

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Central Coal COMPANY

Mine Record No. \_\_\_\_\_  
 Name \_\_\_\_\_ Nationality \_\_\_\_\_ Age 34 Wt. 150  
 Ht. \_\_\_\_\_ Complexion \_\_\_\_\_ Color eyes \_\_\_\_\_ Hair \_\_\_\_\_ Identification Marks \_\_\_\_\_  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? \_\_\_\_\_ Check No. \_\_\_\_\_  
 State fully experience in coal mines \_\_\_\_\_

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 Central Coal from 11/15/25  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shot work  
 What languages can you speak? \_\_\_\_\_ Read any  
 Write \_\_\_\_\_

Where were you born? \_\_\_\_\_ Are you a citizen?   
 Are you single, married, or a widower? \_\_\_\_\_ If married, give full name of wife Marie Thimie  
 Her age 32 Is she living with you?  If not, give her present address Oakland  
 To what extent is she dependent on you for support? fully 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?  If so, give his age \_\_\_\_\_ Name and address Frank  
 \_\_\_\_\_ Who supports him? \_\_\_\_\_  
 Do you contribute to his support? \_\_\_\_\_ Is your mother living? \_\_\_\_\_

If so, give her age \_\_\_\_\_ Name and address Mary  
 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 \_\_\_\_\_  
 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?  Have you had notice that the above named Employer is subject  
 to the provisions of the Workmen's Compensation Act?  and do you elect and agree to become subject thereto  
 now?  Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?  
 Give name and address of person to whom you desire notice sent in event of your death \_\_\_\_\_

Dated at \_\_\_\_\_, Colo., \_\_\_\_\_, 1925  
 Interpreter \_\_\_\_\_  
 Witness \_\_\_\_\_ Superintendent or Mine Clerk. \_\_\_\_\_ Signature of Employee or Applicant (Full Name) \_\_\_\_\_