

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beas Mine Coal COMPANY

Name J. W. Gaddy Mine Record No. 140
 Nationality American Age 48 Wt. 160
 Complexion Sandy Color eyes Blue Hair Sandy Identification Marks —
 Date employed 7/1/23 In what capacity employed? Shifter Check No. —
 How long experience in coal mines 30 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 Beas Mine Co. from 18 years

For —; For — from —
 For —; For — from — to —
 At what work were you employed? Shifting

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Madisonville, Ky. Are you a citizen? Yes

Are you single, married, or a widower? Married 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? No
 If so, 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? —
 Date last contribution was made — Amount —

Give names and addresses of your brothers —

Give names and addresses of your sisters —

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 Mr. Butcher

Dated at Beas Mine, Colo., Dec 1, 1923

Interpreter —
 Witness J. W. Gaddy Superintendent or Mine Clerk. J. W. Gaddy Signature of Employee or Applicant (Full Name)