

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beach Mine Coal COMPANY

Name Joe Defelice Beach Mine Mine Record No. \_\_\_\_\_  
 Nationality Italian Age 40 Wt. 160  
 Height 5'11" Complexion Dark Color eyes Brown Hair Black Identification Marks   
 Date employed 1/20, 1923 In what capacity employed? Miner Check No. \_\_\_\_\_  
 State fully experience in coal mines 15 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 Intimidation Fuel Co from 1 year  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shipping

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

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

Are you single, married, or a widower? Single If married, give full name of wife \_\_\_\_\_

Her age \_\_\_\_\_ Is she living with you?  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 \_\_\_\_\_

anna, Jennie, Louie Jewel Defelice, Not living with you (give addresses)  
St Vincent de Paul School  
Summit, Colorado

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

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?  Is your mother living? Don't know

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 Felix Defelice, Colo. Spgs, Colo  
Pike View Mine.

Give names and addresses of your sisters Mary Defelice, Pastana, Italy

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 Felix Defelice  
Pike View Mine Colo Spgs, Colo

Dated at Beach Mine, Colo., Nov 24, 1924

Interpreter \_\_\_\_\_  
 Witness W. Woodworth Superintendent or Mine Clerk. Joe Defelice Signature of Employee or Applicant (Full Name)