

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name J. F. Baker Mine Record No. Bear River
 Nationality Amer. Age 40 Wt. 150
 Et. 5 ft 8 in Complexion Light Color eyes Blue Hair Dark Identification Marks Scar on left eye
 Date employed 3/27/1926 In what capacity employed? Shipping Check No. _____
 State fully experience in coal mines 5 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 Bear River Coal Co., Carbonate, Colo.
 to _____; For Just year from _____
 to _____; For _____ from _____ to _____

At what work were you employed? Digging
 What languages can you speak? English Read Eng
 Write Eng

Where were you born? Winterton, Tenn. Are you a citizen? Yes
 Are you single, married, or a widower? Married If married, give full name of wife _____
 Her age 38 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 Rowe C Baker (16) &
Harrell Baker (10) - Rochester, Ky & Carbonate, Colo. Not living with you (give addresses) _____

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 W. Baker, Rochester, Ky.

Give names and addresses of your sisters Hattie Mathews, Lutown, Ky.

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
Rowe C Baker, Rochester, Ky & W. Baker, Lutown, Ky.

Dated at 2-22-26, Colo., Bear River, Colo., 19____
 Interpreter _____
 Witness Henry F. Woods Superintendent or Mine Clerk. J. F. Baker Signature of Employee or Applicant (Full Name)