

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name Henry Terry Mine Record No. Bear River
 Nationality American Age 19 Wt. 145
 Et 5'11" Complexion Fair Color eyes Blue Hair Brown Identification Marks None
 Date employed 7/17/16, 1916 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 2 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. / Fraser Coal Co. from _____
 to _____; For Fraser from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Coal City, Alabama Are you a citizen?

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

Her age _____ Is she living with you? 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 None
 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? If so, give his age 47 Name and address H. T. Terry, Bear River, Colo
 Who supports him? H. T. Terry

Do you contribute to his support? Is your mother living?
 If so, give her age 40 Name and address Mrs. H. T. Terry, Bear River, Colo

Who supports her? Husband & I Do you contribute to her support?

How much do you contribute to support of father or mother, or both? Live with them & help pay bills

Date last contribution was made 150th Lockman Amount _____

Give names and addresses of your brothers Clyde Terry, Bear River, Colo

Give names and addresses of your sisters Mary Hester, Bear River, Colo

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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death _____

Dated at 5-15-26, Colo., Bear River, Colo, 1926

Interpreter _____

Witness Henry T. Dadds Superintendent or Mine Clerk. H. T. Terry Signature of Employe or Applicant (Full Name)