

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Yukon Coal COMPANY

Name C. N. Myers Mine Record No. Ben Bond  
 Nationality American Age 31 Wt. 145  
 Ht. 5 ft 7 1/2 Complexion Dark Color eyes Blue Hair Dark Identification Marks Scar on forehead  
 Date employed 4/24/26, 1926. In what capacity employed? Digger Check No. \_\_\_\_\_  
 State fully experience in coal mines 12 years

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 Yukon Coal Corp. Yukon Colo from \_\_\_\_\_  
 to \_\_\_\_\_; For just year from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Huller

What languages can you speak? English Write by Read by

Where were you born? Seattle Wash Are you a citizen?

Are you single, married, or a widower? married If married, give full name of wife Elizabeth Myers

Her age 26 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 of each of your children, and indicate those married: Those living with you Betty Jones (3 yrs)  
 Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK

Name children who are self supporting \_\_\_\_\_

Is your father living? yes If so, give his age 63 Name and address Carl Myers Long Beach CA

Who supports him? Self

Do you contribute to his support? No 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 Clyde Myers, Yukon Colo

Give names and addresses of your sisters L. R. Anderson, Yukon Wash

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 Clyde Myers, Yukon Colo

Dated at Ben Bond, Colo., 4-29-, 1926

Interpreter \_\_\_\_\_

Witness Nancy J. Dicks Superintendent or Mine Clerk. C. N. Myers Signature of Employee or Applicant (Full Name)