

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name John Redman Mine. Record No. _____
 Nationality U.S. Age 49 Wt. 160
 Ht. 5'7" Complexion Med Color eyes Blue Hair Brown Identification Marks Mountain State
 Date employed 7/30/26, 1926 In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines 28 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 Frederick Coal Co., Logan Co., W. Va. from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Supervisor
 What languages can you speak? English Read Yes
 Write Eng

Where were you born? Washington Pa. Are you a citizen? Yes

Are you single, married, or a widower? Single 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 _____
 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? 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 Billy Redman, - Irons, Kansas

Give names and addresses of your sisters Laura Redman, Washington Pa.

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 Beardsburg, Colo., 7-30-, 1926

Interpreter _____
 Witness Henry F. Danks Superintendent or Mine Clerk. John Redman Signature of Employee or Applicant (Full Name)