

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. M. T. McBride Mine Record No. \_\_\_\_\_  
 Nationality American Age 46 Wt. 140  
 Height 5'10" Complexion Sandy Color eyes Blue Hair Sandy Identification Marks ✓  
 Date employed 12/20/22, 1922 In what capacity employed? igger Check No. 35  
 State fully experience in coal mines 34 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 Emp. Coal Co. Ill. from 18 years

\_\_\_\_\_ ; For \_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_ ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Write Eng  
 Where were you born? Randolph Co. Ill. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Lucie McBride

Her age 47 Is she living with you? Yes If not, give her present address \_\_\_\_\_

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 ✓

\_\_\_\_\_ 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? Yes

If so, give her age 69 Name and address Mary E. Bennett, St. Augustine, Florida  
 Who supports her? Husband 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 Ben McBride, St. Augustine, Florida

Give names and addresses of your sisters Mrs. A. J. Dickerson, Corteville, Ill.

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 Lucie McBride, Bear River, Colo.

Dated at Bear River, Colo., Nov. 28th 1923, 1923

Interpreter \_\_\_\_\_  
 Witness W. H. ... J. M. T. McBride

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)