

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co COMPANY

Name W. N. Horn Mine. Record No. Ben Horn Mine
 Ht. 5'9" Nationality American Age 58 Wt. 150
 Complexion Fair Color eyes Blue Hair Gray Identification Marks None
 Date employed 4/1/11, 1911 In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines 35 years

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 Fisher Coal Co, New York from _____
 to _____; For Jack from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Supervisor

What languages can you speak? English Read English
 Write English

Where were you born? Bushmats, Okla Are you a citizen? Yes

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

Her age 40 Is she living with you? No If not, give her present address New York

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 Wm (10) - Ed (12) - Robert (11)
Angene (14) - Clare (11) - Regal (3) Not living with you (give addresses)

Which children, if any, are physically or mentally defective? all of them

Name children who are self supporting Wm - Ed & Robert

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 No

Give names and addresses of your sisters No

Give 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 _____

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 _____

Dated at Ben Horn, Colo., 6-11, 1926

Interpreter _____

Witness Nancy F. Dadds Superintendent or Mine Clerk. W. N. Horn Signature of Employee or Applicant (Full Name)