

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Truhan Coal Company COMPANY

Name Millard Cates Mine Record No. Bear River Col.
 Nationality American Age 21 Wt. 150
 Complexion Med Color eyes Blue Hair Light Identification Marks Scar on right hand
 Date employed 1924, 1925 In what capacity employed? Digging Check No. _____
 State fully experience in coal mines 3 or 4 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 Thomas Coal Co., Blaine, Okla. from _____
 to _____; For Jack from _____ to _____

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

Where were you born? McAlester Okla. Are you a citizen? _____

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? _____

Which children who are self supporting? _____

Is your father living? Yes If so, give his age 57 Name and address John Cates, Blaine Okla.
 Who supports him? Self

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

Give her age 49 Name and address Mrs John Cates, Blaine, Okla.
 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 Walter Cates, Bear River, Colo.

Give names and addresses of your sisters Alice Burton, Helberton, Okla.

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
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
H. J. Cates, Bear River, Colo.

Dated at Bear River, Colo., 10-26, 1925

Interpreter _____
 Witness Henry F. Dodd Superintendent or Mine Clerk. Millard Cates Signature of Employee or Applicant (Full Name)