

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Low Moore Mine Record No. 140
Nationality American Age 23 Wt. 140
Color eyes Brown Hair Brown Identification Marks Left forearm
In what capacity employed? Digger Check No. _____

Shot Examiner's? Fire Boss? Mine Foreman's?
Where worked during the last year? For Bear River Coal Co from _____
last year from _____ to _____
Digger

Read? Eng
Write? Eng
Are you a citizen? Yes
If married, give full name of wife. Stacy Moore
If not, give her present address. None
Give names and ages of your children and indicate those married: Those living with you None
Not living with you (give addresses) _____

Do you contribute to his support? _____ Is your mother living? No
Name and address _____
Who supports him? _____

Do you contribute to her support? _____
Name and address _____
Do you contribute to support of father or mother, or both? _____

Name and address of your brothers: Merle Moore, Army Town Amount _____
Name and address of your sisters: Mrs Jas Smith Jr Bear River Colo
Name and address of EVERYONE (other than wife, children, father or mother) dependent on you for support: None

Have you had notice that the above named Employer is subject to provisions of the Workmen's Compensation Act? Yes
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
Name and address of person to whom you desire notice sent in event of your death: Stacy Moore Bear River Colo

Colorado, 7/24/23, 19 23
Low Moore Signature of Employee or Applicant (Full Name)