

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name M. W. Barber Mine Record No. _____
 Nationality American Age 27 Wt. 145
 Height 5'9" Complexion Med Color eyes Blue Hair Brown Identification Marks
 Date employed 10/19, 1927 In what capacity employed? Shifter Check No. 14
 State fully experience in coal mines. 4 years

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 Bear River Coal Mng Co from 1 year

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

Where were you born? Miss City, Ky Are you a citizen? Yes
 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 67 Name and address O. S. Barber, Cherokee, Okla
 Who supports him? Himself

Do you contribute to his support? Is your mother living? Yes
 If so, give her age 52 Name and address Mrs. O. S. Barber, Cherokee, Okla.
 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 _____
 Give names and addresses of your sisters Anna Barber, Cherokee, Okla

Give names and addresses of EVERY ONE (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 O. S. Barber, Cherokee, Okla
 Dated at Bear River, Colo., Oct 1927, 1927

Interpreter _____
 Witness W. H. Woodworth Superintendent or Mine Clerk. M. W. Barber Signature of Employe or Applicant (Full Name)