

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Joe Horton Mine Record No. \_\_\_\_\_  
 Nationality American Age 20 Wt. 190  
 Height 5'3" Complexion Red Color eyes Blue Hair Dark Identification Marks Scar on left hand  
 Date employed 1/24, 1924 In what capacity employed? Miner Check No. \_\_\_\_\_  
 State fully experience in coal mines. None

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 \_\_\_\_\_ from \_\_\_\_\_

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? \_\_\_\_\_

What languages can you speak? Eng Read Eng

Write Eng

Where were you born? Waltham, Ark. Are you a citizen? Yes

Are you single, married, or a widower? Single 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 58 Name and address J. L. Horton

Bear River Who supports him? Himself

Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes

If so, give her age 52 Name and address Mrs. J. L. Horton, Lay, Colo.

Who supports her? Husband Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Running Ranch for pasture

Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

Give names and addresses of your brothers. P. L. Horton, Bear River, Colo.

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 \_\_\_\_\_

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. J. L. Horton

Bear River, Colo.

Dated at Bear River, Colo., Jan 24, 1924

Interpreter \_\_\_\_\_ Witness J. L. Horton

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)