

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal Co COMPANY

Name Charles Fitch Mine Record No. Bear River
 Nationality American Age 43 Wt. 155
 Complexion fair Color eyes gray Hair dark Identification Marks none
 Date employed July, 1926. In what capacity employed? Miner Check No. _____
 State fully experience in coal mines 25 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 State Police, State of Ill. from _____
 to _____; For past year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? State Police on Road
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Ill. Are you a citizen? Yes

Are you single, married, or a widower? married If married, give full name of wife Melba Fitch

Her age 38 Is she living with you? no If not, give her present address Auburn, Ill.

To what extent is she dependent on you for support? wholly Give names and ages of each of your children, and indicate those married: Those living with you Margaret (6) & Albert (13)
living with wife Auburn Ill. Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? all of

Name children who are self supporting none

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 67 Name and address Mrs. J. M. Fitch, Auburn Ill.

Who supports her? Brothers & myself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 50¢ per week

Date last contribution was made last week Amount _____

Give names and addresses of your brothers Frank & Bennett Fitch, Bear River, W. Va.

Give names and addresses of your sisters Mrs. Melba Beckley, Auburn Ill.

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

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 Bear River, Colo., 5-11- 1926

Interpreter _____

Witness Mary F. Fitch Superintendent or Mine Clerk. Charles Fitch Signature of Employee or Applicant (Full Name)