

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Truhen Coal COMPANY

Name C. M. Stapf Mine Record No. Bea River  
 Nationality Amer Age 34 Wt. 161  
 Ht. 5'10" Complexion 1611 Color eyes Gray Hair Brown Identification Marks None  
 Date employed 7/17/26 In what capacity employed? Mech. Helper Check No. \_\_\_\_\_  
 State fully experience in coal mines. 12 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 Myself at Cray col. from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Ranching  
 What languages can you speak? Eng Read Eng  
 Write Eng

Where were you born? Toumton Colo Are you a citizen?   
 Are you single, married, or a widower? Married If married, give full name of wife Ellen Frances Stapf

Her age 22 Is she living with you?  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 Joseph (5)  
Shirley Marshall (3) May Elizabeth (2) Not living with you (give addresses)

Which children, if any, are physically or mentally defective? All OK  
 Name children who are self supporting. None

Is your father living?  If so, give his age 64 Name and address Shirley Marshall Stapf, Bea River, Colo.  
 Who supports him? Self

Do you contribute to his support?  Is your mother living?   
 If so, give her age \_\_\_\_\_ Name and address \_\_\_\_\_  
 Who supports her? \_\_\_\_\_ Do you contribute to her support? \_\_\_\_\_

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. Shirley Marshall Stapf, Bea River, Colo.  
Mr. Anna Kellumaker, Beatrice, Kas

Give names and addresses of your sisters. \_\_\_\_\_  
 Give names and addresses of EVERY ONE (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?  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. \_\_\_\_\_  
Mrs. C. M. Stapf, Bea River, Colo.

Dated at Bea River, Colo., July 17, 1926  
 Interpreter \_\_\_\_\_  
 Witness Henry F. Dodd Superintendent or Mine Clerk. C. M. Stapf Signature of Employee or Applicant (Full Name)