

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Rocky Mountain Coal COMPANY

Name Harry P. Aronson Nationality American Mine Record No. _____
 Ht. 6' Complexion Swedish Color eyes Blue Hair Brown Age 31 Wt. 170
 Date employed 9/10/19, 19____ In what capacity employed? Machine Helper Check No. _____
 State fully experience in coal mines 14 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 Rocky Mountain Coal from Raybro Colo
 to _____; For just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Machine Helper

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

Where were you born? Denver Colo Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Louise Aronson

Her age 36 Is she living with you? Yes If not, give her present address _____

To what extent is she dependent on you for support? Wholly Give names and ages
 of each of your children, and indicate those married: Those living with you none
 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 53 Name and address Harry Aronson, 414 Harris Colo
 Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 52 Name and address Mrs Wm Aronson, 414 Harris Colo

Who supports her? Husband Do you contribute to her support? No

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 None

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support

Mrs Catherine Louise Joseph Mo.
(mother-in-law)

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 _____

Mrs. H.B. Aronson, 414 Harris Colo

Dated at _____, Colorado, _____, 19____

Interpreter _____

Witness Henry H. [unclear]
 Superintendent or Mine Clerk

Harry P. Aronson
 Signature of Employee or Applicant (Full Name)