

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. A. Robertson Mine Record No. \_\_\_\_\_  
Nationality American Age 34 Wt. 115

Complexion Swain Color eyes Blue Hair Dark Identification Marks \_\_\_\_\_

Date employed \_\_\_\_\_, 19\_\_\_\_ In what capacity employed? Wigger Check No. \_\_\_\_\_

State fully experience in coal mines 5 years

Have you a 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 from Bear River Co

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

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

at what work were you employed? Wigger

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

Write? Eng

Where were you born? Brownsville, Minn. Are you a citizen? Yes

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

Her age 22 Is she living with you? Yes If not, give her present address \_\_\_\_\_

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 \_\_\_\_\_

Benjamin - 3 yrs - Hannah - 6 wks Not living with you (give addresses) \_\_\_\_\_

Which children, if any, are physically or mentally defective? OK

Name children who are self-supporting None

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? Yes

If so, give her age 62 Name and address Mrs Geo. P. Payne, Gustis, Okla

Who supports her? Daughter Do you contribute to her support? No

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 Walter Robertson, Brownsville, Minn.

Give names and addresses of your sisters Mrs. Steve Gray, Kansas City, Mo

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? \_\_\_\_\_

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

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 \_\_\_\_\_

Dated at Bear River, Colorado, \_\_\_\_\_, 19 20

Interpreter \_\_\_\_\_

Witness James [unclear] Superintendent or Mine Clerk

J. A. Robertson Signature of Employe or Applicant (Full Name)