

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Mine Record No. \_\_\_\_\_

Nationality Amer Age 55 Wt. 160

Hair Dark Identification Marks Scar below eye

in what capacity employed? digging Check No. \_\_\_\_\_

35 years

Shot Examiner's? \_\_\_\_\_ Fire Boss? \_\_\_\_\_ Mine Foreman's?

Where have you worked during the last year? For Bear River Coal Co from \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

last year  
digging

Read? Eng

Write? Eng

Are you a citizen? Yes

If married, give full name of wife Alice Jones

Is she living with you? yes If not, give her present address \_\_\_\_\_

What extent is she dependent on you for support? Wholly

Give names and ages of your children, and indicate those married: Those living with you Stepchildren - Hubert (22)

Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK

Name children who are self-supporting Hubert

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

Name and address \_\_\_\_\_

Do you contribute to her support? \_\_\_\_\_

How much do you contribute to support of father or mother, or both? \_\_\_\_\_

When last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

The names and addresses of your brothers none

The names and addresses of your sisters none

The 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? \_\_\_\_\_ 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

Name and address of person to whom you desire notice sent in event of your death Mrs. M. Jones Bear River Colo

Dated at Bear River, Colorado, 7/24/ 19 33

Kenny Woods  
Superintendent or Mine Clerk

Alice Jones  
Signature of Employee or Applicant (Full Name)