

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beav Run Coal COMPANY

Name Earl L. Quire Mine Record No. \_\_\_\_\_  
 Nationality American Age 37 Wt. 140  
 Ht. 5'7" Complexion Med Color eyes Blue Hair Brown Identification Marks \_\_\_\_\_  
 Date employed 10/27, 1924 In what capacity employed? Supervisor Check No. \_\_\_\_\_  
 State fully experience in coal mines 14 year

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 Hayden Bros from 1924

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

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

At what work were you employed? Supervisor

What languages can you speak? \_\_\_\_\_ Read Eng

Write Eng

Where were you born? Lucas, Pa Are you a citizen? Yes

Are you single, married, or a widower? \_\_\_\_\_ If married, give full name of wife Frank L. Quire

Her age 37 Is she living with you? Yes If not, give her present address Stromberg Spg. 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 Virginia Grant, 10, Robert, 8, Harvey, 6

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 Frank L. Quire

Dated at Beav Run, Colo., Oct 27, 1924

Interpreter W. Woodman

Witness Earl L. Quire Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)