Note here just in accompanying letters anything specially desired in policy applied for.

This abstract of the Application is to be filled up at the Office only.

Copy

Collecting Agency,	*Approved by*	*Number,*
		Date first payment,
	Made out by	*Date regular* "
	Form,	*Age,* *Kind,*
	Date of Policy,	*Am't Assured,* $
		Premium, $
		First Prem., $

APPLICATION FOR ASSURANCE IN

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES.

1. Name of the person for whose benefit the assurance is effected: *Self*
Residence: *Durham* Relationship to the person to be assured: *self*

2. Has the above person an interest in the life of the person to be assured, to the full amount now applied for? *yes*

3. Name, at full length, of the person whose life is to be assured: *Richard H. Wright*
Residence: *Durham* County: *Orange* State: *N.C.*
Place of Business: *Durham* Occupation: *Gen'l Mch't.*
Shall Notices of Premiums coming due be addressed to last named person at place of Business as stated?

4. Sum to be assured? *10000* Kind of policy desired? *Life*

5. Is the premium to be paid annually, semi-annually or quarterly? *annually*

6. Does the person desire the Policy to be issued on the Tontine Savings Fund plan, and is the Society authorized to retain the surplus on the Policy, and place the same in a reserve fund, to be participated in only at the expiration of the Tontine period, according to the provisions made by the Society regarding Tontine Savings Fund Policies? *yes*

7. Is the Tontine period to be ten, fifteen or twenty years? *15 yrs*

8. Place and Date of Birth of the person whose life is to be assured? *Franklyn Co, N.C. 1851 July 13*

9. Person's age at nearest birthday? *26* Weight? *150* Height? *5-10* Whether married? *no*

10. 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, and, if so, for how much and by whom? B. *Metropolitan 2000*
C. Has an application ever been made for assurance on this life to any Company, on which a policy was not issued for the full amount and of the same kind as applied for, and at ordinary rates? If yes, by what Company, and when? C. *no*
D. Has any physician given an unfavorable opinion of the person's life? D. *no*
E. Is any negotiation for other insurance on this life now pending or contemplated? E. *no*

11. A. Has the person resided south of Virginia, Kentucky and Missouri, or out of the United States? If so, in what place, and when, and why? A. *always lived South*
B. Does the person contemplate a change of residence? If so, when and to what place, and why? B. *no*

12. A. State whether the person's parents are alive, their ages and the state of their health?
B. If dead, at what ages, and of what diseases did they die?
Father: *64 Typhoid diarrhoea*
Mother: *41 Killed by lightning*

13.	How many has the person had?	How many are living? What are their ages, and what is the state of their health?	How many are dead, and at what periods they died?	Of what diseases did they die?
Brothers,	*3*	*1 24 good*	*2*	*Infancy*
Sisters,	*3*	*3 28/32 good*		

14. A. Have any of the person's Grandparents, or any descendants of any of them, to your knowledge, died or suffered from Consumption, Scrofula, Insanity, Gout, or any Pulmonary or Hereditary Disease? A. *No*
B. If so, what was the age of such person at death? C. His or her Relationship to the person? D. The Cause of Death. *Grandparents lived to old ages*

15. Is the person now and usually in good health? *yes* When was the person successfully vaccinated? *yes*

16. Has the person now, or has he ever had, any of the following Disorders or Diseases? If yes, state the disease, date, duration and severity of the illness? *about 3 yrs ago had an ulcerated sore throat but did not amount to much*

17. Has the person ever had any illness, local disease, or personal injury? If yes, state nature, date, duration and severity of the attack. *None*

18. Has the person had the usual diseases incident to childhood? *yes*

19. Has the person had Inflammatory Rheumatism? If yes, state number, dates, duration and severity of the attacks, and whether accompanied by Cough, Shortness of breath, Pain in the chest, or Palpitation of the heart? *No*

20. Has the person now, or has he ever had, any difficulty with Eyesight or Hearing? *no*

21. Has the person's Weight recently increased? *no* Or Diminished? *no* If so, to what extent and how rapidly? *remains same*

22. Have the person's habits of life always been correct and temperate? *yes*

23. What is the practice of the person as regards the use of spirituous or malt liquors? State kind of beverage drunk, and amount consumed daily? *Seldom touch it*

24. Is the person now or has he been engaged in or connected with the manufacture or sale of beer, wine, or any other intoxicating liquors? *No*

25. A. Does the person use Tobacco or Opium? A. *no*
B. If so, which, in what form, and how much consumed daily? B. *no*

26. Name and residence of person's usual Medical Attendant or Family Physician. On what occasions, and for what diseases have his attendance and advice been required for the applicant? *Have had none for anything serious*

27. Has the person consulted any other medical man? If so, for what, and when? *no*

It is hereby declared and agreed, that all the statements and answers to the printed questions written on this application, are offered to the said Society as a consideration of the contract applied for; each of which statements and answers, whether written by his own hand or not, every person whose name is hereby subscribed adopts as his own, and warrants to be full, complete and true, and to be the only statements given to the Society in reply to its inquiries, and upon which, should the assurance applied for be granted, the Society's contract will be founded. [illegible]

The HUSBAND may sign for his WIFE, or the FATHER for his CHILDREN.

Examples: Children: JANE and ELLEN SMITH, By GEORGE SMITH, GEORGE SMITH. Wife: SARAH JONES, By CHARLES JONES, CHARLES JONES.

Party for whose benefit Assurance is made.

Party whose Life is to be Assured.

Dated this *21st* day of *May* 187*7*

This risk is approved and recommended by me,

Geo. W. White

Solicitor.

This application forwarded to the General Agency by

Forward, when completed, to SMITH & CRAINE, General Managers, 108 Dearborn Street, Chicago, Ill.

[May 14, 1877]

MEDICAL EXAMINER'S REPORT.

Where $99,000 or upwards is required, the examination of applicant by two Examiners is necessary.

1. Name of the person examined.
   The Examiner will satisfy himself of the identity of the person examined with the person described in the application.
2. How long have you personally known applicant?
3. Please give the following particulars fully and exactly as possible.

Weight	Height Ft.	In.	Measure round the abdomen	Circumference of the chest: Forced expiration	Forced inspiration	Figure	Is the general appearance that of health and vigor?
Hair.							Eyes.
Complexion.							Is the skin clear and healthy?
Is the flesh firm and elastic?							Is the muscle hard and strong?
Temperament.							Are the bones large or small?

4. A. Are the respiratory murmur and percussion note clear and distinct over all parts of both lungs?
   B. Is the character of the respiration full, easy and regular?
   C. Are there any indications of disease of the organs of respiration?
5. A. Is the character of the heart's action uniform, free and steady?
   B. Are its sounds and rhythm regular and normal?
   C. Are there any signs of disease of heart or blood-vessels?
6. A. State the rate and other qualities of the person's pulse?
   B. Does it intermit, become irregular or unsteady at this examination?
   If the pulse is above [illegible] at the examination [illegible]
7. Are the functions of the Brain, the Muscular and Nervous Systems, in a healthy state, and have they always been so?
8. Are the functions of the Abdominal and Urinary Organs in a healthy condition, and have they always been?
9. A. If the proposed insurance is for $10,000 or more, or if the applicant is 45 years of age or upwards, give the specific gravity of the urine,
   B. Its reaction. C. Result of test for albumen.
   D. If the specific gravity is over 1030, test for sugar.
10. Is the person now, or has he ever been, subject to cough, expectoration, difficulty of breathing, or palpitation?
11. Has the person any predisposition, either hereditary or acquired, to any local or constitutional disease? If so, what?
12. Have the person's parents, brothers or sisters, been afflicted with pulmonary or other diseases hereditary in their nature?
13. A. Give name, date, duration and severity of any illness or injury that applicant has had.
    B. State if the same has had any effect on his constitution.
    C. Is there any indication that he is not now entirely well?
14. A. To which of the following five classes does the person belong as regard to use of alcoholic drinks: I. Teetotaler. II. Never habitually, and, occasionally, never to exceed per diem, the equivalent of any single one of the following amounts: 2 ounces of ardent spirits, 4 wine-glasses of sherry or other strong wine, 1 "pint" bottle of claret, hock, champagne or other light wine, 2 tumblerfuls of strong stout, porter, 4 or 5 tumblerfuls of light ale or beer. III. Drinks habitually, but not to exceed the above daily limits. IV. Drinks habitually or occasionally in excess of above, but not to intoxication. V. Drinks occasionally or habitually to intoxication. [If applicant belong to Class IV, state kind and amount of beverage daily consumed.]
    B. Are there any indications that would lead you to suppose that the applicant has led, or leads, other than a sober and temperate life? [If you have any suspicion on this most important point, write confidential letter to Society.]
15. If the person is a female, state (A.) Number of children had. (B.) If so now or when last pregnant? (C.) Whether any miscarriage or difficulty in labor? (D.) Are the uterine functions now regular?
    The Society does not insure if pregnant; nor unmarried women; nor a married woman until one year [illegible]
16. If the person's weight, stature or chest measurement is much over or under the average, state if either parent or other of their children exhibit the same peculiarity, and which parent the applicant most resembles in physical appearance?
17. If the annexed application or the medical examination reveal any unfavorable feature whatever in applicant's physique, family or personal history, occupation or habits, and the risk be approved, the reason for the approval must be here set forth in full, and the bearing of the unfavorable feature commented upon.
18. Has the medical examiner read the answers of the applicant in the annexed application, and has he satisfied himself that the material statements therein as to the family history, personal habits, and past and present health of the applicant are correct?
19. A. Were you to divide according to probable longevity all persons of same age and sex as applicant's into five classes, would you place applicant in the first and best class, second, third, fourth or fifth class? If other than the first, state the feature in the case that determines the lower rating.
    [illegible]
    B. Do you professionally consider the risk safely insurable for $ on the plan applied for? (Yes or No.)

Should the examination develop points of doubt as to the safety of a risk believed on the whole to be good, the examiner may send a letter direct to the Society at New York with full explanations. This letter will be considered strictly confidential.

If there is anything in person's family relations, pecuniary affairs, ill-success in [illegible], temperament, nature of employment, leading to special dangers not apparent from previous description, residence if [illegible], or neglect of proper sanitary precautions, state here or in confidential letter.

The Examiner will feel the responsibility of his position, bearing in mind that in deciding whether to accept or decline a risk at a distance, the Society must rely mainly upon his statements. If hereafter it should turn out that this examination had not been thorough—that the case had not been such as the [illegible] good a subject as had been represented—it would be not only detrimental to the interests of the Society, but very unpleasant to the Examiner.

The Examiner will require the applicant or agent to procure the family physician's certificate, as it may contain important suggestions, unless such certificate is clearly unnecessary.

M. D.

Examined at __________ 187 — Medical Examiner for the Society.*

* Where the examining physician is not a regularly appointed Medical Examiner for the Society, this line should be erased, and the Society's blank medical reference filled up, signed and forwarded with the application.

ATTENDING OR FAMILY PHYSICIAN'S CERTIFICATE.

QUESTIONS, EACH OF WHICH IS TO BE ANSWERED BY THE PHYSICIAN OF THE PERSON TO BE ASSURED.

The Physician is expected to give any additional information upon the application which he may possess, even though it be not embraced in the answers to the queries annexed.

1. A. How long have you known Mr.
   B. Have you been in the habit of seeing him frequently, or how often, and given him medical attendance, and for what diseases?
   C. How recently have you attended him, and for what?
2. Is his present state of Health good?
3. A. Are his habits of life correct and temperate?
   B. Have they always been so since you have known him?
4. A. Is the pulse soft and regular?
   B. What is the rate?
   C. Is it, to your knowledge, free from intermission and irregularity?
5. Has he always been healthy? If he has had any injury or illness, state what, and what effect it has had on his constitution.
6. Has he ever had any of the following diseases? If so, state particulars of their character and duration:
   [illegible]
7. Do you believe him to be in all respects a first-class healthy life?

Year. Month. Day.

Dated at __________ Signed, __________

FRIEND'S CERTIFICATE

1. How long have you known Mr.
2. Are his habits of life entirely correct and temperate?
3. Have they always been such?
4. Have his parents, brothers or sisters, to your knowledge, been free from any Mental Derangement, Pulmonary Complaints, or constitutional or hereditary predisposition to disease that tends to shorten life?
5. Has he been always healthy and free from any serious disease?
6. Has he changed his place of residence or occupation lately?
7. Do you esteem him to be a thoroughly healthy person?
8. Do you believe him to be, in all respects, a first-class healthy life?

Dated at __________ *this* __________ *day of* __________ *187*

NAME AND RESIDENCE OF AN INTIMATE FRIEND

Signed, __________