FILED
U. S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
JAN 14 1971
JAMES R. COUNTS, CLERK
BY DEPUTY Margaret Turner

IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF TEXAS

BEAUMONT DIVISION

CLARENCE BOREL	:	
VS.	:	CIVIL ACTION NO. 6449
FIBREBOARD PAPER PRODUCTS CORPORATION, ET AL	:	

TO: ALL DEFENDANTS AND INTERVENOR IN THE ABOVE STYLED AND NUMBERED CAUSE:

Gentlemen: Please take notice that the deposition of Dr. W. S. Harwell, of Memorial Baptist Hospital, in Houston, Texas, will be taken on behalf of the plaintiffs upon certain written interrogatories, of which a copy is herewith served upon you, and such cross-interrogatories as may be served upon plaintiffs herein, before Dahl & Reed, Court Reporters, Houston First Savings Building, Houston, Texas 77002.

STEPHENSON AND THOMPSON

By Wade Thompson
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IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF TEXAS

BEAUMONT DIVISION

CLARENCE BOREL	:	
VS.	:	CIVIL ACTION NO. 6449
FIBREBOARD PAPER PRODUCTS CORPORATION, ET AL	:	

DIRECT INTERROGATORIES TO BE PROPOUNDED TO DR. W. S. HARWELL, HOUSTON, TEXAS

1.

Please state your name, residence and place of business.

2.

Please state your profession.

3.

Please state how long you have been engaged in the practice of such profession.

4.

Please state where you received your preliminary training.

5.

Please state where you received your intern training.

6.

Please state what additional training you have had.

7.

Please state whether or not your license to practice medicine is on record in Harris County, Texas.

8.

Do you practice medicine as a full-time occupation?

9.

Are you associated with any clinic, medical group or hospital? If so, please state the name.

10.

Do you belong to any professional society or group? If so, please state which ones.

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11.

Do you practice in any field of medical specialty? If so, please state in which specialty you engage.

12.

If you have had any specialized medical training, please state what it was and where such specialized medical training was taken.

13.

For the benefit of the jury, please state your age and the number of years you have been actively engaged in the practice of medicine.

14.

Please state where you are presently residing and practicing medicine.

15.

Please state whether or not, in the performance of your duties, you ever had occasion to make any X-ray studies of Clarence Borel?

16.

If so, please state the date or dates that these X-ray studies were made, and what your studies consisted of.

17.

Please set forth in detail your report or reports showing your medical opinion concerning the X-rays of the said Clarence Borel, basing your answers upon reasonable medical probability.

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POTTER
BOREL
CRAWFORD

CERTIFICATE OF SERVICE BY MAIL

I, Ward Stephenson, hereby certify that a true and correct copy of the foregoing instrument was on this the 13th day of January, 1971, mailed to the following named attorneys:

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