

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co COMPANY

Name M. E. Crockett Mine Record No. Ben River
 Nationality Amer Age 38 Wt. 143
 Et. 5'8" Complexion fair Color eyes gray Hair Brown Identification Marks none
 Date employed 11/26/1916, 1916 In what capacity employed? Tagging Check No. _____
 State fully experience in coal mines 20 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 Hoffa & Co. from Full Co, Oak Creek Colo
 to _____; For last year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Tagging

What languages can you speak? Eng Read Eng
 Write _____

Where were you born? Boboche, Oklahoma Are you a citizen? Yes

Are you single, married, or a widower? married If married, give full name of wife Estelita Crockett

Her age 38 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 Emma (18) - Shue (14)
Abel (12) - Francis (8) Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? All OK

Name children who are self supporting none

Is your father living? yes If so, give his age 70 Name and address Mr Crockett, Oak Creek, Colo
 Who supports him? Self

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 _____

Give names and addresses of your sisters _____

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 River, Colo., 11-26- 1916

Interpreter _____
 Witness Nearby 7 Rodds Superintendent or Mine Clerk. M. E. Crockett Signature of Employee or Applicant (Full Name)