

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Franklin Coal COMPANY

Name George Olson Mine Record No. _____
 Nationality Swedish Age 26 Wt. 112
 Ht. 5 ft 3 1/2 Complexion Fair Color eyes Blue Hair Light Identification Marks none
 Date employed 5/12/25, 1925. In what capacity employed? Picker Check No. _____
 State fully experience in coal mines 5 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 Yampa Fuel Co from 1924
 to 2/10/25; For Consolidation Fuel Co from 1921
 to 1922; For general other work from member to _____

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

Where were you born? Brustad 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? _____ 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 Joe Olson, West Frankfort, Ill -
Adolph Olson, Oak Grove, Ia - Waldard Olson, Hunter, N. Dak
 Give names and addresses of your sisters Mrs. John Smith, Albia, Ia
Mrs. Henry Hobbs, Hunter, N. Dak
 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
 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
Mrs. John Smith, Albia, Iowa - P.O. Box 12
 Dated at Beau Rivier, Colo., May 12, 1925

Interpreter _____
 Witness Henry F. Doble Superintendent or Mine Clerk. George Olson Signature of Employe or Applicant (Full Name)