

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Mike Fahy Mine. Record No. Beau Rivier
 Nationality American Age 38 Wt. 184
 Ht. 6' Complexion Sandy Color eyes Blue Hair Brown Identification Marks ✓
 Date employed 9/18, 1924 In what capacity employed? Signer Check No. _____
 State fully experience in coal mines 24 years

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 Beau Rivier Coal Co from 9/18

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Signer

What languages can you speak? English Read English

Write _____

Where were you born? Orangeburg, Pa Are you a citizen?

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? No

If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support?

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

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Dennis Fahy Orange, Pa

Give names and addresses of your sisters _____

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? Have you had notice that the above named Employer is subject

to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto

now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Dennis Fahy Orange, Pa

Dated at Beau Rivier, Colo., July 18, 1924

Interpreter W. H. Mad...

Witness Mike Fahy Superintendent or Mine Clerk. Signature of Empl... or Applicant (Full Name)