

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name R. L. Clark Mine Record No. Ben River
 Ht. 5'11" Complexion red Color eyes brown Hair black Age 23 Wt. 180
 Date employed 4/19/26 In what capacity employed? digging Identification Marks left eye at mine
 State fully experience in coal mines. 1 1/2 years Check No. _____

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

For whom have you worked during the last year? For Fisher Coal Co., El Paso, Texas from _____
 to _____; For last 3 years from _____
 to _____; For _____ from _____ to _____

At what work were you employed? digging

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Fort Smith, Arkansas 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 none
 _____ 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. R. L. Clark, El Paso, Texas, 1492 Elm St.

Give names and addresses of your sisters. none

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
R. L. Clark, 1492 Elm St., El Paso, Texas

Dated at Ben River, Colo., 2-19, 1926

Interpreter _____
 Witness Henry J. Dicks Superintendent or Mine Clerk. X R. L. Clark Signature of Employee or Applicant (Full Name)