

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Frank Karpon Mine. Record No. \_\_\_\_\_  
Nationality Slav Age 43 Wt. 165  
Color eyes Grey Hair light Identification Marks Both hands  
In what capacity employed? Digger Check No. \_\_\_\_\_  
11 years in mines

Shot Examiner's?  Fire Boss's? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
For whom have you worked during the last year? For Victor Denver Fuel Co. from \_\_\_\_\_  
For just year from \_\_\_\_\_ to \_\_\_\_\_

Employed? Digger  
Languages can you speak? Slav Read Slav  
Write Slav

Are you a citizen? NO  
If married, give full name of wife Mrs. Karpon

Living with you? NO If not, give her present address Don't know  
Dependent on you for support? Wholly Give names and ages

and indicate those married: Those living with you \_\_\_\_\_  
Not living with you (give addresses) none

Are you physically or mentally defective? ALPOK  
Do you self supporting? Yes  
If so, give his age 98 Name and address Yugo-Slavica  
Who supports him? I do

Do you contribute to his support? Yes Is your mother living? Yes  
Name and address Mrs. Frank Karpon, Denver, Colo.  
Do you contribute to her support? I do

Do you contribute to support of father or mother, or both? 200.00 Just year  
Date last contribution was made Sept 1925 Amount 75.00

Names and addresses of your brothers none  
Names and addresses of your sisters none

Names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support none

How much do you contribute to their support each year \_\_\_\_\_  
Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject to the State Coal Mining Law? yes  
and do you elect and agree to become subject thereto under the provisions of the Workmen's Compensation Act? yes

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes  
Address of person to whom you desire notice sent in event of your death Bear River, Colo.

Superintendent or Mine Clerk. Henry J. Dodds  
Signature of Employee or Applicant (Full Name) Frank Karpon