

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Howard Nichols Mine Record No. Bear River  
Nationality American Age 33 Wt. 176  
Color eyes Blue Hair Brown Identification Marks none  
In what capacity employed? 4 years 4 years Check No. \_\_\_\_\_

Shot Examiner's?  Fire Boss?  Mine Foreman's?   
Where worked during the last year? For Bear River Coal Co from \_\_\_\_\_  
to \_\_\_\_\_  
Write? English Read? English  
Are you a citizen? yes  
If married, give full name of wife \_\_\_\_\_  
If not, give her present address \_\_\_\_\_  
Give names and ages \_\_\_\_\_  
Not living with you (give addresses) \_\_\_\_\_

Do you contribute to his support? yes Is your mother living? yes  
Name and address Howard Nichols, Mulmer Colo  
Who supports him? I help  
Do you contribute to her support? yes  
Name and address Mrs Howard Nichols, Mulmer Colo  
Do you contribute to support of father or mother, or both? yes  
Amount live at home & help  
Name and address of your brothers Andrew Nichols, Mulmer Colo  
Amount pay bills  
Name and address of your sisters none

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

Name and address of person to whom you desire notice sent in event of your death Mrs Howard Nichols, Mulmer Colo  
Bear River, Colorado, 7/24/, 19 33  
Superintendent or Mine Clerk Henry A. Dadds  
Signature of Employee or Applicant (Full Name) Howard Nichols