

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bunker Hill COMPANY

Name C. H. Russell Mine Record No. \_\_\_\_\_  
 Nationality \_\_\_\_\_ Age \_\_\_\_\_ Wt. \_\_\_\_\_  
 Ht. 145 Complexion \_\_\_\_\_ Color eyes \_\_\_\_\_ Hair \_\_\_\_\_ Identification Marks \_\_\_\_\_  
 Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? \_\_\_\_\_ Check No. \_\_\_\_\_  
 State fully experience in coal mines \_\_\_\_\_

Have you a Shot Firer's Certificate? \_\_\_\_\_ Shot Examiner's?  Fire Boss?  Mine Foreman's?

For whom have you worked during the last year? For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Write? \_\_\_\_\_ Are you a citizen? Yes

Are you single, married, or a widower? \_\_\_\_\_ If married, give full name of wife Harriet Russell  
 Her age 21 Is she living with you? Yes 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 Chloe (3 yrs) Betty (6 mos)  
 Not living with you (give addresses) \_\_\_\_\_

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

Name children who are self-supporting \_\_\_\_\_  
 Is your father living? Yes If so, give his age 65 Name and address \_\_\_\_\_

Who supports him? \_\_\_\_\_  
 Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 63 Name and address Mrs. H. Russell  
 Who supports her? a help Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 25.00 per year  
 Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_

Give names and addresses of your brothers \_\_\_\_\_

Give names and addresses of your sisters Mrs. Paul Allen Monticello Ky

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? \_\_\_\_\_

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 \_\_\_\_\_

Dated at \_\_\_\_\_, Colorado, 1928

Interpreter \_\_\_\_\_  
 Witness \_\_\_\_\_

Superintendent or Mine Clerk \_\_\_\_\_ Signature of Employee or Applicant (Full Name) C. H. Russell