

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bartholme Coal COMPANY

Name Allen Stone Mine Record No. _____
Nationality American Age 35 Wt. 150
Complexion fair Color eyes gray Hair dark Identification Marks _____
Date employed 9/20/34 1934 In what capacity employed? miner Check No. _____
State fully experience in coal mines 2 years

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

For whom have you worked during the last year? For Bartholme Coal from 9/20/34
; For judges from _____
; For _____ from _____ to _____

at what work were you employed? _____

What languages can you speak? English Read? English
Write? English

Where were you born? Italy Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife _____

Her age _____ Is she living with you? No If not, give her present address _____

To what extent is she dependent on you for support? Not dependent 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? OK

Name children who are self-supporting mother

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 _____ 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 _____

Give names and addresses of your sisters _____

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
now? Yes 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 _____

Dated at Bartholme, Colorado, _____, 1934

Interpreter _____

Witness _____ Superintendent or Mine Clerk _____ Signature of Employee or Applicant (Full Name) _____