

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beckwith Coal COMPANY

Name Nick Gooras Mine Record No. Beckwith
 Nationality Czech Age 38 Wt 165
 Ht. 5 ft 8 Complexion med Color eyes green Hair black Identification Marks none
 Date employed 7/27/19 In what capacity employed? Supervisor Check No. _____
 State fully experience in coal mines 18 years

Have you a Shot Firer's Certificate? yes Shot Examiner's? yes Fire Boss's? yes Mine Foreman's? yes
 For whom have you worked during the last year? For Beckwith Coal Co., North Platte, Colo
 to _____; For 18 years from _____
 to _____; For _____ from _____ to _____
 At what work were you employed? Supervisor Running Machine
 What languages can you speak? Czech + English Read Czech + English
 Write Czech + English
 Where were you born? Czech Are you a citizen? _____
 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 none
 _____ 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 none

 Give names and addresses of your sisters none

Give names and addresses of EVERY ONE (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
 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
Bro. Churnick Mt. Home Colo
 Dated at Beckwith Coal Co., Colo., Aug 20, 1926
 Interpreter _____
 Witness Henry Z. Bock Superintendent or Mine Clerk. Nick Gooras Signature of Employee or Applicant (Full Name)