

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Ray Lewis Mine Record No. _____
Nationality American Age 73 Wt. 135
Complexion fair Color eyes Blue Hair gray Identification Marks none
employed 9/27, 1933 In what capacity employed? supervisor Check No. _____
Total experience in coal mines 5 years

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

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

What work were you employed? supervisor from _____ to _____

What languages can you speak? English Read? Eng

Where were you born? Laura Write? Eng Are you a citizen? Yes

Are you single, married, or a widower? single If married, give full name of wife _____

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 _____

Number 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? _____

Which children who are self-supporting? Archie Lewis Alba Laura

Is your father living? _____ If so, give his age 47 Name and address _____
Who supports him? self

Do you contribute to his support? No Is your mother living? Yes

Give her age 43 Name and address Archie Lewis Alba Laura

Who supports her? Husband Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? _____
Amount _____

When last contribution was made _____

Give names and addresses of your brothers Clifford Lewis Alba Laura

Give names and addresses of your sisters Alba Lewis Alba Laura

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? _____
Amount _____

When of last contribution _____

Do you have 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 Archie Lewis Alba Laura

Dated at Bear River, Colorado, 9/27/33, 1933
Interpreter Alba Laura Signature of Employee or Applicant (Full Name) Ray Lewis
Superintendent or Mine Clerk _____