

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fresh Coal COMPANY

Name Jan Paul Mine. Record No. Bear River
 Nationality Amer Age 22 Wt. 146
 Ht. 5'9 1/2 Complexion Dark Color eyes Brown Hair Dark Identification Marks Scar on right leg
 Date employed Aug 10, 1920 In what capacity employed? Haulman Check No. _____
 State fully experience in coal mines. 4

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 Fresh Coal Co, Bear River Colo from _____
 to _____; For past year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Haulman

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Michigan Colo Are you a citizen? yes

Are you single, married, or a widower? Married If married, give full name of wife Annie Paul

Her age 21 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 none
 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 52 Name and address John Paul Bear River Colo
 Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 46 Name and address Mrs John Paul Bear River Colo

Who supports her? Nephew 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 John Paul, Michigan Colo

Give names and addresses of your sisters Lela Paul, Michigan Colo

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 _____

Dated at Aug 17, 1920, Colo., Bear River Colo, 1920

Interpreter _____
 Witness Henry Z... Superintendent or Mine Clerk. Jan Paul Signature of Employee or Applicant (Full Name)