

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Name Audy Saksa Mine. Record No. Bear Run Colo
 Nationality Slav. Age 43 Wt. 175
 Complexion Dark Color eyes Dark Hair Dark Identification Marks None
 Date employed 10/19/25 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 20 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 Bear Run Mine, Bear Run Colo from _____
 to _____; For just year Moffatt Coal Co from _____
 to _____; For _____ from _____ to _____

at what work were you employed? Digging
 What languages can you speak? Eng & Slavak Read Slavak
 Write Eng & Slavak

Where were you born? Czechoslovakia Are you a citizen? No

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? _____

Which 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 None

Give names and addresses of your sisters Susan Saksa, Mornedale Penn

Give names and addresses of EVERY ONE (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 name and address of person to whom you desire notice sent in event of your death _____

Dated at Bear Run, Colo., 10-19-25, 1925

Interpreter _____
 Witness Henry F. Dodel Superintendent or Mine Clerk. Kandy Saksa Signature of Employee or Applicant (Full Name)