

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bent River Coal COMPANY

John Stelbach Mine Record No. Bent River  
 Nationality American Age 57 Wt. 110 lb  
 Complexion fair Color eyes gray Hair gray Identification Marks Scar on chin  
 Employed 9/1/13, 1913 In what capacity employed? Superintendent Check No. \_\_\_\_\_  
 Total experience in coal mines 30 years

Have you a Shot Firer's Certificate?  Shot Examiner's?  Fire Boss?  Mine Foreman's?   
 Where have you worked during the last year? For Bent River Coal from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_  
 ; For Don't know from \_\_\_\_\_ to \_\_\_\_\_  
 What work were you employed? As before  
 What languages can you speak? Eng Read? Eng  
 Write? Eng

When were you born? Indiana Are you a citizen? Yes  
 Single, married, or a widower? Married If married, give full name of wife Johanna Stelbach  
52 Is she living with you? No If not, give her present address Don't know  
 To what extent is she dependent on you for support? Wholly Give names and ages  
 of your children, and indicate those married: Those living with you none  
 Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK  
 Which children who are self-supporting? 4 children all 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

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? \_\_\_\_\_  
 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 EVERYONE (other than wife, children, father or mother) dependent on you for support  
none  
 How much do you contribute to their support each year? \_\_\_\_\_  
 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  
John Stelbach - 2927 - N. 28th Ave Denver Colo

Dated at Bent River, Colorado, 11/31, 1913  
 Interpreter John Stelbach Superintendent or Mine Clerk  
 Signature of Employee or Applicant (Full Name) John Stelbach