

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name W E Martin Mine Record No. _____
 Nationality American Age 34 Wt. 150
 Height 5-9" Complexion Dark Color eyes Brown Hair Dark Identification Marks _____
 Date employed 9/1/19, 19____ In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines None

Have you a Shot Firer's Certificate? Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? _____

For whom have you worked during the last year? For Franklin Coal Co from Laramie Wyo
 to _____; For last year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Supervisor

What languages can you speak? English Read? English
 Write? English

Where were you born? Ashtland Mo Are you a citizen? Yes

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

Her age 21 Is she living with you? No If not, give her present address 406-59-1st Laramie Wyo

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 Betty Jean - (8)
 Not living with you (give addresses) _____

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

Name children who are self-supporting None

Is your father living? No If so, give his age 67 Name and address Engineer Martin, Ashtland Mo.

Who supports him? Self

Do you contribute to his support? No 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 Ernest Martin

2460 - 1/2 32nd St Denver Colo

Give names and addresses of your sisters Miss Boyd Kellam

2460 - 1/2 32nd St Denver Colo

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

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 W E Martin - 416 - 89th St Laramie Wyo

Dated at _____, Colorado, _____ 19____

Interpreter Henry F. Dotts

Witness _____ Superintendent or Mine Clerk

W E Martin
 Signature of Employee or Applicant (Full Name)