

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beerkow Coal COMPANY

Name: Thos Koersch Mine Record No. _____
 Nationality: Slav. Age: 44 Wt: 160
 Ht: 5-8" Complexion: Dark Color eyes: Brown Hair: Dark Identification Marks: Scar left cheek
 Date employed: 7/23/33 In what capacity employed? Co Worker Check No. _____
 State fully experience in coal mines: 20 years

Have you a State Miner's Certificate? Shot Blower's? Fire Boss? Mine Foreman's?
 For whom have you worked during the last year? For Beerkow Coal from _____
 to _____; For Beerkow Coal from last year
 to _____; For _____ from _____ to _____

At what work were you employed? Co Worker
 What languages can you speak? Eng & Slav Head? Eng & Slav
 Write? Eng & Slav

Where were you born? Slavia Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife: Anne Koersch
 Her age: 24 Is she living with you? No If not, give her present address: Spik, Delmarco

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: Lucy Koersch (2 yrs) now
 with mother in Delmarco Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? OK
 Name children who are self-supporting: none
 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 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: Mrs Anne Koersch, Spik, Delmarco
 Dated at: Beerkow, Colorado, 7/23, 1933

Interpreter: Henry F. Davis
 Witness: _____
 Signature of Employee or Applicant (Full Name): x Thos Koersch