

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Carl Rice Mine Record No. \_\_\_\_\_  
 Nationality American Age 36 Wt. 137  
 Ht. 5'4" Complexion Dark Color eyes Dark Hair Dark Identification Marks ✓  
 Date employed 10/21, 1924 In what capacity employed? Legger Check No. 3  
 State fully experience in coal mines 4 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 Bear Run Coal Co. from 2/24

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

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

At what work were you employed? Legging

What languages can you speak? Eng Read Eng

Write Eng

Where were you born? Portsmouth, Ohio Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Willa M. Rice

Her age 34 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 Okie Rice

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 53 Name and address J. H. Rice Bear Run, Colo.

Who supports him? Hisself

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? \_\_\_\_\_

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

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

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 Mrs. W. M. Rice

Bear Run, Colo.

Dated at Bear Run, Colo., Nov 28th, 1924

Interpreter W. H. ...

Witness W. H. ... Superintendent or Mine Clerk.

Carl Rice Signature of Employee or Applicant (Full Name)