

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Beau Rivier Coal COMPANY

Name Engine Bishop Mine Record No. Beau Rivier  
 Height 5'6" Nationality American Age 17 Wt. 125  
 Complexion Dark Color eyes Blue Hair Dark Identification Marks \_\_\_\_\_  
 Date employed 12/26, 1923 In what capacity employed? Logging Check No. \_\_\_\_\_  
 State fully experience in coal mines 1 year

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 Beau Rivier Coal Co. Inc. from 1923  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Sparta, Ill. Are you a citizen?   
 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 46 Name and address Will M Bishop  
Sparta, Ill Who supports him? Himself  
 Do you contribute to his support?  Is your mother living? No  
 If so, give her age \_\_\_\_\_ Name and address \_\_\_\_\_  
 Who supports her? \_\_\_\_\_ 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 Marion Bishop Sparta, Ill  
 Give names and addresses of your sisters \_\_\_\_\_

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?  Have you had notice that the above named Employer is subject  
 to the provisions of the Workmen's Compensation Act?  and do you elect and agree to become subject thereto  
 now?  Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?   
 Give name and address of person to whom you desire notice sent in event of your death Will M Bishop  
Sparta, Ill  
 Dated at Beau Rivier, Colo., Dec 26 1923

Interpreter \_\_\_\_\_  
 Witness T. J. Woodworth Engine Bishop  
 Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)