

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal Co COMPANY

Name L B Henney Mine. Record No. Bear River Colo
Nationality U.S Age 35 Wt. 220
Complexion Med Color eyes Blue Hair Dark Identification Marks None
Date employed 11/23 1925 In what capacity employed? Draping Check No. _____
State fully experience in coal mines 1 1/4 years

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

For whom have you worked during the last year? For Indes Sugar Co. Fort Lupton, Colo from _____
to _____; For fall & winter 1924-25 & ranch work same from _____
to _____; For Centrifugal Foreman & cutting lumber

at what work were you employed? Centrifugal Foreman & cutting lumber
What languages can you speak? Eng Read Eng
Write Eng

Where were you born? Harding, Colo. Are you a citizen? Yes

Are you single, married, or a widower? Single If married, give full name of wife _____
Is she living with you? _____ If not, give her present address _____

On 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? None

Have children who are self supporting? _____
Is your father living? Yes If so, give his age 75 Name and address Lourence B Henney, Eld, Colo
Who supports him? I do

Do you contribute to his support? Yes Is your mother living? Yes
Name and address Mrs L B Henney, Eld, Colo

Who supports her? Myself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 500.00 per year
Date last contribution was made Nov 21 1925 Amount 45.00 month

Name and address of your brothers John Henney, Eld, Colo
Name and address of your sisters Mrs Elmer Swanson, Eld, Colo

Name and address 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

Name and address of person to whom you desire notice sent in event of your death
Lourence B Henney, Eld, Colo
Dated at Bear River Colo. 10-23 1925

Witness Mary F Dods Superintendent or Mine Clerk. Lourence B Henney Signature of Employee or Applicant (Full Name)