

# THE EMPLOYERS' MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

THE Beartown Coal COMPANY

Name John Camp Nationality British Mine Record No. \_\_\_\_\_ Age 34 Wt. \_\_\_\_\_

Ht. 5-4" Complexion fair Color eyes blue Hair black Identification Marks count up

Date employed 10/21, 1934 In what capacity employed? hopper Check No. \_\_\_\_\_

State fully experience in coal mines 15 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 Beartown Coal from 10/21/34 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? hopper

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

Where were you born? Conn Are you a citizen? yes

Are you single, married, or a widower? married If married, give full name of wife Rose Camp

Her age 31 Is she living with you? yes If not, give her present address \_\_\_\_\_

To what extent is she dependent on you for support? totally Give names and ages of each of your children, and indicate those married: Those living with you none 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? \_\_\_\_\_ 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 none

Give names and addresses of your sisters Mary Camp, Aldenburg Indiana

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 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 \_\_\_\_\_

Dated at Beartown, Conn, 1934

Interpreter \_\_\_\_\_

Witness John Camp Superintendent or Mine Clerk John Camp Signature of Employee or Applicant (Full Name)