

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Franklin Coal COMPANY

Name Van Hitchens Mine. Record No. Bear Run

Nationality American Age 30 Wt. 170

Ht. 5'11" Complexion Fair Color eyes Blue Hair Light Identification Marks Scar over right eye

Date employed 2/1/26, 1926 In what capacity employed? Co. Body Check No. _____

State fully experience in coal mines none

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 John Adams, Raymer Co. Pa. from _____

to _____; For last year from _____

to _____; For _____ from _____ to _____

At what work were you employed? groundwork

What languages can you speak? _____ Read Eng

Write _____ Where were you born? Hayden, Colo. Are you a citizen? _____

Are you single, married, or a widower? Married If married, give full name of wife Irene Vernon Hitchens

Her age 26 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 John Edward (3 1/2 yrs)

Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? all OK

Name children who are self supporting none

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? No

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 John Hitchens, Hayden, Colo.

Give names and addresses of your sisters Mrs Wm. Elmer Bear Run, 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

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 Bear Run, Colo., 6/11, 1926

Interpreter _____

Witness Henry F. Dodels Superintendent or Mine Clerk. Van Hitchens Signature of Employee or Applicant (Full Name)