

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. J. Morris Mine Record No. _____
 Nationality USA Age 47 Wt. 165
 Ht. 5'8" Complexion Fair Color eyes Brown Hair Gray Identification Marks _____
 Date employed 1/20, 1925 In what capacity employed? igger Check No. _____
 State fully experience in coal mines 34 years

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

For whom have you worked during the last year? For Moffatt Coal Co from 1/20
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? igger

What languages can you speak? Eng Read Eng
 Write _____

Where were you born? Pittsburgh, Pa Are you a citizen? Yes

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

Her age _____ Is she living with you? 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 _____
 _____ Not living with you (give addresses) _____

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

Name children who are 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 _____

Give names and addresses of your sisters _____

Give names and addresses of EVERY ONE (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
 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
Pittsburgh, Pa

Dated at Bear River, Colo., Jan 20th, 1925

Interpreter _____

Witness [Signature] Superintendent or Mine Clerk. J. J. Morris Signature of Employee or Applicant (Full Name)