

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frank Coal COMPANY

Name James West Mine Record No. Bearkon
 Ht. 5 ft 8 Nationality Amer Age 42 Wt. 145
 Complexion Dark Color eyes Brown Hair Dark Identification Marks Coal mark on nose
 Date employed Aug. 10, 1926 In what capacity employed? Digging Check No. _____
 State fully experience in coal mines 30 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 Victor-Ann Coal Co, Mt Harris Colo from _____
 to _____; For just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digging
 What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Arthur, Mo Are you a citizen? Yes
 Are you single, married, or a widower? Single 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? _____ 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? _____
 Name children who are self supporting _____
 Is your father living? Yes If so, give his age 73 Name and address Bearkon, Mt Harris Colo
 Who supports him? I do

Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 69 Name and address Mrs Emma Bearkon, Mt Harris Colo
 Who supports her? I do Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 300.00
 Date last contribution was made hand with me & I paid bills Amount _____
 Give names and addresses of your brothers none

Give names and addresses of your sisters Zora Manley, Mt Harris Colo

Give names and addresses of EVERY ONE (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 _____
 Dated at Bearkon, Colo., Aug 10, 1926

Interpreter _____
 Witness Mary F. Dodes Superintendent or Mine Clerk. James West Signature of Employee or Applicant (Full Name)