

THE EMPLOYERS' MUTUAL INSURANCE CO.
COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Long Mine Record No. _____
Nationality Indian Age 41 Wt. 170
Complexion Dark Color eyes Brown Hair Dark Identification Marks Scar on right eye
Employed 11/16, 1937 In what capacity employed? Explosive Check No. _____
Total experience in coal mines none

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?

Where have you worked during the last year? For U.S. Government from _____
; For past year from _____
; For _____ from _____ to _____

What work were you employed? Stone Mason
What languages can you speak? Eng Read? Eng

Write? Eng
Where were you born? Clayton, Okla. Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife Mael May Long
34 Is she living with you? yes If not, give her present address _____

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 Fester (17) Quida (14)
Robert (11) Goldie Ruth (7) Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? _____
Which children who are self-supporting? _____

Is your father living? yes If so, give his age 74 Name and address Robert Long
Los Angeles, Calif. Who supports him? himself

Do you contribute to his support? no 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 Wilson Long, Wilburton, Okla.

Give names and addresses of your sisters Billie Slaughter - Okla. City, Okla.

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
Mael May Long - Wilburton, Okla.

Dated at Bear River, Colorado, 10/18, 1937

Superintendent or Mine Clerk. Anthony J. Paulovich Signature of Employee or Applicant (Full Name). Dress Long