

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Mine Coal COMPANY

Name Harry Crutcher Mine Record No. _____
 Nationality American Age 26 Wt. 175
 Ht. 6' Complexion Fair Color eyes Blue Hair Brown Identification Marks _____
 Date employed 10/27, 1924 In what capacity employed? Shipper Check No. _____
 State fully experience in coal mines 12 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 Holding Mng. Co. N. Va. from 1 yr
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Motorman

What languages can you speak? Eng Read Eng
 Write _____

Where were you born? Coffeyville Pa. 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? Yes If not, give her present address _____

To what extent is she dependent on you for support? Yes 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? None

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? Yes Is your mother living? Yes

If so, give her age 62 Name and address Mrs. C. Quirk, Putnam Ave.

Who supports her? J. C. Quirk Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? None

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Willie Crutcher, 804 Mansfield St. Denver, Colo.

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 Willie Crutcher, 804 Mansfield St. Denver, Colo.

Dated at Beaufort, Colo., Oct 27, 1924

Interpreter W. H. Woodworth

Witness W. H. Woodworth Superintendent or Mine Clerk. Harry Crutcher Signature of Employee or Applicant (Full Name)