

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bethlehem Coal Co COMPANY

Name Joe Oliver Mine Record No. 130
 Ht. 5'6" Nationality Am Age 43 Wt. 130
 Complexion Sw Color eyes Blue Hair Gray Identification Marks None
 Date employed 9/1/19 In what capacity employed? Drifter Check No.
 State fully experience in coal mines 25 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? Fire Boss? Mine Foreman's?
 For whom have you worked during the last year? For from
 to ; For from
 to ; For from to

At what work were you employed?
 What languages can you speak? Eng Read? Eng
 Write?

Where were you born? Huntington Arkansas Are you a citizen?
 Are you single, married, or a widower? Married If married, give full name of wife
 Her age 47 Is she living with you? Yes 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 Betty (3) - James (1)
 Not living with you (give addresses)

Which children, if any, are physically or mentally defective? OK
 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? Yes
 If so, give her age 85 Name and address
 Who supports her? I help Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? None

Date last contribution was made Amount
 Give names and addresses of your brothers
 Give names and addresses of your sisters

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support

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 , Colorado, 19 24

Interpreter
 Witness Superintendent or Mine Clerk
Joe Oliver Signature of Employee or Applicant (Full Name)