

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Albert Camlette Mine Record No. _____
Nationality Italian Age 19 Wt. 130
Complexion dark Color eyes brown Hair dark Identification Marks none
Date employed 11/27, 1921 In what capacity employed? Digging Check No. _____
State fully experience in coal mines 3 years

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

Where have you worked during the last year? For Bear River Coal Co. & Frisco Coal Co. from _____
to _____; For _____ from _____ to _____

At what work were you employed? Digging

What languages can you speak? Eng. & Italian Read Eng. & Ital
Write Eng. & Ital

Where were you born? France Are you a citizen? yes

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

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) _____

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

Are children who are self supporting? _____

Is your father living? yes If so, give his age 44 Name and address Frank Camlette, Bear River Co.

Who supports him? _____

Do you contribute to his support? _____ Is your mother living? yes

Give her age 35 Name and address Briget Camlette, Bear River Co.

Who supports her? Husband Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? 500 per year

How last contribution was made Send with parents call my money to parents Amount _____

Give names and addresses of your brothers Alfred Camlette, Bear River Co.

Give names and addresses of your sisters Mary Camlette, Melner Co.

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

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

Frank Camlette, Bear River Co.

Dated at Bear River, Colo., 11-13-, 1921

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