

THE EMPLOYERS' MUTUAL INSURANCE CO.

EMPLOYMENT INFORMATION

THE Bear River Coal COMPANY

James Smith Mine Record No. _____
Nationality Amer Age 34 Wt. 148
Hair Brown Identification Marks Scar on right leg
Check No. _____

How long employed? 2 years
Shot Drifter's? _____ Fire Boss? _____ Mine Foreman's?
from _____ from _____
from _____ to _____

Read? Eng
Are you a citizen? Yes
If married, give full name of wife Bernice Smith
If not, give her present address _____

Give names and ages
Those living with you James (15) Ruth (13)
Not living with you (give addresses) _____

Name and address Mr James Smith, Bear River Colo
Who supports him? I help
Do you contribute to his support? Yes Is your mother living? No

Do you contribute to her support? _____
Amount _____
None

Are there any other persons (other than wife, children, father or mother) dependent on you for support
None
Amount _____

Have you had notice that the above named Employer is subject _____, and do you elect and agree to become subject thereto _____
to receive medical, surgical and hospital service? Yes
Notice sent in event of your death _____

James Smith Colorado, 7/29/19 1923
Signature of Employee or Applicant (Full Name)