

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Robert Anderson Mine Record No. \_\_\_\_\_  
 Nationality American Age 18 Wt. 130  
 Ht. 5'6" Complexion Dark Color eyes Brown Hair Dark Identification Marks \_\_\_\_\_  
 Date employed 10/28, 1924 In what capacity employed? Helper Check No. \_\_\_\_\_  
 State fully experience in coal mines 1 year

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 Bear Run Coal Co from 1-22

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Heaving

What languages can you speak? Eng Read Eng

Write \_\_\_\_\_

Where were you born? Meddlesburgh, Ky Are you a citizen? Yes

Are you single, married, or a widower? Single If married, give full name of wife \_\_\_\_\_

Her age \_\_\_\_\_ Is she living with you? Yes If not, give her present address \_\_\_\_\_

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 Yes

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? Yes If so, give his age 43 Name and address O. J. Anderson

Bear Run, Colo. Who supports him? Myself

Do you contribute to his support? No 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? Yes

Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

Give names and addresses of your brothers \_\_\_\_\_

Give names and addresses of your sisters Grace Anderson 2825

Federal Road Denver, Colo.

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? 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 O. J. Anderson

Bear Run, Colo.

Dated at Bear Run, Colo., Oct 28, 1924

Interpreter \_\_\_\_\_

Witness W. D. Handman Superintendent or Mine Clerk.

Robert Anderson Signature of Employee or Applicant (Full Name)