

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Marek Joderoff

Bear River Mine Record No. _____

Nationality Bulgarian Age 21 Wt. 165

Complexion Dark Color eyes Brown Hair Brown Identification Marks None

7/31/33, 1933 In what capacity employed? Miner Check No. _____

Experience in coal mines 9 years

Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?

Where have you worked during the last year? For Bear River Coal Co from _____

; For Bear River Coal Co from _____

; For last year from _____ to _____

What work were you employed? Miner

What languages can you speak? Bulgarian Read? Bulg

Write? Bulg Are you a citizen? No

Where were you born? Bulgaria

Are you single, married, or a widower? Single If married, give full name of wife _____

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 your children, and indicate those married: Those living with you _____

Not living with you (give addresses) _____

Are your children, if any, are physically or mentally defective? _____

Are there any children who are self-supporting? _____

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

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? _____

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? _____

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

Yes Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Name and address of person to whom you desire notice sent in event of your death _____

John Petrus of Bear River Colo

Dated at Bear River, Colorado, 7/17, 1933

Marek Joderoff

Henry Woods Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)