

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name Ed Horn Mine Record No. Bear River
 Nationality American Age 38 Wt. 160
 Ht. 5ft 11 Complexion Fair Color eyes Gray Hair Brown Identification Marks none
 Date employed 4/1/26, 1926 In what capacity employed? Shopper Check No. _____
 State fully experience in coal mines 3 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 Evans Coal Co, Denver Colo from _____
 to _____; For just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Shopper
 What languages can you speak? English Read Eng
 Write _____

Where were you born? St. Louis, Mo Are you a citizen? Yes

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

To what extent is she dependent on you for support? _____ Give names and ages
 of each of your children, and indicate those married: Those living with you _____
 _____ Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? _____

Name children who are self supporting _____

Is your father living? Yes If so, give his age 68 Name and address W. H. Horn Bear River Colo
 Who supports him? Self

Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 40 Name and address Florence Horn, Denver Colo

Who supports her? Husband & 3 sons Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Some at home & contribute what
 Date last contribution was made same as all Amount 5.00

Give names and addresses of your brothers Bill Horn Bear River Colo

Give names and addresses of your sisters Chris Horn Denver Colo

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support

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
W. H. Horn Bear River Colo & Florence Horn, Denver Colo

Dated at Bear River, Colo., 6-11-, 1926

Interpreter _____
 Witness Henry J. Dodds Superintendent or Mine Clerk. Ed Horn Signature of Employee or Applicant (Full Name)