

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Franklin Coal COMPANY

J. E. Ward Mine. Record No. _____
Nationality American Age 45 Wt. 160
Color eyes med Hair med Identification Marks Scar on chin
12/24, 1925 In what capacity employed? Digging Check No. _____
Experience in coal mines 4 years

Shot Examiner's? Fire Boss's? _____ Mine Foreman's? _____
Worked during the last year? For Moffat Coal Co. Coal Creek Colo from _____
; For Jack years from _____
; For _____ from _____ to _____
employed? Digging

Speak? English Read Eng
Write Eng
Are you a citizen? Yes
Married, or a widower? Widower If married, give full name of wife _____
Is she living with you? _____ If not, give her present address _____

Dependent on you for support? _____ Give names and ages _____
and indicate those married: Those living with you None
Not living with you (give addresses) _____
If any, are physically or mentally defective? _____

Who supports him? _____
Do you contribute to his support? _____ Is your mother living? no
Name and address _____

Do you contribute to her support? _____
contribute to support of father or mother, or both? _____
Amount _____
addresses of your brothers J. N. Ward, Creper Wyo
addresses of your sisters Mrs. Caldwell, Creper Wyo

addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none
contribute to their support each year _____ Amount _____

of the State Coal Mining Law? yes Have you had notice that the above named Employer is subject
of the Workmen's Compensation Act? Yes, and do you elect and agree to become subject thereto
understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
address of person to whom you desire notice sent in event of your death _____

J. N. Ward Creper Wyoming
Bear River Colo. 12-21- 1925
Henry F. Dodds Superintendent or Mine Clerk. [Signature] Signature of Employee or Applicant (Full Name)