

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Paul Paulovich Mine Record No. Bear River
Nationality Austrian Age 44 158
Complexion Sark Color eyes Brown Hair Black Identification Marks Scar left thumb
Date employed 7/23/33 1933 In what capacity employed? digging Check No. _____
State fully experience in coal mines 24 years

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

For whom have you worked during the last year? For Bear River Coal Co from _____
to _____; For Bear River Coal from _____
to _____; For Askyan from _____ to _____

At what work were you employed? digging
What languages can you speak? Austrian Read? Austrian
Write? Austrian

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

Are you single, married, or a widower? Married If married, give full name of wife Antonia Paulovich

Her age 39 Is she living with you? No If not, give her present address Lafayette Colo.

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 Tom Paulovich (19) Anne (11)
Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? None

Name children who are self-supporting Tom Paulovich

Is your father living? No If so, give his age _____ Name and address _____
Who supports him? _____

Do you contribute to his support? No 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 Geoff Paulovich Crney Colo.

Give names and addresses of your sisters Annie Matich Cook Creek Colo.

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 Mrs Antonia Paulovich Lafayette Colo.

Dated at Bear River, Colorado, 7/23/33, 1933

Interpreter Henry Hodds
Witness Paul Paulovich

Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)