

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Name Godd Atkins Mine. Record No. Bear River  
 H 547 Nationality Amer Age 37 Wt 140  
 Complexion Sandy Color eyes Blue Hair Sandy Identification Marks Scar on left side  
 Date employed 1/9/25 In what capacity employed? Digging Check No. Advanced from  
 State fully experience in coal mines 23 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 Criff Creek Col. Co., Criff Creek  
 to just year; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Digging  
 What languages can you speak? Eng. Read Eng.

Where were you born? Rock Island, Ill Write \_\_\_\_\_ Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife Alta Atkins  
 Her age 30 Is she living with you? no If not, give her present address St David, Ill

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 Frances (12) - Lyle (7) -  
Bernard (4) - Roger (2) with mother St David Ill Not living with you (give addresses)

Which children, if any, are physically or mentally defective? all ok.

Name children who are self supporting none  
 Is your father living? yes If so, give his age 59 Name and address Ruben Atkins, St David Ill  
 Who supports him? Self

Do you contribute to his support? no Is your mother living? yes  
 If so, give her age 56 Name and address Mrs Ruben Atkins, St David Ill

Who supports her? Husband 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 Ruby Atkins, Bear River Colo

Give names and addresses of your sisters Clara Evelyn, Canton, Ill

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 Ruben Atkins, St David, Ill

Dated at Bear River, Colo., Oct 9, 1925

Interpreter \_\_\_\_\_  
 Witness Henry F. Hodges Superintendent or Mine Clerk. Godd Atkins Signature of Employee or Applicant (Full Name)