

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name J. M. Young Mine Record No. Bear Run  
 Nationality American Age 37 Wt. 150  
 Ht. 5'6" Complexion Med Color eyes Blue Hair Dark Identification Marks Scars nose  
 Date employed 12/24, 1923 In what capacity employed? Hooper Check No. \_\_\_\_\_  
 State fully experience in coal mines 25 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 Coos. West Coal Co from 12/24

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Write Eng  
 Where were you born? Burgstown, Pa. 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? Yes 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) \_\_\_\_\_

Which children, if any, are physically or mentally defective? \_\_\_\_\_  
 Name children who are self supporting \_\_\_\_\_

Is your father living? Yes If so, give his age 72 Name and address Thomas Young  
Burgstown, Pa. Who supports him? Self

Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
 If so, give her age 68 Name and address Mrs. Charlotte Young Burgstown, Pa.

Who supports her? Husband 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 Robert Young, Camp Shumway, Coos.  
 Give names and addresses of your sisters Mrs. C. B. Bail, Burgstown, Pa.  
Market Street.

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? 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 Robert Young  
Camp Shumway, Coos.

Dated at Bear Run, Colo., Dec 24th, 1923

Interpreter \_\_\_\_\_  
 Witness W. H. Hardaway Superintendent or Mine Clerk. J. M. Young Signature of Employee or Applicant (Full Name)