

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name J R Ferguson Mine Record No. _____
 Nationality American Age 34 Wt. 150
 Ht. 5-9 Complexion Light Color eyes Blue Hair Brown Identification Marks _____
 Date employed _____, 1930 In what capacity employed? Miner Check No. _____
 State fully experience in coal mines 25 years

Have you a Shot Firer's Certificate? _____ Shot Examiner's? _____ Fire Boss? Mine Foreman's?

For whom have you worked during the last year? For Bear River Coal Co from _____
 to _____; For Justice from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Miner
 What languages can you speak? _____ Write? English Read? Yes

Where were you born? California Are you a citizen? Yes

Are you single, married, or a widower? Married 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? Yes If so, give his age 73 Name and address J R Ferguson Denver Colo
 Who supports him? I & wife

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 74 Name and address Mrs J R Ferguson Denver Colo

Who supports her? I & wife Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 100.00 per year

Date last contribution was made Dec. 10.00 - 1933 Amount _____

Give names and addresses of your brothers. Sam Ferguson, Steamboat Sp Co

Give names and addresses of your sisters. Mrs Chas Daniels, Mt Harris Colo

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 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 Chas Daniels, Mt Harris Colo

Dated at Bear River, Colorado, _____, 1930

Interpreter _____
 Witness _____ Superintendent or Mine Clerk
 Signature of Employe or Applicant (Full Name) J R Ferguson