

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Franklin Coal Co COMPANY

Name John Palko Mine. Record No. Bern Palko
 Nationality Polish Age 31 Wt. 157
 Ht. 5'8" Complexion red Color eyes green Hair light brown Identification Marks none
 Date employed 7/26, 1926 In what capacity employed? Digger Check No.
 State fully experience in coal mines 15 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 Franklin Coal Co from to ;
 For from to ;
 For from to ;
 At what work were you employed? Digger
 What languages can you speak? Polish Read Eng
 Write Eng
 Where were you born? Ashby Tenn Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife
 Her age Is she living with you? Yes 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? Yes If so, give his age 55 Name and address John Palko, 211 Broadway, Chicago, Ill
 Who supports him? Self
 Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 45 Name and address Mrs John Palko, 211 Broadway, Chicago, Ill
 Who supports her? Husband & self Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? 3.00 per year
 Date last contribution was made 7/26 Amount 3.00
 Give names and addresses of your brothers Go Palko, Steamboat Springs, Colo
 Give names and addresses of your sisters Julia Palko, Steamboat Springs, Colo
 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 Palko, Steamboat Springs, Colo
 Dated at Bertham, Colo., 7-26, 1926
 Interpreter
 Witness Henry J. Dodds Superintendent or Mine Clerk. John Palko Signature of Employee or Applicant (Full Name)