

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name J. H. Powers Mine. Record No. Bear River Colo
 Nationality U.S. Age 36 Wt 155
 Complexion Med Color eyes Blue Hair Dark Identification Marks Tattoo left arm
 Date employed 10/15, 1925 In what capacity employed? C. Hook Check No. _____
 State fully experience in coal mines _____

Have you a Shot Firing Certificate? Yes Shot Examiner's? _____ Fire Boss's? _____ Mine Foreman's? _____

For whom have you worked during the last year? For Moffatt Coal Co. + Victor mine from _____
 to _____; For Fuel Co. Oak Creek Colo from _____

at what work were you employed? Machine Mining drilling shooting from _____ to _____

What languages can you speak? Eng Read Eng

Where were you born? San Antonio Texas Write Eng Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife. Frances S Powers

Her age 33 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 your children, and indicate those married: Those living with you Ruth (12 1/2) Gerald (22 now)
Euro Lilly Powers (6 mos old) Not living with you (give addresses) _____

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

Name children who are self supporting none

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 William S Powers, San Antonio, Texas

Give names and addresses of your sisters Mrs M.L. Summers, San Antonio, Texas

Give names and addresses of EVERY ONE (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 Mrs Frances S Powers, Oak Creek Colo

Dated at Bear River, Colo., 10-15, 1925

Interpreter _____

Witness Henry F. Hodges Superintendent or Mine Clerk. J. H. Powers Signature of Employee or Applicant (Full Name)