

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name E. Shuster Mine Record No. \_\_\_\_\_  
 Nationality American Age 43 Wt. 170  
 Ht. 5'9" Complexion Sandy Color eyes Gray Hair Light Identification Marks Scar on left leg  
 Date employed 7/27, 1923 In what capacity employed? Signer Check No. \_\_\_\_\_  
 State fully experience in coal mines 15 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's?  Fire Boss's?  Mine Foreman's?

For whom have you worked during the last year? For Coe Utah Coal Co from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Olean, Mo. Are you a citizen? Yes

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

Her age 33 Is she living with you? Not dependent If not, give her present address Craig, 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 Circle, Lois  
 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? Yes If so, give his age 68 Name and address Bingham Shuster  
Ouray, Utah Who supports him? Hisself

Do you contribute to his support?  Is your mother living? Yes  
 If so, give her age 69 Name and address Georgia Shuster, Ouray, Utah

Who supports her? Husband 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 Tom Shuster, Ouray, Utah

Give names and addresses of your sisters Lillie Meyers, Aunt Knaw address

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 Bessie Shuster, Craig, Colo.

Dated at Bear River, Colo., Dec. 27th, 1923

Interpreter \_\_\_\_\_  
 Witness T. H. Goodworth Superintendent or Mine Clerk. Ernest Shuster Signature of Employee or Applicant (Full Name)