

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Federal Coal COMPANY

Name Lloyd Whately Mine Record No. Bear River
Nationality American Age 23 Wt. 175

Ht. 5'8" Complexion Fair Color eyes Blue Hair Light Identification Marks Scar on left eye

Date employed 4/27/19, 1919 In what capacity employed? Apprentice Check No.

State fully experience in coal mines 4 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 Bear River from

to ; For from

At what work were you employed? Bear River

What languages can you speak? English Read English

Where were you born? Ward, Colo Are you a citizen? Yes

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

Her age Is she living with you? No If not, give her present address

To what extent is she dependent on you for support? None Give names and ages of each of your children, and indicate those married: Those living with you None

Not living with you (give addresses)

Which children, if any, are physically or mentally defective? None

Name children who are self supporting None

Is your father living? No If so, give his age Name and address

Who supports him? None Do you contribute to his support? No Is your mother living? Yes

If so, give her age 52 Name and address Mrs. L. K. Nale, 2620 East St. Denver, Colo

Who supports her? Myself Do you contribute to her support? No

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 Chas. Whately, 2620 East St. Denver, Colo

Give names and addresses of your sisters L. K. Mc Cune, Denver, Colo

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support None

How much do you contribute to their support each year None

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 Bill H. Whately, Bear River, Wyo

Dated at Bear River, Colo., Apr 27, 1919

Interpreter Witness Nancy F. ... Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name) Lloyd Whately