

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name Frank Francis Mine. Record No. _____
 Nationality Ruthenian Age 24 Wt. 150
 Ht. 5'9" Complexion Dark Color eyes Blue Hair Dark Identification Marks None
 Date employed 5/4/1926 In what capacity employed? Digger 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 Bear River Coal Co from _____
 to Prunacher-Konrad; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digger

What languages can you speak? English & Ruthenian Read Ruthenian
 Write Ruthenian

Where were you born? Ruthenian 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? Yes

If so, give her age 40 Name and address Mrs. Annie Francis, Cozue, Ruthenian

Who supports her? Self 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 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. Annie Francis, Cozue, Ruthenian

Dated at Bear River, Colo., 5-4, 1926

Interpreter _____

Witness Henry J. Dicks Superintendent or Mine Clerk. Frank Francis Signature of Employee or Applicant (Full Name)