

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co COMPANY

Name Stanley Sandbrook Mine Record No. \_\_\_\_\_  
 Nationality American Age 27 Wt 126  
 Ht 5'4" Complexion Med Color eyes Blue Hair Light Identification Marks Scar on left eye  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? \_\_\_\_\_ Check No. \_\_\_\_\_  
 State fully experience in coal mines Lived around mines most of life.

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 Self, Andy - under doctor from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Selling

What languages can you speak? \_\_\_\_\_ Read Eng  
 Write Eng

Where were you born? Fred, Ohio Are you a citizen? Yes

Are you single, married, or a widower? Single 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 None  
 \_\_\_\_\_ 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 52 Name and address 67 Sandbrook, Beaverton, Ohio  
 Who supports him? Self & wife

Do you contribute to his support? Yes Is your mother living? Yes  
 If so, give her age 47 Name and address Mar 67 Sandbrook, Beaverton, Ohio

Who supports her? Her husband's wages Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 2400.00 per year

Date last contribution was made Feb 1926 - 10.00 Amount 60.00

Give names and addresses of your brothers None

Give names and addresses of your sisters Mary Sandbrook, Beaverton, Ohio

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 67 Sandbrook, Beaverton, Ohio

Dated at Beaverton, Colo., 4-27- 1926

Interpreter \_\_\_\_\_  
 Witness Henry F. Duda Superintendent or Mine Clerk. Stanley Sandbrook Signature of Employee or Applicant (Full Name)