

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Charlie Casca Mine Record No. _____
 Nationality Italian Age 37 Wt. 120
5-5" Complexion Rose Color eyes Blue Hair Grey Identification Marks None
 Employed 9/20/33, 1933 In what capacity employed? Digger Check No. _____
 Total experience in coal mines 26 years

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

For whom have you worked during the last year? For Victor Amerson Fuel from McHarris Colo
 ; For last year from _____ to _____
 ; For _____ from _____ to _____

What work were you employed? Digger
 What languages can you speak? Italian Read? Italian

Where were you born? Italy Write? Italian Are you a citizen? No

Are you single, married, or a widower? Married If married, give full name of wife Luzie Casca
 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 Anna Casca, Chicago Ill

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
 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? _____

When last contribution was made _____ Amount _____
 Give names and addresses of your brothers John Casca Christopher Ill

Give names and addresses of your sisters Velma Antonelli Christopher Ill

Give names and addresses of EVERYONE (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

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 _____

Dated at Bear River, Colorado, 9/20/33, 1933

Interpreter _____
 Witness John Smith Superintendent or Mine Clerk
Charlie Casca Signature of Employee or Applicant (Full Name)