

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

E F Randolph

Bear River Mine Record No. _____

Nationality Amer Age 45 Wt 130

Complexion Mid Color eyes Blue Hair Brown Identification Marks Coal Miner's Journal

Employed 9/15/33 1933 In what capacity employed? Digging Check No. _____

Monthly experience in coal mines 35 years

Have you a Shot Firer's Certificate? Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? Yes

Where have you worked during the last year? For Bear River Coal Co from Bear River Colo

; For Last year from _____

; For _____ from _____ to _____

What work were you employed? Digging

What languages can you speak? Eng Read? Eng

Write? Eng

Where were you born? Arkansas Are you a citizen? Yes

Are you single, married, or a widower? Single If married, give full name of wife _____

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 your children, and indicate those married: Those living with you _____

Not living with you (give addresses) _____

Are your children, if any, physically or mentally defective? _____

Are there 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? Yes

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? _____

When last contribution was made _____ Amount _____

Give names and addresses of your brothers None

Give names and addresses of your sisters Ethel Roberts, Los Angeles Calif

Brentwood Heights, CO

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? _____

When 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

Ethel Roberts Brentwood Heights Calif

Dated at Bear River, Colorado, 9/15/33, 1933

Signature _____

Signature of Superintendent or Mine Clerk _____

Signature of Employee or Applicant (Full Name) E F Randolph

Signature of Superintendent or Mine Clerk _____

Signature of Employee or Applicant (Full Name) _____

Signature of Superintendent or Mine Clerk _____

Signature of Employee or Applicant (Full Name) _____

Signature of Superintendent or Mine Clerk _____

Signature of Employee or Applicant (Full Name) _____