

THE EMPLOYERS' MUTUAL INSURANCE CO.
COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

William Morgan Mine Record No. _____
Nationality Welsh Age 39 Wt. 165
Complexion Fair Color eyes Blue Hair Gray Identification Marks none
employed 4/27/30, 1930 In what capacity employed? Supt. Check No. _____
Total experience in coal mines 48 years

Have you a Shot Firer's Certificate? Yes Shot Examiner's? Yes Fire Boss'? Yes Mine Foreman's? Yes
For whom have you worked during the last year? For Myself for past year from _____
; For _____ from _____
; For _____ from _____ to _____

At what work were you employed? Mining & Prospecting
What languages can you speak? Eng & Welsh Read? Eng & Welsh
Write? Eng & Welsh

Where were you born? Wales Are you a citizen? Yes
Are you single, married, or a widower? Married If married, give full name of wife Sarah Morgan
Her age 46 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? OK
Name children who are self-supporting all self-supporting
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? 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? _____
Date last contribution was made _____ Amount _____
Give names and addresses of your brothers None

Give names and addresses of your sisters None

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 Bear River, Colorado, 4/27/30, 1930

Interpreter Henry Rodde
Witness Wm L Morgan

Superintendent or Mine Clerk.

Signature of Employee or Applicant (Full Name).