

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beaumont Coal COMPANY

Name Joe Basco Mine Record No. \_\_\_\_\_  
 Nationality American Age 58 Wt. 145  
 Ht. 5'4" Complexion Dark Color eyes Dark Hair Dark Identification Marks \_\_\_\_\_  
 Date employed 9/15/24, 1924 In what capacity employed? Picker Check No. 7  
 State fully experience in coal mines 10 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? \_\_\_\_\_ Fire Boss's? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
 For whom have you worked during the last year? For Victor American Fuel Co from Nov

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shot Firer  
 What languages can you speak? Eng & Italian Read Eng & Italian

Write Eng & Italian  
 Where were you born? Italy 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 \_\_\_\_\_  
 \_\_\_\_\_ 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? 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 \_\_\_\_\_

Give names and addresses of your sisters \_\_\_\_\_

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? 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 Beaumont Coal  
 \_\_\_\_\_  
 Dated at Beaumont, Colo., June 10th, 1924

Interpreter W.W. Handman  
 Witness \_\_\_\_\_ Superintendent or Mine Clerk. \_\_\_\_\_ Signature of Employee or Applicant (Full Name) Joe Basco