

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co. COMPANY

Name Wm Fisher Mine Record No. Beaumont Colo
 Nationality Amer Age 46 Wt. 158
 Ht. 5'11" Complexion rshk Color eyes blue Hair brn Identification Marks none
 Date employed 4/20, 1926 In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines 8 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 Fisher Coal Co, Beaumont Colo from 4/20
 to _____; For 8 country myself just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Supervisor
 What languages can you speak? _____ Read Eng
 Write _____

Where were you born? Smith Co, Kansas Are you a citizen? _____

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 none
 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 79 Name and address Joe Fisher, Hayden Colo
 Who supports him? Self

Do you contribute to his support? _____ Is your mother living? Yes
 If so, give her age _____ Name and address _____

Who supports her? _____ 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 Eph Fisher, Beaumont Colo

Give names and addresses of your sisters Annie Bell, Mendon Idaho

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? _____

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 _____

Dated at Beaumont, Colo., 4-30-, 1926

Interpreter Kerry F. Dodds

Witness Kerry F. Dodds Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) Wm Fisher