

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co. COMPANY

Name Shannon L. Danner Mine. Record No. _____
 Nationality British Age 23 Wt. 150
 Ht. 5'6" Complexion Fair Color eyes Blue Hair Light Brown Identification Marks 3-1-11-114
 Date employed 9-25, 1925 In what capacity employed? Miner Check No. _____
 State fully experience in coal mines. General

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 Interruption Fuel Co. from 1925
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Miner

What languages can you speak? English Read English
 Write _____

Where were you born? W. Va. Are you a citizen?

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

Her age 21 Is she living with you? 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) _____

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

Name children who are self supporting _____

Is your father living? If so, give his age 67 Name and address W. Harris, W. Va.
 Who supports him? Family

Do you contribute to his support? Is your mother living?
 If so, give her age 66 Name and address Mary L. Danner, W. Harris, W. Va.

Who supports her? Husband 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 W. Harris, W. Va.

Give names and addresses of your sisters Mr. & Mrs. J. J. Harris, W. Harris

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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Barbara Danner

Dated at Beaufort, Colo., April 30, 1925

Interpreter _____

Witness W. Harris Superintendent or Mine Clerk. Shannon L. Danner Signature of Employe or Applicant (Full Name)