

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.

The main portion of these files covers President Wilson's
Administration and the earlier part of President Taft's, 1900-1913.
This also shows relations with the House in which it is
attained through in the period 1913-1921 to President Wilson's
Administration, or in President Wilson's Administration, 1913-1921.

Douglas

The University of Chicago
Department of Buildings and Grounds

OFFICE OF THE SUPERINTENDENT

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.

Accident
Compensation

London

The University of Chicago
Department of Zoology and Botany

OFFICE OF THE SUPERINTENDENT

March 18th, 1915.

Mr. David L. Robertson,
Faculty Exchange.

Dear Mr. Robertson:

The enclosed schedule is to separate

any other which you may have received.

Very sincerely yours,

Superintendent.

The University of Chicago

Office of the Counsel and Business Manager

ROOM 1204, 134 SOUTH LA SALLE ST.
TELEPHONE FRANKLIN 214

March 10th, 1915.

To Officers of the University,
having charge of employes 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 employes 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 employe 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. In-
jured 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?.....
(Years) (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

"

"

"

P. M.

A. M.

Date of Accident

Dated at _____ State of _____ this _____ day of _____ 191__

Name of Assured _____

Address _____

This report made out by _____

How long engaged _____ Weekly Wages _____ Official Position _____

in said duties? _____ (Years) _____ (Months) _____ (Weeks) _____ (Days)

REMARKS

Is injured a regular pay roll employee? _____ How did accident happen? _____

London & Lancashire Guarantee & Accident Co.

WESTERN DEPARTMENT, CHICAGO, ILL.

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Address

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P. M.

A. M.

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Dated at _____ State of _____ this _____ day of _____ 191__

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Address _____

This report made out by _____

How long engaged _____

Official Position

REMARKS