

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Albin Anderson Mine Record No. Bear River  
Nationality American Age 29 Wt. 135  
Complexion fair Color eyes Blue Hair Dark Identification Marks none  
employed 9/23/23 1923 In what capacity employed? Valentian (Kampman) Check No. \_\_\_\_\_  
fully experience in coal mines 6 years

Are 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 Mt Fuel Co, Baldwins Colo from \_\_\_\_\_  
; For last year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Baldwin Colo Are you a citizen? Yes  
Are you single, married, or a widower? Married If married, give full name of wife Francis Anderson  
Age 23 Is she living with you? Yes If not, give her present address \_\_\_\_\_

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 David (3)  
Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OR  
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? Yes  
Give her age 69 Name and address Mrs Hannah Anderson Baldwins Colo  
Who supports her? Albin Anderson Do you contribute to her support? No

How much do you contribute to support of father or mother, or both? \_\_\_\_\_  
When last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_  
Give names and addresses of your brothers Arden Anderson Baldwins Colo

Give names and addresses of your sisters Ethel Coan Bear River 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? \_\_\_\_\_  
When of last contribution \_\_\_\_\_ Amount \_\_\_\_\_

Do you have 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 \_\_\_\_\_

Dated at Bear River Colorado, 9/23/23 1923

Prepared by \_\_\_\_\_  
Witness Henry Woods Superintendent or Mine Clerk  
Albin Anderson Signature of Employee or Applicant (Full Name)