## THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraker Cool COMPANY

Name Nationality Age Will  III. Complexion Color eyes Hair. Identification Marks.  Date employed 19 In what capacity employed? Check No.  State fully experience in coal mines.  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 from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year? For from to the provision of the last year of the last year of the last year. As you as citizen? Are you single, married, or a widower? If married, give full name of with the rage is the living with you? If married, give full name of with you give names and ages of each of your children, and indicate those married: Those living with you. Married the provision of the Workmen's Componention Act.  Do you contribute to his support of father or mother, or both?  Date last contribution was made. Amount the provisions of the Workmen's Componention Act.  How much do you contribute to their support each year.  Date of last contribution. Amount and addresses of Your brothers.  How much do you contribute to their support each year.  How much do you contribute to their support each year.  Base of the contribution was made. Amount the provisions of the Workmen's Componention Act.  Amount and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support of the provisions of the Workmen's Componention Act.  The provisions of the Workmen's Componention Act.  The provisions of the Workmen's Componention Act.  The provisions of the Workmen's Componention		Mine. Record No.
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to At what work were you employed?.  What languages can you speak?.  Write.  Where were you born?.  Are you a citizen?.  Are you a citizen?.  Are you a citizen?.  Are you and a widower?.  If married, give full name of wife  Her age  Is she living with you?.  If not, give her present address.  To what extent is she dependent on you for support?.  Olive names and ages of each of your children, and indicate those married: Those living with you.  Which children, if any, are physically or mentally defective?.  Name children who are self supporting.  Is your father living?.  If so, give his age.  Name and address.  Who supports him?.  Do you contribute to his support?.  If so, give her age  Name and address.  Who supports her?.  Do you contribute to apport of father or mother, or both?.  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your brothers.  Give names and addresses of your brothers.  How much do you contribute to their support each year.  Date of last contribution.  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?  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 only on edical agree to become subject threeto now?  Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?  Give names and address of person to whom you desire notice sent in event of your death.		
At what work were you employed?  Write.  Write.  Where were you born?  Are you single, married, or a widower?  If married, give full name of wite  Her age.  Is she living with you?  If not, give her present address.  To what extent is she dependent on you for support?  Olive names and ages of each of your children, and indicate those married: Those living with you  Which children, if any, are physically or mentally defective?  Which children who are self supporting.  Is your father living?  If so, give his age.  Name and address.  Who supports him?  Do you contribute to his support?  If so, give her age.  Name and address.  Who supports her?  Do you contribute to support of father or mether, or both?  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your brothers.  Give names and addresses of your sisters.  Mandadadadadadadadadadadadadadadadadadad	to miles ; For trakes Coll	from Jary right
What languages can you speak? Read.  Write.  Where were you born? Are you a citizen? Are you a citizen? Are you and citizen? Are you and citizen? Are you single, married, or a widower? If married, give full name of wife the 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.  Which children, if any, are physically or mentally defective? Name children who are self supporting.  Is your father living? If so, give his age. Name and address.  Who supports him? Is you mother living? If so, give his age. Name and address.  Who supports her? Do you contribute to his support? Is your mother living? If so, give her age. Name and address.  Who supports her? Do you contribute to support of father or mother, or both?  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your sisters.  Manual Addresses of your sisters.  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.  Dated at Coal Mining Law? In order 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.  Dated at Coal Mining Law? In order 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.	to Auft/nd ; For	fromto
What languages can you speak? Read.  Write.  Where were you born? Are you a citizen? Are you a citizen? Are you and citizen? Are you and citizen? Are you single, married, or a widower? If married, give full name of wife the 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.  Which children, if any, are physically or mentally defective? Name children who are self supporting.  Is your father living? If so, give his age. Name and address.  Who supports him? Is you mother living? If so, give his age. Name and address.  Who supports her? Do you contribute to his support? Is your mother living? If so, give her age. Name and address.  Who supports her? Do you contribute to support of father or mother, or both?  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your sisters.  Manual Addresses of your sisters.  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.  Dated at Coal Mining Law? In order 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.  Dated at Coal Mining Law? In order 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.	At what work were you employed?	
Write  Where were you born?  Are you a citizen?  Are you a citizen?  Are you single, married, or a widower?  If married, give full name of wife  If age. Is she living with you?  If not, give her present address.  To what extent is she dependent on you for support?  Odive names and ages of each of your children, and indicate those married: Those living with you.  Not living with you (give addresses)  Which children, if any, are physically or mentally defective?  Name children who are self supporting.  Is your father living?  If so, give her age.  Name and address.  Who supports him?.  Do you contribute to his support?  If so, give her age.  Name and address.  Who supports her?  Do you contribute to be support?  If wow much do you contribute to support of father or mother, or both?  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your sisters.  Amount  How much do you contribute to their support each year.  Date of last contribution.  Amount  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?  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.  Dated at:  Dated at:  Odden the work men's Compensation Act?  And odden surgical and hospital service?  Give name and address of person to whom you desire notice sent in event of your death.  Dated at:  Dated at:  Odden the work men's Compensation Act?  And of your death.  Dated at:  Dated at:  Odden the work men's Compensation Act?  And odden 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.	What languages can you speak?	Read Euglish
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Her age		1. 1 1 1 1 1
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.  Not living with you (give addresses)  Which children, if any, are physically or mentally defective?.  Name children who are self supporting.  Is your father living?  If so, give his age.  Name and address.  Who supports him?.  Do you contribute to his support?  Is your mother living?  If so, give her age.  Name and address.  Who supports him?  Do you contribute to support of father or mother, or both?  Date last contribution was made.  Give names and addresses of your sisters.  Give names and addresses of your sisters.  How much do you contribute to their support each year.  Date of last contribution.  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.  18 Your father in the provisions of the Workmen's Compensation Act?  Give name and address of person to whom you desire notice sent in event of your death.  19 Your death.  10 Your death.  10 Your death.  10 Your death.		I he was
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Which children, if any, are physically or mentally defective?		
Which children, if any, are physically or mentally defective?	of each of your children, and indicate those married: Those l	iving with you Clara-17-Ethel 14 John 16
Which children, if any, are physically or mentally defective?	Dorothy 10 Ewin 4 Ray 2	Not living with you (give addresses)
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Name children who are self supporting.  If so, give his age	Which children if any are physically or mentally defective?	none
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How much do you contribute to their support each year	If so, give her age	Do you contribute to her support?  or both?  Amount  Cols  La Vella Lava, Eliza
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Dated at Berry Review , Colo., May 2 mg , 19	If so, give her age	Do you contribute to her support?  Amount  fe, children, father or mother) dependent on you for support  Amount  ave you had notice that the above named Employer is subject  and do you elect and agree to become subject thereto  for furnishing medical, surgical and hospital service?
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