

THE EMPLOYERS' MUTUAL INSURANCE CO.
COMPENSATION INSURANCE INFORMATION

THE Wagoner Coal Co COMPANY

Bar River

Mine Record No. _____

Nationality U.S.

Age 30 Wt. 185

Color eyes Green

Hair Brown

Identification Marks None

In what capacity employed? Loader

Check No. 40

2-74

Shot Firing's Certificate? No

Shot Examiner's? No

Fire Boss'? No

Mine Foreman's? No

Where have you worked during the last year? For State Highway Dept. from _____

Jefferson, Co. from _____

; For _____

; For _____

What work were you employed? Road work

languages can you speak? English

Read? English

Write? English

Where were you born? Springfield, Mo.

Are you a citizen? Yes

Are you single, married, or a widower? Married

If married, give full name of wife. Ernesta Gruber

26 Is she living with you? No

If not, give her present address. Anderson

What extent is she dependent on you for support? None

Give names and ages

each of your children, and indicate those married: Those living with you Married by

Not living with you (give addresses)

Each child, if any, are physically or mentally defective? Normal

Are any children who are self-supporting _____

Is your father living? Yes

If so, give his age 61

Name and address. Al Gruber

Who supports him? No

Do you contribute to his support? No

Is your mother living? Yes

Give her age 56

Name and address. Jessie Gruber

Golden, Colo.

Who supports her? Husband

Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? None

When was last contribution made _____

Amount _____

Give names and addresses of your brothers

Ernest Gruber Golden, Colo.

Give names and addresses of your sisters

Lura Probst, Golden, Colo.

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? _____

Amount _____

Do you have 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

Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Name and address of person to whom you desire notice sent in event of your death

C. H. Gruber

1112 S. Grand, Colo.

Dated at Bar River

Colorado, Oct. 18, 19 37

John Keller

Glen Gruber

or Mine Clerk.

Signature of Employee or Applicant (Full Name).