

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frank Coal COMPANY

Beau Rose Mine. Record No. _____

Nationality Amer Age 27 Wt. 180

Color eyes Blue Hair Brown Identification Marks None

1926, In what capacity employed? digging Check No. _____

years of experience in coal mines 8 years

Shot Examiner's? Fire Boss's? _____ Mine Foreman's? _____

worked during the last year? For Wash Fuel Co, Ash Grove, Ark from _____

For last year from _____

For _____ from _____ to _____

employed? Mechanics work

languages can you speak? Eng Read Eng

Write Eng

Are you a citizen? yes

If married, give full name of wife _____

If not, give her present address _____

Give names and ages _____

and indicate those married: Those living with you None

Not living with you (give addresses) _____

are physically or mentally defective? _____

self supporting _____

If so, give his age 56 Name and address E H Van Dyke, Wash Grove, Ark

Who supports him? Self

Do you contribute to his support? no Is your mother living? no

Name and address _____

Do you contribute to her support? _____

contribute to support of father or mother, or both? _____

Amount _____

of your brothers Gary Van Dyke, Wash Grove, Ark

of your sisters Ruth Van Dyke, Wash Grove, Ark

of EVERY ONE (other than wife, children, father or mother) dependent on you for support

None

contribute to their support each year _____

Amount _____

of the State Coal Mining Law? yes Have you had notice that the above named Employer is subject

of the Workmen's Compensation Act? yes, and do you elect and agree to become subject thereto

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes

person to whom you desire notice sent in event of your death _____

E H Van Dyke, Wash Grove, Ark

_____, Colo. 159 - _____, 1926

Gary F. Danks

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)