFE INSURANCE COMPANY

J. R. LYNCH
SUPERVISOR
J. M. MEEHAN
SERVICE SUPERVISOR
GROUP DIVISION

1915 CAREW TOWER
CINCINNATI 2, OHIO
TELEPHONE: 721-0280

April 16, 1963



Mr. Karl Krieg, Employee Relations Manager
The Philip Carey Manufacturing Company
320 South Wayne Avenue
Cincinnati 15, Ohio

Dear Mr. Krieg:

Supplementing our letter of April 6, attached is a listing received from the Home Office of death claims that were paid between 1957 and 1962 due to respiratory causes.

We hope that this information will be of some use to you.

Very truly yours,

J. R. LYNCH
Group Supervisor

jrl/ds
enclosure
cc: Mr. E. J. Fasold, Secretary

Death claims during the period 1957 to 1961 inclusive were reviewed in order to assemble data to comply with this policyholder's request. The identifying information is shown below separated by general cause of death.

Malignant neoplasm (cancer) of the respiratory disease:

Name	Age
Haynie, Jos.	44
Miller, Geo.	54
Ashbridge, Alfred	66
Ellis, Benjamin	73
Lessard, Wm.	77
Martin, Edward	67
Betancourt, Rufino	43
Santel, Harry	65
Stall, Arthur	56
Scott, Young	58
Enizewski, Wincenty	77
Whitley, Doney	58
Woods, Alonzo	56
Sarisky, Stephen	47

Diseases of the Respiratory System:

Vance, Howard	76
Jackson, Essie	62
Hulette, Clarence	64
Gooch, Herbert	63
Early, Richard	57
Patterson, Wm.	70
Raymond, Lewis	54
Mcardle, Chas.	71

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Statistics in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953

(Fee for this certificate, $3.00)

Charles Hardester
Charles Hardester
State Registrar

WARNING: It is illegal to duplicate this copy by photostat or photograph.

NOV 13 1981
Date

[illegible]
No.

HVS-20143—325M—9-55 [illegible]-10

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CORRECTED CERTIFICATE

File No. 15680

Primary Dist. No. 462-430

CERTIFICATE OF DEATH

Registered No. 58

1. PLACE OF DEATH
a. County: Montgomery
b. City, Borough or Township: Norristown
c. Length of stay in 1b.: 6 Hrs. 45 Mins.
d. FULL NAME (If NOT in hospital give street address) of HOSPITAL or INSTITUTION: Sacred Heart Hospital
e. Is Place of Death Inside Municipality Limits? Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. State: Pa. b. County:
c. City, Borough or Township: Norristown
d. Street Address or Location: Main & Barbadoes
e. Is Residence Inside Municipality Limits? Yes X No ☐ f. Is Residence on a Farm? Yes ☐ No

3. NAME OF DECEASED (Type or print): a. (First) Raymond b. (Middle) c. (Last) Lewis

4. DATE OF DEATH: (Month) 1 (Day) 23 (Yr.)

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 11, 1903

9. AGE (In years last birthday): 53 If under 1 year: Months Days If under 1 day: Hours

10. FULL NAME OF SPOUSE:

11. BIRTHPLACE (Also give state or foreign country): Honeybrook Twp., Pa.

12. CITIZEN OF COUNTRY: USA

13. FATHER'S NAME: George Lewis

14. MOTHER'S MAIDEN NAME: Edith Brooks

15. USUAL OCCUPATION (even if retired): Shipping clerk

16. Social Security No.:

17. INFORMANT: Mary Thompson 134 Washington Ave. Downingtown, Pa.

Philip Carey Magnesia Co.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) & (c))
PART I. Death was caused by:

IMMEDIATE CAUSE (a): Asbestosis, generalized, pulmonary

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b): Cor Pulmonale

DUE TO (c): Duodenal Ulcer with Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a))

19. WAS AUTOPSY PERFORMED? Yes ☐ No

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED.

20c. Time of Injury Hour (E.S.T.) Month Day

20d. INJURY OCCURRED While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)

20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. I hereby certify that I attended the deceased from 1/23/57 ... 19..... to 1/23/57 ... 19..... that I last saw the deceased alive on 1/23/57 ... 19..... and that death occurred at 5:50 P. E.S.T. from the causes and on the date stated above.

22a. SIGNATURE: [signature] M.D. or D.O.

22b. ADDRESS: 1039 DeKalb St. Norristown, Penna.

22c. DATE SIGNED: 1/29/57

23a. BURIAL X CREMATION ☐ REMOVAL ☐

23b. DATE: June 26, 1957

23c. NAME OF CEMETERY OR CREMATORY: Honeybrook Methodist

23d. LOCATION (City, Boro, Twp. & County): Honeybrook, Chester County

24. DATE REC'D BY REG. 1-25-57

25. REGISTRAR'S SIGNATURE: Julia M. Kennedy

26. SIGNATURE OF FUNERAL DIRECTOR: D. Rae Boyd, Norristown, Pa. ADDRESS

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Local Dist. No. 3701 — State File No. 056522

1. PLACE OF DEATH
a. COUNTY: Hamilton.
b. CITY, VILLAGE, OR LOCATION: CINCINNATI
c. LENGTH OF STAY IN (b):
d. NAME OF HOSPITAL OR INSTITUTION: RESIDENCE
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐ 3425 BEVIS AVENUE *

2. USUAL RESIDENCE
a. STATE: Ohio.
b. COUNTY:
c. CITY, VILLAGE, OR LOCATION: Cincinnati
d. STREET ADDRESS: 3425 Bevis Ave.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): First: Essie; Middle:; Last: Jackson.

4. DATE OF DEATH: Month: 8/ Day: 8/ Year: 1961

5. SEX: male

6. COLOR OR RACE: Colored

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10; 2; 99.

9. AGE (If under 1 year, months; if under 1 day, hours): 61 yrs. 10 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Philip Carey Mfg. Co. (Roofing & Insulation)

11. BIRTHPLACE (City or town): Evergreen, Ala.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cyrus Jackson.

14. MOTHER'S MAIDEN NAME: Amanda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown; if yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.: 470.05.1440.

17. INFORMANT'S SIGNATURE: Dora Jackson. 3423 Bevis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): COR PULMONALE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASBESTOSIS, OCCUPATIONAL.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.

INTERVAL BETWEEN ONSET AND DEATH

19a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

19b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II as appropriate.)

19c. TIME OF INJURY: Hour: a. m. / p. m.; Month, Day, Year:

19d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

19e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

19f. CITY, VILLAGE, OR LOCATION COUNTY

WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] P. Ell . M. D. CORONER, HAMILTON Co. OHIO

22b. ADDRESS

22c. DATE: 8-17-

23a. BURIAL, CREMATION, REMOVAL: Burial

23b. DATE: 8; 12::61.

23c. NAME OF CEMETERY OR CREMATORY: Colored American

23d. LOCATION (City or town, State): CINCINNATI, OHIO Cabler Ohio.

24. NAME OF EMBALMER: E.P. Stegall

(LIC. NO.): 5151a

25. FUNERAL DIRECTOR'S SIGNATURE: Elizabeth P. Stegall

(LIC. NO.)

26. FUNERAL FIRM AND ADDRESS (STREET NO.): Pierce & Feople's Funeral Home 1504 John St Cincinnati. Ohio.

(CITY) (STATE)

27. DATE REC'D BY LOCAL REG.

28. REGISTRAR'S SIGNATURE: [illegible]

29. SUB-REGISTRAR'S SIGNATURE

MEDICAL CERTIFICATION

Reg. Dist. No. 3101 — Primary Reg. Dist. No. —

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 050502 — Reserve No. —

PLACE OF DEATH
a. COUNTY: Hamilton
b. CITY, VILLAGE, OR LOCATION: Cincinnati
c. LENGTH OF STAY IN (b): 2 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Jewish Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY, VILLAGE, OR LOCATION: Lockland
d. STREET ADDRESS: 500 Wyoming Avenue
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FA... YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): First: Clarence; Middle: —; Last: Hulette
4. DATE OF DEATH: Month: July; Day: 8; Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-7-1896.
9. AGE (If under 1 year: Months; Days; If under 1 day: Hours): 64.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: (Roofing & Insulation) Philip Carey Company
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service): No
14. MOTHER'S MAIDEN NAME: Luella Lamb
15. SOCIAL SECURITY NO.: 270-05-5880
17. INFORMANT'S SIGNATURE: Lloyd Hulette — Address: 9515 Crestbrook

16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
Immediate cause (a): Severe emphysema pulmonary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
Due to (b): Pulmonary fibrosis
Due to (c): Arteriosclerotic heart disease

PART II. Other significant conditions contributing to death but not related to the principal disease condition given in Part I: (a) Pulmonale.

ONSET AND DEA...

19. WAS AUTOP... PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Violence of injury in Part I or Part II of item 16.):
20c. TIME OF INJURY: Hour: a. m. / p. m.; Month, Day, Year:
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, VILLAGE, OR LOCATION: (Cincinnati)
COUNTY: —
STATE: —

21. I attended the deceased from 6-12-57 to 7-8-60 and last saw him alive on 7-8-60.
Death occurred at 11:00 A. M. on the date stated in 4; and to the best of my knowledge, from the cause(s) stated.

22a. SIGNATURE (Physician, Medical Examiner or Coroner): R. E. Lieberman M.D.
22b. ADDRESS: 317 Dixie Terminal Bldg. (Cincinnati, Ohio)
22c. DATE SIGNED: 7-11-60

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: July 12, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county; State): Glendale Ohio

24a. NAME OF EMBALMER: Thomas P. Watson
(LIC. NO.): 5779A
25. FUNERAL DIRECTOR'S SIGNATURE: —
(LIC. NO.): 4225
26. FUNERAL FIRM AND ADDRESS: Vorhis Funeral Homes, Inc. 310 Dunn St. Lockland Ohio
(Street No.) (City) (State)

27. DATE REC'D BY LOCAL REG.: JUL 18 1960
28. REGISTRAR'S SIGNATURE: R. E. Lieberman M.D.
29. SUB-REGISTRAR'S SIGNATURE: —

MEDICAL CERTIFICATION

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Local Reg. No. 3101 — State File No. 057585 — Registrar's No.

1. PLACE OF DEATH
a. County: Hamilton
b. City, Village, or Location: Cincinnati
c. Length of Stay in 1b
d. Name of Hospital or Institution (If not in hospital or institution, give street address): Christ Hospital
e. Is Place of Death Inside City Limits? Yes X No

2. USUAL RESIDENCE
a. State: Ohio
b. County: Hamilton
c. City, Village, or Location: Wyoming
d. Street Address: 624 Vine Street
e. Is Residence Inside City Limits? Yes No X
f. Is Residence on Farm? Yes No

3. NAME OF DECEASED (Type or Print): First: Herbert; Middle: Lewis; Last: Gooch

4. Date of Death: Aug, 15 1960

5. Sex: Male

6. Color or Race: Colored

7. Married / Never Married / Widowed / Divorced: Never Married X

8. Date of Birth: 2/28/1897

9. Age (If under 1 year, months, days, hours): Last 63

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Laborer

10b. Kind of Business or Industry: Phillip Carey Co (Roofing & Insulation)

11. Birthplace (State or Foreign Country): Turnersville Ky,

12. Citizen of What Country:

13. Father's Name: Alex Gooch

14. Mother's Maiden Name: Susie ~~Gooch~~ Lee

15. Was Deceased Ever in U. S. Armed Forces? Yes (Specify War or Dates of Service): W.W. One

16. Social Security No.: 270-05-1023

17. Informant's Signature: Birdie [illegible] Gooch

18. Cause of Death (Enter only one cause per line for (a), (b), and (c).)

Part I. Death was caused by:
Immediate Cause (a): [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
Due to (b): [illegible]
Due to (c): [illegible]

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I:

Interval between Onset and Death:

Was Autopsy Performed? Yes

19a. Accident / Suicide / Homicide:

19b. Describe How Injury Occurred (Enter nature of injury in Part II of item 18.):

19c. Time of Injury: Hour; Month, Day, Year

19d. Injury Occurred While at Work / Not While at Work:

19e. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.):

19f. City, Village, or Location:

19g. County:

21. I attended the deceased from [illegible] to [illegible] last saw him alive on [illegible]. Death occurred at [illegible] m. on the date stated in 6, and to the best of my knowledge, from the cause stated.

22a. Signature (Degree or title):

22b. Address:

22c. Date:

23a. Burial, Cremation, or Removal: Burial

23b. Date: 8/19/1960

23c. Name of Cemetery or Crematory: Family Cemetery

23d. Location: Turnersville, Ky.

24. Name of Embalmer: Oscar S. Lee — 3968A

25. Funeral Director's Signature: [illegible] — 2509

26. Funeral Firm and Address: Oscar S. Lee & Son, 400 N. Wayne Avenue, Lockland (Cincinnati 15), Oh

27. Date Rec'd by Local Reg.: 20 7 1960

28. Registrar's Signature: [illegible]

29. Sub-Registrar's Signature:

MEDICAL CERTIFICATION

V.S.

1928 and 1944

Eagle Picher Lead Co. (Also Mining AND SMelting Co.)
Fibreboard Products, Inc (SF CA)
General Asbestos & Rubber Co (Charleston, SC)
Thermoid Rubber Co. (Trenton NJ)
Bell Asbestos Mines

1944 Armstrong Cork — Asbestos Mfg. Co (Hamilton
ETERNIT INC. (St. Louis) Gatke Corp. No. Brookfield, MASS
Harbison-Walker Refractories Asbestos Textile Co. (Huntington, Ind.)
Johnson & Co. Philip Carey Mfg. Co. + Celotex Corp.
Ruberoid Co. John-Manville Products Corp.
Vermont Asb. Corp. U.S. Asbestos Div. of Raybestos-Manhatt
Flintkote Company Gen. Asbestos & Rubber Div. " "
Group Ins. Policy Holders C.A.F. Certain-Teed Products Corp.
National Gypsum Co. General Motors Corp.
Headley & Mattison - Bell Mine Div.
A.P. Green Fire Brick Co
Telegmoid Textile (Trenton)

Incl. 17 asb. mining & mfg. firms

High 1941 TB rate in Thetford, controversy from one local doc with cases.

1939 Ann. Rpt. (of Lab. I.H) for 1939 - criticizes impinger for not trapping fibers and says ESP is 25-50% better at the

Lamy was put in charge of the visiting (?) nurses in Quebec for Met Life by 1932. Nursing promise was in 193 a basis of their insurance sales and marketing policy. We have to deliver the goods, one guy says.

Met LH. service did survey at Jill and