

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Henry Marten Mine Record No. _____
Nationality American Age 34 Wt. _____
Ht. 5-8 Complexion Dark Color eyes Gray Hair Dark Identification Marks and left eye off
Date employed 1914 In what capacity employed? Supervisor Check No. _____
State fully experience in coal mines 10 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 Co. Bear River Colo
to _____; For _____ from _____
to _____; For _____ from _____ to _____

At what work were you employed? Supervisor

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

Where were you born? Berm 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? Yes 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 Gladya (10) Robert (14) Howard (12)
Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? OK

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? _____ Is your mother living? Yes

If so, give her age 66 Name and address Mrs Lucille Marten, Singer Run Georgetown

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

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 None

Give names and addresses of your sisters None

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 _____

Dated at Bear River, Colorado, 1914, 19 _____

Interpreter _____

Witness Henry Marten Superintendent or Mine Clerk
Henry Marten Signature of Employee or Applicant (Full Name)