

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co. COMPANY

Lee Strand Mine Record No. _____
Nationality Irish Age 32 Wt. 170
Complexion fair Color eyes Brown Hair Dark Identification Marks Scar under right eye
Employed 7/1/23, 1923 In what capacity employed? Coal Miner Check No. _____
Total experience in coal mines 15 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?
Where have you worked during the last year? For Victor Iron Mine, Paul Co., Hodge Mine,
; For Mt. Haring, Colo from _____
; For past year from _____ to _____
What work were you employed? General Miner

What languages can you speak? Eng Read? Eng
Write? Eng
Where were you born? Calumet, Mich Are you a citizen? Yes
Are you single, married, or a widower? Married If married, give full name of wife Joyce Strand
32 Is she living with you? Yes If not, give her present address _____
To what extent is she dependent on you for support? Wholly Give names and ages _____

Name of your children, and indicate those married: Those living with you None
Not living with you (give addresses) _____
Are your children, if any, physically or mentally defective? _____
Are there any 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
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? _____
When last contribution was made _____ Amount _____
Give names and addresses of your brothers Walter Strand, Calumet Michigan
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? _____
When of last contribution _____ Amount _____

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?
Give name and address of person to whom you desire notice sent in event of your death Joyce Strand, Bear River Colo

Dated at Bear River, Colorado, 7/13/23, 1923

Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)