

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Bear River Mine Record No. _____
Nationality Italian Age 46 Wt. 180
Hair Dark Identification Marks none
In what capacity employed? 2 1/2 years Supervisor Check No. _____
Have you a State Miner's Certificate? State Examiner's? Fire Boss? Mine Foreman's?
For what mine have you worked during the last year? For Bear River Coal Co. from _____
For Bear River Colo. from _____
For _____ from _____ to _____
What work were you employed? Supervisor
What languages can you speak? Italian Read? English & Italian
Have you been married? Yes Are you a citizen? Yes
If married, give full name of wife Silda Perera
Is she living with you? No If not, give her present address Motta & Lucia Italy
To what extent is she dependent on you for support? Wholly Give names and ages
of each of your children, and indicate those married: Those living with you with mother Lucia (13.)
Not living with you (give addresses) _____
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 _____ 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 None
Give names and addresses of your sisters Rose Cerra, Motta & Lucia Italy
Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support
Sister Rose Cerra
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 or persons to whom you desire notice sent in event of your death
Edoardo Perera M. Harris Colo
Date of _____, Colorado, _____
Witness Kenny Woods Signature of Employee or Applicant (Full Name) Gennaro Perera