

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beauveine Coal COMPANY

Name John Robert Mine. Record No. \_\_\_\_\_  
 Nationality Lithuanian Age 34 Wt. 170  
 Ht. 5'10" Complexion Fair Color eyes Blue Hair Brown Identification Marks \_\_\_\_\_  
 Date employed 1/27/22, 19\_\_\_\_ In what capacity employed? Shifter Check No. \_\_\_\_\_  
 State fully experience in coal mines 11 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 Beauveine Coal Co. from 1/27/22  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shifting

What languages can you speak? Eng + Lithuanian Read Lithuanian  
 Write Lithuanian

Where were you born? Lithuania Are you a citizen? No

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? Yes If so, give his age 68 Name and address Math Robert

Rosa Ankeim, Lithuanian Who supports him? None

Do you contribute to his support? No 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 Sam Robert, Scranton, Pa.

Give names and addresses of your sisters \_\_\_\_\_

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support \_\_\_\_\_

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 Sam Robert

Scranton, Pa.

Dated at Beauveine, Colo., Dec 27, 1922

Interpreter W. Woodworth

Witness \_\_\_\_\_ Superintendent or Mine Clerk. \_\_\_\_\_ Signature of Employe or Applicant (Full Name) John Robert