

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Geo W Mitchell Bear River Mine Record No. \_\_\_\_\_  
 Nationality Irish Age 44 Wt. 170  
 Height 5'-10" Complexion Tan Color eyes Blue Hair Brown Identification Marks None  
 Date employed 5/10/38, 1938 In what capacity employed? Carpenter Check No. \_\_\_\_\_  
 State fully experience in coal mines 25 years

Have you a Shot Firer's Certificate? No Shot Examiner's? No Fire Boss'? No Mine Foreman's? No

For whom have you worked during the last year? For Bear River Coal Co from \_\_\_\_\_  
Just year For odd jobs for myself from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Coal Miner & Carpenter

What languages can you speak? Eng Read? Eng  
 Write? Eng

Where were you born? No Are you a citizen? Yes

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

Her age 52 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? all of

Name children who are self-supporting all 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 None

Give names and addresses of your sisters Mrs Mary Brown, Coatsman Okla

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  
 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 Geo W Mitchell Hayden Colo

Dated at Bear River, Colorado, 5/10/38, 1938

Interpreter \_\_\_\_\_  
 Witness Amy Rodde Geo W Mitchell

Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name).