

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Bear Run Mine. Record No. _____
Jack Minor Nationality Greek Age 35 Wt. 170
 Complexion Sark Color eyes Brown Hair Black Identification Marks ✓
 Employed 12/1, 1923 In what capacity employed? Legger Check No. 31
 Total experience in coal mines 13 years

Shot Firer's Certificate? ✓ Shot Examiner's? ✓ Fire Boss's? ✓ Mine Foreman's? ✓
 Have you worked during the last year? For Rocky Mt. Fuel Co. from 11 years

For _____; For _____ from _____
 For _____; For _____ from _____ to _____
 What work were you employed? Legging

What languages can you speak? Greek & English Read Greek Literature
 Write Greek

Where were you born? Greece 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? no

If so, give her age _____ 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? ✓

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Harris Minor, Lafayette, Colo

Give names and addresses of your sisters _____

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 Harry Minor

Dated at Bear Run, Colo., Dec 1, 1923

Interpreter _____
 Witness [Signature] Superintendent or Mine Clerk. [Signature] Signature of Employee or Applicant (Full Name)