

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Bob Hughes Mine Record No. \_\_\_\_\_  
Nationality Yorlady Age 50 Wt. 165  
Color eyes Brown Hair Dark Identification Marks Blue scar on left arm  
In what capacity employed? Digger Check No. \_\_\_\_\_  
41 years  
Shot Examiner's?  Fire Boss'? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
Where have you worked during the last year? For Bear River Coal Co from \_\_\_\_\_  
For Bear River Coal Co from \_\_\_\_\_  
For just year from \_\_\_\_\_ to \_\_\_\_\_  
In what capacity employed? Digger  
What language can you speak? Eng Read? Eng  
Write? Eng  
Are you a citizen? Yes  
If married, give full name of wife Agnes Hughes  
Is she living with you? Yes If not, give her present address \_\_\_\_\_  
Is she dependent on you for support? Wholly Give names and ages  
of your children, and indicate those married: Those living with you Bob Hughes - (25)  
Not living with you (give addresses) \_\_\_\_\_  
Are your children, if any, physically or mentally defective? OK  
Name and address of self-supporting children who are self-supporting all others  
If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports him? \_\_\_\_\_  
Do you contribute to his support? \_\_\_\_\_ Is your mother living? No  
Name and address \_\_\_\_\_  
Do you contribute to her support? \_\_\_\_\_  
Do you contribute to support of father or mother, or both? \_\_\_\_\_  
Name and address \_\_\_\_\_ Amount \_\_\_\_\_  
Name and address of your brothers None  
Name and address of your sisters Hannah Loveland, Scranton Pa  
Name and address of EVERYONE (other than wife, children, father or mother) dependent on you for support  
None  
Do you contribute to their support each year? \_\_\_\_\_ Amount \_\_\_\_\_  
Have you had notice that the above named Employer is subject to the provisions of the State Coal Mining Law? 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 of person to whom you desire notice sent in event of your death May A Hughes  
Bear River Colorado, 7/20/ 19 33  
Superintendent or Mine Clerk \_\_\_\_\_ Signature of Employee or Applicant (Full Name) Bob Hughes