

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name Chas. Brown Mine Record No. Bear River Colo.  
 Height 5'4" Complexion Light Color eyes Blue Nationality American Age 28 Wt 160  
 Hair Light Identification Marks Scar on forehead  
 Date employed 10/1/25 1925 In what capacity employed? Drigger Check No. \_\_\_\_\_  
 State fully experience in coal mines 15 years

Have you a Shot Firing Certificate? Yes Shot Examiner's? No Fire Boss's? No Mine Foreman's? No

For whom have you worked during the last year? For Mattor Lee at Denver Colo from \_\_\_\_\_  
Fraser Coal Co. Bear River Colo from year

at what work were you employed? Delivering fuel to work

What languages can you speak? Eng Read Eng

Where were you born? Dayton, Ky Write Eng

Are you single, married, or a widower? Married Are you a citizen? Yes

If married, give full name of wife May Brown

Her age 27 Is she living with you? Yes 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 \_\_\_\_\_

Rudie & Jack Brown Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? None

Which children who are self supporting? None

Is your father living? Yes If so, give his age 58 Name and address Sam Brown, Mt Harris, Colo

Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes

Her age 50 Name and address Mrs Sam Brown, Mt Harris, Colo

Who supports her? Husband Do you contribute to her support? No

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 Harold Brown, Mt Harris, Colo

Give names and addresses of your sisters None, Thelma, Bessie, Anita Brown, Mt Harris, Colo

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 \_\_\_\_\_

May Brown, Mt Harris, Colo

Dated at Bear River, Colo., 10-19- 1925

Interpreter Henry F. Dodds

Witness Chas E Brown

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)