

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Harry Nasmuth Nationality American Mine Record No. Bear River
 Ht. 5'11 1/2" Complexion Med Color eyes Gray Hair Blond Age 21 Wt. 165
 Date employed 11/16, 1924 In what capacity employed? Drigger Identification Marks None
 State fully experience in coal mines 5 years Check No. _____

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 Martus Colliery Co. Canada from 3 yrs

to _____; For _____ from _____
 to _____; For _____ from _____ to _____

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

Write Eng
 Where were you born? Chicago, Ill Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife _____
 Her age _____ 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 _____
 _____ 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? Yes If so, give his age 65 Name and address Aug. Nasmuth
Wilkie, Canada Who supports him? himself

Do you contribute to his support? No 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? Yes
 Date last contribution was made _____ Amount _____

Give names and addresses of your brothers A. Nasmuth, Alaska, Can.

Give names and addresses of your sisters Ella, Nasmuth, Alaska, Can.

Give names and addresses of EVERY ONE (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 Aug. Nasmuth
Wilkie, Canada

Dated at Bear River, Colo., Nov. 16th, 1924

Interpreter _____
 Witness H. Nasmuth Superintendent or Mine Clerk. H. Nasmuth Signature of Employee or Applicant (Full Name)