

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frisher Coal COMPANY

Name Marvin Bates Mine Record No. 2000
 Nationality American Age 33 Wt 158
 Ht 5'7" Complexion Medium Color eyes Brown Hair Dark Identification Marks None
 Date employed 4x30, 1925 In what capacity employed? Signing Check No.
 State fully experience in coal mines 1 year

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

For whom have you worked during the last year? For Frisher Coal Co from Jan
 to ; For from
 to ; For from to

At what work were you employed? Signing

What languages can you speak? English Read Eng
 Write Eng

Where were you born? Paris Mo Are you a citizen? Yes

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

Her age 23 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 Marvin A Bates
 Not living with you (give addresses)

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

Name children who are self supporting

Is your father living? Yes If so, give his age 50 Name and address La Bates
MT Harris, Colo Who supports him? Marvin

Do you contribute to his support? Yes Is your mother living? Yes

If so, give her age 58 Name and address Laura M Bates, MT Harris, Colo

Who supports her? Husband Do you contribute to her support? Yes

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 Marvin Bates

Dated at Franklin, Colo., April 30, 1925

Interpreter

Witness Superintendent or Mine Clerk. Marvin Bates Signature of Employee or Applicant (Full Name)