

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Bear River Coal COMPANY

Name: Joe Cox Mine Record No. \_\_\_\_\_  
 Nationality: American Age: 38 Wt. 175  
 Complexion: Dark Color eyes: Brown Hair: Black Identification Marks: \_\_\_\_\_  
 Date employed: \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? Miner Check No. \_\_\_\_\_  
 State fully experience in coal mines: 11 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss'?  Mine Foreman's?   
 For whom have you worked during the last year? For Bear River Co. from \_\_\_\_\_  
 ; For just year working at the job for self from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

at what work were you employed? Miner  
 What languages can you speak? Eng Read? Eng  
 Write? Eng

Where were you born? Bear River Co. Are you a citizen? Yes  
 Are you single, married, or a widower? Married If married, give full name of wife: Elmer  
 Her age: 20 Is she living with you? Yes If not, give her present address: \_\_\_\_\_

To what extent is she dependent on you for support? Wholly Give names and ages  
 of each of your children, and indicate those married: Those living with you: Robert Joe (4 1/2)  
 Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK  
 Name children who are self-supporting: none

Is your father living? No If so, give his age: \_\_\_\_\_ Name and address: \_\_\_\_\_  
 Who supports him? \_\_\_\_\_  
 Do you contribute to his support? \_\_\_\_\_ Is your mother living? No

If so, give her age: \_\_\_\_\_ Name 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: \_\_\_\_\_

Give names and addresses of your brothers: Ray Cox, Denver Co.  
 Give names and addresses of your sisters: Ellen Cox, Bear River Co.

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  
 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: Mr. Elmer Cox, Bear River Co.  
 Dated at Bear River Co., Colorado, \_\_\_\_\_, 19\_\_\_\_

Interpreter: \_\_\_\_\_  
 Witness: Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name): Joe Cox