

# THE EMPLOYERS MUTUAL INSURANCE CO.

## COMPENSATION INSURANCE INFORMATION

### THE Beau Rivier Coal COMPANY

Name Larry Shiner Mine Record No. Beau Rivier  
 Nationality American Age 34 Wt. 160  
 Ht. 5'11" Complexion Fair Color eyes Dark Hair Dark Identification Marks \_\_\_\_\_  
 Date employed 9/3, 1924 In what capacity employed? Shifter Check No. \_\_\_\_\_  
 State fully experience in coal mines 14 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 Beau Rivier Coal from 4/1  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_  
 to \_\_\_\_\_; For \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

At what work were you employed? Shifting

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

Where were you born? Austria Are you a citizen? Yes

Are you single, married, or a widower? Married If married, give full name of wife Lucy

Her age 34 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? No If so, give his age \_\_\_\_\_ Name and address \_\_\_\_\_

Who supports him? Yes

Do you contribute to his support?  Is your mother living? Yes

If so, give her age 62 Name and address Peter Shiner, Santa Maria, Austria

Who supports her? Herself 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 100<sup>00</sup> year

Give names and addresses of your brothers \_\_\_\_\_

Give names and addresses of your sisters \_\_\_\_\_

Mary Shiner, Care Spgs, Colo. 217-20 Cimmaron

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 Mary Shiner  
217-7 Cimmaron St Care Spgs, Colo.

Dated at Beau Rivier, Colo., April 3rd, 1924

Interpreter W. H. Woodward

Witness W. H. Woodward Superintendent or Mine Clerk. Larry Shiner Signature of Employee or Applicant (Full Name)