

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Beaumont Coal COMPANY

Name John Gourley Mine Record No. _____
Nationality Irish Age 34 Wt. 150

Ht. 6-1" Complexion fair Color eyes blue Hair dark Identification Marks Scar left eyebrow

Date employed 1/17/24 In what capacity employed? Miner Check No. _____

State fully experience in coal mines 8 years

Have you a Shot Firer's Certificate? No Shot Examiner's? _____ Fire Boss? _____ Mine Foreman's? _____

For whom have you worked during the last year? For Beaumont Coal from _____ to _____

At what work were you employed? Miner Work

What languages can you speak? English Read? yes

Where were you born? Wilmington, N.C. Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife. Alice Gourley

Her age 32 Is she living with you? yes If not, give her present address _____

To what extent is she dependent on you for support? Wholly Give names and ages of each of your children, and indicate those married: Those living with you Calvin (4) - Lydia (11/2)

Not living with you (give addresses) _____

Which children, if any, are physically or mentally defective? None

Name children who are self-supporting _____

Is your father living? yes If so, give his age 87 Name and address W. J. Gourley, Atlanta, Ga.

Who supports him? Self Do you contribute to his support? no Is your mother living? yes

If so, give her age 80 Name and address Mrs W. J. Gourley, Atlanta, Ga.

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 J. S. Gourley, Beaumont Springs, Colo.

Give names and addresses of your sisters Mrs H. Matherland, Atlanta, Ga.

Give names and addresses of EVERYONE (other than wife, children, father or mother) dependent on you for support none

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 _____

Dated at Beaumont Colorado, 1/17/24, 1924

Interpreter _____ Witness John Gourley Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name)