

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Trabuco Coal COMPANY

Name Frank Erlich Mine Record No. Beas River
Nationality Slav Age 40 Wt. 150

Complexion med Color eyes Brown Hair Dark Identification Marks None

Date employed 7/17/26, 1926 In what capacity employed? digging 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 Trabuco Coal & Iron Co., Trabuco, Colo from _____

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? digging

What languages can you speak? Eng & Slav Read Eng & Slav

Write Eng & Slav

Where were you born? Kubach, Brown, Austria Are you a citizen? Yes

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

Her age 42 Is she living with you? no If not, give her present address Trabuco, Colo

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 Frank (7) - born 12/19/19

& Josephine (17) with mother at Pueblo Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? all OK

Name children who are self supporting Frank & Mary

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 Felix Erlich, Shipboyer Stiz

Give names and addresses of your sisters none

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 _____

Dated at Trabuco, Colo., May 1926, 1926

Interpreter _____

Witness Henry F. Dodds Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name) Frank Erlich