

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name: W.A. Robertson Mine Record No. \_\_\_\_\_  
 Nationality: American Age: 33 Wt. 165  
 Complexion: fair Color eyes: blue Hair: light Identification Marks: scar on arm  
 Date employed: 10/1/03, 1903 In what capacity employed? hewing Check No. \_\_\_\_\_  
 State fully experience in coal mines: 3 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 Coal from \_\_\_\_\_  
 ; For Jackman from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 At what work were you employed? hewing  
 What languages can you speak? English Read? Eng  
 Write? Eng  
 Where were you born? Brunswick Minn. Are you a citizen? Yes  
 Are you single, married, or a widower? Married If married, give full name of wife: Catherine Robertson  
 Her age: 23 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: B.R. Robertson (2 yrs)  
 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? Yes  
 If so, give her age: 72 Name and address: Mrs. Rutledge Myers Tampa Florida  
 Who supports her? Sisters 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: Milton Robertson, Tampa Fla  
Charly Robertson, Tampa Florida  
 Give names and addresses of your sisters: \_\_\_\_\_  
 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: Wm W.A. Robertson, Bear River Co  
 Dated at Bear River, Colorado, 10/1/03, 1903  
 Interpreter: \_\_\_\_\_  
 Witness: Wm W.A. Robertson Superintendent or Mine Clerk  
W.A. Robertson Signature of Employee or Applicant (Full Name)