

Proofs of Death

Claimant's Statement



American Life Insurance Company
 WILMINGTON, DELAWARE, U.S.A
 INCORPORATED 1921

▶ Please complete all relevant information Completely and Legibly.

Number of policies in this Company	Amounts

Deceased's Full Name

If a married woman, please state maiden name also Age

1. **Occupation at Date of Death?**

2. **a. Date and Place of Deceased's Birth?** Date Place

b. Source from which Date of Birth was obtained?

3. **a. Date and Place of Death** Date Place

b. Cause of death

4. **a. When did the deceased first complain of, or give other indications of his/her last illness?** Date

b. When did the deceased first consult a physician for his/her last illness? Date

5. **On what date did the deceased last attend to his/her usual work?** Date

6. **a. Name and addresses of all physicians who examined the Insured during his/her last illness and during the five years prior thereto:**

Name	Address	Date of Attendance	Disease or Condition

b. Had the deceased within the last five years been an inmate of, or under treatment at hospital, sanitarium, asylum or other institution?

(If so, state when, where, and for what cause?)

