

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Joe Dowling Mine Record No. Bear River
Nationality Amer Age 32 Wt. 163
Complexion Fair Color eyes Gray Hair Dark Identification Marks Removal chin
Employed 7/25/33 In what capacity employed? Supervisor Check No. _____
Daily experience in coal mines 14 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?
Where have you worked during the last year? For Bear River Coals from _____
; For Bear River Colo from _____
; For last year from _____ to _____
What work were you employed? Supervisor

What languages can you speak? Eng Read? Eng.
Write? Eng.
Where were you born? Golden Colo Are you a citizen? Yes
Are you single, married, or a widower? married If married, give full name of wife Mary Dowling
Is she living with you? yes If not, give her present address _____
To what extent is she dependent on you for support? Wholly Give names and ages
of each of your children, and indicate those married: Those living with you Joe (5) John (2)
Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? of
Name children who are self-supporting _____
Is your father living? yes If so, give his age 64 Name and address Pat Dowling 4474 Guthrie St Denver Colo
Who supports him? I help
Do you contribute to his support? yes Is your mother living? No
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? 100.00 last year
Date last contribution was made Lives with me part of time & I pay bills Amount _____
Give names and addresses of your brothers John Dowling 4474 Guthrie St Denver Colo
Give names and addresses of your sisters Ch. Standhardt 1238 Guthrie Denver Colo

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? _____
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
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
Mary Dowling Bear River Colo
Dated at Bear River Colorado, 7/25/33 19 33

Interpreter Henry J. Dadds Superintendent or Mine Clerk
Signature of Employee or Applicant (Full Name) Joe Dowling