Mr. Leo Lewis
Dear Sir & Bros,

I have learned by press reports of the decision in the case as of yesterday, and I wish to congratulate you on the able way you purposes were put before the Court, which resulted in a favorable decision. This is true, I think, and that you will not stop at well done. This way to win the miners but that your victory will stand. This is sometimes called the Andries' principle which states that it would apply to your case. I am sure that he surely knows his stuff when it comes to miners. Positively, this is not his life. If he's 4 and the miners in the would not have to pay any more debts for the next 5 years. I do mention that possibly appropriated from the subscription paper, but there was never to mine have a copy of the paper. Instead, then too the money was $25,000 of their funds which only $1,800 was returned. I understand the official in the Mitchell Memorial Fund.
APPLICATION FOR DISABILITY NO. 2
SUPPLEMENTING APPLICATION FOR INSURANCE
OF EVEN DATE HEREWITH TO
The Central Life Insurance Company

Name ____________________________________________________________

What amount of disability with Monthly Income are you now carrying? ________________________________

In what companies? _____________________________________________
  (Name of company, amount of monthly income, date of issue)

Have you ever received compensation on account of sickness or accident? ______________________________
If so, from what companies, amount and date? _______________________________________________________

What amount of accident and health insurance with weekly or monthly indemnity are you now carrying? __
In what companies? _____________________________________________

Have you ever been refused health or accident insurance? ________________________________
  If so, by what companies? __________________________________________

Have you ever applied for or received compensation for disability incurred in miliary or naval service? ___
Have any of your relatives, including father, mother, brothers, sisters, or grandparents, ever suffered from tuberculosis, insanity, rheumatism? __________________________

Do you suffer from severe colds or sore throat? ________________________________
  Date of last cold ______________________________

Severity ________________________________
  Name of attending physician ________________________________

Have you lost weight in the last three years? ________________________________
  If so, how much and why? ________________________________________________

Have you had any temperature during last two years? ________________________________
  If so, how much? ________________________________________________

Cause of same? ____________________________________________________________

Have you ever been advised to make a change in climate? ________________________________

Have you ever suffered from any pulmonary diseases? ________________________________

Do you wear glasses? ________________________________
  If so, what is your visual impairment? ________________________________

Is your hearing impaired in any way? ________________________________
  Do you contemplate an operation of any kind? ________________________________

What has been your earned income for past twelve months? ________________________________

Do you warrant that the amount of disability income applied for together with that already in force, is less than one-half of your regular monthly income for the last twelve-month period? ________________________________

I hereby certify that I have read the above questions and my answers thereto are true and I, to the best of my knowledge, believe I am in sound health and free from any symptoms of disease, and that my income during the past twelve months has been at least the amount stated above, statement of which fact I agree to be material in connection with granting of Total Disability benefit to me.

Witness: ____________________________________________________________

Applicant. ____________________________________________________________

Agent. ____________________________________________________________