

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Lee Miller Mine Record No. \_\_\_\_\_  
 Nationality American Age 26 Wt. 135  
 Ht. 5' Complexion Fair Color eyes Brown Hair Brown Identification Marks \_\_\_\_\_  
 Date employed 9/13, 1923 In what capacity employed? Digger Check No. 23  
 State fully experience in coal mines 2 years

Have you a Shot Firer's Certificate? \_\_\_\_\_ Shot Examiner's? \_\_\_\_\_ Fire Boss's? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
 For whom have you worked during the last year? For M. F. Coyad, Hayden, Colo from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Machine  
 What languages can you speak? \_\_\_\_\_ Write Eng Read Eng

Where were you born? Bovina, Colo. Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Clara Miller  
 Her age 25 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 LeRoy, 2 years  
 \_\_\_\_\_ 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? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
 \_\_\_\_\_ Who supports him? \_\_\_\_\_

Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
 If so, give her age 58 Name and address Mrs. Francis A. Miller, Hugo, Colo

Who supports her? Brother, Sam, Miller 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 Sam Miller, Hugo, Colo.

Give names and addresses of your sisters Lucy M. Freeman, Gloraville, Colo.

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

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 Bear River, Colo.

Dated at Bear River, Colo., 9/17/23, 1923

Interpreter W. H. Woodworth  
 Witness Lee Miller Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)