

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name W. H. Libby Mine Record No. _____
 Ht. 5'10" Nationality Am. Age 37 Wt. 160
 Complexion Fair Color eyes B Hair B Identification Marks _____
 Date employed 11/1/19 In what capacity employed? Coal Miner Check No. _____
 State fully experience in coal mines 5 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 Bear Run Coal from 11/1/19
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Coal Miner

What languages can you speak? _____ Read? Eng
 Write? _____

Where were you born? Pa Are you a citizen? Y

Are you single, married, or a 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) _____

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

Name children who are self-supporting _____

Is your father living? Y If so, give his age 46 Name and address Horseshoe, Cascade Colo
 Who supports him? Self

Do you contribute to his support? No Is your mother living? Y
 If so, give her age 48 Name and address Mrs. Harlow Libby, Cascade 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 W. H. Libby, Ave. Arroyo

Give names and addresses of your sisters Beulah Libby, Cascade Colo

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support

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? Y Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? Y, and do you elect and agree to become subject thereto
 now? _____ Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Y

Give name and address of person to whom you desire notice sent in event of your death _____

Dated at _____ Colorado, _____, 19 _____

Interpreter _____
 Witness _____

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)