

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal Co COMPANY

Name Thos Williams Mine. Record No.
 Nationality Irish Age 53 Wt 153
 Ht. 5'11" Complexion Light Color eyes Blue Hair Dark Identification Marks Small scar on forehead
 Date employed 4-27-26, 1926 In what capacity employed? Explosive Check No.
 State fully experience in coal mines. 39

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 Victor - Miner Fuel Co, Mt. Vernon Co from
 to ; For just 6 years from
 to ; For from to

At what work were you employed? Digger

What languages can you speak? English Read English
 Write English

Where were you born? Duquoin Ill Are you a citizen? Yes

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

Her age 49 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 Thompson 10 Ardmore 15
Ray 20
 Not living with you (give addresses)

Which children, if any, are physically or mentally defective? All OK

Name children who are self supporting Mrs Julia Westwood 40 Ray (ex) Belmore Co

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? Yes

If so, give her age 72 Name and address Mrs E Williams Marion Ill

Who supports her? herself 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 John Williams, Marion Ill RR 2

Give names and addresses of your sisters Mrs Thompson Belmore Ill

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? 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 Maude Williams Belmore Co

Dated at 6-28-26, Colo. Belmore Co, 1926

Interpreter

Witness Jimmy F. Dicks Superintendent or Mine Clerk. Thos Williams Signature of Employe or Applicant (Full Name)