Name [redacted]

Plant: Millington, New Jersey

No. 25501

Reading Date 7-23-68

Interpretation of sin gle roentgenogram of chest

taken on 7-[illegible]-68

A comparison of the current film to those of earlier dates shows a slight progression of the extent of the pleura thickening on the right. In addition, there is calcification in this area. At the left costophrenic angle there is an eliptical, poorly defined shadow which may be in the pleura or lung and in retrospect was present as far back as 1962. I am not certain but I believe there are shadows within the lung at both bases.

These films would be consistent with asbestosis and have shown slight progression since 1960.

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

PLAINTIFF'S EXHIBIT WG24N

Name [redacted]

Plant: Millington, N.J.

No. 25501

Reading Date 4-26-66

Interpretation of single roentgenogram of chest

taken on 4-14-66

There is extensive obliteration of the right costophrenic angle with other evidences of pleural thickening at the right base. The remainder of the lung appears within normal limits. These shadows have been described before and there is no change from films previously described.

If new employee do not hire.

FHZ 4/27/66

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

KK-2687

Name [redacted]

No. 25501

Plant: Millington, N.J.

Reading Date 3/2/64

Interpretation of single roentgenogram of chest

taken on 2/6/64

The film of this date shows no change ~~f~~ when compared to that of 1962 and previous ones back to 1953. The opinions previously ~~expressed~~ expressed remain unchanged.

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

KK 12668

Name _____ Plant: Millington,

No. 31-62 Reading Date: 7/5/62

Interpretation of single roentgenogram of chest

taken on 6/22/62:

The changes previous described at right base do not appear to have changed and are considered to be caused by a previous pleurisy.

OK

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

KK 12669

NGC

Name [redacted] Plant : Millington, New Jersey

No. 31-60 Reading Date : 4/11/60

Interpretation of single roentgenogram of chest

taken on 3/22/60 compared with taken on

Comparison of this film with that of 12/31/57 reveals no change. The opinion expressed after viewing the stereo pair of 1954 is still to be held.

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

KK 3670

Name: [redacted] Plant: Millington, N. J. (NGC

No. 39-57-B Reading Date: 1-13-58

Interpretation of Single roentgenogram of chest

taken on 12-31-57 compared with taken on

No change from previously described shadows.

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

KK 2671

GEORGE W. WRIGHT, M. D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

January 16, 1956

ST. LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 55-25-B
Name

National Gypsum Co.
Millington, N. J.

Interpretation of single roentgenogram
of chest taken on 12-7-55
compared with taken on 4-7-54

No change.

KK 2072

GEORGE W. WRIGHT, M.D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

SAINT LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 101
Name

Natl. Gypsum Co.
Millington, N.J.

Interpretation of single roentgenogram
of chest taken on 9-16-53
compared with taken on

In the lower 1/2 of the left lung there are stringlike shadows extending fro the left cardiac border almost to the peripheral chest wall with a background of a "ground glass" homogenous density over the entire area. The samething exists on the right but the density is more marked. In addition, on the right, the horizontal fissure is visible in its proper location or even lower in the chest than normal. The right costophrenic angle is obliterated.

In the presence of an history of adequate exposure to the inhalation of asbestos fibre, the abnormal pattern seen in this film would virtually establish a diagnosis of asbestosis.

The appearance of a shrunken lower and middle lobe on the right makes one wonder whether or not tumor of the lung is also present.

KK [illegible]3

GEORGE W. WRIGHT, M.D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

SAINT LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. R 37—?
Name

Natl. Gypsum Co.
Millington, N.J.

Interpretation of stereo roentgenogram
of chest taken on 4-7-54
compared with taken on

The stereo films of this date are technically much superior to that of 9-16-53.

There are numerous stringlike shadows in the lower right lung field together with a markedly thickened pleura. These are evidences of an old healed pleurisy with some unknown earlier parenchymal infection.

These films now show nothing of an occupational significance.

KK 2974

PHYSICAL EXAMINATION RECORD

DATE 9-30-65

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____ ADDRESS _____

DF BIRTH 10/11/00 (AGE 65) ☐ SINGLE ☒ MARRIED OTHER _____

LAST EMPLOYMENT National Gypsum Company

HEIGHT 5'6"	DISFIGUREMENT – FACE, HEAD OR NECK 1½" scar center of frontal parietal area grossly normal. 1½" scar over (L) eyebrow.	VISION-DISTANT Uncorrected		WASSERMAN Rx 2+ Lat.
WEIGHT 162		C.R.E. 20/50	20/	URINALYSIS
		U.L.E. 20/40	20/	SUGAR Neg ALBUMIN Neg
HEART Good Quality no Murmurs	CHEST Well developed	HERNIA Neg		ABDOMEN L.M.P. Rt. thigh
CONFIGURATION CHEST EXPANSION Equal bilaterally	BLOOD PRESSURE 140/70	INGUINAL RINGS R Normal L Normal		NORMAL ENLARGED RELAXED
LUNGS Clear		OPERATIVE SCARS 6" left parimedian scar		

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

Grossly normal

SPECIFIC FINDINGS – NEUROLOGICAL

Neg

SKIN ERUPTION

Neg

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS: EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☐ YES ☐ NO

Recommend eye exam.

EMOTIONAL STABILITY Good		INTELLIGENCE Good	
APPLICANT'S SIGNATURE	Accept / Condit. Accept	Reject	PHYSICIAN'S SIGNATURE C.M. Shuman
JOB ASSIGNMENT		PREVIOUS MEDICAL	

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.
PERSONNEL MANAGER BUFFALO	X-RAY REPORT – RADIOGRAPHIC FINDINGS		
DISTRICT SALES MANAGER			
...T ...AGER			
SAFETY SUPER.			

M.D.

KK 12675

NATIONAL GYPSUM COMPANY

Sales District 3
Office

Name _____ Address _____ Plant Mill 1

Date April 17, 1959 Dept. _____ Check No. _____

e 58 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. –

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

ight Weight 164

s: Right – Left – Corrected: Right Left Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath ✓ Chest X-Ray –

Heart ✓ Blood Pressure 124/74 Pulse 72

Ears ✓ Nose ✓ 20/20 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

APPROVED

FOREMAN Date 4-17-59

SAFETY SUPERVISOR

PLANT MANAGER

Examined by [illegible] M.

THIS EMPLOYEE'S CONDITION IS KNOWN BY HIS SUPERVISOR. YES [illegible]

CLOCK NUMBER 117 DATE 11-21-52

NAME

ADDRESS CITY & STATE

* * * *

BLOOD TEST

EYES V L 20-20 R 20-30

EARS V

NOSE V

THROAT V

HEART V

BACK V

BLOOD PRESSURE 126/76

HERNIA V

URINE ANALYSIS

X-RAY 45

PREVIOUS INJURIES

REMARKS:

G. Bauman
PHYSICIAN'S SIGNATURE

KK-2677

PHYSICAL EXAMINATION

CLOCK NUMBER 117 DATE June 8,1951

NAME

ADDRESS

CITY

BLOOD TEST ✓

EYES L- 20/20 R- 20/20

EARS ✓

NOSE ✓

THROAT: ✓

HEART ✓

BLOOD PRESSURE 122/74

URINE ANALYSIS ✓

X-RAY ✓

REMARKS

A H Bacon

Physician's Signature

KK 2975

NATIONAL GYPSUM COMPANY

Sales District

Office

Name _____ Addres: _____ Plan Millington, N.J.

Date 4/5/61 Dept. _____ Check No. 11?

Age 61 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. —

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 5'8" Weight 160

Vision: Right 20/30 Left 20/40 Corrected: Right Left Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath Chest X-Ray

Heart ✓ Blood Pressure 124/76 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? Yes Type of Work?

Remarks

APPROVED

FOREMAN Date 4-19-61

SAFETY SUPERVISOR

PLANT MANAGER

Examined by [signature] M.

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

KK

10

NATIONAL GYPSUM COMPANY

Sales District

Office

Name [redacted] Address

Plant Millington, N.J.

Date Dept. Check No.

Age 62 Color 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)

Over Weight
Normal Weight —
Under Weight

Height 5'10" Weight 153

Eyes: Right 20/30 Left 20/70 Corrected: Right Left Binocular Vision 20/30

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath none Chest X-Ray —

Heart ✓ Blood Pressure 124/78 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? A Type of Work? KK 2650

Remarks

APPROVED

FOREMAN Date 6/12/63

SAFETY SUPERVISOR

PLANT MANAGER

Examined by [redacted] M

THIS EMPLOYEE'S [redacted] SUPERVISOR: YES X NO —

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT _____

PHYSICAL EXAMINATION RECORD

DATE 9/21/67

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____ ADDRESS

DATE OF BIRTH 10/14/00 (AGE 66) ☒ SINGLE ☐ MARRIED OTHER _____

LAST EMPLOYMENT _____

HEIGHT	DISFIGUREMENT – FACE, HEAD OR NECK	VISION-DISTANT	VISION-NEAR	WASSERMAN	Hgb
5'11		Corrected			
WEIGHT		C.R.E. 20/ 40	20/	URINALYSIS	
158		U.L.E. 20/ 30	20/	SUGAR Neg ALBUMIN Neg	

HEART	CHEST	HERNIA	ABDOMEN	L.M.P.
N SR. No Murmurs	Well developed	None.	Protuberant	
CONFIGURATION CHEST EXPANSION	BLOOD PRESSURE	INGUINAL RINGS		NORMAL ✓ ENLARGED RELAXED
Symmetrical	140/78	R ✓	L ✓	
LUNGS		OPERATIVE SCARS		
Clear Bilat		L L S Surgery for "Tumor"		

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

No abnormal.

PSYCHIATRIC FINDINGS – NEUROLOGICAL

None

SKIN ERUPTION

None

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

EMOTIONAL STABILITY			INTELLIGENCE	
Good			Adequate.	
APPLICANT'S SIGNATURE	Accept ✓	Condit. Accept	Reject	PHYSICIAN'S SIGNATURE
				J. M. Clark Jr.
JOB ASSIGNMENT			PREVIOUS MEDICAL	

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.
PERSONNEL MANAGER BUFFALO	X-RAY REPORT – RADIOGRAPHIC FINDINGS		
DISTRICT SALES MANAGER			
PLANT MANAGER J. M. Clark Jr.			
SAFETY SUPERVISOR			

KK 12-67

M.D.

NGC 3-64 Rev.

Surgeon's Report

Complete and send immediately

File: .....

Employer: .....

Carrier: .....

To _____

The Patient

1. Name of Injured Person: [redacted] ..... Age: 63 Sex: male
2. Address: No. and St. ..... City or Town ..... State.
3. Name and Address of Employer: National Gypsum Co., Millington, N. J.

The Accident

4. Date of accident or onset of disease: 7-28-63 Hour 4p.s.M. Date disability began no time lost.
5. State in patient's own words where and how accident occurred or occupational disease was caused: While moving a load of materials, dust entered both eyes.

The Injury

6. Give acurate description of nature and extent of injury or disease and state your objective findings: Foreign bodies in both eyes, conjunctivitis.
7. Will the injury result in (a) Permanent defect? no If so, what? .....
   (b) Facial or head disfigurement? no
   (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? yes 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? no Give particulars: .....
10. Is there any history or evidence present of previous accident or disease? no Give particulars: .....
11. Has normal recovery been delayed for any reason? no Give particulars: .....

Treatment

12. Date of your first treatment: 7-28-63 Who engaged your services? assured
13. Describe treatment given by you: Removed three foreign bodies from left eye and two from right eye. Dressed and symptomatic medication prescribed.
14. Were X-Rays taken? no By whom? ..... (Name and Address) When? .....
15. X-Ray diagnosis: .....
16. Was patient treated by anyone else? no By whom ..... (Name and Address) When? .....
17. Was patient hospitalized? no Name and address of hospital: .....
18. Date of admission to hospital: ..... Date of discharge: .....
19. Is further treatment needed? no For how long? .....

Disability

20. Patient was / will be able to resume regular work on: No time lost.
21. Patient was / will be able to resume light work on: .....
22. If death ensued give date: .....

REMARKS: (Give any information of value not included above) .....

I am a duly licensed physician in the State of New Jersey

I was graduated from Tufts Medical School in Boston Year 1924

Date of this report: 9-24-63 (Signed) [signature] Stirling, N. J. M1-7-04

This report must be signed personally by physician. Address: ..... Telephone .....

Distributed by ALBERT L. ALLEN Co., Inc Workmen's Compensation Service

121 State Street Harrisburg, Pennsylvania

KK-1254