

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Mine Coal COMPANY

Name A. J. Jones Mine. Record No. 150
 Height 5'7" Nationality Hungarian Age 21 Wt. 150
 Complexion Dark Color eyes Brown Hair Black Identification Marks _____
 Date employed 10/12/73, 1973 In what capacity employed? Sigger Check No. _____
 State fully experience in coal mines 9 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 Lucky Mt. Fuel Co. from 7 years

At what work were you employed? Mining Matter
 What languages can you speak? Eng Hungarian Read Eng Hungarian

Where were you born? Oklahoma City, Okla. Write Eng Hungarian 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 _____
 _____ 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? No If so, give his age _____ Name and address _____
 _____ Who supports him? _____
 Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 50 Name and address Mrs Rosa Jones, Osceola, Colo.
 Who supports her? I do. Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? \$700.00 year
 Date last contribution was made Sept 1973 Amount \$150.00
 Give names and addresses of your brothers Louis Jones Osceola, Colo.

Give names and addresses of your sisters Barbara Jones, Osceola, Colo.
 Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support _____

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 Mrs Rosa Jones Osceola, Colo.
 Dated at Bear Mine, Colo., Oct 17th, 1973

Interpreter _____
 Witness A. J. Jones Superintendent or Mine Clerk. A. J. Jones Signature of Employee or Applicant (Full Name)