

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Frazer Coal Co COMPANY

Name D. F. Baker Mine. Record No. Bear River Col  
 Nationality Amer Age 39 Wt 145  
 Complexion Med Color eyes Brown Hair Dark Identification Marks Scar on right leg.  
 Date employed 10/24, 1925 In what capacity employed? Digging Check No. \_\_\_\_\_  
 State fully experience in coal mines. 4 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 Moffat Coal Co. and Coal Creek Col from \_\_\_\_\_  
 to \_\_\_\_\_; For last year from \_\_\_\_\_ to \_\_\_\_\_  
 at what work were you employed? Digging  
 What languages can you speak? \_\_\_\_\_ Read Eng.  
 Write Eng.

Where were you born? Waterbury, Conn Are you a citizen? Yes  
 Are you single, married, or a widower? Widower 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)  
Ess C Baker (16) - Rochester, N.Y. - Wendell Baker (10) - Benton, Ill  
 Which children, if any, are physically or mentally defective? All OK  
 Name children who are self supporting None  
 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 H. A. Baker, Rochester, N.Y.  
 Give names and addresses of your sisters Katherine Mathis, Loretown, N.Y.  
 Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support  
only two children above

How much do you contribute to their support each year 300.00 just year  
 Date of last contribution Aug 1925 Amount 20.00  
 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  
Ess C Baker, Rochester, N.Y. - Wendell Baker, Benton, Ill  
 Dated at Bear River, Colo., 10-26, 1925

Interpreter \_\_\_\_\_  
 Witness Henry F. Dadds Superintendent or Mine Clerk. D. F. Baker Signature of Employee or Applicant (Full Name)