

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bee River Coal COMPANY

Bill Burchfield Mine Record No. _____
Nationality Irish Age 35 Wt. 160
Hair Brown Identification Marks Mole on breast
Occupation Harstman Check No. _____
Years of experience in coal mines 21 years

Have you a State Miner's Certificate? _____ Mine Foreman's?
For what have you worked during the last year? Bee River Coal Co from _____
Bee River Coal Co from _____
to _____
What work were you engaged in? Harstman
What language do you speak? Irish Read? Eng.
When were you last married, give full name of wife? _____ Are you a citizen? Yes
If not, give her present address _____
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 physically or mentally defective: _____
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: Wm. Burchfield, Rockwood Tenn.
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? _____
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? 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: E. M. Burchfield, Rockwood Tenn.
Dated at Bee River, Colorado, 7/24/19, 1933
Interpreter: _____
Witness: Henry [unclear] _____
Signature of Employee or Applicant (Full Name) A. G. W. Burchfield