

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal Co COMPANY

Name S. M. Barbera Mine. Record No. Bear River Colo  
Nationality Ital Age 19 Wt 150  
Complexion Med Color eyes Brown Hair Dark Identification Marks Small right cheek  
Employed 12/14, 1925 In what capacity employed? Underwork Check No. \_\_\_\_\_  
Experience in coal mines I worked around coal mines all my life

Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
Where have you worked during the last year? For Bear River Coal Co. Bear River Colo from \_\_\_\_\_  
; For just year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

What work were you employed? Clerking  
Languages can you speak? Eng & Ital Read Eng & Ital  
Write Eng  
Are you a citizen? Yes

Married, or a widower? Single If married, give full name of wife \_\_\_\_\_  
Is she living with you? \_\_\_\_\_ If not, give her present address \_\_\_\_\_  
Is anyone dependent on you for support? \_\_\_\_\_ Give names and ages  
of your children, and indicate those married: Those living with you none  
Not living with you (give addresses) \_\_\_\_\_

Are any of your children, if any, are physically or mentally defective? \_\_\_\_\_  
Who is self supporting? Yes If so, give his age 45 Name and address S. Barbera, Bear River Colo  
Who supports him? Self & I do

Do you contribute to his support? Yes Is your mother living? Yes  
Name and address 49 Mrs S Barbera Bear River Colo  
Husband & sons Do you contribute to her support? Yes

Do you contribute to support of father or mother, or both? Worked for them & lived with them  
Amount \_\_\_\_\_  
Addresses of your brothers Anton, Frank & Joe Barbera, Bear River Colo  
Addresses of your sisters Rosa, Virginia & Fannie Barbera, Bear River Colo

Addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support  
none  
Do you contribute to their support each year? \_\_\_\_\_ Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject of the State Coal Mining Law? Yes  
and do you elect and agree to become subject thereto of the Workmen's Compensation Act? Yes  
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Address of person to whom you desire notice sent in event of your death  
S. M. Barbera, Bear River Colo  
\_\_\_\_\_ Colo. 12-14-, 1925

Henry F. Jones Superintendent or Mine Clerk. S. M. Barbera Signature of Employee or Applicant (Full Name)