

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name W. L. Lowry Mine. Record No. Ben Pines
 Nationality American Age 59 Wt. 157
 Ht. 5'11" Complexion med Color eyes blue Hair gray Identification Marks Apprentice
 Date employed 6/29/26, 1926 In what capacity employed? Mine Foreman Check No. _____
 State fully experience in coal mines 35 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? _____ Fire Boss's? _____ Mine Foreman's? Yes
 For whom have you worked during the last year? For Fraser Coal Co. Oak Creek Colo. from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Shot Fire
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? _____ Are you a citizen? _____
 Are you single, married, or a widower? married If married, give full name of wife Mrs W L Lowry
 Her age _____ Is she living with you? Yes If not, give her present address Oak Creek Colo
 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 Nelson Lowry - 24 - Oak Creek Colo
 _____ Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? All OK
 Name children who are self supporting All
 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 _____ 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 _____

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

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 _____
 Dated at 6/29/26, Colo., Ben Pines Oak, 1926

Interpreter _____
 Witness Henry J. Smith Superintendent or Mine Clerk. [Signature] Signature of Employee or Applicant (Full Name)