

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name None Hopkins Mine Record No. \_\_\_\_\_  
Nationality British Age 41 Wt. \_\_\_\_\_  
Ht. 5-5 1/2 Complexion fair Color eyes blue Hair black Identification Marks none  
Date employed 9/25/33 1933 In what capacity employed? digging Check No. \_\_\_\_\_  
State fully experience in coal mines. 34 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 \_\_\_\_\_  
to \_\_\_\_\_; For Bear River Coal Co for 3 years from \_\_\_\_\_  
to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? digging  
What languages can you speak? English Read? English

Write? \_\_\_\_\_  
Where were you born? Cardigan, North Wales, England Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife Miss Hopkins  
Her age 32 Is she living with you? yes If not, give her present address \_\_\_\_\_

To what extent is she dependent on you for support? thru 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? \_\_\_\_\_

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 Jack Hopkins, Squaw, Washington

Give names and addresses of your sisters Miss W. Roberts, Carbonado, Wash

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  
Miss Miss Hopkins, Bear River Coal Co

Dated at Bear River, Colorado, 9/27, 1933

Interpreter \_\_\_\_\_  
Witness None Hopkins Superintendent or Mine Clerk  
None Hopkins Signature of Employee or Applicant (Full Name)