

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Coal COMPANY

Name Carl Cash Mine Record No. B-1111
Nationality Am Age 27 Wt. 110

Ht. 5'10" Complexion Dark Color eyes B Hair B Identification Marks None

Date employed 1924, 1924 In what capacity employed? Coal Miner Check No. 1111

State fully experience in coal mines 1 year

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

For whom have you worked during the last year? For Coal Mine from Jan 1924
to Jan 1925; For Coal Mine from Jan 1924
to Jan 1925; For Coal Mine from Jan 1924 to Jan 1925

At what work were you employed? Coal Miner

What languages can you speak? English Read? Yes
Write? Yes

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

Are you single, married, or a widower? Single If married, give full name of wife None

Her age None Is she living with you? None If not, give her present address None

To what extent is she dependent on you for support? None Give names and ages
of each of your children, and indicate those married: Those living with you None
Not living with you (give addresses) None

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

Name children who are self-supporting None

Is your father living? Yes If so, give his age 65 Name and address St. Louis, Mo.
Who supports him? None

Do you contribute to his support? Yes Is your mother living? Yes
If so, give her age 60 Name and address St. Louis, Mo.

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

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

Date last contribution was made None Amount None

Give names and addresses of your brothers Paul Cash, Kremmling, Colo.

Give names and addresses of your sisters Grace Cash, Miami, Okla.

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support
Lloyd Cash, Kremmling, Colo.

How much do you contribute to their support each year? None

Date of last contribution None Amount None

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 None

Dated at St. Louis, Mo., Colorado, St. Louis, Mo., 1924

Interpreter None
Witness None Carl Cash
Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)