

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bunker Coal Co COMPANY

Name W E Gruber Mine Record No. _____
 Ht. 6 Complexion fair Color eyes blue Hair brunet Age 23 Wt. 155
 Date employed 7/1/34 1934 in what capacity employed? 3 man Check No. _____
 State fully experience in coal mines _____

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 W E Gruber from 7/1/34
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

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

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

Are you single, married, or a widower? _____ If married, give full name of wife _____
 Her age _____ Is she living with you? _____ 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 52 Name and address W E Gruber, Golden Colo

Who supports him? I help
 Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 52 Name and address Mrs W E Gruber, Golden Colo
 Who supports her? I help Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 7.00 last year
 Date last contribution was made August - 20.00 - 1934 Amount _____

Give names and addresses of your brothers. J B Gruber, Leavenworth, Colo

Give names and addresses of your sisters. Mable Cumming, W. Kansas, 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
 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 _____, Colorado, _____, 1934

Interpreter _____
 Witness _____ Superintendent or Mine Clerk

W E Gruber
 Signature of Employee or Applicant (Full Name)