

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Traker Coal COMPANY

Name James Smith, Jr. Ben River Mine Record No. _____
 Nationality American Age 27 Wt. 140
 Ht. 5-8 Complexion Fair Color eyes Blue Hair Brown Identification Marks None
 Date employed May 2nd, 1925 In what capacity employed? miner Check No. _____
 State fully experience in coal mines 13 years

Have you a Shot Firer's Certificate? no Shot Examiner's? no Fire Boss's? no Mine Foreman's? no
 For whom have you worked during the last year? For Traker Coal Co. from Sept/24
 to May/25; For Traker Coal Co. from Jan/24
 to Sept/24; For _____ from _____ to _____
 At what work were you employed? Driving mule
 What languages can you speak? American Read American
 Write American

Where were you born? Pecky, Iowa Are you a citizen? yes
 Are you single, married, or a widower? married If married, give full name of wife Bernice Dolores Smith
 Her age 23 Is she living with you? yes If not, give her present address Traker Coal -
 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 James B. - Birth 5
Floyd James. 10 months Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? none
 Name children who are self supporting none
 Is your father living? yes If so, give his age 53 Name and address James Smith, Sr.
Traker Coal Who supports him? Self
 Do you contribute to his support? _____ Is your mother living? yes
 If so, give her age 47 Name and address May Smith, Traker Coal -
 Who supports her? Husband Do you contribute to her support? no
 How much do you contribute to support of father or mother, or both? nothing
 Date last contribution was made _____ Amount _____
 Give names and addresses of your brothers none
 Give names and addresses of your sisters _____
 Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none

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
Bernice Dolores Smith, Traker Coal -
 Dated at Ben River, Colo., May 2nd 1925, 19____
 Interpreter _____
 Witness John G. Adams Superintendent or Mine Clerk. James Smith Signature of Employe or Applicant (Full Name)