

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coals COMPANY

John Clayton

Bear River

Mine Record No. _____

Nationality Amer

Age 31 Wt. 117

Complexion fair

Color eyes Blue

Hair Brown

Identification Marks none

employed 3/17/33

1933

In what capacity employed? Supper

Check No. _____

experience in coal mines 12 years

Shot Firer's Certificate?

Shot Examiner's?

Fire Boss?

Mine Foreman's?

Have you worked during the last year? For Bear River Coals

from _____

; For Bear River Coals

from _____

; For Last year

from _____

to _____

What work were you employed? Digging

languages can you speak? Eng

Read? Eng

Write? Eng

Where were you born? Careyville Illinois

Are you a citizen? Yes

single, married, or a widower? Married

If married, give full name of wife Lois Clayton

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Is she living with you? Yes

If not, give her present address _____

To what extent is she dependent on you for support? Wholly

Give names and ages _____

of your children, and indicate those married: Those living with you none

Not living with you (give addresses) _____

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

What children who are self-supporting _____

Is your father living? Yes

If so, give his age 68

Name and address John Clayton Mt Harris Colo

Who supports him? Self

Do you contribute to his support? No

Is your mother living? Yes

Give her age 64

Name and address Mrs John Clayton Mt Harris Colo

Who supports her? Husband

Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? _____

When last contribution was made _____

Amount _____

Give names and addresses of your brothers John Clayton Mt Harris Colo

Give names and addresses of your sisters Ethel Benson Mt Harris 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? _____

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

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 Lois Clayton Mt Harris Colo

Dated at Bear River

Colorado, 3/17

1933

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)