

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name H. D. Stecklow Mine Record No. _____
 Nationality American Age 44 Wt. 150
 Ht. 5'9" Complexion Fair Color eyes Brown Hair Black Identification Marks _____
 Date employed 9/7/24, 19____ In what capacity employed? Tipper Hand Check No. ✓
 State fully experience in coal mines 20 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 Bear River Coal Co from 7/1/24
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Tipper

What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Centerville, Ohio Are you a citizen? Yes

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

Her age 35 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 Jessie Stecklow
Ethel Stecklow David Stecklow Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? ✓

Name children who are self supporting _____

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 74 Name and address Mrs. Mary Stecklow, Ray, Ohio

Who supports her? Daughter 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 Otto Stecklow, Denver, Colo.
Leo Stecklow, Cadiz, Ohio

Give names and addresses of your sisters Agnes Stecklow, Ray, Ohio

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support _____

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 Mrs. Mary Stecklow
Stecklow, Bear River Coal Co.

Dated at Centerville, Colo., June 23, 1924

Interpreter W. W. Woodman

Witness W. W. Woodman Superintendent or Mine Clerk. H. D. Stecklow Signature of Employe or Applicant (Full Name)