

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Bear River Mine Record No. 74
Nationality American Age 34 Wt. 150 lbs
Complexion Dark Color eyes Gray Hair Dark Identification Marks None
Employed 9/23/33 In what capacity employed? Miner Check No. None
Daily experience in coal mines 10 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? Yes Fire Boss? Yes Mine Foreman's? Yes
Where have you worked during the last year? For Bear River Coal Co, Bear River Colo from last year to present

What work were you employed? Miner
What languages can you speak? English Read? Yes

Where were you born? Glencoe, Wyo Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife None

Is she living with you? Yes If not, give her present address None

To what extent is she dependent on you for support? None Give names and ages of your children, and indicate those married: Those living with you None Not living with you (give addresses) None

Are any of your children, if any, are physically or mentally defective? None

Are there any children who are self-supporting? Yes Name and address J.H. Hughes Bear River Colo

Is your father living? Yes If so, give his age 60 Name and address J.H. Hughes Bear River Colo Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes Name and address Mrs J.H. Hughes Bear River Colo

Does she support her? Yes Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? None

When was the last contribution made? None Amount None

Give names and addresses of your brothers J.H. Hughes Steamboat Springs Colo

Give names and addresses of your sisters Catherine Robertson Steamboat Springs 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? None

When was the last contribution made? None Amount None

Do you have 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 J.H. Hughes Bear River Colo

Dated at Bear River Colorado, 9/23/33 19 33

Superintendent or Mine Clerk None Signature of Employee or Applicant (Full Name) J.H. Hughes