

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frederick Coal Co COMPANY

Name Paul Jensen Mine Record No. Bear River Colo  
Nationality Sw Age 47 Wt 156  
Complexion med Color eyes blue Hair med Identification Marks none  
Date employed 17/07 1920 In what capacity employed? Digging Check No. \_\_\_\_\_  
State fully experience in coal mines 23 years

Have you a Shot Firing Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?

For whom have you worked during the last year? For International Fuel Co, Mt. Park Colo from \_\_\_\_\_

to \_\_\_\_\_; For just year from \_\_\_\_\_ to \_\_\_\_\_

at what work were you employed? Digging

What languages can you speak? Swedish Read Swedish

Write Swedish

Where were you born? Sweden Are you a citizen? Yes

Are you single, married, or a widower? single If married, give full name of wife \_\_\_\_\_

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? \_\_\_\_\_ Is your mother living? yes

Name and address Anton Jensen, 1200 Cedar St, Denver

Who supports her? I do Do you contribute to her support? yes

How much do you contribute to support of father or mother, or both? 60 a year

Date last contribution was made Jan 1st 1925 Amount 60

Give names and addresses of your brothers none

Give names and addresses of your sisters none

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

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 \_\_\_\_\_

Mike Kelly, Bear River Colo

Dated at Bear River, Colo., 11-10- 1921

Interpreter Henry F. Dredas

Witness Paul Jensen

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)