

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name Stanley Sanderson Mine Record No. _____
 Age 30 Wt. 132
 Nationality American
 Height 5'-4" Complexion Dark Color eyes Blue Hair Brown Identification Marks none
 Date employed 6/27, 1934 In what capacity employed? Rofer Check No. _____
 State fully experience in coal mines 6 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 Coal Co from Bear River Colo

; For most of past year from _____

; For _____ from _____ to _____

at what work were you employed? Digging

What languages can you speak? Eng Read? Eng

Write? Eng

Where were you born? Creede Colo 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? 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 63 Name and address BT Sanderson Menton Colo

Who supports him? partly

Do you contribute to his support? yes Is your mother living? yes

If so, give her age 61 Name and address Mrs BT Sanderson Bear River Colo

Who supports her? 2 help Do you contribute to her support? yes

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 Alfred Sanderson Bear River Colo

Give names and addresses of your sisters Mary Dowling 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? _____

Amount of last contribution _____ Amount _____

Do you have 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

Name and address of person to whom you desire notice sent in event of your death Mrs BT Sanderson Bear River Colo

Dated at Bear River, Colorado, 6/27, 1934

By Henry J. Woods

Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name) Stanley Sanderson