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THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY
Mine. Record No.
Name Cheps M Cerrer Nationality Age Age Wt. 143
Ht Complexion Color eyes Hair Identification Marks
Date employed
State fully experience in coal mines.
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 heman Coul. from from from
to; For
to
At what work were you employed?
What languages can you speak? Read Read
Write Are you a citizen?
Where were you born? Are you a citizen? Are you single, married, or a widower? 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?
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?
Name children who are self supporting.
Is your father living? Mrs. If so, give his age TV Name and address the Kennel
Dirmingham ala Who supports him? Hisself
Do you contribute to his support?Is your mother living?
If so, give her ageName 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 Amount
Give names and addresses of your brothers
Harry mc Receiver Birming for thea
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
Have you a copy of the State Coal Mining Law? Have you had notice that the above named Employer is subject
to the provisions of the Workmen's Compensation Act?, and do you elect and agree to become subject thereto
now?Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?
Give name and address of person to whom you desire notice sent in event of your death
Busingham ala.
Dated at Brus Riise , Colo, 19 ,19
Interpreter August 10 Miles
Witness Superintendent or Mine Clerk, Signature of Employe or Applicant (Full Name)