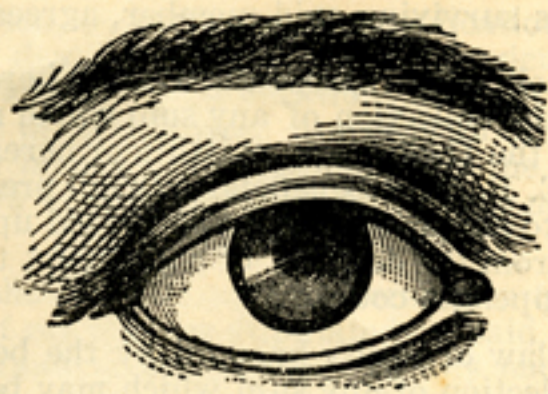


CERTIFICATE—DEATH BENEFIT \$500.00



The District Grand Lodge No. 27
Grand United Order of Odd Fellows
OF AMERICA
JURISDICTION OF FLORIDA
A CORPORATION



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

D. A. DORSEY

in his 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 membership in said order making payment to said corporation at the office of the Secretary of Endowment Board of the following items at the time herein stated, time being of the essence of this contract, to-wit: 80 cents D. G. L. Endowment monthly dues; 50 cents Assessment, to be paid 25 cents semi-annually (every 6 months), Dec. 1st and June 1st, 10 cents D. G. L. Annual tax; any and all special tax that might be levied by the D. G. L. from time to time; any and all emergency assessment whenever made by the Executive Committee of the D. G. L., 20 cents S. C. M. per capita tax, payable July 1st of each year; and in further consideration of said member making prompt payment to his Subordinate Lodge of his monthly dues in accordance of its By-Laws each month in favor thereof, and of whatever assessments or local tax may be levied on him by his Subordinate Lodge 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 beneficiaries named in this certificate within 90 days or as soon thereafter as the funds are collected and set apart by the D. G. L. for the Endowment Department, are sufficient to cover same, 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 hereof, is in good standing in said Order at the time of his death, the sum of \$50.00 if death ensues within 6 months from date hereof; \$100.00 if death ensues after 6 months and within 12 months; \$150.00 if death ensues after 12 months and within 18 months; \$200.00 if death ensues after 18 months and within 2 years; \$250.00 if death ensues after 2 years and within 30 months (2½ yrs.); \$300.00 if death ensues after 30 months and within 3 years; \$350.00 if death ensues after 3 years and within 42 months; \$400.00 if death ensues after 42 months and within 4 years; \$450.00 if death ensues after 4 years and within 54 months; \$500.00 if death ensues after 54 months and within 5 years from date hereof, except in cases where said members have been insured in this department 2 years or more and has remained in good and regular standing for said period of time, said member is entitled to \$200.00; \$300 if death ensues 12 months from date and shall increase at the same ratio as that of new members until maturity.

The benefits accruing under this certificate to be paid to

Name **R. L. B. DORSEY** Relation, my **WIFE**
Whose Address is _____
Name _____ Relation, my _____
Whose Address is _____
Name _____ Relation, my _____
Whose Address is _____
Name _____ Relation, my _____
Whose Address is _____

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

1. The beneficiaries shall not be entitled to receive any benefits under this certificate if ONE DOLLAR has not been paid at the time of the initiation of said member to membership.

2. In case of the beneficiary's death prior to the death of the member, this certificate shall 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 E. B., 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 to appeal within 30 days from the decision of said Court to the S. C. M. (the court of 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. The said member may designate the following persons only as beneficiaries in this certificate, to-wit: His lawful wife, living together at the time of his death, legitimate children, mother, father, sister or brother, and other persons related to him by consanguinity, 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, except in case where there are none of the foregoing heirs living or in case of will.

6. The Subordinate Lodge to which said member belongs and the officers thereof are not the agents of said corporation, and if any money is paid to the Subordinate Lodge or to the officers thereof by said member they accept the same as his agents and are responsible to him 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 Subordinate Lodge 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.

7. Said member may have his beneficiaries changed at will, agreeable to paragraph 5 above and by paying a fee of \$1.00 therefor. Provided such change is made by written application to the President of the Endowment Bureau and has his approval.

8. When said member is dropped or suspended from his Lodge, this certificate becomes void, and shall not be reinstated by his Lodge 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, which shall be shown on the Life Register.

9. Upon the suspension of a Lodge for any cause every member in said Lodge in good standing at the time of suspension, and who was not in any manner responsible for the conduct of his Lodge, may, within 30 days from date of suspension, apply to the Secretary of Endowment Board with his financial card showing his good standing in his Lodge 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 Lodge. If said member dies during the suspension of his Subordinate Lodge, neither his beneficiaries nor their legal representatives shall be entitled to receive any benefits under this certificate, unless said member has complied with the provisions of this paragraph.

10. If said member dies, leaving surviving him no wife or other legal beneficiaries named herein, or Will, 25 per cent of the benefits under this certificate shall go to the Lodge of which he is a member, and balance to this corporation.

11. If said member procures this certificate by fraud, deceit, or misrepresentation, upon proof thereof he 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.

12. Said member shall forfeit his membership in the Order and also this certificate whenever he makes a default in the payment of any two of his monthly dues to this corporation or to his Subordinate Lodge, said dues shall consist of monthly dues and Legal Lodge Obligations to the amount of two month's dues.

13. Said member shall be deemed not to be in good standing of the Order:

(a) When he is in default in making payments of his monthly dues or taxes or assessments, or any one of them, as above stipulated.

(b) While he is suspended or expelled from his Subordinate Lodge; or during the suspension or expulsion of his Subordinate Lodge from the Order, provided he has not complied with the provisions in paragraph 10 herein.

(c) When he is guilty of bigamy or concubinage.

14. Nothing shall be paid under this certificate to the beneficiaries named or to their legal representatives if said member dies in a state of bigamy or concubinage, or if he comes to his death by the commission of an unlawful deed, or if his death is the result of a quarrel or a fight, except in self-defense, or if he commits suicide while sane, or if his death is the result of any act of the beneficiaries herein named, whether they are sane or insane; and in the event his death should occur in either way as above specified, then this certificate is thereby forfeited and shall be null and void.

15. The Endowment Board shall keep a life register of each and every member of said Order within the Jurisdiction of Florida, in which shall appear the names of each and every member thereof, his age, address, and date of joining, the name of his Subordinate Lodge, the forfeiture, suspension or expulsion of each and every member as the same may occur; also the suspension or expulsion of each and every Subordinate Lodge 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 Subordinate Lodges of the Jurisdiction of Florida reported to him by the D. G. S.

Said life register shall be prima facie evidence of the standing of said member and his Subordinate Lodge, 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. 27, Grand United Order of Odd Fellows of America, Jurisdiction of Florida, by the District Grand Master, and attest by the District Grand Secretary under its corporate seal, this the 1st. day of Jan. A. D. 1926.

District Grand Lodge No. 27, Grand United Order of Odd Fellows of America, Jurisdiction of Florida.

By A. D. Thomas
Dist. Grand Master.

Attested by H. J. Ferrell
Dist. Grand Secretary.

Issued by

A. D. Thomas
President E. Board.
W. S. Thomas
Secretary E. Board.

APPLICATION FOR MEMBERSHIP

To _____ Lodge No. _____ G. U. O. of O. F. _____

I, _____ of the Town of _____ County of _____

State of Florida, do hereby make application for membership in the Grand Order of Odd Fellows in America and for a certificate of death benefits in "The District Grand Lodge, No. 27, Grand United Order of Odd Fellows of America, Jurisdiction of Florida," 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 Movable 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 of my dues as stipulated in said certificate or for two consecutive months, 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 any one of said taxes or any one of said assessments as aforesaid within 60 days from date the same becomes due, 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; (d) that by acceptance of said certificate I bind myself and my beneficiaries to abide by and perform all of the stipulations, terms and conditions set out herein; 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 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, as the case may be, with this application for said certificate and the District Grand Medical Examiner's fee, in case there be one.

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

Relation, my _____
Relation, my _____
Relation, my _____

This _____ A. D. 192 _____

Attest:

(Applicant's signature) _____

P. S.

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. What is your name?
2. Residence and full address
3. Place of birth, Age
4. Are you married?
5. What was your wife's name before marriage?
6. Are you married to more than one woman?
7. Have you children?
8. Have any of your grandparents, uncles, aunts, brothers had consumption?
(b) Cancer? (c) Epilepsy?
(d) Insanity or other hereditary disease?

I do hereby solemnly declare the above statement correct. I agree to adopt the foregoing as my own handwriting, whether written by me or not, and agree that the above answers and statements shall form the exclusive and only basis for benefit certificate, for myself or beneficiaries.

(Sign here) Name _____, Address _____

MEDICAL EXAMINER'S STATEMENT

- 1. What is applicant's occupation?
2. Does occupation unfavorably affect longevity?
3. Do you know applicant personally?
4. Are you related by blood or otherwise to applicant?
5. Have you ever treated him or his family?
6. (a) Nationality, (b) Married or single?
7. Is figure erect or well developed? (Explain fully)
8. Shape of Chest, Girth of Chest at rest, Full expiration, Weight, Girth of waist, Number of respirations per minute
9. Does pulse intermit or is it regular?, Rate of pulse per minute sitting standing
10. Is the respiratory murmur normal in every part of both lungs?
11. Is the heart's action normal, free and regular?
12. Are there any indications of disease of the heart or lungs?
13. Would you rate him as a first-class, fair, average or poor risk?
14. Do you recommend him for insurance?

I do hereby declare that I have personally, privately and carefully examined this above named person, and the answers are correct.

Signed this _____ day of _____ 192 _____ Name _____ M. D.

Approved or rejected this _____ day of _____ 192 _____

At _____ Florida.

Signed _____, Grand Medical Director.

PROOF OF DEATH

Florida County of

We, the undersigned officers of Lodge, No. G. U. O. O. F.

located at Fla, being duly sworn, on oath, say that Brother.....

of said Subordinate Lodge died on the day of 192... Cause of death.....

N. G.

P. S.

Sworn to and subscribed before me this the day of 192...

DOCTOR'S CERTIFICATE

Notary Public.

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.

UNDERTAKER'S CERTIFICATE

M. D.

I, undertaker of Fla., 192... do certify that on the day of 192..., the said was buried by me at.....

DATA

Undertaker.

Date of Certificate..... 192...

No. of Certificate.....

Forfeiture..... 192...

Reinstated..... 192...

Name of beneficiaries.....

Relation.....

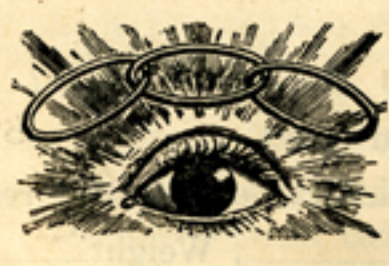
Financial.....

Non-Financial.....

S. E. B.

DUPLICATE

Death Benefit Certificate
D. G. L. No. 27
G. U. O. OF O. F.
OF AMERICA
JURISDICTION OF FLORIDA



No. 2398 Age 20
Issued to D. A. DORSEY
of T. P. LLOYD Lodge
No. 4423
of MIAMI Florida
JAN. 1st. A. D. 1916

DENNIS PRESS 82842

S. P.
N. G.

Witness: The undersigned officials of Lodge, No. 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 signatures are genuine.

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

FINANCIAL SURRENDER

APPLICATION FOR CHANGE OF BENEFICIARIES

The District Grand Lodge, No. 27, of Florida:
I hereby make application for change of beneficiaries named in the within Certificate No. which I surrender for a new certificate to be 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.