

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Andy Loucas Mine Record No. _____
 Height 5'8" Nationality Slovak Age 30 Wt. 145
 Complexion Light Color eyes Blue Hair Light Identification Marks ✓
 Date employed 9/4/24, 1924 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 17 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 Victor American Fuel Co from yes

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Digging

What languages can you speak? Slovak Read Slovak

Write Slovak

Where were you born? Austria Are you a citizen? yes

Are you single, married, or a widower? yes 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 ✓

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? no If so, give his age _____ Name and address _____

Who supports him? _____

Do you contribute to his support? ✓ 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 _____

Give names and addresses of your sisters _____

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 Mary Sibak

Madison Coal & Oil Co.

Dated at Bear River, Colo., June 24, 1924

Interpreter _____

Witness W. H. Hunsworth Superintendent or Mine Clerk. ANDY LOUCAS Signature of Employee or Applicant (Full Name)