

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Cornel Shuster Mine Record No. \_\_\_\_\_  
 Age 57 Wt. 170  
 Height 5'-10" Nationality Amer  
 Complexion Sw Color eyes Blue Hair Brown Identification Marks \_\_\_\_\_  
 Date employed 9/26/33 In what capacity employed? digging Check No. \_\_\_\_\_  
 State fully experience in coal mines 30 years

Have you a Shot Firer's Certificate? yes Shot Examiner's? yes Fire Boss'? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_

For whom have you worked during the last year? For Bear River Coal from \_\_\_\_\_  
 to \_\_\_\_\_; For last year from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? digging  
 What languages can you speak? \_\_\_\_\_ Read? Eng  
 Write? Eng

Where were you born? Missouri Are you a citizen? yes  
 Are you single, married, or a widower? married If married, give full name of wife Bessie Shuster

Her age 43 Is she living with you? yes If not, give her present address \_\_\_\_\_  
 To what extent is she dependent on you for support? totally Give names and ages  
 of each of your children, and indicate those married: Those living with you Law (16)  
 Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK  
 Name children who are self-supporting Coal zone 75 B.B. Shuster, Liberty Oregon

Is your father living? yes If so, give his age 75 Name and address \_\_\_\_\_  
 Who supports him? self

Do you contribute to his support? no Is your mother living? yes  
 If so, give her age 76 Name and address Mrs B.B. Shuster, Liberty Oregon  
 Who supports her? husband Do you contribute to her support? no

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 Tom Shuster, Liberty Oregon

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  
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  
Bessie Shuster, Bear River Colo

Dated at Bear River, Colorado, 9/26/33, 1933  
 Interpreter \_\_\_\_\_  
 Witness Henry Woods Superintendent or Mine Clerk  
Cornel Shuster Signature of Employee or Applicant (Full Name)