

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frank Coal COMPANY

Joe Perkins Mine. Record No. Bear River
Nationality Amer Age 45 Wt. 148
Complexion dark Color eyes blue Hair dark Identification Marks crossed over left arm track
12/17, 1925 In what capacity employed? digging Check No. _____
Daily experience in coal mines 20 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?
Have you worked during the last year? For Marshall Berg, Clark, Colo from _____
; For just year from _____
; For _____ from _____ to _____

What work were you employed? Ranching
What languages can you speak? Eng Read Eng
Write Eng

Where were you born? Toronto, Canada Are you a citizen? Yes
Are you single, married, or a widower? widower If married, give full name of wife _____
Is she living with you? _____ If not, give her present address _____

What dependent is she dependent on you for support? _____ Give names and ages
of your children, and indicate those married: Those living with you _____

Maithy (18) Perkins, Steamboat Springs, Colo Not living with you (give addresses)
Are children, if any, are physically or mentally defective? all OK

Are children who are self supporting none
Are other living? no If so, give his age _____ Name and address _____
Who supports him? _____

Do you contribute to his support? _____ Is your mother living? no
Name and address _____

Who supports her? _____ Do you contribute to her support? _____
Name and address _____

Do you contribute to support of father or mother, or both? _____
Name and address _____ Amount _____

Name and addresses of your brothers Edward Perkins, Victoria BC
Name and addresses of your sisters Mary and Aurelia, Ontario

Name and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none

Do you contribute to their support each year? _____
Name and address _____ Amount _____

Do you have 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

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Name and address of person to whom you desire notice sent in event of your death
Beverly Perkins, Steamboat Springs, Colo
Bear River, Colo., 12-12-, 1925

Henry F. Dodds Superintendent or Mine Clerk.
X Signature of Employee or Applicant (Full Name)