

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Robert Coal COMPANY

Name W. A. [unclear] Mine Record No. [unclear]  
Nationality [unclear] Age 25 Wt. 145  
Complexion [unclear] Color eyes [unclear] Hair [unclear] Identification Marks [unclear]  
Date employed 11/12, 1925 In what capacity employed? [unclear] Check No. [unclear]  
State fully experience in coal mines [unclear]

Have you a Shot Firing Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?

For whom have you worked during the last year? For [unclear] from [unclear]

to [unclear]; For [unclear] from [unclear]

to [unclear]; For [unclear] from [unclear] to [unclear]

At what work were you employed? [unclear]

What languages can you speak? [unclear] Read [unclear]

Write [unclear]

Where were you born? [unclear] Are you a citizen?

Are you single, married, or a widower?  If married, give full name of wife [unclear]

Is she living with you?  If not, give her present address [unclear]

To what extent is she dependent on you for support? [unclear] Give names and ages

of each of your children, and indicate those married: Those living with you [unclear]

Not living with you (give addresses) [unclear]

Which children, if any, are physically or mentally defective? [unclear]

Name children who are self supporting [unclear]

Is your father living?  If so, give his age 42 Name and address [unclear]

Who supports him? [unclear]

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

Give her age [unclear] Name and address [unclear]

Who supports her? [unclear] Do you contribute to her support?

How much do you contribute to support of father or mother, or both? [unclear]

How much contribution was made [unclear] Amount [unclear]

Give names and addresses of your brothers [unclear]

Give names and addresses of your sisters [unclear]

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support [unclear]

How much do you contribute to their support each year [unclear]

Date of last contribution [unclear] Amount [unclear]

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

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 [unclear]

Dated at [unclear], Colo., [unclear], 1925

Interpreter [unclear]

Witness [unclear]

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