

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. C. Lehman Mine. Record No. _____
 Nationality American Age 27 Wt. 150
 Ht. 5'9" Complexion Fair Color eyes Blue Hair Brown Identification Marks _____
 Date employed 7/24/24, 1924 In what capacity employed? Picker Check No. 40
 State fully experience in coal mines 3 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 Chick Coal Co. from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Deputy

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Summison, Colo 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? _____ 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 58 Name and address Lee Lehman
Summison, Colo. Who supports him? Himself

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 48 Name and address Mrs. May Lehman, Summison, 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 Pepp Lehman, Summison, Colo.

Give names and addresses of your sisters Mr. & Mrs. J. Youel, Summison, 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? No 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 Lee Lehman, Summison, Colo.

Dated at Bear River, Colo., March 20, 1924

Interpreter W. H. ...

Witness W. H. ... Superintendent or Mine Clerk. J. C. Lehman Signature of Emloye or Applicant (Full Name)