

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Mine Record No. _____
 Name Steve Baruch Nationality Slav Age 39 Wt. 175
 Height 5'7" Complexion Fair Color eyes Brown Hair Light Identification Marks Scars on face
 Date employed 7/2, 1924 In what capacity employed? Slagger Check No. _____
 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 Yampa Valley Collieries Co. from 1 year

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Slagging

What languages can you speak? Little Eng Slav Read Little Eng Slav

Write _____

Where were you born? Quaterny Are you a citizen? No

Are you single, married, or a widower? Married If married, give full name of wife Anna Baruch

Her age 38 Is she living with you? No If not, give her present address Syrica Jugoslav

To what extent is she dependent on you for support? \$300 per year Give names and ages of each of your children, and indicate those married: Those living with you _____

Not living with you (give addresses) Mike Baruch Syrica Jugoslav

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 Steve Baruch

Russell St. Detroit Mich.

Dated at Bear River, Colo., Feb 12, 1924

Interpreter _____

Witness A. W. Handman Steve Baruch

Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)