

THE EMPLOYERS' MUTUAL INSURANCE CO.
COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Gene Kondor Mine Record No. _____

Nationality Hungarian Age 38 Wt. 165

Complexion Dark Color eyes Grey Hair Dark Identification Marks none

Employed 7/20/33, 1933 In what capacity employed? Blacksmith Check No. _____

Experience in coal mines 14 years

Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?

Where have you worked during the last year? For _____ from _____

; For Bear River Coal Co from _____

; For Bear River Coal Co for last year from _____ to _____

What work were you employed? Blacksmith

What languages can you speak? Eng Read? Eng

Write? Eng

Where were you born? Hungary Are you a citizen? Yes

Are you single, married, or a widower? Single 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? Yes If so, give his age 51 Name and address Martin Kondor, Helfenstein Penn.

Who supports him? Self

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

Give her age 49 Name and address Mrs Martin Kondor Helfenstein Penn.

Who supports her? Husband Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? _____

When last contribution was made _____ Amount _____

Give names and addresses of your brothers Martin Kondor Jr Helfenstein Penn.

Give names and addresses of your sisters Ellen Kondor, Santa Fe New Mexico

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? _____

When of last contribution _____ Amount _____

Do you have 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

Name and address of person to whom you desire notice sent in event of your death Mrs Martin Kondor, Helfenstein Penn.

Dated at Bear River, Colorado, 7/31/33, 1933

Prepared by Henry J. Woods Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name) Gene Kondor