

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Mat Primorich Mine Record No. _____
 Nationality Slovenian Age 46 Wt. 145
 Ht. 5'6" Complexion Fair Color eyes Grey Hair Brown Identification Marks scar mark under left eye
 Date employed 7/23, 1925 In what capacity employed? Picker Check No. _____
 State fully experience in coal mines 24 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 Paterson Fuel Co. from Sept 15
 to Feb 1, 1925; For Moffatt Coal Co. 2 years from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Picker

What languages can you speak? Eng & Slav Read Eng & Slav
 Write Eng & Slav

Where were you born? Jugo Slav Are you a citizen? Yes

Are you single, married, or a widower? Single 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? 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 72 Name and address Mat Primorich Zirin Jugo Slav

Who supports her? Sons Do you contribute to her support?

How much do you contribute to support of father or mother, or both? 60 year

Date last contribution was made Dec 1924 Amount 20.00

Give names and addresses of your brothers John Navak Zirin Jugo Slav

Give names and addresses of your sisters _____

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? Have you had notice that the above named Employer is subject

to the provisions of the Workmen's Compensation Act? 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?

Give name and address of person to whom you desire notice sent in event of your death _____

Dated at _____, Colo., 19 _____

Interpreter _____

Witness W. H. ... Superintendent or Mine Clerk. Mat Primorich Signature of Emplouee or Applicant (Full Name)