

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beaumont Coal COMPANY

Name Oscar Hunt Mine Record No. Beaumont
 Nationality U.S. Age 27 Wt. 158
 Ht. 67 1/2 Complexion White Color eyes Blue Hair Black Identification Marks None
 Date employed 9/1, 1924 In what capacity employed? Coal Miner Check No. 1111
 State fully experience in coal mines none

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 Myself, Stockton, Mo from _____ to _____
 ; For just yes from _____ to _____
 ; For _____ from _____ to _____

At what work were you employed? _____

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

Where were you born? Stockton, Mo Are you a citizen? Yes

Are you single, married, or a widower? single 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 64 Name and address Chas W. Hunt, Marysville, Colo
 Who supports him? self

Do you contribute to his support? No 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 Mason Hunt, Beaumont, Colo

Give names and addresses of your sisters Anna Ruth, Green Forest, Ark

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 Mason Hunt, Beaumont, Colo

Dated at Beaumont, Colorado, Aug 30, 1924

Interpreter _____
 Witness _____ Superintendent or Mine Clerk
Oscar Hunt Signature of Employee or Applicant (Full Name)