

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name H. E. Carnahan Mine. Record No. Bear River
 Nationality American Age 44 Wt. 165
 Ht. 5'6" Complexion Sauk Color eyes Blue Hair Sauk Identification Marks ✓
 Date employed 1/19, 1924 In what capacity employed? Miner Check No. _____
 State fully experience in coal mines 30 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 Bear River Coal Co. from 1/19
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

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

Where were you born? Louisville, Ky Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife Etta Carnahan
 Her age 40 Is she living with you? not at present If not, give her present address Shawnee, Okla
 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 _____
 _____ Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? _____
 Name children who are self supporting Jewel Carnahan Tulsa, Okla
 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? Yes
 If so, give her age 85 Name and address C. C. Carnahan, Postland, Ore.
 Who supports her? herself Do you contribute to her support?

How much do you contribute to support of father or mother, or both? None
 Date last contribution was made _____ Amount _____
 Give names and addresses of your brothers R. H. and Fred Carnahan Postland Ore.

Give names and addresses of your sisters _____
 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 Mrs. Etta Carnahan, Shawnee, Okla

Dated at Bear River, Colo., Jan 19 1924
 Interpreter J. N. Woodworth
 Witness H. E. Carnahan
 Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)