

No. 29471

CERTIFICATE---DEATH BENEFITS

\$200.00

The District Grand Lodge No. 18,
Grand United Order of Odd Fellows
OF AMERICA
JURISDICTION OF GEORGIA



For and in Consideration of the representations, stipulations and agreements made by

Cornelia Hill

in his or her application for membership in the Grand United Order of Odd Fellows in America and for this certificate, a copy of said application being hereto annexed and made a part hereof; and in further consideration of said member during his or her membership in said Order making prompt payment to said corporation at its office in Atlanta, Georgia, of the following items at the times herein stated, time being of the essence of this contract, to-wit: 20 cents special tax leviable and payable February 1st of each year; 12 cents S. C. M. per capita tax payable April 1st of each year; 10 cents thanksgiving tax payable May 1st of each year; 25 cents expense fund tax payable June 1st of each year; 25 cents expense fund tax payable December 1st of each year; 25 cents D. G. L. monthly dues payable on or before the 10th day of each month; an emergency assessment whenever made by the Executive Committee of said corporation for the purpose of repairing any deficiency in the fund set apart for the payment of death benefits, caused by the payment of death benefits for any year in excess of the income set apart for that purpose; this assessment to be made from time to time when such condition arises and shall be uniform on all members of Households of Ruth alike, and shall be paid within 60 days after the same is made, notice of which shall be published once a week for six weeks in the official organ of the Order; and in further consideration of said member making prompt payment to his or her Household of Ruth of his or her monthly dues of 25 cents in favor thereof, and of whatever assessments or local tax may be levied on him or her by his or her Household of Ruth from time to time by a majority vote of its members at any regular meeting thereof; said monthly dues being payable on or before the 10th day of each month, and the assessments and local tax within 30 days after the same are levied, agrees to pay the beneficiary or beneficiaries named in this certificate within 90 days after satisfactory proof of the death of said member shall be furnished to said corporation by said beneficiary or persons claiming hereunder, provided said member has complied with all the terms and provisions hereof and is in good standing in said Order at the time of his or her death, the sum of \$25.00 if his or her death ensues within one year from date hereof; \$50.00 if death ensues after one year and within two years from date hereof; \$80.00 if death ensues after two years and within three years from date hereof; \$120.00 if death ensues after three years and within four years from date hereof; \$160.00 if death ensues after four years and within five years from date hereof; \$200.00 if death ensues after five years from date hereof.

The benefits accruing under this certificate to be paid to

Name W. S. C. Hill Relation, my Husband

Name _____ Relation, my _____

Name _____ Relation, my _____

This certificate is issued subject to the following provisions, to-wit:

1. The beneficiaries shall not be entitled to receive any benefit under this certificate if the first month's dues have not been actually paid before said member's death as above stipulated; that is to say, it is imperative on said member to pay one month's dues to said corporation and Household, before his or her death, to make this certificate effective.
 2. In case of the beneficiary's death prior to the death of the member, this certificate shall not be payable to the heirs of the beneficiary, and if more than one beneficiary is named herein and one or more die before the death of said member the entire benefit herein shall be paid to the beneficiaries surviving said member, agreeably to the terms hereof.
 3. The beneficiaries named herein and their legal representatives are hereby prohibited from bringing suit in any court of law or equity against said corporation for the collection of any sum which may be considered due on this certificate before they exhaust their remedies in the courts of the Order now existing or hereafter to be established by the Order. When, for any reason, the claim is disapproved by the D. G. M., said beneficiaries shall present said claim by petition to said D. G. L. (the court of original jurisdiction) with evidence to support same, to be passed upon by said court and if disallowed by it, they shall have the right of appeal within 30 days from the decision of said court to the S. C. M., (the court of the last resort in the Order) by complying with the rules of said appellate court.
 4. The filing of any suit in any court of law or equity brought by the beneficiaries herein named or their legal representatives against said corporation for the collection of any sum which may be considered due on this certificate before said beneficiaries or legal representatives shall exhaust their remedies in the courts of the Order, shall forfeit this certificate and all rights of said beneficiaries or persons claiming under this certificate.
 5. Said corporation has its chief office and principal place of business in Fulton County, Georgia, and has no office, place of business, agent, or agency in any other county in said State, and said member in accepting this certificate agrees for himself, and his beneficiaries that only the civil courts of Fulton County, Georgia, have jurisdiction over said corporation and over the subject matter of this contract, and that the civil courts of the other counties of the State have no jurisdiction over either the corporation or the subject matter of this suit.
 6. The said member may designate the following persons only as beneficiaries in this certificate, to-wit: His lawful wife or her lawful husband, and other persons related to him or her by consanguinity when they are dependent upon him or her for support and maintenance, and any persons named as the beneficiary herein who does not come within one of these classifications shall not be entitled to receive any benefits under this certificate.
 7. The Household of Ruth to which said member belongs and the officers thereof are not the agents of said corporation, and if any money is paid to said Household or to the officers thereof by said member they accept the same as his or her agents and are responsible to him or her only for what they do with the money. It is expressly stipulated that in no event, either in receiving or forwarding the application for membership and this certificate, or in receiving money from said member, shall said Household or the officers thereof become the agents of said corporation, but in all matters connected with this certificate they shall be the agents of said member.
 8. Said member may have his or her beneficiaries changed at will, agreeably to paragraph 6 above, and by paying a fee of fifty cents therefor.
 9. When said member is dropped or suspended from his or her Household of Ruth, this certificate becomes void, and he shall not be reinstated by his or her Household except upon a surrender of this certificate, or in lieu thereof, an affidavit of the member that it is lost or destroyed, and the issuance of a new certificate by said corporation, agreeably to its rules and regulations.
 10. Upon the suspension of a Household of Ruth for any cause every member in said Household in good standing at the time of suspension, and who was not in any manner responsible for the conduct of his or her Household may within 30 days from the date of such suspension apply to the District Grand Secretary with his or her financial card showing his or her good standing in said Household at the time of its suspension, for enrollment on the financial list of members recorded in the office of said corporation to be deposited in some Household. If said member dies during the suspension of his or her Household neither his nor her beneficiaries nor their legal representatives shall be entitled to receive any benefits under this certificate, unless the said member has complied with the provisions of this paragraph.
 11. If said member dies leaving surviving him no legal beneficiary named herein, the benefits under this certificate shall go to this corporation.
 12. If said member procures this certificate by fraud, deceit, or misrepresentation, upon proof thereof he or she shall forfeit any and all rights to benefits accruing hereunder, and this certificate shall become absolutely null and void, and the beneficiaries named herein shall not be entitled to recover any benefits under this certificate.
 13. Said member shall forfeit his or her membership in the Order and also this certificate whenever he or she makes default in the payment of any one of his or her monthly dues to this corporation or to his or her Household, and he or she shall likewise forfeit his membership in the Order and also this certificate whenever he or she shall make default in the payment of any one of the taxes or assessments as hereinbefore stipulated, time in each event being the essence of this contract.
 14. Said member shall be deemed not to be in good standing in the Order:
 - (a) When he or she is in default in making payments of his or her monthly dues or taxes or assessments, or any one of them, as above stipulated.
 - (b) While he or she is suspended or expelled from his or her Household; or during the suspension or expulsion of his or her Household from the Order, provided he or she has not complied with the provisions in paragraph 10 herein.
 - (c) When he or she is guilty of bigamy or concubinage; or living in a state of bigamy or concubinage.
 15. Nothing shall be paid under this certificate to the beneficiaries named or to their legal representatives, if said member die in a state of bigamy or concubinage, or if he or she comes to his or her death by the commission of an unlawful deed; or if his or her death is the result of a quarrel or a fight, except in self defense; or if his or her death is the result of resisting a lawful officer attempting to arrest him or her, or while making an effort to escape from a lawful officer while under arrest, or endeavoring to evade an arrest by a lawful officer; or if he or she commits suicide, sane or insane, or if his or her death is the result of any act of the beneficiaries herein named, whether they are sane or insane; and in the event his or her death should occur in either way as above specified, then this certificate is thereby forfeited and shall be null and void.
 16. The District Grand Secretary shall keep a life register of each and every member of said Order within the Jurisdiction of Georgia, in which shall appear the names of each and every member thereof; the name of his or her Household, the forfeiture, suspension or expulsion of each and every member as the same may occur; also the suspension or expulsion of each and every Household as the same may occur; also the date of each and every forfeiture, suspension or expulsion as aforesaid, such notations to be made each and every month from the reports of the several Households of Ruth of the Jurisdiction of Georgia.
- Said life register shall be prima facie evidence of the standing of said member and of his or her Household and shall be admissible as such in all suits at law or in equity between said corporation and any person or persons claiming benefits under this certificate.

Given under the corporate name of the District Grand Lodge, No. 18, Grand United Order of Odd Fellows of America, Jurisdiction of Georgia, by the District Grand Master, and attested by the District Grand Secretary under its corporate seal, this the ... day of ... June A. D., 1913.

The District Grand Lodge No. 18, Grand United Order
of Odd Fellows of America, Jurisdiction of Georgia

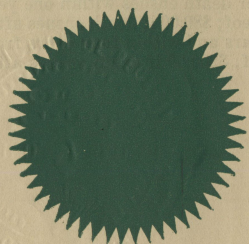
By *B. S. Ingram*

District Grand Master

Attested by

B. J. Hearn

District Grand Secretary



Application for Membership

To Lodge No. G. U. O. of O. F.
 To Winder H. H. of Ruth No. 1445 G. U. O. of O. F.
 I, Cornelia Hill of the Town of Winder County of Jackson State of Georgia, do hereby make application for membership in

the Grand United Order of Odd Fellows in America and for a certificate of death benefits in "The District Grand Lodge, No. 18, Grand United Order of Odd Fellows of America, Jurisdiction of Georgia," a corporation, and do solemnly promise faithful compliance with and obedience to the laws, rules and regulations of said Order. I accept all of the provisions of the General Laws of the Order as they now exist and as they may hereafter be enacted or amended by the Biennial Moveable Committee of the Order, and also all laws, rules, regulations and by-laws of said corporation as they now exist or may hereafter be enacted or amended by said District Grand Lodge.

I further agree as follows: (a) That I shall forfeit my membership in the Order and also forfeit the certificate issued to me on this application if I fail to pay any one of my dues as stipulated in said certificate, time being of the essence; (b) If I shall make default in the payment of any one of the taxes or any one of the assessments as stipulated in said certificate, time being of the essence, and upon failure to pay dues as aforesaid or to pay one of said taxes or any one of said assessments as aforesaid, neither the beneficiary named in this application nor any other person shall have any right thereafter to collect any benefits or money whatever under said certificate; (c) that the right of my beneficiaries, or their legal representatives, to sue in the civil courts for the recovery of any benefits under said certificate, in the event of my death shall not be exercised until the justice of their claim has been passed upon by the courts of the Order, and then suit shall be instituted on said certificate against said corporation only in a civil court in Fulton County, Georgia, having jurisdiction of the claim; said corporation having its only office and place of business in said Fulton County, and no agent or agency in any other county in said State; (d) that by the acceptance of said certificate I bind myself and my beneficiaries to abide by and perform all of the stipulations, terms and conditions set out therein; and that each and every answer made by me to the questions hereinafter propounded to me are material and they are made by me for the purpose of obtaining membership in said Order and for obtaining a death benefit certificate from said corporation; and I warrant said answers to be true, and if they or any one of them should prove to be untrue that said certificate shall be void, and all rights which I or my beneficiaries may have therein shall be forfeited; and I agree that I will pay to the Permanent Secretary One Dollar or Worthy Recorder Fifty Cents, as the case may be, with this application for said certificate and the District Grand Medical Examiner's fee.

I name the following to be designated as my beneficiaries in said certificate:

C. S. Hill Relation, my Husband

..... Relation, my
 This May 3 A. D. 1913
 Attest: (Applicant's signature) Cornelia Hill
 P. S. W. R.

NOTE.—The examining physician will require the applicant to answer the following questions separately and explain to him the meaning of each term so that the answer may be true and correct:

- 1 (a) Name of applicant in full
 (b) P. O. Address Winder
- 2 Date of birth, month date of month year
- 3 (a) Occupation (b) Married or single
- Have you ever had any of the following ailments? Answer yes or no:
- 4 Affection of Liver23 Heart Disease
- 5 Appendicitis24 Jaundice
- 6 Apoplexy25 Skin Disease
- 7 Asthma26 Sores or Ulcers No
- 8 Brain Disease27 Paralysis
- 9 Bronchitis28 Pleurisy
- 10 Chronic Diarrhoea29 Pneumonia
- 11 Delirium Tremens30 Piles
- 12 Difficult Urination31 Fistula
- 13 Disease of Bladder32 Spitting Blood
- 14 Discharge from Ear33 Sunstroke
- 15 Disease of Spine34 Syphilis
- 16 Disease of Genitals35 Swollen Glands
- 17 Disease of Kidneys36 Stricture
- 18 Dropsy37 Diabetes
- 19 Epilepsy or Fits38 Habitual Cough
- 20 Varicose Veins39 Dyspepsia
- 21 Gall Stones40 Difficult Breathing
- 22 Gravel

Have applicant explain here ailments, giving number of times, duration and how long since last attack:

- 41 (a) Have you had rheumatism? (b) in what years? (c) Was it inflammatory? (d) Parts Affected?
- 42 Are you now sound in health?
- 43 What ordinarily is the state of your health?

44 Have you ever had any serious illness or disease other than those above mentioned (b) If so, what?

45 (a) Have you received any severe injury or undergone any surgical operation? (b) If so, give particulars and date?

46 (a) Have you any physical defect or infirmity? (b) If so, state particulars?

47 (a) Have you ever been rejected or postponed by this or any other order or life insurance company? (b) If so, by what lodge or company and when and where?

48 (a) When were you last attended by a physician? (b) For what complaint? (c) Give name and address of physician who treated you?

49 (a) Are you ruptured? (b) If so, do you agree to wear controlling truss?

50 (a) Do you use or have you ever used to excess wines, spirits or malt liquors? (b) If so, have you been intoxicated within the last year?

51 Do you use tobacco, opium, cocaine, morphine, chloral or any other drug or narcotic?

52 How many cigarettes do you use each day?

53 Has either of your parents or any of your brothers or sisters died of or been afflicted with consumption, scrofula, insanity or any other hereditary disease?

54 Are you now living or have you ever lived in the same house with a person afflicted with consumption? If so, when?

55 Have you ever been advised to change climate on account of your health? If so, give particulars?

55 1-2 Are you living in a state of bigamy or concubinage?

56 FAMILY HISTORY:

State the specific cause of death, if possible. General terms with explanation are not satisfactory.

Family History	Age	Health	Age at Death	Cause of Death	Duration of Illness
Father					
Mother					
Brothers					
No. Living					
No. Dead					
Sisters					
No. Living					
No. Dead					

ADDITIONAL QUESTIONS TO BE ASKED HOUSEHOLD OF RUTH APPLICANTS:

57 (a) Do you now or have you ever suffered with any disease of the Uterus or Ovaries? (b) If so, give date and particulars?

58 (a) Do you suffer with any menstrual derangements? (b) Give particulars?

59 Have you had any tumors or any disease of breast?

60 (a) Have you changed life? (b) If so, how long since?

61 How many children have you borne?

62 When were you last confined?

63 Any serious trouble during pregnancy or labor?

64 Any miscarriage? How many?

65 Date of last miscarriage?

66 Are you now pregnant?

Special Explanation

I agree on behalf of myself and of all persons who shall have or claim any interest in the certificate issued on this application as follows: 1. That inasmuch as only the officers of the said corporation have authority to determine whether or not a policy shall issue on any application, I hereby agree that knowledge of the subordinate lodge or Household and officers thereof receiving this application, or of the Medical Examiner, shall not be binding upon said corporation, nor shall any statement, promises or information made or given by or to said subordinate lodge or Household, or the officers thereof, receiving this application for a policy, or any other person, be binding upon said District Grand Lodge, or in any manner affect its rights unless such knowledge, statements, promises or information be reduced to writing and presented to the officers of said corporation at its office in Atlanta, Ga. 2. That the certificate which may be issued in pursuance of this application shall be in consideration of my statements made in this application, and of my answers made to the questions by the Medical Examiner herein, which statements and answers, I hereby warrant to be material and true. 3. I agree that the institution of any suit by myself in any court at law or in equity against my subordinate lodge, or against the District Grand Lodge No. 18, Grand United Order of Odd Fellows of America, Jurisdiction of Georgia, or against the Sub-Committee of Management of the Grand United Order of Odd Fellows in America before exhausting my remedies in the courts of the Order, shall forfeit my membership in said Order and render null and void the certificate issued on this application.

Witness my hand this 3 day of May 1913 at Winder Georgia

(Applicant's signature) Cornelia Hill

Address Winder

Attest: S. T. Ross M. D.

Local Medical Examiner.

Approved May 29, 1913 P. C. Welham
Winder Dist. Grand Medical Examiner.
 Ga.

PROOF OF DEATH.

Georgia, County.

We, the undersigned officers of

Lodge, No.

G. U. O. O.

F., located at, Ga., being duly sworn, on oath say that

of said Lodge died on the.....day of 191..... Cause of death

M. N. G.

W. R.

Sworn to and subscribed before me this the..... day of 191.....

Notary Public.

DOCTOR'S CERTIFICATE.

I, a regular, licensed, practicing physician, do certify that the facts stated in the foregoing affidavit are true, and that I attended the deceased during his last illness.

M. D.

UNDERTAKERS CERTIFICATE.

I, undertaker of, Ga., do certify that on the day of 191....., the said was buried by me at

Undertaker.

DATA.

Date of Certificate 191.....
 No. of Certificate
 Forfeiture 191.....
 Suspended or expelled 191.....
 Reinstated 191.....
 Name of beneficiaries
 Relation
 Financial
 Non-Financial

D. G. S.

W.

G. N. W.

Beneficiaries

do certify that the persons who signed the above receipt are the proper parties to receive the benefits under the within certificate, and that their said signatures are genuine.

Witness: The undersigned official

Dollars, District Grand Treasurer Dollars,
 the same being in full settlement, accord and satisfaction of all claims existing under the within certificate against said District Grand Lodge.

FINAL SURRENDER.

Death Benefit Certificate
D. G. L. No. 18,
G. U. O. O. F.
OF AMERICA,
JURISDICTION OF GEORGIA



200 Auburn Ave., Atlanta, Ga.

No. 29471
 Issued to *Cornelia Hill*
 of *Winder* Household
 No. 1445
 of *Winder* Ga.
June 1, A. D. 1913

APPLICATION FOR CHANGE OF BENEFICIARIES.

The District Grand Lodge, No. 18, of Georgia.
 I hereby make application for change of beneficiaries named in the within certificate No., which I surrender for a new certificate to be of the same tenor and effect and bear the same date as the within certificate; the benefits in the new certificate to be paid to relation, my, who are to be named as my beneficiaries therein. Enclosed find One Dollar in payment of fees.

Respectfully,

Member.