

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Fraker Coal COMPANY

Name Robert Ham Mine Record No.
 Nationality Amer Age 16 Wt. 145
 Ht. 5ft Complexion 7 Color eyes Blue Hair Brown Identification Marks None
 Date employed 8/24/26, 1926 In what capacity employed? Digging Check No.
 State fully experience in coal mines 3 months

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 Fraker Coal Co. Denver from
 to ; For past year from
 to ; For from to
 At what work were you employed? Digging
 What languages can you speak? Eng Read Eng
 Write Eng
 Where were you born? Now York Are you a citizen? Yes
 Are you single, married, or a widower? Single 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)

Which children, if any, are physically or mentally defective?
 Name children who are self supporting
 Is your father living? Yes If so, give his age 60 Name and address 404 Home, Bear River Colo
 Who supports him? Self
 Do you contribute to his support? Yes Is your mother living? Yes
 If so, give her age 40 Name and address Mrs J.H. Ham, Bear River Colo
 Who supports her? Husband & 3 sons Do you contribute to her support? Yes
 How much do you contribute to support of father or mother, or both? Land at Home & contribute
 Date last contribution was made what I earn - see all Amount 100.00 per yr
 Give names and addresses of your brothers Ed Ham Bear River Colo
 Give names and addresses of your sisters Clara Ham Bear River Colo
 Give names and addresses of EVERY ONE (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 Bear River, Colo., Aug 24, 1926
 Interpreter
 Witness Henry J. Dalk Superintendent or Mine Clerk. Signature of Employee or Applicant (Full Name)