

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beckman Coal COMPANY

Name Selden Russell Mine Record No. _____
 Et. 145 Nationality Beckman Age 25 Wt. 145
 Complexion _____ Color eyes Blue Hair _____ Identification Marks _____
 Date employed _____, 19____ In what capacity employed? _____ Check No. _____
 State fully experience in coal mines 12 years

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

For whom have you worked during the last year? For Beckman Coal from March 1914
 to _____; For Beckman from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Beckman

What languages can you speak? _____ Read? Eng
 Write? _____

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

Are you single, married, or a widower? _____ 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 65 Name and address HR Russell Beckman Colo
 Who supports him? I support him

Do you contribute to his support? Yes Is your mother living? _____

If so, give her age 64 Name and address Mrs HR Russell Beckman Colo
 Who supports her? I support her Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Five dollars

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers John Russell, Beckman Colo

Give names and addresses of your sisters Paula Oldham, Beckman 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? _____

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 HR Russell Beckman Colo

Dated at _____, Colorado, _____, 1920

Interpreter _____
 Witness Beckman Superintendent or Mine Clerk

Selden Russell
 Signature of Employee or Applicant (Full Name)