## THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Traker Coal COMPANY

Ht. Complesion Color eyes. Hair Identification Shirist  Date employed 19 In what capacity employed? Check No  State fully experience in coal mines.  Have you a Shot Fire's Certificate? Shot Examiner's? Fire Boars? Mine Foreman's?  For whom have you werked during the last year? For from to.  For from to.  For from to.  For from to.  Write.  What languages can you speak? Read  Write.  Where were you born?  Are you and on a widower? If married, give full name of wife the foregangle in a she living with you?  To what extent is she dependent on you for support? Cive names and ages of each of your children, and indicate those married: Those living with you.  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? If so, give his age Name and address.  Who supports him?  Do you contribute to his support?  How much do you contribute to support father or mother, or both?  Date last contribution was made.  Give names and addresses of your sisters.  Have you a copy of the State Coal Mining Law?  Have you had notice that the above named Employer is subject to the prorisions of the Workmen's Compensation Act?  and do you cleat and agree to become subject thereto now!  Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?  Give name and addresses of person to whom you deel notice sept in even of your death.	Name V	roles.	Nationality Age 5 9 W	7+ / (7)
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State fully experience in coal mines  Have you a Shot Firer's Certificate?  Shot Examiner's?  For whom have you worked during the last year? For from to ; For from to ; For from to  Yer from to  At what work were you employed?  What languages can you speak?  Write.  Where were you born?  Are you a clisten?  Are you a clisten?  Are you a clisten?  Are you a clisten?  Are you single, married, or a widower?  If married, give full name of wife.  Her age. is she living with you?  If mont, 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 matried: Those living with you.  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?  If so, give his age.  Name and address.  Who supports him?  Do you contribute to his support?  How much do you contribute to support of father or mother, or both?  Date last contribution was made.  Give names and addresses of your brothers.  Give names and addresses of your brothers.  Give names and addresses of EVERY ONE (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 as made.  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?  Amount.  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?  Amount.  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?  Amount.  Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act?  Amount.  Amount.			A 111	
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