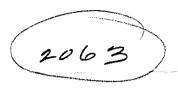
MCCORVEY, TURNER, ROGERS, JOHNSTONE & ADAMS

NINTH FLOOR, MERCHANTS NATIONAL BANK BUILDING

TELEPHONE 3-6556 P.O. BOX 1070

GESSNER T.MSCORVEY BEN D.TURNER C.M.A.ROGERS C.A.L.JOHNSTONE,JR. R.F.ADAMS JAMES L. MAY, JR. CHAUNCEY MOORE ALEX T. HOWARD, JR.

September 1, 1953



Mrs. Alice J. Duck, Clerk Bay Minette, Alabama

Dear Mrs. Duck:

In re: Workmen's Compensation Settlement - Raymond Wilson vs. Charles B. Cummins

We have paid the amount of the judgment in this case directly to the injured employee, Raymond Wilson, and will greatly appreciate it if you will attach the enclosed final settlement receipt to the copy of the judgment in your files, and indicate on the judgment itself that it has been paid, as evidenced by his attached receipt, in event the two should ever become separated.

With appreciation and personal regards, I am,

Sincerely yours,

RFA:mah Encls.

STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS WORKMEN'S COMPENSATION UNIT MONTGOMERY

COMPENSATION SETTLEMENT RECEIPT

NOTICE TO EMPLOYEES OR DEPENDENTS: This refor disability period shown below.	ecerpt shows total payment of compensation
PECETVED OF Charles B. Cummins	Fairhope, Alabama
RECEIVED OF Charles B. Cummins Employer	Address
the sum of Two Hundred ElevenDoll	ars and Twelve Cts. (\$211.12)
being the total payment of compensation due under the	Alabama Workmen's Compensation Act, as
amended through 1940, for disability period shown below, for	
Raymond Wilson Employee	on or about the 16th day of
November, 19_52	
INJURIES WERE AS FOLLOWS:	
Strangulated right femoral hernia	
001 angutatooa 1 -0	
BASIS OF SETTLE	MENT
Average weekly wage \$ 24.71 Rate per cent 65 %	Amount weekly compensation \$16.24
My disability began on the 17th day of Novem	iber 19.52
I was able to return to work on the 21st day of Fe	bruary. 19.53
T was able to return to work on the period from November 23	3 1952 to February 22, 1953
Compensation was paid for the period from November 23 Inclusive	
Number of weeks and/or days compensated for 13	weeksnodays.
sign in ine	
	Down and Meson
	Employee or Dependent
Street Address	Street Address Faur Lope ala
City	City
Date Que t 29-19	53 natures Source & Sha
STATEMENT OF EMPLOYER OR II	NSURANCE COMPANY
Date of first payment of compensation Judgment by	<u> Court - August 18, 1</u> 953
Amount paid on this case for medical, hospital, etc. \$ 500.	00 Burial Expenses \$
Report of this accident has (has not, copy attached) been	filed with the Workmen's Compensation Divi-
sion as required by Section 266 of the 1940 Code of Alabama	••
Mattern G	reat American Indemnity Company Employer or Insurance Co.
Adjuster - 00 305	
Date August 20, 195	

il likili içikle üzlük enilek az enik içik elekk elektika di bili bili bili kabalar **vo**re be organica da Appenhanta y casalta terri y**ss** gymeddig far y ddid i ytg abox. He chu i gu y cyner gellan y gwyr glad gall ar gyll ar gyll gall ar gyll a Dag teta dipandiktuk peraguuni badik ing pakka bada satengkan taha merkan bertua kengari ilingi (janki) paljeti katata (jilingi kilan, 2013-1) bi je prave kestilane danas biji katata president

SETTLEMENT, PETITION, PHYSICIAN'S CERTIFICATE, AND JUDGE'S ORDER OF APPROVAL, UNDER WORKMEN'S COMPENSATION LAW OF ALABAMA

APPROVED BY CHIEF JUSTICE SUPREME COURT OF ALABAMA, JANUARY 3, 1940

STATE OF ALABAMA,	
County of Baldwin	
IN THE MATTER OF COMPENSATION FOR IN	JURY) SETTLEMENT
To Raymond Wilson	Employee. SETTLEMENT AND PETITION.
Against Charles B. Cummins	Employer.
Court for approval of the following agreement and follows:	ted in the above entitled matter, hereby petition the settlement, and agree and represent to the Court as
52 Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Norkmen's Compensation Law of Alabama, as amend-
Non-	at Fairhope, Alabama
Alabama, who can not read and understand the Eng	lish language, did on the 16th day of
	OO o'clock P. M., sustain injury by accident while
employed by said employer, which injury occurred	at Fairhope, Alabama resulting in
(Specify disability extent and type)	disability of said employee and consisted of
a strangulated right femoral	hernia
MAN	
That said employee was receiving, at the time of in	jury, wages at the rate of \$ 2471 per week. e is entitled to and shall receive compensation for said
	23, 19 52, at the rate of \$ 16.24
per week during disability payable as follows:	In a lump sum of \$211.12
And the second s	And the state of t
	; all subject to the limitations
of said Act, and the employee agrees to give proper	
The employee acknowledges that he has received by said Act and the employer agrees to continue the manner required by said Act. The eif physically unable to do so, to submit to examinemployer, when requested.	ved to date medical and surgical treatment and benefits in functo furnish the same, it any be necessary to the examployee agrees to present himself for examination, or lation by the physician or physicians designated by the
dad When all payments hereunder have be	with Sections 7550 and 7551 of the 1923 Code of Ala., as en made the employer shall be, and hereby is released id Act or otherwise. This settlement contains the whole
Dated at Fairhope, Alabama	12 som
Dated at Hatte Holyder Hatte being	Employee.
August, 19453	CHARLES B. CHMMINS Employer.
	By A.S. a. S. a
STATE OF ALABAMA, ss.	As Attorney for Great American Indomnity Company, his Compensation Insurance
County of Baldwin	Carrier
On the 1H down of formulati	
On this day of	A. D. 19453, before me, a Notary Public within
and for said County and State, personally appeared to me known to be the identical person described ployee, and acknowledged that the same is true;	A. D. 19453, before me, a Notary Public within Raymond ilson in and who executed the foregoing instrument as emand that after reading the same or having the same read and the effect thereof, he executed the same as his free in expressed, and as a full settlement of all claims on Notary Public, Baldwin County, Alabama
and for said County and State, personally appeared to me known to be the identical person described ployee, and acknowledged that the same is true; to him, and with a full understanding of the term act and deed and for the uses and purposes there account of said injury.	Raymond ilson in and who executed the foregoing instrument as emand that after reading the same or having the same read s and the effect thereof, he executed the same as his free in expressed, and as a full settlement of all claims on

(Physician's Certificate should be executed and signed in each case)

STATE OF ALABAMA,	
County of <u>Baldwin</u>	ss. PHYSICIAN'S CERTIFICATE
I, H.C. Jordan	, residing at <u>Fairhope</u> , <u>Alabama</u> ,
	o practice in the State of Alabama; that I professionally
ALLEGE AND	, the person described as employee in the
and the second of the second o	nature and extent of his disability are as follows:
He suffered a strangulated fem	oral right hernia which I rensined with me-
section of 18 inches of gangrer	nous intestine and end to end anastomosis;
November 20, 1952 to February 2	21, 1953; no disability since Feb. 21, 1953.
Subscribed and sworn to before me this 14	
day of August 194	
Horeuse D. Places Notary Public	A COMMUND
Beldwin County, Alabar	
My commission expires 7 ay 1954	
STATE OF ALABAMA,	ss. IN THE CIRCUIT COURT.
County of Baldwin	55. III III OIICOII COOIII.
IN THE MATTER OF COMPENSATION FO	R INJURY ORDER
To Raymond Milson	Employee. APPROVING SETTLEMENT AND
Against Charles B. Cummins	
being fully advised in the premises, and it ap	nt petition, agreement, and settlement of the parties, and pearing that the allegations of said petition are true and ance with the provisions of the Workmen's Compensation
IT IS ORDERED that the said petition, se	ttlement, and release be, and the same hereby are approved,
and that the parties in all things conform there	and the second of the second o
Dated at Bay Minette , Alabam	January III July
August , 1945	3. The state of th
 Association for the control of the con	is and a Minner court of the color of the co
en de de la compania de la compania La compania de la co	
	reneral de la composition de la compos La composition de la
EABAMA COMPENSATION URY Employee	Employer. ITION AND ING A. D. 194 M. in this office Clerk. Deputy.
WSA'	Emp B. D.
APEI	
	ET AND PETITION ER APPROVING DISABILITY O'CLOCK M. in tl
	T AND SH API SISABI
TATE OF CERCUIT FOR IN	
Section 1	ORD ORD
HH HH	SETTLEMENT ORDER DIS Filed on this
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SETTLEMENT, PETITION, PHYSICIAN'S CERTIFICATE, AND JUDGE'S ORDER OF APPROVAL, UNDER WORKMEN'S COMPENSATION LAW OF ALABAMA

APPROVED BY CHIEF JUSTICE SUPREME COURT OF ALABAMA, JANUARY 3, 1940

STATE OF ALABAMA,	are.		
County of Baldwin	SS.		
IN THE MATTER OF COMPENSATION FO	RINJURY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
To Raymond Wilson	Employee.	SETTLEMENT AND	
Against Charles B. Cummins	Employer.	PETITION.	j.
The undersigned being the only parties int Court for approval of the following agreement follows:			
That they are subject to the provisions of about ed. That the said employee, aged 50, resid	4 -	The second secon	and the same of th
*Sanx			
Alabama, who can not read and understand the November, 1952 on or about			
employed by said employer, which injury occur			
		said employee and consisted of	
a strangulated right femore	ral hernia		

That said employee was receiving, at the time of Therefore, it is hereby agreed that the emp	of injury, wages at the rate o	of \$ 24.71 per week.	
injury from the employer beginning November			
per week for 13 weeks payable as follow	s: In a lump sum of	\$211.12	٩.
 And Annual Processing Control of the C			garden er en er
<u> </u>	A CONTRACTOR OF THE CONTRACTOR		
of said Act, and the employee agrees to give pr	oper receipts for each payme	; all subject to the limitations ent made hereunder.	
The employee acknowledges that he has regiven by said Act Mich the employer agreement to example to do so, to submit to example to the employer, when requested.	nakusza kunkkahoszasz he employee agrees to prese	xixxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
This settlement is misstantially in accordary amended. When all payments hereunder have from all claims on account of said injury, under agreement between the parties hereto.	been made the employer sl	hall be, and hereby is released	
Dated at Fairhope, Alabama	1202,000		\triangleright
A	3 CHARLES B. CUM	Employee.	
August	J J J G	Employer.	
and the second of the second o	By	or Great American Inde	• •
STATE OF ALABAMA,	Company, his C	or Great American Inde Compensation Insurance	
County of Baldwin	s. Carrier	•	
On this 14 day of August	, A. D. 19 x 53, befo	ore me, a Notary Public within	
and for said County and State, personally appea	red Raymond Wilson		
to me known to be the identical person described ployee, and acknowledged that the same is true to him, and with a full understanding of the teact and deed and for the uses and purposes the account of said injury.	ed in and who executed the le; and that after reading the rms and the effect thereof, herein expressed, and as a function	e same or having the same read ne executed the same as his free ull settlement of all claims on	
to me known to be the identical person describe ployee, and acknowledged that the same is tru to him, and with a full understanding of the te act and deed and for the uses and purposes the	ed in and who executed the le; and that after reading the rms and the effect thereof, h	e same or having the same read ne executed the same as his free ull settlement of all claims on)
to me known to be the identical person describe ployee, and acknowledged that the same is tru to him, and with a full understanding of the te act and deed and for the uses and purposes the	ed in and who executed the le; and that after reading the rms and the effect thereof, herein expressed, and as a full of the control of the c	e same or having the same read ne executed the same as his free ull settlement of all claims on	
to me known to be the identical person describe ployee, and acknowledged that the same is tru to him, and with a full understanding of the te act and deed and for the uses and purposes the	ed in and who executed the le; and that after reading the rms and the effect thereof, he erein expressed, and as a full colored Notary Public, Ba	e same or having the same read ne executed the same as his free ull settlement of all claims on	A Constitution of the Cons

(Physician's Certificate should be executed and signed in each case)

TO REPORT FRANCISCULAR CONTRACTOR OF A CONTRACT CONTRACTOR OF THE CONTRACTOR OF THE

STATE OF ALABAMA,	
County of Baldwin }ss.	PHYSICIAN'S CERTIFICATE
I, H.C. Jordan	, residing at Fairhope, Alabama,
certify that I am a physician duly licensed to prac	tice in the State of Alabama; that I professionally
attended Raymond Wilson	, the person described as employee in the
foregoing instrument; that his injury and the nature	and extent of his disability are as follows:
section of 18 inches of gangrenous he was temporarily totally disabled	right hernia which I repaired with re- intestine and end to end anastomosis; I from the time I first saw him on 1953; no disability since Feb. 21, 1953.
Subscribed and sworn to before me this 14 day of August 194 53 Foresce D. Pharmes Notary Public, Baldwin County, Alabama	Hopping. D.
My commission expires That 1954 / STATE OF ALABAMA,	
County of Baldwin	IN THE CIRCUIT COURT.
IN THE MATTER OF COMPENSATION FOR IN	IIIRY
To Raymond Wilson	Employee APPROVING SETTLEMENT
Against Charles B. Cummins	$\Delta N T$
that said settlement is substantially in accordance v Law of Alabama.	ng that the allegations of said petition are true and with the provisions of the Workmen's Compensation ent, and release be, and the same hereby are approved,
August / , 19453	Judge.
Activities of the second of th	The first was a supplying the particles of the first was proved by the second of the s
 A Control of the Contro	
County of IN THE MATTER OF COMPENSATION FOR INJURY Against Employer. Employer.	SETTLEMENT AND PETITION AND ORDER APPROVING DISABILITY A. D. 194 at