

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name John Thompson Mine Record No. \_\_\_\_\_  
 Nationality American Age 30 Wt. 150  
 Ht. 5-11" Complexion fair Color eyes gray Hair brown Identification Marks none  
 Date employed 1/2 of, 1933 In what capacity employed? digging Check No. \_\_\_\_\_  
 State fully experience in coal mines 8 years

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

For whom have you worked during the last year? For Bear River Coals from \_\_\_\_\_  
 to \_\_\_\_\_; For Bear River Colo. from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? digging

What languages can you speak? Eng Read? Eng  
 Write? \_\_\_\_\_

Where were you born? Steamboat, Colo Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife Corrie Thompson

Her age 22 Is she living with you? yes If not, give her present address \_\_\_\_\_

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 John (4) Robert (9 mos)  
 Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK

Name children who are self-supporting none

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? yes  
 If so, give her age 68 Name and address Mrs Eva Thompson Hartsburg Washington

Who supports her? Sister Do you contribute to her support? No

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 Harry Thompson, Milner, Colo  
Leslie Hull, Denver Colo

Give names and addresses of your sisters \_\_\_\_\_

Give names and addresses of EVERYONE (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  
Mrs Corrie Thompson Bear River Colo

Dated at Bear River, Colorado, 9/26/, 1933

Interpreter \_\_\_\_\_  
 Witness Henry J. Doads Superintendent or Mine Clerk  
John G. Thompson Signature of Employee or Applicant (Full Name)