THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Triber Coal COMPANY
Bearly Mine. Record No.
Nationality Age Wt /
Color eyes Hair Identification Marks
, 19. In what capacity employed? Check No.
in coal mines
Shot Examiner's? Fire Boss's? Mine Foreman's?
from from
; For from
; Fortoto
employed?
Write Read
Are you a citizen? Meg
or a widower? If married, give full name of wife
If not, give her present address.
Give names and ages
and indicate those married: Those living with you
Not living with you (give addresses)
are physically or mentally defective?
If so, give his age Name and address
If so, give his age
Do you contribute to his support? Is your mother living?
Name and address
Do you contribute to her support?
aribute to support of father or mother, or both?
was made Amount
of your brothers
The state of the s
of your sisters
of EVERY ONE (other than wife, children, father or mother) dependent on you for support
The same of their support each year.
Amount
State Coal Mining Law? 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.
Bee Rule (Colo, 18-9-, 19%)

Superintendent or Mine Clerk.

Signature of Employe or Applicant (Full Name)