

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Marshall Fletcher Mine Record No. _____
Nationality Amer Age 28 Wt. 163
Color eyes Blue Hair Brown Identification Marks Birth mark right hip
In what capacity employed? Supervisor Check No. _____
How long has he been employed? 1 1/2 years
Do you have a Shot Firing Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?
Where have you worked during the last year? For Bear River Coal Co from _____
to _____
What work were you employed? Supervisor
What languages can you speak? Eng Read? Eng
Where were you born? Encumbment Wyo Are you a citizen? Yes
Are you single, married, or a widower? Married If married, give full name of wife Vera Fletcher
Her age 28 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 Marshall James (5 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 49 Name and address Anna Adeline Fletcher Susan Wyo
Who supports her? Self 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 Frank Fletcher, Susan Wyo
Give names and addresses of your sisters none
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
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 Marshall Fletcher, Hayden Colo
Dated at Bear River, Colorado, 7/24/33, 1933
Witness Anna F. Bodd Signature of Employee or Applicant (Full Name) Marshall Fletcher