

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River COMPANY

Name Antonio Salinas Mine Record No. \_\_\_\_\_  
Nationality Mexican Age 31 Wt. 175  
Complexion Dark Color eyes Black Hair Black Identification Marks None  
Date employed 7-16, 1936 In what capacity employed? Miner Check No. 11  
State fully experience in coal mines 12 years

Have you a Shot Firer's Certificate? No Shot Examiner's? No Fire Boss'? No Mine Foreman's? No

For whom have you worked during the last year? For Bear River from Sept 9-37  
April 28; For Bear River from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Miner

What languages can you speak? Mexican Read? Mexican  
Write? Mexican

Where were you born? Old Mexico Are you a citizen? No

Are you single, married, or a widower? Yes If married, give full name of wife Mary Salinas

Her age 36 Is she living with you? Yes 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? 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 None

Give names and addresses of your sisters None

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? None

Date of last contribution None 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 themine 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 Wife

Dated at Bear River, Colorado, July 16, 1936

Interpreter \_\_\_\_\_

Witness Henry F. Rodata Antonio Salinas

Superintendent or Mine Clerk.

Signature of Employee or Applicant (Full Name).