

Sept 24 1936

Sister Emma Jane Hill,
Box Lebanon,
Columbia Co.
N. Y.

Dear Madam:

The State Employment Bureau,
sent me to Mr. Ramson Gillett,
who instructed me to write
you regarding a position as
caretaker.

I am an electrician by trade,
but have had considerable
experience in carpentry, painting,
and masonry and general
building repair. Have had four
and one half years as caretaker
of an athletic club. I am
a protestant, am married and
have one son fifteen years of age.

For referance kindly write
Judge William A. Wollard 91 State
st.

Mr John Mc Bride, Travelers Ins. Co
112 State st, or Mr Milton Knox
75 State st. Albany. N. Y.

Awaiting your reply I remain

Very truly yours

Wallace S Cornell

34 Norlyn Rd, stop 35
Albany-Schenectady Rcl.
Albany. N. Y.

STATE OF NEW YORK
DEPARTMENT OF LABOR
OFFICE OF THE INDUSTRIAL COMMISSIONER
DIVISION OF WORKMEN'S COMPENSATION
STATE OFFICE BUILDING, ALBANY, N. Y.

Case No. 53710679

Ins. Carrier's No. Inj. 9-2-37

NOTICE OF HEARING

Wallace Cornell
Mount Lebanon, NY Claimant
Travelers
..... Insurance Carrier

TIME AND PLACE OF HEARING

Trus. United Society of Shakers
Mount Lebanon, NY Employer

STATE OFFICE BUILDING
FIRST FLOOR
ALBANY, N. Y.

1. P. M.

MONNOV 22 1937

Please take notice that the above entitled case will be brought on for hearing before the Industrial Board at the time and place designated hereon. You must be prepared to submit the evidence which is required by this notice.

PURPOSE OF HEARING..... Period of disability @ rate.

EVIDENCE TO BE PRODUCED
By injured person 11-1-37 MG

By employer or insurance carrier

Elmer F. Andrews
Industrial Commissioner

STATE OF NEW YORK
DEPARTMENT OF LABOR
OFFICE OF THE INDUSTRIAL COMMISSIONER
DIVISION OF WORKMEN'S COMPENSATION
STATE OFFICE BUILDING, ALBANY, N. Y.

Case No. 53810497

NOTICE OF DECISION

Ins. Carrier's No. inj. 9-21-39

CORRECTED & AMENDED

Wallace S. Cornell Claimant

Trav.

New Lebanon, N.Y.

Milton Knox, Atty

Trustees United Society of Shakers Employer

Mt. Lebanon, N.Y.

You are hereby notified that at a hearing held before the State Industrial Board on 9-26-39 a decision was made as follows:

Award to the claimant for disability 15.6 weeks compensation at \$ 13.85 per week, total \$ 216.06 covering the period from 5% perm loss of use right arm to

and the case was closed.

The employer and the insurance carrier are directed to pay this amount to the claimant at once, less payments already made to him covering this period.

Take Notice that the above award or decision was duly filed in the office of the Department on the 15th day of Nov 1939.

Dated 11-15-39 KEC



Industrial Commissioner

TO THE CLAIMANT:—Any compensation due will be sent to you by check by the insurance carrier named above.

1. This award to be paid in full whether claimant returns to work or not. It is therefore advisable for him to resume work as soon as possible.
2. "CLOSED" means that the award as made is in full settlement of the claim.
3. "CONTINUED" means that there may be further disability and you will be given another hearing to determine the extent of this disability, if any.
4. The claimant should keep a careful record of the payments received in order that he may have evidence of payment or non-payment in case of dispute.
5. A claimant should not pay money to anyone representing him on his case unless the amount of the payment is ordered by a Commissioner or a Referee.

N. B. Un reclamante non dovrà pagare moneta a nessuna persona che rappresenta il suo caso, eccettuato quando l'ammontare del pagamento sarà ammesso dal Commissario.

א קלענער זאך קיין געלד נישט געבען צו א פארטרעטער פון זיין פראצעס, אויסער אז דיא סומע וויסעל צו בעצאלען איז בעוויליגט געווארען פון קאמישאנער אדער א רעפערערי.

32 WILLETT STREET
TELEPHONE 4-9083

ALBANY, N. Y., June 1, 1941

Church Family Shakers

TO ELDRIDGE H. CAMPBELL, M. D., DR.

FOR PROFESSIONAL SERVICES RENDERED Mr. Wallace Cornell

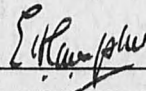
FROM _____

TO _____

\$ 10.

RECEIVED PAYMENT

CONSULTATION
BY APPOINTMENT



RECEIPTED BILL SENT UPON REQUEST

1932

Doctors Bills & Nurses

HOUSE OF MERCY HOSPITAL

PITTSFIELD, MASSACHUSETTS

CLARA B. PECK, R. N.
SUPERINTENDENT

August 25, 1939.

Miss Emma Neale,
Shaker Village,
New Lebanon, N.Y.

Dear Miss Neale:

We enclose bill for the second week for care for Miss Sarah Collins, also the bill from the nurse, Miss Mary Begard. The total of the two bills will be \$ 80.40. You may send one check if it will be more convenient for you.

Very truly yours,

L. A. Gardner
Bookkeeper,
House of Mercy Hospital.

L13 89. 2.1. 387