

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Stanley Sandbrook Mine Record No. Bear River

Nationality Irish Age 37 Wt. 131

Complexion White Color eyes Blue Hair Brown Identification Marks Scar on left eye

Employed 7/26/33 1933 In what capacity employed? Auger Check No. \_\_\_\_\_

Total experience in coal mines 7 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 Bear River Coal Co from \_\_\_\_\_

; For Bear River Coal Co from \_\_\_\_\_

; For last year from \_\_\_\_\_ to \_\_\_\_\_

at what work were you employed? Digging

What languages can you speak? \_\_\_\_\_ Read? Eng

Write? Eng

Where were you born? Creede Colo Are you a citizen? Yes

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? Yes If so, give his age 63 Name and address 87 Sandbrook Bear River Colo

Who supports him? I help

Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 59 Name and address Wm B & Sandbrook Bear River Colo

Who supports her? Husband & myself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? most home & help

Date last contribution was made day bills Amount \_\_\_\_\_

Give names and addresses of your brothers Alfred Sandbrook Bear River Colo

Give names and addresses of your sisters Mary Sandbrook Bear River Colo

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

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 \_\_\_\_\_

Wm Alvin Sandbrook Bear River Colo

Dated at Bear River, Colorado, 7/26/33, 1933

Interpreter Harry [unclear]

Witness Harry [unclear] Stanley Sandbrook

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)