

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name John Winter Mine Record No. _____
 Nationality American Age 16 Wt. 120
 Ht. 5'10" Complexion Fair Color eyes Blue Hair Light Identification Marks
 Date employed 1929, 1924 In what capacity employed? Tipper Check No. _____
 State fully experience in coal mines None

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 School from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Tipper

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Chickney, Pa Are you a citizen?

Are you single, married, or a widower? Single If married, give full name of wife _____

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

To what extent is she dependent on you for support? _____ Give names and ages
 of each of your children, and indicate those married: Those living with you
 _____ 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 43 Name and address Maybelle Bone, Bear Run, Colo

Who supports her? Husband & myself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Don't know yet

Date last contribution was made _____ Amount _____

Give names and addresses of your brothers Charles Ballou (Mystic) Trout, Colo

Give names and addresses of your sisters Mr. Geo. Daniels, Long Beach, Calif.

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 Mr. M. Bone

Dated at Bear Run, Colo., Dec 29th, 1924

Interpreter _____

Witness [Signature] Superintendent or Mine Clerk. John Winter Signature of Employee or Applicant (Full Name)