

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Trachon Coal COMPANY

Ben River Mine Record No. _____
Ben River Nationality Amer Age 27 Wt. 115
Color eyes Blue Hair light Identification Marks none
In what capacity employed? Digging Check No. _____
3 years

Shot Examiner's? Fire Boss's? Mine Foreman's?
For whom have you worked during the last year? For Marion Subst, Hayden Colo from _____
to _____ from _____ to _____

What language do you speak? Ranchwork Read Eng
Write Eng Are you a citizen? Yes

If married, give full name of wife _____
If not, give her present address _____

Give names and ages of those dependent on you for support? _____
and indicate those married: Those living with you none
Not living with you (give addresses) _____

Who supports him? Self
If so, give his age 42 Name and address A F Davenport, Hayden Colo
Do you contribute to his support? Yes Is your mother living? Yes

Name and address 42 Mrs A F Davenport, Mulberry Kas
Do you contribute to her support? Yes

Do you contribute to support of father or mother, or both? no
Amount _____
Address of your brothers Ben River, Cherokee, Kas

Address of your sisters none

Address of EVERY ONE (other than wife, children, father or mother) dependent on you for support
none

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
A F Davenport, Hayden Colo
Ben River, Colo., 12-7-, 1925

Mary F Dadds Superintendent or Mine Clerk.
A F Davenport Signature of Employee or Applicant (Full Name)