

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Chas M<sup>c</sup>Carthy Mine Record No. \_\_\_\_\_  
Nationality American Age 31 Wt. 155  
Ht. 5-8 Complexion Dark Color eyes Blue Hair Brown Identification Marks \_\_\_\_\_  
Date employed 9/23/19, 1931 In what capacity employed? Drifter Check No. \_\_\_\_\_  
State fully experience in coal mines 20 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 M<sup>c</sup>Int'l Coal Co from M<sup>c</sup>Int'l Coal Co  
to \_\_\_\_\_; For Justman from \_\_\_\_\_  
to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Drifting  
What languages can you speak? English Read? Yes  
Write? Yes

Where were you born? Dublin, Penna Are you a citizen? Yes  
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? 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 Fred M<sup>c</sup>Carthy, Dudley Pa

Give names and addresses of your sisters \_\_\_\_\_

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  
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 \_\_\_\_\_  
Fred M<sup>c</sup>Carthy, Dudley Pa

Dated at Bear River, Colorado, 9/23/19, 1931  
Interpreter \_\_\_\_\_  
Witness \_\_\_\_\_  
Superintendent or Mine Clerk \_\_\_\_\_  
Signature of Employee or Applicant (Full Name) Charles M<sup>c</sup>Carthy