

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name P. A. Hughes Mine Record No. _____
Nationality Am. Age 34 Wt. _____
Complexion Dark Color eyes Blue Hair Dark Identification Marks _____
Date employed 9/1/14, 19____ In what capacity employed? miner Check No. _____
State fully experience in coal mines 17 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?
For whom have you worked during the last year? For Bear River Coal from _____
; For Justice from _____
; For _____ from _____ to _____
at what work were you employed? miner

What languages can you speak? Eng Read? Eng
Write? _____
Where were you born? Illinois, Mo Are you a citizen?

Are you single, married, or a widower? Married 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 _____
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 62 Name and address J. Hughes, Steamboat Spg. Colo
Who supports him? I help

Do you contribute to his support? Yes Is your mother living? Yes
If so, give her age 62 Name and address Mrs J. Hughes, Steamboat Spg. Colo
Who supports her? I help Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 300 per year
Date last contribution was made Loveat House & help pay bills Amount _____
Give names and addresses of your brothers _____

Give names and addresses of your sisters Catherine Robertson, Bear River Colo

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 J. Hughes, Steamboat Spg. Colo

Dated at Bear River, Colorado, 4, 1914
Interpreter _____
Witness _____ Superintendent or Mine Clerk _____ Signature of Employe or Applicant (Full Name) P. A. Hughes