

Mrs Jno L Lewis
Dear Sir + Bro.

I have learned by press reports of the decision in the case at Dept of Ill. & wish to congratulate you on the able way your case was put before the Court which resulted in this favorable decision. This places Howard & the rest of his racketeers in their true light. I trust that you will not stop at showing this gang up to the miners but that you will apply the law to them as they have boasted. Their chronic diarrhea which is sometimes called the American miner's disease that they would apply it to you. ~~Howard~~ ~~Howard~~ has named him Double Crosser Howard & I can say this much for the man who named him ~~that~~ that he surely knows his stuff when it comes to names. Possibly that man has come in contact with him sometime in his life. If Dist 14 had the money in the Treas. that he had robbed the miners they would not have to pay any more dues for the next 5 years. In mentioning this possibly the miners remember the \$20,000 he appropriated from the Ill. fund to start a paper but there was never so much as one copy of the paper printed. Then too their ~~total~~ was \$23,000 of this funds which was released to be sent back to Ill. However only \$1,800 got there & I understand the official of Ill would not accept it but placed it in the Mitchell Memorial fund.

Lewis

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 military 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.