

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name Wilbert M. Donald Nationality American Mine Record No. _____
 Age 59 Wt. 170
 Ht. 5'10" Complexion Fair Color eyes Blue Hair Gray Identification Marks ✓
 Date employed 5/5, 1925 In what capacity employed? Signer Check No. _____
 State fully experience in coal mines 42 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 International Fuel Co. from 4-1-25

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Signer

What languages can you speak? _____ Read Eng

Write Eng

Where were you born? Levell, Ohio 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 ✓

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 ✓

Give names and addresses of your sisters no. Mrs. A. E. Whiteside, Collinsville

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 Mrs. C. C. Reed

Dated at Beaver River, Colo., May 5th, 1925

Interpreter W. W. Maden

Witness Wilbert M. Donald

Superintendent or Mine Clerk.

Signature of Employee or Applicant (Full Name)