

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Parker Coal COMPANY

Name James Smith Sr. Mine Record No. Bear River  
 Nationality English Age 53 Wt. 145  
 Ht. 5-8 Complexion Fair Color eyes Blue Hair Gray Identification Marks None  
 Date employed May 2, 1925 In what capacity employed? Mine Check No. \_\_\_\_\_  
 State fully experience in coal mines 40 years

Have you a Shot Firer's Certificate? No Shot Examiner's? No Fire Boss's? No Mine Foreman's? No

For whom have you worked during the last year? For Parker Coal Co from Jan 1/24  
 to March 25; For Parker Coal Co from Jan 1/24  
 to Sept 1/24; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Bear River  
 What languages can you speak? English Read English  
 Write English

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

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

Her age 47 Is she living with you? Yes If not, give her present address \_\_\_\_\_

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 \_\_\_\_\_

Not living with you (give addresses) James Jr 27 - Milnes, May M - 25 - Milnes, Colo

Which children, if any, are physically or mentally defective? None

Name children who are self supporting James Jr

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? Yes

If so, give her age 77 Name and address Mary Smith, Santa Fe, N.M.

Who supports her? 3 Sons Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 10 per month

Date last contribution was made April 1925 Amount 10.00

Give names and addresses of your brothers John Smith, Milnes, Colo, Andrew Smith, Albia, Iowa

Give names and addresses of your sisters Esther, Pedro, La Villa, Iowa, Elyza Melville, Shandon, Iowa

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

How much do you contribute to their support each year None

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 Mary Smith, Milnes, Colo

Dated at Bear River, Colo., May 2nd, 1925

Interpreter \_\_\_\_\_

Witness John E. Albia Superintendent or Mine Clerk. James Smith Sr Signature of Employee or Applicant (Full Name)