

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal Co COMPANY

Name John Klum Nationality Austrian Age 43 Wt. 165
 Mine Record No. Bean River
 Ht. 5ft 9 Complexion Dark Color eyes gray Hair Brown Identification Marks none
 Date employed 4/16/26, 1926. In what capacity employed? digging Check No. _____
 State fully experience in coal mines 20 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss's? _____ Mine Foreman's? _____

For whom have you worked during the last year? For Victor Mine Fuel Co from _____
 to _____; For Beaver Mt. Mine Coal from _____
 to _____; For Spring Past year from _____ to _____

At what work were you employed? Co. Work

What languages can you speak? Eng + Austrian Read Eng + Austrian
 Write Austrian

Where were you born? Austria Are you a citizen? Yes

Are you single, married, or a widower? Single If married, give full name of wife _____

Her age _____ 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 _____
 _____ 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 Andy Klum
Ludlow, Colorado

Give names and addresses of your sisters none

Give names and addresses of EVERY ONE (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
 now? 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 _____

Dated at 4-16-26, Colo., Bean River Colo, 1926

Interpreter _____

Witness Henry F. Dadda Superintendent or Mine Clerk. John Klum Signature of Employee or Applicant (Full Name)