

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Albert Cook Mine Record No. \_\_\_\_\_  
 Nationality American Age 24 Wt. 150  
 Ht. 5-9 1/2" Complexion fair Color eyes blue Hair brn Identification Marks birth mks left eye  
 Date employed 9/25/33 In what capacity employed? hewer Check No. \_\_\_\_\_  
 State fully experience in coal mines 6 years

Have you a Shot Firer's Certificate?  Shot Examiner's? \_\_\_\_\_ Fire Boss? \_\_\_\_\_ Mine Foreman's? \_\_\_\_\_  
 For whom have you worked during the last year? For all jobs in California from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 At what work were you employed? all jobs  
 What languages can you speak? Eng Read? Eng  
 Write? Eng  
 Where were you born? Roseville Cal 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? yes If so, give his age 68 Name and address CC Cook M. Gregory Colo  
 Who supports him? self  
 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? live at home & help pay bills  
 Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_  
 Give names and addresses of your brothers none  
 Give names and addresses of your sisters Loa Cook M. Gregory Colo  
 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? \_\_\_\_\_  
 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  
CC Cook M. Gregory Colo

Dated at Bear River, Colorado, 9/25/33, 19 33  
 Interpreter \_\_\_\_\_  
 Witness Harry Adams Superintendent or Mine Clerk  
Albert Cook Signature of Employee or Applicant (Full Name)