

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Fisher Coal COMPANY

Name Floyd McFarlane Mine. Record No. Beer River  
 Nationality American Age 32 Wt. 145  
 Ht. 5-7 Complexion fair Color eyes blue Hair brn Identification Marks upper lip  
 Date employed May 2, 1920 In what capacity employed? miner Check No. \_\_\_\_\_  
 State fully experience in coal mines 18 years

Have you a Shot Firer's Certificate? no Shot Examiner's? no Fire Boss's? no Mine Foreman's? no  
 For whom have you worked during the last year? For Yampa Fuel Co from Sept/19  
 to March/20; For Fisher Coal Co from Jan/20  
 to Sept/20; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? mine clerk  
 What languages can you speak? American Read American  
 Write American

Where were you born? Lynch Mt. Are you a citizen? yes  
 Are you single, married, or a widower? married If married, give full name of wife May McFarlane  
 Her age 25 Is she living with you? yes If not, give her present address Miller, Colo  
 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 Gladyd 2 months 4  
 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? \_\_\_\_\_

Do you contribute to his support? \_\_\_\_\_ Is your mother living? yes  
 If so, give her age 45 Name and address Elizabeth Evans, Hocking, Iowa  
 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 Shelby McFarlane, Albia, Iowa, Francis McFarlane, Hocking, Iowa, Allen McFarlane, Hocking, Iowa, Jacob McFarlane, Hocking, Iowa  
 Give names and addresses of your sisters May Hocking, Council Bluffs, Iowa

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  
 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  
May McFarlane, Miller, Colo  
 Dated at Beer River, Colo., May 2, 1920

Interpreter \_\_\_\_\_  
 Witness Thos. J. Adams Superintendent or Mine Clerk. Floyd McFarlane Signature of Employee or Applicant (Full Name)