

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Mine Coal COMPANY

Name J. F. Ficker Mine Record No. _____
 Nationality American Age 57 Wt. 163
 Ht. 5'6" Complexion Fair Color eyes Blue Hair Gray Identification Marks Scar on left wrist
 Date employed 11/25, 1924 In what capacity employed? Signer Check No. _____
 State fully experience in coal mines 30 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 Palisade Coal Co from Sept
 to Nov 10, 1924; For Bear Mine Coal Co. from Dec 1923
 to Feb 1924; For _____ from _____ to _____

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

Where were you born? Springfield, Mo. Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife Anna C. Ficker
 Her age 46 Is she living with you? No. If not, give her present address Palisade, 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 _____
 Not living with you (give addresses)

Ruth Jim Joe Josephine Palisade, Colo.
 Which children, if any, are physically or mentally defective? _____
 Name children who are self supporting John, Mary, Paul, Rose William

Is your father living? No If so, give his age _____ Name and address _____
 Who supports him? Self

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? None
 Date last contribution was made _____ Amount None
 Give names and addresses of your brothers _____

Give names and addresses of your sisters Mrs. Liza Jones Mammoth Spgs, Arkansas

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 Anna C. Ficker Palisade, Colo

Dated at Bear Mine, Colo., Nov 25th, 1924
 Interpreter _____
 Witness W. W. Woodworth Superintendent or Mine Clerk. J. F. Ficker Signature of Employee or Applicant (Full Name)