

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Joe Kuykendall Mine. Record No. \_\_\_\_\_  
 Nationality American Age 41 Wt. 146  
 Ht. 5'5" Complexion Light Color eyes Blue Hair Red Identification Marks ✓  
 Date employed 12/10, 1924 In what capacity employed? Signer Check No. \_\_\_\_\_  
 State fully experience in coal mines 3 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 Beau Rivier Coal Co from 18 mo  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Signer

What languages can you speak? Eng Read Eng  
 Write Eng

Where were you born? Beaumont, Mo. Are you a citizen? Yes

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

Her age 38 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 By Kuykendall

Not living with you (give addresses) By Kuykendall, Lowell, Okla, Albion, Okla

Which children, if any, are physically or mentally defective? \_\_\_\_\_

Name children who are self supporting Ray

Is your father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports him? Yes

Do you contribute to his support? Yes Is your mother living? No

If so, give her age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports her? Yes Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Yes

Date last contribution was made \_\_\_\_\_ Amount ✓

Give names and addresses of your brothers W. E. Kuykendall, Oakwood, Okla

Give names and addresses of your sisters Lilla Kabinette, Albion, Okla

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 Lilla

\_\_\_\_\_

Dated at Beau Rivier, Colo., Dec 10th, 1924

Interpreter W. E. Kuykendall

Witness W. E. Kuykendall Superintendent or Mine Clerk. Joe Kuykendall Signature of Employee or Applicant (Full Name)