THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE LEW Keure Code COMPANY
Dearkout Mine. Record No.
Nationality amuican Age 22 Wt 171
Complexion Med Color eyes Hand Hair Brasser Identification Marks
19 2 In what capacity employed? Check No.
many exerience in coal mines Manuel
Shot Firer's Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?
For the last year? For from from
; For
; For
were you employed?
Read 6 Mg
Write Gra
Are you a citizen?
in the same of wife married, or a widower? Lengulf married, give full name of wife
Is she living with you?
Give names and ages
of the same dependent on you for support.
Not living with you (give addresses)
That children, if any, are physically or mentally defective?
Name children who are self supporting
If so, give his age Name and address Seals liekfull
1814- Ins and Kearing, Who supports him? Hinself
Do you contribute to his support? Lee Is your mother living?
51 Mes Shoulichael Keanen What
If so, give her age
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 ault luchule, Bushnell, Muss.
Give names and addresses of your sisters Ethel Mussey, Burlingell, Refer
Give Lines 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
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
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.
rearry, augu
Dated at Defar Kur , Colo, Mall 2 4 h /97 2 19
Interpreter 77 V
Witness W Woodwall Saymond wkyell
Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)