

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Robert Hill Mine Record No. _____
 Nationality Finn Age 51 Wt. 170
 Ht. 5-8 Complexion Dark Color eyes Brown Hair Gray Identification Marks None
 Date employed 7/27/33 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 29 years

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

For whom have you worked during the last year? For Bear River Coal Co from July year 1933
 to _____ from _____
 to _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? Eng & Finn Read? Eng & Finn

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

Are you single, married, or a widower? Married 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 John Kallio, Paul Finland

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 None

Give names and addresses of your sisters None

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? _____

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 John Kallio, Paul Finland

Dated at Bear River, Colorado, 7/27, 19 33

Interpreter _____

Witness Henry Woods John Hill

Signature of Employee or Applicant (Full Name)