

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name H. C. Walker Mine. Record No. Bear Run
 Ht. 5'6 3/4 Nationality American Age 39 Wt. 150
 Complexion Dark Color eyes Brown Hair Brown Identification Marks _____
 Date employed 9/11, 1924 In what capacity employed? Digging Check No. 24
 State fully experience in coal mines None

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 Ranch work from _____
 to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Ranch Hand

What languages can you speak? Eng Read Eng
 Write Eng

Where were you born? Kahoka, Mo. 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? If so, give his age 68 Name and address John C Walker
Kahoka, Mo. Who supports him? Himself

Do you contribute to his support? No Is your mother living?

If so, give her age 74 Name and address Mrs John C Walker Kahoka Mo.

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 _____

Give names and addresses of your sisters Mrs Wallace Havenor Kirkwood, Mo.

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? Have you had notice that the above named Employer is subject
 to the provisions of the Workmen's Compensation Act? and do you elect and agree to become subject thereto
 now? Do you understand the plan in force at the mine for furnishing medical, surgical and hospital service?

Give name and address of person to whom you desire notice sent in event of your death John C Walker
Kahoka, Mo.

Dated at Bear Run, Colo., Sept 11th, 1924

Interpreter _____

Witness H. C. Walker Superintendent or Mine Clerk. H. C. Walker Signature of Employee or Applicant (Full Name)