

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name Bill Horn Mine Record No. Beaumont
 Nationality Amer Age 20 Wt 160
 HT 5'8 1/2" Complexion Fair Color eyes Blue Hair Brown Identification Marks none
 Date employed 7-24, 1926 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 3 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 Fraser Coal Co. Beaumont Okla from _____
 to _____; For last year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Now Okla 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? none

Name children who are self supporting _____

Is your father living? yes If so, give his age 40 Name and address W H Horn Beaumont Okla
 Who supports him? Self & 3 sons

Do you contribute to his support? yes Is your mother living? yes

If so, give her age 40 Name and address Mrs F Horn Beaumont Okla

Who supports her? Husband & 3 sons Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? What I can to help support

Date last contribution was made started & lived at home - in all - 500.00 yearly Amount _____

Give names and addresses of your brothers Robert & Ed. Horn, Beaumont Okla

Give names and addresses of your sisters Clara Horn, Beaumont Okla

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 _____

Dated at Beaumont, Colo., 7-20, 1926

Interpreter _____

Witness Horn & Budds Superintendent or Mine Clerk. A. B. [Signature] Signature of Employe or Applicant (Full Name)