

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Larry Yank Mine Record No. Bear Run
 Nationality Austrian Age 39 Wt. 165
 Ht. 5'10" Complexion Dark Color eyes Brown Hair Dark Identification Marks _____
 Date employed 9/12, 1924 In what capacity employed? _____ Check No. 41
 State fully experience in coal mines 17 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 Bear Run Coal Co from 1924
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Track Layer

What languages can you speak? American Eng Read Austrian & Eng
 Write Austrian & Eng

Where were you born? Austria Are you a citizen? No

Are you single, married, or a widower? Single 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 _____

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 Joseph Yank, Batschach, Austria

Give names and addresses of your sisters Francine Yank, Batschach, Austria

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 Joseph Yankel

Batschach, Austria (Sheridan County)

Dated at Bear Run, Colo., Sept 15, 1924

Interpreter _____
 Witness W. Woodworth Superintendent or Mine Clerk. Larry Yank Signature of Employee or Applicant (Full Name)