

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal Co COMPANY

Name Owen Hamilton Mine. Record No. Bear River Colo
 Nationality U.S. Age 23 Wt. 165
 Complexion Med Color eyes Brown Hair Med Identification Marks none
 Date employed 10/13/25 In what capacity employed? Digging Check No. _____
 State fully experience in coal mines 4 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 Bear River coal Co & Fraker Coal Co
 in Bear River Colo. from _____ to _____

At what work were you employed? Digging & Co. work
 What languages can you speak? Eng. Read Eng.
 Write Eng.

Where were you born? San Marcos, Iowa Are you a citizen? Yes

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 none
 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 50 Name and address RJ Hamilton, Mt Harris Co
 Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 47 Name and address Mrs RJ Hamilton, Mt Harris Colo
 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 Carl Hamilton, Mt Harris, Colo

Give names and addresses of your sisters Mrs Adolph Stamer, Mt Harris Colo

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
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
RJ Hamilton, Mt Harris Colo

Dated at Bear River, Colo., 10-13- 1925

Interpreter _____
 Witness Henry F Dadds Superintendent or Mine Clerk. Owen Hamilton Signature of Employe or Applicant (Full Name)