



\$300.00

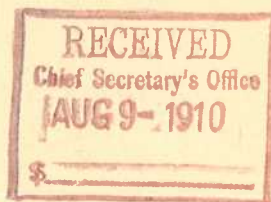
Albion, Nebr. July \_\_\_\_\_ 1910.

Received of the Royal Highlanders Three  
Hundred Dollars (\$300.00), second payment on account  
of total and permanent disability upon certificate  
No. 14000, held by me as a member of Albion Castle,  
No. 113, of Albion, Nebraska.

E. E. Peterson

Witness-

St. J. Bohrer





July 26, 1910

Chas. A. Bull, Sec-Treas.,


Albion, Nebr.

Valiant Clansman:

I presented the claim of Clansman E. J. Richeson for second payment of total and permanent disability benefits at the meeting of the Executive Committee last night and the claim was approved and warrant ordered issued for \$300.00 in his favor, which find enclosed herewith. This warrant is drawn with exchange and the Clansman should receive the full face of the warrant.

Kindly see to it that this payment of \$300.00 is endorsed in the blank for partial payments on the back of the certificate and also have the Clansman sign the enclosed receipt, have his signature witnessed and forward such receipt promptly to me.

Fraternally yours,

  
Chief Secretary.

Lincoln Neb.

Aug. 8-1910.

Mr Sharp.

Dear Sir.

I desire to express to you and all other officers of the Royal Highlanders my appreciation of your courtesy and interest in the matter of the allowance of the disability claim upon the policy held by my husband & Mr Ed Richeson. Both last year and

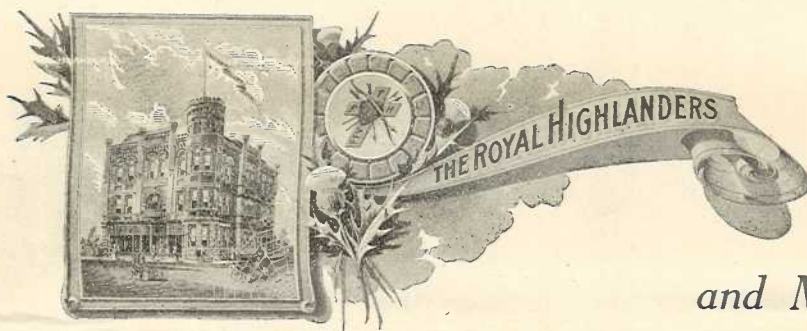


This  
you have been very  
prompt to act upon  
the claim as soon  
as proof was furnished,  
and I want to  
thank you most sincerely.

Respectfully  
Mrs E L Richeson.

227 So 17<sup>th</sup> St.





**REPORT**  
 of the  
**Chief Secretary,**  
**Chief Physical Examiner**  
**Executive Committee**  
**and Most Illustrious Protector**

I hereby certify that the records of my office show beneficiary certificate No. 14000 in the Royal Highlanders was issued to Valiant Clansman } E. L. Richeson  
~~Fair Lady~~  
 of Albion Castle, No. 118 at Albion, State  
 of Nebraska, on the 6th day of October, 1900, for \$3000.00

That said certificate was surrendered and cancelled on the 21st day of January, 1901, and a new certificate No. 14160 issued the same date for \$3000.00

That the books of my office show that said member has made all payments to which he was liable up to this date and that he is in good standing as a beneficiary member of the Royal Highlanders.

Witness my hand and official seal at Aurora, Nebraska, this 25th day of July, 1910.  
 (Seal.) J. Sharp  
Chief Secretary.

I hereby certify that I have examined the attached papers for Second payment on the total and permanent disability claim of E. L. Richeson and do approve the same.  
J. W. McHugh  
Chief Physical Examiner.

We hereby certify that we have each examined the foregoing evidence in the claim for total and permanent disability of Valiant Clansman } E. L. Richeson  
~~Fair Lady~~  
 and are satisfied that said claim should be allowed.

We hereby authorize and direct the Most Illustrious Protector and Chief Secretary to draw and cause to be delivered, an order on the Chief Treasurer, payable to E. L. Richeson or order, for \$300.00, being 1-10 of the face of said certificate which is to be endorsed on the back thereof as partial payment on same.

Witness our hands this 25th day of July, 1910.

(Seal.)

W. C. Sharp  
Most Illustrious Protector.

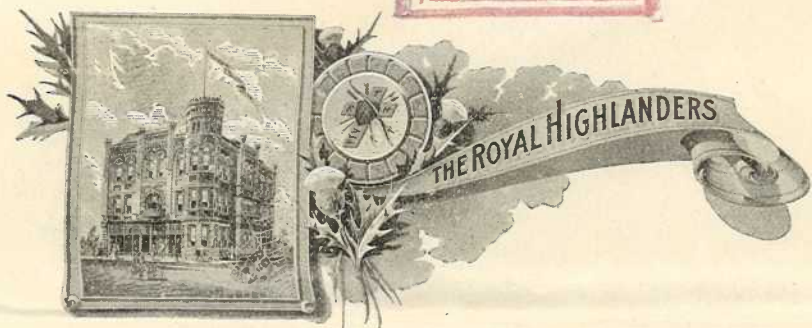
L. J. Diekmann  
H. P. Grant  
F. H. Hanke  
W. Smith  
J. Sharp  
 Executive Committee.

REMARKS.

.....  
 .....



RECEIVED  
Chief Secretary's Office  
JUL 21 1910



# PHYSICIAN'S CERTIFICATE

TO THE EXECUTIVE COMMITTEE:

July 19<sup>th</sup> 1910

THIS IS TO CERTIFY THAT WE, D. D. Woodard, M. D.  
and E. O. Weber, M. D., regular practicing physicians residing at  
Asylum, being duly sworn, depose and say that we have made a  
careful examination of Elmer L. Richardson who is personally known to us and  
upon such careful physical examination, we find the following conditions existing at this time:—

(State fully)

Temperature 98° - respiration 19 - fairly well nourished,  
pupils contracted, reaction slow, knee  
jerk - absent - lower lip and chin tremulous  
articulation very difficult, gait shuffling  
and unsteady. This man is afflicted with  
paralysis - a disease from which he will  
never recover and which wholly unfits him  
permanently for the performance of manual labor. The  
above named disability is not the  
result of vicious habits.

And that we (and each of us) have carefully read Sections 148 and 149 of the Edicts of 1901,  
of the Royal Highlanders, as printed on the reverse side of this sheet, under which the certificate  
of Elmer L. Richardson was issued, and consider that the said member  
comes within the provisions of said sections and that under them he is entitled to receive  
the benefits which accrue to a totally and permanently disabled member of the Royal Highlan-  
ders whose certificate was issued prior to December 1st, 1905, as provided in Section 149 of the  
said Edicts of 1901.

D. D. Woodard M. D.  
E. O. Weber M. D.

State of Missouri  
County of Lancaster } ss.

The above certificate subscribed in my presence and sworn to before me by the said  
D. D. Woodard M. D., and E. O. Weber M. D., both  
personally known to me, upon this 19 day of July, 1910.

(Seal.)

H. F. Bishop  
Notary Public



PHYSICIAN'S  
CERTIFICATE



TO THE EXECUTIVE COMMITTEE

THIS IS TO CERTIFY THAT WE

**EDICTS OF 1901 OF THE ROYAL HIGHLANDERS, RELATING TO  
TOTAL DISABILITY.**

**SEC. 148. TOTAL DISABILITY ON ACCOUNT OF OLD AGE.**

Any beneficial member of the Royal Highlanders who shall live to be seventy years old, shall be considered physically disabled on account of old age, and if he maintains himself in good standing, he shall be entitled to receive from the Fidelity Fund, one-tenth of the amount annually for which his benefit certificate is written as an installment on the same for ten years, should his life be continued for that period, the same to be received for upon the certificate, when each installment is paid, and the sum of all amounts so paid shall be deducted from the face value of his certificate when the same shall become a claim by reason of his death. The balance still due to be paid to his beneficiary or beneficiaries.

**SEC. 149. TOTAL DISABILITY ON ACCOUNT OF OTHER CAUSES.**

If a member shall furnish satisfactory proof that he is totally and permanently disabled from any cause not the result of his own illegal acts to perform and direct any kind of business or labor, he shall be entitled to receive the same benefits as provided in the preceding Section, provided he has not attained the age and complied with the requirements for old age benefits, and provided he maintains himself in good standing.

In order to establish a claim for benefits on account of total and permanent disability, the applicant must submit to the Chief Physical Examiner such claim accompanied by the affidavit of at least two reputable physicians, stating that such applicant has sustained such total and permanent disability.

The Chief Physical Examiner shall file such claim with the Chief Secretary in whose office said claim shall remain for ninety days.

At the expiration of this time the claimant shall furnish a certificate upon blank supplied by the Chief Secretary, which shall be submitted to the Chief Physical Examiner for his recommendation to the Executive Committee; if approved by them the payment shall be made as aforesaid. Provided, if at any time before the full amount of the certificate shall be paid, the claimant shall so far recover from such disability as no longer to be entitled to receive such annual payment upon his certificate, such payment shall cease.

All payments for disability under the provisions of this Section, shall be partial payments upon the certificate of the person receiving same, and in case of death while in good standing, the amount or amounts so paid shall be deducted from the amount of such certificate before payment is made.

It is provided that a member shall be considered totally and permanently disabled under this Section, if he has lost both legs at or above the ankle, both arms at or above the wrist, one leg and one arm as above indicated, or both eyes, if such disabilities are not the result of intemperance, immoral conduct, or vicious habits.

No total disability claim shall be considered in case the member is in a penitentiary, insane asylum or other public institution, or if suffering in the last stages of consumption, or any lingering disease unless the Executive Committee deem the applicant needing the assistance, and worthy of the same.

State of \_\_\_\_\_  
County of \_\_\_\_\_

The above certificate subscribed in my presence and sworn to before me by the person named therein, on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public



July 5, 1910.

Mrs. E. L. Richeson,

Lincoln, Nebr.

Dear Madam:

I am in receipt of your favor of recent date and in accordance with your request, enclose blank herewith, which kindly have two regular practicing physicians fill out and sign to be used in establishing second claim for total and permanent disability benefits in the case of Glansman E. L. Richeson.

Our Executive Committee will meet for the adjustment of claims July 25th, at which time if this certificate is properly executed and in my hands, the claim will be presented.

Very truly yours,

*J. Sharp*  
Chief Secretary.

Lincoln Mo. June 30-

F. J. Sharp,

Dear Sir,

Will you please send me the necessary blank to be filled out by Dr. Woodard in regard to E. L. Richeson's physical condition. Initiating him to the second payment on his policy.

Yours Respectfully  
Mrs E. L. Richeson





\$300.00.

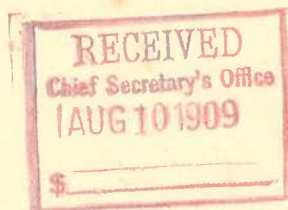
Lincoln, Neb, Aug. 7, 1909.

Received of the Royal Highlanders Three  
Hundred Dollars (\$300.00) first payment on  
account of total and permanent disability  
upon certificate No. 14000, held by me as  
a member of Albion Castle, No. 118, at Albion,  
Nebraska.

E. J. Richeson

Witness-

H. J. Dobbins



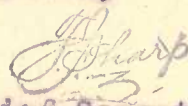
July 30, 1909.

Chas. A. Bull, Sec.,  
Albion, Nebr.  
Valiant Clansman:-

I presented the claim of Valiant Clansman E. L. Richeson for first payment of total and permanent disability benefits at the meeting of the Executive Committee held July 28th and the claim was approved and warrant ordered issued for \$300.00, which find enclosed herewith. This warrant is drawn with exchange and the Clansman should receive the full face of the warrant.

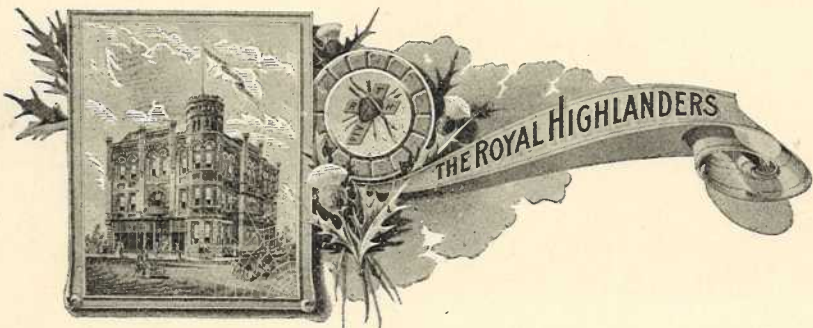
Kindly see to it that this payment of \$300.00 is endorsed in the blank for partial payments on the back of the certificate and also have the Clansman sign the enclosed receipt, have the signature witness and forward such receipt promptly to me.

Fraternally yours,

  
Chief Secretary.



RECEIVED  
Chief Secretary's Office  
JUL 5-1909



# PHYSICIAN'S CERTIFICATE

TO THE EXECUTIVE COMMITTEE:

THIS IS TO CERTIFY THAT WE, J. S. Woodard <sup>6/29</sup> 1909, M. D.  
and E. O. Weber, M. D., regular practicing physicians residing at  
Asylum, being duly sworn, depose and say that we have made a  
careful examination of Ernest L. Richerson who is personally known to us and  
upon such careful physical examination, we find the following conditions existing at this time:—

(State fully)

Pulse at rest 80 - Standing 95 - after  
exercise 110 - Temperature 99.7  
Assimilation fairly good. Skin acting  
well - tongue clean - reflex is diminished  
many nervous with muscular twitchings  
especially of the chin and lips when speaking  
unsteady gait.  
This man is suffering with Paresis a disease  
of progression in character and incurable  
He is totally unable to perform manual labor

And that we (and each of us) have carefully read Sections 148 and 149 of the Edicts of 1901,  
of the Royal Highlanders, as printed on the reverse side of this sheet, under which the certificate  
of Ernest L. Richerson was issued, and consider that the said member  
comes within the provisions of said sections and that under them he is entitled to receive  
the benefits which accrue to a totally and permanently disabled member of the Royal Highland-  
ers whose certificate was issued prior to December 1st, 1905, as provided in Section 149 of the  
said Edicts of 1901.

J. S. Woodard M. D.  
E. O. Weber M. D.

State of Nebraska  
County of Lancaster ss.

The above certificate subscribed in my presence and sworn to before me by the said  
J. S. Woodard, M. D., and E. O. Weber, M. D., both  
personally known to me, upon this 29 day of June, 1909.

(Seal.)

F. Newton



PHYSICIAN'S  
CERTIFICATE



TO THE EXECUTIVE COMMITTEE

THIS IS TO CERTIFY THAT WE

**EDICTS OF 1901 OF THE ROYAL HIGHLANDERS, RELATING TO  
TOTAL DISABILITY.**

**SEC. 148. TOTAL DISABILITY ON ACCOUNT OF OLD AGE.**

Any beneficial member of the Royal Highlanders who shall live to be seventy years old, shall be considered physically disabled on account of old age, and if he maintains himself in good standing, he shall be entitled to receive from the Fidelity Fund, one-tenth of the amount annually for which his benefit certificate is written as an installment on the same for ten years, should his life be continued for that period, the same to be received for upon the certificate, when each installment is paid, and the sum of all amounts so paid shall be deducted from the face value of his certificate when the same shall become a claim by reason of his death. The balance still due to be paid to his beneficiary or beneficiaries.

**SEC. 149. TOTAL DISABILITY ON ACCOUNT OF OTHER CAUSES.**

If a member shall furnish satisfactory proof that he is totally and permanently disabled from any cause not the result of his own illegal acts to perform and direct any kind of business or labor, he shall be entitled to receive the same benefits as provided in the preceding Section, provided he has not attained the age and complied with the requirements for old age benefits, and provided he maintains himself in good standing.

In order to establish a claim for benefits on account of total and permanent disability, the applicant must submit to the Chief Physical Examiner such claim accompanied by the affidavit of at least two reputable physicians, stating that such applicant has sustained such total and permanent disability.

The Chief Physical Examiner shall file such claim with the Chief Secretary in whose office said claim shall remain for ninety days.

At the expiration of this time the claimant shall furnish a certificate upon blank supplied by the Chief Secretary, which shall be submitted to the Chief Physical Examiner for his recommendation to the Executive Committee; if approved by them the payment shall be made as aforesaid. Provided, if at any time before the full amount of the certificate shall be paid, the claimant shall so far recover from such disability as no longer to be entitled to receive such annual payment upon his certificate, such payment shall cease.

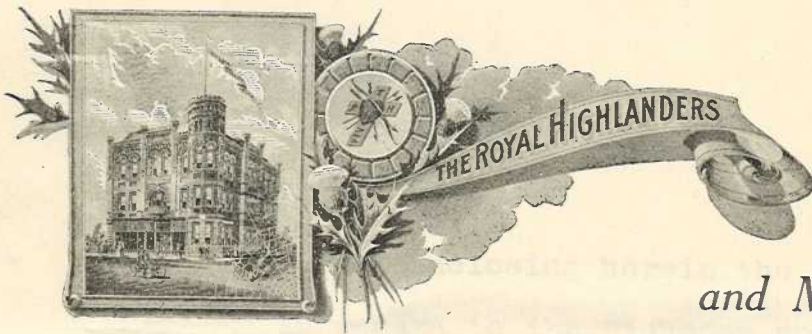
All payments for disability under the provisions of this Section, shall be partial payments upon the certificate of the person receiving same, and in case of death while in good standing, the amount or amounts so paid shall be deducted from the amount of such certificate before payment is made.

It is provided that a member shall be considered totally and permanently disabled under this Section, if he has lost both legs at or above the ankle, both arms at or above the wrist, one leg and one arm as above indicated, or both eyes, if such disabilities are not the result of intemperance, immoral conduct, or vicious habits.

No total disability claim shall be considered in case the member is in a penitentiary, insane asylum or other public institution, or if suffering in the last stages of consumption, or any lingering disease unless the Executive Committee deem the applicant needing the assistance, and worthy of the same.

*[Handwritten signatures and text at the bottom of the page, including names like 'C. O. Weber' and 'J. S. Woodard' and a date '1900']*





**REPORT**  
 of the  
**Chief Secretary,**  
**Chief Physical Examiner**  
**Executive Committee**  
**and Most Illustrious Protector**

I hereby certify that the records of my office show beneficiary certificate No. 14000 in the Royal Highlanders was issued to Valiant Clansman } E. L. Richeson  
 Fair Lady }  
 of Albion Castle, No. 118 at Albion, State  
 of Nebr., on the 6 day of Oct, 1900, for \$3000.00

That said certificate was surrendered and cancelled on the 21 day of Janu,  
 1901, and a new certificate No. 14160 issued the same date for \$3000.00

That the books of my office show that said member has made all payments to which  
 he was liable up to this date and that he is in good standing as a beneficiary member of the  
 Royal Highlanders.

Witness my hand and official seal at Aurora, Nebraska, this 24 day of Mar,  
 1909  
 (Seal.) Chief Secretary.

I hereby certify that I have examined the attached papers for \_\_\_\_\_ payment  
 on the total and permanent disability claim of E. L. Richeson and do \_\_\_\_\_ ap-  
 prove the same. Chief Physical Examiner.

We hereby certify that we have each examined the foregoing evidence in the claim for  
 total and permanent disability of Valiant Clansman } E. L. Richeson  
 Fair Lady }  
 and are satisfied that said claim should \_\_\_\_\_ be allowed.

We hereby authorize and direct the Most Illustrious Protector and Chief Secretary to  
 draw and cause to be delivered, an order on the Chief Treasurer, payable to \_\_\_\_\_  
E. L. Richeson or order, for \$200.00, being 1-10 of the face of said certificate  
 which is to be endorsed on the back thereof as partial payment on same.

Witness our hands this 28 day of July, 1909.

(Seal.)  
W. E. Sharp  
 Most Illustrious Protector.

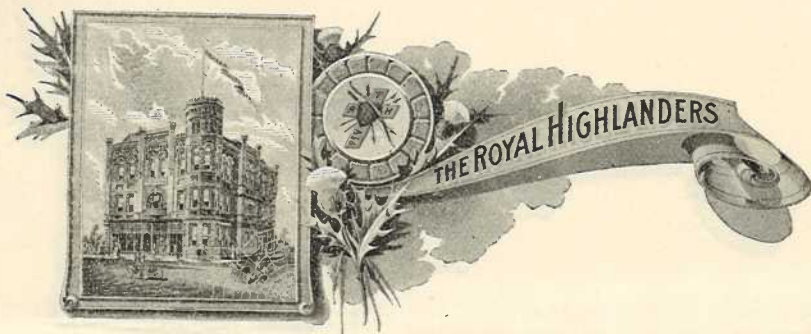
Executive  
 Committee.  
W. S. Schumann  
W. Smith  
A. J. Brown  
Sharp

REMARKS.

\_\_\_\_\_  
 \_\_\_\_\_



Chief Secretary's Office  
MAR 10 1909  
\$



PHYSICIAN'S  
STATEMENT OF  
CASTLE OFFICERS

This is to certify that we, James T. Brody, Illustrrious Protector, and Chas A. Buee, Secretary, of Albin Castle, No. 118, of the Royal Highlanders located at Albin, State of Nebraska, are personally acquainted with Emer S. Richeson who is a member in good standing of said castle, and who makes claim for total and permanent disability benefits as a result of.....

which condition is not the result of any illegal act of his own, or violation of the Edicts of the Royal Highlanders, <sup>as far as we know</sup> and which began and has been continuous since about December, 1908, rendering him unable to perform or direct any kind of business or labor whatever.

And further, that we have carefully read sections 148 and 149 of the Edicts of 1901 of the Royal Highlanders, as printed on the reverse side of this sheet, and under the same believe Emer S. Richeson to be entitled to the benefits therein provided for a totally and permanently disabled member of the Royal Highlanders.

(Castle Seal.)

James T. Brody  
Illustrrious Protector.  
Chas A. Buee  
Secretary.

State of Nebraska  
County of Boone } ss.

James T. Brody and Chas. A. Buee, both personally known to me, upon their oath, depose and say that they are the persons who made the foregoing certificate and whose names are attached thereto and that the statements therein contained are true, as they verily believe.

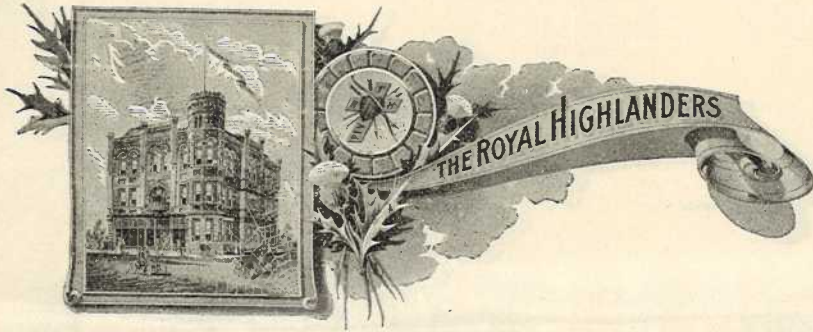
Subscribed in my presence and sworn to before me by the said James T. Brody and Chas A. Buee this 10<sup>th</sup> day of March, 1909.

(Seal.)

W. A. Price  
Notary Public



RECEIVED  
Chief Secretary's Office  
MAR 10 1909



# PHYSICIAN'S CERTIFICATE

TO THE EXECUTIVE COMMITTEE:

Asylum Nebr., Feb. 19th, 1909.

THIS IS TO CERTIFY THAT WE, D. S. Woodard, M. D.  
and E. O. Weber, M. D., regular practicing physicians residing at  
Asylum, Nebr., being duly sworn, depose and say that we have made a  
careful examination of Elmer L. Richeson, who is personally known to us and  
upon such careful physical examination, we find the following conditions existing at this time:—  
(State fully)

Fairly well nourished, good appetite, sleeps well, there is  
anaemia but no emaciation, reflexes all gone, pupils not responsive  
to light and slightly larger than normal, gait unsteady-exaggerated  
when eyes are closed, there is a marked inability to control speech,  
he hesitates and stammers and before completing a sentence forgets  
what he was going to say. Mr. Richeson is suffering from parietic  
dementia, a condition progressive and permanent in character, and one  
from which he will never recover.

And that we (and each of us) have carefully read Sections 148 and 149 of the Edicts of 1901,  
of the Royal Highlanders, as printed on the reverse side of this sheet, under which the certificate  
of Elmer L. Richeson was issued, and consider that the said member  
comes within the provisions of said sections and that under them he is entitled to receive  
the benefits which accrue to a totally and permanently disabled member of the Royal Highland-  
ers whose certificate was issued prior to December 1st, 1905, as provided in Section 149 of the  
said Edicts of 1901.

D. S. Woodard M. D.  
E. O. Weber M. D.

State of Nebraska  
County of Lancaster } ss.

The above certificate subscribed in my presence and sworn to before me by the said  
D. S. Woodard & E. O. Weber, M. D., and \_\_\_\_\_, M. D., both  
personally known to me, upon this 22 day of February, 1909

(Seal.)

H. F. Bishop



FEB 26 1909

RECEIVED  
Chief Secretary's Office  
MAR 10 1909



### Application for Total Disability

TO THE EXECUTIVE COMMITTEE:

I, the undersigned, Elmer L. Richardson having come into the following conditions:—

*partially during the first year  
had to quit work about December last  
and have been unable to do any work  
since and cannot work now.*

which condition began and has been continuous since the 24 day of December 1908, desire to make claim for one-tenth (1-10) the amount of Certificate No. 14,160 of the Royal Highlanders which I hold, being a member in good standing of \_\_\_\_\_ Castle, No. \_\_\_\_\_, the Royal Highlanders, at Albin, state of WV

Such physical condition is not the result of any illegal act of my own or violation of the Edicts of the Royal Highlanders.

I, therefore, make claim for one-tenth the amount of said certificate and attach hereto affidavits of two practicing physicians, as required by Section 149 of the Edicts of 1901 of the Royal Highlanders, under which my certificate was issued.

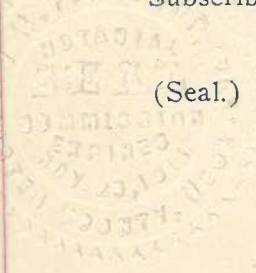
(Signed) Elmer L. Richardson

State of West Virginia  
County of Lane ss.

Elmer L. Richardson, who is personally known to me, deposes and says he is the identical person named in and whose signature is attached to the foregoing claim for total and permanent disability benefits and that the statements therein contained are true and that the claim is just, to the very best of his knowledge and belief.

Subscribed in my presence and sworn to before me this 22 day of Febr 1909  
H. F. Bishop

(Seal.)





Jan. 30th, 1909.

H T Dobbins, Esq.

City

Dear Sir:--

In answer to your favor of the 29th will say I will be glad to present the proposition to our Executive Committee when they convene, which will be the fourth Wednesday of next month, at my office here in Lincoln. In the meantime I will ask the Chief Secretary to send down some blanks used in connection with disability claims, which will be sent forward as soon as I receive them.

Respectfully,

President.

Jan. 30th, 1909.

Dear Brother:--

Enclosed herewith please find letter and carbon copy of my answer; please send these blanks to me and I will turn them over to Mr. Dobbins so he can have them filled out.

Your brother,

*W. E. Sharp*

*I sent blanks  
to postmaster  
7/8*



# Nebraska State Journal.

(MORNING)

LINCOLN DAILY NEWS.

(EVENING)

Average Circulation

Lincoln, Neb. January 29, 1909

Hon. W.E. Sharp,  
Most Illustrious Protector,  
The Royal Highlanders:

Dear Sir--There is a matter affecting one of the members of your order, which I wish you would lay before the Executive Committee under Sec. 149 of the Edicts. This section provides, in the lines 57 to 64 that where a total disability comes upon a clansman no claim thereon shall be allowed or considered in case the member is in an asylum or other public institution, unless the executive committee deem the applicant needing the assistance and worthy of the same.

Here are the facts in the case, briefly stated: E.L. Richeson, a former member of Holcomb castle, but now affiliated with that at Albion, was on the 9th of January, 1909, committed to the asylum at Lincoln as a paretic. His case has been pronounced hopeless by several physicians, and it is very probable that it is a matter of three or four years before the end comes. He holds a \$3,000 beneficial certificate in the High-



# Nebraska State Journal.

(MORNING)

LINCOLN DAILY NEWS.

(EVENING)

2)

Average Circulation

Lincoln, Neb.

landers, with his wife, Daisy V. Richeson, as beneficiary. Mr. Richeson has been in his present mental condition for two years; that is, to say, the first symptoms developed about that time. Up until a year ago he was able to work. Since then, he has done but very little, and his wife has been compelled to undertake the task of support in large part. The expenses attendant upon his illness and disability have been so heavy that the best efforts of his wife have been ineffectual in reducing them very much. He owes a number of bills that it is extremely difficult xxx for Mrs. Richeson, with her meagre resources, to hope to meet, and she, in fact, requires a little aid to make any headway in her struggle.

I hope that you may be able to see your way clear to lay this matter before the executive committee, and if, upon investigation, they find the case one coming within the exception noted to section 149, to the extent at least of granting her one instalment upon the policy or certificate, I should be glad to be advised of the fact, so that the neces-

sary legal steps may be taken *for a guardian to be named,*  
*Yours, S. J. Dobbin*

BLANK PROOFS MAILED TO SECRETARY  
OF CASTLE

*Dec. 14* 19*10*

PROOFS RECEIVED BY CHIEF  
SECRETARY

*Dec. 21* 19*10*

PROOFS RECEIVED BY EXECUTIVE  
COMMITTEE

*Dec. 21* 19*10*

COMPLETE PROOFS RECEIVED BY  
CHIEF SECRETARY

*Dec 21* 19*10*

*Not signed by Board*

EXECUTIVE CASTLE OF



PROOFS OF DEATH.

*Elmer S. Richeson*

Late Member of Castle No. *118*

At *Albion, Neb.*

State of *Nebraska*

Certificate No. *14160*

Died *11th* day of *Dec*, 19*10*

APPROVED:

*21<sup>st</sup>* day of *Dec*, 19*10*

For \$ *2400<sup>00</sup>*

Warrant No. *310*, issued

*21<sup>st</sup>* day of *Dec*, 19*10*





ALBION, NEB., [ 12/13/1910 ]

F. J. Sharp Chief Sec.,  
Aurora, Neb.

Dear Sir,

Please send me a blank application for Proof of Death Benefits. I just received word that Clansman E. L. Richeson had died a few days ago.

Yours respectfully,  
Chas. A. Bull  
Sec. Treas.

death of Clansman E. L. Richeson, who died last week in Lincoln.

Kindly get the blanks fully and completed executed at the earliest possible date and return to me. Our Executive Committee will meet for the adjustment of claims December 21st, and we should like very much to present this claim at the meeting next Wednesday.

Of course, you understand that the December payment became due and payable December 1st and as our deceased Clansman was alive at that time, he was liable for said payment which should be remitted for him with your regular report for the December payment. He is not liable for per capita, however, as only members alive and in good standing on January 1st are liable for same.

The facts concerning the death of said \_\_\_\_\_ Fraternally yours,

*F. J. Sharp*  
Chief Secretary.

Mr. \_\_\_\_\_ will make application and \_\_\_\_\_ probably be appointed guardian for the above named minor.....

Witness our hands and the seal of our Castle, this 20<sup>th</sup> day of

(CASTLE SEAL)

December, A. D. 1910  
James T. Brady ..... Illustrious Protector  
Chas. A. Bull ..... Secretary-Treasurer

NOTE.—All facts relating to sickness and death, including general habits and their bearing on the case, should be stated in detail. Forward this blank, properly filled, to Chief Secretary by the first mail after death has occurred. Also forward "Proofs" as soon as possible thereafter. Often a month's time in allowance and payment of claim is gained by promptness. When set of death proofs are wanted, please so state, when this notice is forwarded, and same will be promptly furnished by F. J. SHARP, Chief Sec., Aurora, Neb.



12/14/1910



OFFICIAL NOTICE OF DEATH

December 14, 1910.

You are hereby notified that Chas. A. Bull, Sec-Treas., Albion, Nebr. a member in good standing of Albion Castle No. 118 died in Albion, Nebraska on the 11th of December at Albion. Valiant Clansman: Albion

At the request of W. E. Sharp, President, I am sending you herewith a full set of death proof blanks to be used in the case of the death of Clansman F. L. Richeson, who died last week in Lincoln.

Kindly get the blanks fully and completed executed at the earliest possible date and return to me. Our Executive Committee will meet for the adjustment of claims December 21st, and we should like very much to present this claim at the meeting next Wednesday.

Of course, you understand that the December payment became due and payable December 1st and as our deceased Clansman was alive at that time, he was liable for said payment which should be remitted for him with your regular report for the December payment. He is not liable for per capita, however, as only members alive and in good standing on January 1st are liable for same.

The facts concerning the death of said F. L. Richeson Fraternally yours,  
W. E. Sharp  
Chief Secretary.

Are the beneficiaries named in Article 10 of the Constitution? Yes  
Mr. Wally Nelson will make application and Wally Nelson probably be appointed guardian for the above named minor.....



Witness our hands and the seal of our Castle, this 20th day of December, A. D. 1910.  
James T. Brady Illustrious Protector  
Chas. A. Bull Secretary-Treasurer

NOTE.—All facts relating to sickness and death, including general habits and their bearing on the case, should be stated in detail. Forward this blank, properly filled, to Chief Secretary by the first mail after death has occurred. Also forward "Proofs" as soon as possible thereafter. Often a month's time in allowance and payment of claim is gained by promptness. When set of death proofs are wanted, please so state, when this notice is forwarded, and same will be promptly furnished by F. J. SHARP, Chief Sec., Aurora, Neb.





OFFICIAL  
NOTICE OF DEATH.

TO THE CHIEF SECRETARY:

You are hereby notified that

*Elmer S. Richeson*  
(Write name of deceased in full.)

holding Benefit Certificate No. *14160*, a member in good standing of *Albion*  
Castle No. *118*, located in *Albion*, State of *Nea.*  
died in *Lincoln*, State of *Nebraska*, on the *11th*  
of *Dec.*, 191*0*.

The last monthly payment for which said deceased was liable was monthly payment  
No. *12* for the month of *Dec.*, 191*0*, and was paid to the Secretary-Treasurer  
on the *1st* day of *Dec.*, 191*0*.

We have made personal inquiry concerning the circumstances and cause of death, and  
find that he was taken sick on or about the *10* day of *Jan.*, 191*0*.

That he was engaged in the business or occupation of *no business*  
and resided in *Lincoln*, and died of *Paresis*.

The Attending Physicians were Dr. *E. O. Heber*  
residing in *Lincoln*, State of *Nea.* and Dr.  
residing in \_\_\_\_\_  
State of \_\_\_\_\_

The facts concerning the death of said deceased are as follows:

Are the beneficiaries named in his certificate all living? *Yes*

*Mr. Daisy Richeson* will make application and probably  
be appointed guardian for the above named minor.

Witness our hands and the seal of our Castle, this *20th* day of

(CASTLE SEAL)

*December*, A. D. 191*0*  
*James T. Brady*  
*Chas. A. Reed*

Illustrious Protector

Secretary-Treasurer

NOTE.—All facts relating to sickness and death, including general habits and their bearing on the case, should be stated in detail. Forward this blank, properly filled, to Chief Secretary by the first mail after death has occurred. Also forward "Proofs" as soon as possible thereafter. Often a month's time in allowance and payment of claim is gained by promptness. When set of death proofs are wanted, please so state, when this notice is forwarded, and same will be promptly furnished by F. J. SHARP, Chief Sec., Aurora, Neb.



## PLACE OF DEATH

HEALTH DEPARTMENT, CITY OF LINCOLN, NEBR.  
CERTIFICATE OF DEATHCounty of LancasterTownship Yankee HillVillage Asylum  
City Nebr.(No. Hospt for Insane St., Ward)Registered No. 254[If death occurred  
in a Hospital or in-  
stitution give its  
NAME, instead of  
street and number][If death occurs away from  
USUAL RESIDENCE give  
facts called for under  
"Special Information."]FULL NAME Olmer L Richeson

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White  
DATE OF BIRTH May 7 1872  
(Month) (Day) (Year)  
AGE 38 years, 7 months, 4 daysSINGLE, MARRIED,  
WIDOWED, OR DIVORCED marriedBIRTHPLACE  
(State or Country) IllinoisNAME OF  
FATHER UnknownBIRTHPLACE  
OF FATHER  
(State or Country) . . .MAIDEN NAME  
OF MOTHER . . .BIRTHPLACE  
OF MOTHER  
(State or Country) . . .OCCUPATION Dancing masterThe above stated personal particulars are true to the best  
of my knowledge and belief:(Informant) H L Coving(Address) Asylum Neb.

Filed

12-11 1910 H.L. Coving  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from  
Feb. 1 1909 to Dec 11 1910that I last saw him alive on Dec 11 1910 and  
that death occurred on the date stated above, at 2 1

P. M. THE CAUSE OF DEATH was as follows:

ParesisSeveral years  
(Duration) Days

Contributory

(Duration) Days

Signed E O Weber M. D.12-11 1910 (Address) Asylum Neb.SPECIAL INFORMATION—only for Hospitals, Institutions,  
Transients or Recent Residents.Former or Lincoln How long at 1 year 11 mths  
Usual Residence Place of Death? 1 DaysWhere was disease contracted,  
if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wyuka12-13 1910

UNDERTAKER

ADDRESS

W E RobertsCityThis constitutes one Certificate: to be carefully filled by both Physician and Undertaker, and taken by Undertaker to the  
office of Board of Health, where a permit to bury will be issued. Penalty not more than \$200.

MARGIN RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms.  
The "Special Information," for persons dying away from home, should be given in every instance.



## PLACE OF DEATH

HEALTH DEPARTMENT, CITY OF LINCOLN, NEBR.  
CERTIFICATE OF DEATHCounty of LancasterTownship Yankee HillVillage Asylum  
City of Asylum Nebr.Registered No. 254[If death occurred  
in a Hospital or in-  
stitution give its  
NAME, instead of  
street and number][If death occurs away from  
USUAL RESIDENCE give  
facts called for under  
"Special Information."]

FULL NAME

Elmer L. Richeson

## PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR

White

DATE OF BIRTH

May 7 1872  
(Month) (Day) (Year)

AGE

38 years, 7 months, 4 daysSINGLE, MARRIED,  
WIDOWED, OR DIVORCEDMarriedBIRTHPLACE  
(State or Country)IllinoisNAME OF  
FATHERUnknownBIRTHPLACE  
OF FATHER  
(State or Country)MAIDEN NAME  
OF MOTHER..

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec 11 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from  
Feb. 1 1909 to Dec 11 1910that I last saw him alive on Dec 11 1910 and  
that death occurred on the date stated above, at 2 1

P. M. THE CAUSE OF DEATH was as follows:

ParesisSeveral years  
(Duration) Days

Contributory

Signed E O Weber (Duration) DaysLincoln, Nebraska Dec. 19 1910I, William C. Rohde Health Officer of the City of Lincoln, Nebraska,  
certify the foregoing is a true and correct Statement, as shown by the records of this office.William C. Rohde  
Health Officer.Subscribed and sworn to this DEC 19 1910 day of December 1910, before me.

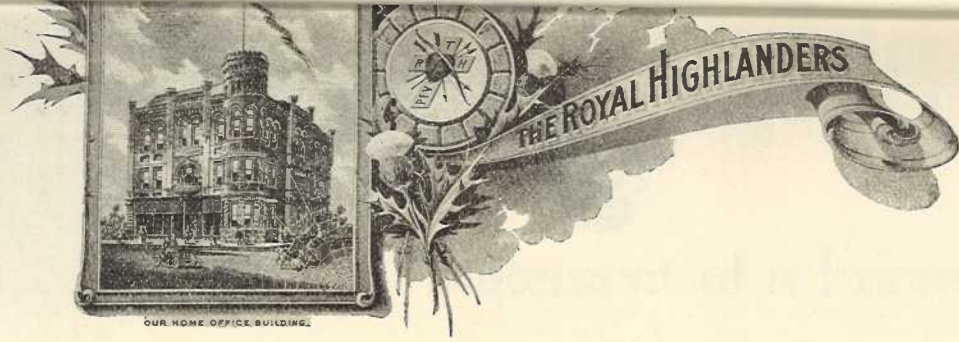
[SEAL]

Robert C. Gorman City Clerk.  
CITY CLERKBy C. E. Mearns Deputy.  
Deputy

MARGIN RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms.  
"Special Information," for persons dying away from home, should be given in every instance.





## CERTIFICATE OF ATTENDING PHYSICIAN

(NOTE TO ATTENDING PHYSICIAN, PLEASE READ CAREFULLY)

It is important that full and accurate information as to the physical condition and sickness, if any, of deceased prior to and during his last illness, as well as predisposing causes, use of opiates or intoxicants, etc., be furnished. If space is too limited to fully explain, in addition to filling out the blanks, please write to F. J. Sharp, Chief Secretary, Aurora, Neb., full information, which will be regarded as confidential if so desired.

The undersigned was the attending physician in the last sickness of  
 Valiant Clansman } Edward L. Richardson  
 Fair Lady }  
 of Lincoln in the State of Nebr who died at  
Asylum in the State of Nebr on the  
11<sup>th</sup> day of Dec, 1910.

And for the further information of the Society, undersigned answers as follows:

How long have you known deceased?	Ans. <u>Since Feb 1 - 1909</u>
A. Were you <u>his</u> attending physician prior to last illness of deceased?	Ans. A. <u>No. I attended him during last sickness</u>
B. If so, state the time and ailment or disease for which you treated deceased.	Ans. B. <u>-</u>
A. Had deceased, at any time, been attended by any other physician?	Ans. A. <u>Yes</u>
B. If so, when, by whom, and for what ailment or disease?	Ans. B. <u>Dr Smith Albion Nebr</u>
At last illness, how long was deceased sick?	Ans. <u>Since about Jan 10 - 1909</u>
A. What was the date of your first visit?	Ans. A. <u>Feb 1 - 1909</u>
B. Your last visit?	Ans. B. <u>Dec 11 - 1910</u>
A. What was the cause of death? (Avoid using "Heart Failure" and similar terms.)	Ans. A. <u>Pneumonia</u>
B. What the remote or predisposing cause or causes? (Please state fully and explicitly herein, or attach detailed statement hereto.)	Ans. B. <u>Pneumonia</u>
Have you stated all material facts relating to the sickness and death of deceased? If not, please state any additional facts or information of condition, habits, etc., of deceased.	Ans. <u> Died in the Nebr State Hospital for the insane located at Asylum Nebr. Cause of death pneumonia.</u>

E. O. Weber M. D.

Personally appeared before me the above named physician, and made oath that he personally knows the said deceased to be the identical person named, and that the foregoing statements made are true, to the best of his knowledge and belief.

Sworn and subscribed before me this 19 day of December, 1910,  
 at Lincoln, State of Nebraska

(SEAL)

Sam Miller  
Notary Public





## Statement of a Friend

STATE OF \_\_\_\_\_ }  
 \_\_\_\_\_ COUNTY } I, the undersigned, being first duly sworn,  
 depose and say that I am a resident of Leawardsville, Neb.  
 and was personally acquainted with Elmer L. Richeson  
 in his life time; that said Elmer L. Richeson  
 died at Leawardsville State of Nebraska on the 11th  
 day of December, 1910, the cause of his death was said to be  
Pneumonia

and I further state that said deceased was a member of Albion Castle, No.  
118 of The Royal Highlanders, located at Albion State of  
Nebraska, and was the identical Elmer L. Richeson  
 who held Certificate No. \_\_\_\_\_ in said society.

I have personal knowledge of the foregoing facts by reason of being his  
brother-in-law

(Sign here) St. J. Dobbins

Subscribed and sworn to before me this 17  
 day of December 1910, by the above named  
St. J. Dobbins  
 at Lincoln, State of Nebraska

(SEAL)

John M. Miller  
 Notary Public

## UNDERTAKER'S CERTIFICATE NO. 1

I the undersigned, do hereby certify that I am an undertaker residing at  
Lincoln, Neb. and as such undertaker I attended the burial of  
Elmer L. Richeson whose body was interred in Wynoka  
 cemetery, in Lincoln, State of Nebraska, on the 13 day of  
December, 1910, and that I have personal knowledge that it was the body of  
 the person stated herein.

(Sign here) Wm. H. [Signature]

Sworn to before me this 17 day of December, 1910.

(SEAL)

John M. Miller  
 Notary Public

## UNDERTAKER'S CERTIFICATE NO. 2

I, the undersigned, do hereby certify that I am an undertaker residing at  
 \_\_\_\_\_, State of \_\_\_\_\_, and as such undertaker I pre-

Elmer L. Richeson, for a number of years a resident of Lincoln, died at 2 o'clock yesterday afternoon after a long illness. He was aged thirty-eight years and seven months. Some ten years ago Mr. Richeson was well known as a teacher of dancing in Lincoln and instructed classes in several Nebraska towns. Later he was a resident of Albion, Neb., but two years ago returned to Lincoln. He is survived by a widow and seven brothers, several of whom formerly lived in this city. Funeral arrangements have not yet been completed. Mr. Richeson was a charter member of Bonnie Doon castle, Royal Highlanders, but was affiliated at the time of his decease with the Albion castle.

the remains of \_\_\_\_\_ and as such  
 remains to \_\_\_\_\_ for interment, by  
 railroad on the \_\_\_\_\_ day of \_\_\_\_\_, 1910.

(Sign here) \_\_\_\_\_

born and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1910.

State Journal, Dec. 12, 1910.









## Certificate of County Clerk or Clerk of Court

If these proofs are sworn to before any officer except a County Clerk or Clerk of a Court of Record, a certificate of the appointment and standing of said officer signed by the County Clerk or Clerk of a Court of Record within the County must be furnished on this blank.

### CERTIFICATE OF COUNTY CLERK OR CLERK OF THE COURT, No. 1

State of Nebraska }  
Laucaster County } ss. I, the undersigned, County Clerk, ~~or~~  
 Clerk of the ~~County~~ Court, in and for said County, do hereby  
 certify that Irwin M. Miller  
 is a Notary Public  
Notary Public or Justice of the Peace.  
 in and for said County of Laucaster, duly qualified, commissioned and sworn,  
 and authorized by the laws of the State of Nebraska to take affidavits. That  
 his commission was dated on the 25 day of July A. D. 1908, and will  
 expire on the 24 day of July, A. D. 1914.

Witness my hand and Official Seal, by me affixed, at  
 my office in Laucaster, State of Nebraska, this  
 (SEAL) 19 day of December, 1910.  
W. E. Kelly, County Clerk  
W. D. H. [unclear] Deputy  
 County Clerk or Clerk of ~~the~~ Court

### CERTIFICATE OF COUNTY CLERK OR CLERK OF THE COURT, No. 2

If more than one officer has taken affidavits in this case, Certificate No. 2 may be used, and if more than two Certificates of Clerk of Court are needed, the Chief Secretary will furnish blanks on application.

State of Nebraska }  
Boone County } ss. I, the undersigned, County Clerk, ~~or~~  
 Clerk of the County of Boone Court, in and for said County, do hereby  
 certify that W. S. Price  
 is a Notary Public  
Notary Public or Justice of the Peace.  
 in and for said County of Boone, duly qualified, commissioned and sworn,  
 and authorized by the laws of the State of Nebraska to take affidavits. That  
 his commission was dated on the 27<sup>th</sup> day of November A. D. 1905, and will  
 expire on the 27<sup>th</sup> day of November, A. D. 1911.

Witness my hand and Official Seal, by me affixed, at  
 my office in Albion, State of Nebraska, this  
 (SEAL) 20<sup>th</sup> day of December, 1910.  
O. W. [unclear]  
 County Clerk ~~or~~ Clerk of Boone Court.





## Certificate of The Chief Secretary

I hereby certify that the records of my office show Beneficiary Certificate No. 14000 in The Royal Highlanders was issued to deceased

Valiant Clansman }  
Fair Lady }

E. L. Richeson

a late member of Albion Castle No. 118, at Albion

State of Nebr, on the 13 day of October, 1900,

for \$ 3000.00, payable to

Daisy Highlands

relationship affianced Wife

That said certificate was cancelled and surrendered on the 21 day of January

1901, and that a new Certificate, No. 14160, was issued on the 21 day of

January, 1901, for the sum of \$ 3000.00, payable to

Daisy V. Richeson

relationship Wife

I have examined the books of my office, and find that said deceased member has \_\_\_\_\_ made all payments to which she was liable up to the date of her death, and that at the date of her death, deceased was \_\_\_\_\_ in good standing as a beneficiary member of The Royal Highlanders.

Witness my hand and official seal at Aurora, Nebraska, this 21<sup>st</sup>

day of December, 1910.

(SEAL)

Chief Secretary.





Report of  
Most Illustrious Protector and  
Executive Committee

We hereby certify that we have each examined the foregoing evidence in the claim for benefits by reason of the membership and death of deceased

Valiant Clansman } E. L. Richeson  
Fair Lady ----- }  
a member of Castle No. 118, at Albion State of  
Nebraska, and are satisfied that the sum of Twenty-four Hundred  
and no/100 dollars is due and payable under Beneficiary Certificate No. 14160,  
issued by the Executive Castle of The Royal Highlanders, and that said amount is due to

Daisy V. Richeson

(Wife)

We hereby authorize and direct the Most Illustrious Protector and Chief Secretary to draw and cause to be delivered an order on the Chief Treasurer, payable to

Daisy V. Richeson

or order, for said amount, \$ 2400<sup>00</sup>, upon surrender of said Beneficiary Certificate received in full

Witness our hands this 21<sup>st</sup> day of December, 1910.

[Signature]  
F. H. Hauke  
[Signature]

Executive  
Committee

[Signature]  
Most Illustrious Protector.

REMARKS:

Two Payments of \$300<sup>00</sup> each had been made on cert  
"14160 as total disability payments.



USE INK IN FILLING OUT THIS BLANK.

CASTLE NUMBER

20

—OF THE—

✓ ROYAL HIGHLANDERS.

408 SOUTH TENTH STREET,  
LINCOLN, NEBR.

APPLICATION OF  
*E. L. Bechason*  
Post Office *Lincoln Neb.*

CERTIFICATE NO. *14000*

LEAVE THIS SPACE BLANK.

DEPUTY WORK.

Amount of Benefit, - \$ *3,000*  
Age, *27*  
Rate, - - - - - \$ *1.05*

I certify that I have carefully examined this Application and the within Report of the Physical Examiner of his Examination of the Applicant, this *5* day of *Oct* 19*00*, and *approve* the same.

*[Signature]*  
Chief Physical Examiner.

NOTE—Remit \$1.00 Chief Physical Examiner and Certificate fee with this application to THE ROYAL HIGHLANDERS, Aurora, Nebr.

X



# APPLICATION.

To be filled in by a Deputy authorized to organize a Castle or by a Secretary of a Tributary Castle.

EVERY question must be answered DEFINITELY, EXPLICITLY and LEGIBLY, without erasures or changes, and must be made in INK.

1. Name, *E L Nicholson*
2. Born at *Marion*
3. State or Province *Ill*
- (a) On the *7* day of *May* 18 *79*.
4. Age, nearest birthday *27*
5. Height, *5* feet, *8* inches
6. Weight *135*
- (a) Has your weight recently increased or diminished *No*
- (b) What extent *—*
- (c) If overweight is it characteristic of your family *—*
7. Occupation *Teacher of Dancing*
8. Present Employment *—*  
(Describe fully)
9. Are you now or have you ever been engaged in the Manufacture or Sale of Intoxicating Liquors *No*
- (a) If so, when and in what way *—*
10. When did you last consult a physician *Never*
- (a) For what purpose *—*
- (b) Physician's name and address *—*
- (c) Have you fully recovered *—*
11. Are you now of sound body and mind, in good health, and free from disease or injury; of good moral character, exemplary habits, and a believer in a Supreme Being *Yes*
12. Are you married *No*
13. Have you any life insurance *Yes*
- a) If so, name companies and amount carried by you in each *2,000 Woodman*

14. Has any Examining Physician for life insurance company, or any Fraternal Secret Order, declined to recommend your application *No*
- (a) If so, give name and address *—*
15. Have you ever been rejected by any life insurance company or Fraternal Order *No*
- (a) If so, give name of company, date, and all particulars *—*
16. Have you ever been addicted to the excessive or intemperate use of intoxicating liquors, if so, when *No*
- (a) To what extent *—*
17. Have you ever taken any treatment for the cure of the liquor habit *No*
18. Do you use morphine, opium, chloral, or other narcotics in any form *Only Smoke*
19. Have you ever been successfully Vaccinated *Yes*
- (a) If not, I agree to waive all benefits under a Benefit Certificate, which may be issued to me, in case of my death or total and permanent disability resulting from SMALL POX.

I HEREBY DECLARE That these statements, together with those hereinafter made to the Physical Examiner in this application, and the Edicts of the Executive Castle of The Royal Highlanders, now in force or that may hereafter be adopted, shall form the basis of this contract for beneficial membership; that any untrue or fraudulent answers, any suppression of facts in regard to my health, age, occupation, personal habits, or neglect to pay any monthly payment which shall be required by the Executive Castle within the time provided by the Edicts thereof, or neglect to pay the dues fixed by the said Edicts, in the manner and at the time provided by said Edicts of the Castle to which I may belong, shall null and void my Benefit Certificate and forfeit all payments made thereon. I also agree that should I now be engaged in or should I hereafter engage in any occupation, trade or calling prohibited by the Edicts of the Executive Castle, that from and after the date of my so engaging in such prohibited occupation, trade or calling, my right, as well as that of my beneficiary to participate in the benefit funds of the Fraternity, shall cease and become null and void, and that I shall stand suspended as a member without any notice from the Tributary Castle, and any payment of dues or monthly payment by me or receipt thereof by any officer or member of the Tributary Castle to which I belong, or to the Executive Castle, shall not be binding on the Fraternity.



I also agree that should I commit suicide within three years from the date of my admission into the Fraternity, whether sane or insane at the time, that this contract shall be null and void and of no binding force upon said Executive Castle; and this application shall not be binding on the Executive Castle unless approved by the Chief Physical Examiner, and I am initiated into the Fraternity, nor shall I be entitled to participate in the Benefit Funds of the Executive Castle until I have paid my advance payment. Should I be an applicant for Charter Membership, or should I be admitted to said Castle before a physical examination is made in my case, and the Chief Physical Examiner rejects this application, then I will accept a Fraternal Membership Certificate, as provided in the Edicts of the Fraternity; or, if the Chief Physical Examiner accepts this application conditionally, then will I accept a Certificate on the conditions made by him. This application and the Laws of the Executive Castle now in force or that may hereafter be adopted, are made a part of the contract between myself and the Executive Castle, and I for myself and my beneficiary or beneficiaries agree to conform to and be governed thereby.

20. My age at nearest birthday is 27 years, and I apply for Beneficial Membership in Holcater Castle No. 20 Located in Lincoln County of Dawson State of Neb.

21. Write my certificate for \$ 3000

PAYABLE TO (PRINT NAMES.)	RELATIONSHIP
<u>Daisy Highlands</u>	<u>Approved Wife</u>

(Benefits can only be made payable to husband, wife, children, parents, brothers, sisters, uncles, aunts, nephews, nieces, or dependants.)

Signed: E. R. Richardson Applicant.

Post Office Lincoln

Street and Number 1426 N.

State Nebraska

Dated at Lincoln State of Neb.

This 3d. day of Sept. 1900.

Witness Ed. P. Herfur

### PHYSICAL EXAMINER'S REPORT.

#### NOTE TO THE MEDICAL EXAMINER.

Every question must be answered definitely, explicitly and legibly, without erasures or changes, and must be made in Ink. The examination should not be made in the presence of other persons, and great care should be taken that it be thorough and accurate in every particular, in order that the result may show the real character of the proposed risk. Please read carefully the instructions in back of this blank.

22. Have you at present, or have you ever had since childhood, any of the following diseases or disorders.

Disease of lungs	<u>No</u>	Loss of consciousness	<u>No</u>
" heart	<u>No</u>	Asthma	<u>No</u>
" liver	<u>No</u>	Discharge from the ear	<u>No</u>
" brain	<u>No</u>	Fits	<u>No</u>
" kidneys	<u>No</u>	Open sores	<u>No</u>
" bladder	<u>No</u>	Aneurism	<u>No</u>
" eyes	<u>No</u>	Dizziness or vertigo	<u>No</u>
Apoplexy	<u>No</u>	Gravel	<u>No</u>
Chronic Diarrhoea	<u>No</u>	Pneumonia	<u>No</u>
Chronic Constipation	<u>No</u>	Epilepsy	<u>No</u>
Fistula	<u>No</u>	Indications of insanity	<u>No</u>
Abscess	<u>No</u>	Piles	<u>No</u>
Dropsy	<u>No</u>	Consumption	<u>No</u>
Habitual headache	<u>No</u>	Erysipelas	<u>No</u>
Paralysis	<u>No</u>	Jaundice	<u>No</u>
Bronchitis	<u>No</u>	Quinsy	<u>No</u>
Dyspepsia	<u>No</u>	Diphtheria	<u>No</u>
Habitual cough	<u>No</u>	Scarlet fever	<u>No</u>
Persistent pains in back	<u>No</u>	Catarrh	<u>No</u>
Cancer	<u>No</u>	Enlarged veins	<u>No</u>
Neuralgia	<u>No</u>	Spitting Blood or other hemorrhages	<u>No</u>
Tumors	<u>No</u>	Passage of renal or hepatic calculi	<u>No</u>
Sunstroke	<u>No</u>	Smallpox	<u>No</u>
Spinal disease	<u>No</u>		
Syphilis	<u>No</u>		
Smallpox	<u>No</u>		

23. Have you ever had rheumatism No

- (a) If so state what kind \_\_\_\_\_  
 (b) Give number, date, and duration of attacks? \_\_\_\_\_

- (c) Were they accompanied by cough, shortness of breath, pains in the chest or palpitation of the heart? \_\_\_\_\_

24. Have you ever had any serious injury or disease not mentioned No

- (a) If so fully explain \_\_\_\_\_



FAMILY HISTORY.—33. NOTE—The Examiner will ask the applicant the following questions, and see that the answers are free from ambiguity, and that diseases are distinguished from mere symptoms. (The terms, "Debility," "Old Age," "Exhaustion," "Exposure," "Results of Accident," "Worn Out," "Dropsy," "Fever," and especially "Don't Know," will not be accepted without explanation.)

	Age if living.	Condition of Health.	Age at death.	CAUSE OF DEATH.	How long sick.	Previous Health.
Father	67	Good.	67	Mercurial Strain of Stomach	2 Mo	Good
Mother	50	Good.				
Brothers	47 45	Good. Good.				
Sisters						
Father's Father			70	Heart Disease		
Father's Mother			46	Strain of Stomach		
Mother's Father			44	Strain of Stomach		
Mother's Mother			96	Strain of Stomach		

If applicant has answered yes to any of the foregoing questions state full particulars below:

.....  
 .....  
 .....

25. If you have had any of the above diseases have you fully recovered and how long since your recovery.....

26. Are you ruptured No  
 (a) If so, what kind.....  
 (b) Single or double.....  
 (c) Do you wear a truss.....  
 (d) Does it retain the rupture perfectly.....  
 (e) Has it ever been strangulated.....

27. Is any member of your family now affected with consumption, or been so affected during the past year No

28. Have you within the past three years used any patent or proprietary medicine No  
 (a) If so, what, and for what complaints.....

29. Have you ever sought change of climate for benefit of health No

30. Are your habits active or sedentary Active

31. Have you ever applied for or received a pension? No  
 (a) If so, give cause and amount per month.....

32. Is there anything to your knowledge or belief in your physical condition, family or personal history or habits tending to shorten your life which is not distinctly set forth above: No

**PHYSICAL EXAMINATION.**

4. Has any of your family or near relatives ever committed or attempted to commit suicide, had consumption raising of blood, rheumatism, scrofula, insanity, cancer, gout, epilepsy, or other hereditary disease. No

35. Which of your parents do you most resemble. Mother

36. Have you ever had appendicitis. No  
(a) If so, give date and state if a successful operation was performed. —

(b) State particulars and give name and address of Physician. —

37. Are you now or have you ever been a member of this Fraternity. No

(a) Have you ever been refused admission into this Fraternity. No

(b) If so, when and where. —

38. Have you carefully reviewed the answers to the questions in this application and do you declare and agree that they are written as stated by you? Yes

Signed: E. L. Richardson Applicant

This 1 day of Oct 1900.

Witness Adwin L. ... M. D

39. Have you read applicant's statements in the foregoing blank. Yes

40. Have you carefully read instructions to Medical Examiners. Yes.

41. Name of Applicant E. L. Richardson

42. How long have you known the applicant. 2 or 3 years

43. Nationality American Color white

44. Figure Erect.

45. Color of hair Blk. eyes Brown skin Bronette

46. State rate of pulse per minute sitting. 72

(a) Is it regular. Yes

(b) Is it intermittent. No

(c) Number of respirations per minute. 19

47. Give circumference of chest, under clothing, forced expiration. 33 inches

(a) Forced inspiration. 37 inches

48. Give girth of abdomen. 34 inches

49. Is the action of the heart uniform, free and steady. Yes.

50. Do you discover anything in the sounds or rhythm that would indicate disease. No

51. Are impulse and area of cardiac dullness normal? Yes

52. Is there any physical sign or symptom pointing to disease of heart or blood vessels. No

53. Is the respiratory murmur distinctly heard in all parts of both lungs. Yes

54. Do you believe the organs of respiration to be perfectly healthy. Yes



55. Do you discover any modification of the respiratory murmur on the percussion note indicating to any degree an abnormal condition of the lungs *No*
56. State the appearance of the tongue, whether coated, flabby or indented *normal*
57. Does the examination of pharynx reveal any disease *No*
58. Do you discover any indication of gastric or intestinal disease *No*
59. Examination of urine. Are you satisfied that the specimen examined is the applicant's urine?  
*Yes* Color *Straw* Reaction *acid*
60. Specific gravity *1.018* Does it contain albumen by heat and nitric acid *No*
61. Does it contain sugar *No* What test used?  
*Haines Filtrings*  
 Microscopical examinations (when required)
62. According to your judgment, will the party survive the term of expectation *Yes*
63. Is there anything discovered by you which might affect the risk, not set forth in the examination *No*
64. Are there any physical defects or deformities? *No*
65. Do you consider the applicant to be habitually free from tendency to cough, difficulty of breathing, palpitation of the heart, or disease of the spine, kidneys or bladder *Yes*
66. In your opinion, is the applicant of moderate habits *Yes*

In case the applicant is a lady, the following questions to be asked by Physical Examiners.

67. Have you any organic disease of the Uterus or its appendages
68. Are you regular in menstruating
69. Have you ever been pregnant
70. Are you now pregnant  
 (a) If now pregnant, I agree to waive all benefits under a benefit certificate which may be issued to me in case of my death or total or permanent disability resulting from such pregnancy or condition following or attributable to same, and the beneficiary or beneficiaries named in the certificate shall have no claim upon the Royal Highlanders in such case.
- Signed
71. How many children have you had
72. Has labor always been natural  
 (a) If not please explain fully
73. Date of last confinement
74. Have you ever miscarried
75. Have you any disease of the breast or tendency thereto
76. Have you successfully passed the menopause

77. Do you believe the party examined safely insurable yes

78. Is it necessary to ask further information concerning the health of the party No

W. W. Dickinson M. D.

P. O. Address Lincoln State Neb.

Street and No 24 Burr Bell

Where and When Graduated

Examined this 1 day of Oct 1900

Physical Examiners may use this space to make any special report to the Chief Physical Examiner they may desire.



## TO THE PHYSICAL EXAMINER.

We most earnestly desire of you a careful and thorough examination of this applicant. Give as perfect a history as possible, and let no point be overlooked which should have weight in deciding upon his application. Give to each question a decisive answer, and in case of doubt give us the benefit. We desire your individual opinion uninfluenced by the deputy or applicant. The interest of every member is in your hands, and we confidently anticipate that you will guard it well. Many sudden deaths cannot be foreseen, but chronic diseases, hereditary taints, feeble organizations, previous sickness, serious injuries, and irregular and intemperate habits should have your cautious attention.

The following code of instructions is issued for the purpose of calling the attention of Physical Examiners to three important points to be considered in relation to every case. These are:

### I.—FAMILY HISTORY. II.—PERSONAL HISTORY. III.—PRESENT CONDITION.

While these rules, based upon the large experience of Life Insurance Companies, may be somewhat arbitrary, and may, in rare cases, exclude men who would otherwise be considered good risks, their careful observance is strictly enjoined upon all Physical Examiners examining applicants for The Royal Highlanders. They are not by any means to be regarded as comprehending all grounds for rejection, but as indicating the general rules to be taken as a guide.

I.—FAMILY HISTORY. A—General and indefinite statements regarding deaths; for instance, "accident," "debility," "acute diseases," etc., must be explained by a statement as to whether or not there was any pre-existing or pre-disposing disease. B—Symptoms and effects of diseases should not be allowed in place of the disease on which they depend. For instance, "dropsy," "asthmatic diseases," etc. C—If ignorance of family history is pleaded, try to gain a proximate idea and state same. D—If consumption is found to have occurred, or to be at present in the family, the applicant is to be regarded as not eligible and must be rejected under the following circumstances:

If in both parents, not eligible until 40 years of age.

If in one parent, not eligible until 30 years of age.

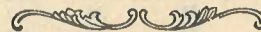
If in any two of the family, not eligible until 35

years of age, and then only under the most favorable circumstances.

If paralysis, apoplexy, insanity, or heart disease is found to have occurred in any two members, or cancer in one of the applicant's family, all facts regarding it are to be furnished to the Chief Physical Examiner, unless the applicant is rejected by a Local Examiner.

II.—PERSONAL HISTORY. A—An applicant who has had syphilis or raised blood is not at all eligible until after ten years, and then only the most favorable cases. B—An applicant is not eligible who has had asthma within three years, except when produced by external causes similar to those of Hay or Rose Asthma, or by certain employments which have been permanently relinquished. C—If an applicant has had gravel or calculus within three years, or been subject to such attacks within five years. D—If an applicant has had undoubted attacks of hepatic or nephritic colic within five years. E—If an applicant has had fistula within three years. F—If an applicant has had dropsy, or habitual cough, chronic ulcers, fits of any description, or organic diseases of liver or kidneys within ten years. G—If an applicant has ever been grossly intemperate or is addicted to the intemperate use of intoxicating liquor, the period of necessary reform shall be decided by the Chief Physical Examiner.

III.—PRESENT CONDITION. A—The applicant is not to be considered eligible if the pulse is found, after repeated examinations, to be intermittent and irregular; to be persistently above 90 or below 50. B—If hernia exists, unless a proper truss can and will be worn, or if hernia is incarcerated. C—If varicosity of the extremities exist, extending above or of unusual size up to the groin. D—If the chest expansion is less than two inches. E—If albumen is found in the urine. F—If he has catarrh with much expectation, and if one parent has died with consumption. G—If he habitually uses opium, chloral, or other narcotics, except on the prescription of a physician. H—If the applicant has suffered the loss an eye, arm, or leg, he will not be eligible unless he signs required waiver.



## TABLE OF MONTHLY PAYMENTS.

The following amounts are due and payable from each member on the first day of each month, viz:

AGE AT NEAREST BIRTHDAY.	\$500	\$1000	\$2000	\$3000
After 18 to 25 years...	.20	.40	.80	1.20
From 26 to 28 years...	.25	.45	.90	1.35
From 29 to 31 years...	.30	.50	1.00	1.50
From 32 to 35 years...	.30	.60	1.20	1.80
From 36 to 39 years...	.35	.70	1.40	2.10
From 40 to 42 years...	.40	.80	1.60	2.40
From 43 to 44 years...	.45	.90	1.80	2.70
From 45 to 46 years...	.50	1.00	2.00	3.00
From 47 to 48 years...	.55	1.10	2.20	
From 49 to 50 years...	.65	1.25	2.50	
From 51 to 52 years...	.75	1.50	3.00	
53 years .....	.80	1.60	3.20	

Provided the 53rd birthday has not been passed.

## TABLE OF WEIGHTS AND MEASUREMENT.

Height, feet and inches	Chest at nipples, inches	Standard weight, pounds	Fifteen per cent. underweight, pounds	Thirty per cent. underweight pounds
5	33	120	102	156
5-1	34	124	105	161
5-2	35	128	109	166
5-3	36	132	112	172
5-4	36	136	116	177
5-5	37	140	119	182
5-6	37	144	122	187
5-7	38	150	127	195
5-8	38	156	133	203
5-9	39	162	138	211
5-10	39	168	143	218
5-11	40	174	148	226
6-	41	180	153	234

## TABLE OF EXPECTANCY.

Age Years	Expect- ancy Years	Age Years	Expect- ancy Years	Age Years	Expect- ancy Years
18	42	29	36	40	28
19	42	30	35	41	28
20	41	31	34	42	27
21	41	32	33	43	26
22	40	33	33	44	25
23	40	34	33	45	24
24	39	35	32	46	23
25	38	36	31	47	23
26	38	37	31	48	22
27	37	38	30	49	21
28	36	39	29	50	20



December 23, 1910

Chas. A. Bull, Sec-Trea..  
Albion, Nebr.  
Valiant Clansman:

I presented the papers in the case of the death of Valiant Clansman E. L. Richeson at the meeting of the Executive Committee held December 21st and the claim was approved and warrant ordered issued in payment of the same and I enclose herewith warrant payable to Daisy V. Richeson, wife, for the full face of the policy, \$3000.00, less two disability payments of \$300.00 each, \$600.00, leaving amount due \$2400.00.


Kindly state to her that she may sign the receipt on the back of the certificate in the blank for that purpose in the presence of a witness and attach the certificate to this warrant, when the same may be cashed at any bank. Kindly note the warrant is drawn with exchange and the beneficiary should receive the full face of the warrant.

I also enclose a separate receipt, which, if you will have her sign, may be of value to us at some future time in compiling a statement of the prompt settlements we have made.

We shall also appreciate it very much if you will see that mention of this prompt settlement appears in your local papers and send a marked copy of such paper or papers to me.

Since the Royal Highlanders now set apart and observe each year a Highlander Memorial Day, upon which the graves of deceased members are visited and decorated, it has been thought by many quite appropriate to have the emblems of our society engraved on the monuments. As the years go by this will prove a great aid in locating the graves of our members Memorial Day and even though the relatives may move away, the grave will not be missed by those in charge. I enclose a sample cut of these beautiful emblems, which kindly hand to the beneficiary with the suggestion that if agreeable, when a monument is erected at the grave of our deceased Clansman, the Royal Highlanders will appreciate it very much if the emblems of our Beloved Order appear on the monument.

Fraternally yours,

  
Chief Secretary.



Lincoln Neb.

Dec 28 - 1910

Mr. F. J. Sharp,

I want to briefly thank you for your prompt attention and payment of my husbands policy. And will be glad to comply with your request as to the emblem on the monument.

Very sincerely yours.

Mrs Daisy Richeson

227 So 17 St.



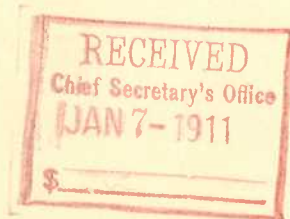
Lincoln, Nebr. Dec. 28, 1910.

To the Executive Committee of  
The Royal Highlanders,  
Aurora, Nebraska.

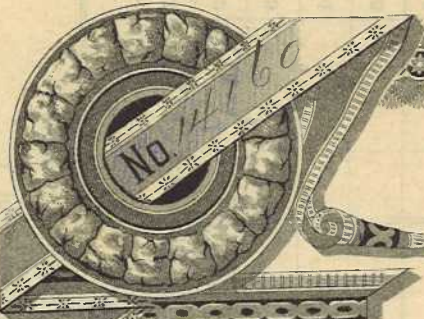
Gentlemen:

This is to express my appreciation  
of your prompt settlement of my claim  
as beneficiary of my husband, E. L. Riche-  
son, who died December 11, 1910.

Mrs Daisy V Richeson,



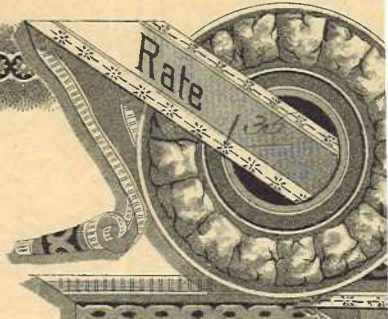




AGE AT DEATH BIRTH-DAY  
27

# Executive Castle

AMOUNT  
\$ 7000



## This Certifies

That Clansman

*E. J. Richeson*

has been regularly admitted as a member of *Nolcomb* Castle, No. *20*, of

# THE ROYAL HIGHLANDERS

Located at *Lincoln*, State of *Nebr*, and that in accordance with, and under the provisions of, the **Edicts, Rules and Regulations of the Fraternity**, he is entitled to participate in all the rights, benefits, and privileges of membership therein; and that in case of death occurring after he has been a member in good standing for three years or over, the sum of

*Three Thousand* Dollars will be paid as a bequest to

*Caisy V. Richeson* bearing relation to him of *Wife*

upon satisfactory proof of his death together with the surrender of this Certificate; or in case of his becoming entitled to participate in the benefits of the **Fidelity Trust Fund** of this Fraternity by having attained the age of seventy years, in good standing, a sum shall be paid him from such fund equal to one-tenth of the face of this Certificate, and a like sum annually thereafter until the full amount of this Certificate shall have been paid.

In case of his becoming disabled, and complying with the Edicts of the Fraternity as provided for in such cases, a sum equal to one-tenth of the face of this Certificate shall be paid to him annually until the full face of this Certificate is paid.

- Should death occur within one year after the date of this Certificate, one-third only of the amount of the face of this Certificate shall be paid.
- Should death occur after one year but before two years from the date of this Certificate, one-half only of its face shall be paid.
- Should death occur after two years from the date of this Certificate, but before three years, two-thirds only of its face shall be paid.
- Should death occur after three years from the date of this Certificate, the full amount of the same shall be paid.

Provided the payment of this Certificate, or any part thereof, shall be based upon one monthly payment upon the entire beneficial membership in good standing. The full amount when paid in no case to exceed the amount of one monthly payment, nor any portion so paid to be in excess of like proportion of a single monthly payment upon the entire beneficial membership at that time.

The payment of all or any part of this Certificate is conditioned upon the provision that the owner thereof shall have in every particular complied with the **Edicts, Rules and Regulations** governing the membership of this Fraternity now in force, or that may hereafter become a part of the same, and has not obtained his membership by fraud or misrepresentation as to his age, physical condition or occupation when he was admitted to membership. Both the Edicts and the application are made a part of this Certificate.

In Witness Whereof, The Executive Castle has caused this Certificate to be signed by its Most Illustrious Protector and its Chief Secretary, and the Great Seal thereof to be attached at Aurora, Nebraska,

this *9th* day of *January* 190*1*

*J. J. Sharp*  
Chief Secretary.

*Wm E. Sharp*  
Most Illustrious/Protector.

We, the undersigned, Illustrious Protector and Secretary of *Nolcomb*

Castle No. *20*, of The Royal Highlanders, located at *Lincoln*

County of *Lancaster*, State of *Nebr*, do hereby certify

that *E. J. Richeson* was regularly admitted as a member of

this Castle, this *13th* day of *Oct* 190*0*

And in Testimony Whereof, We have this day countersigned, sealed and delivered this Certificate.

*W. E. Sharp*  
Secretary.

*W. E. Sharp*  
Illustrious Protector.



Vertical text on the left margin: "Certificate No. 14160 cancelled. No dues are being paid. Only Highlanders of good standing are members of this certificate will be based."

Vertical text on the right margin: "Certificate No. 14160 cancelled. No dues are being paid. Only Highlanders of good standing are members of this certificate will be based."



Castle

OF THE ROYAL HIGHLANDERS

This Certifies

That Clansman

E. L. Richeson

has been regularly admitted as a member of

Holcomb

Castle, No.

20

of

THE ROYAL HIGHLANDERS

Located at

Lincoln

State of

Nebr.

and that in accordance with, and under the provisions of, the Edicts, Rules and Regulations of the Fraternity, he is entitled to participate in all the rights, benefits, and privileges of membership therein; and that in case of death occurring after he has been a member in good standing for three years or over, the sum of

Three Thousand

Dollars

will be paid as a bequest to

Daisy V. Richeson

bearing relation to him of

Wife

upon satisfactory proof of his death together with the surrender of this Certificate; or in case of his becoming entitled to participate in the benefits of the Fidelity Trust Fund of this Fraternity by having attained the age of seventy years, in good standing, a sum shall be paid him from such fund equal to one-tenth of the face of this Certificate, and a like sum annually thereafter until the full amount of this Certificate shall have been paid.

In case of his becoming disabled, and complying with the Edicts of the Fraternity as provided for in such cases, a sum equal to one-tenth of the face of this Certificate shall be paid to him annually until the full face of this Certificate is paid.

Should death occur within one year after the date of this Certificate, one-third only of the amount of the face of this Certificate shall be paid.

Should death occur after one year but before two years from the date of this Certificate, one-half only of its face shall be paid.

Should death occur after two years from the date of this Certificate, but before three years, two-thirds only of its face shall be paid.

Should death occur after three years from the date of this Certificate, the full amount of the same shall be paid.

Provided the payment of this Certificate, or any part thereof, shall be based upon one monthly payment upon the entire beneficial membership in good standing. The full amount when paid in no case to exceed the amount of one monthly payment, nor any portion so paid to be in excess of like proportion of a single monthly payment upon the entire beneficial membership at that time.

The payment of all or any part of this Certificate is conditioned upon the provision that the owner thereof shall have in every particular complied with the Edicts, Rules and Regulations governing the membership of this Fraternity now in force, or that may hereafter become a part of the same, and has not obtained his membership by fraud or misrepresentation as to his age, physical condition or occupation when he was admitted to membership. Both the Edicts and the application are made a part of this Certificate.

In Witness Whereof, The Executive Castle has caused this Certificate to be signed by its Most Illustrious Protector and its Chief Secretary, and the Great Seal thereof to be attached at Aurora, Nebraska,

this 21st day of January 1901

J. J. Sharp Chief Secretary

Wm. E. Sharp Most Illustrious Protector

We, the undersigned, Illustrious Protector and Secretary of

Holcomb

Castle No.

20

of The Royal Highlanders, located at

Lincoln

County of

Lancaster

State of

Nebr.

do hereby certify

that

E. L. Richeson

was regularly admitted as a member of

this Castle, this

13th

day of

Oct

1900

And in Testimony Whereof, We have this day countersigned, sealed and delivered this Certificate.

H. P. Stone Secretary

W. E. Sharp Illustrious Protector

I hereby accept the above Certificate and agree to all the conditions therein contained.

E. L. Richeson





RECEIPT OF BENEFICIARY.

\$2400<sup>00</sup>

Lincoln Nebr 12/28 1900

RECEIVED OF A. G. Dieckmann Chief Treas for **THE ROYAL HIGHLANDERS,**

a corporation doing business under the laws of the State of Nebraska, Twenty four hundred & 00/100 Dollars, in full payment, satisfaction, and settlement of all benefits due and payable, under this Benefit Certificate No. 1416a

issued the 21st day of January A. D. 1901 by reason of the death of E. L. Richeson

In Consideration of which the said Benefit Certificate is hereby cancelled and surrendered to the said Corporation, there being no further claim or liability thereunder, and I being in full knowledge of all my rights under said Benefit Certificate.

Signed in the presence of us, who identify and know the person signing.

M. S. Aitken

Mrs Daisy U. Richeson

W. J. Aitken

No. 1416a

BENEFIT CLANSMAN



A BENEVOLENT AND FRATERNAL CORPORATION.

# 1426-R-4th

IMPORTANT.

You are especially admonished to look well to your payments. One payment is due on the First day of each month, and must be paid on or before the First day of the following month to keep this Certificate in force.

CHANGE OF AMOUNT OR BENEFICIARY.

I, \_\_\_\_\_ the Clansman to whom this Benefit Certificate

was issued, do hereby surrender and request the cancellation of this Benefit Certificate, and order that a new one shall be

issued in the amount of \_\_\_\_\_ Dollars,

and shall be made payable to \_\_\_\_\_

who is related to me as \_\_\_\_\_

Signed in my presence, at \_\_\_\_\_

State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Secretary of Tributary Castle No. \_\_\_\_\_, The Royal Highlanders.



## PARTIAL PAYMENT OF BENEFIT CERTIFICATE.

I, to whom the within Benefit Certificate Number \_\_\_\_\_ belongs, hereby acknowledge the receipt of the following partial payments on the same :

	DATE	AMOUNT	FUND	SIGNATURE	Witnessed by Tributary Castle Secretary
1	July 1909	\$ 3 00 00		E. G. Risher	
2	July 1910	3 00 00		E. G. Risher	
3					
4					
5					
6					
7					
8					
9					
10					

