

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name A. V. Bunyan Mine Record No. Bear River
 Height 5'7" Nationality American Age 36 Wt. 149
 Complexion Dark Color eyes Gray Hair Dark Identification Marks scar on left ear
 Date employed 17-4, 1923 In what capacity employed? Signer Check No. _____
 State fully experience in coal mines 18 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 Victor American Fuel Co from 1922
 to _____; For _____ from _____ to _____
 At what work were you employed? Signer
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Knoxville, Tenn. 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

Not living with you (give addresses)
Francis Bunyan, Trinidad, Colo. (13 years)
 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? Yes
 If so, give her age 71 Name and address Mary C. McBarney, Aquilar, Colo.

Who supports her? Brother + myself Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? 500-50600.00 years years
 Date last contribution was made Nov. 15, 1923 Amount 85.00
 Give names and addresses of your brothers Frank Bunyan, Aquilar, Colo.

Give names and addresses of your sisters _____
 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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Mary C. McBarney
Aquilar, Colo.
 Dated at Bear River, Colo., Dec. 24th, 1922

Interpreter _____
 Witness H. V. Woodworth Superintendent or Mine Clerk. A. V. Bunyan Signature of Emplou or Applicant (Full Name)