

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Frank Jaks Mine. Record No. \_\_\_\_\_  
 Nationality Austrian Age 26 Wt. 160  
 Ht. 5'6" Complexion Dark Color eyes Brown Hair Dark Identification Marks ✓  
 Date employed 5/30, 1920 In what capacity employed? Machinist Check No. 4  
 State fully experience in coal mines 17 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 Abingdon Surface Co. Pa. from 6/1/19  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Machine

What languages can you speak? Engl. Slavak Read Eng. Slavak  
 Write Eng + Slavak

Where were you born? Austria Are you a citizen? Yes

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? 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 Jac Jaks, Madrid, New Mex.

Give names and addresses of your sisters Anna Samatich, Madrid, Mex.

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 Jac Jaks

\_\_\_\_\_

Dated at Bear River, Colo., May 31st, 1920

Interpreter W. W. Woodworth

Witness W. W. Woodworth Superintendent or Mine Clerk. Frank Jaks Signature of Employee or Applicant (Full Name)