

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Mine Record No. 125

H H Herley

Nationality American

Age 49

Wt. 165

Complexion 5-6

Color eyes Blue

Hair Dark

Identification Marks None

Check No. 125

Employed 8/15, 1915 In what capacity employed? Teamster

Years fully experience in coal mines 7 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 Unemployed from _____

; For _____ from _____

; For _____ from _____ to _____

What work were you employed? _____

What languages can you speak? English Read? English

Write? English

Where were you born? Caribou Colo Are you a citizen? Yes

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

Age 48 Is she living with you? Yes If not, give her present address 745 - 20th Street Denver CO

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 None

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 H M Herley, Las Vegas N Mexico

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? _____

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

or not? 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 H H Herley 745 - 20th St Denver CO

Dated at Denver, Colorado, 7/15/17, 1917

Interpreter Robert J. [unclear]

Witness Robert J. [unclear]

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name) H H Herley