

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Eph S. Rider Mine Record No. _____
Nationality American Age 51 Wt. 160
Complexion Med Color eyes Brown Hair Brown Identification Marks _____
Date employed 11/7, 1923 In what capacity employed? Signer Check No. _____
State fully experience in coal mines 8 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 South Penna. Coal Co from 3 years

At what work were you employed? Logger
What languages can you speak? Eng Read Eng
Write Eng

Where were you born Smith Center, Pa Are you a citizen? Yes
Are you single, married, or a widower? Married If married, give full name of wife Fannie Rider
Her age 40 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 Eva Rider
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? Yes If so, give his age 76 Name and address J. W. Rider
Hayden, Colo. Who supports him? himself
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 N. H. Rider, Bear Run, Colo. Nelson
Rider, Los Angeles, Calif.
Give names and addresses of your sisters Mrs. Ada Valerquez, Hayden, Colo.

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? 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. Fannie Rider
Bear Run, Colo
Dated at Bear Run, Colo., Nov 7th, 1923

Interpreter _____
Witness N. H. Woodworth Eph Rider
Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)