

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bea River Coal COMPANY

Name John Slavach Mine Record No. \_\_\_\_\_  
 Nationality Austrian Age 39 Wt. 165  
 Height 5'7" Complexion Salt Color eyes Salt Hair Salt Identification Marks Scar on chin  
 Date employed 1/17, 1924 In what capacity employed? Signer 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 Ohio Coal Co. from 1922

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

At what work were you employed? Signer  
 What languages can you speak? Eng Austrian Read Eng & Austrian  
 Write Eng Austrian

Where were you born? Austria Are you a citizen? No

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

Her age \_\_\_\_\_ 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 \_\_\_\_\_  
 \_\_\_\_\_ 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? Don't know If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
 \_\_\_\_\_ Who supports him? Yes

Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 75 Name and address Fannie Slavach

Who supports her? \_\_\_\_\_ Do you contribute to her support? Yes

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 Louis Slavach, Tunison, Colo.

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? No 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 Louis Slavach

Dated at Bea River, Colo., Jan 17th, 1924

Interpreter N.A. Woodworth

Witness N.A. Woodworth Superintendent or Mine Clerk. John Slavach Signature of Employee or Applicant (Full Name)