

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraser Coal Co COMPANY

Bear River Colo Mine. Record No. \_\_\_\_\_

Name H<sup>m</sup> Bell Nationality American Age 32 Wt. 180

Complexion light Color eyes brown Hair dark Identification Marks scar on forehead

Date employed 10/19/25 19\_\_\_\_ In what capacity employed? digging Check No. 127

State fully experience in coal mines 11 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 Fraser Coal Co, Oak Creek Colo from \_\_\_\_\_

to \_\_\_\_\_; For last year from \_\_\_\_\_

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

at what work were you employed? as book

What languages can you speak? Eng Read Eng

Write Eng Where were you born? Brown City Colo Are you a citizen? yes

Are you single, married, or a widower? widower 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 none

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? yes

Name and address 67 Mrs Ella Bell, Lyons Colo

Who supports her? I contribute 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 10/14/25 Amount 25.00

Give names and addresses of your brothers J & Bell, Oak Creek Colo

Give names and addresses of your sisters Mrs Chas M Miller, Lyons Colo

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 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 Mrs Ella Bell, Lyons Colo

Dated at Bear River, Colo., 10-19- 1925

Interpreter \_\_\_\_\_ Witness Henry J. Dred Superintendent or Mine Clerk. H. M. Bell Signature of Employee or Applicant (Full Name)