

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Franks Coal COMPANY

H. C. Franks Mine. Record No. Bear River Colo.
Nationality Amer Age 45 Wt. 120
Color eyes blue Hair light Identification Marks scuffed left arm
1915 In what capacity employed? Digging Check No. _____
30 years

Shot Examiner's? Fire Boss's? _____ Mine Foreman's? _____
during the last year? For W. E. Rosenbamm, Walden, Colo.
For past year from _____ to _____
employed? hauling from _____ to _____
Read Eng.
Write Eng.
Alma Iowa Are you a citizen? _____
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 Sam Franks (17) -
Not living with you (give addresses)
Frank Cisko, Palles, Colo.
all OK

physically or mentally defective? all OK
self supporting? yes If so, give his age 47 Name and address Don't know
Who supports him? self
Do you contribute to his support? no Is your mother living? no
Name and address _____
Do you contribute to her support? _____

contribute to support of father or mother, or both? _____
Amount _____
of your brothers A. L. Franks, San Diego, Calif
of your sisters May Ransom, San Diego, Calif

of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none
contribute to their support each year _____
Amount _____

of the State Coal Mining Law? yes Have you had notice that the above named Employer is subject
of the Workmen's Compensation Act? yes, and do you elect and agree to become subject thereto
yes Do you understand 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
Mrs Frank Cisko, Palles, Colo.
Bear River, Colo., 11-18-, 1915

Henry F. Dadds Superintendent or Mine Clerk.
H. C. Franks Signature of Employee or Applicant (Full Name)