

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Pat Morgan Mine. Record No. Bear River

Nationality Irish Age 53 Wt. 160

Complexion Dark Color eyes Gray Hair Dark Identification Marks 3rd finger left hand

employed 7/16/25, 1905 In what capacity employed? Digging Check No. _____

experience in coal mines 20 years

Shot Firer's Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?

have you worked during the last year? For Fraker Coal Co. and Fraker Coal Co. from _____

; For last year from _____

; For _____ from _____ to _____

work were you employed? Digging - Machine Coal

languages can you speak? English Read English

Write English

where you born? Scottland Are you a citizen? yes

single, married, or a widower? widower If married, give full name of wife _____

Is she living with you? _____ If not, give her present address _____

extent is she dependent on you for support? _____ Give names and ages _____

of your children, and indicate those married: Those living with you _____

Not living with you (give addresses) _____

children, if any, are physically or mentally defective? _____

children who are self supporting _____

other living? no If so, give his age _____ Name and address _____

Who supports him? _____

Do you contribute to his support? _____ Is your mother living? no

her age _____ Name and address _____

supports her? _____ Do you contribute to her support? _____

do you contribute to support of father or mother, or both? _____

contribution was made _____ Amount _____

and addresses of your brothers Tom Morgan - Texas

and addresses of your sisters Mrs Tom Clark Post Box Alabama
2nd Street - 2nd Ave

and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support none

do you contribute to their support each year _____

last contribution _____ Amount _____

Do you have 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?

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes

name and address of person to whom you desire notice sent in event of your death Mrs Tom Clark - 113 2nd St Post Box Ala

at Bear River, Colo., 12-16, 1925

Henry J. Dadds Superintendent or Mine Clerk. Pat Morgan Signature of Employe or Applicant (Full Name)