

THE EMPLOYERS MUTUAL INSURANCE CO.

COMPENSATION INSURANCE INFORMATION

THE Bear River Coal COMPANY

Name W. L. Koch Mine Record No. Bear River
 Nationality American Age 22 Wt. 157
 53 Complexion Dark Color eyes Dark Hair Dark Identification Marks _____
 Date employed 1923 In what capacity employed? Picker Check No. 18
 State fully experience in coal mines Less than year

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 My Creek Mine Hayden from 2 mos

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

Where were you born? Washington D.C. 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 45 Name and address W. L. Koch
3004 Williams St. Denver, Colo. Who supports him? Himself

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 _____

Give names and addresses of your sisters Lena E Koch, Denver, Colo.
Bert Koch, Denver, Colo.

Give names and addresses of EVERY ONE (other than wife, children, father or mother) dependent on you for support _____

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 W. L. Koch
3004 Williams St. Denver, Colo.

Dated at Bear River, Colo., Dec 6th, 1923

Interpreter _____
 Witness W. L. Koch Superintendent or Mine Clerk. W. L. Koch Signature of Employe or Applicant (Full Name)