

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co. COMPANY

Name John Daley Mine Record No.           
Nationality U.S. Age 44 Wt. 165  
Complexion Fair Color eyes Blue Hair Brown Identification Marks Scar on right shoulder  
Employed Oct. 15, 1937 In what capacity employed? Loader Check No.           
Length of experience in coal mines 25 yrs.

Have you a Shot Firing Certificate? No Shot Examiner's? No Fire-Boss? No Mine Foreman's? No  
Where have you worked during the last year? For Bear River Mining Co. from          to           
; For          from          to           
; For          from          to         

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

Where were you born? Odin, Ill. Are you a citizen? Yes  
Are you single, married, or a widower? Married If married, give full name of wife Margaret  
39 Is she living with you? Yes If not, give her present address         

What extent is she dependent on you for support? Stully Give names and ages of each of your children, and indicate those married: Those living with you Margaret 8 yrs Charles 7 yrs  
18 Mr. Not living with you (give addresses)         

Which children, if any, are physically or mentally defective? Normal  
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? None  
How much do you contribute to support of father or mother, or both? None

Date last contribution was made          Amount           
Give names and addresses of your brothers Martin, Dicky Chicago, Ill.

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 name and address of person to whom you desire notice sent in event of your death Mrs. Marie Daley - Bear River, Colo.

Dated at Bear River, Colo., Oct. 13, 1937  
Witness John Daley Superintendent or Mine Clerk. John Daley Signature of Employee or Applicant (Full Name).