

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frakes Coal COMPANY

Jack Carter Mine. Record No. 147  
Nationality American Age 41 Wt. 147  
Complexion Med. Color eyes Blue Hair Dark Identification Marks Small Scar on Right Hand  
Employed 12/16/25, 1925 In what capacity employed? Supervisor Check No. \_\_\_\_\_  
Daily experience in coal mines \_\_\_\_\_

Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
Where have you worked during the last year? For Frakes Coal Co., Mt. Vernon, Colo. from \_\_\_\_\_  
; For last year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

What work were you employed? Electrician  
Languages can you speak? Eng. Read Eng.  
Write Eng.

Where were you born? Ireland Are you a citizen? Yes  
Single, married, or a widower? Married If married, give full name of wife Annie Carter  
Is she living with you? Yes If not, give her present address \_\_\_\_\_  
Is she dependent on you for support? Wholly Give names and ages \_\_\_\_\_

Names of your children, and indicate those married: Those living with you Jack (5) Carter  
Not living with you (give addresses) \_\_\_\_\_

Are children, if any, physically or mentally defective? All OK  
Are children who are self supporting? None  
Are there other living? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports him? \_\_\_\_\_

Do you contribute to his support? No Is your mother living? No  
Name and address \_\_\_\_\_  
Do you contribute to her support? \_\_\_\_\_

Do you contribute to support of father or mother, or both? \_\_\_\_\_  
Amount \_\_\_\_\_  
Name and addresses of your brothers None

Name and addresses of your sisters None  
Name and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support None

Do you contribute to their support each year? \_\_\_\_\_  
Amount \_\_\_\_\_

Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes  
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes

Name and address of person to whom you desire notice sent in event of your death Annie Carter, Mt. Vernon, Colo.  
12-16-, 1925

Henry J. Dodes Superintendent or Mine Clerk.  
Jack Carter Signature of Employee or Applicant (Full Name)