

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Louis Simillion Mine Record No. Beau Rivier
 Nationality American Age 25 Wt. 170
 Ht. 6' Complexion Dark Color eyes Red Hair Dark Identification Marks _____
 Date employed 7/25/24, 1924 In what capacity employed? Helper Check No. 9
 State fully experience in coal mines 15 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 The Coal Co. from 2/24/24
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Helper

What languages can you speak? English Read English
 Write _____

Where were you born? Cherokee, Kans Are you a citizen? Yes

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

Her age 25 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? Yes If so, give his age 55 Name and address Joe Simillion

Senwood Spgs. Colo Who supports him? Family

Do you contribute to his support? Is your mother living? Yes

If so, give her age 25 Name and address Mr. Fizzie Simillion Senwood

Who supports her? Husband Do you contribute to her support?

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 Alfred, Senwood Spgs. Colo.

Give names and addresses of your sisters Marie, Senwood Spgs. Colo.

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 Joe Simillion

Senwood Spgs. Colo.

Dated at Beau Rivier, Colo., 7/25/24, 1924

Interpreter W. H. Woodworth

Witness W. H. Woodworth Superintendent or Mine Clerk.

Louis Simillion Signature of Employee or Applicant (Full Name)
