THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Dear luie Casel COMPANY
/ Mine. Record No.
Name Trank/ Lano Nationality water Age 44 Wt/17
Ht. Complexion Color eyes Hair Identification Marks
Date employed 17/29 , 192 In what capacity employed? Check No.
23 11-
State fully experience in coal mines.
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 from from
to; For
to; Fortoto
At what work were you employed?
What languages can you speak?
Write austrain & father long
Where were you born?Are you a citizen?
Are you single, married, or a widower? If married, give full name of wife
Her age
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)
The first state of the state of
Which children, if any, are physically or mentally defective?
Name children who are self supporting.
Is your father living?
Who supports him?
Do you contribute to his support?Is your mother living?
If so, give her ageName 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
Give names and addresses of your brothers.
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.
Have you a copy of the State Coal Mining Law?
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
Dear Kuss , Caro 1
Dated at Colon Colon 19
Interpreter The Monday Server Borne
Witness Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)