

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name Bill Horn Mine Record No. Bear River
 Nationality Amer Age 20 Wt. 165
 Ht. 5 ft 8 Complexion fair Color eyes blue Hair brown Identification Marks none
 Date employed 9/11/1926 In what capacity employed? digging Check No. _____
 State fully experience in coal mines 3 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 River Coal Co, Denver Colo from _____
 to _____; For just year from _____
 to _____; For _____ from _____ to _____

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

Where were you born? Denver Colo Are you a citizen? Yes

Are you single, married, or a widower? single 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? _____ Give names and ages
 of each of your children, and indicate those married: Those living with you none
 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? Yes If so, give his age 58 Name and address W H Horn, Bear River CO
 Who supports him? self & 3 sons

Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 40 Name and address Lorraine Horn, Denver Colo

Who supports her? husband & 3 sons Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? that I earn to help support them

Date last contribution was made worked & lived at home - in all Amount 5.00

Give names and addresses of your brothers Robert - Ed Horn, Bear River Colo

Give names and addresses of your sisters Clara Horn, Denver Colo

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 _____

Dated at Bear River, Colo., 6-11- 19 25

Interpreter _____

Witness Henry F Adams Superintendent or Mine Clerk. Bill Horn Signature of Employee or Applicant (Full Name)