

DEPARTMENT OF HEALTH  
**CERTIFICATE  
 OF DEATH**

RECORDED DISTRICT <b>8201</b>	1. NAME: FIRST <b>Bernard</b>		MIDDLE <b>O.</b>	LAST <b>BICKFORD</b>	2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	3A. DATE OF DEATH: MONTH DAY YEAR <b>June 04 1994</b>	3B. HOUR: <b>7:40 A</b>
RESIDENCE	4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA <input type="checkbox"/> HOSPITAL ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>		4B. IF FACILITY: DATE ADMITTED: MONTH DAY YEAR <b>May 09 1994</b>		4C. COUNTY OF DEATH: <b>Jefferson</b>		
NCHS	4C. NAME OF FACILITY: (If not facility give address) <b>Mercy Center for Health Services</b>				4D. LOCALITY: (Check one and specify) CITY OF <input type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> <b>Watertown</b>		
4G	4F. MEDICAL RECORD NO. <b>128188079</b>		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input type="checkbox"/> NO <input type="checkbox"/> YES		7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) <b>Gouverneur, New York</b>		
7A	5. DATE OF BIRTH: MONTH DAY YEAR <b>APR 04 1925</b>		6. AGE: IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 1 DAY <input type="checkbox"/> <b>69 yrs.</b>		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:		
7A	8. SERVED IN U.S. ARMED FORCES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Specify years)		9. RACE: (Black, White, etc.) <b>White</b>		10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		11. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>12</b> College (1-4 or 6+)
7B	12. SOCIAL SECURITY NUMBER: <b>128-18-8079</b>		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED OR SEPARATED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		14. SURVIVING SPOUSE: (If wife, provide maiden name)		
9	15A. USUAL OCCUPATION: (Do not enter retired) <b>Owner/Operator</b>		15B. KIND OF BUSINESS OR INDUSTRY: <b>Recreational Golf</b>		15C. NAME AND LOCALITY OF COMPANY OR FIRM: <b>ForeXFour Golf Course, Gouverneur</b>		
10	16A. RESIDENCE, STATE: <b>Florida</b>		16B. COUNTY: <b>Manatee</b>		16C. LOCALITY: (Check one and specify) CITY OF <input checked="" type="checkbox"/> VILLAGE OF <input type="checkbox"/> TOWN OF <input type="checkbox"/> <b>Bradenton</b>		16F. IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS BY YES OR NO IF NO, SPECIFY TOWN
10	16D. STREET AND NUMBER OF RESIDENCE: <b>708-52nd Avenue West</b>				16E. ZIP CODE: <b>34207</b>		
SI	17. NAME OF FATHER: FIRST MI LAST <b>Robert O. Bickford</b>		18. MAIDEN NAME OF MOTHER: FIRST MI LAST <b>Edna V. Fowler</b>		19E. MAILING ADDRESS: (include zip code) <b>527 N. Grover, Liberty, Missouri 64068</b>		
25	19A. NAME OF INFORMANT: <b>Leslie B. Bickford</b>		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: <b>Cremation</b>		20C. LOCATION: (City or town and state) <b>Frederick Brothers Crematory, Theresa, New York</b>		
30	21A. NAME AND ADDRESS OF FUNERAL HOME: <b>Green Funeral Home, Inc. 33 Park Street, Gouverneur, New York 13642</b>		21B. REGISTRATION NUMBER: <b>00801</b>		22A. SIGNATURE OF FUNERAL DIRECTOR: <i>Martha Green Storrin</i>		
31	22A. NAME OF FUNERAL DIRECTOR: <b>Martha Green Storrin</b>		22B. REGISTRATION NUMBER: <b>05648</b>		23A. SIGNATURE OF REGISTRAR: <i>Norman Dutta</i>		
31B	23A. SIGNATURE OF REGISTRAR: <i>Norman Dutta</i>		23B. DATE FILLED: MONTH DAY YEAR <b>06/06/94</b>		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Norman Dutta</i>		24B. DATE ISSUED: MONTH DAY YEAR <b>06/06/94</b>
OR	ITEMS 25 - 33 COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 - 33 COMPLETED BY CORONER OR MEDICAL EXAMINER						
OS	25A. ON THE BASIS OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: <i>John J. Harvey MD</i> MONTH DAY YEAR <b>6 6 94</b>				25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: _____		
OCOD	25B. THE PHYSICIAN ATTENDED THE DECEDENT MONTH DAY YEAR <b>5 9 94</b> TO <b>6 4 94</b> MONTH DAY YEAR <b>6 2 94</b>				25B. PRONOUNCED DEAD 25C. HOUR: _____ 25D. DATE SIGNED: MONTH DAY YEAR _____		
CANCER	25C. NAME OF ATTENDING PHYSICIAN: <b>FRANK HARVEY MD.</b>				25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIED: _____		
	25D. ATTENDING PHYSICIAN LICENSE NUMBER <b>171908</b>				25F. MEDICAL PHYS. LICENSE NUMBER		
	26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A. <b>JOHN I. GABBEY MD - 218 STONE ST. WATERTOWN N.Y. 1360</b>						
	27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>				28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		29A. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TO DETERMINE CAUSE OF DEATH
	29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES						
	CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH						
	30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
	PART I. IMMEDIATE CAUSE: (A) <b>CARDIO-RESPIRATORY FAILURE</b>					30B. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>3 DAYS</b>	
	(B) DUE TO OR AS A CONSEQUENCE OF: <b>CANCER OF MESOTHELIUM WITH METASTASES</b>						
	(C) DUE TO OR AS A CONSEQUENCE OF: <b>10 MONTHS</b>						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
	31A. IF INJURY, DATE: MONTH DAY YEAR _____ HOUR: _____		31B. LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:		
	31D. PLACE: _____		31E. AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>		33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>
	31E. AT WORK? NO <input type="checkbox"/> YES <input type="checkbox"/>		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>		33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>		33B. DATE OF DELIVERY: MONTH DAY YEAR _____

NAME OF DECEDENT: For use by physician or Registrar

Fazzary No #

Manatee Memorial Hospital  
Medical Record Services

BICKFORD, BERNARD  
156397  
DOB:04/04/1925  
821563974020

DATE OF ADMISSION: 03/22/94

DATE OF DISCHARGE: 04/14/94

DISCHARGE DIAGNOSIS: Malignant mesothelioma inoperable.  
Partial bowel obstruction secondary to tumor accumulation in the abdomen.  
Severe nutritional depletion.  
Ascites and small pleural effusions.  
De-conditioning.  
Denial concerning the terminal nature of the patient's illness.  
Hypertension.

CONSULTATIONS: The patient was seen in consultation by Paige K. Pennebacker, M.D. for surgery, Marie Fazzary, M.D. and Kakuturu Reddy, M.D. for gastrointestinal, Deborah Gilmore Speare, M.D. for oncology and by Dr. Ostrow and Dr. Srur for radiology procedures.

PROCEDURES: The patient had paracentesis performed on March 24, and April 11, by Dr. Fazzary. He had a subcapsular hepatic drain placed on March 29, by Dr. Ostrow and subsequently adjusted on March 30, by Dr. Swor. He had an exploratory laparotomy with omental biopsy performed by Dr. Pennebacker on April 1.

SPECIAL STUDIES: Computerized axial tomography scan of the abdomen with contrast on March 23; this revealed a large amount of intraperitoneal ascitic fluid and a large subcapsular hepatic collection of fluid, also dilated small bowel.

Abdominal films on March 24, revealing ascites and an incomplete distal small bowel obstruction. Single contrast barium enema on March 28, which revealed no evidence of annular constricting lesion or mass or mucosal ulceration.

Repeat computerized axial tomography scan of the abdomen without contrast on March 30, which revealed no change from the initial computerized axial tomography scan.

The patient had several chest x-rays during the course of hospitalization which revealed elevation of the diaphragms with

Manatee Memorial Hospital  
Medical Record Services

BICKFORD, BERNARD  
156397  
DOB:04/04/1925  
821563974020

compression of the lower lobes of the lungs and mild pleural effusions.

**CHIEF COMPLAINT: HISTORY OF PRESENT ILLNESS:** Mr. Bickford is a middle aged white male with a history of hypertension who began developing weight loss and abdominal discomfort last fall. He consulted his physicians in New York state who reportedly did upper and lower endoscopy and a computerized axial tomography scan of the abdomen. The only pathology found at that time was gallstones and the patient subsequently underwent a laparoscopic cholecystectomy. His postoperative recovery was uneventful and he came to Florida for the winter.

During the course of the winter, the patient developed increasing abdominal distention and discomfort as well as some nausea and vomiting intermittently. He continued to lose weight. He had no change in his bowel habits during this time. He was seen in our office by my associate several times and workup revealed only abdominal distention. He finally was scheduled for computerized axial tomography scan of the abdomen. However, the patient felt to unwell on the day it was scheduled to undergo the study. He was seen in the office that day complaining of nausea, vomiting and abdominal pain. Upright films of the abdomen were suggestive of bowel obstruction and he was referred to me at that point for admission to the hospital for further workup.

**HOSPITAL COURSE:** The patient was admitted to Manatee Memorial Hospital with a diagnosis of bowel obstruction and probable ascites of unknown etiology. Computerized axial tomography scan on the day following admission revealed a large amount of intraperitoneal fluid as well as a large subcapsular hepatic collection of fluid. He was seen in consultation by Dr. Pennebacker for surgery and Dr. Fazzary for gastrointestinal and our initial impression, since he had had a reportedly negative workup up north, was that the patient possibly had a bile leak following his laparoscopic cholecystectomy and that this had resulted in a reactive accumulation of fluid.

The patient underwent diagnostic and therapeutic paracentesis and the ascites fluid grew *Escherichia coli* and *enterobacter aerogenes*. The patient had initially been started on Unisom, however, when the culture reports were obtained, this was switched to Timentin.

**DISCHARGE SUMMARY**  
Continued on next page...

Manatee Memorial Hospital  
Medical Record Services

BICKFORD, BERNARD  
156397  
DOB:04/04/1925  
821563974020

The patient also subsequently underwent drainage procedure to relieve the fluid accumulation underneath the liver capsule. Culture of this fluid proved to be sterile.

The patient underwent an exploratory laparotomy on April 1, performed by Dr. Pennebacker. Upon opening the abdomen, he found a matted mass of tumor encasing the bowels and studding of all peritoneal surfaces. Biopsy of the omentum was performed and the patient was subsequently closed up.

The pathology report on the biopsy revealed an epithelioid malignant mesothelioma. Because the patient's tumor was inoperable, we consulted Dr. Speare for oncology to see if there was any available treatment for this highly resistant type of tumor.

Prior to initiation of chemotherapy, the patient had a Muga performed on April 6, this revealed an ejection fraction of 44%. Dr. Speare considered the patient unsuitable for Adriamycin therapy and instead he was started on a course of Cytosan.

The rest of the patient's hospital course has been complicated by profound nutritional depletion resulting in development of anasarca; this, however, responded to diuretic therapy and at the present time the patient has minimal edema. The patient also has developed a persistent denial concerning his illness and the terminal nature of his illness. His nutritional status continues poor because of poor appetite and the inability to take large quantities of food. The patient is also extremely weak as a result of his illness and prolonged bedrest.

**PHYSICAL EXAMINATION:** At the present time - vital signs are stable; the blood pressure runs approximately 125 to 130/70 to 80, pulse is regular at approximately 100, respirations are 60 to 20 and the patient's temperature has been running 95 to 97°.

**GENERAL:** He is an older white male cachectic with a greatly enlarged abdominal girth secondary to a huge tumor mass.

**HEAD, EYES, EARS, NOSE AND THROAT:** Is unremarkable.

**LUNGS:** Are significant for decreased breath sounds, some crackles approximately 1/4 up and decreased at the bases where he has pleural effusions.

**HEART:** S1, S2, regular tachycardic, no murmur.

DISCHARGE SUMMARY  
Continued on next page...

Manatee Memorial Hospital  
Medical Record Services

BICKFORD, BERNARD  
156397  
DOB:04/04/1925  
821563974020

**ABDOMEN:** Is greatly distended, ascites at the present time is greatly reduced and a large, firm, slightly nodular mass of tumor can be palpated throughout the abdomen.

**EXTREMITIES:** There is still some leg edema and pedal edema present.

**NEUROLOGICAL:** Examination is nonfocal.

**LABORATORY DATA:** The latest labs are as follows; CBC on April 14, WBC 9.8, hemoglobin 9.2, hematocrit 29.4, platelet count 780, differential - segs 76, bands 17, lymphs 7. Routine chemistries on April 13, sodium 132, potassium 5, chloride 91, CO<sub>2</sub> 36, BUN 7, creatinine 0.7.

Additional chemistries from April 11, reveal a glucose of 102, calcium of 7.2 which corrects to 9.2 in the normal range, phosphorus of 2.3, cholesterol 93, triglycerides 112, total protein low at 4.4, albumin low at 2.0, SGOT 39, SGPT 29, alkaline phosphatase 143, LDH 185 and bilirubin 0.4. Stool studies from April 8, which were performed because of chronic diarrhea are negative. The blood cultures have all been negative. The alpha fetoprotein from March 26, reveals a level of 1.6 which is in the normal range. The CA19-9 on March 25, reveals a level of 8 which is within the normal range. The patient was typed and screened prior to surgery. His blood type is A positive, however, he received no blood transfusions during his hospitalization.

**POST HOSPITAL PLAN:** The patient is to be admitted to Mediplex to attempt to improve his physical and nutritional status as much as possible. I am hoping that with hospice counseling, the patient will come to accept the terminal nature of his illness and code status can then be addressed.

At the present time, the patient's prognosis is considered grim.

**DISCHARGE MEDICATION:** Ciprofloxacin 400 mg intravenous b.i.d. for five days, followed by Cipro 500 mg p.o. b.i.d. for seven days, Cardura 1 mg p.o. daily, Lasix 40 mg p.o. every other day, accompanied by potassium 20 mEq p.o. every other day, Pepsid 40 mg p.o. daily, Lomotil 1 to 2 tabs every four hours as needed for diarrhea.

DISCHARGE SUMMARY  
Continued on next page...

Manatee Memorial Hospital  
Medical Record Services

BICKFORD, BERNARD  
156397  
DOB:04/04/1925  
821563974020

---

FOLLOW-UP: The patient is scheduled for monthly Cytosan chemotherapy as per Dr. Speare and she will need to be notified regarding his next appointment.

STEPHANIE MUFF, M.D.

SM/0363/9 +5:17

DD: 04/14/94

DT: 04/14/94

CC: Mediplex, Paige K. Pennebacker, M.D., Marie Fazzary, M.D.,  
Deborah Gilmore Speare, M.D., Drs. Ostrow and Srur in radiology

DISCHARGE SUMMARY

SUPREME COURT  
STATE OF NEW YORK ST. LAWRENCE COUNTY

-----  
MURRAY BAKER, et al.,

Plaintiffs,

v.

Action No. 1

R.T. VANDERBILT CO., INC., et al.,

Defendants.

-----  
CARL BAILEY, As Administrator of the Estate  
of THOMAS M. BAILEY, SR., et al.,

Plaintiffs,

v.

Action No. 2

R.T. VANDERBILT CO., INC., et al.,

Defendants.

-----  
MARY HALL,

Plaintiff,

v.

Action No. 3

R.T. VANDERBILT CO., INC., et al.,

Defendants.

-----  
HAROLD BEANE, et al.

Plaintiff,

v.

Action No. 4

R.T. VANDERBILT CO., INC., et al.,

Defendants.

-----  
Plaintiffs, BERNARD BICKFORD, Individually and as  
Administrator of the Estate of ELIZABETH BICKFORD, Deceased, in  
response to defendants R.T. VANDERBILT CO., INC. and GOUVERNEUR

TALC CO., INC. first set of interrogatories, state as follows:

INTERROGATORY 1: State:  
(a) Plaintiff's full legal name;  
(b) All other names ever used by plaintiff;  
(c) The date and place of plaintiff's birth;  
(d) On a chronological basis, each address at which plaintiff has resided for the past thirty years and the dates of plaintiff's residence at each such address;  
(e) The names, birth dates, and present addresses of plaintiff's present spouse, all former spouses, and all children; and  
(f) Plaintiff's social security number.

ANSWER: (a) Bernard Orson Bickford  
(b) None  
(c) D/B: 4/4/25; Fowler, NY  
(d) I have lived at my present address at 46 Prospect Street, Gouverneur, NY 13642 since 1978. Prior thereto I lived on R.D. #2, Gouverneur, NY for 6 years and before that I lived in Antwerp from 1960 - 1972.  
(e) Spouse: Elizabeth T. Tremlet; children: Iva - age 45; Leslie, age 44 and Holly, age 41.  
(f) SSN: 128-18-8079

INTERROGATORY 2: With respect to each member of plaintiff's immediate family (wife and children), brothers, sisters, mother, and/or father, state whether such person ever suffered any illness, injury, incapacity, ailment, and/or disease to their lungs, respiratory and/or cardiovascular systems, including, but not limited to, any injury or operation affecting such person's chest, heart trouble, bronchitis, pneumonia, pleurisy, pulmonary tuberculosis, bronchial asthma, pneumoconiosis, other chest-related difficulties, allergies, whooping cough, or emphysema and, if your answer is in the affirmative, describe each and every such health problem, including the date(s) when such person suffered therefrom and describe the cause thereof.

ANSWER: Two of my brothers died from talcosis, Robert and



Richard. They worked at Gouverneur Talc and International Talc.

INTERROGATORY 3: State whether or not plaintiff smokes or has ever smoked and, if so, state the date on which plaintiff started smoking; the date, if any, when plaintiff stopped smoking; and identify the brand of tobacco and the amounts (cigarettes or cigars per day or ounces of pipe tobacco per week) smoked.

ANSWER: I quit smoking in 1968.

INTERROGATORY 4: Identify each educational, vocational, and technical institution attended by the plaintiff and set forth the dates of plaintiff's attendance and the certificate or degree received from each such institution.

ANSWER: I graduated from Gouverneur High School.

INTERROGATORY 5: State whether plaintiff ever served in the military and, if so, state:

(a) The branch of the military in which plaintiff served;

(b) Plaintiff's military serial number;

(c) The dates on which plaintiff began and ended his military service;

(d) The type of discharge received and plaintiff's rank upon discharge;

(e) Whether plaintiff sustained or incurred any injury, illness, incapacity, ailment, or disease during his military service and, if so, describe such health problem and the cause thereof in detail;

(f) Whether plaintiff filed any claim for disability for any injury, illness, ailment, disease, incapacity, or physical or mental condition arising from plaintiff's military service and, if so, describe the claim, including the date on which plaintiff filed or asserted the claim, the claim number or other identifying designation, the disability asserted, the disability rating which plaintiff received, and the amount of the compensation received by plaintiff for the disability.

(g) Identify the military or health care facilities where plaintiff received any physical examination or treatment related to his military service, whether prior to, during, or upon discharge from military service, and set forth the date of each such examination or treatment.

ANSWER: No

INTERROGATORY 6: If the answer to interrogatory 5 is in the negative, state whether plaintiff was released from his obligation to serve in the military for any reason pertaining to plaintiff's health (physical or mental) and, if so:

(a) Describe in detail any health related problems

related to such release from military service;

(b) Identify the facilities where plaintiff received any physical or mental examination in connection with such release from military service and state the date of such examination(s).

**ANSWER:** No

**INTERROGATORY 7:** Identify the manufacturer, brand name, product name, product number, if applicable, of each and every "product of their employers" which plaintiff alleges caused or contributed to the alleged injuries (hereinafter collectively referred to as the "Products").

**ANSWER:** The minerals mined and milled by the defendants at their mines and mills in St. Lawrence County which contained asbestiform materials.

**INTERROGATORY 8:** With respect to each of the Products identified in the preceding interrogatory, separately identify the amount of each of the Products plaintiff was exposed to during the course of his employment with defendants, as alleged in the complaint and specify the period of exposure to each product.

**ANSWER:** The plaintiff was exposed to the asbestos-containing minerals on a daily basis between the years of 1947 - 1969.

**INTERROGATORY 9:** Identify each natural person, firm, or other entity for whom or which plaintiff has been employed to date, and as to each such employment, state:

- (a) The period of employment;
- (b) The nature of the employer's business;
- (c) The address and name of the facility at which plaintiff worked;
- (d) Plaintiff's job title and a detailed description of plaintiff's duties and responsibilities;
- (e) Plaintiff's supervisor, foreman, or other immediate supervisor;
- (f) Whether plaintiff suffered any injury, illness, ailment, incapacity, or disease during such employment, and, if so, a detailed description of such health problem and the cause thereof.
- (g) Excluding any exposure at employment with defendants, describe each and every chemical or other substance to which plaintiff was or is exposed, the manner in which plaintiff was or is exposed to each such chemical or substance, and the name and address of the place where plaintiff was or is exposed to each

such chemical or substance.

**ANSWER:** From 1945 - 1947 I worked for Bill Lumley Milk Delivery in Gouverneur, NY delivering milk. From 1947 - 1948 I worked for W.H. Loomis in Gouverneur, NY as a roustabout. From 6/49 - 8/69 I worked for Gouverneur Talc in a pack house for about five (5) years and I was a foreman for about 15 years. From 1970 - 1974 I worked for Metropolitan Life Insurance Co. in Watertown, NY as an insurance salesman. From 1974 - 1976 I worked for Dodds Motor Corp. in Gouverneur, NY as a auto salesman. From 4/76 to the present I have been the manager and part owner of Fore x Four Golf Course in Gouverneur, NY.

My supervisors at Gouverneur Talc were Bob MacLellan, George Erdman, Howard Adam, Lowell Rock and Rich Fuller. I worked with a lot of people at Gouverneur Talc and the defendant should have those records.

I was not exposed to any harmful substances other than the defendants.

**INTERROGATORY 10:** State the following with respect to each and every job and/or activity during the course of plaintiff's work with defendants which it is alleged that plaintiff was exposed to any of the Products:

- (a) A detailed description of the job and/or activity;
- (b) A detailed description of each and every work area to which plaintiff was and is presently assigned at defendants;
- (c) Identify all co-workers with whom plaintiff worked at each work area;
- (d) Identify each of plaintiff's supervisors during the period plaintiff worked at each work area;
- (e) The designation used by defendants to identify each work area;
- (f) The date or dates during which plaintiff was engaged in such job or activity;
- (g) Identify each work area where the Products were used at the time of plaintiff's alleged exposure to or contact with the

Products;

(h) Whether plaintiff claims to have been exposed to the Products at each such work area, and, if so, describe the means by which plaintiff claims to have been exposed;

(i) A detailed description of the equipment and machinery involved in such job and/or activity;

(j) A detailed description of the precise manner in which plaintiff allegedly was exposed to each of the Products;

(k) A detailed description of the physical effect on plaintiff of the alleged exposure including the parts of the body affected, the degree of severity, the dates of occurrence, and duration of any illness, injury, incapacity, ailment, pain, disease and other effects, and the amount of time from the exposure to the onset of the alleged physical effects.

**ANSWER:** See 9 above.

In 1983 I first noticed my lung problem. I believe it was diagnosed by Dr. Bashir. The difficulty is shortness of breath and a reduction in pulmonary capacity. I suffer from a partial disability, and I have never been hospitalized.

**INTERROGATORY 11:** Identify each and every individual with whom plaintiff worked during the period of plaintiff's employment with defendants, and with respect to each such individual, state:

(a) The time period during which such individual(s) worked at defendants;

(b) The job or activity performed by such individual(s) at defendants;

(c) Whether such individual(s) was exposed to any of the Products during his/her employment at defendants;

(d) Whether such individual(s) claims to have been injured or affected as a consequence of exposure to any of the Products, and with respect to each such person, identify the specific Product(s) which allegedly caused the health problem and describe the nature of such person's health problem.

**ANSWER:** See 9 above.

**INTERROGATORY 12:** Excluding any employer identified in the answers to any of the preceding interrogatories, state the following with respect to each and every application for employment that plaintiff has submitted:

(a) Identify the prospective employer or agency to which plaintiff applied;

(b) The date or dates of each such application for employment;

(c) State whether a written employment application was

ever submitted;

(d) State whether a pre-employment or other physical examination was conducted in connection with such application and, if so, identify the doctor or other person performing the examination and state the date and place of the examination and the results of the examination;

(e) State whether any questions were answered, or other information was provided, by plaintiff relating to plaintiff's health in connection with such application, whether such answers or information were submitted in writing and, if so, identify all documents containing, referring or relating to such answers or information;

(f) Describe the kind of work for which application was made;

(g) State the results of the application for employment (i.e., employment was offered to plaintiff, employment was not offered, or no definite response was received) and, if employment was not offered, state the reasons why employment was not offered.

**ANSWER:** None

**INTERROGATORY 13:** State whether plaintiff ever reported to any person the occurrence of any illness, injury, incapacity, ailment, pain, disease, and/or other effect which plaintiff claims resulted from exposure to the Products and, if so, state the following with respect to each report:

(a) The date of the report;

(b) Identify the person(s) to whom such report was made;

(c) Describe the nature and substance of the report;

(d) Whether the report was oral or in writing and if in writing, identify the document;

(e) Identify the person or entity who currently has care, custody or control of the report.

**ANSWER:** A workers' compensation claim was filed and said claim was allowed. Defendant has those records.

**INTERROGATORY 14:** State whether the plaintiff ever received or observed any information, instruction, and/or warning concerning the possible health hazards of and/or the safe use and handling of any of the Products and, if so:

(a) Identify the person(s) or entity providing such information, instruction, and/or warning;

(b) Set forth the date plaintiff received or observed such information, instruction, and/or warning;

(c) Describe in detail the nature and content of the information, instruction, and/or warning;

(d) State whether such information, instruction, and/or warning was oral or in writing, and if in writing, identify the document.

**ANSWER:** No

**INTERROGATORY 15:** If plaintiff was ever unable to go to work as a result of the alleged injuries, state the following with respect to each and every occasion when plaintiff did not work as a result of the alleged injuries:

- (a) The date or dates when work was missed;
- (b) The identity of all persons, including doctors or other health care personnel, who advised or instructed plaintiff not to work.

**ANSWER:** Plaintiff did not lose any time from work.

**INTERROGATORY 16:** Regarding damages which plaintiff alleges to have incurred as a result of the alleged injuries give the following information:

- (a) State the total number of days plaintiff claims he was "unable to pursue [his] occupation. . .as a result of the defendant's conduct," including the total amount of income, if any, that plaintiff claims to have lost as a result of the alleged injuries and describe the method of calculation;
- (b) Identify all medical expenses (by health care provider and facility; date incurred; and dollar amount), if any, that plaintiff claims to have incurred as a result of the alleged injuries;
- (c) Identify all other expenses or damages (by date incurred; dollar amount; and type of expense or damage), if any, claimed by plaintiff as a result of the alleged injuries.

**ANSWER:** No lost wages are claimed.

**INTERROGATORY 17:** State the following with respect to each and every occasion when plaintiff was examined or treated by or consulted with any doctor or other health care personnel with respect to the alleged injuries:

- (a) The date or dates of the examination, treatment, or consultation;
- (b) The identity of the hospital or other facility where the examination, treatment, or consultation occurred;
- (c) The identity of the doctor or other person who examined, treated, or consulted with plaintiff;
- (d) Describe the nature and extent of any examination or consultation and the type of treatment received, including an identification of any medication, surgical devices or appliances, or physical therapy prescribed or recommended;
- (e) the results of such examination, treatment, or consultation, including the diagnosis and prognosis made by each doctor or other person.

**ANSWER:** I have seen Dr. Bashir and Dr. Robert Litman of

Ogdensburg, NY as well as the company doctors.

**INTERROGATORY 18:** Excluding the alleged injuries, state whether plaintiff has ever suffered any illness, injury, incapacity, ailment, and/or disease, including, without limiting the generality of the foregoing, any injury or operation affecting plaintiff's chest, heart trouble, bronchitis, pneumonia, pleurisy, pulmonary tuberculosis, bronchial asthma, pneumoconiosis, other chest-related difficulties, allergies, whooping cough, or emphysema and, if so, state:

(a) The date or dates when plaintiff suffered from such health problems;

(b) Describe the health problem in detail and its effect on plaintiff's body;

(c) Describe the cause of such health problem;

(d) Describe any medical treatment which plaintiff received for such health problem and state the dates of such treatment;

(e) Identify all health care personnel, including doctors, by whom plaintiff was examined or treated or with whom plaintiff consulted with respect to such health problem;

(f) Identify each hospital or other health care facility where plaintiff was treated or examined with respect to such health problem.

**ANSWER:** See records attached.

**INTERROGATORY 19:** Excluding any hospitalization related to the alleged injuries or to any health problem reported in answer to Interrogatory 19, state the following with respect to each and every other hospitalization of plaintiff:

(a) The dates of such hospitalization;

(b) Identify the hospital;

(c) The reason for or cause of such hospitalization;

(d) Describe the treatment or examination of plaintiff;

(e) Identify the persons, including doctors, who treated or examined plaintiff.

**ANSWER:** I have never been hospitalized.

**INTERROGATORY 20:** Excluding any treatment, examination, or consultation related to the alleged injuries or to any health problem reported in answer to interrogatory 19, state the following with respect to each and every other treatment and/or examination of plaintiff by or consultation with a doctor or other health care personnel including any examination or consultation related to any application for life, health, and/or disability insurance:

(a) The dates of such treatment, examination, or consultation;

(b) Identify the doctor or other health care personnel;

(c) Describe the reason for such treatment, examination,

or consultation;

- (d) Describe the treatment or examination received.

**ANSWER:** See medical/hospital records attached.

**INTERROGATORY 21:** Identify plaintiff's personal or family physician(s) for the past thirty (30) years and set forth the years during which each such physician served in that capacity.

**ANSWER:** Robert Litman, M.D., Ogdensburg, NY

**INTERROGATORY 22:** Excluding work missed because of the alleged injuries, if plaintiff has ever missed any work because of any illness, injury, incapacity, ailment, and/or disease state:

- (a) The dates when work was missed;  
(b) Identify plaintiff's employer at the time;  
(c) Describe in detail the health problem causing plaintiff to miss work;  
(d) Identify all persons, including doctors, who advised or instructed plaintiff not to work;  
(e) Describe in detail the specific cause of such health problem.

**ANSWER:** None

**INTERROGATORY 23:** If subsequent to the manifestation of the alleged injuries plaintiff has suffered any other illness, injury, incapacity, ailment, or disease involving any part or function of the body affected by the alleged injuries, state the following with respect to each such illness, injury, incapacity, ailment, pain, or disease:

- (a) The date or dates on which plaintiff suffered from such health problem;  
(b) Describe such health problem and its cause in detail;  
(c) Identify all health care personnel, including doctors, who treated or examined plaintiff or with whom plaintiff consulted concerning such health problem;  
(d) Identify all hospitals or other health care facilities where plaintiff was treated or examined with respect to such health problem;  
(e) Set forth the cost of treatment, examination, or consultations relating to such health problem.

**ANSWER:** None

**INTERROGATORY 24:** With respect to each and every workers' compensation, social security disability, or veterans' disability claim filed by or on behalf of plaintiff to recover for the alleged injuries or for any other illness, injury, ailment, incapacity, or disease, identify:



- (a) The governmental agency, tribunal, board, commission, or other entity with which plaintiff filed such claim;
- (b) The claim number or other identifying designation assigned to such claim;
- (c) The date of filing;
- (d) The amount of any compensation or benefits received;
- (e) Plaintiff's employer at the time of the filing of such claim; and
- (f) Describe in detail the health problem which was the basis for such claim.

**ANSWER:** A workers' compensation claim has been filed and said claim has been allowed. Defendant has those records.

**INTERROGATORY 25:** Identify each insurance company, insurance agent, or other entity to whom plaintiff or anyone acting on plaintiff's behalf has submitted any application for life, health, accidental injury, or disability insurance at any time, and for each such insurance company state:

- (a) The name and address of each such company;
- (b) Date application made for coverage;
- (c) A description of such coverage;
- (d) Dates of such coverage;
- (e) Whether such coverage was in force at the time of occurrence of the plaintiff's alleged injuries;
- (f) Whether such coverage provides coverage for plaintiff's alleged injuries;
- (g) Amount paid by each company because of plaintiff's alleged injuries;
- (h) The identity of the recipient of such payment;
- (i) The policy numbers for all life, health, accidental injury or disability insurance policies in force at the time of the occurrence of plaintiff's alleged injuries.

**ANSWER:** None

**INTERROGATORY 26:** Identify all persons who were witnesses to or have any knowledge of plaintiff's alleged injuries or plaintiff's alleged exposure to the Products and with respect to each such person:

- (a) Describe with particularity the extent of each such person's knowledge;
- (b) Identify all written statements or transcriptions of oral statements from any person having any knowledge of plaintiff's alleged injuries or plaintiff's alleged exposure to the Products.

**ANSWER:** See 9 above.

**INTERROGATORY 27:** State whether plaintiff has ever been a

party to a lawsuit other than the present lawsuit.

**ANSWER:** No.

**INTERROGATORY 28:** If the answer to the preceding interrogatory is in the affirmative, state the name of such lawsuit, the case caption, the court in which it was filed, and the general nature of the lawsuit.

**ANSWER:** Not applicable.

**INTERROGATORY 29:** Identify each person whom plaintiff expects to call as an expert witness at the trial of this matter and state as to each such person;

(a) The field in which such person is to be offered as an expert;

(b) A summary of the qualifications of such person in the field of expected testimony;

(c) The subject matter to which such person is expected to testify;

(d) The substance of the facts and opinions to which such person is expected to testify and a summary of the grounds for each such opinion;

(e) Identify each document which records any report, advice, analysis, or opinion that was rendered by such person with respect to any of plaintiff's claims in this matter.

**ANSWER:** The plaintiff will call as experts medical and other witnesses who will establish that the plaintiff's disability was caused by his exposure to asbestiform minerals mined and milled at defendants' mines and mills. Those experts have not been identified yet.

**INTERROGATORY 30:** Identify all documents in plaintiff's possession, custody or control (including documents provided by plaintiff to any attorney) that constitute, refer or relate in whole or in part to:

(a) The health effects or potential health effects of exposure to any of the products to which plaintiff claims he was exposed;

(b) The safe use and handling of any of the products to which plaintiff claims he was exposed;

(c) The identification of manufacturers and/or suppliers of any of the products to which plaintiff claims he was exposed.

**ANSWER:** None

**INTERROGATORY 31:** State whether plaintiff's decedent was confined to a hospital as a result of the alleged injury for which you seek damages, and as to each period of confinement, state the name and address of the hospital and the inclusive dates of the confinement.

**ANSWER:** Not applicable

**INTERROGATORY 32:** State the name and address of each medical provider who examined or treated the plaintiff's decedent for the injuries claimed and the dates such services were provided.

**ANSWER:** Not applicable

**INTERROGATORY 33:** With respect to your answers to Interrogatories 32 and 33 [sic], above, state the amount of medical expenses you claim were incurred for the following:

- (a) Hospitals;
- (b) Medical providers;
- (c) Nurses;
- (d) Drugs;
- (e) X-rays, CAT scans, MRIs and similar diagnostic tests;
- (f) Medical supplies; and
- (g) All other related expenses.

**ANSWER:** Not applicable

**INTERROGATORY 34:** State the name and address of each employer for whom plaintiff's decedent was unable to work as a result of the injuries alleged herein, and the dates on which plaintiff's decedent was unable to work for each employer.

**ANSWER:** Not applicable

**INTERROGATORY 35:** State the amount of earnings lost from each employer as a result of the alleged injuries for which you seek compensation from defendant.

**ANSWER:** See 16 above.

**INTERROGATORY 36:** State the amount of future loss of earnings claimed as a result of plaintiff's decedent's death.

**ANSWER:** Not applicable

**INTERROGATORY 37:** State the names, addresses, dates of birth and relationship to plaintiff's decedent of all persons for whose benefit this action is brought.

**ANSWER:** Not applicable

INTERROGATORY 38: State the amount of all expenses incurred for plaintiff's decedent's funeral, and the name and address of the provider of the service, the service provided, and the cost of each service.

ANSWER: Not applicable

INTERROGATORY 39: State the dates for which you claim any loss of consortium, society, companionship, affection and/or services, and the nature and extent of the loss.

ANSWER: Loss of consortium will be claimed from 1974 until the date of my wife's death.

INTERROGATORY 40: With respect to your answer to Interrogatory 40, above, state the amount claimed for all such losses.

ANSWER: This amount will be determined by a jury upon the trial of this action.

INTERROGATORY 41: State whether you claim any special damages, and, if your answer is in the affirmative, what the total amount of such damages is.

ANSWER: None, other than as stated above.

INTERROGATORY 42: State whether you or any other person were required to make expenditures for household help or any other services for plaintiff's decedent because of the injuries you claim plaintiff's decedent sustained as a result of exposure to defendant's product.

ANSWER: Not applicable

INTERROGATORY 43: Describe all facts and identify all documents in your possession, custody or control upon which the following statement contained in the "Affidavit of Victor J. Ciabotti," filed in this case on or about August 8, 1989, is based:

The plaintiffs complaints are based on the fact that R.T. Vanderbilt Co., Inc., directed and controlled its subsidiary Gouverneur Talc Co., Inc, in a manner that makes it responsible in tort and strict products liability in that it portrayed and proclaimed it's [sic] talc as non-harmful and not to contain asbestos, when in fact the company knew full well that it did. (Affidavit Paragraph 4)

**ANSWER:** None.

**INTERROGATORY 44:** Describe all facts and identify all documents in your possession, custody or control upon which the following statement in the "Affidavit of Victor J. Ciabotti," filed in this case on or about August 8, 1989, is based:

[D]efendants individually by conscience [sic] and unconscience [sic] parallel acts jointly and in conspiracy, for many decades have been possessed of medical and scientific data that indicated the inhalation of asbestos as mined by their subsidiaries was unreasonably dangerous and further that possessed of this data which they had, or was available to them, the defendants prompted by pecuniary motives individually and together, sought to withhold and not to investigate or recognize the data or released incorrect, inaccurate information and failed to provide the workers with any warning as to the dangers of their asbestos products and chose to provide ambiguous warnings or none at all. (Affidavit Paragraph 5)

**ANSWER:** None.

**INTERROGATORY 45:** Describe all facts and identify all documents in your possession, custody or control upon which the following statement contained in the "Affidavit of Victor J. Ciabotti," filed in this case on or about August 8, 1989, is based:

[Defendants] refused and failed to test their asbestos containing materials and/or concealed the test results and relied upon or caused to be disseminated medical and scientific data that they knew, or should have known, was inadequate, incomplete and misleading. (Affidavit Paragraph 5)

**ANSWER:** None.

**INTERROGATORY 46:** Describe all facts and identify all documents in your possession, custody or control upon which the following statement contained in the "Affidavit of Victor J. Ciabotti," filed in this case on or about August 8, 1989, is based:

[D]efendants individually and together by conscience [sic] and unconscience [sic] parallel acts, directed their subsidiaries to report the safe nature of asbestos which reliance resulted in the permanent illness of the plaintiffs. (Affidavit Paragraph 5)

**ANSWER:** None.

INTERROGATORY 47: Describe all facts and identify all documents in your possession, custody or control upon which the following statement contained in the "Affidavit of Victor J. Ciabotti," filed in this case on or about August 8, 1989, is based:

Vanderbilt will not deny that it has petitioned every possible governmental agency to the effect that its talc is harmless and does not contain asbestos and, if it does, the definition of asbestos should be changed so as to exclude its talc. (Affidavit Paragraph 6)

ANSWER: None.

INTERROGATORY 48: Describe all facts and identify all documents in your possession, custody or control upon which the following statement contained in the "Memorandum of Law", filed in this case on or about August 8, 1989, is based:

R.T. Vanderbilt will not deny that it has for decades agitated with the United States Government including O.S.H.A. and NIOSH and funded tests and studies all aimed at showing that talc in the Gouverneur area does not contain asbestos when it knows that it does and that virtually every employee whoever worked in its mine is either sick or dead. (Memorandum at 6)

ANSWER: None.

Dated: April 19, 1991

**SETRIGHT, CIABOTTI & LONGSTREET**  
Attorneys for Plaintiff(s)  
Office and P. O. Address  
313 Montgomery Street  
Syracuse, New York 13202  
Telephone: (315) 422-9295

TO: **SUGARMAN, WALLACE, MANHEIM & SCHOENWALD**  
Attorneys for Defendants, R.T. Vanderbilt and  
Gouverneur Talc Co., Inc.  
Suite 700  
499 South Warren Street  
Syracuse, New York 13202

**MACKENZIE, SMITH, LEWIS, MICHELL & HUGHES**  
Attorneys for Defendants, St. Joe Minerals and  
Fluor Corp.  
600 Onondaga Savings Bank Building  
P. O. Box 4967  
Syracuse, New York 13221

INDIVIDUAL VERIFICATION

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF ST. LAWRENCE )

BERNARD BICKFORD, being duly sworn, deposes and says that deponent is one of the plaintiffs in the within action; that deponent has read the foregoing FIRST SET OF INTERROGATORIES and knows the contents thereof; that the same is true to deponent's own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters deponent believes it to be true.

Bernard O Bickford  
Bernard Bickford

Sworn to before me this  
24 day of May, 1991.

Rosemary A Brown  
Notary Public

ROSEMARY A. BROWN  
Notary Public, State of New York  
Qualified in Jefferson Co.  
Commission Expires 10/15/91

SETRIGHT, CIABOTTI & LONGSTREET - SYRACUSE, NEW YORK



# Occupational/Environmental History Form



## I. IDENTIFICATION

Name: Bernard O. Bickford  
 Address: 46 Prospect St  
Gouverneur N.Y. 13642  
 Telephone: home 287-1444 work 287-3711  
 Soc. Sec. 128-18-9079  
 Sex: (M) F  
 Birthday: 4-4-25

## II. OCCUPATIONAL PROFILE

Fill in the table below listing all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and go back to the first. Use additional paper if necessary.

Workplace (Employer's name and address or city)	Dates worked From: To	Did you work full time?	Type of Industry (Describe)	Describe your job duties	Known health hazards in workplace (dusts, solvents, etc.)	Protective equipment used?	Were you ever off work for a health problem or injury?
Fore & Four Golf Course Gouverneur	April 1976 Present	Seasonal	Golf Course	MANAGER & PART OWNER	None	None	No
Dodds Motor Corp Gouverneur	1974 1976	yes	Ford Dealership	Salesman	None	None	No
Metropolitan Life Ins. Co. Waterford	1970 1974	yes	Insurance Co.	SALESMAN	None	None	No
Gouverneur Talc Co. Gouverneur	June 1949 Aug 1969	yes	TALC Ind.	Pack House 8 years Foreman 15 yrs.	TALC DUST	Respirators	No
W. H. Loomis Gouverneur	1947 1948	yes	TALC Ind.	Rowsto bent	TALC DUST	None	No
Bill Lumley Milk Delivery Govt	1945 1947	yes	Delivering milk	Driving truck on plant dust	None	None	No



### III. OCCUPATIONAL EXPOSURE INVENTORY

1. Please describe any health problems or injuries you have experienced connected with your present or past jobs:  
*TALCOsis - Shortage of Breath*
2. Have any of your co-workers also experienced health problems or injuries connected with the same job? ..... No  Yes  
If yes, please describe:
3. Do you or have you ever smoked cigarettes, cigars, or pipes? *Cigarettes until 1968* ..... No  Yes  
If so, which and how many per day: *2 Packs Per Day*
4. Do you smoke while on the job, as a general rule? .....  No Yes
5. Do you have any allergies or allergic conditions? .....  No Yes  
If so, please describe:
6. Have you ever worked with any substance which caused you to break out in a rash? .....  No Yes  
If so, please describe your reaction and name the substance:
7. Have you ever been off work for more than a day because of an illness or injury related to work? .....  No Yes  
If so, please describe: *Tubo Intubation*
8. Have you ever worked at a job which caused you trouble breathing, such as cough, shortness of wind, wheezing? No  Yes  
If so, please describe: *TALC Industry*
9. Have you ever changed jobs or work assignments because of any health problems or injuries? .....  No Yes  
If so, please describe:
10. Do you frequently experience pain or discomfort in your lower back or have you been under a doctor's care for back problems? .....  No Yes  
If so, please describe:
11. Have you ever worked at a job or hobby in which you came into direct contact with any of the following substances by breathing, touching, or direct exposure? If so, please check the box beside the substance.

- |  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| <input type="checkbox"/> Acids                 | <input type="checkbox"/> Beryllium                | <input type="checkbox"/> Chromates           | <input type="checkbox"/> Heat (severe)     | <input type="checkbox"/> Nickel            | <input type="checkbox"/> Radiation       | <input type="checkbox"/> Trichloroethylene |
| <input type="checkbox"/> Alcohols (Industrial) | <input type="checkbox"/> Cadmium                  | <input type="checkbox"/> Coal dust           | <input type="checkbox"/> Isocyanates       | <input type="checkbox"/> Noise (loud)      | <input type="checkbox"/> Rock dust       | <input type="checkbox"/> Trinitrotoluene   |
| <input type="checkbox"/> Alkalis               | <input type="checkbox"/> Carbon tetrachloride     | <input type="checkbox"/> Cold (severe)       | <input type="checkbox"/> Ketones           | <input type="checkbox"/> PBBs              | <input type="checkbox"/> Silica powder   | <input type="checkbox"/> Vibration         |
| <input type="checkbox"/> Ammonia               | <input type="checkbox"/> Chlorinated naphthalenes | <input type="checkbox"/> Dichlorobenzene     | <input type="checkbox"/> Lead              | <input type="checkbox"/> PCBs              | <input type="checkbox"/> Solvents        | <input type="checkbox"/> Vinyl chloride    |
| <input type="checkbox"/> Arsenic               | <input type="checkbox"/> Ethylene dibromide       | <input type="checkbox"/> Ethylene dichloride | <input type="checkbox"/> Manganese         | <input type="checkbox"/> Perchloroethylene | <input type="checkbox"/> Styrene         | <input type="checkbox"/> Welding fumes     |
| <input type="checkbox"/> Asbestos              | <input type="checkbox"/> Figerglass               | <input type="checkbox"/> Mercury             | <input type="checkbox"/> Methylen chloride | <input type="checkbox"/> Pesticides        | <input checked="" type="checkbox"/> Talc | <input type="checkbox"/> X-rays            |
| <input type="checkbox"/> Benzene               | <input type="checkbox"/> Halothane                | <input type="checkbox"/> Methylene chloride  | <input type="checkbox"/> Phenol            | <input type="checkbox"/> Phosgene          | <input type="checkbox"/> Toluene         |  |
|  |   |  |  |  | <input type="checkbox"/> TDI or MDI      |  |

If you have answered "yes" to any of the above, please describe your exposure on a separate sheet of paper.

### IV. ENVIRONMENTAL HISTORY

1. Have you ever changed your residence or home because of a health problem? .....  No Yes  
If so, please describe:
2. Do you live next door to or very near an industrial plant? .....  No Yes  
If so, please describe:
3. Do you have a hobby or craft which you do at home? .....  No Yes  
If so, please describe:
4. Does your spouse or any other household member have contact with dusts or chemicals at work or during leisure activities? .....  No Yes  
If so, please describe:
5. Do you use pesticides around your home or garden? .....  No Yes  
If so, please describe:

6. Which of the following do you have in your home? (Please check those that apply.)

- Air conditioner    Air purifier    Humidifier    Gas stove    Electric stove    Fireplace    Central heating

n28-4051-02

related to such release from military service;

(b) Identify the facilities where plaintiff received any physical or mental examination in connection with such release from military service and state the date of such examination(s).

**ANSWER:** No

**INTERROGATORY 7:** Identify the manufacturer, brand name, product name, product number, if applicable, of each and every "product of their employers" which plaintiff alleges caused or contributed to the alleged injuries (hereinafter collectively referred to as the "Products").

**ANSWER:** The minerals mined and milled by the defendants at their mines and mills in St. Lawrence County which contained asbestiform materials.

**INTERROGATORY 8:** With respect to each of the Products identified in the preceding interrogatory, separately identify the amount of each of the Products plaintiff was exposed to during the course of his employment with defendants, as alleged in the complaint and specify the period of exposure to each product.

**ANSWER:** The plaintiff was exposed to the asbestos-containing minerals on a daily basis between the years of 1947 - 1969.

**INTERROGATORY 9:** Identify each natural person, firm, or other entity for whom or which plaintiff has been employed to date, and as to each such employment, state:

(a) The period of employment;  
(b) The nature of the employer's business;  
(c) The address and name of the facility at which plaintiff worked;  
(d) Plaintiff's job title and a detailed description of plaintiff's duties and responsibilities;  
(e) Plaintiff's supervisor, foreman, or other immediate supervisor;  
(f) Whether plaintiff suffered any injury, illness, ailment, incapacity, or disease during such employment, and, if so, a detailed description of such health problem and the cause thereof.

(g) Excluding any exposure at employment with defendants, describe each and every chemical or other substance to which plaintiff was or is exposed, the manner in which plaintiff was or is exposed to each such chemical or substance, and the name and address of the place where plaintiff was or is exposed to each

such chemical or substance.

**ANSWER:** From 1945 - 1947 I worked for Bill Lumley Milk Delivery in Gouverneur, NY delivering milk. From 1947 - 1948 I worked for W.H. Loomis in Gouverneur, NY as a roustabout. From 6/49 - 8/69 I worked for Gouverneur Talc in a pack house for about five (5) years and I was a foreman for about 15 years. From 1970 - 1974 I worked for Metropolitan Life Insurance Co. in Watertown, NY as an insurance salesman. From 1974 - 1976 I worked for Dodds Motor Corp. in Gouverneur, NY as a auto salesman. From 4/76 to the present I have been the manager and part owner of Fore x Four Golf Course in Gouverneur, NY.

My supervisors at Gouverneur Talc were Bob MacLellan, George Erdman, Howard Adam, Lowell Rock and Rich Fuller. I worked with a lot of people at Gouverneur Talc and the defendant should have those records.

I was not exposed to any harmful substances other than the defendants.

**INTERROGATORY 10:** State the following with respect to each and every job and/or activity during the course of plaintiff's work with defendants which it is alleged that plaintiff was exposed to any of the Products:

- (a) A detailed description of the job and/or activity;
- (b) A detailed description of each and every work area to which plaintiff was and is presently assigned at defendants;
- (c) Identify all co-workers with whom plaintiff worked at each work area;
- (d) Identify each of plaintiff's supervisors during the period plaintiff worked at each work area;
- (e) The designation used by defendants to identify each work area;
- (f) The date or dates during which plaintiff was engaged in such job or activity;
- (g) Identify each work area where the Products were used at the time of plaintiff's alleged exposure to or contact with the