

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Burton Coal COMPANY

Name James Ferguson Nationality Scottish Mine Record No. 100
Age 30 Wt. 150

Ht. 5'10" Complexion Swart Color eyes Brown Hair Dark Identification Marks None

Date employed 1914, 19 14 In what capacity employed? Coal Miner Check No. 100

State fully experience in coal mines 10 years

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

For whom have you worked during the last year? For James Ferguson from Scottish

to Scottish; For James Ferguson from Scottish

to Scottish; For James Ferguson from Scottish to Scottish

At what work were you employed? Coal Miner

What languages can you speak? English Read? Yes

Write? Yes

Where were you born? Scotland Are you a citizen? Yes

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

Her age 25 Is she living with you? Yes If not, give her present address None

To what extent is she dependent on you for support? None Give names and ages

of each 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

Name children who are self-supporting None

Is your father living? Yes If so, give his age 57 Name and address James Ferguson, 100

Who supports him? None

Do you contribute to his support? No Is your mother living? Yes

If so, give her age 55 Name and address James Ferguson, 100

Who supports her? None Do you contribute to her support? No

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

Date 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

Date of last contribution None Amount None

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 James Ferguson, 100

Dated at Scottish, Colorado, 1914, 19 14

Interpreter None

Witness James Ferguson Superintendent or Mine Clerk James Ferguson Signature of Employe or Applicant (Full Name)