

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name A. H. Whitney Mine. Record No. _____
 Nationality American Age 27 Wt. 155
 Ht. 5'9" Complexion Fair Color eyes Blue Hair Black Identification Marks 2 scars back
 Date employed 7/5, 1925 In what capacity employed? Trigger Check No. 47
 State fully experience in coal mines none

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 Moffatt Coal Co. from 1924
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Chief Wighman
 What languages can you speak? Eng Read Eng

Write Eng
 Where were you born? Northfield Vermont Are you a citizen?

Are you single, married, or a widower? Single If married, give full name of wife _____

Her age 27 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? No If so, give his age _____ Name and address _____

Who supports him? Yes

Do you contribute to his support? Is your mother living? Yes

If so, give her age 50 Name and address Mrs Marie Whitney Ottawa, Ks

Who supports her? Son, C. H. Whitney Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 25.00 per month

Date last contribution was made Jan 15, 1925 Amount \$25.00

Give names and addresses of your brothers C. H. Whitney, Ottawa, Ks.

Give names and addresses of your sisters Marie Keller Cheyenne, Wyo.

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 Mrs. Marie Whitney

Dated at Bear River, Colo., Feb 4, 1925

Interpreter _____

Witness J. H. Handwood Superintendent or Mine Clerk. A. H. Whitney Signature of Employee or Applicant (Full Name)