

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Alfon Sanchez Mine Record No. _____
Nationality Spanish Age 33 Wt. 165
Color eyes Grey Hair Dark Identification Marks none
7/24/33, 1933 In what capacity employed? digging Check No. _____
In what capacity employed in coal mines 5 years
Have you a Shot Fitter's Certificate? _____ Shot Examiner's? Fire Boss? _____ Mine Foreman's? _____
Where have you worked during the last year? For Bear River Coal Co from Bear River Colo
; For Jackman from _____
; For _____ from _____ to _____
What work were you employed? digging
What languages can you speak? English & Spanish Read? English & Spanish
Write? English & Spanish Are you a citizen? no
Are you single, married, or a widower? married If married, give full name of wife Carmen Sanchez
Is she living with you? yes If not, give her present address _____
What extent is she dependent on you for support? wholly Give names and ages
of your children, and indicate those married: Those living with you Josephine (8) Jesus (4)
John (3) Not living with you (give addresses) _____
Do your children, if any, are physically or mentally defective? no
Name children who are self-supporting _____
Is your father living? yes If so, give his age 64 Name and address Modesto Sanchez, Santa Fe, N.M.
Who supports him? I support him
Do you contribute to his support? yes Is your mother living? no
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? 50.00 just year
Date last contribution was made April 1933 Amount 10.00
Give names and addresses of your brothers _____
Give names and addresses of your sisters none
Give names and addresses of EVERYONE (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
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 Carmen Sanchez, Bear River Colo
Dated at Bear River, Colorado, 7/24/33, 1933
Henry J. Dodds Superintendent or Mine Clerk
X Dan Sanchez Signature of Employee or Applicant (Full Name)