

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Ben River Coal COMPANY

Mine Record No. _____

Name D. P. Bonham Nationality U.S. Age 37 Wt. 145

Complexion Fair Color eyes Blue Hair Brown Identification Marks None

Employed Dec 20, 1937 In what capacity employed? Tipple Work Check No. _____

How long experience in coal mines 3 yrs.

Have you a Shot Firer's Certificate? No Shot Examiner's? No Fire Boss'? No Mine Foreman's? No

For whom have you worked during the last year? For D. S. L. Ruff from May 10-1937

Dec 15-37; For _____ from _____

_____ ; For _____ from _____ to _____

At what work were you employed? Shuck Laborer

What languages can you speak? English Read? English

Write? English

Where were you born? Ammon, Idaho Are you a citizen? Yes

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

Her age 31 Is she living with you? Yes If not, give her present address _____

To what extent is she dependent on you for support? Full support Give names and ages

of each of your children, and indicate those married: Those living with you David Jean (2 yrs.)

Not living with you (give addresses) _____

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

Name children who are self-supporting None

Is your father living? Yes If so, give his age 63 Name and address D. P. Bonham

Sunset, Idaho Who supports him? Self supporting

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

If so, give her age 45 Name and address Mable Bonham

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

How much do you contribute to support of father or mother, or both? None

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Edward Bonham

Give names and addresses of your sisters Lula Taylor, Mt. Harris, 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 Mr. D. P. Bonham, Oak Creek, Colo.

Dated at Ben River, Colorado, Dec 20, 1937

Interpreter _____

Witness [Signature] D. P. Bonham

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