

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Tom Pritchard

Bear River

Mine Record No.

Nationality Welsh

Age 56 Wt. 150

Complexion Mid

Color eyes Blue

Hair Grey

Identification Marks Coal marks forehead

Employed 1/24/33

1933 In what capacity employed? digging

Check No.

Years fully experience in coal mines 30 years

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

For whom have you worked during the last year? For Bear River Coal Co from Bear River Colo

; For last year from digging to digging

What work were you employed? digging

What languages can you speak? Eng Read? Eng

Write? Eng

Where were you born? Aberdare Wales Are you a citizen? Yes

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

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 none

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 None

Give names and addresses of your sisters None

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

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

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 Morgan Trinidad Colo

Dated at Bear River Colorado, 1/24/33, 1933

Interpreter —

Witness Henry Edwards Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name) Tom Pritchard