

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name C. A. Jones Mine Record No. _____
 Nationality American Age 32 Wt. 170
 Ht. 6'7" Complexion Fair Color eyes Blue Hair Brown Identification Marks _____
 Date employed _____, 1925 In what capacity employed? Machine Tender Check No. _____
 State fully experience in coal mines 5 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 North Park Coal Co. from 1925

to _____; For _____ from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digging
 What languages can you speak? _____ Read English

Write _____
 Where were you born? Ashtabula, Ohio Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife _____
 Her age _____ Is she living with you? Yes 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 65 Name and address S. B. Jones
Wellington, Colo. Who supports him? Family

Do you contribute to his support? No Is your mother living? Yes
 If so, give her age 54 Name and address Allen Jones
Wellington, Colo. 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 Burgess Jones
McFarries, Colo.

Give names and addresses of your sisters Med. Fabrice Jones
Coalmont, 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 S. B. Jones
Wellington, Colo.
 Dated at _____, Colo., Feb 10th, 1925

Interpreter W. H. [unclear]
 Witness _____ Superintendent or Mine Clerk. _____ Signature of Employee or Applicant (Full Name) C. A. Jones