

THE EMPLOYERS' MUTUAL INSURANCE CO.  
COMPENSATION INSURANCE INFORMATION

THE Beaver Creek Coal COMPANY

Sadovan Mine Record No. Beaver Creek  
Nationality Amer Age 18 Wt. 155  
Complexion Fair Color eyes Blue Hair Brown Identification Marks None  
employed 10/11/37, 1937 In what capacity employed? Apprentice Check No. \_\_\_\_\_  
Daily experience in coal mines 1 year

Have you a Shot Firing Certificate?  Shot Examiner's?  Fire Boss'?  Mine Foreman's?   
For whom have you worked during the last year? For Beaver Creek Farming for himself, Craig Colo  
; For Just year from \_\_\_\_\_  
; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

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

Where were you born? Texas 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 44 Name and address Matt Sadovan Craig Colo  
Who supports him? Self  
Do you contribute to his support? Yes Is your mother living? No

If so, give her age \_\_\_\_\_ Name and address \_\_\_\_\_  
Who supports her? Husband & self Do you contribute to her support? Decided  
How much do you contribute to support of father or mother, or both? Sweet home & help pay bills

Date last contribution was made \_\_\_\_\_ Amount \_\_\_\_\_  
Give names and addresses of your brothers Frank Sadovan Craig Colo

Give names and addresses of your sisters Marguerite Sadovan Craig Colo

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 Beaver Creek, Colorado, 10/11/37, 1937

Interpreter Nancy F. Dadds & Bill Sadovan  
Witness \_\_\_\_\_  
Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name).