

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Henry Marten Mine Record No. Bear River

Nationality American Age 44 Wt. 170

Complexion Dark Color eyes Brown Hair Brown Identification Marks 3rd finger right hand cut

Employed 8/27/33, 1933 In what capacity employed? Upper Hand Check No. _____

Experience in coal mines 10 years

Have you a Shot Firer's Certificate? _____ Shot Examiner's? Fire Boss? Mine Foreman's?

Where have you worked during the last year? For Bear River Coal Co from _____

; For Bear River Coal Co from _____

; For last year Upper Hand from _____ to _____

What work were you employed? Upper Hand

What languages can you speak? Eng Read? Eng

Write? Eng

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

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

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 your children, and indicate those married: Those living with you Albert (13) Howard (11)

Edys (8) Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? None

Which children who are self-supporting? None

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

Give her age 66 Name and address Lucille Marten, Singsonair, Germantown

Who supports her? Self Do you contribute to her support? No

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

When last contribution was made. _____ Amount _____

Give names and addresses of your brothers. None

Give names and addresses of your sisters. None

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

None

How much do you contribute to their support each year? _____

When of last contribution. _____ 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

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 _____

Pat Cullen, Nelson, Colo

Dated at Bear River, Colorado, 8/27/33, 1933

Signature _____

Signature of Superintendent or Mine Clerk _____

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)