

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name J. A. Summery Mine Record No. _____
 Nationality American Age 35 Wt. 167
 Ht. 5'8" Complexion Fair Color eyes Blue Hair Light Identification Marks None
 Date employed 11/16, 1924 In what capacity employed? Tagging Check No. _____
 State fully experience in coal mines 27 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 Moffatt Coal Co. from 5 mos.
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Tagging
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Oshtemo, Ohio 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 _____

Robert Lucille Summery 1067 Bellevue Ave. Akron, Ohio
 Not living with you (give addresses)

Which children, if any, are physically or mentally defective? _____
 Name children who are self supporting Both

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
 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 James B. Summery, 1067 Bellevue Ave. Akron, Ohio

Give names and addresses of your sisters Margaret Jenkins, 1067 Bellevue Ave. Akron, Ohio

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 Margaret Jenkins, 1067 Bellevue Ave. Akron, Ohio

Dated at Bear Run, Colo., Nov 16, 1924

Interpreter _____
 Witness H. N. Woodworth Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) J. A. Summery