

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Fraker Coal Co. COMPANY

Name Aaron Walsh Nationality American Age 77 Wt. 170  
 Mine Record No. Bear River  
 Ht. 5'11" Complexion Fair Color eyes Blue Hair Brown Identification Marks ✓  
 Date employed 5/2, 1925 In what capacity employed? Rope Rider Check No. 010  
 State fully experience in coal mines 9 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 American Fuels from 1924  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Rope Rider

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

Where were you born? Stratton, Neb 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?  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? Yes If so, give his age 52 Name and address W.A. Walsh  
Mt Harris Colo. Who supports him? Himself

Do you contribute to his support? No Is your mother living? Yes

If so, give her age 47 Name and address Mrs. Etta Walsh Mt Harris Colo.

Who supports her? Husband 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 Jess, Irwin Homer, William  
Walsh, Mt Harris Colo.

Give names and addresses of your sisters Clara Walsh, Mt Harris, Colo

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 W.A. Walsh  
Mt Harris, Colo.

Dated at Bear River, Colo., May 8th, 1925

Interpreter \_\_\_\_\_  
 Witness W.W. Woodworth Aaron Walsh  
 Superintendent or Mine Clerk. Signature of Employe or Applicant (Full Name)