

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

W H Porter Mine Record No. _____
Bear River Nationality Amer Age 49 Wt 170
fair Complexion blue Color eyes blue Hair gray Identification Marks none
9/1/11 employed, 1933 In what capacity employed? Supervisor Check No. _____
6 years monthly experience in coal mines

Have you a Shot Firer's Certificate? ✓ Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? _____
 Have you worked during the last year? For Bear River Coal from Bear River Co
 ; For Justyear from _____
 ; For _____ from _____ to _____

What work were you employed? Supervisor
 What languages can you speak? Eng Read? Eng
 Write? Eng

Where were you born? Columbiana Ohio Are you a citizen? Yes
 single, married, or a widower? married If married, give full name of wife Ann Porter

Is she living with you? No If not, give her present address _____
 To what extent is she dependent on you for support? Not dependent Give names and ages

of your children, and indicate those married: Those living with you Julia - (24)
Julia Porter Not living with you (give addresses)
Franklin Hebr.

What children, if any, are physically or mentally defective? OK
 What children who are self-supporting? Daughter
Yes father living? Yes If so, give his age 53 Name and address Mr Porter Overton Hebr.

Who supports him? I help
 Do you contribute to his support? Yes Is your mother living? Yes
 Give her age 77 Name and address Mrs J M Porter Overton Hebr.

Who supports her? I help Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? 25c justyear
 How last contribution was made. Amount _____

Give names and addresses of your brothers. none

Give names and addresses of your sisters. none

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? _____
 Amount 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 Julia Porter Franklin Hebr.

Dated at Bear River, Colorado, 9/1/11, 1933

W H Porter Superintendent or Mine Clerk
W H Porter Signature of Employee or Applicant (Full Name)