

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Traker Coal Co COMPANY

Name: S. Huckaby Mine Record No. \_\_\_\_\_  
 Nationality: Amer Age: 30 Wt: 170  
 Complexion: Med Color eyes: 170 Hair: Med Identification Marks: scar on chin  
 12-21-1925 In what capacity employed? Digger Check No. \_\_\_\_\_  
 Experience in coal mines: 1 year

Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
 Have you worked during the last year? For Traker Coal Co, Ark from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Where were you employed? Digging  
 Languages can you speak? \_\_\_\_\_ Read Eng

Write Digging Are you a citizen? yes  
 Married, or a widower? single If married, give full name of wife \_\_\_\_\_  
 Is she living with you? \_\_\_\_\_ If not, give her present address \_\_\_\_\_

dependent on you for support? \_\_\_\_\_ Give names and ages  
 of your children, and indicate those married: Those living with you none  
 Not living with you (give addresses) \_\_\_\_\_

If any, are physically or mentally defective? \_\_\_\_\_  
 If self supporting? yes If so, give his age 50 Name and address S. K. Huckaby, Depwater, Mo.  
 Who supports him? Self

Do you contribute to his support? no Is your mother living? yes  
 Name and address 50 Mrs. S. K. Huckaby, Depwater, Mo.  
Husband Do you contribute to her support? no

contribute to support of father or mother, or both? \_\_\_\_\_  
 Name and address of your brothers: Chas. Huckaby, Depwater, Mo. Amount \_\_\_\_\_  
 Name and address of your sisters: Mrs. Ray Reed, Depwater, Mo.

Name and address of EVERY ONE (other than wife, children, father or mother) dependent on you for support  
none  
 contribute to their support each year \_\_\_\_\_ Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject  
 of the State Coal Mining Law? yes and do you elect and agree to become subject thereto  
 of the Workmen's Compensation Act? yes  
 Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? yes

Name of person to whom you desire notice sent in event of your death: S. K. Huckaby, Depwater, Mo.  
Bear River, Colo., 12-21- 1925

Superintendent or Mine Clerk: Henry F. Doss  
 Signature of Employee or Applicant (Full Name): S. Huckaby