

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bonanza Coal COMPANY

Name Harold Hadden Mine Record No. \_\_\_\_\_  
 Nationality American Age 27 Wt. 140  
 Height 5-7 Complexion fair Color eyes blue Hair brun Identification Marks \_\_\_\_\_  
 Date employed 9/21, 1933 In what capacity employed? digging Check No. \_\_\_\_\_  
 State fully experience in coal mines 10 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss?  Mine Foreman's?

For whom have you worked during the last year? For family for myself from \_\_\_\_\_  
 to \_\_\_\_\_; For last year from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? digging

What languages can you speak? English Read? Yes  
 Write? Yes

Where were you born? Wagoner, Okla Are you a citizen? Yes

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? yes If so, give his age 78 Name and address 27 E. Hadden St. Hays, Colo

Who supports him? I self

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

If so, give her age 67 Name and address Mrs. A. J. Hadden, 2nd Street, Hays, Colo

Who supports her? I self Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? have at home & help just bills

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

Give names and addresses of your brothers 2 E. Hadden, Poncha, Colo

Give names and addresses of your sisters Mrs. L. E. Hadden, Bonanza, Colo

Give names and addresses of EVERYONE (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 \_\_\_\_\_

Dated at Bonanza, Colorado, 1st, 1933

Interpreter \_\_\_\_\_

Witness Harold Hadden

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