

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Bud Shields Mine Record No. 138
 Nationality American Age 54 Wt. 138
 Height 5'6" Complexion Dark Color eyes Brown Hair Black Identification Marks —
 Date employed 1977, 1973 In what capacity employed? Slipper Check No. 37
 State fully experience in coal mines 20 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 Bear Creek Coal Mine Co from 1 year

At what work were you employed? Slipping
 What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Sullivan, Ind. 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 Earl Shields, Sub, Liberty Avenue, Ohio

Give names and addresses of your sisters Sarah Slippin, Peru, Haute, Ind.

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 Sarah Slippin, Peru, Haute, Ind.

Dated at Bear River, Colo., Oct 23 1973, 1973

Interpreter —
 Witness W. W. [unclear] Bud Shields
 Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)