

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Bear River Coals COMPANY

Name Antonio Dolinar Mine Record No. \_\_\_\_\_

Nationality Slav Age 46 Wt. 135

Complexion Fair Color eyes Blue Hair Brown Identification Marks Mole on Neck

Date employed Mar 11, 1938 In what capacity employed? Drigger Check No. 50

State fully experience in coal mines 36, yrs.

Have you a Shot Firer's Certificate? No Shot Examiner's? No Fire Boss'? No Mine Foreman's? No

For whom have you worked during the last year? For No body from \_\_\_\_\_

; For \_\_\_\_\_ from \_\_\_\_\_

; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? \_\_\_\_\_

What languages can you speak? English, Spanish Read? English, Slavish

Write? Slavish

Where were you born? Austria (Luchine) 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? Yes 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 None

Give names and addresses of your sisters Mary Stutch, Denver, Colo

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support: \_\_\_\_\_

\_\_\_\_\_

How much do you contribute to their support each year? None

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 themine 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 Stutch

Mary Stutch, 1925 Curtis St, Denver, Colo

Dated at Bear River, Colo, Colorado, March 11, 1937

Interpreter \_\_\_\_\_

Witness Stutch Antonio Dolinar

Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name).