

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Rock M. Dowell Mine Record No. 160
Nationality Irish Age 28 Wt. 160
Complexion Tan Color eyes Grey Hair Black Identification Marks None
Employed 10/1/14 In what capacity employed? Supper Check No. None
Years experience in coal mines 5 years

Have you a Shot Firing Certificate? Yes Shot Examiner's? Yes Fire Boss? Yes Mine Foreman's? Yes
For whom have you worked during the last year? For Carter Coal Co. from Bear River

; For Judge from _____
; For _____ from _____ to _____

At what work were you employed? Truck Driver
What languages can you speak? Eng Read? Eng

When were you born? Shade Grove Ky Write? Eng
Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Pauline M. Dowell
Her age 22 Is she living with you? Yes If not, give her present address _____

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 None
Not living with you (give addresses) _____

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

Name children who are self-supporting None

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

Do you contribute to his support? Yes Is your mother living? No
If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support? Yes
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 Rock M. Dowell, France Co

Give names and addresses of your sisters Mina Thompson Lawrence Spgs Ky

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 _____

Dated at Bear River, Colorado, 10/1/14, 1914
Interpreter Henry Flood Witness Tom M. Dowell
Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name).