

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal Co. COMPANY

Name Joe Kamp Mine Record No. _____
 Nationality American Age 37 Wt. 150
 Ht. 5'8" Complexion Fair Color eyes Blue Hair Brown Identification Marks off and hand
 Date employed 2/29, 1925 In what capacity employed? Shipping Check No. _____
 State fully experience in coal mines 6 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 Frederick Coal Co. from Feb 1925
 to Dec 1925; For South Lincoln Coal Co. from Mar 1925
 to _____; For _____ from _____ to _____

At what work were you employed? Shipping

What languages can you speak? _____ Read Eng
 Write Eng

Where were you born? Covington, Ky Are you a citizen?

Are you single, married, or a widower? _____ 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? If so, give his age _____ Name and address _____

Who supports him?

Do you contribute to his support? Is your mother living?

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 Mary Kamp, 71 Sever St
Covington, Ky

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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death Mary Kamp
71 Sever St Covington, Ky

Dated at Frederick, Colo., April 29th, 1925

Interpreter W. M. ...

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