

THE EMPLOYERS' MUTUAL INSURANCE CO.
COMPENSATION INSURANCE INFORMATION

THE Top Stone Coal Co. COMPANY

Nationality U.S. Mine Record No. _____
Age 29 Wt. 132

Complexion Light Color eyes Blue Hair Brown Identification Marks None

In what capacity employed? 8-yr. Miner Check No. _____

Shot Finner's Certificate? No Shot Examiner's? No Fire Boss'? No Mine Foreman's? No

Where have you worked during the last year? For Top Stone Coal Co. from _____

; For _____ from _____

; For _____ from _____ to _____

What work were you employed? Loading & Topping

What languages can you speak? English Read? English

Write? English

Where were you born? Danvers, Colo. Are you a citizen? Yes

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

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

What amount is she dependent on you for support? Stalk Give names and ages

each of your children, and indicate those married: Those living with you Lillian Davis = Margaret

Not living with you (give addresses) _____

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

Are any children who are self-supporting? None

Is your father living? Yes If so, give his age 57 Name and address James Davis

Who supports him? Self supporting

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

If so, give her age _____ Name and address _____

Who supports her? _____ Do you contribute to her support? _____

How much do you contribute to support of father or mother, or both? None

When last contribution was made _____ Amount _____

Give names and addresses of your brothers Walter Davis, Hayden, Colo.

Give names and addresses of your sisters Paul Davis, Grand Junction, Colo.

Give names and addresses of EVERYONE (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

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 Wife

Mrs. Lenora Davis, Hayden, Colo.

Dated at Beet River, Colorado, Oct. 20, 1917

Signature of Superintendent or Mine Clerk Harry J. [unclear] Signature of Employee or Applicant (Full Name) E. H. Davis