

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Dunston Coal Co. COMPANY

Emmanuel Trujillo Mine Record No. _____
32 Age 32 Wt. 142
Black Color eyes Black Hair Black Identification Marks None
10-yr. In what capacity employed? Loader Check No. _____
10-yr. Experience in coal mines

Have you a Shot Fiver's Certificate? No Shot Examiner's? No Fire Boss? No Mine Foreman's? No

Where have you worked during the last year? For D. S. Coal Co. from _____
; For _____ from _____
; For _____ from _____ to _____

What languages can you speak? English & Spanish Read? English & Spanish
Write? English & Spanish

Where were you born? Trinidad, Colo. 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 _____
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? No If so, give his age _____ Name and address _____

Who supports him? _____
Do you contribute to his support? _____ Is your mother living? Yes

If so, give her age 50 Name and address Emma Trujillo, Trinidad, Colo.

Who supports her? Father, Leo Trujillo Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? At his earnings
Date last contribution was made Oct. 15-37 Amount \$5.00

Give names and addresses of your brothers Juan Trujillo - Trinidad, Colo.

Give names and addresses of your sisters May Trujillo

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? _____
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

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 Mother, 121 N. Ave.

Dated at Beu River, Colorado, Oct. 12, 1937

Interpreter Henry Petter Signature of Employee or Applicant (Full Name) Emmanuel Trujillo

Witness _____ or Mine Clerk. Signature of Employee or Applicant (Full Name).