

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bingham Coal Co COMPANY

Mine Record No. _____

Name Ernest Shuster Nationality _____ Age _____ Wt. _____

Complexion _____ Color eyes _____ Hair _____ Identification Marks _____

Date employed _____, 19____ In what capacity employed? _____ Check No. _____

Date fully experience in coal mines _____

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

For whom have you worked during the last year? For _____ from _____

; For paid you from _____

; For _____ from _____ to _____

at what work were you employed? _____

What languages can you speak? _____ Read? Eng

Write? _____

Where were you born? _____ Are you a citizen? _____

Are you single, married, or a widower? _____ If married, give full name of wife Bess Shuster

Her age 44 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 Ernest (7)

Not living with you (give addresses) _____

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

Name children who are self-supporting Carl 20m

Is your father living? Yes If so, give his age 78 Name and address Bingham Shuster, Oregon

Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes

If so, give her age 79 Name and address Mrs Bingham Shuster - Oregon

Who supports her? Husband 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 Shuster Oregon

Give names and addresses of your sisters _____

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 Mrs Bess Shuster Oregon

Dated at Bingham, Colorado, _____, 19____

Interpreter _____

Witness _____

Superintendent or Mine Clerk _____

Signature of Employee or Applicant (Full Name) Ernest Shuster