

THE EMPLOYERS' MUTUAL INSURANCE CO. COMPENSATION INSURANCE INFORMATION

THE Barber Coal COMPANY

Name Howard Nichols Mine Record No. _____

Nationality _____ Age _____ Wt. _____

Ht. 5-11" Complexion fair Color eyes Brown Hair Black Identification Marks 4453 on left

Date employed 1/17, 1934 In what capacity employed? Buyer Check No. _____

State fully experience in coal mines 6 years

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

For whom have you worked during the last year? For _____ from _____

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Buyer

What languages can you speak? _____ Read? Eng

Write? _____

Where were you born? Illinois Are you a citizen?

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 _____

Is your father living? Yes If so, give his age 46 Name and address F. H. Nichols, Malvern Colo

Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes

If so, give her age 54 Name and address Mrs F. H. Nichols, Malvern Colo

Who supports her? Husband Do you contribute to her support? No

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 Andrew Nichols Malvern Colo

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

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 _____

Dated at Barber, Colorado, 10/1, 1934

Interpreter _____

Witness _____

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)