

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. F. Binghamman Mine. Record No. Bear River
 Nationality American Age 46 Wt. 165
 Ht. 5'7 1/2" Complexion Fair Color eyes Blue Hair Brown Identification Marks Small scar on left shoulder
 Date employed 5/20, 1924 In what capacity employed? Miner Check No. 19
 State fully experience in coal mines 5 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 Alameda Coal Mining Co. Inc. from 1923
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digging & Machine

What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Laramie Co. Wyo. 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 82 Name and address Mr. Sarah J. Binghamman
Scottsdale, Ariz Box 21 Who supports him? Govt
 Do you contribute to his support? _____ Is your mother living? No

If so, give her age _____ Name and address _____
 Who supports her? Govt Do you contribute to her support? _____

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 J. B. Binghamman Scottsdale Ariz
N. A. Binghamman Boulder, Oregon

Give names and addresses of your sisters May A. Binghamman Scottsdale Ariz

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 Mr. Sarah J. Binghamman
Scottsdale Ariz

Dated at Bear River, Colo., May 31, 1924

Interpreter _____
 Witness J. F. Binghamman Superintendent or Mine Clerk. J. F. Binghamman Signature of Employee or Applicant (Full Name)