

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name Matt Lambie Nationality French Mine Record No. Bear Run  
 Ht. 5'5" Complexion fair Color eyes blue Hair Brown Age 41 Wt. 150  
 Date employed 7/16/26 In what capacity employed? Heppner Identification Marks None  
 State fully experience in coal mines 19 years Check No. \_\_\_\_\_

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 W. H. Stah Coal Co., Mt. Harris, Pa.  
 to \_\_\_\_\_; For 1 year from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Heppner

What languages can you speak? French Read French  
 Write French

Where were you born? Frankfurt Are you a citizen? NO

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

Her age 34 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 Theresa (14) - Edith (13)  
Kenneth (11) - Paul (10) Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? All 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? 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 None

Give names and addresses of your sisters None

Give names and addresses of EVERY ONE (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 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. Jeanne Lambie, Mt. Harris, Pa.

Dated at Bear Run, Colo., Aug 16, 1926

Interpreter \_\_\_\_\_  
 Witness Henry F. Swick Superintendent or Mine Clerk. W. H. Stah Signature of Employe or Applicant (Full Name)