

## THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name John Pavick Mine Record No. Beau Rivier  
 Nationality British Age 36 Wt. 165  
 Ht. 5'11" Complexion Dark Color eyes Brown Hair Dark Identification Marks None  
 Date employed 5/20, 1925 In what capacity employed? Shipping Check No. 12  
 State fully experience in coal mines 23 years

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

For whom have you worked during the last year? For Medina Coal Co. Tuxedo from 1924

to Beau Rivier; For Beau Rivier from 1924

to Beau Rivier; For Beau Rivier from 1924 to 1925

At what work were you employed? Shipping

What languages can you speak? Eng. Slovak Read Eng. Slovak

Write Eng. Slovak

Where were you born? Austria Are you a citizen? No

Are you single, married, or a widower? Single If married, give full name of wife None

Her age None Is she living with you? Yes If not, give her present address None

To what extent is she dependent on you for support? Yes Give names and ages

of each of your children, and indicate those married: Those living with you None

Not living with you (give addresses) None

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

Name children who are self supporting None

Is your father living? No If so, give his age None Name and address None

Who supports him? None

Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 74 Name and address Anna Pavick, Maravica, N.Y.

Who supports her? I do Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 500.00

Date last contribution was made Feb. 1924 Amount 100.00

Give names and addresses of your brothers Andrew Pavick, Maravica, N.Y.

Give names and addresses of your sisters Anna Ferko, Children Pa.

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support None

How much do you contribute to their support each year None

Date of last contribution None Amount None

Have you 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

now? 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 Mr. Mary Sucha

Box 433, Nelsonburg, Ohio

Dated at Beau Rivier, Colo., May 21, 1925

Interpreter W. W. Woodworth

Witness Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) John Pavick