

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Bear River Coal COMPANY

Name G. W. DeRoss Mine Record No. Bear River  
 Height 5'9" Nationality American Age 48 Wt. 175  
 Complexion Dark Color eyes Brown Hair Brown Identification Marks ✓  
 Date employed 17/31, 1923 In what capacity employed? Digger Check No. 53  
 State fully experience in coal mines 35 years

Have you a Shot Firer's Certificate? No Shot Examiner's? Yes Fire Boss's? Yes Mine Foreman's? No

For whom have you worked during the last year? For Standard Coal Co. Spring Canyon Utah from 1922  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Fire boss

What languages can you speak? Eng Write Eng Read Eng

Where were you born? Avery, Iowa Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Marie DeRoss

Her age 45 Is she living with you? No If not, give her present address 402 So. Broadway, Denver, Colo.

To what extent is she dependent on you for support? No Give names and ages of each of your children, and indicate those married: Those living with you Paul DeRoss 17 years

Not living with you (give addresses) Georgia DeRoss 13 years Marie DeRoss, Gars, Colo.

Which children, if any, are physically or mentally defective? None

Name children who are self supporting Marie DeRoss Gars, Colo.

Is your father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports him? \_\_\_\_\_

Do you contribute to his support? Yes Is your mother living? No

If so, give her age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports her? \_\_\_\_\_ Do you contribute to her support? Yes

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

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

Give names and addresses of your brothers Fred DeRoss, Avery, Iowa

Give names and addresses of your sisters Laura DeRoss, Albia, Iowa

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 Yes

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 Marie DeRoss, Gars, Colo. Paul DeRoss, Mt. Haines, Colo.

Dated at Bear River, Colo., Nov 31, 1923

Interpreter W. Woodworth Witness G. W. DeRoss

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