

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. L. Heston Mine Record No. _____
 Nationality American Age 58 Wt. 185
 Complexion Med Color eyes Blue Hair Gray Identification Marks ✓
 Date employed 10/23, 1923 In what capacity employed? Drigger Check No. _____
 State fully experience in coal mines None

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 _____ from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

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

Where were you born? Altamont, Pa. Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife Julia C. Heston
 Her age 34 Is she living with you? No If not, give her present address Lay, 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 Elevie Heston
 _____ Not living with you (give addresses)

Which children, if any, are physically or mentally defective? ✓
 Name children who are self supporting Paul Heston Donald, Edward Heston
 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 John K. Heston, Prisco Okla.
Mary M. Smith Newby, Okla.
 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 Julia C. Heston
Lay, Colo.
 Dated at Bear River, Colo. Oct 23, 1923

Interpreter _____
 Witness W. W. Woodworth Mine Clerk. J. L. Heston Signature of Employe or Applicant (Full Name)