

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co. COMPANY

Anton Dolinar

Bear River Mine Record No. _____

5'-6" Complexion Swedish Color eyes Grey Hair Brown Nationality Yugo Slav Age 55 Wt. 135

Employed 7/27, 1933 In what capacity employed? Digger Identification Marks none Check No. _____

Years fully experience in coal mines 31 years

Have you a Shot Firer's Certificate? _____ Shot Examiner's? Fire Boss? Mine Foreman's?

For whom have you worked during the last year? For Bear River Coal Co. from _____

; For Bear River Coal Co. from _____

; For Just year from _____ to _____

What work were you employed? Digger

What languages can you speak? Engl. Slav. Read? Engl. Slav.

Where were you born? Jugo Slava Write? Engl. Slav. 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? _____

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? Yes

If so, give her age 75 Name and address Mrs Mary Dolinar, 2nd Ave, Searcy, Ark.

Who supports her? I help Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 100.00 per year

Date last contribution was made Sept 1932 Amount 20.00

Give names and addresses of your brothers none

Give names and addresses of your sisters Mrs Mary Stuch, 96 So Lowell Blvd, 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 Mrs Mary Stuch, 96 So Lowell Blvd, Denver, Colo

Dated at Bear River, Colorado, 7/27, 1933

Interpreter Henry Dadds

Witness Anton Dolinar Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)