

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bea River Coal COMPANY

Name Sam Ferguson Mine Record No. \_\_\_\_\_  
 Nationality American Age 24 Wt. 160  
 Height 5'8" Complexion Sandy Color eyes Blue Hair Red Identification Marks ✓  
 Date employed 10/19/22 In what capacity employed? Picker Check No. 16  
 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 Victor American Fuel Co from 1 year

to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Coco Spg, Coco Are you a citizen? Yes

Are you single, married, or a widower? Married 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 61 Name and address J. L. Ferguson,  
Oak Creek, Coco. Who supports him? Himself

Do you contribute to his support? ✓ Is your mother living? Yes  
 If so, give her age 65 Name and address Mrs. J. L. Ferguson, Oak Creek, Coco.

Who supports her? Husband 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 Andy Ferguson, Oak Creek, Coco.

Give names and addresses of your sisters Mary Ferguson, Oak Creek, Coco.

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 J. L. Ferguson  
Oak Creek, Coco  
 Dated at Bea River, Colo., Oct 19, 1922

Interpreter \_\_\_\_\_  
 Witness W. J. Townsend Superintendent or Mine Clerk. Sam Ferguson Signature of Employee or Applicant (Full Name)