

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal Co COMPANY

Name Elmer Ballew Mine Record No. Bentham Colo
 Nationality Amer Age 33 Wt 151
 Height 5' 7 1/2" Complexion rudy Color eyes blue Hair rudy Identification Marks none
 Date employed 10/13/21 1921 In what capacity employed? Drigging Check No. _____
 State fully experience in coal mines 3 or 4 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 O'Neil Coal Co. M. Treggs, Colo from _____
 to _____; For just year from _____ to _____
 at what work were you employed? Drigging & B. Work
 What languages can you speak? Eng Read Eng.
 Write _____
 Where were you born? Missouri - Hatfield Are you a citizen? yes
 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 _____
none 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 50 Name and address H M Ballew, Springdale Ark.
 Who supports him? self
 Do you contribute to his support? no Is your mother living? yes
 If so, give her age 45 Name and address Mrs H M Ballew, Springdale Ark
 Who supports her? Husband Do you contribute to her support? no
 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 Andrew Ballew, Springdale Ark.
Inga Ballew, Springdale Ark
 Give names and addresses of your sisters _____
 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
H M Ballew, Springdale, Arkansas

Dated at Bear River, Colo., 10-13- 1921
 Interpreter _____
 Witness Harry F. Dadds Superintendent or Mine Clerk. Elmer Ballew Signature of Employee or Applicant (Full Name)