

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Frederick Coal COMPANY

Name Steve Kasmach Nationality Austrian Mine Record No. _____
 Ht. 5'11" Complexion Swamy Color eyes Blue Hair Brown Age 41 Wt. 165
 Identification Marks none
 Date employed 7/27 1926 In what capacity employed? Drigger Check No. _____
 State fully experience in coal mines 15 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 Frederick Coal Co. Bear River, Colo. from _____
 to _____; For Frederick Coal Co. Red Sulphur, Wyo. Colo. from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Drigger & Roadwork

What languages can you speak? English & Austrian
 Write English & Austrian

Where were you born? Austria Are you a citizen? 1st Paper

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? Yes
 If so, give her age 68 Name and address Mrs Mary Kasmach, Cedrus, Austria

Who supports her? I do Do you contribute to her support? Yes

How much do you contribute to support of father or mother, or both? 4.70 per year

Date last contribution was made _____ Amount 35.00

Give names and addresses of your brothers none

Give names and addresses of your sisters none

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
Mrs Mary Kasmach, Cedrus, Austria

Dated at Bear River, Colo., Aug 30, 1926

Interpreter _____
 Witness Nancy F. Duddle Superintendent or Mine Clerk. Steve Kasmach Signature of Employee or Applicant (Full Name)