

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Col COMPANY

Name Joe Cox Mine Record No. _____
 Nationality Am Age 33 Wt. 120
 Complexion fair Color eyes brown Hair dark Identification Marks valve - left eye - angle
 Date employed 10/1/33 In what capacity employed? supervisor Check No. _____
 State fully experience in coal mines 15 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 Bear River Col from _____
 ; For Jackman from _____
 ; For _____ from _____ to _____

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

Where were you born? Fort Collins Col Write? Eng 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 Robt Cox (4) - Robert Cox (4)
 Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? None OK
 Name children who are self-supporting _____

Is your father living? No If so, give his age _____ Name and address _____
 Who supports him? _____

Do you contribute to his support? No Is your mother living? No
 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 Roy Cox, 512 Central Hospital Denver Colo

Give names and addresses of your sisters Irma Cox Bear River Colo

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
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 Irma Cox Bear River Colo

Dated at _____, Colorado, 10/20/33, 1933

Interpreter _____
 Witness Newly H. H. H. Superintendent or Mine Clerk
Joe Cox Signature of Employee or Applicant (Full Name)