

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

5-7-1/2 Height  
Black Complexion  
Blue Color eyes  
Black Hair  
1913 employed  
20 years fully experience in coal mines

Shot Firer's Certificate?  Shot Examiner's?  Fire Boss'?  Mine Foreman's?

For whom have you worked during the last year? For Bear River Coal Co. M. Williams from 1913 to present

At what work were you employed? digging

What languages can you speak? English Read? English Write? English

Where were you born? England Are you a citizen? Yes

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

Her age 25 Is she living with you? Yes If not, give her present address None

To 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 None Not living with you (give addresses) None

Which children, if any, are physically or mentally defective? None

Name children who are self-supporting None

Is your father living? No If so, give his age None Name and address None Who supports him? None

Do you contribute to his support? None Is your mother living? No

Give her age None Name and address None Who supports her? None Do you contribute to her support? None

How much do you contribute to support of father or mother, or both? None

Date last contribution was made None Amount None

Give names and addresses of your brothers None

Give names and addresses of your sisters None

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? None

Date of last contribution None Amount None

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 Mrs. E. Williams, Bear River, Wyo.

Dated at Bear River, Colorado, 1913, 1913

Interpreter None  
 Witness None  
 Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name) E. Williams