

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name John Petroff Mine Record No. Bear River Co.  
Nationality Bulg. Age 33 Wt. 170  
Complexion Med Color eyes Brown Hair Black Identification Marks Scar on R. H. cheek  
Date employed 11/9/25 In what capacity employed? Timberman Check No. \_\_\_\_\_  
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 Victor Amer Fuel Co. Mt. Vernon Colo.  
; For past year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Drawing & C. Work  
What languages can you speak? Bulg. Read Bulg.  
Write Bulg.

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

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

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 \_\_\_\_\_  
None Not living with you (give addresses) \_\_\_\_\_

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

Which children who are self supporting? \_\_\_\_\_

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

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 EVERY ONE (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

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 \_\_\_\_\_

Dated at Bear River, Colo., 11-8-, 1925

Interpreter \_\_\_\_\_  
Witness Nancy J. Douds Superintendent or Mine Clerk. John Petroff Signature of Employee or Applicant (Full Name)