

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Barlow Coal COMPANY

Name Frank Jones Mine Record No. _____
 Nationality English Age 34 Wt. 140
 Et. 5'8" Complexion Light Color eyes Blue Hair Dark Identification Marks None
 Date employed 1917, 19____ In what capacity employed? miner Check No. _____
 State fully experience in coal mines _____

Have you a Shot Firer's Certificate? _____ Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? _____
 For whom have you worked during the last year? For _____ from Barlow Coal
 to _____; For Barlow Coal from _____
 to _____; For _____ from _____ to _____

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

Where were you born? _____ Are you a citizen? Yes
 Are you single, married, or a widower? _____ 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 71 Name and address Ch. Jones, Cambria, Illinois
 Who supports him? Yes
 Do you contribute to his support? No 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 Ch. Jones, Cambria, Colo
 Give names and addresses of your sisters Ch. Jones, Cambria, Ill

Give names and addresses of EVERYONE (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? _____ 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 Barlow, Colorado, _____, 1917

Interpreter _____
 Witness _____ Superintendent or Mine Clerk _____
 Signature of Employee or Applicant (Full Name) Frank Jones