

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fischer Coal COMPANY

A. Elvick Mine Record No.
Nationality Amer Age 45 Wt. 180
Complexion Med Color eyes Brown Hair Med Identification Marks None
1921, 1925 In what capacity employed? Supervisor Check No.
Experience in coal mines None

Shot Examiner's? Fire Boss's? Mine Foreman's?
Have you worked during the last year? For Miller Tunnel, West Park, Colo from
; For from
; For from to

Employed? Submerging
Can you speak? Eng Read Eng
Write Eng

Are you a citizen? Yes
Married, or a widower? Married If married, give full name of wife Rena Elvick
Is she living with you? Yes If not, give her present address

Dependent on you for support? Wholly Give names and ages
and indicate those married: Those living with you
Robert (7 mos) Not living with you (give addresses)

Are any of your children physically or mentally defective? all OK
Are any of your children self supporting? None
If so, give his age Name and address
Who supports him?

Do you contribute to his support? Is your mother living? No
Name and address
Do you contribute to her support?

Do you contribute to support of father or mother, or both?
Name and address Amount
Addresses of your brothers W.A. Elvick, 739 West Oklahoma

Addresses of your sisters None living, Portland, Oregon
Addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support
 by

Do you contribute to their support each year? Yes Amount 50.00
Name and address

Have you had notice that the above named Employer is subject to the State Coal Mining Law? Yes
Have you had notice that the above named Employer is subject to the Workmen's Compensation Act? Yes, and do you elect and agree to become subject thereto? Yes

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
Address of person to whom you desire notice sent in event of your death Rena Elvick, Bear River, Colo
Bear River, Colo., 12-21-, 1925

Henry F. Woods Superintendent or Mine Clerk.
 Signature of Employe or Applicant (Full Name)