

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coals COMPANY

Herold Vahlbeck Mine Record No. Bear River
Nationality Swiss Age 36 Wt. 150

Complexion Dark Color eyes Brown Hair Dark Identification Marks See back of photo
Employed 8/31/33, 1933 In what capacity employed? Fireman - Pumpman Check No. 10

Experience in coal mines 16 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? Yes Fire Boss? Yes Mine Foreman's? Yes

Where have you worked during the last year? For Myself in Bear River Coals from from

; For Myself in Bear River Coals from from to to

What work were you employed? Coal Miner

What languages can you speak? Eng Read? Eng

Where were you born? Coal Creek Colo Write? Eng Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Bessie Vahlbeck

22 Is she living with you? Yes If not, give her present address None

To what extent is she dependent on you for support? Wholly Give names and ages of your children, and indicate those married: Those living with you None

Not living with you (give addresses) None

Which children, if any, are physically or mentally defective? None

Which children who are self-supporting? None

Is your father living? No If so, give his age None Name and address None

Who supports him? None

Do you contribute to his support? None Is your mother living? No

Give her age None Name and address None

Who supports her? None Do you contribute to her support? None

How much do you contribute to support of father or mother, or both? None

When last contribution was made None Amount None

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? None

When of last contribution None Amount None

Do you have 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 Mrs Bessie Vahlbeck Bear River Colo
Dated at Bear River, Colorado, 8/31/33, 1933
Interpreter None Signature of Employer or Applicant (Full Name) Herold Vahlbeck
Witness None Superintendent or Mine Clerk None