

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Trasker Coal COMPANY

Clair Holcomb Mine. Record No. Ben River  
Nationality Amer Age 26 Wt. 170  
Color eyes blue Hair brown Identification Marks None  
In what capacity employed? Digging Check No. \_\_\_\_\_  
In what capacity employed? 15 years

Have you a Shot Fitter's Certificate?  Shot Examiner's? \_\_\_\_\_ Fire Boss's? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
For whom have you worked during the last year? For Trasker Coal Co, Ark Creek, Colo  
For \_\_\_\_\_ from \_\_\_\_\_  
For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Digging  
What languages can you speak? Engl Read Eng  
Write Eng

Where were you born? Arkansas Are you a citizen? \_\_\_\_\_  
Are you single, married, or a widower? Single If married, give full name of wife \_\_\_\_\_  
Is she living with you? \_\_\_\_\_ If not, give her present address \_\_\_\_\_

What other persons are dependent on you for support? \_\_\_\_\_ Give names and ages  
\_\_\_\_\_ 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? \_\_\_\_\_ If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports him? \_\_\_\_\_

Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
Name and address 52 Mrs Bell Holcomb, Beche, Okla  
Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 450<sup>00</sup> per year  
Date last contribution was made Oct 19 1925 Amount 450<sup>00</sup>

Names and addresses of your brothers John Holcomb, Beche, Okla.  
Names and addresses of your sisters Dorothy Grace, Nowata, Okla

Names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support  
Brother (agony) \_\_\_\_\_ Earl Holcomb, Beche, Okla

How much do you contribute to their support each year \_\_\_\_\_ Amount \_\_\_\_\_  
Date of last contribution \_\_\_\_\_

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

Name and address of person to whom you desire notice sent in event of your death  
Mrs Bell Holcomb, Beche, Okla  
Ben River, Colo., 11-16, 1925

Witness Nancy F. Dodd Superintendent or Mine Clerk.  
Clair Holcomb Signature of Employee or Applicant (Full Name)