

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Ray Stone Coal Co. COMPANY

Ben Rivers Mine Record No. 175
Nationality U.S. Age 29 Wt. 175

Color eyes Blue Hair Brown Identification Marks Scars on forehead
In what capacity employed? Loader Check No. 5000

Experience in coal mines 2 yrs.

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

Where have you worked during the last year? For Matador Land & Cattle Co. from Matador, Texas to Matador, Texas

What work were you employed? Sheeping Cattle

What languages can you speak? English Read? English Write? English

Where were you born? Matador, Texas Are you a citizen? Yes

Are you single, married, or a widower? Single If married, give full name of wife.

Is she living with you? No If not, give her present address.

To what extent is she dependent on you for support? None Give names and ages of each of your children, and indicate those married: Those living with you None Not living with you (give addresses) None

Which children, if any, are physically or mentally defective? None

Name children who are self-supporting None

Is your father living? No If so, give his age None Name and address None Who supports him? None

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

If so, give her age 49 Name and address Lula Dollison, Matador, Texas Who supports her? Husband Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? Partly

Date last contribution was made July 1937 Amount 50.00

Give names and addresses of your brothers Noble Burpus, Matador, Texas

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? None

Date of last contribution None Amount None

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 Mother, Mrs. Lula Dollison, Matador, Texas

Dated at Ben Rivers, Colorado, Oct 12, 19 37

Interpreter Stan Cotton Witness Shew Burpus Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name).