

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal Co COMPANY

Name Jim Harper Mine Record No. 100
Nationality American Age 45 Wt. 170
Complexion W Color eyes Blue Hair Brown Identification Marks None
Date employed 11/27/33, 1933 In what capacity employed Shypping Check No.
State fully experience in coal mines 35 years

Have you a Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?

For whom have you worked during the last year? For Bear River Coal Co from Bear River, Colo
; For past year from
; For from to

At what work were you employed? Shypping

What languages can you speak? Eng Read? Eng
Write? Eng

Where were you born? Bellville, Mo Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Lillian Harper

Her age 45 Is she living with you? No If not, give her present address 1832 - Blake St Denver, Colo

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 Dewey (21) now self-supporting
Not living with you (give addresses)

Which children, if any, are physically or mentally defective? OK

Name children who are self-supporting Dewey

Is your father living? No If so, give his age Name and address

Who supports him?

Do you contribute to his support? Is your mother living? No

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 Jake Harper, Soldiers Home, Junction Hill

Give names and addresses of your sisters None

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

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 Mrs. John Harper, 1832 Blake St. Denver, Colo

Dated at Bear River, Colorado, 10/30/33, 1933

Interpreter

Witness

Superintendent or Mine Clerk

Signature of Employee or Applicant (Full Name)