

MET-322

Form Act. 470
Aug. 1926

GROUP LIFE CLAIMS

GROUP NUMBER		NAME OF GROUP						
43 62		Johnson's Co.						
CLAIM No.	SERIAL No.	DATE INCURRED	SEX	COLOR	AGE	CAUSE OF DEATH OR DISABILITY	CODE No.	AMOUNT
49		8/29			18	Pul. T.B. - Disability	351	1000
279		3/30			34	Ulcers of stomach - DISA.	411	1000
33		6/30			59	Complete Paralysis - "	376	1000
561		12/30			49	Congestion of lungs	107	1000
743		6/32			58	Cerebral Uremia	71	1000
791		8/32			55	Indigestion - gastritis	112	2000
912		7/33			20	T.B. of lungs	51	1000
941		1/34			59	Syncope, de coeur emphyseme pulmonaire et de nephrite	107	2000
970		1/34			62	Cancer of rt. lung	41	3000
1003		3/34			65	T.B.	52	1000
1069		7/34			57	Angina Pectoris	93	5000
1100		12/34			48	Angina de Poitrine	93	2000
					12	Claims Reported from 11/30/30		
						to 4/30/35		\$ 21,000
								5/16/35
		3/29			52	Broken Spine	110	1000
		3/29			66	Tumor of liver	41	1000
		11/29			21	Tuberculosis	51	1000
		12/29			19	Pneumonia	104	500
		12/29			21	Accident	100	1000
		12/29			26	Poisoning	192	1000
		3/30			23	Hit by car	100	1000
		4/30			51	Pneumonia	104	1000
		5/30			25	Cause not Specified	207	1000
		9/30			74	Cancer	41	1000
		10/30			46	T.B. Pul	51	1000
						PENDING - DISABILITY		1000