

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name D. W. Hughes Mine Record No. _____

Nationality American Age 36 Wt. 151

Complexion Light Color eyes Brown Hair Black Identification Marks _____

Date employed 5/2, 1934 In what capacity employed? Coal Miner Check No. _____

State fully experience in coal mines 23 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 Coals from _____

; For E. S. Sander from _____

; For _____ from _____ to _____

at what work were you employed? Mining - Road Construction Work

What languages can you speak? _____ Read? Eng

Write? Eng

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

Are you single, married, or a widower? Married If married, give full name of wife Margaret Hughes

Her age 33 Is she living with you? Yes If not, give her present address Stewart Spgs Co

To what extent is she dependent on you for support? Wholly 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 J. Hughes, Stewart Spgs Co.

Who supports him? Self

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

If so, give her age 62 Name and address Mrs J. Hughes, Stewart Spgs Co.

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

How much do you contribute to support of father or mother, or both? None

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers B. A. Hughes, Stewart Spgs Co

Give names and addresses of your sisters Mrs W. A. Robertsons, Bear River Co

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. D. W. Hughes, Stewart Spgs Co

Dated at Bear River, Colorado, 7/27, 1934

Interpreter Henry D. Dicks

Witness D. W. Hughes Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)