

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name Stanley Lumber Mine Record No. \_\_\_\_\_  
 Nationality American Age 33 Wt. 150  
 Complexion fair Color eyes blue Hair brun Identification Marks \_\_\_\_\_  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? miner Check No. \_\_\_\_\_  
 State fully experience in coal mines 6 years

Have you a Shot Firer's Certificate?  Shot Examiners?  Fire Boss?  Mine Foreman's?   
 For whom have you worked during the last year? For Bear River Coal Co from Bear River Colo  
 ; For most of past year from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? miner  
 What languages can you speak? \_\_\_\_\_ Read? Eng  
 Write? Eng

Where were you born? Bear River Colo Are you a citizen? yes  
 Are you single, married, or a widower? \_\_\_\_\_ 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 None  
 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? yes If so, give his age 63 Name and address 64 Hancock Mountain Colo  
 Who supports him? partly

Do you contribute to his support? yes Is your mother living? yes  
 If so, give her age 61 Name and address 100 1/2 Hancock Bear River Colo  
 Who supports her? 2 help Do you contribute to her support? yes

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 Alfred Hancock Bear River Colo  
May Bowling Bear River Colo  
 Give names and addresses of your sisters \_\_\_\_\_

Give names and addresses of EVERYONE (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 Mr B Hancock Bear River Colo  
 Dated at Bear River, Colorado, \_\_\_\_\_, 19\_\_\_\_

Interpreter \_\_\_\_\_  
 Witness \_\_\_\_\_ Superintendent or Mine Clerk  
 \_\_\_\_\_ Signature of Employee or Applicant (Full Name)