

129  
123  
1-12-97  
210.97  
\$ 60.00  
DOLLARS

KATHERINE DUNHAM  
191 BOULEVARD SAINT-GERMAIN  
PARIS (VIIE), FRANCE

APR 5 1986  
1-12-97  
210.97  
\$ 60.00  
DOLLARS

Central Bank New York Trust Company  
601 Park Avenue South  
(17th Street)  
New York, N.Y.

0000006000

047 215376

Chemical Bank New York Trust Company

0021000121: 047 215376

008 21031

INDUSTRIE

LE POUR LE  
SÉNÉGAL, le  
banque en cas de  
banque à moi  
temps pour en-  
tre.

5575  
70-0017/810

DUNHAM FUND FOR RESEARCH AND  
DEVELOPMENT OF CULTURAL ARTS  
532 N. 10TH STREET 618 271-3367  
E. ST. LOUIS, IL 62201

JANUARY 6 1989

\$ 553.19  
DOLLARS

CENTRAL BANK

Central Bank  
One Central Bank Bldg.  
Fairview Heights, Illinois 62208

HUNDRED FIFTY-THREE 19/00

FOR mortgage loan #18135

005575 081000171 0 1689 7 0000055319

CATHERINE DUNHAM  
JEANELLE STOVALL

3370  
14 JULY 1981  
70-17  
819

KATHERINE DUNHAM

MRS. JEANELLE STOVALL \$ 675.00

SIX HUNDRED SEVENTY FIVE DOLLARS & 00/100

Southern Illinois Bank  
Fairview Heights Illinois 62208

FOR reimb. hshld & al.

081900174 4 1412 3 0000067500

CATHERINE DUNHAM

4801  
70-0017/810

DUNHAM FUND FOR RESEARCH AND  
DEVELOPMENT OF CULTURAL ARTS  
532 N. 10TH STREET 618 271-3367  
E. ST. LOUIS, IL 62201

11 June 1987

\$ 78.44  
DOLLARS

CENTRAL BANK

Central Bank  
One Central Bank Bldg.  
Fairview Heights, Illinois 62208

SEVENTY EIGHT DOLLARS & 44/100

FOR copies - DTS

004801 081000171 0 1689 7 0000007844

CATHERINE DUNHAM  
JEANELLE STOVALL

3481  
70-17  
819

KATHERINE DUNHAM

036769 7 August 1982

TOVA \$ 41.75

Forty-One Dollars and 75/100 DOLLARS

Southern Illinois Bank  
Fairview Heights Illinois 62208

FOR Medical

081900174 4 1412 3 0000004175

CATHERINE DUNHAM

5083  
70-0017/810

DUNHAM FUND FOR RESEARCH AND  
DEVELOPMENT OF CULTURAL ARTS  
532 N. 10TH STREET 618 271-3367  
E. ST. LOUIS, IL 62201

15-JANUARY 1988

\$ 307.61  
DOLLARS

CENTRAL BANK

Central Bank  
One Central Bank Bldg.  
Fairview Heights, Illinois 62208

THREE HUNDRED SEVEN DOLLARS & 61/100

FOR SECURITY FENCING #17308

005083 081000171 0 1689 7 0000030761

CATHERINE DUNHAM  
JEANELLE STOVALL



# The Congress Hotel

520 S. MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60605  
PHONE (312) 427-3800

OUTSIDE ILLINOIS  
TOLL FREE 1-800-223-5067

TELEX 4330281

CANADA  
TOLL FREE 800-223-5067

Please Print

THANK YOU FOR STAYING AT OUR HOTEL!

Charge To: \_\_\_\_\_

We do everything we can to make you feel right at home with the quality of service you expect from a great hotel.

Company: \_\_\_\_\_

A variety of fine dining, dancing, and entertainment is available with facilities for small and large groups.

Address: \_\_\_\_\_

Our professional staff can cater to all of your meeting needs.

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

We also have special Weekend and Holiday package programs throughout the year so that we can promise you the best of Chicago.

REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED GUEST  
ACKNOWLEDGES THE CHARGES AS A PERSONAL INDEBTEDNESS.

So come back to our hotel soon, where you are always a welcome guest.

Signature \_\_\_\_\_

FOLIO # 324775 ROOM # 600, 678

PAGE NO 2

KATHERINE DUNHAM  
C/O GERALDINE FREUND  
1400 N. LAKESHORE DR.  
CHICAGO  
60600

HAROLD WASHINGTON FOUND.  
1400 N. LAKESHORE DRIVE  
CHICAGO  
ARRIVED 12 APR  
DEPART 16 APR

	DEBIT	CREDIT	BALANCE
2514 APR 88 LDS LONG DISTANCE PHONE -		0 11	364.58
2614 APR 88 LDS LONG DISTANCE PHONE -	11.77 ✓		
2714 APR 88 LOC LOCAL PHONE -	2.25 ✓		
2814 APR 88 RM RM-600, 678	120.00		
2914 APR 88 RMT ROOM TAX	8.40		
3014 APR 88 CRT CITY ROOM TAX	3.72		
3114 APR 88 REF REFRIGERATOR	10.00 ✓		
3215 APR 88 LOC LOCAL PHONE -	0.75 ✓		
3315 APR 88 LDS LONG DISTANCE PHONE -	11.77 ✓		
3415 APR 88 LOC LOCAL PHONE -	2.25 ✓		
3515 APR 88 LOC LOCAL PHONE -	1.50 ✓		
3615 APR 88 RM RM-600, 678	120.00		
3715 APR 88 RMT ROOM TAX	8.40		
3815 APR 88 CRT CITY ROOM TAX	3.72		
3915 APR 88 REF REFRIGERATOR	10.00 ✓		

TOTAL BALANCE

679.05

09:02AM 04/16/88



# The Congress Hotel

520 S. MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60605  
PHONE (312) 427-3800

OUTSIDE ILLINOIS  
TOLL FREE 1-800-223-5067

TELEX 4330281

CANADA  
TOLL FREE 800-223-5067

Please Print

THANK YOU FOR STAYING AT OUR HOTEL!

Charge To: \_\_\_\_\_

We do everything we can to make you feel right at home with the quality of service you expect from a great hotel.

Company: \_\_\_\_\_

A variety of fine dining, dancing, and entertainment is available with facilities for small and large groups.

Address: \_\_\_\_\_

Our professional staff can cater to all of your meeting needs.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

We also have special Weekend and Holiday package programs throughout the year so that we can promise you the best of Chicago.

REGARDLESS OF CHARGE INSTRUCTIONS, THE UNDERSIGNED GUEST ACKNOWLEDGES THE CHARGES AS A PERSONAL INDEBTEDNESS.

So come back to our hotel soon, where you are always a welcome guest.

Signature \_\_\_\_\_

FOLIO # 324775 ROOM # 600.678

PAGE NO 1

KATHERINE DUNHAM  
C/O GERALDINE FREUND  
1400 N. LAKESHORE DR.  
CHICAGO  
IL 60600

HAROLD WASHINGTON FOUND.  
1400 N. LAKESHORE DRIVE  
CHICAGO  
IL  
ARRIVED 12 APR  
DEPART 16 APR

DEBIT CREDIT BALANCE

112 APR 88	MOV MOVIES	6.60
212 APR 88	LOC LOCAL PHONE -	0.75
312 APR 88	LOC LOCAL PHONE -	0.75
412 APR 88	RM RM-600, 678	120.00
512 APR 88	RMT ROOM TAX	8.40
612 APR 88	CRT CITY ROOM TAX	3.72
712 APR 88	REF REFRIGERATOR	10.00
813 APR 88	RS ROOM SERVICE-R54914	19.62
913 APR 88	RS ROOM SERVICE-R54927	2.76
1013 APR 88	LOC LOCAL PHONE -	4.05
1113 APR 88	LOC LOCAL PHONE -	3.60
1213 APR 88	RM RM-600, 678	120.00
1313 APR 88	RMT ROOM TAX	8.40
1413 APR 88	CRT CITY ROOM TAX	3.72
1513 APR 88	REF REFRIGERATOR	10.00
1614 APR 88	RS ROOM SERVICE-R54986	18.60
1714 APR 88	LOC LOCAL PHONE -	1.35
1814 APR 88	LOC LOCAL PHONE -	0.75
1914 APR 88	RS ROOM SERVICE-R55006	8.86
2014 APR 88	MOV MOVIES	6.60
2114 APR 88	LOC LOCAL PHONE -	0.75
2214 APR 88	LDS LONG DISTANCE PHONE -	0.11
2314 APR 88	LOC LOCAL PHONE -	3.00
2414 APR 88	LOC LOCAL PHONE -	2.25

\$150.58

- CONTINUED -



**BEKINS VAN & STORAGE Co.**  
 PACKING - MOVING - SHIPPING  
 BEVERLY, HOLLYWOOD, SANTA MONICA DIVISION  
 MAIN OFFICE: 1025 NO. HIGHLAND AVE.  
 LOS ANGELES 38, CALIFORNIA  
 TELEPHONE: GRANITE 1161

SACRAMENTO OAKLAND PARADISE WILMINGTON  
 GLENDALE FRESNO BEVERLY HILLS  
 SAN FRANCISCO SAN DIEGO  
 SANTA BARBARA LONG BEACH  
 SANTA MONICA BERKELEY

Katherine Dunham  
 711 5th Ave.  
 New York City, N.Y.

LOT NO. H 9980-24  
 FOR YOUR PROTECTION AND TO PREVENT ERRORS RETURN THIS STUB WITH YOUR CHECK.

IMPORTANT

FOR YOUR RECORDS —  
 TRANSACTION CODES  
 AN ACCOUNT NUMBER  
 D CHECKING DEPOSIT  
 SW SAVINGS WITHDRAWAL  
 SD SAVINGS DEPOSIT  
 M MISCELLANEOUS

010106\* 050186  
 000810-171  
 \*414123 AN  
 \*123336 D  
 0016

Member Federal Deposit Insurance Corporation

BANK OF ALTON, ALTON, ILLINOIS  
 PLEASE FURNISH ME WITH ☐ BOOKS OF 20 CHECKS  
 3 ☐  
 COUNT AT THE RATE OF \$2.00 FOR EACH BOOK.  
 IMPRINT MY NAME ON EACH CHECK AS IT APPEARS  
 ADDITIONAL COST TO ME

WILL CALL ☐ SIGNATURE: Katherine Dunham  
 MAIL TO ME ☒ STREET ADDRESS: 532 NORTH 10 TH STREET  
 CITY: EAST ST-LOUIS ILL  
 ACCOUNT NUMBER: 460 55411

VENTE CASH

ARTICLES

BUT FREE SHIP

BANQUE NATIONALE DE  
 PORT-AU-PRINCE  
 HAITI

ETAT DE COMPTE

DE:

3391 - 3502  
 MRS KATHERINE DUNHAM  
 EPOUX JOHN PRATT  
 532 NORTH 10 TH STREET  
 EAST ST-LOUIS ILL

AVEC LA BANQUE NATIONALE DE CREDIT

SI LA DERNIERE BALANCE  
 MENTIONNEE DANS CET  
 ETAT CORRESPOND AVEC  
 VOS LIVRES, NOUS VOUS  
 PRIONS DE L'INSCRIRE A  
 LA PLACE PREVUE SUR LA  
 FICHE D'ACCORD CIDE-  
 SOUS. VEUILLEZ SIGNER,  
 DETACHER ET NOUS RE-  
 TOURNER ENSUITE LA FI-  
 CHE, SANS DELAI, EN  
 NOUS SIGNALANT TOUT  
 CHANGEMENT D'ADRESSE.

CM Effets Escomptés  
 EC Achat de Change  
 OM Credit Memorandum.  
 IN Erreur Rectifiée.  
 SC Debit Memorandum.  
 OD Intérêts.  
 RT Frais de Service.  
 CC Découvert.  
 Chèque Retourné.  
 Chèque Certifié.

NUMEROS	CHEQUES	DEPOTS	DATE	BALANCE DOLLARS
1				
2				
3				
4				
5				
6				
7	1.00		31/07/87	1160.27
8				
9				
10			22/08/87	
11			22/08/87	1159.27 SC
12				BLCE
13				
14				
15				
16				
17				

**SOUTHERN ILLINOIS BANK**  
 One Southern Illinois Bank Bldg., Fairview Heights, IL 62208

532 No. 10th St.  
 E. ST. LOUIS, IL. 62201  
 Katherine Dunham

FAIRVIEW HEIGHTS  
 JULY 28 1987  
 17

HAITI  
 1.25



1125  
DATE 7-24-96 55-21212  
3026482384

ELGIE G. SHERROD  
286 CLENNENY AVE., APT. 4  
JERSEY CITY, NJ 07304

PAY TO THE ORDER OF Dunham Centers  
One hundred dollars \$ 100.00 DOLLARS

FIRST FIDELITY®  
First Fidelity Bank, N.A.  
Journal Square Office  
40 Journal Square  
Jersey City, NJ 07306

MEMO for the dance  
3026482384

ELGIE GAYNELL SHERROD  
7/25

62201

July 24, 1996

Dear Ms. Stoval,

I pray all is well with you, Ms. Dunham and your respective families. I received the brochure advertising the **Dunham Technique** seminar in the mail today. Unfortunately I have decided not to attend the seminar this year in the hopes that I focus all of my energies into completing my dissertation project. (I have enclosed a first draft abstract of my study.) I regret having to miss the seminar this year in lieu of the fact that this may be it's last year, which I sincerely hope not! Instead of my attendance I have enclosed a small donation to the **Dunham Centers** -- \$100.00.

I hope to be able to donate more monies when I return to work this fall.

Ms. Stoval, I'm aware that it takes a lot of capitol (money) to keep a dream afloat and progressing these days, but money isn't all that's needed. A vision/dream needs a strong, dedicated group of people behind it to keep it alive, renewed and motivated. In this aim I see so many people who are that group (today), people who are behind the vision/dream which was put into place so many years ago by Ms. Dunham and her peers. There are many choreographers -- Jawole Willa Jo Zollar, Marlis Yearby, Ron Brown and Nia Love, to name a few -- and dance teachers (like myself) who are reaching back to the models conceptualized and developed by the African, African-American and African-Caribbean dance pioneers of the 1930's and 40's. We intuitively know the inherent value of the dance works which grew out of an African/Americanized cultural milieu. And if I may speak for my peers, we are greatly indebted to Ms. Dunham, Mama Primus, Hemsley Winfield, Wilson Williams, Edna Guy, Charles Williams, Syvilla Fort, Ms. McBurnie, Asadata Dafora, and the list goes on.

As I mentioned to you last week, my study centers on much of the work conceptualized by Ms. Dunham. I have interviewed several former Dunham dancers and others who danced/studied during that era (1933-1946). I even went to see Ms. Ellis at the Chevy Chase nursing home, and you wouldn't believe it but we had I Dunham class right there on the concrete floor in the day room. Ms. Ellis laughed and hummed the rhythms while I struggled to keep up with the unrelenting pace she was demanding of me. It was a beautiful experience. After a few minutes everyone was watching, the other patients as well as the staff. As I left that afternoon many of the LPN's told me that they had studied Dunham with this or that teacher. One woman exclaimed how she wished she hadn't stopped her dance lessons. Dance truly is therapy for the body and soul.

My adventures continued for I spent just shy of a week at the University of Chicago and I even stayed at the International House. My last stop took me to Carbondale, Illinois and Southern Illinois University. I stayed in Carbondale for a solid week and still I barely examined



*Southern Ill. Univ 567865878*  
KATHERINE DUNHAM

651

PAY  
TO THE  
ORDER OF

*American Airlines*  
*Seventeen and*

*11 May* 19 *68*  $\frac{1-12}{210}$  97  
\$ *17*  $\frac{85}{100}$  DOLLARS

**Chemical  
New York**  
CHEMICAL BANK NEW YORK TRUST COMPANY



201 Park Avenue South  
(17th Street)  
New York, N. Y.  
NEW YORK

*Katherine Dunham*

⑆0210⑉0012⑆ 097⑉215376⑉⑆

⑆000000⑉1785⑆

*Chemical Bank* *9/7/57*  
DELUXE CHECK PRINTER - LH



This Policy in addition excludes Members of the Association who are Employees of any Passenger Transportation Company whilst they are on duty at any airport, rail station or bus station.

#### PROVISIONS

##### BENEFICIARY

A Member may designate a beneficiary or change his designation of beneficiary from time to time by written request filed with the Association. The beneficiary or beneficiaries designated in writing by a Member under all prior policies previously issued to the Association shall be considered as applicable hereto.

##### NOTICE OF CLAIM

Written notice of claim must be given to the Association within thirty days after the occurrence or commencement of any loss covered by this policy or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Member or the beneficiary to the Association with information sufficient to identify the Member shall be deemed notice to Underwriters.

##### PROOFS OF LOSS

Written proof of loss must be furnished to Underwriters within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the Member sustaining the loss, later than one year from the time proof is otherwise required.

##### FRAUDULENT CLAIMS

If any Member shall make any claim knowing the same to be false or fraudulent as regards amount or otherwise, this policy shall become void in respect to such individual Member and such individual Member's coverage shall be forfeited.

##### PAYMENT OF CLAIM

Subject to due proof of loss, all indemnities for loss for which this policy provides payment will be paid to the Member sustaining the loss as they accrue and any balance remaining unpaid at termination of the period of liability will be paid to the Member sustaining the loss as soon as practicable upon receipt of due proof.

The amount payable by reason of the accidental death of a Member shall be paid to the beneficiary or beneficiaries designated in writing by the Member. If no beneficiary is designated or surviving at the death of the Member, the amount payable shall be paid to the estate of the Member. The

beneficiary and/or the estate of the Member will provide Underwriters with consents to transfer or tax waivers from governmental authorities as requested by Underwriters. All claims are payable in U.S. currency at Dallas, County, Texas, U.S.A.

##### PHYSICAL EXAMINATION AND AUTOPSY

Underwriters at their own expense, shall have the right and opportunity to examine the person of any Member whose injury is the basis of claim when and as often as they may reasonably require, at locations and doctors of their choosing during the pendency of a claim hereunder, and to make an autopsy, including disinterment if necessary, in case of death where it is not forbidden by law.

##### LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within three years from expiration of the time within which proof of loss is required by this policy.

##### WORKMEN'S COMPENSATION NOT AFFECTED

This policy is not in lieu of and does not affect any requirements for coverage by workmen's compensation insurance.

##### GRACE PERIOD

A grace period of FIFTEEN days following the Member's due renewal date shall be allowed for payment of the Member's renewal fee. If such renewal fee is not paid before the expiration of the grace period the insurance shall automatically terminate.

Effected through Underwriters by:  
Bowes and Co., Inc. of Texas

*H. S. Bowles*

Executive Vice-President

NOTICE OF INSURANCE  
Effected through certain Underwriters at

**Lloyd's,**  
London

For members of the Airline Passengers Association, Inc.  
P.O. Box 2750, Dallas, Texas 75221

Name and Address of Member

MS. KATHERINE DUNHAM  
SOUTHERN ILL. UNIVERSITY  
532 NORTH 10TH STREET  
EAST ST. LOUIS, IL 62202

This document is issued to notify you that your name has been added as a Named Insured with respect to the coverage and limits shown below, under the current Master Policy or such other Master Policies as may be subsequently issued to the Airline Passengers Association, Inc., and is a notice of insurance only and does not constitute a legal contract of insurance. The insurance provided is in accordance with the terms, limitations, conditions and exclusions contained in the Master Policy and any attachments thereto. The Original Master Policy may be inspected at the offices of the Association.

CURRENT MASTER POLICY NO.	520000100
SCHEDULE OF BENEFITS	
CURRENT ANNUAL FEE ▶	\$90.00
DATE JOINED ▶	05/23/69
MEMBERSHIP NUMBER ▶	M 12959
CURRENT MEMBERSHIP CLASS ▶	B
CURRENT PRINCIPAL SUM ▶	\$125,000
BONUS ADDITION-FIRST RENEWAL ▶	\$15,000
ANNUAL BONUS ADDITION THEREAFTER ▶	\$5,000
MAXIMUM TOTAL COVERAGE ▶	\$125,000
DAILY HOSPITAL INDEMNITY ▶	\$75.00
MONTHLY DISABILITY INDEMNITY ▶	\$750.00

M



This document issued after January 1, 1980 and replaces any and all previous notices of insurance issued to members of Airline Passengers Association, Inc.

In Accordance with the Master Policy Issued To:



UNDERWRITERS AGREE TO INSURE the eligible member whose name is endorsed hereon (herein called the "Member") and subject to all the provisions, conditions and limitations of the policy against loss from bodily injury sustained by the Member resulting directly and independently of all other causes from accidental bodily injuries (herein called "such injury") occurring while the policy is in force as to such Member and arising out of the following specific hazards:

- (a) while riding as a ticketed and/or fare paying passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any land, water or air conveyance then being operated by a common carrier as defined herein under a license for the transportation of passengers for hire.
- (b) while within any airport terminal building, rail station building or bus terminal building (except any hotel or motel accommodation) for the express purpose of engaging in passenger travel as insured in clause (a) above.

#### DEFINITION

"Common Carrier" as used herein shall mean and is limited to one who, at the time of such injury and with respect to the particular conveyance and voyage on which the accident occurs, holds himself out to the public as engaged in the business of transporting persons from place to place for compensation, offering his services to the public generally.

Each consecutive year the Member's applicable renewal premium is paid, the amount of insurance coverage shall be increased by the Bonus Addition to the Principal Sum applicable to the Member not to exceed the Maximum Total Coverage applicable to the Member's Current Membership Class.

The Membership Class of a Member shall be the class selected by the Member and indicated on his enrollment form, or as changed by the Member on any subsequent date.

All periods of time under the policy begin and end at the address of the Association at 12:01 a.m. Standard Time.

#### PROVISIONS CONCERNING INSURANCE OF THE MEMBER

**Member Eligibility:** Each Member of the Airline Passengers Association becomes eligible for the insurance on the date of issue of the Policy or on the date of membership in the Airline Passengers Association, if later.

**Member Effective Date:** The insurance hereunder for an eligible Member shall become effective on the date the written request is received and approved by the Association.

**Member Termination Date:** The insurance of any Member insured hereunder shall terminate on the earliest of the following:

- (1) the date of termination of the policy, or
- (2) the date ending the period for which the last premium payment is made for the Member's Insurance, or
- (3) the date the Member is no longer eligible for insurance under the policy.

#### DESCRIPTION OF COVERAGES

##### COVERAGE A - HOSPITAL INDEMNITY

If, as a result of such injury sustained, the Member is confined within a hospital, and if such confinement commences while this policy is in force, the Underwriters will pay to the Member, the Daily Hospital Indemnity shown in the Schedule of Benefits, for the period the Member is so confined, not to exceed the Maximum Period of thirty days during each period of "hospital confinement."

**Definitions:** (With respect to this Section)

- (a) "HOSPITAL" as used herein, means an institution operated pursuant to law for the care and treatment of sick or injured persons with organized facilities on its own premises for diagnosis and major surgery, and which maintains its own full-time staff of physicians and provides 24 hour nursing service. The word "hospital" does not include any institution or part thereof used, other than incidentally, as a place for rehabilitation, rest, the aged, nursing, or convalescent, rehabilitative or ambulatory patients.
- (b) "PERIOD OF HOSPITAL CONFINEMENT", as used herein, means each separate duration except that successive periods of hospital confinement, due to the same or related causes, not separated by at least 12 months shall be considered as one period of hospital confinement.

##### COVERAGE B - ACCIDENTAL DEATH OR DISMEMBERMENT OR TOTAL DISABILITY

If such injuries, within 180 days from the date of accident result in any one of the following losses, the Underwriters will pay for:

1. Loss of Life ..... The Principal Sum
2. Loss of both hands or both feet or the entire sight of both eyes ..... The Principal Sum
3. Loss of one hand and one foot ..... The Principal Sum
4. Loss of the entire sight of one eye and one hand or foot ..... The Principal Sum
5. Loss of one hand or one foot or the entire sight of one eye ..... One Quarter of the Principal Sum
6. Total Disability ..... The Principal Sum

Underwriters will pay the monthly Benefit as shown in the Schedule of Benefits, commencing with the 13th month of continuous disability and continuing, while such disability exists, for up to a maximum period of 60 consecutive months. All payments for benefit under this item (6) will cease on the death of the Member. No benefit under this item (6) shall be paid if a payment has been or is due to be paid under items 1 to 5 of this Coverage B.

"LOSS" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint and as used with reference to eyes means the irrecoverable loss of the entire sight thereof. Indemnity provided in this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by the Member as the result of any one accident. In the event of a loss payable under Coverage B, as defined above, insurance will terminate for that Member.

"TOTAL DISABILITY" means disability which entirely prevents the Member from attending to any occupation.

#### EXPOSURE AND DISAPPEARANCE:

If by reason of an accident covered by this policy the Member shall be accidentally exposed to the elements and as the result of such exposure shall suffer a loss for which indemnity is otherwise payable hereunder such loss will be covered by the terms of this Policy.

If the body of the Member has not been found within one year after the date of disappearance as the result of the sinking or wrecking of the land, water, or air conveyance in which the Member was riding at the time of the accident, and under such circumstances as would otherwise be covered hereunder, it will be presumed that the Member suffered loss of life resulting from bodily injury caused solely by an accident.

In the event that the Member is subsequently found to be living, any benefit paid in respect of that person shall be refunded to Underwriters.

**Limitation of Coverage:** Maximum Total Coverage shall not exceed \$1,000,000 for any one Member under one or more Notice of Insurance documents issued by Airline Passengers Association, Inc. and by IAPA of London, England, either separately or combined.

#### GENERAL EXCLUSIONS

This policy does not cover loss caused by or resulting directly or indirectly from any one or more of the following:

- (1) suicide or self-destruction or any attempt thereat, while sane or insane;
- (2) bodily infirmity, sickness or disease;
- (3) medical or surgical treatment (except medical or surgical treatment made necessary solely by such injury);
- (4) declared or undeclared War or any act thereof;
- (5) injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft except as provided by insuring clause (a) herein.
- (6) injury sustained while traveling as a Member of an organized professional sports team (however, any such member of an organized professional sports team shall be covered so long as no other members of the same professional sports team are traveling on the same conveyance).







NORTH AMERICA  
0000  
0000

0000  
0000

0000  
0000

PARAVIO

2514 APR 88 LDS LONG DISTANCE PHONE -  
2614 APR 88 LDS LONG DISTANCE PHONE -  
2714 APR 88 LOC LOCAL PHONE -  
2814 APR 88 RM RM-600, 678  
2914 APR 88 RMT ROOM TAX  
3014 APR 88 CRT CITY ROOM TAX

DEBIT CREDIT BALANCE

11.77 ✓ 0.11 364.58

2.25 ✓

120.00

8.40

3.72

10.00



Southern  
Illinois  
National  
Bank



1-64 at rt. 159 fairview heights  
Illinois 62208

Ms. Katherine Dunham  
532 North 10th St  
East St. Louis, IL 62201

DUNHAM FUND FOR RESEARCH AND

DUNHAM FUND FOR  
DEVELOPMENT OF C  
532 N. 10TH STREET  
E. ST. LOUIS, IL



SECURITY FENCING

005083

004801

FOR  
10819001241  
Medi-Cal  
Southern Illinois Bank  
Fairview Heights Illinois 62208  
KATHERINE DUNHAM  
\$ 41.75  
100  
75  
DOLLARS  
70-11 819  
036769 7 AUGUST 1978

FOR  
10819001241  
Medi-Cal  
Southern Illinois Bank  
Fairview Heights Illinois 62208  
KATHERINE DUNHAM  
\$ 675.00  
SIX HUNDRED SEVENTY FIVE DOLLARS & 00/100  
14 JULY 1978  
70-11 819  
0370