THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE COMPANY
Ben Rever Mine. Record No.
Nationality Que Age 17 Wt 12
Complexion MAM Color eyes MAN Hair MAM Identification Marks TAMA
, 19 In what capacity employed? Check No.
me aperience in coal mines Round angul angula Branch.
Shot Examiner's? Fire Boss's? Mine Foreman's?
wasted during the last year? For A Blakel Handing Ofrom
; For Med gas from
; For
employed? Mullauroff.
speak? Carry Read Carry
Write Write
Are you a citizen?
or a widower? Many last married, give full name of wife.
are living with you?
Give names and ages
Not living with you (give addresses)
are physically or mentally defective?
self supporting
If so, give his age Name and address + Auredin orh Bus hour
Who supports him?
Do you contribute to his support? Is your mother living?
Name and address Will The Charles of the Charles
Do you contribute to her support?
members of father or mother, or both?
was made. Amount Manager Amount Mana
of your brothers. Add Market of the State of
of your sisters Mary Andreach Bear Rens Orle
of your sisters
of EVERY ONE (other than wife, children, father or mother) dependent on you for support
mue
manufacture to their support each year
Amount
Have you had notice that the above named Employer is subject_
Workmen's Compensation Act? and do you elect and agree to become subject thereto
derstand the plan in force at the mine for furnishing medical, surgical and hospital service?
of person to whom you desire notice sent in event of your death.
Beer Berl 7 51
, Colo., , 19.
Henry Francisco XIII. Las I Donas a
Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)