

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frederick Coal Co. COMPANY

Name F. J. Walsh Mine. Record No. \_\_\_\_\_  
Nationality American Age 24 Wt. 155  
Ht. 5-10 Complexion fair Color eyes blue Hair brn Identification Marks none  
Date employed 1/15/22, 1922 In what capacity employed? Boiler Maker Check No. \_\_\_\_\_  
State fully experience in coal mines 8 years  
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 Frederick Coal Co. from 1/15/22  
to 1/15/22; For International Coal Co. from Jan/21  
to Oct/20; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
At what work were you employed? Boiler Maker & Rigging  
What languages can you speak? American Read American  
Write American  
Where were you born? Madison, Okla. Are you a citizen? yes  
Are you single, married, or a widower? married If married, give full name of wife Blanche E. Walsh  
Her age 18 Is she living with you? yes If not, give her present address \_\_\_\_\_  
To what extent is she dependent on you for support? wholly 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 52 Name and address B. G. Walsh  
Mt. Harris, Colo. Who supports him? self  
Do you contribute to his support? no Is your mother living? yes  
If so, give her age 42 Name and address E. Walsh Mt. Harris, Colo.  
Who supports her? Husband Do you contribute to her support? no  
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. S. Walsh, Bo. Co. Colo.  
M. G. Walsh, Bo. Co. Colo. W. H. Walsh, Mt. Harris, Colo.  
Give names and addresses of your sisters Alma B. Walsh, Mt. Harris, Colo.  
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 E. Walsh  
Mt. Harris, Colo.  
Dated at Bo. Co., Colo., 5/14, 1922  
Interpreter \_\_\_\_\_  
Witness Thos. J. Abner Superintendent or Mine Clerk. F. J. Walsh Signature of Employee or Applicant (Full Name)