

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name So. Olson Mine Record No. _____
Nationality Swede Age 31 Wt. 175
Complexion Sw Hair Light Identification Marks with scar on forehead
Color eyes Blue Height 5-5
In what capacity employed? Digger Check No. _____
How long employed? 7 1/2 years
How long experience in coal mines? 13 years

Have you a Shot Fire's Certificate? Shot Engineer's? Fire Boss'? Mine Foreman's?

For whom have you worked during the last year? For Bear River Coals from _____
to _____; For Bear River Coals from _____
to _____

For last year from _____ to _____
at what work were you employed? Digger

What language can you speak? Swedish Read? Eng.

Where were you born? Boston, Iowa Are you a citizen? yes

Are you single, married, or a widower? single If married, give full name of wife _____

Her age _____ Is she living with you? no If not, give her present address _____

Do what extent is she dependent on you for support? _____ Give 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? no If so, give his age _____ Name and address _____

Who supports him? _____

Do you contribute to his support? no Is your mother living? no

If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support? no

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: Wolff Olson, Superior, Colo

Give names and addresses of your sisters: Mrs. Mrs. Smith Bear River Colo

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? _____

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

yes Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes

Give names and addresses of persons to whom you desire notice sent in event of your death: Mrs. Mrs. Smith Bear River Colo

Dated at Bear River, Colorado, 7/24/33, 1933

Witness Bear River Signature of Employer or Applicant (Full Name) So. Olson

Signature of Employer or Mine Clerk _____