

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Mike Simoco Bear River Mine Record No. _____
Nationality Italian Age 28 Wt. 156
Complexion Med Color eyes Brown Hair Brown Identification Marks _____
Date employed 11/24, 1927 In what capacity employed? Legger Check No. _____
Total experience in coal mines 6 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 Bear River Coal Co. Penn. from 11/24

_____ ; For _____ from _____
_____ ; For _____ from _____ to _____

At what work were you employed? Digging
What languages can you speak? Eng Italian Read Italian
Write _____

Where were you born? Italy Are you a citizen? No

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? Yes If so, give his age 80 Name and address Pete Simoco

Test Provenzia di Chietto Italy Who supports him? himself
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 _____

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 Nick Simoco
Philadelphia, Pa. (Causen)

Dated at Bear River, Colo., Nov 24th, 1927

Interpreter N. N. Woodcock
Witness N. N. Woodcock + Mike Simoco
Superintendent or Mine Clerk. Signature of Emplero or Applicant (Full Name)