

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Mike Munley Mine Record No. Bear Run
 Height 5'8 1/2" Nationality Irish Age 48 Wt. 165
 Complexion Dark Color eyes Gray Hair Gray Identification Marks ✓
 Date employed 1/7, 1924 In what capacity employed? Slipper Check No. _____
 State fully experience in coal mines 30 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 Lock Creek Coal Mng. Co. from 3 years

_____ ; For _____ from _____

_____ ; For _____ from _____ to _____

At what work were you employed? Digging

What languages can you speak? Eng Read _____

Write _____

Where were you born? Ireland 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? 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? No If so, give his age _____ Name and address _____

_____ Who supports him? _____

_____ Do you contribute to his support? Yes 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 _____

Give names and addresses of your sisters Bridgette Munley, Lost Creek, Pa.

Eileen Munley, Ashland, Pa.

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? Yes

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? _____, 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 Bridgette Munley

Lost Creek, Pa.

Dated at Bear Run, Colo., Jan 7th, 1924

Interpreter _____

Witness N. N. Roadworth Superintendent or Mine Clerk.

+ Mike Munley Signature of Employee or Applicant (Full Name)