Form No. 140

CLAIM FOR COMPENSATION FOR INJURY FROM OCCUPATIONAL DISEASE

Industrial Accident Board

Austin, Texas

IMPORTANT — (This claim must be made out in duplicate and each question carefully and correctly answered within SIX MONTHS following infliction of injury, one copy to be mailed or delivered to your Employer or his or its Insurance Carrier, and one copy to the Industrial Accident Board at Austin, Texas.)

This is to notify you Armstrong Contracting & Supply Corporation / The Travelers Ins. Co.
(Name of Employer (See Note 12 u

that I, Claude J. Tomplait Social Security [redacted] claim compensation under the Employers' Liability Act for personal injury from oc[redacted]d while in the course of my employment for Armstrong Contracting and Supply Company
(Be careful to give correct name of employer)

at Orange (City or Town), Orange (County), Texas.

The nature of said occupational disease is as follows: Severe external and internal injuries including pulmonary fibrosis, restrictive ventilatory defect, and arterio-desaturation.
(Describe fully the exact nature of said disease.)

The first distinct manifestation of said disease occurred on the day of July, 1961, at Firestone plant in Orange, Orange County, Texas
(Give exact location or name of place where said manifestation occurred.)

My incapacity from said disease began on the day of July, 19 1961
The cause of said occupational disease was as follows: Asbestosis and silicosis
(State fully the cause, giving the length of time employed in such occupation.)

I was last injuriously exposed to the hazards of such disease on the day of , 19 , while employed by (Currently employed by Armstrong Contracting & Sup. Corp.
(Name of employer)

in the City of Orange, Orange (County), Texas. (If not in any city or town, give exact location of place of employment, giving county and state.)

My rate of pay on the date my incapacity began was $4.265 per hour
(Hour, day, week or month)

Hours worked per day 8 (Number). Days worked per week 5 (Number).

Were you paid full wages on date your incapacity began? Uncertain

Length of time regularly employed in same employment for this employer previous to the date incapacity began: 9 months (Years, months or days) Give names and post office addresses of all witnesses in support of this claim for compensation Various names and addresses not available at this time.

Were you furnished medical attention when incapacity began? Yes.
If so, give name and address of doctor Dr. John C. Greco (Name of doctor), at Bridge City (City or Town), Texas.

Have you worked for said employer or for any other person, firm or corporation since your incapacity began? Yes. If yes, state how long and for whom you worked See attached sheet

Describe your present condition as nearly as possible: Injury to my body caused by asbestosis and silicosis causing severe external and internal injuries, namely, pulmonar; fibrosis, restrictive ventilatory defect, and arterio-desaturation.

Witness to Signature:

Jesse D. Kittlepage
Signature of witness

P. O. Box 507, Orang, Texas
Address of witness

Give permanent or mail address in order that you will receive all your mail.

Claude J. Tomplait
Signature of Claimant

P. O. Box 507
Street and number or R. F. D.

Bridge City, Texas
City or Town

Dated this 24th day of February, 19 62.

CLAIM FOR COMPENSATION FOR INJURY FROM OCCUPATIONAL DISEASE

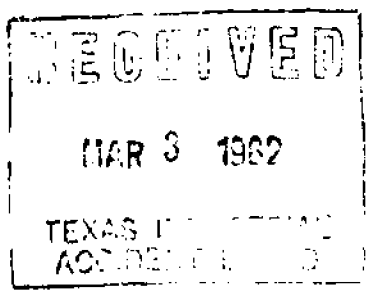
Claude J. Tomplait
P. O. Box 507
Bridge City, Texas

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I.A.B. Case No. W-67299 Claude J. Tomplait vs.
Armstrong Contracting and Supply Corporation

Have you worked for said employer or for any other person, firm or corporation since your incapacity began? Yes.
If yes, state how long and for whom you worked.

Armstrong Contracting & Supply Company, Houston	2-3 weeks
The Aber Company, Houston	5 months
Industrial Insulating, Houston	1 week
John Mansville, Houston	4 weeks
Armstrong Contracting & Supply Company, Houston	1 week



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Form No. 148

NOTICE OF INJURY FROM OCCUPATIONAL DISEASE

Industrial Accident Board

Austin, Texas

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Conn
6-22-62

See attached ltr dtd. 6-18-62 - amending employer

IMPORTANT — (This notice must be made out in duplicate and each question carefully and correctly answered within THIRTY (30) DAYS following infliction of injury, one copy to be mailed or delivered to your Employer or his or its Insurance Carrier, and one copy to the Industrial Accident Board at Austin, Texas.)

This is to notify you Armstrong Contracting & Supply Corporation/Travelers Ins.Co.
(Employer or Insurance Carrier)
(See Note 12 under form 2640)

that I suffered personal injury from occupational disease while in the employ of Armstrong Contracting and Supply Corporation
(Be careful to give correct name of employer)

at Orange (City or Town and County), Texas. The nature of said occupational disease is as follows:

Severe external and internal injuries including pulmonary fibrosis, restrictive ventilatory defect and arterio-desaturation caused by asbestosis and silicosis.
(Describe fully the exact nature of said disease.)

The first distinct manifestation of said disease occurred on the day of July, 1961, at Firestone plant in Orange, Orange County, Texas
(Give exact location or name of place where said manifestation occurred.)

My incapacity from said disease began on the ~~day of~~ from and after August 6, 1961

If accident occurred outside of Texas, were you originally hired in Texas? Yes (Yes or no). If yes, on what date?

On what date were you transferred to the State in which the first distinct manifestation of said disease occurred?

When and where were you last injuriously exposed to the hazards of such disease? While working for Armstrong Contr. & Sup.Corp. and working at Firestone plant in Orange County
(Give exact time and location of place.)

By whom were you employed at the time you were last injuriously exposed to the hazards of such disease?
Armstrong Contracting and Supply Corporation, P.O. Box 14009, Houston 21, Texas
(Give correct name and address of said employer.)

Give names and addresses of witnesses in support of your claim Various names and addresses not available at this time

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TEXAS I... BOARD

Have you returned to work? Yes. If so, on what date? August, 19 61.

Age 40. Sex Male. Single, married, widowed or divorced? Married.

Give names, relationship and post office addresses of nearest relatives. Wife: Gladys Tomplait, P. O. Box 507, Bridge City, Texas

Give your Social Security No. [redacted].

Jesse D. Littlepage
Signature of witness

P.O. Box 68, Orange Texas
Address of witness

Give permanent or mail address in order that you will receive all your mail.

Claude J. Tomplait
Signature of Claimant

P. O. Box 507
Street and number or R. F. D.

Dated this 24th day of Feb, 1962. Bridge City, Texas.
City or Town

NOTICE OF INJURY AND CLAIM FOR COMPENSATION

Texas Workmen's Compensation Law

My Full Name Is Claude J. Tomplait (FIRST MIDDLE LAST) Social Security No. [redacted] Age 40

My Employer Was Armstrong Contracting and Supply Co., 7310 Ardmore St., Houston, Texas (ADDRESS)

I Was Injured on First distinct manifestation of occupational disease in July, 1961 (MONTH DAY YEAR) in Orange (CITY) Orange (COUNTY) Texas (STATE)

Were You Hired in Texas? Yes If Accident Occurred Outside Texas, On What Date Were You Transferred to State Where Accident Occurred? (MONTH DAY YEAR) Did You Work in Texas For This Employer Before Being Transferred?

I Was Working 8 Hours per Day 5 Days per Week at $ 4.265 per hour (HOUR DAY WEEK MONTH)

My Average Weekly Wage Was $ 170.00 How Long Had You Been Working For This Employer? Approximately nine months

Were You Paid Wages for Date of Injury? I Started Losing Time On (MONTH DAY YEAR)

Are You Now Receiving Compensation? Have You Been Paid Any Compensation? If So, How much per Week? For How Many Weeks Have You Been Paid?

Have You Returned to Work? If So, On What Date? (MO DAY YR) At What Wage? (PER HOUR DAY WEEK MONTH)

Describe Accident and Your Injury (in your own words) Injury to my body caused by asbestosis and silicosis causing severe external and internal injuries including pulmonary fibrosis, restrictive ventilatory defect, and arterio-desaturation.

Was Any Part of Your Body Amputated? No If So, Name Member and Give Point of Amputation.

Were You Sent to a Doctor or Hospital By Your Employer or His Insurance Company?

PLEASE GIVE AS MUCH OF THE FOLLOWING INFORMATION AS YOU HAVE

Name and Address of Doctor Dr. T. B. Jones, 1608 Memorial Professional Building, Houston, Texas

Name and Address of Hospital

I Was Hospitalized From To

Name of Employer's Insurance Company

Name and Address of Nearest Relatives Wife: Gladys Tomplait, P. O. Box 507, Bridge City, Texas

I hereby give notice of injury and file claim for compensation due me under Workmen's Compensation Law of Texas

I REQUEST THAT THE INDUSTRIAL ACCIDENT BOARD (CHECK ONE)

☐ Not Take Further Action Until Requested by Me

☒ Act on My Claim as Soon as Possible

Date Signed

Signature of Injured Employee ▷ Claude J. Tomplait

P. O. Box 507 (STREET ADDRESS)

Bridge City, Texas (CITY AND STATE)

WITNESS TO SIGNATURE

MEDICAL REPORT

Mr. Claude J. Tomplait
210 Kay
Bridge City, Texas

I first saw Mr. Claude J. Tomplait, 8-1-61, with the chief complaint of dyspnea on exertion, tightness in the chest, malaise, loss of appetite and clubbing of the fingers. The patient stated that he has been working for the past 21 years in the insulation business, and his job consists of installing insulation material of various kinds, including asbestos, foam glass, fiberglass, rock wool, magnesium silicates and various other types of insulating materials. He has never used a face mask during this entire period of time, and the dusty element is quite considerable at his face level. The material has to be cut with a saw or a knife which, with the handling, creates considerable dust. Approximately two years ago, he noted onset of tightness in his chest and shortness of breath on exertion. He noticed this predominately on climbing stairs, and this was quite incapacitating. He is able to walk along a flat surface without trouble. He denies any wheezing or asthmatic episodes. He does not cough, and when he does it is only a dry cough. He denies having any chest pain. He has never been hospitalized for pneumonic episodes. He denies having any swelling of the ankles or legs.

Two weeks ago, the patient's attention was called to the presence of clubbing of the fingers, which he had never particularly noticed before.

REVIEW OF SYSTEMS: Completely Noncontributory

PAST HISTORY: Negative
Operations - Negative

PHYSICAL EXAMINATION: Reveals a well developed, slender, white male, 40 years of age, in no acute distress. He is rather tanned, but does not have any excess pigmentation. There is marked clubbing without cyanosis of the fingernails and toes.

EENT: Negative
HEAD AND NECK: Negative. No Nodes. Trachea in the midline.
THORAX: The costal margins move fairly well on deep inspiration. Fremitus is normal throughout. Breath sounds are reduced in both lower lobes, but the diaphragmatic excursions is equal to approximately 4 cm. bilaterally. No wheezes noted on hyperventilation. No rales heard.
HEART: Accentuation of P2 on leaning forward. No cardiomegaly; No murmurs.
ABDOMEN: Negative
GENITALIA: Negative
RECTAL: Deferred
EXTREMITIES: No edema. Pulsations normal.

Review of pulmonary function evaluation reveals that arterial blood gas studies showed that PH at rest was 7.42 and after exercise dropped to 7.36 and rose to 7.41 after oxygen. Carbon dioxide tension in millimeters of mercury was normal at rest, slight rise after exercise and normal after oxygen. Oxygen saturation was normal at rest, but definitely dropped to 93 after exercise and rose to normal after inhalation of oxygen.

These findings are indicative of a diffusional defect compatable with an alveolar capillary block syndrome.

Total function studies revealed a vital capacity supine at 3,027 cc with a predicted of 3,724, which is 81% of normal. Timed vital capacity was as follows: One second - 76%; three seconds - 99%. Maximum breathing capacity: 94 liters observed per minute; predicted 106; Percent of predicted was 89%. Breathing reserve was 91%. Air velocity index, 1.1. Interpretation was a mild or moderate restrictive ventilatory defect. Residual volume total lung capacity shows 29%, which is well within normal limits.

There is no evidence from these studies of any degree of pulmonary emphysema, but primary of pulmonary fibrosis.

Review of films taken at Orange Memorial Hospital, Orange, Texas, dated 7-26-61, both PA and Lateral views, reveals a definite prominence of bronchial vascular markings throughout, with irregularity of both diaphragms and blunting of both costophrenic angles. Horizontal fissure on the right is quite prominent. There is a granular intensification of both lower lobe areas. The lateral view reveals some pleural thickening at the posterior lung base, with no evidence of increased diameter of the chest. X-rays of the hands reveals characteristic tuffs compatable with pulmonary osteo-arthropathy.

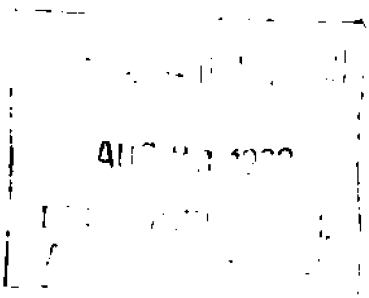
FINDINGS:

1. Pulmonary fibrosis secondary to inhalation of probably asbestos fibres, silicates which contains some degree of silica.
2. Restrictive ventilatory defect with evidence of arterio-desaturation with exercise and prompt rise of oxygen indicative of a alveolar capillary block syndrome.

FINAL DIAGNOSIS:

1. Pneumoconiosis
2. Probably early cor pulmonale

It is my opinion that pneumcconiosis in this patient has gradually developed over a period of 21 years. The pneumoconiosis has been severe enough the past 2 years to produce symptoms.



T. R. Jones, M. D.

Please set the above claim for hearing before your Board as soon as possible and advise the date of such setting.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

Ward Stephenson

jl

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JUN 19 1962
TEXAS INDUSTRIAL
ACCIDENT BOARD

W67299

LAW OFFICES OF
STEPHENSON, STEPHENSON AND THOMPSON
STEPHENSON BUILDING
ORANGE, TEXAS

KEMPER W. STEPHENSON, 1888
WARD STEPHENSON
MARLIN THOMPSON
JIM L. GRAVES

June 18, 1962

Industrial Accident Board
Walton Building
Austin, Texas

Re: I.A.B. Case No. W-67299 Claude J. Tomplait vs.
Armstrong Contracting and Supply Corporation

Gentlemen:

In reply to your letter of May 23, 1962 we submit the following information:

1. Claimant's incapacity began on approximately the 26th day of July, 1961.

2. Claimant was exposed to the hazards of this occupational disease while employed as follows:

a. Armstrong Contracting and Supply Corporation, Houston, from August 17, 1961 for approximately three weeks.

b. The Aber Company, Houston, from approximately September 7 to approximately the middle of January, 1962.

c. Industrial Insulating, Houston, for approximately one week during the month of October, 1961 while his craft was on strike at The Aber Company.

d. John Mansville, Houston, from approximately the middle of January, 1962 to the middle of February, 1962.

e. Armstrong Contracting and Supply Company, Houston, for one week during the latter part of February, 1962.

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JUN 19 1962
TEXAS INDUSTRIAL
ACCIDENT BOARD

W67299

LAW OFFICES OF
STEPHENSON, STEPHENSON AND THOMPSON
STEPHENSON BUILDING
ORANGE, TEXAS

JAMES W. STEPHENSON, 1908
WARD STEPHENSON
MARLIN THOMPSON

December 11, 1961

Industrial Accident Board
Walton Building
Austin, Texas

Re: Claude J. Tomplait vs. Armstrong Contracting and Supply Company

Gentlemen:

In behalf of the above named person, we are enclosing notice of injury and claim for compensation. This document is self-explanatory. Please acknowledge receipt.

Yours truly,

STEPHENSON, STEPHENSON
AND THOMPSON

Ward Stephenson

Ward Stephenson

jl
Encl.

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TEXAS INDUSTRIAL
ACCIDENT BOARD

I.A.B. Cert No 76

THE STATE OF TEXAS

INDUSTRIAL ACCIDENT BOARD

AUSTIN

I, LES MORELAND, Secretary of the Industrial Accident Board of the State of Texas, DO HEREBY CERTIFY that the attached and foregoing constitute a full, true and correct copy of the Board's entire file of record in this Department in the claim numbered and styled.....

W 67299

CLAUDE J. TOMPLAIT — EMPLOYEE

VS.

INDUSTRIAL INSULATORS, INC.
ARMSTRONG CONTRACTING & SUPPLY CORPORATION
JOHNS-MANVILLE CORPORATION
THE ABER COMPANY, INC. — EMPLOYER

I further certify that certain of said instruments bear the "receiving stamp" of the Industrial Accident Board and that each of said instruments bearing said stamp was received and filed in this office on the date shown by said endorsement thereon.

IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of the Industrial Accident Board at its offices in the Walton Building in the City of Austin, Texas, on this 18th day of January AD, 1963

Secretary