

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name: Andrzej Nationality: Finnish Mine Record No.: 14 D  
Age: 44 Hair: Brown Identification Marks: Scar left thumb  
Date employed: 7/27/33 Occupation: Coal Miner Check No.:  
State fully experienced in coal mines: 75 years

Have you a State Fire's Certificate? Yes Fire Boss? Yes Mine Foreman's? Yes  
For whom have you worked during the last year? For: Bear River Coal Co from:  
Bear River Colo from:

At what work were you employed? Engineer  
What languages can you speak? English Read? Eng & Finn  
Where were you born? Finland Are you a citizen? Yes  
Are you single, married, or a widower? Married If married, give full name of wife: Lida Mihos

Her age: 23 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: Julius (16) Walter (14)  
Edward (3) Not living with you (give addresses)

Which children, if any, are physically or mentally defective? OK  
Name children who are self-supporting: none  
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? 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: Eric Lehto, Louisville, Colo.

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? —  
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 names and addresses of persons to whom you desire notice sent in event of your death: Mrs Lida Mihos Bear River Colo  
Dated at: Bear River, Colorado, 7/27/33, 1933  
Interpreter: Henry Hobbs  
Witness: — Signature of Employee or Applicant (Full Name): Andrzej Mihos