

## THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name H. H. Horn Mine Record No. Bear River  
 Nationality American Age 60 Wt. 150  
 Ht. 5' 9" Complexion Fair Color eyes Blue Hair Gray Identification Marks None  
 Date employed 8/24/1926 In what capacity employed? Digging Check No. \_\_\_\_\_  
 State fully experience in coal mines 35

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 Bear River Coal Co. American from OKla

to \_\_\_\_\_; For last year from \_\_\_\_\_

to \_\_\_\_\_; For to from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Digging

What languages can you speak? English Read English

Write English

Where were you born? Buchanan OKla Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Frances Horn

Her age 40 Is she living with you? No If not, give her present address American OKla

To what extent is she dependent on you for support? Not at all Give names and ages

of each of your children, and indicate those married: Those living with you Wm (30) Ed (18) Robert (16)

Engene (4) Clara (11) Hazel (3) Not living with you (give addresses)

Which children, if any, are physically or mentally defective? all OK

Name children who are self supporting Wm Ed Robert

Is your father living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports him? \_\_\_\_\_

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

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 None

Give names and addresses of your sisters None

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

Wm F. Horn American OKla

Dated at Bear River Colo. Aug 24 19 26

Interpreter Henry F. Dicks

Witness Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) H. H. Horn