Form 10—10M. Dup.—10-23.

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal Co COMPANY

Bear River, Mine. Record No.

Name Sarah Davis Nationality Eng Age 58 Wt. 165

Ht. 5 ft 9 Complexion Med Color eyes Brown Hair dark Identification Marks Hernia on left side

Date employed 10/12/, 1925 In what capacity employed? Digging Check No.

State fully experience in coal mines 40 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 Jones Bros, Monroe, Ill from

to ; For Just here from

to ; For from to

At what work were you employed? Digging

What languages can you speak? Eng Read Eng.

Write Eng.

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

Are you single, married, or a widower? Sing'l - wife dead - widower 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)

Willie Davis, Tilden, Ill - Harry Davis, Christopher

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

Name children who are self supporting All

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 none

Give names and addresses of your sisters Becky Booth, Bryant, Ill &

Bertha Griffiths, Canton, Ill

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

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 Not

Willie Davis, Tilden, Colo - Nephew - Southwood Farm

Dated at Bear River, Colo., 10 - 12 -, 1925

Interpreter

Witness Henry F Dodds

Superintendent or Mine Clerk.

Josiah Davis

Signature of Employe or Applicant (Full Name)