

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frakes Coal Co. COMPANY

Name Chas Evans Jr Mine. Record No. Bear River, Colo.  
 Nationality American Age 16 Wt. 120  
 Ht. 5ft 6 Complexion fair Color eyes blue Hair red Identification Marks none  
 Date employed 5/29, 1925 In what capacity employed? Digger Check No. \_\_\_\_\_  
 State fully experience in coal mines None

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 In school prior to this time from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? \_\_\_\_\_

What languages can you speak? Eng Write Eng Read Eng

Where were you born? Now, Okla Are you a citizen? Yes

Are you single, married, or a widower? Single 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 42 Name and address Chas Evans  
Bear River, Colo Who supports him? Self

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

If so, give her age 39 Name and address Frankie Evans, Bear River, Colo

Who supports her? Chas. Evans Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? no

Date last contribution was made no Amount \_\_\_\_\_

Give names and addresses of your brothers John Evans & Harold Evans,  
Bear River, Colo.

Give names and addresses of your sisters Therese Evans & Lily Evans  
Bear River Colo.

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support  
None

How much do you contribute to their support each year none

Date of last contribution none 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 \_\_\_\_\_

Dated at Bear River, Colo, Colo., May 11, 1925

Interpreter \_\_\_\_\_  
 Witness Henry F. Dodds Superintendent or Mine Clerk. Chas Jr. Evans Signature of Employee or Applicant (Full Name)