

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name John ~~Smith~~ Smith Bear River Mine Record No. _____
 Nationality Hungarian Age 32 Wt. 150
 Complexion Dark Color eyes Brown Hair Brown Identification Marks _____
 Date employed 10/1/17, 1917 In what capacity employed? Signer Check No. _____
 State fully experience in coal mines 8 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 Cochy Mfg Co from 1 year

At what work were you employed? Signer

What languages can you speak? Eng & Hungarian Read Eng & Hungarian

Write Eng & Hungarian

Where were you born? Hungaria Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Alice Smith

Her age 35 Is she living with you? No If not, give her present address 3402 Fairview St, Denver, Colo

To what extent is she dependent on you for support? None 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? Yes

If so, give her age 55 Name and address Mrs Virginia Smith Sitarhegy, Vasnejsy

Who supports her? herself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 100.00 year

Date last contribution was made last month Amount 60.00

Give names and addresses of your brothers _____

Give names and addresses of your sisters Eva Sitarhegy, 1718 Pacific Ave, Kansas City, Kans.

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support _____

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 Alice Smith, 3402 Fairview St, Denver, Colo

Dated at Bear River, Colo., Oct 12, 1917

Interpreter W. Woodworth

Witness W. Woodworth Superintendent or Mine Clerk. John Smith Signature of Employe or Applicant (Full Name)