The main portion of these files covers President Harper's Administration and the earlier part of President Judson's, 1906-12.

This blue sheet indicates that the letter to which it is attached belongs in the period 1912-1923 of President Judson's Administration, or in President Burton's Administration, 1923-1925.
March 12th, 1915.

Mr. David A. Robertson,
Faculty Exchange.

Dear Mr. Robertson:

The enclosed schedule is to supersede any other which you may have received.

Very sincerely yours,

C.M. Douglas
Superintendent.
University of Chicago
Department of Sociology and Criminology

Wekap 15th-16th

Mr. David A. Ketterman
Faculty Exchange
Dear Mr. Ketterman:

I enclose a report on the activities of the department for the year 1934 and your cooperation is greatly appreciated. I am writing to ask for your assistance in obtaining the necessary supporting materials.

Very sincerely yours,

[Signature]
To Officers of the University, having charge of employees engaged in the operation, maintenance and care of Buildings and Grounds, in the University Press, and in the Student Service in the Departments of Physiology, Physiological Chemistry and Chemistry:

Your attention is called to the routine to be followed in cases of injury to any of the above described employees of the University in your charge.

Each accident is to be reported immediately to the Office of the Superintendent of Buildings and Grounds. If the office cannot be reached and the case does not appear to require hospital attention, the injured employee should be referred to

Dr. Mortimer E. Emrick,
5700 Kimbark Avenue,
Tel. Hyde Park 655.

In case Dr. Emrick cannot be reached, the patient should be referred to

Dr. C. R. G. Forrester,
Lake Shore Hospital,
4147 Lake Park Ave.,
Tel. Kenwood 2874.

All serious cases and those requiring hospital attention are to be handled at the Lake Shore Hospital. The hospital will furnish an ambulance where one is required.

If unable to reach either of the above named physicians or until the ambulance arrives, necessary first aid and attention are to be obtained from the University nurse and physician or from any other physician who can be reached.

A detailed written statement covering each accident, no matter how apparently slight, is to be sent in promptly on the enclosed form to the Superintendent of Buildings and Grounds. Injured persons, witnesses to accidents and members of the University are requested not to impart any information concerning accidents, except to those identified as officers of the University or of the insurance company.

Yours very truly,

Wallace Heckman,
Business Manager.
London & Lancashire Guarantee & Accident Co.
WESTERN DEPARTMENT, CHICAGO, ILL.

Report of Accident— Compensation
To be used in reporting accidents to employees under compensation

Date of Accident ___________________________ A. M. _______ P. M. _______

1. Full name of injured person ____________________________________________

2. Address ........................................................................................................

3. When and where born ___________________ Age __________ Married or Single ________ Parents living ______

How many children if any ________ Who is dependent upon injured for support ______

4. Occupation ______________________________ Weekly Wages __________________________ How long engaged

in said duties? (Year) (Months) (Weeks) (Days) ______

5. Is injured a regular pay roll employee? ______

6. How did accident happen? ___________________________________________

7. Nature and extent of injury ___________________________________________

8. Where was injured taken immediately after the accident? ______

9. When and where first treated for his injury and by whom? ______

10. Name and address of attending physician ______________________________

11. Probable length of disability _______________________________ Months Weeks Days ______

12. Describe in detail just how accident occurred __________________________

13. Where and on whose premises did accident occur? ______________________

14. Did injured violate any rule of employment? ____________________________

15. Has injured ever met with any previous accidents? _____________________

If so, when and where and duration of disability ___________________________
16. Give names and addresses of all witnesses

Name: __________________________  Address: __________________________

Dated at __________________________  State of __________________________  this day of __________ 191...

Name of Assured __________________________  Address __________________________

This report made out by __________________________  Official Position __________________________

REMARKS

[Blank lines for remarks]
London & Lancashire Guarantee & Accident Co.  
WESTERN DEPARTMENT, CHICAGO, ILL.  

Report of Accident—Compensation  
To be used in reporting accidents to employees under compensation

 Date of Accident .......................................................... A. M.  P. M.

1. Full name of injured person .......................................................... .......................................................... ..........................................................

2. Address ..........................................................................................................................

3. When and where born................................................................................................. Age .................................................................. Married or Single .................................................................. Parents living ........................................................................

 How many children if any ............................................................................................. Who is dependent upon injured for support?

4. Occupation .................................................................................................................. Weekly Wages ........................................................................ How long engaged in said duties?

   (Years) ..........................................................................................................................

   (Months) ..........................................................................................................................

   (Weeks) ..........................................................................................................................

   (Days) ............................................................................................................................

5. Is injured a regular pay roll employee? ........................................................................

6. How did accident happen? ..........................................................................................

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11. Probable length of disability ......................................................................................

   Months ..........................................................................................................................

   Weeks ............................................................................................................................

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15. Has injured ever met with any previous accidents? ...................................................

   If so, when and where and duration of disability .........................................................

Form 403-C.
16. Give names and addresses of all witnesses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Accident: __________________________

Dated at ______________________________ State of ____________ this _______ day of ___________ 191.

Name of Assured

Address

This report made out by ______________________________

How long engaged ______________________________

Official Position ______________________________

REMARKS

________________________________________________________________________

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