

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Triumph Coal COMPANY

Mine Record No. \_\_\_\_\_  
Nationality English Age 40 Wt. 145  
Complexion Red Color eyes Blue Hair Dark Identification Marks \_\_\_\_\_  
Date employed 1/1/13 1913 In what capacity employed? miner Check No. \_\_\_\_\_  
State fully experience in coal mines 10 years  
Have you a Shot Firing Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
For whom have you worked during the last year? For Triumph Coal Co. from \_\_\_\_\_  
to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
At what work were you employed? miner  
What languages can you speak? English Read English  
Write English  
Where were you born? Winnipeg, Man. Are you a citizen? yes  
Are you single, married, or a widower? married 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 John W. Smith  
Samuel D. Smith  
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  
yes Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service? \_\_\_\_\_  
Give name and address of person to whom you desire notice sent in event of your death \_\_\_\_\_  
Dated at Eng. River, Colo., Mar 13, 1915  
Interpreter \_\_\_\_\_  
Witness [Signature] Superintendent or Mine Clerk. [Signature] Signature of Employe or Applicant (Full Name)