

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Wm E Baker Mine Record No. Baseline
 Nationality American Age 35 Wt. 180
 Ht. 5'10" Complexion Med Color eyes Gray Hair Brown Identification Marks ✓
 Date employed 12/18, 1922 In what capacity employed? Sigger Check No. _____
 State fully experience in coal mines 14 year

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 Bear River Coal Co from 4 mo.
 to _____; For C&S from Nov. 1921
 to Mar. 1922; For _____ from _____ to _____
 At what work were you employed? Sigger
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Altamont, Ks Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife Mrs E Baker
 Her age 20 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 Bessie L. Baker
 _____ 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 74 Name and address W. E. Baker
Cama, Colo. Who supports him? himself

Do you contribute to his support? ✓ Is your mother living? Yes
 If so, give her age 59 Name and address Mrs E Baker, Cama, Colo.
 Who supports her? Husband 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 Geo. H. Baker, Cama, Colo.

Give names and addresses of your sisters Mo.
Mellie F. Mergedant, St Louis

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 E Baker
Bear River, Colo
 Dated at Bear River, Colo., Dec. 18th, 1922

Interpreter _____
 Witness W. E. Baker Superintendent or Mine Clerk. Wm E Baker Signature of Employee or Applicant (Full Name)