

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Ben River Mine. Record No. \_\_\_\_\_  
Pat Dowling Nationality American Age 51 Wt. 142  
 Complexion Fair Color eyes Blue Hair Dark Identification Marks None  
 Employed 12/9/1925, 1925 In what capacity employed? Digging Check No. \_\_\_\_\_  
 Experience in coal mines 15 years  
 Shot Firer's Certificate?  Shot Examiner's?  Fire Boss's?  Mine Foreman's?   
 Worked during the last year? For Fraker Coal from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_  
 ; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Work were you employed? Fraker Coal  
 Languages can you speak? Eng Read Eng  
 Write Eng  
 Where were you born? England Are you a citizen? Yes  
 Single, married, or a widower? Married If married, give full name of wife Anna Dowling  
 Is she living with you? Yes If not, give her present address \_\_\_\_\_  
 Is she dependent on you for support? Wholly Give names and ages  
 of your children, and indicate those married: Those living with you Frank & Joe & John  
 Not living with you (give addresses) \_\_\_\_\_  
 Are children, if any, physically or mentally defective? all OK  
 Are children who are self supporting? all  
 If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_  
 Who supports him? \_\_\_\_\_  
 Do you contribute to his support? \_\_\_\_\_ Is your mother living? Yes  
 Name and address \_\_\_\_\_  
 Do you contribute to her support? \_\_\_\_\_  
 Do you contribute to support of father or mother, or both? \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Names and addresses of your brothers None  
 Names and addresses of your sisters None  
 Names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support \_\_\_\_\_  
 Do you contribute to their support each year? \_\_\_\_\_  
 Amount \_\_\_\_\_  
 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? Yes  
 Address of person to whom you desire notice sent in event of your death \_\_\_\_\_  
The Anna Dowling, Ben River, Colo.  
12-9-25, Colo. Ben River, Colo.  
Henry F. Dodds Superintendent or Mine Clerk. Pat Dowling Signature of Employee or Applicant (Full Name)