

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name John Benton Mine Record No. Bea River  
 Nationality Amer Age 57 Wt. 169  
 Ht. 5'11" Complexion Fair Color eyes blue Hair Brown Identification Marks Burned  
 Date employed 4/27/26, 1926. In what capacity employed? Digger Check No. \_\_\_\_\_  
 State fully experience in coal mines 40 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 Victor - Amer. Fuel Co. and others from \_\_\_\_\_  
 to \_\_\_\_\_; For John from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Digger

What languages can you speak? \_\_\_\_\_ Write Eng. Read Eng.

Where were you born? Bea River, W. Va. 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 no  
 \_\_\_\_\_ 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 Wm Benton, Mt Harris, W. Va.

Give names and addresses of your sisters none

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? \_\_\_\_\_

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

Dated at Bea River, Colo., 4-27- 1926

Interpreter \_\_\_\_\_

Witness Henry F. Shook Superintendent or Mine Clerk. John Benton Signature of Employee or Applicant (Full Name)