

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Bear River Coal Co. COMPANY

Name C. A. Pelly Mine Record No. Bear River  
 Nationality American Age 39 Wt. 170  
 Ht. 5'8" Complexion Fair Color eyes Blue Hair Brown Identification Marks Left thumb missing  
 Date employed 1-24, 1924 In what capacity employed? Helper Check No. 9  
 State fully experience in coal mines 1-year

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 Myself from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Running Tagon mine

What languages can you speak? Engl Read Eng  
 Write Eng

Where were you born? Bates, 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? 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 63 Name and address Mr. B. Pelly Craig, Colo.

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

How much do you contribute to support of father or mother, or both? 200 per year

Date last contribution was made Dec. 1924 Amount 10.00

Give names and addresses of your brothers C. E. Pelly Craig, Colo. L. A. Pelly  
Altus, Okla.

Give names and addresses of your sisters J. T. Pelly Lumberman Hotel Denver, Colo.  
N. K. Hillard, Carlsbad, New Mex.

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 Mr. B. Pelly

Dated at Bear River, Colo., Jan 24, 1924

Interpreter J. T. Woodworth Signature of Employe or Applicant (Full Name) C. A. Pelly

Witness J. T. Woodworth Superintendent or Mine Clerk.