

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beckton Coal Co COMPANY

Name J. J. Harris Mine Record No. _____
Nationality American Age 34 Wt. 118

Complexion fair Color eyes gray Hair black Identification Marks _____

Date employed _____, 19____ In what capacity employed? miner Check No. _____

State fully experience in coal mines 24 years

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 Beckton Coal Co from _____

; For past year from _____

; For _____ from _____ to _____

At what work were you employed? mining

What languages can you speak? _____ Read? Eng

Write? Eng

Where were you born? Palmer, Colo Are you a citizen? Yes

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

Her age 22 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 Johanna - (2 mos)

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? Yes If so, give his age 56 Name and address Ann Harris, Palmer, Colo

Who supports him? self

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

If so, give her age 52 Name and address Mrs Ann Harris, Palmer, Colo

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

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 Earl Harris, Denver, Colo

Give names and addresses of your sisters Anna Racette, Palmer, 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 Mrs J. J. Harris, Beckton, Colo

Dated at _____, Colorado, _____, 19____

Interpreter Henry J. ...

Witness _____ Superintendent or Mine Clerk _____ Signature of Employee or Applicant (Full Name) J. J. Harris