

THE EMPLOYERS' MUTUAL INSURANCE CO. COMPENSATION INSURANCE INFORMATION

THE Ben River Coal COMPANY

Name C. J. Williams Mine Record No. _____
 Nationality U.S. Age 36 Wt. 150
 Complexion Light Color eyes Blue Hair Brown Identification Marks None
 Date employed Oct. 11 1937 In what capacity employed? Tippie Check No. _____
 State fully experience in coal mines 2 yrs.

Have you a Shot Firer's Certificate? No. Shot Examiner's? No. Fire Boss'? No. Mine Foreman's? No.

For whom have you worked during the last year? For J. H. Mills from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Gas Shovel
 What languages can you speak? English Read? English
 Write? English

Where were you born? Shut City, Mo. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Myrtle Blum
 Her age 25 Is she living with you? Yes If not, give her present address _____

To what extent is she dependent on you for support? Full Give names and ages
 of each of your children, and indicate those married: Those living with you Leslie 5 yrs.
 Not living with you (give addresses) _____

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

Name children who are self-supporting _____
 Is your father living? Yes If so, give his age 69 Name and address C. J. Williams

Who supports him? Self supporting
 Do you contribute to his support? No Is your mother living? Yes

If so, give her age 72 Name and address Martha J. Williams
 Who supports her? Husband Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? None
 Date last contribution was made _____ Amount _____

Give names and addresses of your brothers None

Give names and addresses of your sisters Gladys Lilly, Monticello, Mo.

Give names and addresses of EVERYONE (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 None

Dated at Ben River, Colorado, Oct. 11, 1937

Interpreter _____
 Witness Harry Bellis Charles J. Williams

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name).