

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fisher Coal COMPANY

Name John Nelson Mine Record No. Ben River
 Nationality Swedish Age 54 Wt. 145
 Ht. 5'4" Complexion Medium Color eyes Brown Hair Gray Identification Marks Coal mark on left ear
 Date employed 7/29/36 1936 In what capacity employed? Digging Check No. _____
 State fully experience in coal mines. 40 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 Victor Amund Fuel Co., Summit, Colo. from _____
 to _____; For just year from _____
 to _____; For _____ from _____ to _____
 At what work were you employed? Digging
 What languages can you speak? Eng & Swede Read Eng & Swede
 Write Eng & Swede
 Where were you born? Sweden Are you a citizen? _____
 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? 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. Olof Nelson, Asper City, Kansas
 Give names and addresses of your sisters _____
 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? 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 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 Ben River, Colo., 7-30, 1936
 Interpreter _____
 Witness Henry F. Dicks Superintendent or Mine Clerk. John Nelson Signature of Employe or Applicant (Full Name)