

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Name John Beas River Mine. Record No. _____
Nationality English Age 41 Wt. 175
Ht. _____ Complexion _____ Color eyes _____ Hair _____ Identification Marks _____
Date employed May 2, 1925 In what capacity employed? miner Check No. _____
State fully experience in coal mines 29 years
Have you a Shot Firer's Certificate? no Shot Examiner's? no Fire Boss's? no Mine Foreman's? no
For whom have you worked during the last year? For Fraker Coal Co. from 4/1/25
to 4/1/25; For Fraker Coal Co. from Jan 25/24
to 1/1/24; For _____ from _____ to _____
At what work were you employed? miner
What languages can you speak? English Read English
Write English
Where were you born? England Are you a citizen? yes
Are you single, married, or a widower? married If married, give full name of wife David Smith
Her age 39 Is she living with you? yes If not, give her present address Fraker Coal Co.
To what extent is she dependent on you for support? wholly Give names and ages
of each of your children, and indicate those married: Those living with you Clara - 17 - Ethel 14 John 16
Sorothy 10 Edwin 4 Roy 2 Not living with you (give addresses) _____
Which children, if any, are physically or mentally defective? none
Name children who are self supporting none
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? yes
If so, give her age 77 Name and address Mary Smith, Route 1, Albion, Iowa
Who supports her? 3 sons Do you contribute to her support? yes
How much do you contribute to support of father or mother, or both? about 10.00 per month
Date last contribution was made March 19 25 Amount 20.00
Give names and addresses of your brothers James Smith, Beas River, Colo.
Andrew Smith, Albion, Iowa
Give names and addresses of your sisters Esther Pedro La Villa, Iowa, Eliza
Marshall Shudman, Iowa
Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none
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? yes Have you had notice that the above named Employer is subject
to the provisions of the Workmen's Compensation Act? yes, and do you elect and agree to become subject thereto
now? yes Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes
Give name and address of person to whom you desire notice sent in event of your death
David Smith, Welnes, Colo.
Dated at Beas River, Colo., May 2nd, 1925
Interpreter _____
Witness John F. Ahrens Superintendent or Mine Clerk. John Smith Signature of Employee or Applicant (Full Name)