

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name Dalton Robinson Mine Record No. \_\_\_\_\_  
 Nationality American Age 23 Wt. 175  
 Ht. 5'10" Complexion Fair Color eyes Blue Hair Brown Identification Marks \_\_\_\_\_  
 Date employed 12/19, 1924 In what capacity employed? Helper Check No. \_\_\_\_\_  
 State fully experience in coal mines 2 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 C. F. T. Berkeley Coal Co from Jan  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Heaving

What languages can you speak? \_\_\_\_\_ Read Eng  
 Write Eng

Where were you born? Springfield, Mo. 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? Yes If so, give his age 54 Name and address See Robinson

Albion, Okla Who supports him? himself

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

If so, give her age 54 Name and address Mr. Ben Robinson Albion, Okla

Who supports her? Husband & myself Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 30.00 per month

Date last contribution was made Nov. 10th Amount 30.00

Give names and addresses of your brothers \_\_\_\_\_

Give names and addresses of your sisters Margie Robinson Albion, Okla

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 See Robinson

Albion, Okla.

Dated at Bear River, Colo., Dec. 19th, 1924

Interpreter W. Bradshaw

Witness Dalton Robinson

Superintendent or Mine Clerk.

Signature of Employee or Applicant (Full Name)