

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Ray Williams Mine. Record No. Ben River
 Nationality Amer Age 24 Wt 165
 Ht. 5ft 10in Complexion Med Color eyes Brown Hair Dark Identification Marks None
 Date employed 6/1/19, 1926 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 9 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 Frederick & Truhey, Bear River, CO from _____
 to _____; For just you from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Motorman
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Massachusetts Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife Ely Williams
 Her age 20 Is she living with you? Yes If not, give her present address _____
 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 Jack Byron (2)
 Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? None
 Name children who are self supporting None
 Is your father living? Yes If so, give his age 52 Name and address Tom Williams, Bear River, CO
 Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 48 Name and address Mrs. Thos Williams, Bear River, CO
 Who supports her? Husband Do you contribute to her support? No

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 None
 Give names and addresses of your sisters Manfred Williams, Bear River, CO

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
Mrs. Ely Williams, Bear River, CO

Dated at Bear River, Colo., 6-14, 1926
 Interpreter _____
 Witness Kerry J. Dodds Superintendent or Mine Clerk. Ray S. Williams Signature of Employee or Applicant (Full Name)