

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Harold Hadden Mine. Record No. Bea River
Nationality Amer Age 21 Wt. 140
Ht. 5 ft 7 Complexion light Color eyes Brown Hair Med Identification Marks none
Date employed 7/21 1921 In what capacity employed? digging Check No. _____
State fully experience in coal mines 5 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 myself - working at Bea River Colo
to _____; For _____ from _____
to _____; For _____ from _____ to _____

At what work were you employed? digging
What languages can you speak? _____ Read Eng
Write Eng
Where were you born? Hynes Iowa 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 65 Name and address A. J. Hadden, Mt Harris
Who supports him? self & son

Do you contribute to his support? yes Is your mother living? yes
If so, give her age 60 Name and address Mrs. A. J. Hadden, Mt Harris Colo
Who supports her? Husband & son Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? 300⁰⁰ per year

Date last contribution was made worked at home Amount _____
Give names and addresses of your brothers Chas Hadden, Mt Harris Colo

Give names and addresses of your sisters Mary Hadden, Graham Texas

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 Mrs. A. J. Hadden, Mt Harris Colo

Dated at Bea River, Colo., Aug 21 1921

Interpreter _____
Witness Henry J. Dodds _____
Signature of Employee or Applicant (Full Name) Harold Hadden