

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name Lenny Hilder Mine Record No. Beau Rivier
 Height 5'5" Nationality Swedish Age 32 Wt. 167
 Complexion Dark Color eyes Blue Hair Dark Identification Marks None
 Date employed 4/1, 1924 In what capacity employed? Sligger Check No. _____
 State fully experience in coal mines 3 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 Ohio Fuel Coal Co. from 16 mos.

to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Sligger

What languages can you speak? Swedish Read Swedish
 Write Swedish

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

Are you single, married, or a widower? Married 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? No If so, give his age _____ Name and address _____

Who supports him? _____

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

If so, give her age 75 Name and address Mary Hilder Berenska Europe

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 Nov. 1923 Amount 500⁰⁰ year

Give names and addresses of your brothers John, Frank, Andy Hilder Berenska Europe

Give names and addresses of your sisters Mary Hilder Berenska Europe

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? Have you had notice that the above named Employer is subject

to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto

now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death John Passick

Crest Butte, Colo.

Dated at Beau Rivier, Colo., Feb 1, 1924, 1924

Interpreter J. J. Madson

Witness J. J. Madson Superintendent or Mine Clerk. Lenny Hilder Signature of Employee or Applicant (Full Name)