STATEMENT OF BENEFITS—Continued.

No. of Assessment.	No. of Certificate.	NAME.	NAME AND NO. OF LODGE.	RESIDENCE.	DATE OF DEATH.	CAUSE OF DEATH.	Age at Death.	Amount paid to beneficiary.	To Whom paid.
14	1028	A. W. Thompson	Equity 232	Hagersville	Sept. 19, '85	Railway Accident..	49	$500 00	Widow.
	990	E. H. Dunham..	Golden Rule 46	Carleton, N.B..	Sept. 22, '85	Gunshot Accident..	34	500 00	do
15	1036	Wm. Wilson	Brock 9	Brockville	Oct. 5, '85	Chronic Gastritis..	56	500 00	Dau't'rs
	1156	Thos. Winder...	Aylmer 64	Aylmer	Dec. 27, '85	Inflam. Bowels.....	23	500 00	Mother.
*	340	Thos. Ramsay...	St. Thomas 76	St. Thomas	Feb. 26, '86	Typhoid Pneum	32	500 00	Widow.
*	624	David Martin ...	Garnet 139	Mount Forest ..	May 14, '86	Phthisis	39	500 00	Exect'r.
16	1172	D. P. McDonald	Sydenham V...120	Wallaceburg....	Oct. 25, '86	Typhoid Fever.....	36	500 00	Widow.

DISABILITY CLAIMS.

					Date of Disability.	*Cause of Disability.*			
1	1364	W. Sudworth....	Samaritan 35	Ingersoll	April 12, '79	Gunshot	52	400 00	Self
2	1500	Wm. Bladon	St. Thomas.....76	St. Thomas . ..	Mar. 12, '81	Spinal Injury	40	500 00	do

NOTE.—Names marked thus (*) paid without making an assessment.

TOTAL CLAIMS PAID.

Class "A"—Death Claims	$78,255 00
" " Disability Claims	900 00
Class "B"—Death Claims	11,500 00
	$90,655 00