

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal Co COMPANY

Name Lorraine Kuban Mine. Record No. Beaumont
 Nationality Slav Age 34 Wt. 165
 Ht. 5'4" Complexion Dark Color eyes Blue Hair Dark Identification Marks None
 Date employed 4/17, 1926. In what capacity employed? Drifter Check No.
 State fully experience in coal mines 5 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 Beaumont Coal Co, Beaumont, Colo from to ;
 For just year from to ;

At what work were you employed? Drifting
 What languages can you speak? English, Slovak Read Eng, Slovak
 Write Eng, Slovak

Where were you born? Slovakia Are you a citizen? Not a citizen
 Are you single, married, or a widower? Married If married, give full name of wife Mary Kuban
 Her age 21 Is she living with you? Yes If not, give her present address Beaumont, Colorado
 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 None

Is your father living? No If so, give his age Name and address
 Who supports him?

Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 75 Name and address Mrs. Marie Kuban, Beaumont, Colorado

Who supports her? I do Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 3.00 per year

Date last contribution was made May 1926 Amount 15.00

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 Paul Lombardi, Beaumont, Colo

Dated at Beaumont, Colo., 6-11, 1926

Interpreter
 Witness Nancy J. Rodds Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)