

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Colo COMPANY

Victor Lusk Mine Record No. _____
Nationality American Age 37 Wt. 173
Complexion Dark Color eyes Blue Hair Brown Identification Marks None
Date employed _____, 19____ In what capacity employed? Mach. Check No. _____
Date fully experience in coal mines 18 years

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 Bear River Colo from Sept 1-24
March 28; For Mach. from Sept 1-24
March 3; For _____ from _____ to _____

At what work were you employed? Mach

What languages can you speak? English Read? English
Write? English

Where were you born? Marshall Colo Are you a citizen? Yes

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

Her age 37 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 Walter 19 Helene 17

Victor Jr 15 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? No If so, give his age _____ Name and address _____

Who supports him? _____

Do you contribute to his support? _____ Is your mother living? Yes

If so, give her age 56 Name and address Queen Lusk Toponate Colo

Who supports her? Self Do you contribute to her support? None

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 Ed Toponate, William Toponate

Ewart Pollard Oregon

Give names and addresses of your sisters None

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support: None

How much do you contribute to their support each year? None

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 themine 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 _____

Dated at Bear River, Colorado, June 29, 1938

Interpreter _____

Witness H. H. Werley Victor Lusk

Superintendent or Mine Clerk.

Signature of Employe or Applicant (Full Name).