

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Mr. P. P. P. P. Mine Record No. _____
 Nationality American Age 47 Wt. 145
 Ht. 5'6" Complexion Fair Color eyes Blue Hair Brown Identification Marks _____
 Date employed July 1926, 19____ In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 28 years

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 Frederick Coal Co. Bear River from _____
 to _____; For W. J. Small last year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? Eng & Russian Read Eng & Russian
 Write Eng & Russian

Where were you born? Austria Are you a citizen?

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

Her age _____ Is she living with you? If not, 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 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? _____ 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 _____

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? _____

Give name and address of person to whom you desire notice sent in event of your death _____

Dated at Bear River, Colo., 5-20-, 1926

Interpreter _____

Witness Nancy J. Stodd Superintendent or Mine Clerk. Matt P. P. P. Signature of Employee or Applicant (Full Name)