

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

E. F. Randolph Mine. Record No. _____
Bear River Nationality Amer Age 38 Wt. 145
berks Color eyes Grey Hair Dark Identification Marks Cut scar on forehead
1916, 1925 In what capacity employed? Tracklayer Check No. _____
Total years experience in coal mines 17 years

Have you a Shot Firing Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?

Where have you worked during the last year? For Colo - 7th Floor Spar Coal, Conditary Colo from _____
; For just year from _____
; For _____ from _____ to _____

In what work were you employed? Miner
What language can you speak? Eng Read Eng
Write Eng

Where were you born? Arkansas Are you a citizen? yes
Are you single, married, or a widower? single If married, give full name of wife _____
Is she living with you? _____ If not, give her present address _____
Is there anyone 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) _____

Are any of your children, if any, are physically or mentally defective? none
Are any of your children who are self supporting? _____
Are there other living? No If so, give his age _____ Name and address _____
Who supports him? _____
Do you contribute to his support? _____ Is your mother living? No
Name and address _____
Do you contribute to her support? _____
Do you contribute to support of father or mother, or both? _____
If contribution was made _____ Amount _____
Give names and addresses of your brothers none
Give names and addresses of your sisters Miss Ethel Randolph, Los Angeles Colo
Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none
Do you contribute to their support each year? _____
If 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
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 Los Angeles
Miss Ethel Randolph, Teacher, Public Schools, Los Angeles
at Bear River, Colo., 12-6-, 1925

Henry F. Dodds Superintendent or Mine Clerk. E. F. Randolph Signature of Employee or Applicant (Full Name)