

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Burlington Coal COMPANY

Name Marjorie Annabelle Mine Record No. \_\_\_\_\_  
 Nationality American Age 46 Wt. 136  
 Ht. 5-7 Complexion fair Color eyes blue Hair gray Identification Marks \_\_\_\_\_  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? working Check No. \_\_\_\_\_  
 State fully experience in coal mines 20 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 Sub-Station Coal Co. from 11/1/1913  
 to \_\_\_\_\_; For DeSoto from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? working

What languages can you speak? English Read? English  
 Write? \_\_\_\_\_

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

Are you single, married, or a widower? Married If married, give full name of wife Frank Annabelle

Her age 36 Is she living with you? No If not, give her present address Supp. Forest, New Mexico

To what extent is she dependent on you for support? None Give names and ages of each of your children, and indicate those married: Those living with you Albert (12) Marie (12)  
living in Italy Not living with you (give addresses) \_\_\_\_\_

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

Name children who are self-supporting None

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 Frank Annabelle, William Co.

Give names and addresses of your sisters None

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? \_\_\_\_\_

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 Frank Annabelle, William Co.

Dated at \_\_\_\_\_, Colorado, \_\_\_\_\_, 19\_\_\_\_

Interpreter \_\_\_\_\_

Witness \_\_\_\_\_ Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name) Marjorie Annabelle