

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name O. J. Anderson Nationality Am Mine Record No. _____
 Ht. 5'7" Complexion Med Color eyes Blue Hair Dark Age 43 Wt. 150
 Date employed 1928, 1924 In what capacity employed? Legger Check No. _____
 State fully experience in coal mines 20 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?
 For whom have you worked during the last year? For Bear Run Coal Co from 1928

At what work were you employed? Legging
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Middleburg, Ky Are you a citizen? No
 Are you single, married, or a widower? Married If married, give full name of wife Wife dead
 Her age _____ Is she living with you? If not, give her present address _____

To what extent is she dependent on you for support? _____ Give names and ages
 of each of your children, and indicate those married: Those living with you Robert & Grace
 Not living with you (give addresses) 4825 Federal Blvd, Denver, Colo.

Which children, if any, are physically or mentally defective?
 Name children who are self supporting Robert
 Is your father living? No If so, give his age _____ Name and address _____

Who supports him? _____
 Do you contribute to his support? Is your mother living? No
 If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support?
 How much do you contribute to support of father or mother, or both? _____
 Date last contribution was made _____ Amount _____

Give names and addresses of your brothers W. J. Anderson Middleburg Ky.
 Give names and addresses of your sisters Ellen Painter, Knoxville, Tenn

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support _____

How much do you contribute to their support each year _____
 Date of last contribution _____ Amount _____

Have you a copy of the State Coal Mining Law? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Grace
Anderson 4825 Federal Blvd, Denver

Dated at Bear Run, Colo., Oct 28th, 1924
 Interpreter W. J. Woodworth Signature of Employee or Applicant (Full Name) O. J. Anderson
 Witness _____ Superintendent or Mine Clerk.