

Name

Plant: Millington, N. J.

No. 25524

Reading Date 2/15/72

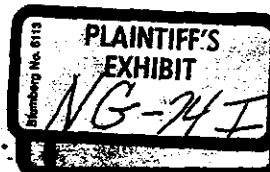
Interpretation of Single

roentgenogram of chest

taken on 2/3/72

No abnormality of occupational origin is seen. The vascular markings are scant and distorted in the right upper half with moderate crowding of the markings in the lower half. The same is true but to a lesser degree on the left. The appearance indicates bilateral bullous emphysema.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104



KK 2115

Name

Plant: Millington, N.J. *

No. 25524

Reading Date 8-20-70

Interpretation of single

roentgenogram of chest

taken on 7-29-70

There has been a gradual increase in the size of the "bullae" in the upper part of both lungs during the interval between '58 and '70. The changes since '68 are very slight.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK 2116

Name _____

Plant: Millington, New Jersey

No. 25524

Reading Date 7-23-68

Interpretation of single

roentgenogram of chest

taken on 6-27-68

The blebs and bullae described previously have
not shown an appreciable increase since 1964.

GEORGE W. WRIGHT, M. D.

Saint Luke's Hospital

11311 Shaker Boulevard

Cleveland, Ohio 44104

LK 12117



Name _____

Plant: Millington, New Jersey

No. 25524

Reading Date 7-5-68

Interpretation of single

roentgenogram of chest

taken on 6-27-68

The evidences of bullous emphysema persist. We need the old films for purposes of comparison.

EX X-RAY FILMS WERE SENT
TO DR. WRIGHT FROM BUFFALO OFFICE
PER HIS REQUEST.

F.H.ZIMMERMAN
7/16/68

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK 12115

Name

Plant Millington, N.J.

No. 25524

Reading Date 10-24-66

Interpretation of single

roentgenogram of chest

taken on 10-14-66

*L & H = Reject
if new. If not --
have exam. made
to send to Dr. Wright*

On the right the bronchovascular markings are crowded together and prominent in the lower lung field with numerous bullae seen in the upper part. On the left a few bullae are seen at the apex and the bronchovascular markings elsewhere are slightly prominent. He obviously has bullous emphysema and should be examined to see if he has airway obstruction also.

IF NEW EMPLOYEE DO NOT HIRE.
IF NOT * HAVE EXAM. MADE TO
SEND TO DR. WRIGHT, COPY TO
THIS OFFICE.

FHZ: 10/25/66

*G. will
note will
forward film
per phone call - 10/25*

GEORGE W. WRIGHT, M. D.

Saint Luke's Hospital

11311 Shaker Boulevard

Cleveland, Ohio 44104

KK 12115

Name

25524

Plant

Millington, N.J.
2/21/64

No.

Reading Date

Interpretation of

single

roentgenogram of chest

taken on

2/7/64

10/24

Low motor
The bronchovascular markings are prominent in both lungs. There is evidence of extensive bullae formation in the upper half of both lungs, but especially on the right where it has caused crowding of the lung markings to the base. Does this man have clinical evidences of bullous emphysema and respiratory impairment?

If new employee
do not hire.

FHZ 3/4/64

10/28/66 = Mr. Kreism requested
film - Taken several
days ago.

10/24 = Dr. Wright advises has no recent film.
10/24 = advised Mr. Kreism - R3

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 2120

Name

Plant:

Millington, N. J.

No.

m71-62

Reading Date:

7/23/62

Interpretation of single

roentgenogram of chest

taken on 6/27/62

No abnormality of occupational origin seen. Comparison of film to those of '58 and 1960 shows the bullae on the right to be essentially the same.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK12121

NGC

Name

Plant: Millington, New Jersey

No. 24-60

Reading Date: 4/11/60

Interpretation of single

roentgenogram of chest

taken on 3/22/60 compared with

taken on

Comparison of this film to that of 6/23/58 reveals no change. This film shows configurations of the vascular markings in the upper part of the right lung highly suggestive of blebs and bullae. The question of bullous and perhaps diffuse obstructive emphysema must therefore be raised. This is not a new development. The technique of the current film is favorable to the demonstration of the blebs which were not noted on the 1958 film--looking back at the 1958 film, one can now see these abnormal structures.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK-2102

Name: _____

Plant: Millington, N. J. (NGC)

No. 58-392

Reading Date: 7-7-58

Interpretation of Single roentgenogram of chest

taken on 6-23-58 compared with taken on

No significant abnormality seen.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KIC 2123

NATIONAL GYPSUM COMPANY

Sales District 72

Office _____

Name _____

Address _____

Plant Mill.ate April 17, 1959 Dept. _____

Check No. _____

Age 29Color W

S M W D*

Children _____

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis -

Epilepsy _____

Hernia _____

Operations _____

List on reverse side any hospital
admissions in past 5 years.

Venereal Diseases _____

Tuberculosis _____

Liquor _____

Tobacco _____

Drugs _____

Other Illnesses _____

Injuries - description, location, % disability _____

Compensation Received _____

Do you have a workmen's compensation case
pending for either injury or illness?Have you a history of silicosis or
any other dust disease?

Have you ever been in military service?

Have any of your parents or brothers or sisters had
Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment _____

I certify that the above answers are true, correctly recorded, and that I am in
good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant _____

Witness _____

* If divorced, give date and place _____

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)Height 5'7"Weight 134Over Weight _____
Normal Weight ✓
Under Weight _____Eyes: Right ✓Left ✓

Corrected: Right _____

Left _____

Binocular
Vision _____Pupils ✓Cornea ✓Lungs ✓Shortness of Breath ✓Chest X-Ray ✓Heart ✓Blood Pressure 172Pulse 72Ears ✓Nose ✓Teeth ✓Throat and Tonsils ✓Hearing: Right ✓Left ✓Abdomen ✓Hernia ✓Spine ✓Hemorrhoids ✓Extremities ✓Scars ✓

(Note % of defects if any exist)

Musculature ✓Skin ✓Glands ✓

(Head and neck only - give location)

Genitals ✓Reflexes ✓Mentality ✓Blood Test ✓Urinalysis ✓General Condition: Good ✓

Fair _____

Poor _____

Nutrition: Good ✓

Fair _____

Poor _____

Do you recommend applicant for work? ✓

Type of Work? _____

Remarks _____

KK 2125

APPROVED _____

FOREMAN _____

SAFETY
SUPERVISOR _____PLANT
MANAGER _____Date 4-17-59Examined by Dr. BaumanTHIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES ✓ NO

NATIONAL GYPSUM COMPANY

PHYSICAL EXAMINATION RECORD

☐ SALARIED PLANT OFFICE SALES DISTRICT
☒ HOURLY

DATE

7/6/71

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

ADDRESS

DATE OF BIRTH 10/2/29 (AGE 41)

☐ SINGLE ☒ MARRIED OTHER

LAST EMPLOYMENT

PREVIOUS MEDICAL

HEIGHT 5'7"	DISFIGUREMENT - FACE, HEAD OR NECK neg.	VISION-DISTANT with w. out glasses R.E. 20. L.E. 20/ COLOR VISION:	VISION-NEAR with w. out glasses R.E. 20 L.E. 20	WASSERMAN Hgt 28 1/2
WEIGHT 135				URINALYSIS SUGAR neg. AMMONIA
CHEST neg.	CONFIGURATION Normal	EXPANSION	HERNIA neg.	
HEART Normal	BLOOD PRESSURE 130/70		INGUINAL RINGS R n. L n.	NORMAL ENLARGED REDUCED
LUNGS clear			OPERATIVE SCARS neg.	

FEMALE APPLICANTS - DATE OF LAST MENSTRUAL PERIOD MENSES

BACK AND EXTREMITIES - EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

neg.

HEARING

neg.

SPECIFIC FINDINGS - ADDITIONAL

NEUROLOGICAL

neg.

SKIN ERUPTION

neg.

GENERAL CONDITION: ☒ GOOD ☐ FAIR ☐ POOR: EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☐ YES ☒ NO
SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS:

APPLICANT'S SIGNATURE HERE AND ON REVERSE SIDE

EMOTIONAL STABILITY

INTELLIGENCE

JOB ASSIGNMENT

Accept. Conditional Acceptance-Reasons

Reject

PHYSICIAN'S SIGNATURE

COMPANY APPROVALS

DATE

PART EXAMINED

FILM NO.

PERSONNEL -
MANAGER
BUFFALODISTRICT
SUPERVISORPLANT
MANAGERSAFETY
SUPERVISOR

X-RAY REPORT - RADIOGRAPHIC FINDINGS

KK 2126

M.D.

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT Millington-Town

PHYSICAL EXAMINATION RECORD

DATE 9-30-65☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTHADDRESS DATE OF BIRTH 10/2/29 (AGE 36)☐ SINGLE ☒ MARRIED OTHER LAST EMPLOYMENT National Gypsum Company

HEIGHT <u>5'7"</u>	DISFIGUREMENT - FACE, HEAD OR NECK <u>1/2" vertical scar center of forehead</u>	VISION-DISTANT C.R.E. 20/26	VISION-NEAR 20/	WASSERMAN <u>2+ lat.</u>	Hb:
WEIGHT <u>140</u>		U.L.E. 20/26	20/	URINALYSIS SUGAR <u>neg</u> ALBUMIN <u>neg</u>	
HEART <u>Good quality</u>	CHEST <u>Mildly developed</u>	HERNIA <u>neg</u>	ABDOMEN <u>7 lat. - well developed</u>	L.M.P.	
NO murmurs.		INGUINAL RINGS R <u>Normal</u> L <u>Normal</u>		NORMAL ENLARGED RELAXED	
CONFIGURATION CHEST EXPANSION <u>Equal bilaterally</u>	BLOOD PRESSURE <u>132/70</u>	OPERATIVE SCARS <u>none</u>			
LUNGS <u>clear</u>					

BACK AND EXTREMITIES - EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

Left Great Toe amputated
Grossly normal

SPECIFIC FINDINGS - NEUROLOGICAL

neg

SKIN ERUPTION

negSUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS; EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS YES
NO

EMOTIONAL STABILITY <u>Good</u>	INTELLIGENCE <u>Good</u>
APPLICANT'S SIGNATURE <u></u>	PHYSICIAN'S SIGNATURE <u>A.M. Shkone</u>
JOB ASSIGNMENT	PREVIOUS MEDICAL
COMPANY APPROVALS	DATE
PERSONNEL MANAGER BUFFALO	PART EXAMINED
DISTRICT S GER	FILM NO.
PLANT MANAGER	
SAFETY SUPER.	

X-RAY REPORT - RADIOGRAPHIC FINDINGS

KK 12117

M.D.

NO. 12117

72
NATIONAL GYPSUM COMPANY

Sales District _____

Office _____

Name _____

Address _____

Plant Millington, N.J.

Date 4/8/61

Dept. _____

Check No. 14

Age 31

Color W

S M W D*

Children _____

PHYSICAL RECORD

(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis _____

Epilepsy _____

Hernia _____

Operations _____

List on reverse side any hospital admissions in past 5 years.

Veneral Diseases _____

Tuberculosis _____

Liquor _____

Tobacco _____

Drugs _____

Other Illnesses _____

Injuries - description, location, % disability _____

Compensation Received _____

Do you have a workmen's compensation case pending for either injury or illness? _____

Have you a history of silicosis or any other dust disease? _____

Have you ever been in military service? _____

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity? _____

Last previous employment _____

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history) _____

Signature of Applicant _____

Witness _____

* If divorced, give date and place _____

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Height _____

5'7"

Weight _____

132

Over Weight ☒
Normal Weight ☒
Under Weight ☐

Eyes: Right _____

20/30

Left _____

20/25

Corrected: Right _____

Left _____

Binocular Vision _____

Pupils ☒

Cornea ☒

Lungs ☒

Shortness of Breath ☒

Chest X-Ray _____

Heart ☒

Blood Pressure 104/74

Pulse 72

Ears ☒

Nose ☒

Teeth ☒

Throat and Tonsils ☒

Hearing: Right 20/20

Left 20/20

Abdomen ☒

Hernia ☒

Spine ☒

Hemorrhoids ☒

Extremities ☒

Scars ☒

(Note % of defects if any exist)

Musculature ☒

Skin ☒

Glands ☒ (Head and neck only - give location)

Genitals ☒

Reflexes ☒

Mentality ☒

Blood Test ☒

Urinalysis ☒

General Condition: Good ☒

Fair _____

Poor _____

Nutrition: Good ☒

Fair _____

Poor _____

Do you recommend applicant for work? Y

Type of Work? _____

Remarks _____

KK - 2111

APPROVED _____

73 FOREMAN _____

SAFETY _____

SUPERVISOR _____

PLANT _____

MANAGER _____

Examined by Dr. Bauman

Date 4-19-61

M. _____

THIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES ☒ NO ☐

NATIONAL GYPSUM COMPANY

Sales District

Office

Name

Address

Plant Millington, N.J.

Date

Dept.

Check No. 34Age 33

Color

S M W D*

Children

PHYSICAL RECORD

(TO BE COMPLETED BY PLANT OR OFFICE)

Arthritis

Epilepsy

Hernia

Operations

List on reverse side any hospital admissions in past 5 years.

Venereal Diseases

Tuberculosis

Liquor

Tobacco

Drugs

Other Illnesses

Injuries - description, location, % disability

Compensation Received

Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease?

Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant

Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)Over Weight
Normal Weight ☒
Under Weight

Height

5'7"

Weight

136

Eyes: Right

20/5

Left

20/5

Corrected: Right

Left

Binocular Vision

20/5

Pupils

☒

Cornea

☒

Lungs

☒

Shortness of Breath

none

Chest X-Ray

—

Heart

☒

Blood Pressure

106/76

Pulse

70

Ears

☒

Nose

☒

Teeth

☒

Throat and Tonsils

☒

Hearing: Right

20/20

Left

20/20

Abdomen

☒

Hernia

☒

Spine

☒

Hemorrhoids

☒

Extremities

☒

Scars

☒

(Note % of defects if any exist)

Musculature

☒

Skin

☒

Glands (Head and neck only - give location)

☒

Genitals

☒

Reflexes

☒

Mentality

☒

Blood Test

Urinalysis

☒

General Condition: Good

Fair

Poor

Nutrition: Good

Fair

Poor

Do you recommend applicant for work?

Type of Work?

☒

Remarks

KK 2122

APPROVED

FOREMAN

Date 6/14/63

SAFETY SUPERVISOR

Examined by A. H. Bauman

PLANT MANAGER

THIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES ☒ NO ☐

NAME

DATE 6-24-64

ADDRESS

AGE 34 DR Wright

June 23, 1964

Albert M. Shkane
263 Northfield Drive
Millington, New Jersey

Re:

Dear Dr. Shkane:

RIGHT FOOT

Examination of the right foot consisted of frontal, lateral and oblique projections.

An incomplete and undisplaced fracture of the lateral aspect of the base of the distal phalanx of the big toe is demonstrated. A similar fracture is also noted in the tuft of the same phalanx. As previously noted, no displacement or separation of the fragments is present.

Thank you for referring

to us.

Sincerely yours,

Harold C. Fennell, M.D.

KK12130

ccf/vjr
X-ray No. 25524

Surgeon's Report

Complete and send immediately

To

File: _____

Employer: _____

Carrier: _____

The Patient	1. Name of Injured Person: _____	Age: <u>23</u> Sex: <u>M</u>	
	2. Address: No. and St. _____	City or Town: _____ State: _____	
	3. Name and Address of Employer: <u>National Bypass Co. - Millington, N.Y.</u>		
The Accident	4. Date of accident or onset of disease: <u>6/23/64</u> Hour: <u>11:30</u> M. Date disability began: <u>6/23/64</u>		
	5. State in patient's own words where and how accident occurred or occupational disease was caused: <u>a fork lift truck ran over my toe.</u>		
The Injury	6. Give accurate description of nature and extent of injury or disease and state your objective findings: <u>swelling & discoloration of rt. great toe - tender to touch</u>		
	7. Will the injury result in (a) Permanent defect? <u>No</u> If so, what? _____ (b) Facial or head disfigurement? <u>No</u> (Permanent disability such as loss of whole or parts of fingers, facial or head disfigurement, etc. must be accurately marked on chart on reverse side of this report.)		
	8. Is injury above referred to the only cause of patient's condition? <u>Yes</u> If not, state contributing causes: _____		
	9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? <u>No</u> Give particulars: _____		
	10. Is there any history or evidence present of previous accident or disease? <u>No</u> Give particulars: _____		
	11. Has normal recovery been delayed for any reason? <u>No</u> Give particulars: _____		
	Treatment	12. Date of your first treatment: <u>6/24/64</u> Who engaged your services? <u>Employer</u>	
		13. Describe treatment given by you: <u>Aspirin, Icing, rest, bandaging, elevation</u>	
		14. Were X-Rays taken? <u>Yes</u> By whom? <u>Dr. Finner. 890 Madison St. Millington, N.Y.</u> When? <u>6/25/64</u> (Name and Address)	
		15. X-Ray diagnosis: <u>fracture distal phalanx right big toe</u>	
16. Was patient treated by anyone else? <u>No</u> By whom? _____ When? _____ (Name and Address)			
17. Was patient hospitalized? <u>No</u> Name and address of hospital: _____			
18. Date of admission to hospital: _____ Date of discharge: _____			
19. Is further treatment needed? <u>No</u> For how long? _____			
Disability	20. Patient <u>was</u> able to resume regular work on: <u>no time lost</u>		
	21. Patient <u>was</u> able to resume light work on: _____		
	22. If death caused give date: _____		

REMARKS: _____

I am a duly licensed physician in the State of _____

I was produced to _____

Date of this report: 6/25/64

This report must be signed personally by physician. _____

Enrico C. Funaro, M. D.

Edward G. Allen, M. D.

25 Franklin Street
Morristown, New Jersey
Jefferson 8-8181

March 23, 1960

G. W. Wright, M. D.
11311 Shaker Blvd.
Cleveland 4, Ohio

Re:

National Gypsum, Millington, N. J.
Chest Xray: No. 24-60-B

Dear Dr. Wright:

A postero-anterior projection of the thorax demonstrates emphysematous bullae involving the right upper lobe and left apex. There is a prominence of pulmonary markings at the right base secondary to compression as a result of the bullae in the right upper lobe. No active pleural or parenchymal disease process is observed. The cardiovascular silhouette is of normal size and contour and the visualized bony structures are unremarkable.

Thank you for referring to us,

Sincerely yours,


Edward G. Allen, M. D.

EGA/ers

KK 12132

Enrico C. Funaro, M.D.

Edward G. Allen, M.D.

290 Madison Avenue
Morristown, New Jersey 07960
Jefferson 8-8181

February 10, 1964

George W. Wright, M.D.
11311 Shaker Boulevard
Cleveland 4, Ohio

Re:

Dear Dr. Wright:

CHEST.

Radiographic examination of the chest shows bulus emphysema in the right upper lung and left apex. No active parenchymal infiltration or free pleural fluid could be demonstrated. The heart is normal in size and configuration; the aorta and mediastinal structures are nnremarkable.

Thank you for referring

to us.

Sincerely yours,


Enrico C. Funaro, M.D.

ecf/bpz
X-ray No. MI-64-20

KIC 12133