

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fresh Coal COMPANY

Name C. M. Stanfield Mine Record No. \_\_\_\_\_  
 Nationality American Age 35 Wt. 160  
 Ht. 5'9" Complexion Light Color eyes Blue Hair Light Brown Identification Marks Scar on left leg & back of neck  
 Date employed Aug 17, 1926 In what capacity employed? Capeman Check No. \_\_\_\_\_  
 State fully experience in coal mines 15 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's? 2nd br

For whom have you worked during the last year? For Fresh Coal Co. Bear River Colo. from \_\_\_\_\_  
 to \_\_\_\_\_; For past year from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Madame mine  
 What languages can you speak? Eng Read Eng  
 Write Eng

Where were you born? Fountain Colo Are you a citizen? Yes  
 Are you single, married, or a widower? Married If married, give full name of wife Ellen Stanfield  
 Her age 22 Is she living with you? Yes If not, give her present address \_\_\_\_\_

To what extent is she dependent on you for support? Wholly Give names and ages  
 of each of your children, and indicate those married: Those living with you Joseph (6) - Ellen (4) - Mary (1) yr  
 \_\_\_\_\_ Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? all OK  
 Name children who are self supporting none

Is your father living? Yes If so, give his age 64 Name and address Allen M Stanfield, Springfield Mo  
 \_\_\_\_\_ Who supports him? \_\_\_\_\_  
 Do you contribute to his support? No 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 Allen M Stanfield, San Diego Calif (33)  
 Give names and addresses of your sisters Anna Elderswater, Wichita Kas

Give names and addresses of EVERY ONE (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  
The C. M. Stanfield, Bear River Colo  
Bear River, Colo., Aug 17 1926

Interpreter \_\_\_\_\_  
 Witness Henry F. Davis Superintendent or Mine Clerk. C. M. Stanfield Signature of Employee or Applicant (Full Name)