

THE EMPLOYERS' MUTUAL INSURANCE CO. COMPENSATION INSURANCE INFORMATION

THE Beaumont Coal COMPANY

Name Victor Mark Mine Record No. _____
Nationality Scott Age _____ Wt. _____
Et. 5-11 1/2" Complexion red Color eyes blue Hair brunet Identification Marks scar top of chin
Date employed 9-7-17, 1914 In what capacity employed? digging Check No. _____
State fully experience in coal mines 12 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 Beaumont Coal Co., McEggon Colo from _____
to _____; For Beaumont from _____
to _____; For _____ from _____ to _____

At what work were you employed? digging
What languages can you speak? Eng Read? Eng
Write? Eng

Where were you born? March 10 Colo Are you a citizen? yes
Are you single, married, or a widower? married If married, give full name of wife Wanda Frank
Her age 32 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 Helma (15) Helma (13)
Victor (10) Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? no
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 54 Name and address Mrs Rose Frank, Laramie Colo
Who supports her? brother 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 Ed Frank, Laramie Colo
Give names and addresses of your sisters none

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
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 Beaumont, Colorado, 9-7-17, 1914

Interpreter _____
Witness Henry [unclear] Superintendent or Mine Clerk
Victor Mark Signature of Employee or Applicant (Full Name)