

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Louis Marshall Mine Record No. Beaumont
 Nationality American Age 50 Wt. 200
 Ht. 5' 10" Complexion Dark Color eyes Blue Hair Dark Identification Marks None
 Date employed Aug 9, 1926 In what capacity employed? Apprentice Check No. _____
 State fully experience in coal mines. 25 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 Frederick Coal Co. Mt. Vernon Mo from _____
 to _____; For Just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Machinery Repairer & Druggist

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Frederick, Mo Are you a citizen?

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

Her age 28 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 None
 Not living with you (give addresses) _____

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

Name children who are self supporting _____

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? Yes
 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 _____

Give names and addresses of your sisters _____

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 _____

Dated at Beaumont, Colo., Aug 9, 1926

Interpreter _____

Witness Henry F. Smith Superintendent or Mine Clerk. Louis Marshall Signature of Employee or Applicant (Full Name)