

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name Ernest Compestone Mine. Record No. Ben River
 Nationality Italian Age 43 Wt. 140
 Ht. 5 ft 6 Complexion Dark Color eyes Brown Hair Dark Identification Marks None
 Date employed 7-27, 1926. In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines. 25 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 M. S. R. P. Fisher Coal from _____ to _____; For _____ from _____ to _____; For _____ from _____ to _____.

At what work were you employed? Supervisor work

What languages can you speak? Eng Write Eng Read Eng

Where were you born? Italy Are you a citizen?

Are you single, married, or a widower? Married If married, give full name of wife Catherine Compestone

Her age 36 Is she living with you? Yes If not, give her present address _____

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 Charles (12) Anne (11) Married (22) Rose (19) Eugene (18)
Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? all OK

Name children who are self supporting. None

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? No

If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support? _____

How much do you contribute to support of father or mother, or both? _____

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers. None

Give names and addresses of your sisters. None

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. Catherine Compestone, Fisher Coal

Dated at Ben River, Colo., 7-27, 1926

Interpreter _____

Witness Henry F. Dodds Superintendent or Mine Clerk. Ernest Compestone Signature of Employee or Applicant (Full Name)