

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Ed. Horn Mine Record No. Beckwith
 Nationality American Age 18 Wt. 155
 Ht. 5'11" Complexion fair Color eyes blue Hair light Identification Marks none
 Date employed 7/24 1926 In what capacity employed? digging Check No. _____
 State fully experience in coal mines 3 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 Frederick Coal Co Denver Okla from _____
 to _____; For Frederick Coal Co from _____
 to _____; For _____ from _____ to _____

At what work were you employed? digging

What languages can you speak? English Read English
 Write English

Where were you born? Stonewall Okla 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? no 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 60 Name and address W. Horn Beckwith Okla
 Who supports him? self

Do you contribute to his support? yes Is your mother living? yes
 If so, give her age 4 Name and address W. Horn Denver Okla

Who supports her? Husband + 2 sons Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? none at home + contribute

Date last contribution was made what I earn in all Amount 500.00 per year

Give names and addresses of your brothers Bill Horn Beckwith Okla

Give names and addresses of your sisters Clara Horn Denver Okla

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 Mr. W. Horn Beckwith Okla & Mrs. W. Horn Denver Okla

Dated at Beckwith, Colo., 7/24, 1926

Interpreter Henry F. Dadds Signature of Employee or Applicant (Full Name) Ed. Horn

 Superintendent or Mine Clerk.