

THE EMPLOYERS' MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Joe Lethcoe Mine Record No. Bear River
Nationality American Age 33 Wt. 155
Complexion Dark Color eyes Blue Hair Dark Identification Marks Scar on face

Employed 9/11, 1933 In what capacity employed? Drifter Check No.
Experience in coal mines 30 years
Shot Firer's Certificate? Shot Examiner's? Fire Boss? Mine Foreman's?

Have you worked during the last year? For Bear River Coal Co from to
For Bear River Coal Co from to
For 1 year from to
What work were you employed? Drifting
Languages can you speak? Eng Read? Eng Write? Eng

Where were you born? Virginia Are you a citizen? Yes
Single, married, or a widower? Married If married, give full name of wife Mrs Lorraine Lethcoe
Is she living with you? No If not, give her present address don't know
To what extent is she dependent on you for support? Not dependent Give names and ages of your children, and indicate those married: Those living with you dependent child 1940s
Not living with you (give addresses) Simmons Creek West Virginia - Freeman P.O. - OK

Which children, if any, are physically or mentally defective?
Which 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
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?
Last contribution was made Amount
Names and addresses of your brothers J.W. Wilson, Mt City, Tennessee
Names and addresses of your sisters None

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?
Last contribution Amount

Do you have 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

Name and address of person to whom you desire notice sent in event of your death J.W. Wilson - Mt City Tennessee
Dated at Bear River, Colorado, 9/27, 1933

Superintendent or Mine Clerk Signature of Employee or Applicant (Full Name) Joe Lethcoe