

# ANSWERS MADE TO THE MEDICAL EXAMINER,

in continuation of, and forming a part of my APPLICATION for insurance to the NEW-YORK LIFE INSURANCE COMPANY, dated \_\_\_\_\_ 189\_\_

1. A. Full name? William McKinley D. Age at near-est birthday? 63 E. Place of Birth? Niles, Ohio H. Single, Married, Widew, or Widower? no  
 B. Residence? Canton, Ohio F. Race? American, White  
 C. Occupation? Attorney at Law G. Nationality? American

K. How long have you been engaged in your present occupation? 29 yrs  
 2. A. Have you ever been engaged in any other than your present occupation? A no *except years spent in public life*  
 B. Do you contemplate making any change, temporary or permanent, in your occupation? B no  
 C. Are you now engaged in any way in the manufacture or sale of wine, spirits, or malt liquors? C no  
 D. Have you ever been so engaged? D no  
 E. State each place of residence during the last ten years and which years in each place. E Canton, Ohio  
 F. Do you contemplate making any change in your place of residence or making a journey? F no

3. A. What is your daily consumption of wine, spirits, or malt liquors? A none  
 B. What has it been in the Past? B same  
 C. Have you at any time drunk any of them to excess? C no  
 D. Have you at any time taken or do you now take tobacco, opium, morphine, chloral, coca, or other drug to excess? D no

4. A. Have you ever been examined for insurance without receiving a policy? (Name of company? Date? Cause?) A no  
 B. Have you ever been refused insurance on the plan applied for? B no  
 C. Is any negotiation for other insurance on your life now pending? C no  
 D. Have you ever obtained, or tried to obtain, a pension? D no

5. Have you suffered since childhood from—  
 A. Headaches (if severe), Dizziness, Fits, Mental Derangement, Nervous Prostration, Sunstroke, Paralysis or any Disease of Brain or Nervous System, or from any Disease of Eyes or Ears? A no  
 B. Cough or Hoarseness (Chronic or Persistent), Asthma, Spitting of Blood, Pleurisy, Pneumonia, or any Disease of the Respiratory Organs? B no  
 C. Palpitation, or Pain or Distress about the Heart, or any Disease of the Heart? C no  
 D. Diarrhoea, Dysentery, Dyspepsia (Chronic), Jaundice, Liver Disease, Colic (severe), Gall-stones, Fistula, Peritonitis, or any Disease of the Abdominal Organs? D no  
 E. Rupture? E no  
 F. Rheumatism or Gout? F no  
 G. Cancer or any Tumor, Malarial Poisoning, Small-pox or Yellow Fever? G no  
 H. Syphilis? H no  
 K. Difficult or Frequent Urination, Renal Colic, Stone in the Bladder, Disease of Kidneys, or any Disease of the Urinary Organs? K no  
 L. Stricture of the Urethra or Enlarged Prostate? L no  
 M. Any Surgical Operation, any Injury, or any Disease not already mentioned? M no  
 N. Uterine or Pelvic Disease, Miscarriage or Abortion, Difficult Labor, Disease of the Breasts, or any Disease peculiar to Women? N no  
 O. If a policy is desired for the benefit of any other person, is that person dependent on you for support? O no

Give below details of each illness above answered "YES."

Name of Disease.	Number of Attacks.	Date.	Duration.	Severity.	Results.	Name of Medical Attendant.

P. Give name and address of your physician? P Dr. Phillips, Canton, Ohio  
 Q. Give name and address of any other physicians consulted by you during past ten years, and cause for consultation. Q Dr. Hullentou, Columbus, O. Signs Admitted

6. A. Which Family do you resemble, your father's or mother's? A Both

B.	Age if Living?	Condition of Health, if not good, give full details.	Age at Death?	Cause of Death?	How Long Ill?	Where death was not clearly due to Acute Disease give Details of Last Illness, and in case of Parents the Year of Death.	Previous Health?
Father,			86	Old age.			
Mother,	87	Good					
Brothers, 3	49	Good	60	Don't know			
Sisters, 5	56	Good	65	Don't know			
	54	Good					
Father's Father,			67	Malaria fever	3 wks		
Father's Mother,			57				
Mother's Father,			57				
Mother's Mother,			73	Old age			

C. Have any of your Uncles or Aunts suffered from consumption? (If so, give full details.) C no

I warrant, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, each of the above answers to be full, complete and true, and that I am temperate, and to the best of my knowledge and belief in sound physical condition and a proper subject for life insurance.  
 I expressly waive, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired.

Witnessed by Dr. Phillips M. D., Medical Examiner. Signature of the person applying for insurance: William McKinley

## MEDICAL EXAMINER'S REPORT.

(Continued on the other side of this sheet.)

1. What is the rate of the pulse (while seated)? 72 Its character?    
 2. A. Exact Height, 5 ft. 8 in. B. Exact Weight, 180 lbs. C. Girth of chest at level of fourth rib. On deep expiration, 38 in. On full inspiration, 40 1/2 in. D. Girth of abdomen at level of umbilicus, 37 in.

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OCCUPATION - RESIDENCE.

ALCOHOL - DRUGS.

INSURANCE HISTORY.

PERSONAL RECORD.

FAMILY HISTORY - HEREDITY.

MEDICAL EXAMINER'S REPORT.

(Continued from the other side of this sheet.)

3. A. How long have you personally known the applicant? 27 yrs
B. How well?
C. Complexion?
D. Color of Hair?
E. Color of Eyes?
F. General Appearance healthy or unhealthy?
G. Does Age as given seem to you correct?
H. Are there any marks of small-pox? no K. Or of successful vaccination? yes

L. If neither, give number of unsuccessful attempts at vaccination and date of last.
M. Describe any deformity, scar, or other mark, which would serve as a means of identification

4. A. Has he recently gained weight? (If so, how much, and due to what cause?)
B. Has he recently lost weight? (If so, how much, and due to what cause?)
C. If he is over or under weight, is this a family or an individual characteristic?
D. Is he deformed, lame or maimed?
E. Is he ruptured? (If so, what kind? reducible or irreducible? Is efficient truss worn?)

Yes or No.
A. No
B. No
C. No
D. No
E. No

Give details here.
C. His weight is family characteristic

5. A. Is there any evidence of past or present Disease of the Brain or Nervous System?
B. Is there any Discharge from the Ears?
C. Is there any Skin eruption, Varicose Veins, or any open sore or ulcer?

A. No
B. No
C. No

6. Is there any Hoarseness or Cough, or any indication of Disease of the Lungs?

No

7. A. Is there any evidence of Disease of the Heart or Blood Vessels?
B. Is the heart's action weak, irregular or intermittent?

A. No
B. No

8. A. Is he a dyspeptic, or subject to dysentery or diarrhoea, or has he a fistula? (If so, give full details.)
B. Are there any evidences of Disease of any of the Abdominal Organs?

A. No
B. No

9. A. Was urine examined passed by the applicant? (Examiner must be satisfied on this point.)
B. What is its specific gravity?
C. Does it contain albumen?
D. Does it contain sugar?
E. Microscopic examination? (Not required except at request of Company.)
F. Is there any evidence of Stricture, Enlargement of the Prostate, or of any Disease of the Genito-urinary Organs?

A. Yes
B. 1.022
C. No
D. No
E. No
F. No

IF A WOMAN. G. Or of derangement of the menstrual function, or any pelvic, uterine or ovarian Disease, or is there any evidence of Disease of the Breasts?
H. Is she now pregnant?
K. Has she passed the Climacteric?
L. No. of Children? Date of last Labor?
M. Has she had serious trouble during Labor?

G. No
H. No
K. No
L. No

10. A. Have you any reason to think that he has used alcohol or drugs to excess?
B. Is anything about his present residence or occupation likely to affect his longevity unfavorably?
C. Has he any tendency to local or constitutional Disease?
D. Are there any points in this case which would render the opinion of his physician desirable?

A. No
B. No
C. No
D. No

11. Before answering Question 12, please REVIEW carefully the "Answers made to the Medical Examiner" and your Report. See that all questions are fully answered and that there are no omissions or obscurities. Wherever corrections are made, indicate by your initials that you are responsible for them.

OPINION OF EXAMINER.
12. A. Are you satisfied that everything in connection with the Physical Condition, Habits, Surroundings and Personal and Family History of the applicant is fully stated?
B. Do you find him in perfect health and safely insurable?
C. Do you advise that a policy be issued?

A. Yes
B. Yes
C. Yes

I certify that I have carefully examined Mr. J. M. ... in private at ... this 30th day of July 1896; that I have carefully reviewed with him the accompanying application for an insurance of \$5000 on his life; that his "Answers made to the Medical Examiner" on the other side of this sheet are in my handwriting and are exactly as made by him to me, and that the signature was made by him in my presence.

ADDITIONAL REMARKS.

Blank area for additional remarks with faint handwriting.

The Spaces below this line are reserved for the use of the Home Office and must not be written on.

Table with three columns: ADVISED., SUSPENDED., NOT ADVISED.

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