

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal Co COMPANY

Name Robert Kern Mine Record No. Bear Area
 Nationality American Age 10 Wt. 145
 Ht. 5'8" Complexion Fair Color eyes Blue Hair Brown Identification Marks None
 Date employed 4/17/26, 1926 In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines 3 months

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 Fraser Coal Co, Denver from _____
 to _____; For just year from _____
 to _____; For _____ from _____ to _____
 At what work were you employed? Supervisor
 What languages can you speak? English Read English
 Write English
 Where were you born? Low, Okla Are you a citizen?
 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 _____
 _____ 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 57 Name and address 207 Kern Bear Area Okla
 Who supports him? Self & Sons
 Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 40 Name and address Fraser Kern Denver Okla
 Who supports her? Husband & Sons Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? live at home & contribute what
 Date last contribution was made I make in all last year Amount 100.00
 Give names and addresses of your brothers Ed Kern Bear Area Okla
 Give names and addresses of your sisters Clara Kern Denver Okla

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
207 Kern Bear Area Okla & Fraser Kern Denver Okla
 Dated at Bear Area, Colo., 6-11-1926

Interpreter _____
 Witness Kenneth F. Dodds Superintendent or Mine Clerk. Robert Kern Signature of Employee or Applicant (Full Name)