

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Watt Sullivan Mine Record No. Bear River
Nationality American Age 26 Wt. 175
Complexion Fair Color eyes Blue Hair Brown Identification Marks —
Date employed 11/16, 1923 In what capacity employed? Legging Check No. —
State fully experience in coal mines 1 year

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 Hayden Bros Coal Co from 10/1

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

Where were you born? Victoria, Colo. Are you a citizen? Yes
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 —

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 56 Name and address Mrs Anna Sullivan Steamboat Spgs, 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? 25.00 per mo.
Date last contribution was made Oct 1923 Amount 450.00

Give names and addresses of your brothers No
Give names and addresses of your sisters No

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 Anna Sullivan, Steamboat Spgs, Colo.

Dated at Bear River, Colo., Nov 1st 1923, 19
Interpreter W. H. Woodworth
Witness Watt Sullivan
Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)