

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name B. F. Sanderson Mine Record No. \_\_\_\_\_  
 Nationality American Age 50 Wt. 160  
 Complexion Dark Color eyes Blue Hair Gray Identification Marks   
 Date employed 2/1, 1923 In what capacity employed? Shifter Check No. 15  
 State fully experience in coal mines 15 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 M. L. Coyard, Hayden, Colo. from 1 year

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

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

At what work were you employed? Shifting

What languages can you speak? Eng. Read Eng.

Write Eng.

Where were you born? Parsons, Kans. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Elin Sanderson

Her age 44 Is she living with you? Yes If not, give her present address Hayden, Colo.

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 Elin Sanderson

Mary, Robert, Alfred, Emma, Anna, Paul Not living with you (give addresses)

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

Name children who are self supporting Stanley & Theodore

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?

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 \_\_\_\_\_

Give names and addresses of your sisters Bessie Clapp, Hitchita Falls, Tex.

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 Miss Alice

Sanderson, Hayden, Colo.

Dated at Bear Run, Colo., May, 1923

Interpreter \_\_\_\_\_

Witness W. H. Sanderson B. F. Sanderson

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