

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Jake Sawhauer Nationality American Mine Record No. Beau Rivier  
 Ht. 5'11" Complexion Med Color eyes Blue Hair Brown Age 25 Wt. 195  
 Date employed 9/12, 1923 In what capacity employed? Miner Identification Marks   
 State fully experience in coal mines 6 years Check No. 24

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 Victor American Fuel Co from May  
 to Sept 1923; For Ed Cook Coal Mng Co from Aug 1922  
 to May 1923; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Ord, W.Va. Are you a citizen? Yes  
 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?   
 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? 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 John Sawhauer, Jack Rabbit, Colo  
 Give names and addresses of your sisters Cara Sawhauer, San Berba, Calif.

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 John Sawhauer  
Jack Rabbit, Colo  
 Dated at Beau Rivier, Colo., Sept 28th, 1923

Interpreter \_\_\_\_\_  
 Witness J. J. Woodruff Superintendent or Mine Clerk. Signature of Emplor or Applicant (Full Name) Jake Sawhauer