

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Hammer COMPANY

Name Anna Hamilton Mine Record No. 157
Nationality Irish Age 37 Wt. 125
Ht. 5-7" Complexion fair Color eyes blue Hair brn Identification Marks none
Date employed July, 1921 In what capacity employed? hugger Check No. 157
State fully experience in coal mines 15 years

Have you a Shot Firer's Certificate? no Shot Examiner's? no Fire Boss? no Mine Foreman's? no
For whom have you worked during the last year? For Hammer from Hammer
to Hammer; For past year from Hammer
to Hammer; For Hammer from Hammer to Hammer

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

Where were you born? Hammer Are you a citizen? no
Are you single, married, or a widower? married If married, give full name of wife Rose Hamilton
Her age 25 Is she living with you? yes If not, give her present address no
To what extent is she dependent on you for support? nothing Give names and ages
of each of your children, and indicate those married: Those living with you Joseph (2)
Not living with you (give addresses)

Which children, if any, are physically or mentally defective? OK
Name children who are self-supporting none
Is your father living? yes If so, give his age 60 Name and address R J Hamilton, P.O. Miller
Who supports him? self

Do you contribute to his support? no Is your mother living? yes
If so, give her age 57 Name and address Mrs R J Hamilton, Fort Collins Colo
Who supports her? self Do you contribute to her support? no

How much do you contribute to support of father or mother, or both? nothing
Date last contribution was made nothing Amount nothing
Give names and addresses of your brothers Mr Hamilton, Fort Collins Colo
Give names and addresses of your sisters Mrs Joseph Hamer, State Colo

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support none

How much do you contribute to their support each year? nothing
Date of last contribution nothing Amount nothing

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 Mr R J Hamilton, P.O. Miller
Dated at Hammer, Colorado, July, 1921

Interpreter nothing
Witness nothing Superintendent or Mine Clerk nothing Signature of Employee or Applicant (Full Name) Anna Hamilton