

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name Chris Callitt Nationality American Mine Record No. See Mine
 Ht. 5-8 Complexion fair Color eyes blue Hair dark Age 21 Wt. 145
 Date employed 7/2, 1924 In what capacity employed? Lead Coal Check No. _____
 State fully experience in coal mines 1 year

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

For whom have you worked during the last year? For Victor American Coal Co. from 12/1/23
 to May/24; For Granville Coal Co. - Utah from Jan/24
 to 2/2/24; For _____ from _____ to _____

At what work were you employed? Lead Coal & Prof. Coal

What languages can you speak? American Read American
 Write American

Where were you born? Robertson, Wyo. Are you a citizen? yes

Are you single, married, or a widower? no 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? yes If so, give his age 45 Name and address Charles Henry Callitt
Robertson, Wyo. Who supports him? self

Do you contribute to his support? no Is your mother living? yes

If so, give her age 35 Name and address Robertson, Wyo.

Who supports her? Husband Do you contribute to her support? yes

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 Henry Callitt, Robertson, Wyo.

Give names and addresses of your sisters _____

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 Robertson, Wyo.

Dated at See Mine, Colo., 7/2, 1924

Interpreter _____

Witness Charles Callitt Superintendent or Mine Clerk. Chris Callitt Signature of Employee or Applicant (Full Name)