

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name R. Lockard Mine. Record No. 128
Nationality American Age 40 Wt. 148
Complexion Med Color eyes Blue Hair Brown Identification Marks ✓
Date employed 17/1, 1923 In what capacity employed? Leiguer Check No. 33
Total experience in coal mines 25 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 Harris Coal, Utah & Co from 1922
; For _____ from _____
; For _____ from _____ to _____

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

Where were you born? Leit Co. Mo. Are you a citizen? Yes
Are you single, married, or a widower? Married If married, give full name of wife Mrs. E. Lockard
Her age 25 Is she living with you? Not at present If not, give her present address Blue Jacket, Okla.
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 _____
_____ 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? No If so, give his age _____ Name and address _____
Who supports him? _____

Do you contribute to his support? _____ 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 S.A. Lockard, Salt Lake City, Utah

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 Mrs. Kara E. Lockard, Blue Jacket, Okla.

Dated at Beau Rivier, Colo., Dec 1, 1922

Interpreter _____
Witness _____ Superintendent or Mine Clerk. R. Lockard Signature of Employe or Applicant (Full Name)