

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraser Coal COMPANY

Name John Orloff Mine Record No. Bea River Colo
Nationality Russian Age 40 Wt. 145
Color eyes Blue Hair Med Identification Marks scar over left eye
In what capacity employed? Digger Check No. 7701
23 years

Shot Examiner's? Yes Fire Boss's? Yes Mine Foreman's? No
For whom have you worked during the last year? For Moffet Coal Co, Oak and Cob from just past to present

What languages can you speak? Russian Read Eng & Russian
Write Eng & Russian

Are you a citizen? No
If married, give full name of wife Alta Orloff

Are you living with you? Yes If not, give her present address Alta Orloff
Give names and ages of those dependent on you for support? Wholly
Those living with you: Alma (7) - Virginia (5)
Not living with you (give addresses)

Which children, if any, are physically or mentally defective? All OK
Name children who are self supporting none
If so, give his age no Name and address no

Who supports him? no
Do you contribute to his support? no Is your mother living? no
Name and address no

Do you contribute to her support? no
How much do you contribute to support of father or mother, or both? no
Date last contribution was made no Amount no

Name and address of your brothers none
Name and address of your sisters none
Name and address of EVERY ONE (other than wife, children, father or mother) dependent on you for support none

How much do you contribute to their support each year? no
Date of last contribution no Amount no

Have you had notice that the above named Employer is subject to the provisions of the Workmen's Compensation Act? Yes
Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? Yes
Name and address of person to whom you desire notice sent in event of your death Alta Orloff, Bea River Colo

Dated at Bea River, Colo., 11-17, 1925
Witness Erney F. Dudder Superintendent or Mine Clerk.
Signature of Employee or Applicant (Full Name) John Orloff