

THE EMPLOYERS' MUTUAL INSURANCE CO.  
COMPENSATION INSURANCE INFORMATION  
THE Bear River Coal COMPANY

Ben Rivers Mine Record No. \_\_\_\_\_  
Nationality Italian Age 43 W 160  
Color eyes Brown Hair Dark Identification Marks Scar on right side chin  
In what capacity employed? Digger Check No. \_\_\_\_\_  
12 years

Shot Examiner's?  Fire Boss?  Mine Foreman's?   
Have you worked during the last year? For Bear River Coal from \_\_\_\_\_  
to Bear River Coal from \_\_\_\_\_

Read? Eng & Italian  
Are you a citizen? Yes  
If married, give full name of wife \_\_\_\_\_  
If not, give her present address \_\_\_\_\_

Give names and ages of your children dependent on you for support: \_\_\_\_\_  
Those living with you \_\_\_\_\_  
Not living with you (give addresses) \_\_\_\_\_

Who supports him? I help  
Do you contribute to his support? Yes Is your mother living? No  
Name and address \_\_\_\_\_

Do you contribute to her support? \_\_\_\_\_  
Amount 2000 per year  
Date of contribution was made Feb. 1933  
Amount 1000

none  
none  
none

of EVERYONE (other than wife, children, father or mother) dependent on you for support  
none

Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes  
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Address of person to whom you desire notice sent in event of your death  
Wells Chase  
Bear River, Colorado, 7/20/33, 1933

Signature of Employee or Applicant (Full Name)  
Ben Rivers