THIS MARGIN IS FOR BINDING;
DO NOT WRITE ON IT OR DEFACE IT.

THE SAFE DEPOSIT VAULTS IN THE EQUITABLE BUILDING, ARE THE MOST SECURE IN THE WORLD.

FREE TONTINE FORM.

1. FULL NAME of person for whose benefit the assurance is effected *Bettie L Wright & children*
Residence *Durham N.C.* Relationship to the person to be assured *wife & children*
State to whom the sum assured or cash value is to be payable, in the event of the stipulated age or period being attained. *Self*

2. FULL NAME of the person whose life is to be assured *Thomas D. Wright*
Occupation, State it in detail; if mercantile, state if it involves travelling as a buyer or seller *Dealer in Leaf Tobacco*
Residence: Town, *Durham* Place of Business, *Durham N C*
County, *Durham* State, *N. C.* Shall Notices of Premiums coming due be addressed to last named person at place of business as stated? *Yes*
For "Place of Business," if not specially given, will be assumed to be the same as "Residence."

3. State former occupations in detail, and also what change, if any, is contemplated in the future?
Merchant - now Tobacconist - no change contemplated

4. Have you ever traveled or resided, or do you now contemplate travel or residence at any future time, in the Torrid Zone, or Mexico? State particulars.
No

5. Place and Date of Birth of the person to be assured?	PLACE.	COUNTY.	STATE.	YEAR.	MONTH.	DAY.	AGE AT NEAREST BIRTHDAY.
	Franklin		*NC*	*1853*	*Dec*	*2*	*33*

6. Sum to be assured? *5000* Kind of policy desired? (i.e., Whether Endowment or Life, etc., Answer as to Tontines at question 9, 10 and 11 only.) *20 LP*

7. Is the premium to be paid annually, semi-annually, or quarterly? *Annually* Amount of each premium?

8. A. Is the person now, or has he ever been, engaged in or connected with the manufacture or Sale of Beer, Wine, Whiskey, or any other Intoxicating Liquors? B. If not, is it his intension to engage in such business? A. *No* B. *No*

9. Is a FREE TONTINE policy desired, under which there shall be no restrictions upon travel, residence or occupation after one year from date of issue, and do you agree that in the apportionment of Surplus at the end of the Tontine period and thereafter, if this policy shall remain in force, the dividend upon your policy shall be based entirely upon the Experience of the Society upon "Free Tontine Policies?" *Yes*

10. Is the Tontine period to be ten, fifteen or twenty years? *20 yrs*

11. Is it agreed that in consideration of the agreement contained in the policy applied for as to paid-up assurance upon surrender, all right or claim to temporary assurance or any other surrender value than that provided in the Policy, shall be specifically waived and relinquished, whether required by the statute of any State or not? *Yes*

12. A. Is the person now assured in this Society, and, if assured, for how much? A. *No*
B. Is the person's life now assured elsewhere; if so, for how much, and where? B. *No*
C. Is any negotiation for other assurance now pending or contemplated? C. *No*
D. Has a policy ever been applied for, which was not thereafter issued, or which, if issued, was modified in amount, kind or rates? If yes, for what Company, and when? D. *No*

13. WHAT CASH PREMIUM has been paid to make the assurance under this application binding from this date, providing the risk is assumed by the Society?
A ______ *annual premium of* $ ______ *has been paid upon condition that if the risk is* NOT ASSUMED *by the Society*, THIS SUM IS TO BE RETURNED, *in accordance with the provisions of the Society's Official Binding Receipt No.* ______ *given as voucher for said payment.*

IT IS HEREBY AGREED:—That all the foregoing statements and answers, as well as those made, or to be made, to the Society's Medical Examiner are warranted to be true, and are offered to the Society as a consideration of the contract, which shall not take effect until the first premium shall have been paid during the life and good health of the person herein proposed for assurance.

☞ Note here (not in an accompanying letter) any special clause or provision desired in policy.

Date this policy Mar. 4

Dated at *Durham NC Mch 1* 18*87*

NOTE BEFORE SIGNING.
☞ THE HUSBAND MAY SIGN FOR HIS WIFE, OR THE FATHER FOR HIS CHILDREN.

Bettie L Wright
per Thos. D Wright
SIGNATURE OF PERSON FOR WHOSE BENEFIT ASSURANCE IS MADE.

Thos. D. Wright
PERSON WHOSE LIFE IS TO BE ASSURED.

Signature of Soliciting Agent. Officer's Check,

NAME AND RESIDENCE OF AN INTIMATE FRIEND.

THE SAFE DEPOSIT VAULTS IN THE EQUITABLE BUILDING, ARE THE MOST SECURE IN THE WORLD.

THE FREE TONTINE FORM.

PROPOSAL FOR ASSURANCE
TO THE EQUITABLE LIFE ASSURANCE SOCIETY
OF THE UNITED STATES, 120 BROADWAY, NEW YORK.

I hereby apply to the Equitable Life Assurance Society of the United States, for $ *5000.00/100* of assurance on my life.

I certify that I am temperate in my habits, and am, to the best of my knowledge and belief, in sound physical condition and a satisfactory subject for life assurance.

Dated at *Durham NC* this *1st* day of *Mch* 188*7*

THIS RISK IS APPROVED AND RECOMMENDED BY

James Southgate
SIGNATURE OF AGENT SECURING PROPOSAL AND WITNESSING EXECUTION.

GEO. T. G. WHITE,
SOUTHERN MANAGER,
SIGNATURE OF GENERAL AGENT.

Thos. D. Wright
SIGNATURE OF PERSON WHOSE LIFE IS PROPOSED FOR ASSURANCE.

FIRST EDITION, THE FREE TONTINE FORM, OCTOBER 1st, 1886.

THIS MARGIN IS FOR BINDING; DO NOT WRITE ON IT OR DEFACE IT.

Deliver this Report to Agent, on completion, for immediate transmission to Society.

MEDICAL EXAMINER'S

☞ SEE OTHER SIDE FOR INSTRUCTIONS.

REPORT TO THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE U. S.

SIGNATURE of person whose life is proposed for assurance (Use in presence of the Medical Examiner.) Thad. L. Wright

1. Identification. A. Known to you? A. yes | B. How long? B. many years | C. How well? C. very | D. Married? D. yes.

2. Hereditary Influences. A. Inquire of Applicant, and set down below, as particularly as you can, the vital statistics of the family.

	LIVING. AGE.	LIVING. HEALTH.	DEAD. AGE.	DEAD. SPECIFIC CAUSE OF DEATH.
FATHER.			68	Typhoid Diarrhoea
Father's Father.			—	Don't Know
Father's Mother.			—	" "
MOTHER.			48	Lightning Struck by
Mother's Father.			old	Don't know
Mother's Mother.			old	" "

	LIVING. AGE.	LIVING. HEALTH.	DEAD. AGE.	DEAD. SPECIFIC CAUSE OF DEATH.
Brothers. 3	38	Good.		2 brothers died in infancy
Sisters. 3	42	Fair.		
	34	Cerebral fever		
	39	Good.		

B. Any consumption or insanity in the family, other than appears above; i. e., among Uncles or Aunts? If yes, state particulars. B. no

3. Physique. A. Age? A. 33
B. Race or nationality? B. American
C. Weight? (coat and vest off) C. 152 lbs.
D. Height? (in shoes.) D. 5 ft. 10½ in.
E. Girth of chest, under vest; forced expiration? E. 34 in.
F. Same, forced inspiration? F. 37 in.
G. Girth of abdomen, at waist-band of trousers? G. 33 in.

H. If under or overweight, is this feature an individual or family trait? H. —
I. Any deformity? I. none
J. Any loss of limb? (*If of lower extremity, state whether thigh or by amputation.*) J. no
K. Any rupture? K. no
L. If yes, is a truss worn? L. —

4. Nutrition and Diathesis. A. Any history of malaria, rheumatism, gout, syphilis, tuberculosis or cancer? ☞ *Where answers are "yes," here and below, state particulars, i. e., date, duration, severity, and results of the affection.* A. no
B. Anything unfavorable in the general appearance, such as sickly aspect or unduly full habit, or apparent proneness to fatty degeneration? B. no

5. Integumentary System. A. Any skin eruption, sores or ulcers? A. no
B. Any tendency to catarrhs? B. no

6. Nervous System. A. Any history of severe headaches, vertigo, losses of consciousness, convulsions, paralysis, nervous exhaustion or mental derangement? A. no
B. Any present derangement of function, or suspicion of serious lesion? B. no

7. Organs of Sense. A. Any history of otorrhœa or otitis? A. no
B. Any serious impairment of sight or of hearing? B. no

8. Respiratory System. A. Ever spat blood, or any history of chronic hoarseness, or cough, or of asthma or shortness of breath? A. no
B. Any present impairment of function, or any abnormality discoverable by percussion or auscultation? B. no

9. Vascular System. A. Any history of faintings, palpitations, or cardiac pains: of varicose veins or bleeding piles, or any suspicion of atheroma or aneurism? A. no
B. Rate and quality of pulse? ☞ *If excited, re-examine till you assure yourself of the normal rate.* B. 70. full. regular. rhythmical, normal
C. Any intermittence or irregularity, or undue strength or weakness of heart action? C. no
D. Any abnormality discoverable by auscultation or percussion? D. No

10. Digestive System. A. Any history of dyspepsia, chronic diarrhœa, dysentery, severe constipation, colics, jaundice or fistula in ano? A. Had had Annual attacks of Bilious colic but these passed away under a suitable regimen.
B. Any present impairment of function, or suspicion of organic disease? B. no

11. Urinary System. A. Any history of gravel, calculus, cystitis or nephritis? A. About 2 weeks ago had 2 or 3 slight attacks of Nephritis this will pass away, at least to be called by the Physician
B. Specific gravity and reaction of urine? B. 1030 — acid.
C. Any albumin, or sugar? C. None — none —
D. Any abnormal constituents discoverable by the microscope? ☞ *Microscopical examination not required unless thought advisable for the particular case.* D. —

12. Generative System. *Males.* A. Any history of stricture or of enlarged prostate? A. no
Females. B. Any menstrual disorder, or history of uterine or ovarian disease, or of abortions, or serious troubles in labor? B. X
C. Is the subject now pregnant? C.
D. Has she borne children, and if yes, how recently? D.
E. Has she passed the climacteric? E.

13. General Health Record. A. Any history of serious illness, injury or infirmity not set forth above, other than the common so-called diseases of childhood? A. no
B. Has the subject ever been declined for life assurance? B. no
C. Has the subject had smallpox or varioloid? C. no
D. Has he been successfully vaccinated? D. yes

14. Habits. A. Any daily practice of drinking spirits, wine or malt liquor? ☞ *If yes, state specifically what the beverage, and how much the daily consumption.* A. no
B. Ever any over-indulgence, now or in the past? ☞ *If yes, state specifically when, for how long, to what degree, how long since discontinuance, and whether ever delirium tremens, or other morbid results.* B. no
C. Any opium habit, or excessive use of tobacco, or other injurious practice? C. no

15. Environment. A. What is the occupation? A. Tobacconist.
B. Anything seriously unsanitary in the same, or in the residence or place of business? B. no.
C. Does the person contemplate a change of residence? If so, when, to what place, and why? (Not to—Whether for purpose of various, health, or pleasure.) C. no.
D. Has he had yellow fever? If not, and if yellow fever ever prevails where applicant resides state how long he has lived in present locality, how long and when in other localities similarly exposed? D. no
E. Is he thoroughly acclimatized? E. yes

16. Medical Adviser. A. Name and address of candidate's regular medical adviser, or, if there be none such, of the physician last consulted? A. A. G. Carr Durham N.C.
B. When, and for what has medical advice been sought within the last three years? B. Biliary Colics above mentioned
C. Do you need certificate from the medical adviser? ☞ *If yes, require applicant or agent to procure the same, on the Society's blank (Form M, Medical Service).* C. no
D. Does the candidate expressly waive all provisions of law forbidding any physician who has attended him from disclosing all information which he thereby acquired? D. yes

17. Remarks. (Here note any circumstances affecting the risk which do not appear in the foregoing answers.)

18. Opinion. A. Compared with the average of lives of same age and sex, do the chances of life in this subject seem to you first-class, or fair only, or doubtful, or bad? A. Fair at least.
B. If you were yourself in the business, would you assure this subject for life? ☞ *Answer conscientiously, independent of set rules and instructions:—your own honest individual opinion is what is wanted.* B. yes.
C. If not for life, would you for any stated term of years? If yes, for what term? C. Life

Examined at Durham. N.C. this 2nd day of March 1887.

A. G. Carr M.D.
* ..... *Medical Examiner for the town of* .....

* Fill in here the word "Chief" or "Alternate," according to the commission you hold in the Society's medical service. If not a commissioned examiner for the Society, erase the line as stating, and name three regular physicians of your neighborhood as references.

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SECOND EDITION—JULY, 1885.

☞ THIS ABSTRACT TO BE FILLED UP AT NEW YORK OFFICE ONLY.

Agency, *1st pay't,* **No.**

Reg. date, *Prem.,*

Age, *Kind,*

Form, *Made out* *Am't,*

THIS MARGIN IS FOR BINDING; DO NOT WRITE ON IT OR DEFACE IT.

NOTE TO AGENTS:

If the application is for $20,000 or over, the applicant must be examined by two physicians.

INSTRUCTIONS TO MEDICAL EXAMINERS.

I. Conduct your *examination* in private, and not in the presence of the agent or of others.

II. Make your *report full* and *precise*. Such report has to serve the Medical Directors at the Home Office as a basis for a professional judgment on the risk.

III. In the matter of the *family history*, seek always as regards causes of death to elicit the specific disease, especially where there may be a suspicion of consumption. Such suspicion always attaches in case of death ascribed to "exposure," "general debility," "childbirth," "change of life," "effects of cold," "liver complaint," "fever," etc., so that in such cases the report should, if possible, state explicitly that phthisis was or was not an element of the fatal illness.

IV. In the matter of *personal history*, ask specifically the questions necessary to cover the points of inquiry called for by the blank. And do not accept for reply any general negative, such as "Oh, I have never been sick." Many occurrences bearing on assurability, but which yet do not constitute illness, such as an hæmoptysis, an otorrhœa, a fistula, or a stricture, are often forgotten by candidates until specifically inquired about.

V. In the matter of *physical examination* make the same thorough, no matter how sound the candidate may appear, nor how well you may know him.

VI. In the matter of *testing the urine*, so apply your tests as to detect the presence of even small amounts of albumin or of sugar. For such detection of albumin the common heat and nitric acid test is efficient enough if applied in the following manner: First acidify with a drop or two of acetic acid, then fill a long test-tube three-quarters full and holding the same by the bottom, boil the *upper* portion, only, of its contents. Holding the tube now a few inches in front of a black background set before a window, compare the upper, boiled, stratum of fluid with the lower, unboiled, one, and any pathologically important amount of albumin will be shown by a distinct cloudiness of the upper stratum of urine, distinguishable from the cloudiness of precipitated phosphates by its persistence after addition of a drop of nitric acid. As regards sugar, test for this constituent in all cases, regardless of specific gravities. In the beginnings of diabetes, as in temporary glycosuria, the amount of glucose in the urine is commonly not enough to run the specific gravity out of bounds. Take by preference, furthermore, the urine secreted during active digestion, since in the beginnings of both albuminuria and glycosuria the morbid constituents may be present during digestion while absent in the intervals.

VII. In the matter of *habitual indulgence in alcoholics*, report specifically *what* the candidate drinks and *how much*. Such phrases as "temperate," "drinks when he wants to," give no information and are worthless for the purpose of the report. In reporting "over-indulgence," draw the line—since there must be some one fixed standard—at Anstie's limit of a daily allowance equivalent to one and a half ounces of absolute alcohol. Such allowance will be represented in the case of ardent spirits by three ounces; of sherry or other strong wine, by two wineglassfuls; of claret, champagne, or other light wine, by one "pint" bottle; of strong ale or porter, by three tumblerfuls; and of light ale or beer, by four or five tumblerfuls. In case of excess of any of these amounts, therefore, answer carefully the accessory questions required by the blank.

VIII. In any *matter of delicacy* affecting the risk, you have the privilege of writing, under seal, direct to the Medical Directors at the Home Office (120 Broadway, New York). Such communications are solicited and will be held in strict confidence.

IX. In forming your *opinion* of the life as an assurance risk, remember that the question is not merely the narrow one of whether or not the candidate is, at the moment, healthy and sound, but is the broader subject of his *chances of living*—chances that may be affected as much by abode, occupation, habits of life and hereditary tendencies as by present condition of health. A wise judgment, therefore, requires the weighing of all the influences now or prospectively affecting the life.

X. If so requested by the candidate, for the purpose of holding private his medical history, you are authorized to deliver to the agent your report *sealed*.

XI. In the event of your giving an *adverse opinion* upon a risk, or of your *declining to examine* a candidate because of foreknowledge of his ineligibility, you are particularly requested to communicate the fact confidentially direct to the undersigned, stating name, residence, and occupation of the objectionable candidate, date of your unfavorable action and reason for the same.

EDWARD W. LAMBERT, M. D.,
EDWARD CURTIS, M. D.,
Medical Directors.

OPINION OF THE MEDICAL REFEREE FOR THE AGENCY ON THE RISK HEREBY PROPOSED.

[N. B.—If adverse, cite the objectionable features.]

M. D.

Medical Referee for the Agency.

OPINION OF THE MEDICAL DIRECTORS OF THE SOCIETY ON THE RISK HEREBY PROPOSED.

M. D.

M. D.

Medical Directors.