

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Arthur Sedman Mine Record No. Bea River
 Nationality Slavak Age 29 Wt. 145
 Ht. 5'10" Complexion Med Color eyes Brown Hair Med Identification Marks Scar on forehead
 Date employed 7/27, 1926 In what capacity employed? Digger Check No. _____
 State fully experience in coal mines 7 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 Frederick Coal & Bea River Colo. from _____
 to _____; For Moffat Tunnel, Nat. Postal, Colo. from last year
 to _____; For _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? Slavak & English Read Eng & Slavak
 Write Eng & Slavak

Where were you born? Slavonia Are you a citizen? _____

Are you single, married, or a widower? Single 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? Yes

If so, give her age 51 Name and address Mrs. Francesca Sedman, Rubach, Wash. D.C.

Who supports her? Self & I do Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 300⁰⁰ per year

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 EVERY ONE (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
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
Sgt. Krizan, Walsenburg Colo.

Dated at Bea River, Colo., 7-28- 1926

Interpreter Henry F. Dodds

Witness Henry F. Dodds Superintendent or Mine Clerk. Arthur Sedman Signature of Employee or Applicant (Full Name)