

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Truher Coal COMPANY

Name J. W. Cutchfield Mine Record No. Beas River
 Nationality American Age 64 Wt. 170
 Ht. 5-9 Complexion Fair Color eyes Blue Hair Gray Identification Marks None
 Date employed 1925 In what capacity employed? Carpenter Check No. _____
 State fully experience in coal mines _____

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 Contracting for self from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? _____
 What languages can you speak? American Read American
 Write American

Where were you born? Chariton Iowa Are you a citizen? yes

Are you single, married, or a widower? Married If married, give full name of wife Ida Cutchfield

Her age 62 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 _____

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
 If so, 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? _____

Date last contribution was made _____ Amount

Give names and addresses of your brothers C. C. Cutchfield, Mount. Colo. J. J. Cutchfield, Woodburn Iowa, J. A. Cutchfield, Zepher, Iowa, W. M. Cutchfield, Albia Iowa.

Give names and addresses of your sisters Samantha M. Croy, Greenburg Iowa

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? _____ 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 Ida Cutchfield

Dated at Beas River, Colo., 5-5, 19 26

Interpreter _____
 Witness John Cutchfield Superintendent or Mine Clerk. J. W. Cutchfield Signature of Employee or Applicant (Full Name)