

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name W. L. Spencer Mine Record No. Bear River
 Nationality Amer Age 48 Wt 131
 Ht. 5' 4" Complexion Med Color eyes Blue Hair Brown Identification Marks none
 Date employed 7/16/19 In what capacity employed? Carpenter Check No. _____
 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 at Amber, Denver Colo & all jobs
 to _____; For just year from _____
 to _____; For _____ from _____ to _____
 At what work were you employed? Carpenter
 What languages can you speak? Eng Read Eng
 Write Eng
 Where were you born? Saline County, Neb. Are you a citizen? yes
 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? yes If so, give his age 70 Name and address Wm Spencer, M^c Cook Neb
 Who supports him? self
 Do you contribute to his support? no Is your mother living? yes
 If so, give her age 70 Name and address you & Wm Spencer, M^c Cook Neb
 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 Earl Spencer, M^c Cook Neb
 Give names and addresses of your sisters Mrs. Manney, Holyoke 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? 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
W. L. Spencer, M^c Cook Neb
 Dated at Bear River, Colo., Aug 16, 1919

Interpreter _____
 Witness Harry F. Books Superintendent or Mine Clerk. W. L. Spencer Signature of Employee or Applicant (Full Name)