

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beau Rivier Coal COMPANY

Name H. F. Terry Mine. Record No. Beau Rivier
 Ht. 5'11" Nationality American Age 42 Wt. 145
 Complexion Wd Color eyes Bru Hair Bru Identification Marks ✓
 Date employed 9/20, 1923 In what capacity employed? Timbering Check No. 39
 State fully experience in coal mines. 34 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 Cogad, Hayden, Colo. from 1922
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Sigger

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Wineside, Ala. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Lizzie Terry

Her age 38 Is she living with you? No If not, give her present address Mt Harris, Colo.

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you

James Not living with you (give addresses)
Mary, Willie, Clyde, Lecheal, Edwin, Lennie, John

Which children, if any, are physically or mentally defective? None

Name children who are self supporting None

Is your father living? No If so, give his age _____ Name and address _____

Who supports him? None

Do you contribute to his support? None Is your mother living? No

If so, give her age _____ Name and address _____

Who supports her? None Do you contribute to her support? None

How much do you contribute to support of father or mother, or both? None

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 Mrs Lizzie Terry, Mt Harris, Colo

Dated at Beau Rivier, Colo., Sept 21st, 1923

Interpreter _____ Witness W. W. Woodworth Signature of Employee or Applicant (Full Name) H. F. Terry

 _____ Mine Clerk. _____