

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE *Frank Coal Co* COMPANY

Name *Frank Brown* Mine Record No. *Beam River Colo*
Nationality *Swiss* Age *39* Wt. *150*
Complexion *Med* Color eyes *Brown* Hair *Grey* Identification Marks *Left hand*
Date employed *11/3/11*, 19*11* In what capacity employed? *Shot-firer* Check No. *117*
State fully 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 *Coal Utah Coal Co & Commission* from *11/3/11*
; For *Coal Co. Mt Harris Colo* from *11/3/11*
; For *Coal Co. Mt Harris Colo* from *11/3/11* to *11/3/11*

At what work were you employed? *Shot-firer & Sipping*

What languages can you speak? *Eng & Swiss French* Read *Eng. French Swiss*
Write *Eng. - French & Swiss*

Where were you born? *Switzerland* Are you a citizen? *yes*

Are you single, married, or a widower? *Married* 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 *_____*

Mary Louise Brown *Beam River Colo* Not living with you (give addresses) *_____*

Which children, if any, are physically or mentally defective? *all ok*

Which children who are self supporting *all*

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? *yes*

If so, give her age *80* Name and address *Mrs. J. M. Brown, Coulton, Idaho* Who supports her? *Albin Brown* Do you contribute to her support? *no*

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 *Emil Brown 2812 Clay St, Denver Colo*

Give names and addresses of your sisters *none*

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 *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 *Emil Brown 2812 Clay St Denver Colo*

Dated at *Beam River*, Colo., *Oct 31*, 19*21*

Interpreter *_____* Witness *Henry F. Dodds* Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) *Frank Brown*