

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name Chas. Cross Mine Record No. Ben. Bowen
 Nationality Italian Age 48 Wt. 170
 Ht. 5ft 6 Complexion tan Color eyes blue Hair gray Identification Marks cut on right hand
 Date employed 7/4, 1926 In what capacity employed? drigger Check No. _____
 State fully experience in coal mines 23 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 Bear Run Coal Co. Bear Run, Pa. from _____
 to _____; For 1924 - last year different jobs in Chicago from _____
 to _____; For _____ from _____ to _____

At what work were you employed? drigger concrete work

What languages can you speak? Italian & English Read Eng & Italian
 Write Eng & Italian

Where were you born? Italy Are you a citizen? no

Are you single, married, or a widower? married If married, give full name of wife Ely Cross, Chicago, Ill

Her age 45 Is she living with you? no If not, give her present address Chicago, Ill

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you Primo (23) Cross, Chicago, Ill
 Not living with you (give addresses) _____

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

Name children who are self supporting Primo Cross

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 80 Name and address Josephine Cross, Italy
 Who supports her? self Do you contribute to her support? no

How much do you contribute to support of father or mother, or both? no

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Christopher Cross & John Cross, Christopher, Ill

Give names and addresses of your sisters none

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 now? 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 Chas. Cross, 524-26 60th Place, Chicago, Ill

Dated at Bear Run, Colo., August 6, 1926

Interpreter _____
 Witness Kenny F. Judd Superintendent or Mine Clerk. Chas. Cross Signature of Employee or Applicant (Full Name)