

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name Walter Nida Mine Record No. _____
 Nationality Fin Age 29 Wt. 177
 Ht. 5'8 1/2 Complexion Dark Color eyes Dark Hair Dark Identification Marks None
 Date employed 7-27, 1923 In what capacity employed? Disposer Check No. _____
 State fully experience in coal mines 10 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 Hayden Bros from Wisc
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Disposing

What languages can you speak? Eng, Fin Read Eng, Fin
 Write Eng, Fin

Where were you born? Finland 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 _____

Give names and addresses of your sisters _____

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 Sunny Carlson

Leadville, Colo

Dated at Bear Run, Colo., Feb 27, 1924

Interpreter W. N. ...

Witness W. N. ... Superintendent or Mine Clerk. Walter Nida Signature of Employee or Applicant (Full Name)