

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name F. J. Walsh Mine Record No. Bear River Colo.
 Nationality American Age 23 Wt. 135
 Complexion Dark Color eyes Dark Hair Dark Identification Marks None on skin
 Date employed 10/17/19 In what capacity employed? Co. Worker Check No. _____
 State fully experience in coal mines 9 years

Have you a Shot Firing Certificate? Shot Examiner's? Fire Boss's? Mine Foreman's?

For whom have you worked during the last year? For Bear River Fisher Coal Co, Bear River Colo. from _____

to _____; For just year from _____

to _____; For _____ from _____ to _____

at what work were you employed? Co. Worker

What languages can you speak? English Read English

Write English

When were you born? Memphis, Tenn. Are you a citizen?

Are you single, married, or a widower? Married If married, give full name of wife Frances Walsh

Her age 18 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 _____

none Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? _____

Which children are self supporting? _____

Is your father living? Yes If so, give his age 52 Name and address R. A. Walsh, Bear River Colo.

Who supports him? Self

Do you contribute to his support? No Is your mother living? Yes

Her age 46 Name and address Mrs. R. A. Walsh, Bear River Colo.

Who supports her? Husband 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 Jesse Walsh, Bear River, Colo.

Give names and addresses of your sisters Mrs. Clara Collett, Bear River, 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 _____

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 _____

Frances Walsh, Bear River, Colo.

Dated at Bear River, Colo., 10-17- 1919

Witness _____

Henry F. Dodds Superintendent or Mine Clerk.

F. J. Walsh Signature of Employee or Applicant (Full Name)