

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Phil Pokorony Mine Record No. Bear River Colo
Nationality Bohemian Age 36 Wt 150
Complexion light Color eyes blue Hair light Identification Marks none
Employed 1719, 1925 In what capacity employed? digging Check No. _____
Experience in coal mines 24 years

Shot Firer's Certificate? Yes Shot Examiner's? _____ Fire Boss's? ✓ Mine Foreman's? _____

Where have you worked during the last year? For Phil's Valley Coal Co. Denver, Colo from _____
; For just year from _____ to _____

What work were you employed? Digging
What languages can you speak? Eng & Bohemian Read Eng & Boh
Write Eng & Boh

Where were you born? Bohemian Are you a citizen? _____
Single, married, or a widower? Widower If married, give full name of wife _____

Is she living with you? _____ If not, give her present address _____
Is she dependent on you for support? _____ Give names and ages

Names of your children, and indicate those married: Those living with you _____
Not living with you (give addresses) Paul (16) - Josephine (14) Eva (12) Pokorony, Canon City, Colo

Are any of your children physically or mentally defective? all of them
Which children are self supporting? none
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
Name and address _____

Do you contribute to her support? _____
Do you contribute to support of father or mother, or both? _____
If contribution was made, Amount _____

Names and addresses of your brothers H J Pokorony, Bear River Colo
Names and addresses of your sisters none

Names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none

Do you contribute to their support each year? _____ Amount _____

Have you had notice 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
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 _____
H J Pokorony, Bear River, Colo. Nov. 19, 1925

Signature of Superintendent or Mine Clerk: Harry F. Dodd
Signature of Employee or Applicant (Full Name): Phil Pokorony