

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Owen Hamilton Mine Record No. \_\_\_\_\_  
 Nationality American Age 22 Wt. 165  
 Height 5'3" Complexion Dark Color eyes Dark Hair Dark Identification Marks \_\_\_\_\_  
 Date employed 1/26, 1923 In what capacity employed? Signer Check No. 26  
 State fully experience in coal mines 5 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
 For whom have you worked during the last year? For M. T. Coyas Hayan Coal from 1 year

At what work were you employed? Signer  
 What languages can you speak? Eng Read Eng  
 Write \_\_\_\_\_

Where were you born? St. Moines, Ia. Are you a citizen? Yes  
 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 \_\_\_\_\_  
 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 50 Name and address B. J. Hamilton  
Mt Harris, Colo Who supports him? himself

Do you contribute to his support?  Is your mother living? Yes  
 If so, give her age 47 Name and address Mrs. W. Hamilton  
Mt Harris, Colo 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 Carl Hamilton Mt Harris  
 Give names and addresses of your sisters Phyllis Hamilton Mt Harris  
Mrs. A. Hines Edwardsville, Ill.

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 B. J. Hamilton  
Mt Harris, Colo  
 Dated at Bear Run, Colo., Dec 6, 1923

Interpreter W. W. Woodward  
 Witness \_\_\_\_\_ Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) Owen Hamilton