

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co. COMPANY

Name J. A. Bates Mine. Record No. \_\_\_\_\_  
 Nationality American Age 40 Wt. 130  
 Ht. 5 1/2 Complexion Fair Color eyes Blue Hair Light Identification Marks \_\_\_\_\_  
 Date employed 4/30, 1920 In what capacity employed? Shipping Check No. \_\_\_\_\_  
 State fully experience in coal mines 20 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 Thomas J. Fisher Co. from 1919  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shipping

What languages can you speak? \_\_\_\_\_ Read Eng

Write \_\_\_\_\_

Where were you born? Florida, Mo. Are you a citizen? Yes

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

Her age 58 Is she living with you? Yes If not, give her present address \_\_\_\_\_

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you \_\_\_\_\_

Not living with you (give addresses) Melvin Bates, Jessie Fitzmorris, Eva Gibbs

Which children, if any, are physically or mentally defective? \_\_\_\_\_

Name children who are self supporting Melvin, Jessie, Eva

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? Yes

If so, give her age 72 Name and address Myrtle M. Bennett, Canton, Mo.

Who supports her? Herself 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 Sam Bates, Protection, Mo.

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? 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 Myrtle M. Bennett

Dated at Franklin, Colo., April 30, 1920

Interpreter \_\_\_\_\_

Witness \_\_\_\_\_ Superintendent or Mine Clerk. \_\_\_\_\_ Signature of Employe or Applicant (Full Name) J. A. Bates