

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bearman Coals COMPANY

Name W. W. Mansfield Mine Record No. None  
 Height 5'10" Nationality American Age 37 Wt. 160  
 Complexion Light Color eyes Brown Hair More middle aged  
 Date employed 9/20/24, 1924 In what capacity employed? Supervisor Check No.           
 Date fully experience in coal mines None

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 Mansfield, Craig Colo from           
 to         ; For          from           
 to         ; For          from          to         

At what work were you employed? Supervisor  
 What languages can you speak? English Read? English  
 Write? English

Where were you born? Okeane Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Maude Mansfield

Her age 27 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 Maude (11) Harry (9) Joe (7)  
Jackie (4) - (2 mos) - Chae (2 mos) Not living with you (give addresses)         

Which children, if any, are physically or mentally defective? OK

Name children who are self-supporting None

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? Yes  
 If so, give her age 57 Name and address Mrs Bessie Cochran, Craig Colo

Who supports her? Self Do you contribute to her support? No

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 EVERYONE (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  
 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 Bearman, Colorado, 9/20/24, 1924

Interpreter           
 Witness          Superintendent or Mine Clerk          Signature of Employee or Applicant (Full Name) W. W. Mansfield