

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Stanley Stomurky Mine Record No. Bear River
 Nationality Lithuanian Age 4 ✓ Wt. 150
 Complexion Dark Color eyes Blue Hair Dark Identification Marks None
 Employed 7/29, 1933 In what capacity employed? Digging Check No. _____
 Experience in coal mines 30 years
 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 Bear River Coal Co from _____
 _____; For Bear River Colo from _____
 _____; For last year from _____ to _____
 What work were you employed? Digging
 What languages can you speak? Eng Read? Eng
 Write? Eng
 Where were you born? Lithuania Are you a citizen? yes
 Are you single, married, or a widower? single If married, give full name of wife _____
 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? 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 Petrona Olshki, Scranton Penn
1278-13th St
 Give names and addresses of EVERYONE (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
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 Petrona Olshki - 478-13th St Scranton Penn
 Dated at Bear River, Colorado, 7/29, 1933
 Interpreter Henry F. Dadds
 Witness Stanley Stomurky
 Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)