

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beulah River COMPANY

Name Frank Jursin Mine Record No. _____
 Nationality Austrian Age 39 Wt. 155
 Ht. 5'6 1/2" Complexion Fair Color eyes Brown Hair Dark Identification Marks _____
 Date employed 4/29, 1925 In what capacity employed? _____ Check No. 18
 State fully experience in coal mines 15 yrs

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 Moffatt Coal Co. from 1/1/25
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Shipping

What languages can you speak? Austrian & Eng Read Austrian & Eng
 Write Austrian & Eng

Where were you born? Austria Are you a citizen?

Are you single, married, or a widower? Married 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? If so, give his age 83 Name and address Matt Jursin
Raheky, Austria Who supports him? Himself

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

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 Lafayette, Colo.

Give names and addresses of your sisters Austria, Jennie, Mary Jursin, Raheky

Give names and addresses of EVERY ONE (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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? 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?

Give name and address of person to whom you desire notice sent in event of your death Frank Jursin
Lafayette, Colo.

Dated at Beulah River, Colo., April 29th, 1925

Interpreter J. W. Madenwald

Witness _____ Superintendent or Mine Clerk. _____ Signature of Employee or Applicant (Full Name) Frank Jursin