

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Pete Salas Mine Record No. 57
3:7" Nationality Spanish Age 37 Wt. 135
Dark Complexion Brown Color eyes Brown Hair Black Identification Marks None
 Date employed 8/27/19 In what capacity employed? Drifter Check No. 1
 Date fully experience in coal mines 4 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 Mr. J. J. Salas from Mr. J. J. Salas
 ; For Just year from Mr. J. J. Salas
 ; For Just year from Mr. J. J. Salas to Mr. J. J. Salas

At what work were you employed? Drifter
 What languages can you speak? Spanish Read? Eng
 Write? Eng

Where were you born? Spain Are you a citizen? No

Are you single, married, or a widower? Married If married, give full name of wife Josefa Salas

Her age 35 Is she living with you? Yes If not, give her present address None

To what extent is she dependent on you for support? None Give names and ages

of each of your children, and indicate those married: Those living with you None

Not living with you (give addresses) None

Which children, if any, are physically or mentally defective? None

Name children who are self-supporting None

Is your father living? No If so, give his age None Name and address None

Who supports him? None

Do you contribute to his support? None Is your mother living? No

If so, give her age None Name and address None

Who supports her? None Do you contribute to her support? None

How much do you contribute to support of father or mother, or both? None

Date last contribution was made None Amount None

Give names and addresses of your brothers None

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? None

Date of last contribution None Amount None

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 Mr. J. J. Salas

Dated at Leadville, Colorado, 8/27, 19 19

Interpreter Mr. J. J. Salas

Witness Mr. J. J. Salas Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)