

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear Run Coal COMPANY

Name A. S. Havens Nationality American Age 44 Wt. 160
 Ht. 5'8 1/2" Complexion Med Color eyes Blue Hair Dark Identification Marks Scar on forehead
 Date employed 9/30, 1924 In what capacity employed? Car Repairer Check No. ✓
 State fully experience in coal mines outside work 14 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 St. Louis & Mt. Park Co. from 7 years

to _____; For _____ from _____

to _____; For _____ from _____ to _____

At what work were you employed? Car Man

What languages can you speak? Eng Spanish Read Eng Spanish

Write Eng.

Where were you born? Folsom, Nev Mex Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Mrs Mary Havens

Her age 45 Is she living with you? Yes If not, give her present address 1426 Street Denver

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 Elmer Havens 13 yrs

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? 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 S. P. Havens ~~St. Louis~~ Willow Brook, Calif.

Give names and addresses of your sisters Mrs F. B. Cameron Willow Brook, Calif.

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 Mrs. Mary Havens, Denver, Colo.

Dated at Bear Run, Colo., Aug. 30th, 1924

Interpreter _____

Witness A. S. Havens Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)