Van Houten Mine Records

1901 - 1955

Raton, Colfax County, New Mexico

A

NAME Louis Abeyta OCCUPATION Loader

DATE OF BIRTH Jan 11th,1908 SOCIAL SECURITY NO. 522-03-1986

WHERE BORN? N.M. Mora. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Eagle Co. Colo.	FROM 1934	TO 1944 Aug.	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Mary M.Abeyta HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Koehler, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Emma E.	F	2-17-24	20	
Laura	F	1-4-26	18	
Josepher	F	6-4-28	16	
Rasana	F	5-26-32	12	
David	M.	3-9-36	8	
Frank T.	M	12-16-39	5	

IN K	DATE 9-7-44	CHECK 73
OUT DATE 9/16/44		CHECK
CAUSE Own accord.		
IN K	DATE 10/7/44	CHECK
OUT DATE 1-1-46		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Adolpho Abeyta,Valentine Abeyta. Springer, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Eagle Co, Colo. Board No .54 Order Bo.10192 Class 1V-A
Jan 22nd,1943

GROUP INSURANCE Yes

INTERPRETED BY

DATE Sept 7th,1944

SIGNED IN PRESENCE OF

Louis Abeyta
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Abeyta, Louis	Jan. 11, 1908	Married	New Mexico	Yes	Sept. 7, 1944	Sept. 7, 1944

NAME Andronico Abila OCCUPATION loader Born- ~~Born~~ Jan. 6, 1906

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR on section AT& SF.	FROM May, 1928	TO Sept. 1928	
FOR on farm at Mora, N.M.	FROM Jan. 1926	TO April, 1928	
FOR Gallup N.M. coal mine	FROM Jan, 1925	TO Dec. 1925	
FOR on farm	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

65

IN SW	DATE 9-11-28	CHECK	
OUT DATE 9-15-28		CHECK	
CAUSE Own accord			
IN Sw	DATE 11-17-28	CHECK	
OUT DATE 1/10/30		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 50 FULL NAME Selso Abila ADDRESS Mora, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 20.00 per mo.

IS YOUR MOTHER LIVING? yes AGE 48 FULL NAME Laura ADDRESS Mora, N.M.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Joe in Mora, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Mar. 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 9-11-28

SIGNED IN PRESENCE OF

R.P.Woods

Andronico Abila

SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DIVORCED~~ IN FAMILY ~~WIDOWED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abila, Andronico	Jan.6,1906	Single		New Mex.	Yes	9/11/28	9/11/28

88-No 525-03-8447

NAME Ambrosio Abila OCCUPATION loader Born Jan. 6, 1906

WHERE BORN? U.S. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Johnstown Colo. Beets	FROM May, 1930	TO July, 1930	
FOR not working	FROM Feb. 1930	TO April, 1930	
FOR Swastika	FROM Jan. 1929	TO Jan. 1930	
FOR Gallup, N.M.	FROM Oct. 1928	TO Dec. 1928	
FOR for ATSF at Morley	FROM July, 1918	TO Sept. 1920	
FOR on ranch	FROM	TO June, 1928	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Lay Off

IN	DATE 7-26-30	CHECK 78
OUT DATE		CHECK
CAUSE		
IN Laid off	DATE	CHECK
OUT DATE OCT 2 1940		CHECK 224
CAUSE Resumed work		
IN Br	DATE Nov. 4, 1940	CHECK
OUT DATE 12/28/42		CHECK
CAUSE Trans Roche		
IN 12-	DATE 12-29-42	CHECK 153
OUT DATE 9/6/45		CHECK
CAUSE Died		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 56 FULL NAME Dolso Abila ADDRESS Morley, Colo.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? very little

IS YOUR MOTHER LIVING? yes AGE 56 FULL NAME Laura ADDRESS Morley, Colo.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Joe in Morley, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 7-26-30

SIGNED IN PRESENCE OF

F. A. Woods

SIGNATURE OF APPLICANT

Avila

Abila

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW DIV	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

525-03-8225

NAME Bisente Abila OCCUPATION Miner Born Apr.5,1893

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? No WRITE? Name, only

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM June 21,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margaretta Margarita Escandon HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
José Serrano	Male		20 years	

Bisente is step father
Step Son goes by name José Serrano Avila

IN SW	DATE 6/21/26	CHECK 138	
OUT DATE 10/2/40		CHECK	
CAUSE Reduction of force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on

2000 on

INTERPRETED BY

DATE Swastika, N. M. June 21, 1926.

SIGNED IN PRESENCE OF

L. B. Thomure

Bisente Abila

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY DIVORCED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abila, Bisente,	April 5, 1893	Married		Mexico	No	June 21, 26	6/21/26

NAME Joe Abila OCCUPATION miner Born Mar. [illegible]

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR FAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Lowell Ariz. copper	FROM April, 1926	TO may, 1928	
FOR Army for 3 yrs.	FROM	TO Mar. 1926	
FOR Gallup coal mines	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Jessie HER AGE 19

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	boy		11 mos.	

IN SW	DATE 5-26-28	CHECK 140
OUT DATE 9-10-28		CHECK
CAUSE O.B.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 63 FULL NAME Manuel Abila ADDRESS Buena Vista, N.M.

WHO SUPPORTS HIM? my brother and I HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 10.00 per mo.

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Eugene in Swastika- John in Sapula, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Rose in Buena Vista, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife and brother

INTERPRETED BY

DATE 5-26-28

SIGNED IN PRESENCE OF

R.P. Woods

Joe Abila
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abila, Joe	Mar. [illegible], [illegible]	Married		New Mexico	Yes	Jan. [illegible], 26	5/26/28

NAME Jose Serano Abila OCCUPATION Miner Born Mar.19,1906

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM June 30,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rosa HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 6/30/26	CHECK 209
OUT DATE 3-20-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 40 FULL NAME Margaretta ADDRESS Mexico

WHO SUPPORTS HER? Stepfather-Bicente Abila HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

L. B. Thomure

Jose Serano Abila

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~NUMBER~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abila, Jose Serano,	Mar. 19, 1906	Married		Mexico	No	June 30, 26	6/30/26

NAME Vicenti Abila, OCCUPATION Miner

DATE OF BIRTH April,5,1894 SOCIAL SECURITY NO. 525-03-8225

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.&Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Brilliant # 2	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margarite Abila HER AGE 49

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margarite	Female		15	Van Houten, N. M.

IN VH	DATE 3-4-42	CHECK 110
OUT DATE 5-27-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE Sept 1942

INTERPRETED BY

DATE Mar. 3, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Vicente Abila

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Abila, Vicenti	April 5, 1894	Married	Mexico	No	Mch.4,1942	Mch.3,1942

NAME Walter Abourezk OCCUPATION Tipple Born Oct.27,1907

WHERE BORN? South Dakota U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Chevrolet Garage Raton 1 Yr	FROM	TO	
FOR Seaburg " 2½	FROM	TO	
FOR Uncle's Store " 4 Mo	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 10/27/27	CHECK 455
OUT DATE 4-25-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME E. M. Abourezk ADDRESS Raton, N. M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $40.00 per Mo

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Nellie ADDRESS Raton

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Kourey, Charlestown, W. VA
Linda, May, Selma, Helen, Raton

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. ~~$1000~~ on
1500 on
2000 on

INTERPRETED BY

DATE 10/27/27

SIGNED IN PRESENCE OF Geo. L. Kimball

Walter Abourezk
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~REFERENCE~~ IN FAMILY ~~WIDOW~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abourezk, Walter	Oct.27,1907	Single		South Dakota	Yes	Oct. 27, 27	10/27/1927

NAME Walter Abourezk OCCUPATION Tipple Born Mar 13 1908

WHERE BORN? S. Dakota U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Raton	1½ Yrs	FROM	TO
FOR Swastika	2 Yrs	FROM	TO
FOR Garges Raton	2 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

239

IN Sw	DATE 9/15/30	CHECK
OUT DATE 6/8/31		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 48 FULL NAME Nellie Abourezk, Raton, N. M. ADDRESS

WHO SUPPORTS HER? My sister and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? She lives with me

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Linda, May, Selma, Helen, Raton. Mary Kourey, W. Va

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

~~None~~ My young sisters May, Helen, & Belma

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Mar. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE 9/18/30

SIGNED IN PRESENCE OF

G.L.Kimball.

Walter Abourezk
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abourezk, Walter,	Mar. 13, 1908	Single		So. Dakota	Yes	9-15-1930	9-15-30

NAME L.O. Abshere OCCUPATION Miner Born Apr.8,1902

WHERE BORN? Mtn.View, Okla. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.&.S.F.Ry.Co. Raton, N.M. FROM Nov ## 1923 TO December 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Yes

GIVE FULL NAME OF WIFE Dorthy I Abshere HER AGE 26

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marvin	Boy		8	With me
Marcella	Girl		6	"
Harrold Wayne	Boy		4	"

IN VH	DATE 12-11-29	CHECK 175
OUT DATE 2-17-30		CHECK 363
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME W.G.Abshere ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Lula J Abshere ADDRESS Raton, N.M

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My wife at Van Houten, N.M.

INTERPRETED BY

DATE 12-11-1929

SIGNED IN PRESENCE OF

L. O. Abshere
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Abshere, L. O.,	Apr. 8, 1902	Married		Oklahoma	Yes	12-11-1929	12-11-29

NAME Ben Acosta OCCUPATION miner

DATE OF BIRTH May 3,1909 SOCIAL SECURITY NO. 525-05-2556

WHERE BORN? Ogofelez N.Mx. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng Span READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.& I FROM Sept.1942 TO May 1,947

FOR Woods Coal Co FROM Sept.1942 TO Sept 1942

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Lora Acosta HER AGE 32

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maragaret	female	Sept 4	14	
Willie	male	Feb.24	12	
Richard	"	Mar.21	11	
Dan	"	Aug.16	9	
Lillie	female	June 12	8	
Rosela	"	April 13	5	

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE FULL NAME Julieneta Acosta ADDRESS Hayden Colo.

WHO SUPPORTS HER? Old age pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? yes $10.00 per Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Virginia Padilla,Hayden Colo.
Maulete Hernandez Mount Harris Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Nonoe

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Lora Acosta,Tioga,Colo.

$500 GROUP INSURANCE Dec 1947

INTERPRETED BY

DATE 5-6-47

SIGNED IN PRESENCE OF David Stewart

Ben Acosta
SIGNATURE OF APPLICANT

IN 15	DATE 5-12-47	CHECK 82	82
OUT DATE 5-18-49		CHECK	
CAUSE Voluntary; quit without good cause.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Acosta, Ben	May 3, 1909	Married	New Mexico	Yes	May 12, 1947	May 6, 1947

NAME Jose Acevedo OCCUPATION Timberman

DATE OF BIRTH Sept 15th,1889 SOCIAL SECURITY NO. 525-01-2328

WHERE BORN? Mexico U. S. CITIZEN? No, FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-ng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR In Mexico	FROM Sept,1945	TO April,1946	
FOR Stag Canyon Fuel Co	FROM Dec,1944	TO Sept,1945	
FOR Gallup American Fuel Co-	FROM 12 years	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Verginia Acevedo HER AGE

IS SHE LIVING WITH YOU? Yes-No IF NOT, GIVE PRESENT ADDRESS Juarez Mexico 1012 Orocallejon St

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marina	F	4-30-29	17	Maexico
Tsmeal	M	3-9-31	15	Mexico

IN K	DATE 5-17-46	CHECK 182
OUT DATE 6-25-47		CHECK
CAUSE Voluntary; quit without good cause.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jesus Ponce, Raton, N.M. have three in Old Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Sister inRaton and wife in Mexico

$500 GROUP INSURANCE Dec. 1946

INTERPRETED BY

DATE May 17th,1946

SIGNED IN PRESENCE OF H. Brockman

Jose Acevedo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Acevedo, Jose	Sept. 15, 1889	Married	Mexico	No	May 17, 1946	May 17, 1946

NAME Jose Acevedo OCCUPATION Coal Miner

DATE OF BIRTH 9-18-1889 SOCIAL SECURITY NO. 525-01-2328

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span -Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Unemployed Mexico	FROM July 1947	TO	October 1947
FOR This Co.Koehler,N.M.	FROM October 1946	TO	July 1947
FOR Stag Canon ,Dawson,N.M.	FROM October 1944	TO	October 1946
FOR Gallup American,Gallup,N.M.	FROM October 1929	TO	October 1944
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Verginia HER AGE 40

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Juarez,Mexico.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marino	Girl	18		Juarez,Mexico
Esmial	Boy	16		" "
Joe S	"	5-18-19	28	503 2nd Ave Raton,N.M.

IN V K	DATE 10-23-47	CHECK 112
OUT DATE 4-15-48		CHECK
CAUSE Reducing force.		
IN Koehler	DATE 8-25-48	CHECK 176
OUT DATE 8-19-49		CHECK
CAUSE Own accord; taking pension		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Casuse,Valentina and antonia in Juarez,Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Son Esmial Acevido
1012 Callejon Ora
C Juarez, Mexico.
and my Son Joe S.Acevedo,
503 2nd Ave.Raton,N.M.

GROUP INSURANCE Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bernard

Jose Acevedo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Acevedo, Jose	Sept. 18, 1889	Married	Mexico	No	Oct. 23, 1947	Oct. 23, 1947

NAME Nestor Adams OCCUPATION Miner Born Feb.26,1892

WHERE BORN? Cerillos,N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	C.F.&.I.Co. Walsen,Colo	FROM April 1922	TO	May 1923
FOR	Ths Co. Swastika,N.M.	FROM May 1923	TO	November 1923
FOR	This Co. Van Houten,N.M.	FROM Nov.1923	TO	February 1924
FOR	Victor Amer. Delagua,Colo	FROM Feb.1924	TO	April 1927
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Juanita Adams HER AGE 26

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lena	Boy		3 Years	with me

V.H. 4-26-27 IN	DATE	CHECK 206
OUT DATE 5-27-1929		CHECK 328
CAUSE mutual accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 63 FULL NAME Temotea Adams ADDRESS Ft.Collins,Colo.

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Isobel Chaves, FtCollins,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mrs Juanita Adams, Van Houten,N.M. 1500 on

2000 on

INTERPRETED BY

DATE V.H. 4-26-1927

SIGNED IN PRESENCE OF C.A.Bernard.

Nestor Adams

SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER DIVORCED	~~DEPENDENTS~~ IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Adams, Nestor	Feb. 26, 1892	Married		New Mexico	Yes	Apr.26, 27	4/26/27

NAME **Nestor Adams** OCCUPATION **Miner** Born **2/26/1892**

WHERE BORN? **Cerrillos, N.Ms.** CITIZEN? **Yes** FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? **Eng. &Span.** READ? **Yes.** WRITE? **Yes.**

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR **1931-1933 Madrid,N.M.** FROM TO

FOR **1933-1937 Albuquerque,N.M.** FROM TO

FOR **W P A** FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? **Married**

GIVE FULL NAME OF WIFE **Jennie Adams** HER AGE **38**

IS SHE LIVING WITH YOU? **Yes.** IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Linard	Boy		13	Albuquerque, N. M.
Robert	"		8	" " " " " " " " " " " " " " " "
Cecilia	Girl		2	" " " " " " " " " " " " " " " "

IN **VH**	DATE **1/4/37**	CHECK **111**
OUT DATE 9-30-40		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? **No.** AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? **No.** AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: --

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: --

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on July 1937
1500 on
2000 on

INTERPRETED BY

DATE **Jan. 4 1937**

SIGNED IN PRESENCE OF A. L. Atchison

Nestor Adams
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	OCCUPATION IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Adams, Nestor	Feb.26,1892	Married		New Mexico	Yes	Jan.4,1937	Jan. 4, 1937

NAME Nestor Adams OCCUPATION Miner

DATE OF BIRTH 2/25/92 SOCIAL SECURITY NO. 525-05-8265

WHERE BORN? Los Cerrillos N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Van Houten	FROM	Jan.1937	TO Oct.1940
FOR	Sunshine Mine ,Yankee	FROM	Oct.1941	TO May.1942
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jenny S.Adams HER AGE 44

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Leonard H.	Male	9/29/23	18	Service
Robert	"	7/25/28	14	Raton,
Cecila	Female	9/4/34	7	"

IN VH	DATE 6/19/42	CHECK 122
OUT DATE 12-23-44		CHECK 32
CAUSE own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Isavel Chavez Gallesteo N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Jenny S.Adams Raton. $500.00 GROUP INSURANCE Dec. 1942

INTERPRETED BY

DATE 6/18/42

SIGNED IN PRESENCE OF David Stewart

Nestor Adams
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Adams, Nestor	Feb. 25, 1892	Married	New Mexico	Yes	June 19,1942	June 18,1942

NAME William Dee Adams OCCUPATION Miner

DATE OF BIRTH May 22-1905 SOCIAL SECURITY NO. 523-07-9854

WHERE BORN? Oklahoma City, CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Olson and Jones Contractors FROM Dec,1942 TO Dec,1943

FOR Platt Rogers, Contractor FROM June,1941 TO Dec,1942

FOR Driscoll Construction Co. FROM 1938 TO 1941

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Stella E.Adams HER AGE 27

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Maxwell, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Kenneth A.	M	12-13-42	1	Maxwell, N.M.

Seward Kansas Board No. 1. Oct 16,1940. Classed 3A
have lost card and number, will secure.

IN K	DATE 11/49	CHECK MV
OUT DATE Jan. 5, 1944		CHECK
CAUSE U. S. Army		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME J.E.Adams, ADDRESS Wichita, Ks

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Clarence . Denver, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jessie Rocas, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

GROUP INSURANCE

INTERPRETED BY

DATE Dec 29th,1943.

SIGNED IN PRESENCE OF

A. L. Atchison

William Dee Adams

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Adams, William Dee	May 22, 1905	Married	Oklahoma	Yes	Dec. 29, 1943	Dec. 29, 1943

December 28, 1944

U. S. Employment Service,
Colfax County Courthouse,
Raton, New Mexico.

Dear Sir:

Nestor Adams, Social Security No. 525-05-8265, who has been employed in our mine at Van Houten, New Mexico, is no longer an employee of this Company due to his inability to continue working in a coal mine. It is satisfactory with us for you to issue to Mr. Adams a Statement of Availability so that he may seek employment elsewhere.

Very truly,

ST. LOUIS, ROCKY MOUNTAIN & PACIFIC CO.

General Manager of Mines.

NAME Agustin G. Aguilar (Aguilar) OCCUPATION Loader

DATE OF BIRTH Oct 28th,1894 SOCIAL SECURITY NO. 525-50-0445

WHERE BORN? N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farm	FROM all	TO 1945	
FOR	FROM	TO	
FOR Worked at Madrid Mine 1926	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Francigita Aguilar HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Ribera, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Nigasio	M	1930	14	Ribera, N.M.
Lonica	M	1934	10	
Anastasio	M	1937	8	
Alando	M	1941	4	
Jospehina	F	1938	7	

IN K	DATE 6-14-45	CHECK 99	
OUT DATE 3/30/46		CHECK	
CAUSE Own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Lorenzo Garcia and A. Garcia, Ribera, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Registered. Ribera, San Migual County, N.M.
Board No.1 Jjne 27th,1942. Not classified.

$500 GROUP INSURANCE Jan. 1946

INTERPRETED BY yes

DATE June 14th,1945

SIGNED IN PRESENCE OF David Stewart

Agustin G. Aguilar
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aguilar, Agustin G.	Oct. 28,1894	Married	U. S.	Yes	June 14,1945	June 14,1945

NAME Alberto Aguilar OCCUPATION miner Born May 13 1907

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Swastika	FROM June 1924	TO	Sept. 1927
FOR ATSF on section	FROM May, 1922	TO	May, 1924
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 9-27-27	CHECK 73
OUT DATE 3/11/31		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 48 FULL NAME Ramon Aguilar ADDRESS Swastika, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? all I can.

IS YOUR MOTHER LIVING? yes AGE 40 FULL NAME Clarita ADDRESS Swastika

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in the above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Roche and Dave both in Swastika

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Felicita in San Miguel, N.M.- Annie and Fannie both in Swastika, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 9-27-27

SIGNED IN PRESENCE OF

R. P. Woods

Alberto Aguilar
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aguilar, Alberto	May 13, 1907	Single		New Mexico	Yes	Aug. 23, 24	9/27/1927

NAME Amado Aguilar OCCUPATION Miner

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranching Mexico FROM Up TO May 1927

FOR Tecolteche, Jelasco. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V.H.	DATE 5-17-27	CHECK 291
OUT DATE 10-5-27		CHECK 144
CAUSE O.a		
IN Sw	DATE 10-7-27	CHECK 81
OUT DATE 8-4-28		CHECK
CAUSE O.b.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvadore Aguilar, Chicago, Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Salvadore Aguilar, Chicago, Ill.

INTERPRETED BY John Lares

DATE 5-17-27

SIGNED IN PRESENCE OF C. A. Bernard

Amado Aguilera

SIGNATURE OF APPLICANT

Did not take any ins 5-17-27

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Aguilar, Amado	21	S	1	Mexico	No	5/17/27

NAME Andres Aguilar OCCUPATION loader

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR on farn at Ribera, N.M. FROM 5 yrs. TO Jan. 1928

FOR Swastika and Koehler FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Deidiro	boy		7 yrs.	Ortiz, N.M.
Ramon	"		5 "	"
Monico	"		3	"
Anerio	girl		1	"
these children stay with Hipalito Roybal at				"

IN SW	DATE 1-24-28	CHECK 186	
OUT DATE 4-6-28		CHECK	
CAUSE O.B.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Filimino and Santiago in Ortiz, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Esqualis Aguilar in Ribera, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

brothers in Ortiz, N.M.

INTERPRETED BY

DATE 1-24-28

SIGNED IN PRESENCE OF

R. P. Woods

Andres Aguilar

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Aguilar, Andres	27	Wid	5	N Mex	Yes	1/24/28

NAME Andres Aguilar OCCUPATION Miner

DATE OF BIRTH Mar 16th,1901 SOCIAL SECURITY NO. 710-01-5112

WHERE BORN? San Miguel, N.Ms. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR	FROM	TO
FOR Worked at Koehler and Swastika		TO
FOR In 1922	FROM	TO
FOR	FROM	TO
FOR A.T.&.S.F.Ry	FROM 1937	TO June,1943.

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Margarito Aguilar HER AGE 35

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Ribera, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Amava	Female	Nov 7th,1926	17	Ribera, N.M.
Ramona	Male	Apr 23,1923	20	U.A.Army
Monico	Male	Mar 29th-1925	18	U.A.Navy

IN K	DATE 7/1/43	CHECK	
OUT DATE 3-21-47		CHECK	
CAUSE Farming. Voluntary; just without good cause			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pedalino Aguilar, Ribera, N.M. Santiago Aguilar, N.M. Bernalillo, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Solastica Aguilar Medina, Ribera, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife. Ribera, N.M.

$500. GROUP INSURANCE Feb. 1944

INTERPRETED BY

DATE July 1st,1943.

SIGNED IN PRESENCE OF A. L. Atchison

Andres Aguilar
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aguilar, Andres	March 16, 1901	Married	New Mexico	Yes	July 1, 1943	July 1, 1943

TO WHOM IT MAY CONCERN:

The records of the St. Louis Rocky Mountain Coal Company (now in possession of Kaiser Steel Corporation) indicate that ANDRES AGUILAR SS#710-01-5112 was employed by St. Louis Rocky Mountain and Pacific Company at the following locations:

Location	Job-Title	Dates Worked
Swastika, N.M.	Loader	1-24-28 thru 4-6-28
Koehler, N.M.	Miner	7-1-43 thru 3-21-47
Koehler, N.M.	Miner	12-28-48 thru 7-30-53
Koehler, N.M.	Miner	8-24-53 thru 10-30-53

N. Yaksich

Signature

N. Yaksich

Mine Accountant

Title

12/1/71

NAME Andres Aguilar OCCUPATION Miner

DATE OF BIRTH March 16,1901 SOCIAL SECURITY NO. 710-01-5112

WHERE BORN? San Miguel,N.M. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming for self.	FROM March,1947	TO Dec.1948	
FOR ST.L.R.M.&.P.Co.	FROM July 1943	TO March 1947	
FOR Odd Jobs.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margarita HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ramon	M	April 26,1923	25	
Monico	M	March 29,1925	23	
Anida	F	Nov.7,1926	22	
Manuel	M	April 20,1947	1 Year	

IN K DATE 12-28-48 CHECK 256

OUT DATE JULY 30 1953 CHECK

CAUSE REDUCTION OF FORCE

IN K DATE 8-24-53 CHECK 154

OUT DATE Oct. 30,1953 CHECK

CAUSE Reduction of force

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Filomeno Bernallio,N.M. Santiago Bernallio,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mrs. Escolastica Medina Koehler, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Margarita Aguilar Koehler, New Mexico

$500 GROUP INSURANCE July 1949

INTERPRETED BY

DATE Dec. 27,1948

SIGNED IN PRESENCE OF Harry Stewart

Andres Aguilar

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aguilar, Andres	March 16,1901	Married	New Mexico	Yes	Dec. 28,1948	Dec.27,194

367

NAME Francisco Aguilar OCCUPATION Miner Born April 16,1899

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Beet Laborer Linger Wyo.	FROM May 1924	TO December 1928
FOR Koehler, N.M.	FROM December 22	TO May 1924
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lebarella R HER AGE 29

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ester	Gorl		10 Years	With me
Jose	Boy		8	"
Maria	Girl		7	"
Louis	Boy		4	"
Lola	Girl		3	"
Jesus	Boy		2	"

IN VH	DATE 12-14-28	CHECK
OUT DATE 5-15-29		CHECK 367
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME Louis Aguilar ADDRESS Van Houten, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Louis Aguilar, Van Houten, N.M.

INTERPRETED BY Frank Leal

DATE 12-14-28

SIGNED IN PRESENCE OF C A Bernard

Francisco Aguilar
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aguilar, Francisco,	Apr. 16, 1899	Married		Mexico	No	Dec. 14, 28	12/14/28

NAME Joe Mario Aguilar OCCUPATION 42

DATE OF BIRTH July 24, 1909 SOCIAL SECURITY NO. 522-16-75~~14~~

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farmed	FROM 3 Yrs	TO	
FOR Dawson	FROM 1½ Yrs	TO	
FOR Ramey	FROM 6 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Frances HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN B2	DATE ~~7~~ 3/4/46	CHECK 4/4
OUT DATE 3/30/46		CHECK
CAUSE Not returned since strike		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Juan, Calif. Mike, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Antonia Olguin, Agusta, Colo.
Dora Lucero, " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE ~~2/23/46~~ 3/2/46

SIGNED IN PRESENCE OF Geo. L. Kimball

Joe Mario Aguilar
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aguilar, Joe Mario	July 24, 1909	Married	Colorado	Yes	March 4, 1946	March 2, 1946

NAME Luis Aguilar OCCUPATION Miner Born June 21,1888

WHERE BORN? Old Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng.Span READ? No WRITE? Name

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM May 14,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mariarri Vera Aguilar HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Male		8	Koehler, N. M.
Marie	Female		7	" " "

IN VH	DATE 5/14/17	CHECK 337	
OUT DATE 2-4-31		CHECK	
CAUSE on sick leave did not return			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Francisca, Old Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

C. C. Hornaday

Luis Aguilar
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~AGE~~	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aguilar, Luis	June 21, 1888		Married		Old Mexico	No	May 14,1917	6/15/23

Donato SSD 525-03-8439

NAME Ramon Aguilar OCCUPATION Loader Born Mar. 19,1880

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. Some Eng. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.4,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Clarita HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Felice	Girl		19	Ribera, N. M.
Alberto	Boy		17	Swastika, N. M.
Annie	Girl		9	Ribera, N. M.
Roco	Boy		7	" " "

IN SW	DATE 11/4/20	CHECK 157	
OUT DATE 10-2-1940		CHECK 12	
CAUSE Reduction of force			
IN ~~Br #2~~	DATE ~~11-15-40~~	CHECK ~~2 19~~	
OUT DATE		CHECK	
CAUSE			
IN Br #2	DATE 11-30-40	CHECK 32	
OUT DATE 8/10/44		CHECK	
CAUSE Voluntary.			
IN Br. #2	DATE 8-18-44	CHECK 68	
OUT DATE 6-26-47		CHECK	
CAUSE Retired - Did not report definitely on this until July 22, 1947			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 74 FULL NAME Ramolo Aguilar ADDRESS Kiowa, Colo.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 77 FULL NAME Ritarca Aguilar ADDRESS Ribera, N. M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Lives with my family

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on May 1, 1928

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball

Ramon Aguilar

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED SINGLE WID DIV~~	~~DEPENDENTS IN FAMILY INCLUDING SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aguilar, Ramon	Mar. 19,1880		Married		New Mex.	Yes	Nov. 4,1920	8/23/24

NAME Tiburcie Aguilar OCCUPATION Miner

DATE OF BIRTH April,9, 1900 SOCIAL SECURITY NO. 523 - 03 - 2355

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Huerfano Coal Co. Walsenburg, Colo. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elvera Aguilar HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jimmy	Male		13	Koehler, N. M.

> Killed in auto accident on Raton Pass Sept 25 or 26, 1948

IN K	DATE 8-17-42	CHECK 104
OUT DATE 8-15-55		CHECK
CAUSE Property sold to Kaiser		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Geodora Augular ADDRESS Mexico.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 57 FULL NAME Quana Augular ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500 GROUP INSURANCE Jan.16,1945

INTERPRETED BY

DATE Aug. 11, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Tiburcio Aguilar
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aguilar, Tiburcio	April 9, 1902	Married	Mexico	No	Aug. 17, 1942	Aug. 11, 1942

NAME Pablo Alarid OCCUPATION Miner

DATE OF BIRTH 2/25/1880 SOCIAL SECURITY NO. 525-09-7435

WHERE BORN? Mora,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd Jobs	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Clorinda T.Alarid HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton.New Mex.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julio	Male		7	Raton,
Alina	Female		5	"

IN VH-	DATE 10/16/43	CHECK 96
OUT DATE Nov. 24,1943		CHECK
CAUSE Quit, says cannot make		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Haco, Denver,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Marina Sisneros,Mora Lucia Morego, Mora.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Clorinda Alarid, Wife

GROUP INSURANCE

INTERPRETED BY

DATE 10/18/43

SIGNED IN PRESENCE OF David Stewart

Pablo Alarid
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Alarid, Pablo	Feb. 25, 1880	Married	New Mexico	Yes	Oct. 16, 1943	Oct. 18, 1943

NAME Pablo Alarid OCCUPATION Loader

DATE OF BIRTH Feb 26 1885 SOCIAL SECURITY NO. 525-09-7435.

WHERE BORN? Mora U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR City of Raton	FROM 1 Yr	TO	
FOR Gallup Odd Jobs	FROM 6 Mo	TO	
FOR Van Houten	FROM 3 Mo	TO	
FOR " " Props	FROM 3 Mo	TO	
FOR WPA	FROM 1 Yr	TO	
FOR Saw mill Ocate	FROM 4 Yrs	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Clorinda HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 225 E 7th Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julian	Boy		10	Raton
Elena	Girl		2	"
Margarita	"	Twins	8 Mo	"
Olivia	"		8 Mo	"

IN B2	DATE 6/21/45	CHECK 457
OUT DATE 3/30/46		CHECK
CAUSE Not returned since strike		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jacamo, Denver.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lucia, Marina, Edenea, Mora, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

$500 GROUP INSURANCE Jan. 1946

INTERPRETED BY

DATE 6/20/45

SIGNED IN PRESENCE OF Geo. L. Kimball

Pablo Alarid
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Alarid, Pablo	Feb. 26,1885	Married	U. S.	Yes	June 21,1945	June 20,1945

NAME Pablo Alarid OCCUPATION In mine

DATE OF BIRTH Feb 25, 1885 SOCIAL SECURITY NO. 525-09-7435

WHERE BORN? Mora N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Brilliant	FROM 9 Mo	TO	
FOR ~~County~~ Job City	FROM 1 Yr	TO	
FOR Odd Jobs	FROM 6 mo	TO	
FOR van houten	FROM 3 "	TO	
FOR " "	FROM 3 Mo	TO	
FOR W.P.A	FROM 1 Yr	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Clorinda HER AGE 38 ~~544~~ 6

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS ~~4th~~ 7th St Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julian	Boy		3 Yrs	With mother
Elena	Girl		3	
Margarita	"		1	"
Olivia	"		1	"

IN B2	DATE 5/21/46	CHECK 457
OUT DATE 10-2-46		CHECK
CAUSE 2 days without reporting.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jacoba, Denver, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Marina, Lucia, Mora, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 5/20/46

SIGNED IN PRESENCE OF Geo L Kimball

Pablo Alarid

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Alarid, Pablo	Feb. 25, 1885	Married	New Mexico	Yes	May 21, 1946	May 20, 1946

NAME Agustin Alcon OCCUPATION Loader Born May 1908

WHERE BORN? N. M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? some WRITE? some

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Phillimont Ranch 1 Yr	FROM	TO
FOR	Dawson 9 Mo	FROM	TO
FOR	Stayed at home previous to this	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cristina HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Dawson

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sw	DATE 11/27/28	CHECK 181
OUT DATE 5/15/29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME Juan Alcon ADDRESS Lucero, N. M.

WHO SUPPORTS HIM? My brother HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? a little sometimes

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alfredo, Lucero, Delfino, Dawson

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Roselia, Lucoro, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 11/27/28

SIGNED IN PRESENCE OF

G.L.Kimball,

Agustin Alcon
SIGNATURE OF APPLICANT

Did not take ins

NAME	AGE	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alcon, Augustin,		Nov. 27, 1908	Married		New Mexico	Yes	Nov. 27, 28	11/27/28

NAME Agustin Alcon OCCUPATION Miner Born May 14, 1908

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Yankee 1 Mo	FROM	TO	
FOR Swastika, 6 Mo	FROM	TO	
FOR Cimarron 2 Mo	FROM	TO	
FOR Dawson 2 Yrs	FROM	TO	
FOR Cimarron 2 Yr	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cristina HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evangelina	Girl		1 Day	

IN Sw	DATE 6/17/29	CHECK
OUT DATE 6/1/33		CHECK 6
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 80 FULL NAME Juan Alcon ADDRESS Raton, N. M.

WHO SUPPORTS HIM? No HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alfredo, Joe, Wagon Mound. Delfino, Dawson

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Amada, Swastika, Rosa, Raton

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Mother-in-Law Adelaida L. Barrera.
Lives with me

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Dec. 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 6/17/29

SIGNED IN PRESENCE OF

G. L. Kimball.

Agustin Alcon
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS IN FAMILY ~~IN GEN.~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alcon, Agustin.	May 14, 1908	Married		New Mexico	Yes	June 17, 29	6/17/29

NAME Juan Agustin Alcon OCCUPATION Loader

DATE OF BIRTH May 14, 1908 SOCIAL SECURITY NO. 525-20-1044

WHERE BORN New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Denver Colo. Restruant	FROM	2 weeks	TO
FOR Oak Creek Colo Mine	FROM	4 "	TO
FOR Morley	FROM	4 Mo	TO
FOR Dawson	FROM	3 Mo	TO
FOR Yankee	FROM	3½ Yrs	TO
FOR 1928 to 1933 Swastika	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cristina HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS: 220 Martinez

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evangelin	Girl		13	Raton
Pat	Boy	Aug 4, 1930	12	"
David	"	Nov 20, 1932	10	"
Ernest	"	Jun 4, 1935	7	"
Alfonso	"	Apr 5 1937	6	"
Lillian	Girl	(Erlanda 8 Mo)	3	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Delfinio, Raton.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Ben Medina, Dawson, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

$500.00 GROUP INSURANCE Dec. 1943

INTERPRETED BY

DATE 5/4/43.

SIGNED IN PRESENCE OF Geo L. Kimball

Juan A Alcon
SIGNATURE OF APPLICANT

IN B2	DATE 5/4/43	CHECK 97				
OUT DATE 4/15/44		CHECK				
CAUSE Voluntary						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Alcon, Juan Agustin	May 14, 1908	Married	New Mexi co	Yes	May 4, 1943	May 4, 1943

NAME Pedro Alba OCCUPATION Loader Born June 26,1904

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sante Fe	7 Mo	FROM	TO
FOR California	5 Mo	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Refugia HER AGE 40

IS SHE LIVING WITH YOU? Yexx IF NOT, GIVE PRESENT ADDRESS Agua Caliente, Agua Caliente, Calle de La Union No 106.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN SW .	DATE 1/28/30	CHECK 65
OUT DATE 2-19-1930		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tomas, with wife

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Louisa, with wife

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife.

INTERPRETED BY

DATE 1/28/30

SIGNED IN PRESENCE OF Geo. L. Kimball

Pedro Alba
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS ~~IN FAMILY~~ ~~INCLUDING SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alba, Pedro,	June 26, 1904		Married		Mexico	No	1-28-1930	1-28-30

NAME Nick Aleck OCCUPATION Miner Born March 15,1889

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Aust. English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Calumet & Az. Copper Co Bisbee, Ariz. FROM May 1929 TO November 1929

FOR HacceHache Water Co Livermore Cal. FROM Dec.1928 TO May 1929

FOR Anaconda Copper, Co Bute, Mont FROM April 1927 TO Dec. 1928

FOR Calumet Heclea Co Calumet Mich FROM Nov 1924 TO April 1927

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-12-29	CHECK 350
OUT DATE 12-2-1929		CHECK 350
CAUSE resigned		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE No FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE ### 45 FULL NAME ## EleciaCaraluk ADDRESS Bukovena, Roumania

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike in New York N.Y.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mike Aleck, 103 A Ave.
New York, N.Y.

INTERPRETED BY

DATE 11-12-1929

SIGNED IN PRESENCE OF C. A. Bennett

Nick Aleck
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY IN ARMY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aleck, Nick,	Mar. 15, 1889	Single		Austria	No	11-12-1929	11-12-29

NAME GEORGE ALEXANDRA OCCUPATION Miner Born Feb 8-1893

WHERE BORN? Greece U. S. CITIZEN? NO FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Greek-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel Co	FROM prior	TO 1924	
FOR C.F.&.I.C.	FROM	TO 1929	
FOR Old country	FROM 1930	TO 1931	
FOR Victor American	FROM 1931	TO Oct,1932	
FOR Canyon City Co	FROM 1932	TO Mar,1933	
FOR No work since March,1933	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Tinia HER AGE 40

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Samua Greece

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Calope	Female		12	Greece.

IN Sugarite	DATE 7/29/33	CHECK 251
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John and Andrea Alexander, Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Stanko, Eloise and Emethlia. Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan 1934
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife in old country, cousin Geo Bokaris, Sugarite, N.M.

INTERPRETED BY

DATE July 29th,1933.

SIGNED IN PRESENCE OF

A.L.Brockman.

Order from AB.

George Alexandra
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS IN FAMILY XXXXXX XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alexandra, George	Feb. 8, 1893	Married		Greece	No	July 29, 33	July 29, 33

NAME George Alexandres OCCUPATION miner

DATE OF BIRTH Feb.18,1895 SOCIAL SECURITY NO. 525-03-8765

WHERE BORN? Greece U. S. CITIZEN? no FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Mef	FROM	TO	
FOR	This comapny	FROM	TO	1939
FOR	Moffat Coal Co	FROM	1939 TO	now
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Tleonea Alexandres HER AGE 43

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Greece

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Kaleope Alexandres	female	Jan.2	23	? Greece

IN K	DATE 1-13-43	CHECK 160
OUT DATE 10-30-53		CHECK
CAUSE Reduction of force.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

John Alexandres, ? Greece

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Dezimtra Alexandres ? Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Tleonea Alexandres

GROUP INSURANCE

INTERPRETED BY

DATE Jan.13,1943

SIGNED IN PRESENCE OF

A. L. Atchison

George alexandres

SIGNATURE OF APPLICANT

	NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
	Alexandres, George	Feb. 18, 1895	Married	Greece	No	Jan. 13, 1943	Jan. 13, 1943

NAME Blaz Aljenovich OCCUPATION Miner Born March 21,1894

WHERE BORN Jugo Slavia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gallup American Gallup,N.M. FROM April 1927 TO November 1928

FOR Farming Sacramento,Cal FROM November 1928 TO April 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-17-28	CHECK 140
OUT DATE 3-4-1929		CHECK 140
CAUSE over record		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 62 FULL NAME Dome Aljenovich ADDRESS Jinovitza,Jugo Slavia

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 200.00 per year

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Marion,Antonio,Vincent,John, Louie and Spio.Jinovitza, Jugo Sla

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Katie,Mary and Mattia all with my mother

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Dome Aljenovich, Zinovinca.
P.O.Split,Dalmovenza

INTERPRETED BY

DATE 11-17-1928

SIGNED IN PRESENCE OF

Blaz Aljenovich
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOW DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aljenovich, Blaz,	Mar. 21, 1894	Single		Jugo Slavia	Yes	Nov. 17, 28	11/17/28

SS # 525-03-8381

NAME A. W. Allbert OCCUPATION Storekeeper Born Mar.12,1875

WHERE BORN? Nebraska U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.1,1915	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

Steady in asst clerk

IN G	DATE 11/1/15	CHECK	
OUT DATE 9-1-39		CHECK	
CAUSE Tr to Sugar Mine Clerk			
IN Sug	DATE 9-1-39	CHECK	
OUT DATE 10/14/40		CHECK	
CAUSE Reduction force			
By the day, several mines, commencing ~~Dec~~ Nov. 28, 1941			
CAUSE			
IN Sug.	DATE 1/10/42	CHECK	
OUT DATE 6-16-42		CHECK	
CAUSE Tr. to Brilliant #2			
IN Br #2	DATE 6-16-42	CHECK	
OUT DATE June 15, 1944		CHECK	
CAUSE Tr. to Vanhouton			
IN Gen'l. Office	DATE 8-1-47	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Louise HER AGE 39

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Eugene	Male	Oct.18,1908	8 years	
Kenneth	"	Jan.24,1912	5 "	
Vernon	"	Nov.15,1914	3 "	
Alva Donald	"	Nov.25,1901	16 "	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William Allbert, St. Louis, Missouri.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ida Bailey, Atchison, Kan. Laura Kulp, Oberlian, Kan. Maude Patterson, Cambell, Neb.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on
5000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Louise Allbert, Gardiner, N. M.

INTERPRETED BY

DATE Gardiner, N. M. Nov. 19, 1917.

SIGNED IN PRESENCE OF

J. Burkholder

A. W. Allbert
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NUMBER~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Allbert, A. W.,	Mar. 12, 1875	Married		Nebraska	Yes	Jan. 10, 1942	11/19/17

A.W. Allbert

MINE Gardiner, N. M. DATE Nov. 1, 1915.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 52 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 7½ in. WEIGHT 135 lbs. COLOR OF HAIR Light

COLOR OF EYES Gray COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION Birth mark on left side of head.

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Albert Alvarez OCCUPATION Miner.

WHERE BORN? Trinidad U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR S.L. R.M. & P.C.	FROM June '26	TO Mar '27	
FOR Victor Am. Fuel Co.	FROM June 23	TO June '26	
FOR Pueblano Trading Co.	FROM Mar 23	TO June 23	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN ~~Inquiry~~ DATE 6/1/27		CHECK 711
OUT DATE 12-15-27		CHECK 227
CAUSE OB		
IN VH	DATE 12-10-28	CHECK 233
OUT DATE 12-13-1929		CHECK 233
CAUSE Over age card		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME Pantelion Alvarez ADDRESS Raton N. Mex

WHO SUPPORTS HIM? Applicant HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Entire wages.

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Sinda Alvarez ADDRESS Raton N. Mex

WHO SUPPORTS HER? Applicant HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vicent Alvarez. Raton.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Leandro, Socorro, Josephine Alvarez.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Pantelion Alvarez Father.

INTERPRETED BY

DATE June 1, 1927

SIGNED IN PRESENCE OF

W J Pew M.D.

Albert Alvarez

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Alvarez, Albert		Single		Colorado	Yes	12-10-1929 6/1/27

NAME Albert Alvarez OCCUPATION Miner Born June 6,1907

WHERE BORN? Trinidad,Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Sp.& Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.& P.Co. Sw. Sug.V.H	FROM 1925	TO Mar.1930	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth Alvarez HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 417 Buena Vista, Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Edna	girl	May 14,1930	3 Mo.	Raton, N.M.

IN G.	DATE 8-14-1930	CHECK 38
OUT DATE 11-30-30		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Pantaleon Alvarez ADDRESS Henderson, Colo.

WHO SUPPORTS HIM? I do. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? About $25.00 Mo.

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Elizabeth Alvarez,417 Buena Vista St.,Raton, N.M.

INTERPRETED BY

DATE Aug.14,1930

SIGNED IN PRESENCE OF

A.W.Allbert

Albert Alvarez
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY ING. SEP.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alvarez, Albert	6/6/1907	Married		Colorado	Yes	8/14/30	8/14/30

NAME Albert Alvarez OCCUPATION miner Born June, 6, 1909

WHERE BORN? Colo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	not working	FROM	Nov. 1931	TO Nov. 1932
FOR	Gardiner	FROM	Sept. 1930	TO Oct. 1931
FOR	Sugarite	FROM	Aug. 1928	TO Aug. 1930
FOR	Van Houten 1½ yrs.	FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Isabel HER AGE 24

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Vna Houten, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Edna	girl		2	

Albert, Jr. born Feb. 9, 1933

IN VH	DATE 11-18-32	CHECK 308	
OUT DATE 12-19-35		CHECK	
CAUSE own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 60 FULL NAME Pantalion Alvarez ADDRESS Raton, N.M.

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? total support.

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

~~###~~ Amelia in Van Houten- Leandea in Raton, N.M.-

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1933
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 11-18-32

SIGNED IN PRESENCE OF

R.P.Woods

Albert Alvarez
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alvarez, Albert	June 6, 1909	Married		Colorado	Yes	Nov. 18, 1932	Nov. 18, 1932

NAME Jose Alvarez OCCUPATION miner Born Sept.25,1905

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Yes Span WRITE? Yes Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	3 Yrs	FROM	TO
FOR Mexico		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Yes

GIVE FULL NAME OF WIFE Raque Chavez HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jose	Boy		5	Raton
Juana	Girl		9	"
Delia	"		7	"

IN SW	DATE 9-26-29	CHECK 19
OUT DATE 4-7-30		CHECK
CAUSE Voluntary		
IN Sw	DATE 8-13-30	CHECK
OUT DATE 10/1/30		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 45 FULL NAME Josefa Avila ADDRESS Santiago Paspas Quiaro, Mex

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jose, with mother.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Luce, Juana, Maria, with mother

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 9/26/29.

SIGNED IN PRESENCE OF Geo. L Kimball

Jose alvarez
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Alvarez, Jose,	Sept. 25, 1905	Married		Mexico	No	8/13/30	9-26-29

NAME August Alyes OCCUPATION Loader

DATE OF BIRTH Mar 3, 1896 SOCIAL SECURITY NO. 523-01-9522

WHERE BORN? Russia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Hayden Coal Co FROM 6 Yrs TO

FOR Habro, Colo. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	B2	DATE ~~4/6/42~~ 4/2/42	CHECK 72
OUT DATE	4-25-42		CHECK
CAUSE	Volunteer		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis, Oregon City, Oregan
Alex, Hollywood, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Wallulis, Seatle, 23 W, 21st Ave, Wash.
Emma Daniels, Oregon City. Oregon.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Brother Louis

GROUP INSURANCE

INTERPRETED BY

DATE 4/4/42.

SIGNED IN PRESENCE OF

G.L.Kimball,

August Alyes
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Alyes, August	Mch. 3, 1896	Single	Russia	Yes	Apr.4,1942	Apr.4,1942

NAME Eugene Amador OCCUPATION Coal Miner

DATE OF BIRTH 5-3-1907 SOCIAL SECURITY NO. 523-03-4704

WHERE BORN? Gulnare, Colo U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.&.I. at Stone Wall Colo. FROM August 1948 TO January 1949

FOR Joy Mfg.Co. Vermejo Park FROM May 1948 TO August 1948

FOR U.P.Coal Co. Rock Spr's Wyo. FROM Aug 1945 TO August 1948

FOR C.F.&.I Co. Valdez, Colo FROM November 1922 TO August 1945

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Verginia L.Amador HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Richard	Boy		13	With me
Eugenia	Girl		11	"

IN VH	DATE 1-3-1949	CHECK 88
OUT DATE 5-27-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Josie Abeyta, Segundo Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at Segundo Colo
in Care of Mike Cordova

GROUP INSURANCE

Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bernard

Eugene Amador
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Amador, Eugene	May 3, 1907	Married	Colorado	Yes	Jan. 3, 1949	Jan. 3, 1949

NAME Victor Amador OCCUPATION Loader Born Mar 23 1907

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span Some E READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	M.P. Section Kansas	FROM 2 Mo	TO
FOR	Colo Beets	FROM 3 Mo	TO
FOR	Pueblo Section	FROM 2 Mo	TO
FOR	Morley	FROM 2 Yrs	TO
FOR	Swastika	FROM 2 Yrs	TO
FOR	Sugarite	FROM 6 Yrs	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~No~~ M.

GIVE FULL NAME OF WIFE Amalia Almarez HER AGE 19 before apr. 1932

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Flora	girl	apr. 24. 1932		
has one more child				

IN Sw	DATE 11/7/28	CHECK 199
OUT DATE 4/17/33		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Ysidra Rodriquez ADDRESS Raton, N. M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria Amador, Raton Juana, Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE 11/7/28

SIGNED IN PRESENCE OF Geo. L. Kimball

Vitor amador
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY IN ~~FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Amador, Vitor,	Mar. 23, 1907	Single		Mexico	No	Nov. 7, 1928	11/7/28

NAME Emmet Amber.S OCCUPATION Miner Born Nov 3, ~~1891~~ 1881

WHERE BORN? Missouri U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farming for past 3 Yrs	FROM	TO
FOR	Out of work 2 Yrs	FROM	TO
FOR	Dawson 1 Yr	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN SW	DATE 12/19/34	CHECK 99
OUT DATE 2/16/36		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harry, Hanible, Mo. Adolf, Chicago

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Addie Alexander, Edina, Mo. ~~Rose~~ / Roma Rose. Hanible, Mo

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1935

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

1000 on

1500 on

2000 on

Harry Amber, Hanible, Mo.

INTERPRETED BY

DATE 12/19/34

SIGNED IN PRESENCE OF

G. L. Kimball

Emmet Ambers

SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV. XXXX	DEPENDENTS IN FAMILY INC. SELF XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ambers, Emmet	Nov. 3, 1881	Divorced		Missouri	Yes	Dec.19,1934	Dec.19,1934

NAME Mike Anaya OCCUPATION miner

WHERE BORN? Colo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Longmont, Colo. beets	FROM	May, 1927	TO Dec. 1927
FOR	Ft. Lupton, Colo. "	FROM	Mar. 1925	TO April, 1927
FOR	school	FROM		TO Feb. 1925
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 12-12-27	CHECK 192
OUT DATE 2-4-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony address unknown-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Sarah in Raton 324 La Coava St.-- Ida Anaya in Denver- 620 Laapain , St.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

sisters. and Aunt Josephine Lucero 324 No. Forth St.

INTERPRETED BY

DATE 12-12-27

SIGNED IN PRESENCE OF R. P. Woods

Mike Anaya
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Anaya, Mike	18	S	1	Colorado	Yes	12/12/27

NAME Guadalupe Andazola OCCUPATION miner

WHERE BORN? N. Mex U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson FROM 10 yrs. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Josefa Andazola HER AGE 40

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	boy		18	Dawson
Ismael	"		14	Swastika
Guadalupe	girl		12	"
Zeferino	Boy		10	"
Beatris	girl		7	"
Simon	boy		4	"
Mary	girl		1	"

IN SW DATE 9-20-27 CHECK 79

OUT DATE 10-24-27 CHECK

CAUSE Own accord

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Felisitas in Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

wife

INTERPRETED BY

DATE 9-20-27

SIGNED IN PRESENCE OF

R. P. Woods

Guadalupe Andazola

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Andazola, Guadalupe	47	M	8	New Mexico	Yes	9/20/1927

S.S. #525-03-8227

NAME James Anderson OCCUPATION Engineer Born July 29,1874

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO	
FOR uous service of this Co.	FROM Apr.15,1913	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

IN SW	DATE 4/15/13	CHECK
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE July 1, 1949		CHECK
CAUSE Died - heart trouble		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Agnes HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Isa Bell	Female	Oct. 6, 1901	17 years	
Jessie	"	June 11, 1905	13 "	
Agnes	"	Feb. 13, 1909	9 "	
Alex	Male	Dec. 26, 1911	7 "	
Ellen	Female	Dec. 12, 1912	6 "	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Thomas Anderson, Glasgow, Scotland.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Group Insurance $500 on Wife 1000 on 1500 on 2000 on May 1, 1928

INTERPRETED BY

DATE Brilliant, N. M. Dec. 27, 1918.

SIGNED IN PRESENCE OF

P. Gardner

James Anderson

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE WIDOW~~	~~DEPENDENTS IN FAMILY INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Anderson, James,	July 29, 1874	Married		Scotland	No	Apr. 15, 13	12/27/18

NAME Robert Anderson OCCUPATION miner

WHERE BORN? Ky. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Rock Island Ry.	FROM 14 yrs.	TO Sept. 1927	
FOR At Centropolis	FROM	TO	
FOR	FROM	TO	
FOR 12 yrs. for R. M. Co.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Bertha HER AGE 47

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Henry	boy		30	Omaha, Neb.
Frank	"		27	Chicago, Ill.

IN SW	DATE 9-22-27	CHECK 176
OUT DATE 6-12-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 77 FULL NAME Kaleb Anderson ADDRESS So. Park, Ks.

WHO SUPPORTS HIM? My sister and Brother in law HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? I help when needed.

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Joe in White Church Ks.- Earl in Kansas City, Mo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Naoma in So. Park, Ks - Naoma Dennis

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

wife

INTERPRETED BY

DATE 9-22-27

SIGNED IN PRESENCE OF

R. P. Woods

Robert Anderson

SIGNATURE OF APPLICANT

9-22-27

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Anderson, Robert	54	M	2	Kentucky	Amer. Negro	9/22/27

(or Steve) 525-03-8507

NAME Stoin Androff OCCUPATION Coal Digger Born Dec. 10,1874

WHERE BORN? Bulgaria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. & Bulg. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM Oct.10,1902 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Torda Androff died about Feb. 1, 1948 HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10/10/07	CHECK
OUT DATE 9-30-40		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Camenia Androff ADDRESS Bercovija, Bulgaria.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alexander Androff, Bercovija, Bulgaria

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Latinka Androff, Bercovija, Bulgaria

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. P. French

Stoin Androff
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWED~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Androff, Stoin	Dec. 10,1874	Married		Bulgaria	No	Oct.10,1907	10/10/07

NAME J.B. Andrada OCCUPATION miner Born Oct. 20, 1889

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Galinas on section	FROM July, 1929	TO Septl.1929	
FOR Morris Colo. on section	FROM May, 1927	TO June, 1929	
FOR French, N.M. on section	FROM 8 yrs.	TO April, 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Raveka Gonzales HER AGE 38

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Attilio	girl		15	
Felicita	"		12	
Filraflo	boy		8	
Bernabe	"		6	
Daniel	"		3	

IN SW	DATE 9-4-29	CHECK 52
OUT DATE 9/10/29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Leopoldo in Roy, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Bervita in Mora, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-4-29

SIGNED IN PRESENCE OF

R.P.Woods

J B Andrada
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWED WID. DIV.	DEPENDENTS INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Andrada, J. B.,	Oct. 20, 1889	Married	XXXXXX XXXXXX	New Mexico	Yes	Sept. 4, 29	9-4-29

NAME Pete Andreoli OCCUPATION Miner Born Dec29,1884

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming Moreno Valley,N.M FROM January 1923 January 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Angeline HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Guedo	Boy		17	With Me
Eliot	"		12	"
Samie	"		10	"
Annie	Girl		19	"
Eda	"		14	"
Katie	"		8	"
Rosie	"		5	"

IN VH DATE 1-18-29 CHECK 93

OUT DATE 4-16-29 CHECK 199

CAUSE any accord

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Domenick~~~~~ Hibbing, Minn.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Teresa and Francis in Italy address unknown

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Van Houten, N.M.

INTERPRETED BY

DATE 1-18-1929

SIGNED IN PRESENCE OF C. A. Bernard

Pete Andreoli
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Andreoli, Pete,	Dec. 29, 1884	Married		Italy	No	Jan. 18, 29	1/18/29

NAME Joe Angaran OCCUPATION Miner Born Sept.27,1886

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Italian & a little Eng. READ? Italian WRITE? Italian

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Oct.6,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married-Divorced

GIVE FULL NAME OF WIFE Antonia HER AGE 33

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	Girl		13	Swastika, N. M.
Nino	Boy	April 1915	11	" " "
Corina	Girl		8	" " "
Dante	Boy		7	" " "

IN SW	DATE Oct.6,1926	CHECK
OUT DATE 6-4-28		CHECK 94
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 91 FULL NAME Guiseppi Angaran, ADDRESS Same as brothers

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Gabrielli, Jake, Francisco, Centerville, Iowa
Angelo, Alberto, Fonzasa, Belluno, Italia

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pasquala, same as brothers

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Children and Father 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Joe Angaran
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Angaran, Joe	Sept.27,1886	Mar.-Div.		Italy	No	Oct.6,1926	10/6/26

NAME Gregg Angel OCCUPATION Loader Born May 12,1902

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 11/23	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Nora HER AGE 17

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Trinidad, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
George	Male		2	Trinidad, Colo.

IN S	DATE 7/11/23	CHECK 319
OUT DATE 11-7-28		CHECK 717
CAUSE own accord		
IN UK	DATE 11-9-28	CHECK 93
OUT DATE 12-22-28		CHECK 93
CAUSE own accord		
IN Leg.	DATE 12-28-28	CHECK 318
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME Baselio Angel ADDRESS Denver, Colo.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ruth Bustos, Denver, Colo. Mrs. W. L. Elivos, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
Wife 1500 on May 1, 1928
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Gregg Angel
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWER~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~DEPENDENTS~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Angel, Gregg	May 12,1902	Married		Colorado	Yes	July 11,1923	5/18/26

Angelo, Enrico, name under which natur lized in 1938

NAME Rico Angelo OCCUPATION Slate Picker Born July 17,1909

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM TO

FOR FROM July 12,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 7/12/26	CHECK 425
OUT DATE apr. 23, 1940		CHECK 467
CAUSE Reduction of force		
IN Sug	DATE 11-16-40	CHECK 50
OUT DATE 4-30-41		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 42 FULL NAME Mrs. Madeline Bertoli, ADDRESS Sugarite, N. M.

WHO SUPPORTS HER? My Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? All I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Fred, Alfred, Florio, Sugarite, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margaret Dina, Raton, New Mexico, Mrs. Frank Madeline, Sugarite, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
Has mother & 2 small brothers to support. Stepfather abandoned family (Correction Oct 19, 1932)

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Alex Stewart

Rico Angelo
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Angelo, Rico	July 7, 1909	Single		Italy	Yes	July 12,1926	7/12/26

NAME Rico Angelo 1909 OCCUPATION Nipper

DATE OF BIRTH 7/7/~~1910~~ SOCIAL SECURITY NO. 525-03-8767

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ital.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Sugarite until it	FROM	TO
FOR	Closed	FROM	TO
FOR	Odd Jobs since	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Angelo HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7/27/42	CHECK 62
OUT DATE 10/17/42		CHECK
CAUSE Drafted.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Madalina Angelo ADDRESS Raton,N.M.

WHO SUPPORTS HER? Brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Alfred, Joseph, Freddie Angelo, Raton,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Margerite Angelo,Raton.
Dena Rodighiero,Van Houten, Nadalina Madalina, Brilliant,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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 Angelo, Wife Raton,N.M.

GROUP INSURANCE

INTERPRETED BY

DATE 7/28/42

SIGNED IN PRESENCE OF David Stewart

Enrico Angelo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Angelo, Enrico	July 7, 1910	Married	Italy	Yes	July 27,1942	July 28,1942

NAME Gus Angelos OCCUPATION Miner Born Mar. 1,1883

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Some Eng. READ? Greek WRITE? Greek

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.22,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cristiana HER AGE 35

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Greece

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12/22/21	CHECK 335
OUT DATE 7-30-30		CHECK
CAUSE own record		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on May 1, 1928
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, lives at Ados Ovriaki, Canea, Greece

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Gus Angelos
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Angelos, Gus	Mar. 1,1883	Married		Greece	No	Dec 22,1921	12/22/21

NAME Egnat Angeloff OCCUPATION Miner

WHERE BORN? Bulgaria U. S. CITIZEN? ~~No~~ Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Bulg. & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ~~[illegible]~~	FROM	TO	
FOR This Co, Van Houten, N.M.	FROM December 22	TO	April 1927
FOR Farming Sofia, N.M.	FROM April 1927	TO	December 1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-5-27	CHECK 292
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Steve Angeloff Chiperotsi, Bulgaria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Steve Angeloff Chiperotsi, Bulgaria.

INTERPRETED BY

DATE 12-5-1927

SIGNED IN PRESENCE OF C. A. Bernard

Egnat Angeloff
SIGNATURE OF APPLICANT

12-5-27

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Angeloff, Egnat	31	S	1	Bulgaria	Yes	12/5/27

NAME Ralph Anselmo OCCUPATION Inside Mine

DATE OF BIRTH June 22, 1897 SOCIAL SECURITY NO. 522-03-7361

WHERE BORN? Engleville, Colo. U.S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng-Ital READ? Eng WRITE? Eng

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Victor American Fuel Delagua, Colo.	FROM 1918	TO April 1952	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Theresa HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Phyllis Mae	F	10-4-35	16	Trinidad, Colo

IN K	DATE 8-11-52	CHECK 497
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Charlie Anselmo, Joe Gagliardi Trinidad, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Louise Guzzo, Trinidad, Colo.
Anna Massarotti, Cokedale, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Therese Anselmo
809 E. Third, Trinidad, Colorado

$500 GROUP INSURANCE March 1953 Yes

INTERPRETED BY

DATE 8-9-52

SIGNED IN PRESENCE OF Jacob Sandoval

Ralph Anselmo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Anselmo, Ralph	June 22, 1897	Married	Colorado	Yes	Aug. 11, 1952	Aug. 9, 1952

NAME Fred Anthony OCCUPATION miner Born Jan. 2, 1890

WHERE BORN? Va. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM Nov. 1928	TO Jan. 1929	
FOR Mt.Harris Colo.	FROM Sept. 1927	TO Oct. 1928	
FOR Colo. Spgs. City Coal Mine	FROM Aug. 1925	TO Aug. 1927	
FOR Lester, Colo.	FROM	TO July, 1925	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Clara HER AGE 21

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Albuquerque, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Fred	boy		4	704 Iron Street.
Moniclare	girl		2	Albuquerque, N.M.

IN SW	DATE 1-21-29	CHECK 779
OUT DATE 2-13-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Richard Ross , half brother in Mt. Harris, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife in Albuquerque, N.M.

INTERPRETED BY

DATE Jan. 21, 1929

SIGNED IN PRESENCE OF

R.P.Woods

Fred Anthony
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Anthony, Fred.	Jan. 2, 1890	Married		Virginia	Yes	Jan. 21, 29	1/21/29

NAME Antonio Antonucci OCCUPATION Miner

DATE OF BIRTH June 9,1892 SOCIAL SECURITY NO. 525-03-8445

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Italian & English READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St. Louis, R. M. & P. Co. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	F	Feb. 23,1927	24	Raton,N.M.
Anna	F	Jan. 20,1928	23	Raton,N.M.
Frank	M	Feb. 15,1934	17	Raton,N.M.

IN K DATE 2/20/51 CHECK 253

OUT DATE 7-21-53 CHECK

CAUSE Not able to work.

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? NO AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Louie France
Onorio Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Felomeno Gabriele Raton, N.M. Hieronjio Rea France
Margarita Jehauo England

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Frank Antonucci (Son) Raton, New Mexico

$500 GROUP INSURANCE Sept. 1951

INTERPRETED BY

DATE 2/20/51

SIGNED IN PRESENCE OF

Ben Baker Jr.

Antonio Antonucci
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Antonucci, Antonio	June 9, 1892	Widower	Italy	Yes	Feb. 20, 1951	Feb. 20,1951

NAME Onorio Antonucci OCCUPATION Driver Born July 16,1894

WHERE BORN? Arpino, Italy U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. & Ita. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO	Citizen
FOR uous service of this Co.	FROM Dec. 1913	TO	Dec.12,1928.
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~Angelina Antonucci~~ Mary Cicarelli HER AGE ~~17~~ given as 25 when Onorio Jr born

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Onorio, Jr.	Boy	Jan. 16, 1933		

IN SW	DATE 12/19/18		CHECK
OUT DATE 10-2-40			CHECK
CAUSE Reduction in force			
IN	DATE		CHECK
OUT DATE			CHECK
CAUSE			
IN	DATE		CHECK
OUT DATE			CHECK
CAUSE			
IN	DATE		CHECK
OUT DATE			CHECK
CAUSE			
IN	DATE		CHECK
OUT DATE			CHECK
CAUSE			
IN	DATE		CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Francisco Antonucci ADDRESS Arpino, Italy

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Rosa Antonucci ADDRESS Arpino, Italy

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony and Luigi Antonucci, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Sprancia and Lucia and Felmina, Margurita, Arpino, Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Francisco Antonucci, Arpino, Italy

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

W. D. Pierson

Onorio Antonucci
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NUMBER~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Antonucci, Onorio	July 16,1894	Married		Italy	Yes	Dec. 1913	Dec. 1913

NAME Onorio Antonucci OCCUPATION Miner

DATE OF BIRTH July, 13, 1894 SOCIAL SECURITY NO. 525 - 03 - 8228

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Eng.&Ital. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Brilliant until, Sept. 1939 FROM TO

FOR Sincethat time has been working at Dawson. N. M. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Mary Antonucci HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louise	Female		16	Koehler, N.M.
Rosie	"		14	"
Onorio	Male		9	"
George	"		2	"

IN K	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony Antonucci, Brilliant, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Felo Mae Gaberilli, Raton, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE Oct. 10, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Onorio Antonucci
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Antonucci, Onorio	July 13, 1894	Married	Italy	Yes		Oct. 10, 1942

NAME Onorio Antonucci OCCUPATION Loader

DATE OF BIRTH July 13, 1894 SOCIAL SECURITY NO. 525-03-8228

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ital Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM 2½ Yrs	TO
FOR Brilliant 2	FROM 17 "	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Box 1015 Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank		July 25, 1919	24	US Army
Mary			23	Raton
Louisa			17	"
Rosie			16	"
Julia			11	"
George		Nov 1940	2½	"

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Antonio, Brilliant. Louie, don't know where he is

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Filamena Gabrieli, Raton, Peranza, don't know where

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500 GROUP INSURANCE ~~April 1944~~ July 1950

INTERPRETED BY

DATE 9/11/43

SIGNED IN PRESENCE OF Geo. L. Russell

Onorio Antonucci
SIGNATURE OF APPLICANT

IN B2	DATE 9/~~14~~16/43	CHECK 52	
OUT DATE 7-31-48		CHECK	
CAUSE Voluntary; quit to operate saloon at Brilliant.			
IN K	DATE 7-11-49	CHECK 33	
OUT DATE JULY 30, 1953		CHECK	
CAUSE REDUCTION OF FORCE			
IN K	DATE 9-16-53	CHECK	
OUT DATE 10-30-53		CHECK	
CAUSE Reduction of force.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Antonucci, Onorio	July 13, 1894	Married	Italy	Yes	July. 11,1949	Sept. 11,1943

NAME Tony Antonucci OCCUPATION Miner Born June 9,1892

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital Fair E READ? Yes I WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Last 9 Mo in Italy		FROM	TO
FOR Swastika	2½ Yrs	FROM	TO
FOR Koehler	6 Mo	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Julia HER AGE 30

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Arpino Frosonone, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	Gilr		5 Yrs	with mother

IN Sw	DATE 11/21/27	CHECK
OUT DATE 4-15-33		CHECK
CAUSE Visit to Italy		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 67 FULL NAME Rosa La Tesa ADDRESS Arpino, Italy

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $15.00 per Mo

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Onorio, Swastika Louie, France

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Peranza, ~~Filimena~~, Margarite, Arpino.
Filimena Gabrielli, Swastika, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife.

INTERPRETED BY

DATE 11/21/27.

SIGNED IN PRESENCE OF Geo. L. Kimball

SIGNATURE OF APPLICANT Antonio Antonucci

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Antonucci, Antonio	June 9, 1892	Married		Italy	No	Nov. 21,27	11/21/27

S.S. # 525-03-8445

NAME Tony Antonucci OCCUPATION Miner Born June 9, 1892

WHERE BORN? Italy U. S. CITIZEN? Yes (12-11-1937) FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Italy 2 Years	FROM	TO
FOR	Swastika 3 Yrs	FROM	TO
FOR	Italy 9 Mo	FROM	TO
FOR	Swastika 5 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Julia Rea HER AGE ~~37~~ 37

IS SHE LIVING WITH YOU? In Italy IF NOT, GIVE PRESENT ADDRESS Arpino, Frosonone, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	Girl		13	Italy
Anita	"		7	"
Frank	Boy		1	"

IN SW 3/29/35		CHECK 79
OUT DATE Oct 2, 1940		CHECK
CAUSE Reduction in force		
IN Pr # 2	DATE 1-28-41	CHECK 228
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Rosa ADDRESS Arpino

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? What I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Onorio, Swastika. Louis, France

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: ~~Kana~~ Piranza, ~~/////~~, Margarita. Italy. Filimena Gabrieli Swastika.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on July 1941
1000 on "
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 3/29/35

SIGNED IN PRESENCE OF

G. L. Kimball.

Antonio Antonucci
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Antonucci, Tony	June 9, 1892	Married	XXXXXX XXXXXX XXXXXX	Italy	Yes	Jan. 28, 1941	Mch. 29, 1935

NAME Esmial Apodaca OCCUPATION Miner
WHERE BORN? Raton,N.M. U. S. CITIZEN? Yes FORM 1078? Yes
WHAT LANGUAGES DO YOU SPEAK? Span & English? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Odels at Raton,N.M.	FROM	July 1927	TO September 1927
FOR	This Co Sugarite,N.M.	FROM	April 1927	TO July 1927
FOR	Santa Fe Frt.House. Raton,NM	FROM	May 1919	TO April 1927
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single
GIVE FULL NAME OF WIFE HER AGE
IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 9-23-27	CHECK 238
OUT DATE 11-15-27		CHECK 238
CAUSE O. A		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 66 FULL NAME Francisco Apodaca ADDRESS Raton,N.M.
WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No
IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Antonia Apodaca ADDRESS Raton,N.M.
WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Claud,Delfenio ~~and~~ Raton,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ruby Apodaca, Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Francisco Apodaca,234 East Rio Grande.
Raton,N.M

INTERPRETED BY
DATE 9-23-1927
SIGNED IN PRESENCE OF
C. H. Bernard

Esmial Apodaca
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Apodaca, Esmael	28	S	1	New Mexico	Yes	9/23/1927

NAME Esmail Apodaca OCCUPATION Miner

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR .T.& S.F.Ry.Co.Frt.depot FROM 1922 TO April 1927

FOR Beet Fields Rifle Colo. FROM April 1927 TO Aug.31,1927

FOR Idle FROM Aug.31,1927 TO Dec. 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 12/9/27	CHECK 30
OUT DATE 12-14-27		CHECK 30
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Francisco Apadoca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nself

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Antonia Apadoca ADDRESS " " "

WHO SUPPORTS HER? Mu father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? About 10.00 per Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Claud and Delfinis Apodaca,Salida, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ruby Apadoca,Raton, n.m.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No.one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Francisco Apodaca,Ratom,NM

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Esmail Apodaca

SIGNATURE OF APPLICANT

A.W.Allbert.

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Apodaca, Esmail	28	S	1	New Mexico	Yes	12/9/27

NAME Genovevo Apodaca OCCUPATION Miner Born Oct.16,1903

WHERE BORN? Wagon Mound N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch	FROM	April 1927	TO Aug.31,1927
FOR	St.L.R.M.& P.Co.,Gard.	FROM	Aug.1926	TO April 1927
FOR	A.T.& S.F.Section	FROM	1923	TO Aug.1926
FOR	St.L.R.M.& P.Co.,G & Sug.	FROM	1921	TO 1923
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Avangelina Apodaca HER AGE 17

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maggie	girl	July 20,1927	2 Mo.	Gardiner,N.M.

IN G.	DATE 9/26,'27	CHECK 23
OUT DATE 4-25-31		CHECK
CAUSE To Beat his creditors		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 53 FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvador, Gardiner, N.M. Emelino Apodaca, Otero, N.M.
Marcalino, Brighton, Colo.
Hilario, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Avengelina Apodaca, Gardiner,N.M.

INTERPRETED BY

DATE 9/26,1927.

SIGNED IN PRESENCE OF

A.W.Allbert.

G Enavevo Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	XXXX XXXXXX XXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Genovevo	Oct. 16, 1903	Married		New Mexico	Yes	Sept. 26,27	9/26/1927

525-03-8838

NAME Genevevo Apodaca OCCUPATION Coal Miner Born Oct.16,1901

WHERE BORN? Wag n Mound,N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd Jobs	FROM April 1929	TO Oct.1933	
FOR St.L.R.M.& P.Co.,Gard.	FROM 1922	TO April 1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eva Apodaca, HER AGE 21 yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorfy	Girl		7 Yrs.	Raton, N.M.
Moses	Boy	July 20,1927	6 "	" " "
Gilbert	"	Feb. 27,1931	2 "	" " "

Another one - not his, they say

IN G.	DATE 10-23,1933	CHECK 51
OUT DATE 6-27-39		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 66 FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvador,Max. Hilario and Marcalino Apodaca, Gardiner, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on April 1934
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Eva Apodaca,Grant Ave, Raton, N.M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Genevevo Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ IN ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Genevevo	Oct. 16, 1901	Married.		New Mexico	Yes	Oct.23,1933	Oct.23,1933

NAME Gregorio C. Apodaca OCCUPATION

DATE OF BIRTH May 25, 1899 SOCIAL SECURITY NO. 525-03-0239

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span % E READ? Some WRITE? Some

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Lovato Coal Mine	FROM		TO
FOR above Valdez	FROM	2 Mo	TO
FOR Santa Fe	FROM	7 Mo	TO
FOR Las Vegas Lumber Co	FROM	3 Yrs	TO
FOR " " Trucker	FROM	2 "	TO
FOR Terrero Mine	FROM	3 Yrs	TO Several years in CF & I Mines

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Gregorita HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 1921 N Gonzales St. N Las Vegas

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	Girl		13	With mother
Gregorio	Boy	Dont Know	11	" "
Leroy	"	" "	8	" "

IN 132	DATE 11/26/47	CHECK 106
OUT DATE 12/1/47		CHECK
CAUSE matches		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? R/CH/T

IS YOUR MOTHER LIVING? Yes AGE 82 FULL NAME Pablita Sanchez ADDRESS Ranchos Taos

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Isidor, Julian, Denver Pete, Valdez

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Romalda, Ranchos Taos/

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 11/25/47

SIGNED IN PRESENCE OF

Gregorio C Apodaca

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Apodaca, Gregorio C.	May 25, 1899	Married	New Mexico	Yes	Nov. 26, 1947	Nov. 25, 1947

Joe 525-53-8839

NAME Hilario Apodaca OCCUPATION Miner Born April 4,1893.

WHERE BORN? Wagon Mound N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Joe Klansnik Mine,	FROM 1926	TO Oct.1929	
FOR St.L.R.M.& P.Co.,Gardiner	FROM 1924	TO 1926	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eufracio Apodaca, HER AGE 35 yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Oralia	girl	May 24,1915	14 yrs.	Raton, N.M.
Josephine	"	" 30, 1919,	10 "	" " "
Charlie	boy	July 25,1922	7 "	" " " "

IN G.	DATE 12/2,1929	CHECK 25
OUT DATE 6-27-39		CHECK
CAUSE To Swastika		
IN Sur	DATE 7-1-39	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 53 yrs. FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Max.,Salvador,Marcalino and Genovevo Apodaca,All Gardiner,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on June 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Eufracia Apodaca,Raton, N.M.

INTERPRETED BY

DATE Dec.2,1929.

SIGNED IN PRESENCE OF

A.W.Allbert,

Hilario Apodaca
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN		DATE THIS RECORD
Apodaca, Hilario,	Apr. 4, 1893	Married		New Mexico	Yes	12-2-1929	12-2-29

~~Hilario~~ Joe 88525-03-5839 Apodaca Oct 4, 1894

NAME Joe Hilario OCCUPATION Miner Born

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR W.P.A.	FROM 8 Mo	TO	
FOR Brilliant 2	FROM 1½ Yrs	TO	
FOR Gardiner	FROM 12 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eufracia B HER AGE 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Charles	Jun 25,1922	19	19	San Louis, Calif
Aurelia	Girl		25	Raton
Josie	"		23	Brilliant

IN B2	DATE 12/26/41	CHECK 10
OUT DATE 9/14/42		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME Cicilio ADDRESS Raton

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Genevevo, Arizona, Marcelino, Raton Salvator, Raton,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1942
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 12/24/41

SIGNED IN PRESENCE OF

G.L.Kimball.

Joe H. Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY ING. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Joe Hilario	Oct.4,1894		Married		New Mexico	yes	Dec.26,1941	Dec.24,1941

NAME John Apodaca OCCUPATION miner Born Feb. 15, 1908

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR various work around Raton.	FROM Feb. 1929	TO	Sept. 1929
FOR Dawson	FROM 4 yrs.	TO	Jan. 1929
FOR Swastika for 1 month	FROM 1926	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 9-28-29	185
OUT DATE		
CAUSE	9-28-29 11-19-29	
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 43 FULL NAME Virginia Apodaca ADDRESS Dawson, N.M.

WHO SUPPORTS HER? my step father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 35.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Carmalita Aragon in Roy, N.M.- Nevis Apodaca in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE 9-28-29

SIGNED IN PRESENCE OF

R.P.Woods

John Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS ~~IN FAMILY~~ ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, John,	Feb. 15, 1908	Single		New Mexico	Yes	9-28-1929	9-28-29

NAME Marcalino Apodaca OCCUPATION Miner

WHERE BORN? Wagon Mound N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch	FROM April 1927	TO Jan.1928	
FOR St.L.R.M.& P.Co. Gardiner	FROM " 1925	TO April 1927	
FOR A.T.& S.F.shops,Raton	FROM 1924	TO 1925	
FOR St.L.R.M.& P.Co. Gardiner	FROM 1922	TO 1924	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Flora Apodaca HER AGE 24 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN G.	DATE 1/5'28	CHECK 20
OUT DATE 1-13-28		CHECK
CAUSE Dissatisfied		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 56 FULL NAME Cecilio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvador and Genovevo Apodaca, Gardiner, N.M.
Hilario Apodaca, Yankee, N.M.
Max. " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Flora Apodaca,123 Buena Vista St.,Raton, N.M.

INTERPRETED BY

DATE Jan.5,1928

SIGNED IN PRESENCE OF

A.W.Allbert.

Marcelino Apodaca
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Apodaca, Marcelino	24	M	2	New Mexico	Yes	1/5/28

NAME Marcalino Apodaca OCCUPATION Miner Born June 25,1905

WHERE BORN? W.Mound,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Idle	FROM Dec.1928	TO Feb.1929
FOR	Beet fields	FROM April 1928	TO Dec.1928
FOR	St.L.R.M.&.P Co.,G.	FROM June 1926	TO April 1928
FOR	At.& S.F. Section,Otero,	FROM 1924	TO June 1926
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Widower~~ Married

GIVE FULL NAME OF WIFE Dolaritas Apodaca HER AGE 22 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN G	DATE 2/20,1929	CHECK 53
OUT DATE 4-25-31		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvador,and Genovevo Apodaca,Gardiner, N.M.
Hilario and Max. " Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Aug,1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Dolaritas Apodaca, 844 Lopez St.,Raton, N.M.

INTERPRETED BY

DATE Feb.20,1929.

SIGNED IN PRESENCE OF

A.W.Allbert

Marcelino Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~AGE~~	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY NO. OF CHILD.~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Marcelino,	June 25, 1905		Married		New Mexico	Yes	Feb. 20, 29	2/20/29

525-03-8836

NAME Marcelino Apodaca OCCUPATION Coal miner Born June 23,1904

WHERE BORN? Wagon Mound,N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch	FROM April 1931	TO Nov.1931	
FOR St.L.R.M.& P.Co.,G.	FROM Jan.1929	TO April 1931	
FOR Ranch	FROM 1926	TO Jan.1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

IN G.	DATE 11-26-1931	CHECK 53
OUT DATE 6-27-39		CHECK
CAUSE Tr to Sur		
IN Sur	DATE 7-1-39	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Dorothy Apodaca HER AGE 24 yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Oliver Marcelino?	boy	June 18,1930	1 Yr.	Gardiner,N.M.

IS YOUR FATHER LIVING? Yes AGE 63 FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hilario,Salvador,Max, all Gardiner, N.M.
Genevevo Apodaca, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1932
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Dorothy Apodaca, Gardiner,N.M.

INTERPRETED BY

DATE Nov.26,1931

SIGNED IN PRESENCE OF

A.W.Allbert

Marcelino Apodaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Marcelino.	June 23, 1904	Married		New Mexico	Yes	11-26-1931	11-26-31

NAME Marcelino Apodaca OCCUPATION

DATE OF BIRTH Jun 24, 1903 SOCIAL SECURITY NO. 525-03-8836.

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Morley	FROM 9 Mo	TO
FOR W.P.A	FROM 3 Mo	TO
FOR Odd Jobs	FROM 1 Yr	TO
FOR Brilliant 2.	FROM 1 Yr	TO
FOR Gardiner	FROM 5 Yrs	TO
FOR	FROM	TO

loader

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Dolores HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Box 262. Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Oliver	Male	Jun 18, 1930	12	Raton
Richard	"	May 5 1932	11	"

IN B2	DATE 5/11/43	CHECK 102	
OUT DATE 8/20/43		CHECK	
CAUSE Got sick and then went away.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN Br #2	DATE 11-16-43	CHECK 116	
OUT DATE Jan. 1, 1944		CHECK	
CAUSE Own accord.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 73 FULL NAME Cecilio ADDRESS Raton

WHO SUPPORTS HIM? Pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hilario, Calif, Salvador, Raton Genovevo, Colo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 5/10/43

SIGNED IN PRESENCE OF Geo L Kimball

Marcelino Apodaca
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Apodaca, Marcelino	June 24, 1903	Married	New Mexico	Yes	Nov.16, 1943	May 10, 1943

525-03-8840

NAME Max.Apodaca, OCCUPATION Miner Born 1/30,1893

WHERE BORN? Coato,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.Section,Raton,	FROM 1923	TO 1928	
FOR Dug coal about 3 Mo.	FROM Nov.1927	TO Mar.1928	
FOR in Kreck wagon mine.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	boy	11/5,1916	12 yrs.	Optimo,N.M. Died
Josefita	girl	Nov. 1920,	8 "	" " "
Max.Apodaca	boy.	Apl/1, 1922,	6 "	" " "

IN G.	DATE 11/8,1928	CHECK 34	
OUT DATE Oct.27,1938		CHECK 34	
CAUSE Suicide			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 61 FULL NAME Cecelio Apodaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Salvador Apodaca, Gardiner, N.M. Marcalino Apodaca, Denver, Colo. Genovevo " " " " Hilario " Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Salvador Apodaca, Gardiner,N.M.

Nov.8,1928

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Max Apodaca

SIGNATURE OF APPLICANT

A.W.Allbert,

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

Pool 325-03-6967

NAME Salvador Apodaca OCCUPATION Miner Born Dec.8,1897

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM June 24,1925	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

IN G	DATE 6/24/25	CHECK 13
OUT DATE 6-27-39		CHECK
CAUSE Tr to Sev		
IN Sev	DATE 7-1-39	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Emma Sandoval Apodaca HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Salvador (Richard)	M	3-31-32		
Elia	girl	10-22-33		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Cecilio Apodaca ADDRESS Raton, N. Mex.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hilario & Marcalino Apodaca, Gardiner, New Mexico
Geneveve Apodaca, Raton, N. M. Emiliano Apodaca, Maxwell, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Candalario Apodaca, Raton, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife, Emma Apodaca

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. W. Allbert

Salvador Apodaca
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apodaca, Salvador	Dec. 8, 1897	Married		New Mexico	Yes	June 24,1925	10/21/25

NAME Salvador J. Apodaca OCCUPATION Loader

DATE OF BIRTH Mar 5, 1897. SOCIAL SECURITY NO. 525-05-6967

WHERE BORN? Wagon Mound U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Little WRITE? Little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Santa Fe	FROM 2 Mo	TO	
FOR Sugarite Contractor	FROM 1 Mo	TO	
FOR Yankee	FROM 1 Yr	TO	
FOR Brilliant 2	FROM 1½ Yr	TO	
FOR Gardiner	FROM 14 Yrs	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Emma S. Apodaca HER AGE 39

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	Boy	Mar 31, 1932	10	Brilliant
Ester	Girl		9	"
Sam	Boy	May 1940	2	"

IN B2	DATE 6/15/42	CHECK 9-
OUT DATE 8/21/43		CHECK
CAUSE Got sick and then left.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 78 FULL NAME Cicilio Apodaca ADDRESS Raton

WHO SUPPORTS HIM? Pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hilario, Brilliant, Geneveva, Pueblo Marcelino, Raton,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500.00 GROUP INSURANCE Dec. 1942

INTERPRETED BY

DATE 6/12/42

SIGNED IN PRESENCE OF Leo L Kimball

Salvador J Apodaca
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Apodaca, Salvador J.	Mch.5,1897	Married	New Mexico	Yes	June 15,1942	June 12, 1942

NAME John Apostolakis OCCUPATION Miner Born Apr. 10, 1887

WHERE BORN? Greece U. S. CITIZEN? ~~No~~ yes FORM 1078? ~~No~~ Yes Naturalized June 15, 1936

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Utah Fuel Co Winter Quarters Utah	FROM April 1922	TO March 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 4-5-27	CHECK
OUT DATE 3-13-36		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Crisante Marenikas, Conea, Crete, Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH: Nick Statros, Van Houten, N. M. 1000 on

1500 on

2000 on

INTERPRETED BY

DATE Van Houten, N. M. 4-5-1927

SIGNED IN PRESENCE OF C. A. Bernard

John apostolakis

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Apostolakis, John	April 10, 1887	Single		Greece	Yes	Apr. 5, 27	4-5-27

NAME Augusto Appoloni OCCUPATION Miner Born Aug.12,1878

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. & Ita. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin FROM TO

FOR uous service of this Co. FROM July 7, 1922 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eleticia HER AGE 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Catherina	Female		7	Swastika, N. M.
Alvina	"		7	" " "

6 dec 1939

IN	SW	DATE 7/7/22	CHECK 57
OUT DATE	10-2-40		CHECK
CAUSE	Reduction in force		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Angelo, Pueblo, Colorado.
Palmo, David, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Group Insurance $500 on
Wife 1000 on May 1, 1928
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Wm. Scanlon

Augusto Appoloni
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Appoloni, Augusto	Aug. 12, 1878	Married		Italy	No	July 7,1922	7/7/22

MINE Swastika, N. M. DATE July 7, 1922

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 51 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 6 in. WEIGHT 145 lbs. COLOR OF HAIR Gray

COLOR OF EYES Gray COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT Augusto Appoloni

M. D.

525-03-8837

NAME Alfredo Aragon, OCCUPATION Miner Born July 30, 1899

WHERE BORN? Sapillo, N.M. U. S. CITIZEN? Yes FORM 1072?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span. READ No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M & P.Co.	FROM 1921	TO April 1927	
FOR Brilliant	FROM	TO	
FOR Vanhouten	FROM	TO	
FOR Gardiner	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rosie Aragon, HER AGE 27

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alice	girl	Oct.6,1918	9 Yrs	Gardiner, N.M.
Agida	"	June 10,1920	7 "	" " "
Madalina	"	Jan. 1927	3 Mo.	" " "
Christ	boy	Dec. 1922	5 Yrs.	" " "
Jose Enos	"	" 1925	2 "	" " "

Florenzo — born Sept 8, 1933

IN G	DATE 6/3,1927	CHECK 40
OUT DATE 5-5-1930		CHECK
CAUSE Own Accord		
IN Gard.	DATE 11-25-30	CHECK
OUT DATE 6-27-39		CHECK
CAUSE To Sw		
IN Sw	DATE 7-1-39	CHECK
OUT DATE 10-2-40		CHECK
CAUSE To reduce force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Leandro Aragon, ADDRESS Sapio, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank Aragon, Swastika, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May, 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. Rosie Aragon, Gardiner, N.M.

INTERPRETED BY

DATE June 3,1927

SIGNED IN PRESENCE OF

A.W.Allbert.

Alfredo Aragon
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~WIDOWER~~	SINGLE ~~WIDOWED~~	~~DIVORCED~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aragon, Alfredo	July 30,1899	Married			New Mexico	Yes	11-25-1930	6/3/27

Army 4-A-H Raton

NAME Alfredo Aragon OCCUPATION

DATE OF BIRTH July 30 1901 SOCIAL SECURITY NO. 525-03-8837

WHERE BORN? Sapio, N. M. U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Span READ? Both WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Morley mines Col.	FROM Apr 1942	TO Present	
FOR Yankee Mine	FROM Nov. 1940	Apr. 1942	
FOR No steady work	FROM Nov. 1938	Nov. 1940	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Yes

GIVE FULL NAME OF WIFE Rosie L. Aragon HER AGE 43

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marguerita	F		13	
Ceidro	M		11	All with parents
Alfredo	M		7	
Gloria	F		3	

IN B2 -	DATE 12/4/44	CHECK 227
OUT DATE 4-29-49		CHECK
CAUSE mine Closed.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Aragon Oakland, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Porfilia Aragon Las Vegas N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Rosie L. Aragon 108 East 11 Raton, N. M. GROUP INSURANCE Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Alfredo Aragon

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aragon, Alfredo	July 30, 1901	Married	New Mexico	Yes	Dec. 4, 1944	Dec. 4, 1944

KAISER STEEL

KAISER STEEL CORPORATION
RATON COAL MINE ■ P. O. BOX 1107
RATON, NEW MEXICO 87740 ■ 445-2708

March 26, 1971

TO WHOM IT MAY CONCERN:

The records of the St. Louis, Rocky Mountain & Pacific Company (now in possession of Kaiser Steel Corporation) indicate that ALFREDO ARAGON, Social Security No. 525-03-8837 was employed by the St. Louis, Rocky Mountain & Pacific Company as a coal miner at the following locations:

In Gardiner, N.M.	June 3, 1927	thru	May 5, 1930
In Gardiner, N.M.	Nov. 25, 1930	"	June 27, 1939
In Swastika, N.M.	June 27, 1939	"	Oct. 2, 1940
In Brilliant, N.M.	Dec. 4, 1944	"	Apr. 29, 1949

His birth date is shown as July 30, 1901.

Sincerely,

KAISER STEEL CORPORATION

E. D. Moore
Superintendent
Raton Coal Mines

EDM/y

Born May 26, 1906

NAME Ben. Aragon OCCUPATION Miner 525-03-8849

WHERE BORN? Sapillo, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch, Swan Co. Choke W. Wg.	FROM 1922	TO 1923	
FOR	" Sapillo, N.M.	FROM 1923	TO 1924	
FOR	D.& R.G.RR., Denver Yards	FROM 1924	TO Oct.15, 1924	
FOR	Ranch Sapillo, N.M.	FROM Oct.1924	TO Feb.1927	
FOR	~~KKKK~~ St.L.R.M.& P.Co., Sw.	FROM Feb.1927	TO Feb.16, 1927	
FOR	Do. G.	FROM " 16, 1927	TO Apl.1927	
FOR	Ranch	FROM Apl.1927	TO Aug.1927	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Celia Lucero HER AGE born 1909

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ben		1930		
Sofia	Girl	June 13, 1932		from birth certificates
Raymond	Boy	Aug 9, 1934		

IN G.	DATE 8/9'27	CHECK 89	
OUT DATE 3-26-28		CHECK 59	
CAUSE			
IN Gard.	DATE 11-9-28	CHECK	
OUT DATE 7-7-38		CHECK 44	
CAUSE Tramer closed T.R. to Burgauer			
IN Sag	DATE 7-7-38	CHECK	
OUT DATE 4-23-40		CHECK	
CAUSE Reduction of force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 38 FULL NAME Penfila Aragon ADDRESS Sapillo, N.M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? about $15.00 per Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. $500.00 - May 1929

Penfila Aragon, Sapillo, N.M.

INTERPRETED BY

DATE Aug.9,1927

SIGNED IN PRESENCE OF

A.W.Allbert,

Ben aragon
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Aragon, Ben	May 26, 1906	Married		New Mexico	Yes	Nov. 9, 28 8/9/27

NAME Ben Aragon OCCUPATION Loader

DATE OF BIRTH May 7, 1906 SOCIAL SECURITY NO. 525-03-8849

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Morley	FROM	14 Mo	TO
FOR	California	FROM	3 Mo	TO
FOR	Sugarite	FROM	6 Mo	TO
FOR	Gardiner	FROM	12 Yrs	TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Celia HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bennie	Boy	Apr 27, 1930	12	Raton, N. M.
Eugenio	"	Aug 9, 1934	8	"
Mary	Girl		3	"
Mary-Ann	"		1 Mo	"

IN B2	DATE 1/11/43	CHECK 86
OUT DATE 1/15/43		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 58 FULL NAME Porfilia Aragon ADDRESS Raton, N. M.

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? She lives with me

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS Eloyio, Las Vegas

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 1/9/43

SIGNED IN PRESENCE OF Geo D Kimball

← Ben aragon

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aragon, Ben	May 7, 1906	Married	New Mexico	Yes	Jan. 11, 1943	Jan. 9, 1943

NAME Ben Aragon OCCUPATION Miner Loader

DATE OF BIRTH 5/7/06 SOCIAL SECURITY NO. 525-03-8849

WHERE BORN? Sapio, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sugarite, until it closed	FROM	TO	
FOR Morley	FROM 11/12/42	TO 2/9/43	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Celia Aragon HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Benny	Male	4/27/30	13	Raton
Eugene	"	8/9/34	8	"
Mary	Female	2/12/39	4	"
Pauline	"	12/28/42	1 Mo.	"

IN VH	DATE 2/15/43	CHECK 130
OUT DATE May 15, 1944		CHECK
CAUSE Own accord.		
IN 6/5/44	DATE Koehler	CHECK 34
OUT DATE 11-20-46		CHECK
CAUSE Own accord.		
IN V. H.	DATE 1-20-47	CHECK
OUT DATE 5-27-49		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 58 FULL NAME Porfilia Aragon ADDRESS Raton,

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $7.00 per.Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Elijio Aragon, Las Vegas,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Celia Aragon, Raton. Wife

$500.00 August 1947

~~$500.00~~ GROUP INSURANCE August, 1943

~~$500.00~~ ~~January 16, 1945~~

INTERPRETED BY

DATE 2/13/43

SIGNED IN PRESENCE OF David Stewart

Ben Aragon

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aragon, Ben	May 7, 1906	Married	New Mexico	Yes	Jan. 20, 1947	Feb. 13, 1943

NAME JOHN ARAGON OCCUPATION Miner Born Aug 14-1896

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farm, Johnson Mesa	FROM	all life	TO Feb, 1929
FOR	Block Coal Company	FROM	Feb, 1929	TO August, 1929
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cevelia HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Bell, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Leo	Male	3-30-1916	13	Bell, N.M.
Ambrosio	Female	12-7-17	12	do
Jake	Male	3-3-20	9	do
Junior	"	7-13-24	5	do
Jesus	"	3-10-27	2	do

IN Sugarite	DATE 8/21/29	CHECK 304	
OUT DATE 4-30-41		CHECK	
CAUSE Mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE FULL NAME Joe Aragon ADDRESS Trinidad, Colo

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eloy Aragon, Grand Jct, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Nellie Nunios, Grand Jct. Colo. Maggie Sandoval, and Nora Marones, Pueblo, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Feb, 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife, at present Bell, N.M.

INTERPRETED BY

DATE August 21st, 1929.

SIGNED IN PRESENCE OF

John Aragon
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING XXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aragon, John,	Aug. 14, 1896	Married		Colorado	Yes	Aug. 21, 29	8-21-29

S.S# 525-03-8446

NAME J. F. Aragon OCCUPATION Loader Born Jan.12,1896

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO
FOR	FROM	TO
FOR	FROM June 17,1925	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Placida HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. Mex.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Amelia	Girl		8	Raton, N. M.
Ligio	Boy		3	" " "
Baby			2 Mo.	" " "

IN SW	DATE 6/17/25	CHECK 179
OUT DATE Oct. 2, 1940		CHECK 82
CAUSE Reduction of force		
IN Br #2	DATE Nov. 16, 1941	CHECK 16
OUT DATE 8/10/44		CHECK
CAUSE Voluntary.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Leandro Aragon, ADDRESS Gardiner, N. M.

WHO SUPPORTS HIM? His Son HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $ 10.00 per mo.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Fred Aragon, Gardiner, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on May 1, 1928
Wife 1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball

J. F. Aragon
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED DIVORCED	DEPENDENTS IN FAMILY INCLUDING WIFE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Aragon, J. F.	Jan. 12, 1896	Married		New Mexico	Yes	June 17,1925	6/17/25

NAME L.E.Aragon OCCUPATION Coal Miner

DATE OF BIRTH 8-25-1900 SOCIAL SECURITY NO. 523-05-0394

WHERE BORN Enosia,N.M. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.& S.F.Ry.Co.,La Junta FROM Dec.1944 TO Nov.1945

FOR Different Jobs FROM Nov.1945 TO Feb.20,1945

FOR Gates Rubber Co.,Denver, FROM Oct.1943 TO Dec.1944

FOR C.F.& I.Corp.Morley Colo. FROM " 1941 TO Oct.1943

FOR Vento Coal Co.,Florence," FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Florence Aragon HER AGE 31,

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louis Aragon	M.	Dec.20,1929	17 Yrs.	Moro, N.M.
Francis Mascarenas	F.		22 "	La Junta, Colo.
Epifanio Aragon,		April 11,1945	1 " 10 Mo.	Van Houten,

IN VH.	DATE 2-20,1946	CHECK 15
OUT DATE 2-28-46		CHECK
CAUSE Bad blood.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 85 FULL NAME Epifanio Aragon,La Junta, Colo. ADDRESS

WHO SUPPORTS HIM? U.S. pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 67 FULL NAME Faustina Aragon,La Junta Colo. ADDRESS

WHO SUPPORTS HER? U.S. pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony Aragon,La Junta,Colo. Dan Aragon,Denver Colo. Casimiro Aragon,Oakland, Calif, Frank Aragon,Richmond, Calif.,Phil Aragon,Richmond,Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Adalina Aragon, La Junta, Colo. and Facunda Catallo,Dawson, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Florence Aragon,Van Houten, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE Feb.20,1946

SIGNED IN PRESENCE OF

AW Abbot.

L.E. Aragon

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aragon, L. E.	Aug. 25, 1900	Married	New Mexico	Yes	Feb. 20, 1946	Feb. 20, 1946

NAME Rumaldo Aragon OCCUPATION Miner

DATE OF BIRTH 10-18-1898 SOCIAL SECURITY NO. 525-46-7167

WHERE BORN? Mora, N.M. U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO	
FOR Ranching near Mora, N.M.	FROM	TO	
FOR All life until	FROM	TO	Jul,1943
FOR	FROM	TO	
FOR	FROM	TO	
FOR A.T. &.S.F.Ry- Shops-Raton	FROM July,43	TO	Aug,1943

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elosia Aragon HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Modesta Aragon	F.		22	Mora, N.M.
Joe	M.	2-3-23	20	Mora, N.M.
Eleno	M.	6- 24	19	Mora, N.M.
Amalia	F.	6-26-26	17	Raton, N.M.

IN K	DATE 8/7/43	CHECK 173	
OUT DATE 9/24/43		CHECK	
CAUSE Do not know where he went and did not get his time.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alfonso, Malatias, Frutoso and Margarito, Manansia Aragon, All Mora, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Clayatia Martinez, Boone, Colo. Rosa Baca, Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

San Miguel Co. Board. Las Vegas, N.M. Class 3A (H) Order No.11438 GROUP INSURANCE

INTERPRETED BY

DATE Aug 7th,1943.

SIGNED IN PRESENCE OF A. L. Atkinson

Rumaldo Aragon
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Aragon, Rumaldo	Oct. 18, 1898	Married	New Mexico	Yes	Aug. 7, 1943	Aug. 7, 1943

NAME Abelino A. Archuleta OCCUPATION miner

DATE OF BIRTH Sept.30,1901 SOCIAL SECURITY NO. 523-16-9398

WHERE BORN? Watrous,N.Mex. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span, READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Self -Farmer	FROM Jan.1943	TO	Nov.1943
FOR	~~Jan.1941~~ City of Denver	FROM Jan.1.941	TO	Janl.1943
FOR	Eagle mine near Denver	FROM Jan.1940	TO	Jan.1941
FOR	City of Denver	FROM Jan.1938	TO	Jan 1940
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Margaret Archuleta HER AGE 30

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN K	DATE 11/30/43	CHECK
OUT DATE 1/18/44		CHECK
CAUSE Own accord; going to Denver.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Edward Aechuleta ,863 Wyandotte St.,Denver,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Jennie Wasson,1011 Eleventh Ave. Denver,Colo

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Margaret Archuleta

GROUP INSURANCE

INTERPRETED BY

DATE 11-30-43 Registered for draft in Denver class 4FH

SIGNED IN PRESENCE OF A. L. Atchison

Abelino Archuleta
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Archuleta, Abelino A	Sept. 30, 1901	Married	New Mexico	Yes	Nov. 30,1943	Nov. 30, 1943

NAME Epifanio Archuleta OCCUPATION Loader

DATE OF BIRTH Julø 6, 1904 SOCIAL SECURITY NO. 523-01-9239

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? a little WRITE? a Little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Bon Carbo FROM 7 Years TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	Boy	May 29,1929	13	Cokedale Colo
Mary Ann	Girl		10	"

IN Sw	DATE 12/5/42	CHECK 59
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME John ADDRESS Denver

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Julian, Amar, Wyo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Children

$500.00 GROUP INSURANCE July, 1943

INTERPRETED BY

DATE 12/4/42

SIGNED IN PRESENCE OF Geo. L. Kimball

Epifanio Archuleta
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Archuleta, Epifanio	July 6, 1904	Widower	Colorado	Yes	Dec. 5, 1942	Dec. 4, 1942

NAME Abelino A.Archuleta OCCUPATION Loader Born 10/30/01
WHERE BORN? Watrous,N.M. U. S. CITIZEN? Yes FORM 1078? SS#523-16-9398
WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farming	FROM 1940	TO 1944
FOR	Kaiser - Denver	FROM 1944	TO 1945
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married
GIVE FULL NAME OF WIFE Margarite M.Archuleta HER AGE 32
IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dan	M	9/20/1944	1	Raton,

IN K	DATE 11/26/45	CHECK 247
OUT DATE 2-9-46		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Ed.Watrous,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY
DATE 11/24/45
SIGNED IN PRESENCE OF David Stewart

Abelino A Archuleta
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	Date of Birth	XXXX XXXXXX					
Archuleta, Abelino A	Oct. 30, 1901	Married		New Mexico	Yes	Nov. 26, 1945	Nov. 24,1945

NAME Epifanio Archuleta OCCUPATION Inside Mine

DATE OF BIRTH July 6, 1904 SOCIAL SECURITY NO. 523-01-0239

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Sp. and Eng. READ? a little WRITE? a little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Brilliant #2	FROM 12-5-42	TO 4-29-49
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Candelaria HER AGE 41 (Feb. 20, 1908

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Anna	F	2-26-1932	17	Brilliant
Sadie	F	3- 9-1939	10	Brilliant
Franklin	M	10-31-1943	6	Brilliant
~~Epifanio~~				

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME John Archuleta ADDRESS Denver, Colo.

WHO SUPPORTS HIM? Pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Candelaria - wife

GROUP INSURANCE

INTERPRETED BY

DATE 8/13/49

SIGNED IN PRESENCE OF

Marian J. Edwards

Epifanio Archuleta
SIGNATURE OF APPLICANT

IN Br.	DATE 8-15-49	CHECK
OUT DATE		CHECK
CAUSE MINE CLOSED		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Archuleta, Epifanio	July 6, 1904	Married	Colorado	Yes	Aug. 15, 1949	Aug. 13, 1949

NAME Estevan Archuletta OCCUPATION Loader

WHERE BORN? Sweet Water, N.M. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Mine Co at Bon Carbo, Colo. FROM May 1922 TO May 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V.H.	DATE 5-18-27	CHECK 367
OUT DATE 6-15-27		CHECK 366
CAUSE O.A.		
IN Sug	DATE 9-12-27	CHECK 33
OUT DATE 10-25-27		CHECK 33
CAUSE Too hard work		
IN Gard	DATE 12-19-27	CHECK 7
OUT DATE 12-22-27		CHECK 7
CAUSE O.A.		
IN Sug	DATE 1-9-27	CHECK
OUT DATE 2-14-28		CHECK
CAUSE O.A		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 45 FULL NAME Juanita Mestas ADDRESS Sweetwater, N.M.

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Mestas, Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Brother Joe Mestas, Van Houten, N.M.

INTERPRETED BY

DATE 5-18-1927

SIGNED IN PRESENCE OF

Estevan Archuleta
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Archuleta, Estevan	26	S	1	USA	Yes	5/18/27

NAME Estevan Archuleta OCCUPATION Digger

WHERE BORN? N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	St.L.R.M.&.P.C.Van Houten	FROM July,1927	TO	Aug,1927
FOR	Stag Canyon Fuel Co	FROM 1925	TO	July,1927
FOR	Cokedale,Colo	FROM 1922	TO	1925
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SUG	DATE 9/12/27	CHECK 33
OUT DATE 10-25-27		CHECK 33
CAUSE Too hard work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 45 FULL NAME Juanita Archuleta ADDRESS Sweetwater,NM.

WHO SUPPORTS HER? Self and brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $5.00 mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Philimone,Tinatoe,Victor,Ferdinand and Disadore Archuleta all Sweetwater, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Filimine Archuleta, Sweetwater, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother and brothers at Sweetwater,N.M..

INTERPRETED BY

DATE Sugarite Sept 12th,1927.

SIGNED IN PRESENCE OF

Estevan Archuleta

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Archuleta, Estevan	26	S	1	New Mexico	Yes	9/12/1927

NAME Estevan Archuleta OCCUPATION Miner

WHERE BORN Springer N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Spanish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Phelps-Dodge Corp., Dawson	FROM May 1925	TO	Aug.1927
FOR	Idle	FROM Aug.1927	TO	Dec.1927
FOR	C.F.& I.Co., Primero	FROM 1922	TO	May 1925
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 12/'19'9[illegible]	CHECK 7
OUT DATE 12-22-27		CHECK 7
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Achuletta, Miami, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Joe Archuletta, Miami, N.M.

INTERPRETED BY

DATE Dec.19,1927

SIGNED IN PRESENCE OF

A.W.Allbert.

Estevan Archuleta
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Archuleta, Estevan	26	S	1	New Mexico	Yes	12/19/27

NAME Esteban Archuleta OCCUPATION Labor Born 9/2~~4~~/1897

WHERE BORN? Rowe, N. M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.&S.F. Ry. section.	FROM	TO
FOR Hebron, N.M.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rebeca Archuleta HER AGE 31

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Antonio	boy		13	Koehler, N.M.
Emma	girl		11	
Arbella	"		9	
Leo	boy		7	
Demecia	girl		5	
Frances	"		3	

IS YOUR FATHER LIVING? no. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 78 FULL NAME Tomicita Archuleta ADDRESS Nambe, N. M.

WHO SUPPORTS HER? My Sister HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Julianita Ortez, Pauleta Sandavol, Andrita Sandavol, Nambe, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE July 19 1937

SIGNED IN PRESENCE OF A. L. Atchison

Esteban Archuleta
SIGNATURE OF APPLICANT

7-16

IN Koehler.	DATE 7/1~~4~~6/37	CHECK
OUT DATE Layed off		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Archuleta, Esteban	Sept.21,1897	Married	XXXXXX XXXXXX	N. Mex.	Yes	July 16,1937	July 19,1937

NAME Estevan Archuleta OCCUPATION Miner

DATE OF BIRTH Mar,23,1901 SOCIAL SECURITY NO. 525 - 10 - 0487

WHERE BORN? Colmore,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	On my farm at Miami, N.M.	FROM	TO
FOR	The last 6 Mo. worked in Dawson, N. M.	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ruby Archuleta HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alfred	Male		7	Koehler, N. M.
Ernest	"		5	"
Ester	Female		3	"
Esteven Jr,	Male		6 Mo.	"

99

IN	K	DATE 5.11,43	CHECK
OUT DATE	11/27/43		CHECK
CAUSE	Back to the farm.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 64 FULL NAME Juanita Cruz, ADDRESS Miami, N. M.

WHO SUPPORTS HER? My Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Philamon Archuleta,Miami, N. M. Tim Archuleta, Miami, N. M. Victor Archuleta, Colmore, N. M. Fred Archuleta Miami, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Selina Archuleta, Miami. N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE May. 10, 1943

SIGNED IN PRESENCE OF

A. P. Atchison

Estevan Archuleta

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Archuleta, Estevan	March 23, 1901	Married	New Mexico	Yes	May 11, 1943	May 10, 1943

NAME Jose Vivian Archuleta OCCUPATION Loader

DATE OF BIRTH Dec 2, 1905 SOCIAL SECURITY NO. 710-12-6243

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Albuquerque	FROM	2 cMo	TO	Clayton N.M.
FOR Farmed	FROM	5 Mo	TO	Local Board
FOR Dalhart	FROM	1½Yrs	TO	Order 559
FOR Colo Springs Camp Carson		3 Mo	TO	Class 4 A
FOR No mining experience	FROM		TO	
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Maxxiee~~ Divorced

GIVE FULL NAME OF WIFE Addie HER AGE 31

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Viola	Girl		13	Clayton
Esmial	Boy	May 1943	2	"

with Eugenia Martinez
Clayton
Mother-in-law

IN B2	DATE 2/26/45	CHECK 34	
OUT DATE 5-4-45		CHECK	
CAUSE Valuntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Crist, 2036 West Central, Albuquerque. Robert, Salt Lake

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Emelia, Albuquerque, Silvia Padilla, Raton 120 Mora Juanita,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My children

GROUP INSURANCE

INTERPRETED BY

DATE 2/24/45

SIGNED IN PRESENCE OF Geo L. Kimball

Jose Vivian Archuleta
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Archuleta, Joe Vivian	Dec.2,1905	Divorced	New Mexico	Yes	Feb.26,1945	Feb. 24,1945

NAME Emul Arcuri OCCUPATION miner Born Sept.18,1890

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? Eng. Ital. WRITE? Eng. Ital.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Jackson Walker Co. Pittsburg Ks. TO Aug. 1927

FOR 20 yrs. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~married~~ widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Andrew	boy		14	Brooklyn, N.Y.
Contta	girl		12	"
Morris	boy		10	"

557 Clinton Street

IN SW	DATE 8-11-27	CHECK	85
OUT DATE 3-12-35		CHECK	
CAUSE Discharged			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 72 FULL NAME Contta Arcuri ADDRESS Italy.

WHO SUPPORTS HER? I do not help . HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Girgente, Sicily.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony in Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Tinea in Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Children. 1500 on

2000 on

INTERPRETED BY

DATE 8-11-27

SIGNED IN PRESENCE OF

R. P. Woods

Emul Arcuri

SIGNATURE OF APPLICANT

10-21

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Arcuri, Emul	Sept. 18, 1890	Widower		Italy	Yes	Aug. 11 ,27	8/11/27

NAME Rogelio Arellanes OCCUPATION Miner

DATE OF BIRTH 1/12/1900 SOCIAL SECURITY NO. 525-12-7261

WHERE BORN? El Cerrito,N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josefita Arellanes HER AGE 41

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS El Cerrito,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dolita	Female	2/3/28	14	El Cerrito,N.M.
Reta	"	8/22/30	12	" "
Maria	"	6/11/34	8	" "

IN VH-	DATE 12/11/42	CHECK 95
OUT DATE 4/22/43		CHECK
CAUSE Going Farming.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 86 FULL NAME Emeterio Arellanes ADDRESS El Cerrito,N.M.

WHO SUPPORTS HIM? Pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Epetisio Arellanes , Lordsburg,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ursulita Ribera,El Cerrito,N.M.

Paubleta Arellanes " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Josefita Arellanes, Wife

GROUP INSURANCE

INTERPRETED BY

DATE 12/10/42

SIGNED IN PRESENCE OF

Rogelio Arellanes

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arellanes, Rogelio	Jan. 12, 1900	Married	New Mexico	Yes	Dec. 11, 1942	Dec. 10, 1942

Feb. 26,

NAME John Ardissone OCCUPATION Miner Born 1894

WHERE BORN? Italy U. S. CITIZEN? ~~No~~ Yes FORM 1078? ~~Yes~~

WHAT LANGUAGES DO YOU SPEAK? Ita. & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin FROM TO

FOR uous service of this Co. FROM Jan. 28,1925 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 1/28/25	CHECK
OUT DATE 4-8-1930		CHECK 257
CAUSE 6 mo. lay off to Italy for family		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 63 FULL NAME Larence Ardissone ADDRESS Campo Canaverse, Italy

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Catherine Ardissone ADDRESS Italy

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Batesti and Joe, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Larence Ardissone, Campo Canaverse, Italy

Did not take insurance

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

John Ardissone

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ardissone, John	Feb. 26, 1894	Single		Italy	Yes	Jan. 28,1925	1/28/25

NAME Rogelio Arellanes OCCUPATION Miner

DATE OF BIRTH Jan. 12, 1900 SOCIAL SECURITY NO. 525 - 12 - 7261

WHERE BORN Ericito, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farming Ericito, N.M.	FROM 1938	TO 1940	
FOR	Copper mines, Lordsburg, N.M.	FROM 1940	TO 1941	
FOR	Worked at Van Houten 4 Mo.	FROM	TO 1943	
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephita R. Arellanes HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Colorita	Female		15	Koehler, N.M.
Rita	"		13	"
Mary	"		9	"

IN	K	DATE 11, 20, 43	CHECK 238
OUT DATE	April 27, 1944		CHECK
CAUSE	Own accord; back to farm at Ericito, N.M.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 87 FULL NAME EMitero Arellanes ADDRESS Benuva, N. M.

WHO SUPPORTS HIM? Pension HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? nothing

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Epatisio Arellances, Las Vegas, N. M.
Pablo Allerances, Benuva, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Registered San Miguel, Class 4 - H Order #10336

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE Nov. 19, 1943

SIGNED IN PRESENCE OF A. L. Atchison

Rogelio Arellanes
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arellanes, Rogelio	Jan. 12, 1900	Married	New Mexico	Yes	Nov. 20, 1943	Nov. 19, 1943

NAME Jose Arellano OCCUPATION Digger

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Laborer--Raton	FROM Nov,1927	TO	Jan,1928
FOR St.L.R.M.& P.Co,. VHouton	FROM 1918	TO	Nov,1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jessie HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Helen	Female		10 yr	Raton,N.M.
Thos	Male		8	
Anna	Female		6	
John	Male		4	

IN Sug	DATE 1-27-28	CHECK 51	
OUT DATE 1-27-28		CHECK	
CAUSE Never started at all			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank Arellano, Los Angeles, Calf.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna Vega, Tokay, N.M. Lupina Arrelano, Allison, NM

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife, Jessie Arrelano, Raton,N.M.

INTERPRETED BY

DATE Sugarite Jan 27th,1928.

SIGNED IN PRESENCE OF

Jose Arellano

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Arellano, Jose	46	M	5	Mexico	No	1/27/28

NAME Jose Arellano OCCUPATION Miner Born apr 11, 1882

WHERE BORN? Mexico U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Different kinds of Wk.	FROM Nov.30,1927	TO	March 30,1928
FOR	St.L.R.M.& P.Co.V.H.	FROM 1920	TO	No.30,1927
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jesus Arellano HER AGE 36 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Helen	girl		11 yrs.	Raton, N.M.
Thomas	girl		9 "	" " "
Annie	"		7 "	" " "
John	boy		4 "	" " "

IN G.	DATE 3/30'28	CHECK 62
OUT DATE 5-21-1930		CHECK 62
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank Arellano, Address unknown

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Antony Viga, Tokay, N.M.
Delfina Olivas, Allison, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on 9-24-28
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Jesus Arallano, 420 Buena Vista, ~~NM~~ Raton, N.M.

INTERPRETED BY

DATE March 30,1928

SIGNED IN PRESENCE OF

A.W.Allbert

Jose Arellano
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Arellano, Jose	April 11, 1882	Married		Mexico	No	Mar. 30, 28	3/30/28

NAME Nash Arellano OCCUPATION Coal Miner

DATE OF BIRTH 3-26-1893 SOCIAL SECURITY NO. 522-03-6715

WHERE BORN? Springer, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Huerefano Coal Co. Ramey Colo. FROM Nov 1948 TO February 1949

FOR Bear Canyon Coal Co. FROM TO

FOR Trinidad Colo. FROM Aug.1948 TO Nov.1948

FOR A.S.&R.Co. Bon Carbo, Colo. FROM July 1919 TO Aug.1948

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sallie M.Arellano HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No Children				

IN VH-	DATE 2-9-49	CHECK 96
OUT DATE 3-15-49		CHECK
CAUSE On own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alex Arellano, Denver, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Ester Powell, Trinidad, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at Van Houten, N.M.

GROUP INSURANCE Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C. A. Bernard

Nash Arellano
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arellano, Nash	March 26, 1893	Married	New Mexico	Yes	Feb. 9, 1949	Feb. 9, 1949

NAME Sedonio Arellano OCCUPATION Coal Miner

DATE OF BIRTH Aug.3,1910 SOCIAL SECURITY NO. 525-03-2589

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span.Ing READ? Read WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps Dodge Corp. Dawson, N.M.	FROM Feb-27-28	TO May 2,1950
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sofia Abeyta Arellano HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John Joe	Boy		19	US.Navy
Mary Jane	Girl		16	With me
Martha Julia	Girl		13	With me

IN K	DATE 5-18-50	CHECK 73
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Juanita Arellano ADDRESS Los Angeles,Cal.

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Amado , Los Angeles,Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ruth Maranda, Los Angeles,Cal.
Henryetta Arellano,Los Angeles,Cal.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My wife at Koehler,N.M.

GROUP INSURANCE No

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Sedonio Arellano
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arellano, Sedonio	Aug. 3, 1910	Married	Mexico	No	May 18, 1950	May 18, 1950

NAME Desiderio Arguello OCCUPATION Laborer

DATE OF BIRTH Feb.11-1884 SOCIAL SECURITY NO. 525-09-5198

WHERE BORN? Mora,N.Mex. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spa. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Raton Water Works	FROM April 1940	TO	April 1942
FOR	W.P.A.	FROM 1937	TO	" 1940
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elisabeth Newman Arguello HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Roy	M	4-10-1923	19	Raton
Carmen	F	11-24-1925	16	"
Mary	F	1-24-1927	15	"
Orocia	F	6-24-1929	12	"
Teddy	M	4-7- 1932	10	"
Vicente	M	4-5- 1933	9	"

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500.00 GROUP INSURANCE November, 1942
Insurance Cancelled

INTERPRETED BY

DATE May 13 1942

SIGNED IN PRESENCE OF Alfred Horne

Desiderio Arguello
SIGNATURE OF APPLICANT

IN Koehler	DATE 5-13-42	CHECK 7		
OUT DATE 7/10/44		CHECK		
CAUSE Own Accord.				
IN K	DATE 8-1-44	CHECK 13		
OUT DATE JULY 30, 1953		CHECK		
CAUSE REDUCTION OF FORCE				
IN	DATE	CHECK		
OUT DATE		CHECK		
CAUSE				
IN	DATE	CHECK		
OUT DATE		CHECK		
CAUSE				
IN	DATE	CHECK		
OUT DATE		CHECK		
CAUSE				
IN	DATE	CHECK		
OUT DATE		CHECK		
CAUSE				
IN	DATE	CHECK		
OUT DATE		CHECK		
CAUSE				

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arguello, Desiderio	Feb.11,1884	Married	New Mexico	Yes	Aug. 1 ,1944	May 13 ,1942

NAME Demetrius Argianas OCCUPATION Miner BornFeb. 23, 1894

WHERE BORN? Greece U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Pacific Fruit Express	FROM		TO
FOR Larimi, Wyo.	FROM	July. 1931	TO Nov. 1931
FOR Colo. Fuel & Iron Co.	FROM		TO June, 1931
FOR Sunrise, Wyo.	FROM	Jan. 1930	TO
FOR Grand Junction Fuel Co.	FROM	# 3 yrs	TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-2-31	CHECK 54
OUT DATE 3-1-1932		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 68 FULL NAME Peter Argianas ADDRESS Anemodouri, Greece.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

George in Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Theodore Argianas, Uncle in Trinidad, Colo.

INTERPRETED BY

DATE 12-2-31

SIGNED IN PRESENCE OF

R.P.Woods

Demetrius Argianas
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Argianas, Demetrius,	Feb. 23, 1894	Single		Greece	Yes	12-2-1931	12-2-31

NAME Joe A. Arguella OCCUPATION Bone Picker Born Dec. 6, 1906

WHERE BORN? Folsom, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Worked at Sugarite about two months up until FROM TO

FOR March 29th, 1927. Lost eye account injury FROM TO

FOR that date. No work since FROM TO

FOR 8 r 48 FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~xxxxxxx~~ Married

GIVE FULL NAME OF WIFE Angelina HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
2 children (correction oct 17/1932)				

IN Sug	DATE 11-30-27	CHECK	416
OUT DATE 4-23-40	Reduction of Force	CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE FULL NAME S. Arguella ADDRESS Pueblo, Colo

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Ascensio Arguella ADDRESS Pueblo, Colo

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Stefanio Arguella, Pueblo, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Josephine Leal, Sugarite. Annabell and Leonora Arguella, Pueblo, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH, Father S. Arguella, Pueblo.
Sister, Josephine Leal, Sugarite

1000 on
1500 on
2000 on

INTERPRETED BY

DATE Sugarite Nov 30th, 1927

SIGNED IN PRESENCE OF

A.L. Brockman

Joe A. Arguello
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Arguello, Joe A.	Dec. 6, 1906	Married		New Mexico	Yes	Nov. 30, 27	11/30/27

NAME Joe Amarante Arguello OCCUPATION Miner

DATE OF BIRTH Dec. 6, 1906 SOCIAL SECURITY NO. 525 - 05 - 6955

WHERE BORN? Folsom, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Sugarite FROM until April 22, TO 1940.

FOR Raton Dairy since that time FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maggie Valdez Arguello HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Annie	Female		14	Koehler, N.M.
Ester	"		12	"
Joe Jr.	Male		8	"
Robert	"		2	"
Gloria	Female		6 Mo.	"

IS YOUR FATHER LIVING? Yes AGE 57 FULL NAME Salviano Arguello ADDRESS Koehler, N. M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 56 FULL NAME Mary Arguello ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: David, Ernest, Silviano Jr. Lincoln, Arguello, Koehler, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elenor, Amelia, Josephine Arguello, Koehler, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE March, 1943
Ins still in effect Oct 1, 1944

INTERPRETED BY

DATE Sept. 16, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Joe A. Arguello
SIGNATURE OF APPLICANT

IN	DATE	CHECK
K	9-16-42	57 225
OUT DATE 8/12/44		CHECK
CAUSE Own accord.		
IN Koehler	DATE 9/19/44	CHECK
OUT DATE 3-30-46		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arguello, Joe Amarante	Dec. 6, 1906	Married	New Mexico	Yes	Sept. 16, 1942	Sept. 16, 1942

NAME Salviano Arguello OCCUPATION Miner

DATE OF BIRTH Aug, 21, 1884 SOCIAL SECURITY NO. 525 -09- 5197

WHERE BORN? Taos, N. M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR W P A FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~####~~ Arguello HER AGE 56

IS SHE LIVING WITH YOU? Maria Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Epifanio	Male		27	Koehler, N. M.
Dave	"		18	"
Junior	"		14	"
Lincoln	"		12	"
Ameldia	Female		30	Portland, Colo.

IN K	DATE 7-13-42	CHECK 82 ~~62~~
OUT DATE 10/1/45		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE March, 1943

INTERPRETED BY

DATE July, 8, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Silviano Arguello
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Arguello, Salviano	Aug. 21, 1884	Married	New Mexico	Yes	July 13, 1942	July 8, 1942

NAME Louie Arko OCCUPATION Lobor Born 4/12/1917

WHERE BORN? [illegible], N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Has lived on a farm.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Koehhle	DATE 1/13/37	CHECK
OUT DATE 11-15-37		CHECK
CAUSE Quit.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 51 FULL NAME Leo Arko ADDRESS Moreno Valley. N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 56 FULL NAME Mary Arko ADDRESS " " "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Leo & Martin Arko " " "

Joe Arko, Oklahoma City. Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna, & Louise Arko. " " "

JennieKaplan, Moreno Valley. N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Jan. 13 1937

SIGNED IN PRESENCE OF A. L. Atchison

Louie Arko
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

NAME Pablo Armendariz. OCCUPATION Miner Born July 27, 1893

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Greely Colo	3 Mo	FROM	TO
FOR Dawson	9 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Genaveva HER AGE ~~22~~ 43

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ramundo	Boy		9	Swastika, N. M.
Juana	Girl		~~17~~ 16	"

(Dawson)

IN Sw.	DATE 12/8/30	CHECK 165
OUT DATE 6/20/32		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Juana Armendariz ADDRESS Dawson

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pablo C, & Amador Dawson, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Dawson Dionicia, Dawson

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1931

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE 12/8/30.

SIGNED IN PRESENCE OF

G.L.Kimball.

Pablo Armendariz

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ IN CAMP ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Armendariz, Pablo,	July 27, 1893	Married		Mexico	No	12-8-1930	12-8-30

199

NAME Alfred Armijo OCCUPATION miner

DATE OF BIRTH April 12,1904 SOCIAL SECURITY NO. 525-28-0584

WHERE BORN? Pecos,N.Mex. U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Zuni Metals Co.Grants,N.M.	FROM Sept.1943	TO Dec.20,1945	
FOR A.T.&.S.F.R.R.	FROM 1940	TO 1943	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Lorenza Armijo HER AGE

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lucinda Armijo		August 14	9	
Adan Armijo	M	March 4	4	

IN X	DATE 2-8-45	CHECK 199
OUT DATE 8/15/45		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 62 FULL NAME Juanita Armijo ADDRESS Valley Ranch,N.M.

WHO SUPPORTS HER? another son HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Juan Armijo, Valley Ranch,N.Mex.
Evaristo Armijo,Superior Arizona

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Rosita Armijo,Valley Ranch,N.Mex.
Bennie Armijo, Superior,Arizina,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Lorenza Armijo,
Koehler,N.Mex.

GROUP INSURANCE

INTERPRETED BY

DATE Feb.7,1945

SIGNED IN PRESENCE OF

Alfredo Armijo
SIGNATURE OF APPLICANT

Draft classification 1-AH Order # 10125 Las Vegas Board

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Armijo, Alfred	April 12,1904	Married	New Mexico	Yes	Feb. 8,1945	Feb.7,1945

NAME FIDEL ARMIJO OCCUPATION Miner

DATE OF BIRTH March 23rd,1903 SOCIAL SECURITY NO. 525-09-8007

WHERE BORN? Mora, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.&.I.C. Ramey	FROM Feb,1944	TO March,1944	
FOR Harding Co. School Dist.	FROM 1939	TO June,1943	
FOR Beet Fields, Colo.	FROM July,1943	TO Jan,1944	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE: Liupita Armijo HER AGE 37

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Mills, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	M.	12-20-24	20	Mills,N.M. Adpt.
Charles	M.	5-11-30	14	
Adusta	F	2-3-32	12	
Abumita	M.	9-18-33	11	
Robert	M	9-18-35	9	
Fidel	M	2-6-41	3	
Rudy	F	2-26-44	1 mo	No name

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 68 FULL NAME Lorencia Armijo ADDRESS Las Vegas, N.M.

WHO SUPPORTS HER? Self. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS Salvador .Elesio and Lucero Armijo, Las Vegas, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS Adelia,Eufenia,Eloise and Mayeta Armejio, Las Vegas, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Harding Co. Board No. 1.Order No. 10047 Class 3-A (H) May 19th,1943.

$500 GROUP INSURANCE Oct. 1944

INTERPRETED BY

DATE April 3rd,1944

SIGNED IN PRESENCE OF

A. L. Atkinson

Fidel Armijo

SIGNATURE OF APPLICANT

IN K	DATE 4/3/44	CHECK	162/162
OUT DATE 2-28-54		CHECK	
CAUSE Reduction of force.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Armijo, Fidel	March 23, 1903	Married	New Mexico	Yes	Apr. 3, 1944	Apr. 3, 1944

albert G.E. 525-03-8508

NAME Leslie Atchison. OCCUPATION Weigh Boss Born Mar.4,1897

WHERE BORN? Texas U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM May 1915	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Minnie Espe HER AGE 29

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Oliver	Male	November 28, 1921		Swastika, N. M.
Wm. Guille	"	Nov. 8, 1932		

IN SW	DATE May '15	CHECK 587	
OUT DATE 10-13-40		CHECK	
CAUSE Tr. to Sug.			
IN Sug	DATE 10-14-40	CHECK	
OUT DATE 12-21-41		CHECK	
CAUSE Transfer to DX			
IN DX	DATE 12-22-41	CHECK 44	
OUT DATE 6-16-42		CHECK	
CAUSE Tr. to Koehler			
IN Koehler	DATE 6-17-42	CHECK	
OUT DATE 6-15-44		CHECK	
CAUSE Resigned.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 52 FULL NAME William deceased Aug. 1930. ADDRESS Dedman, N. M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 49 FULL NAME Della Decd. Jan. 1933 ADDRESS Dedman, N. M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Liston, Koehler, N. M. Bill, Floyd, Dedman, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary and Zelda, Dedman, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
~~William Atchison, Dedman, N. M.~~

INTERPRETED BY

DATE July 26, 1920

SIGNED IN PRESENCE OF

M. P. Scanlon

A. Leslie Atchison
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWED~~	~~NUMBER OF DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Atchison, Leslie,	Mar. 4, 1897	Married		Texas	Yes	May 1915	7/26/20

MINE Swastika, N. M. DATE May 1915.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 30 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 9 in. WEIGHT 145 lbs. COLOR OF HAIR Black

COLOR OF EYES Brown COMPLEXION Dark SCARS OR MARKS OF IDENTIFICATION None

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Julian Atencio OCCUPATION Labor. Born 1/9/ 1883

WHERE BORN? Las Vegas, N.Ms. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.& Eng. READ? Yes. WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Cut props at Swastika.	FROM	TO
FOR and W P A	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Saradia Atencio HER AGE 45

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton. N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Eva	Girl		18	Raton, N.M.
Euertasia	"		14	" " " " " " " " " " "
Tony	Boy		12	" " " " " " " " " " "

IN Koehler	DATE 12/28/36	CHECK
OUT DATE 1-12-37		CHECK
CAUSE Doctor's Report		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 87 FULL NAME Videl Atencio ADDRESS Raton. N.M.

WHO SUPPORTS HIM? Himself. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Gualupita Mandosa
Virginia Padilla Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Dec. 30 1936

SIGNED IN PRESENCE OF A. L. Atchison

Julian Atencio
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Atencio, Julian	Jan. 9, 1883	Married		New Mexico	Yes	Dec.28,1936	Dec.30,1936

NAME Pablo Atencio OCCUPATION Loader Born July 24,1891

WHERE BORN? Tucumcari,NM. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.& Spa. READ? Spa. WRITE? Spanish

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Sept.17,1925	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Matilda Atencio HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Encarnacion	Boy	Mar.25,1911	14	Roy, N. M.
Maria Atencio	Girl	Aug.8,1915	10	Home

IN VH	DATE 9/17/25	CHECK 410
OUT DATE July 21, 1928		CHECK 200
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pedro Atencio, Tucumcari, New Mexico.
Nicolas Atencio, Pastura, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

E. D. Manning

Pablo Atencio
SIGNATURE OF APPLICANT

Signature on old record

NAME	DATE OF BIRTH	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Atencio, Pablo,	July 24,1891	Married		New Mexico	Yes	Sept.17,1925	9/17/25

GUST### ATHANASIADIS

NAME OCCUPATION Miner Born July 20,1885

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Reastaurant Business	FROM	TO
FOR Denver and Chicago	FROM November 1921	November 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-17-28	CHECK 359
OUT DATE 1-15-29		CHECK 359
CAUSE own accnd		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: George,Marmay###### Greece

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary,Alasme and Crisanthia at Marmay ,Karistu,Evias,Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

George Athanasiadis,
Marmay, Karistu, Evias, Greece.

INTERPRETED BY

DATE 11-17-1928

SIGNED IN PRESENCE OF

C A Bennett

Gus Athanasiadis
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED XXXX SINGLE XXXX WIDOWER XXXX	DEPENDENTS IN FAMILY XXXXXX IN ALIEN XXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Athanasiadis, Gust,	July 20, 1885	Widower		Greece	No	Nov. 17, 28	11/17/28

NAME Jose Atilano OCCUPATION Miner Born Aug 8, 1899

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR El Paso	6 Mo	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria Gonzoles HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Encarnacion de Diaz, Jal, Mex

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	Girl		7	with mother
Onesimo	Boy		5	"
Maria De Fugio	Girl		4	"

IN Sw	DATE 1/3/29	CHECK 172
OUT DATE 3-20-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Jose Atilano same as wife ADDRESS

WHO SUPPORTS HIM? His sons HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? a little

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Francisco, Refugio, same as wife

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 1/3/29

SIGNED IN PRESENCE OF

G.L.Kimball.

Jose Atilano
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WID. DIV.	DEPENDENTS / IN FAMILY / INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Atilano, Jose,	Aug. 8, 1899	Married		Mexico	No	Jan. 3. 29	1/3/29

NAME John Atler OCCUPATION Tippleman

DATE OF BIRTH April 19th,1890 SOCIAL SECURITY NO. 573-28-1449

WHERE BORN? Texas U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Powder Company, California FROM 1942 TO Sept,1945.

FOR Philmont Ranch, Cimarron, N.M. FROM 1940 TO 1942

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR Registered at Albuquerque, N.M. Board No. 2

FOR Aug 27th,1942. No classification. TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Dolores Atler HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Albuquerquem N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Connie	F	10-2-1924	18	Albuquerque, N.M.
	Disabled, cannot walk.			
Tony	M		16	do

IN	K	DATE 9-27-45	CHECK 450
OUT DATE	did not start		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife. 718 N 5th St Albuquerque, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE Sept 27th,1945.

SIGNED IN PRESENCE OF R. Throckmorton

John Atler Yes.

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Atler, John	April 19, 1890	Married	Texas	Yes	Sept.27,1945	Sept. 27,1945

NAME Mansfield Atwater OCCUPATION ~~Car Dropper~~ Born Aug 23,1907

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Fred Howarth, Raton, N.M. FROM May 1928 TO June 1929

FOR Stag Canon Fuel Co. Dawson FROM May 1927 TO May 1928

FOR T & O Ranch Meloche, N.M. FROM July 1924 TO May 1927

FOR Unemployed since June1929 FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ethel HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	VH	DATE 7-23-29	CHECK 442
OUT DATE	4-21-1930		CHECK 301
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME M.John Atwater ADDRESS Dawson, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 56 FULL NAME Cicilio Atwater ADDRESS Dawson, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John at Globe Ariz . Jasper Starkville, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Verginia Stevens ,Millie Horan at Van Houten , N.M.
Minnie Horan, Koehler, Lettie Burch, Pictou, Colo.Lenora Atwater , Dawson, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan. 1930.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
My wife at Van Houten, New Mexico.

INTERPRETED BY

DATE 7-23-1929

SIGNED IN PRESENCE OF C A Bernard

Mansfield Atwater
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~OCCUPANTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Atwater, Mansfield	Aug. 23, 1907	Married		New Mex.	Yes	7/23/29	7/23/29

NAME John Atwater OCCUPATION Miner

WHERE BORN? Maxwell, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Pressey Tanner Fruit Co	FROM	TO	
FOR Trinidad, Colo	FROM April 1927	TO	January 1928
FOR Walter O'Brien Raton, N.M.	FROM February 1924	TO	April 1927
FOR This Co. Koehler, N.M	FROM March 1919	TO	February 1924
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Hellen HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Walter	Boy		2 Years	With me

IN VH	DATE 1-9-1928	CHECK 221
OUT DATE 2-16-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Mansfield Atwater ADDRESS Dawson, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Celia Atwater ADDRESS Dawson, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jasper at Morley, Colo. Mansfield at Dawson, N.M. Mrs. Horan at Koehler, Mrs. Verginia Stevens Van Houten, Mrs. Millie Horan, Koehler, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lenora at Dawson, N.M. Mrs Lettie Burch, Pictou, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Hellen Atwater, Van Houten, N.M.

INTERPRETED BY

DATE 1-9-1928

SIGNED IN PRESENCE OF

C A Bennett

John Atwater

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Atwater, John	30	M	3	New Mexico	Yes	1-9-27

John Atwater

MINE DATE

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 30 YEARS. DOES AGE GIVEN SEEM CORRECT? yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 9 WEIGHT 155 COLOR OF HAIR Brown

COLOR OF EYES Brown COMPLEXION fair SCARS OR MARKS OF IDENTIFICATION Small scar on right eye

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME John W. Atwater OCCUPATION Tippleman

DATE OF BIRTH May 15, 1897 SOCIAL SECURITY NO. 525-50-0964

WHERE BORN? Maxwell, N.Mx. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Self-Employed FROM 15 years TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ruth Irene HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Walter W.	M	Apr 4, 1926	25	U.S. Army

IN K	DATE 3/14/52	CHECK 451
OUT DATE 11-10-52		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: M. R. Atwater, Raton, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS. Mrs. Vern Burch, Raton, New Mexico, Mrs. Alfred Horin, Raton Paul Horin, Berkeley, Calif., Miss Leonora Atwater, Berkeley; Mrs. John Stevens, Illinois

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Ruth Atwater, 215 So Second St., Raton, New Mexico #500 GROUP INSURANCE Yes Oct 1952

INTERPRETED BY

DATE March 14, 1952

SIGNED IN PRESENCE OF J. Sandoval

John W. Atwater
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Atwater, John W.	May 15, 1897	Married	New Mexico	Yes	March 14,1952	March 14,1952

NAME Alfredo Avila OCCUPATION Miner Born May 19 1903

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? a little Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR El Paso Texas for 6 years	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Angela Cueva HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 3425 Rivera El Paso, Tex

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Baby	Girl		3 Mo	with mother

IN Sw	DATE 8/30/27	CHECK 47
OUT DATE 11-1-28		CHECK 47
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Refugia De Avila ADDRESS with my wife

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Manuela Avila, with my wife.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
My sister Manuela

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

INTERPRETED BY

DATE 8/30/27

SIGNED IN PRESENCE OF Geo L Kimball

Alfredo Avila
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Avila, Alfredo	May 19, 1903	Single		Mexico	No	Aug. 30, 27	8/30/27

NAME Alfredo Avila OCCUPATION miner Born Oct,4,1903

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Morley	FROM Oct. 1928	TO Aug. 1929	
FOR Swastika	FROM Aug. 1927	TO Sept. 1928	
FOR El Paso	FROM	TO July, 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Angela HER AGE 23

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Madelina	girl		2	Swastika

IN SW	DATE 8-27-29	CHECK 63
OUT DATE 5-1-1930		CHECK
CAUSE Visit to Mexico		
IN Sw	DATE 12-1-30	CHECK
OUT DATE 6-20-32		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 56 FULL NAME Rafael Avila ADDRESS Swastika

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Jose in Morley- Conception in Mexico- Louies in Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Manuelo Avila in Swastika

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 8-27-29

SIGNED IN PRESENCE OF

R.F.Woods

Alfredo Avila
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Avila, Alfredo,	Date of Birth Oct. 4, 1903	XXXX Married	XXXXXX	Mexico	No	12-1-1930	8-27-29

NAME Flavio Avila OCCUPATION Loader

DATE OF BIRTH Feb 22 1885 SOCIAL SECURITY NO.

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Business for myself FROM 10 years TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~Ju~~ Celia HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Taos, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary Josefa	Girl		10	Taos.
Rose	"		8	"
Mercedes	"		22	"
Floyd	Boy		19	USArmy
Emely Ortega	Girl	step daughter	24	Taos

436

IN B2	DATE 3/22/43	CHECK
OUT DATE 7/26/43		CHECK
CAUSE Voluntary.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Enrico, Toas Leandro, Certer, Colo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Marina Sandoval, Colo, Juanita Neb.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE ~~3/22~~ 3/15/43.

SIGNED IN PRESENCE OF Geo L. Kimball

Flavio Avila

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Avila, Flavio	Feb. 22, 1885	Married	New Mexico	Yes	March 22,1943	March 15,1943

NAME Heraclio deAbila OCCUPATION miner- Born June 17, 1910 Born 17th 1910

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Yes Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farme in Mexico	FROM	TO Born
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? No

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 9-4-28	CHECK 8
OUT DATE 4-25-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 43 FULL NAME Ambrosio De Avila ADDRESS Swastika

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None as yet

IS YOUR MOTHER LIVING? Yes AGE 40 FULL NAME Natalia Alcala ADDRESS Jerez, Zac, Mex

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Gabriel, somewhere in Calif,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father & Mother

Group Insurance $500 on Mar. 1929
1000 on
1500 on
2000 on

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE Swastika, N. M. 9/4/28.

SIGNED IN PRESENCE OF Geo LeRuthall

Heraclio deAbila
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
deAvila, Heraclio	June 17, 1910	Single		Mexico	No	9/4/28	9/4/28

NAME Heraclio Avila OCCUPATION Miner Born June 10, 1910

WHERE BORN? Jerez, Mex U. S. CITIZEN? NO FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sugarbeets	2 Yrs	FROM	TO
FOR Morley	5 Yrs	FROM	TO
FOR Swastika	9 Mo	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw 5/24/37	DATE	CHECK 71
OUT DATE 5/29/39		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 51 FULL NAME Ambrosio De Avila ADDRESS Swastika

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? All I can

IS YOUR MOTHER LIVING? Yes AGE 45 FULL NAME Natalia Alcale ADDRESS Jerez, Zac, Mex

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Gabriel Avila, Jerez, Zac Mex

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Refugia, " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on NW 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE 5/24/37

SIGNED IN PRESENCE OF

G. L. Kimball

Heraclio Avila
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY NOT SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Avila, Heraclio	June 10,1910	Single		Mexico	No	May 24,1937	May 24,1937

NAME Joe Avila OCCUPATION Miner Born Nov 9, 1909

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Santa Fe Section	FROM 7 Mo	TO
FOR	Suffield Colo.	FROM 4 Mo	TO
FOR	Above is all the work	FROM	TO
FOR	he has done	FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 10/8/30	CHECK
OUT DATE Unsatisfactory		CHECK
CAUSE Blood Test		
IN	DATE	CHECK
OUT DATE 10-11-1930		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 54 FULL NAME Celso Avila ADDRESS Gallinas, Colo.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 40 FULL NAME Gloria Avila None ADDRESS " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Andronico Avila, Swastika

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Father

INTERPRETED BY

DATE 10/8/30

SIGNED IN PRESENCE OF

G.L.Kimball

Joe Avila
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXXX~~ WIDOWER ~~XXXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Avila, Joe.	Nov. 9, 1909	Single		New Mexico	Yes	10-8-1930	10-8-30

This boy [redacted] name "Serrano" "Avila" He [redacted] stepfather's name

NAME Serrano Serano Avila OCCUPATION miner / Born Mch.19 [redacted],1907

WHERE BORN? Mex, U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. some Engl. yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M.	FROM May, 1929	TO	Sept. 1929
FOR Swastika 3 yrs.	FROM	TO	April, 1929
FOR Dawson 2½ yrs.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Rosa HER AGE 22

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margarite	girl		2 yrs.	
Alena	"		1 yr.	
2 other children - no record of names				
Rosa Juanita	girl	July 31, 1932	- makes 5 children	

IN SW	DATE 9-28-29	CHECK	54
OUT DATE 10-15-1929		CHECK	
CAUSE Voluntary			
IN Gard.	DATE 10-18-29	CHECK	25
OUT DATE never started		CHECK	
CAUSE			
IN SW	DATE 10-18-29	CHECK	
OUT DATE 5-13-39		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? Stepfather is Jr. Vicente Avila HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 39 FULL NAME Margarita Escandon ADDRESS Swastika

WHO SUPPORTS HER? her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on April 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-28-29

SIGNED IN PRESENCE OF

R.P.Woods

Jose Serano Avila
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW DIV.	DEPENDENTS INFIRMLY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Avila, Jose Serano,	Mch. 19, 1907	Married		Mexico	No	10-18-1929	9-28-29

B

NAME Fermin Baca OCCUPATION Loader

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Glenwood Spgs, Section FROM Feb. 1927 TO July, 1927

FOR Ojo, Colo. FROM April, 1926 TO Jan. 1927

FOR Ideal, Colo. FROM May, 1925 TO Mar. 1926

FOR Sunnyside Colo. FROM Jan. 1925 TO April, 1925

FOR St.L.R.M.& P.Co. 9 yrs. FROM TO Dec. 1924

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 7-9-27	CHECK 169
OUT DATE 9-21-27		CHECK 169
CAUSE bad Houlter		
IN bad Houlter	DATE 9-21-27	CHECK 236
OUT DATE 2-16-28		CHECK 236
CAUSE O a r		
IN UTA	DATE 3-17-28	CHECK 347
OUT DATE 5-1-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 48 FULL NAME Delfido Felix ADDRESS 515 Martinez Raton N.M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? All I make

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Beatrice Romero, Raton N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

mother

INTERPRETED BY

DATE 7-9-27

SIGNED IN PRESENCE OF

R. P. Woods.

Fermin Baca

SIGNATURE OF APPLICANT

7-9-27

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Baca, Fermin	25	S	1	N.Mex.	Yes	7-9-1927

NAME Flavio Baca OCCUPATION Outside Laborer Born Sept.14,1891

WHERE BORN? Watrous,N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Spa. & Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin	FROM	TO
FOR uous service of this Co.	FROM Feb.20,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Married~~ Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Edwin	Male	Nov. 14, 1924		

IN S	DATE 2/20/20	CHECK
OUT DATE 1/1/34		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 42 FULL NAME Florencio ADDRESS Tecalote, N. M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pelar, Licendro, Eloy, Tecalote, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ermojendo, Lucy, Felonise, Julia, Roby, Tecalote, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928
Insurance dropped by order of Lawhice Dec 31, 1933

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Wm. A. Streicher

Flavio Baca
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DIVORCED ~~XXXXXX~~ IN FAMILY WAY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baca, Flavio	Sept.14,1891		Divorced	New Mexico	Yes	Feb.20,1920	2/20/20

NAME Fred F.Baca OCCUPATION Timberman

DATE OF BIRTH Apr.27-1906 SOCIAL SECURITY NO. 523-09-3590

WHERE BORN? Trinidad,Colo. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Ing. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.Blassi Truck Line.	FROM	TO	
FOR Trinidad Colo.	FROM June 1948	TO November 1950	
FOR Amer.Smelting & Refining Co.	FROM	TO	
FOR Cokedale,Colo.	FROM June 1923	TO June 1948	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Susie G.Baca HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
David	Boy	9-24-36	14	With me
Abel	Boy	8-5- 38	12	"
Fred	Boy	1-3- 43	7	"

IN K.	DATE 11-28-50	CHECK 385
OUT DATE 3-7-53		CHECK
CAUSE Unable to work.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Richard,Denver,Colo.Sam,Cokedale,Colo.Roy,Cokedale,Colo. Pete,Cokedale,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Emma Martinez,Denver,Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at Koehler,N.M.

$500 GROUP INSURANCE June 1951 Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bernard

Fred F Baca
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Fred F.	April 27, 1906	Married	Colorado	Yes	Nov. 28, 1950	Nov. 28, 1950

NAME Jose Baca OCCUPATION Loader

DATE OF BIRTH Feb 27, 1906 SOCIAL SECURITY NO. 525-01-5376

WHERE BORN? Sena N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Silver City in	FROM	TO	Silver City
FOR metal mine	FROM 4 Mo	TO	Order 2020
FOR Farmed	FROM all life	TO	Class 4 A
FOR Has worked about 5	FROM	TO	
FOR years in metal mines	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margarita HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Gonzales Ranch Ribera, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dionicio	Boy	Oct 1940	4	with mother
Step son.				

IN B2	DATE 4/24/45	CHECK 107
OUT DATE 4-29-49		CHECK
CAUSE Mine closed (Receiving compensation for injury)		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 76 FULL NAME Ricadita L Baca ADDRESS same as wife

WHO SUPPORTS HER? Pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? a little

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Rosendo, Cristofa, Ribera, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Eulalia, ~~A~~ Simona, Ribera, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 4/23/45

SIGNED IN PRESENCE OF Geo L Kimball

Jose Baca

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Jose	Feb. 27,1906	Married	U. S.	Yes	Apr.24,1945	Apr.23,1945

NAME Jose Baca OCCUPATION

DATE OF BIRTH Feb. 27, 1906 SOCIAL SECURITY NO. 525-01-5376

WHERE BORN? Sena, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish & English READ? No WRITE? NO

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd jobs	FROM		TO
FOR St. L,, R.M. & P.Co.	FROM	4 years	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Agneda Baca HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jose Tomas	M	Sept. 7,1949	2	Raton, N.M.
Eugenio	M	Oct. 17, 1950	1	" "

IN K	DATE ~~[illegible]~~ 8/31/51	CHECK 359
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 84 FULL NAME Ricardla Baca ADDRESS

WHO SUPPORTS HER? Pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Rasenda Baca Ribera, N.M. Chislofara Baca Ribera, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Simona B. Lopez Ribera, N.M. Eulalia Baca Ribera, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Step-daughter Mary Agnes Dimas Birthday Oct. 7, 1944

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

609 Martinez St.

Raton, New Mexico

$500 GROUP INSURANCE March 1952

INTERPRETED BY

DATE 8/31/51

SIGNED IN PRESENCE OF

Ben Baker Jr

Jose Baca

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Jose	Feb. 27, 1906	Married	New Mexico	Yes	Aug. 31, 1951	Aug. 31, 1951

54

NAME Joseph Bacca OCCUPATION Inside Mine

DATE OF BIRTH Aug 28, 1906 SOCIAL SECURITY NO. 524-18-1128

WHERE BORN? Dawson U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng Span READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM 20 Yrs	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Anna HER AGE 41

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Dawson, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margaret	Girl		23	Raton, N. M.
Fred	Boy	Apr 1 1931	19	Dawson
~~Carolin~~ Carlyn	Girl		16	"

IN K	DATE 8/3/50	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank, Dawson John, Las Vegas

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

~~Yes~~ No ome

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500 GROUP INSURANCE March 1951

INTERPRETED BY

DATE 8/2/50

SIGNED IN PRESENCE OF Geo L Kimball

Joseph Bacca
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bacca, Joseph	Aug. 28, 1906	Married	New Mexico	Yes	Aug. 3, 1950	Aug. 2, 1950

NAME Sam Baca OCCUPATION Coal Miner

DATE OF BIRTH 1-12-1899 SOCIAL SECURITY NO. 525-03-3523

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish & Ing. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.S.&.R. Boncarbo, Colo. FROM Aug. 1918 TO July 1947

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Isabel G. Baca HER AGE 45

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	Male	Oct.	26	Cokedale, Colo.
Josie	Female		23	" "
Ida	"		21	" "
Sam	Male		20	Soporis, Colo.
Verginia	Female		15	Van Houten, N.M.
Bennie	Male		13	" "
Gilbert	Male		9	" "

IN VH	DATE 8-21-47	CHECK 100	
OUT DATE 5-27-49		CHECK	
CAUSE Mine Closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roy, Fred and Pete, Soporis, Colo. Ricardo Swink, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Bablita Garcia, Soporis, Colo. Mrs. Emma Martinez, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at Van Houten, N.M.

$500 GROUP INSURANCE March 1948

Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C. A. Bernard

Sam Baca

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Sam	Jan. 12, 1899	Married	Colorado	Yes	Aug. 21, 1947	Aug. 21, 1947

NAME Sam Baca OCCUPATION Coal Miner

DATE OF BIRTH Jan. 11, 1899 SOCIAL SECURITY NO. 525-03-3523

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.-Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Huerfano Coal Co., Ramey	FROM Oct. 1949	TO March 1952
FOR Van Houten	FROM Aug. 1947	TO May 1949
FOR A. S.&R. Boncarbo, Colo.	FROM Aug. 1918	TO July 1947
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Isabel G. Baca HER AGE 49

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Josie	F		27	Denver, Colo.
Ida	F		25	Trinidad, Colo.
Sam	M		24	Van Houten
Virginia	F		19	Trinidad, Colo.
Bennie	M		17	U. S. Navy
Gilbert	M		13	Trinidad, Colo.

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roy, Fred, Pete - Sopris, Colo.; Ricardo, Denver, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS. Mrs. Emma Martinez, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Grandchild - Lorraine

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Isabel G. Baca, wife, Van Houten, New Mex.

INTERPRETED BY

DATE April 15, 1952

SIGNED IN PRESENCE OF

Marion D. Edwards

$500 GROUP INSURANCE Nov. 1952

Sam Baca

SIGNATURE OF APPLICANT

IN VH	DATE 4-12-52	CHECK	
OUT DATE 7-31-53		CHECK	
CAUSE Reduction of force.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Sam	Jan. 11, 1899	Married	Colorado	Yes	Apr. 12,1952	Apr. 15,1952

NAME Theo. Baca OCCUPATION Miner Born Jan.25,1884

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span.& Eng. READ? Span. WRITE? Spanish

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Dec. 3, 1924 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margaret	Girl		12	Maxwell, N. Mex.
George	Boy		10	" " "

With their Grandfather,
Marcus Gurule.

IN SW	DATE 12/3/24	CHECK 252
OUT DATE 6-15-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 63 FULL NAME Avalina Baca ADDRESS Santa Fe, N. M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother and Children

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball

Theo. Baca
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INFANTILE INCAPAC.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baca, Theo.	Jan. 25, 1884	Divorced		New Mexico.	Yes	Dec.3,1924	5/11/26

NAME Theo. Baca OCCUPATION miner

DATE OF BIRTH Jan. 25. 1884 SOCIAL SECURITY NO. 522-16-8775

WHERE BORN? Wagon Mound, N.M. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Span READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR M.N. Nooen, Kremilng Colo FROM 1933 TO now

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marcos Baca	Male		29	Koehler
Georgie Baca			27	Brilliant

IN K-	DATE 1-10-44	CHECK 222
OUT DATE 5-6-49		CHECK
CAUSE Retired		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Marcus Baca

$500 GROUP INSURANCE Aug. 1944

INTERPRETED BY

DATE 1-7-44

SIGNED IN PRESENCE OF

A. L. Atchison

Teodocio Baca

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baca, Teodocio	Jan. 25, 1884	Single	New Mexico	Yes	Jan. 10, 1944	Jan. 7, 1944

NAME Harry Bach OCCUPATION Miner Born Sept.10,1901

WHERE BORN? Lamy, N. M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin FROM TO

FOR uous service of this Co. FROM Jan. 12, 1927 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Neva HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 1/12/27	CHECK 141
OUT DATE 7/20/29		CHECK 143
CAUSE Layoff 60 days		
IN VH	DATE 9/16/29	CHECK
OUT DATE 8-11-35		CHECK
CAUSE Lay off		
IN	DATE	CHECK
OUT DATE 5-23-36		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 49 FULL NAME John ADDRESS Denver, Colo.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Homer, Springfield, Mo. Herbert, Meloche Ranch, Harvey, [redacted], Denver, Colorado.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Nettie Mason, Van Houten, New Mexico, Ethel, Lily, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

I help to support my sisters

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Sister, Nettie 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Harry Bach

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bach, Harry	Sept. 10, 1901	Married		New Mexico	Yes	Jan.12,27	10/3/24

NAME Harry Bach OCCUPATION Motorman Born 9/1/1901

WHERE BORN? Lamy, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Has worked for this Co.	FROM	TO
FOR until he went back East	FROM	TO
FOR 6 Mo. ago. didnot work	FROM	TO
FOR while gone.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Neva Bach HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Wyona	Girl		7	Van Houten, N.M.
Phillip	Boy		2	" " "

IN VH	DATE 11-7-36	CHECK 510
OUT DATE ~~11-7-33~~ 9-30-40		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME John Bach ADDRESS Unknown

WHO SUPPORTS HIM? Himself. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harvey Bach, Denver, Colo.
Henry Bach, Santa Fe, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Nettie Mason, Gardiner, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on May 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Neva Bach, Van Houten, N.M.

INTERPRETED BY

DATE Nov. 7 1936

SIGNED IN PRESENCE OF A. L. Atchison

Harry Bach
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bach, Harry	Sept.1,1901	Married		New Mexico	Yes	Nov.7,1936	Nov.7,1936

NAME Homer Bach OCCUPATION Miner Born Aug.13,1895

WHERE BORN? Rowe, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	E.T& S.F.Ry Co. French, N.M.	FROM	October 29	TO December 1929
FOR	Pan Amer Petrol.Co	FROM	Sept.1925	TO October 29
FOR	This Co. Van Houten, N.M.	FROM	May 1924	TO September 1925
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-10-29	CHECK 19
OUT DATE never started		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 56 FULL NAME John Bach ADDRESS Santa Fe, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ##### Herbert Toledo, Ohio,Huie Bendorf Germany,Harry Van Houten, N.M. Herman U.S.Army.Henry at Santa Fe, N.M. Harland,Toledo, Ohio Harvey

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lilian at Denver, Colo. Nettie Mason, Raton, N.M **Denver, Colo. Ethel Toledo, Ohio.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Harry Bach, Van Houten, N.M.

INTERPRETED BY

DATE 12-10-1929

SIGNED IN PRESENCE OF C H Bennett

Homer Bach
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bach, Homer,	Aug. 13, 1895	Single		New Mexico	Yes	12-10-1929	12-10-29

NAME Chas Baker OCCUPATION loader

WHERE BORN? Ill. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dicks Mine in Colo.	FROM	Feb. 1927	TO July, 1927
FOR	C.F.& I.Co. Walsenburg	FROM	Oct, 1926	TO Jan. 1927
FOR	Clifford Ill. Consol. C.Co.	FROM	4 yrs.	TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Mary. HER AGE 35

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Trinidad, coming to Swastika

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 7-7-27	CHECK 177	
OUT DATE Did not start		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank in St.Joe, Mo. and Henry in Clifford, Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Maggie Scott in St. Joe, Mo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

wife

INTERPRETED BY

DATE 7-7-27

SIGNED IN PRESENCE OF

R. P. Woods

Chas Baker

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Baker, Charles	39	M	2	Ill.	Yes	7-7-1927

NAME Clair (Cecil) Baker OCCUPATION Digger Born July 29,1899

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM	TO
FOR	FROM July 14,1923	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single (Married prior to 1927)

GIVE FULL NAME OF WIFE Frances HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bernice	Girl	June 27,1928		Sugarite,N.M.
Audrey	"	May 25,1926		" " "
Emma (	"	Mch 24, 1934 (Record from Birth Certificate)		" " "
(	"	Mch 24, 1934 (")		

IN Su	DATE 7/14/23	CHECK 212	
OUT DATE 4-30-41		CHECK 70	
CAUSE Mine closed			
IN Br. #2	DATE 7-15-41	CHECK 51	
OUT DATE 10-8-41		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME B. B. Baker ADDRESS Arvada, Colo.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 53 FULL NAME Lulu Baker ADDRESS Arvada, Colo.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Paul, Pueblo, Colo. Harold, Yankee, N. M. Faye, Arvada, Colo. Ben, Sugarite

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. D. A. Bloom, Sugarite, Velma&Audrey, Arvada, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on ~~May 1, 1928~~

Father, 1500 on May 1, 1928

B. B. Baker, Arvada, Colo. 2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

R. P. Woods

Clair Baker

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INFIRM INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baker, Clair	July 29, 1899	Married		Colorado	Yes	July 14,23	7/14/23

Janitor at Doctor's Office

General Office payroll

NAME Baker, Jennie (Wife of Ben Baker,Sr.) OCCUPATION

DATE OF BIRTH SOCIAL SECURITY NO.

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED?

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Koehler	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

GROUP INSURANCE

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baker, Jennie						

NAME Kenneth Robert Baker OCCUPATION Carpenter helper

DATE OF BIRTH 6-22-1915 SOCIAL SECURITY NO. 441-12-7752

WHERE BORN? Okoa. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR U.S.Army. Air force	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Sadie Baker HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Pueblo, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None.				

IN K	DATE 6/6/45	CHECK 437	
OUT DATE 6/16/45		CHECK	
CAUSE Army			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes. AGE 60 FULL NAME Wm Baker, ADDRESS Washington, D.C.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Faye Baker, ADDRESS Washington, D.C.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Bill, Benrritt and Matt Baker,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE June 6th,1 945

SIGNED IN PRESENCE OF

Kenneth R. Baker

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baker, Kenneth R.	June 22, 1915	Married	U.S.	Yes	June 6, 1945	June 6, 1945

NAME Kimbrell Baker OCCUPATION Fire Boss

DATE OF BIRTH June 21, 1905 SOCIAL SECURITY NO. 429-09-7344

WHERE BORN? Birmingham, Alabama. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Creamland Dairy's	FROM March 1947	TO	Oct. 1947
FOR	Army Ordinance	FROM Jan 1945	TO	May 1946
FOR	Unemployed	FROM May 1946	TO	March 1947
FOR	Albuquerque Cerrillos	FROM	TO	
FOR	Coal Co.	FROM April 1937	TO	Aug. 1943
FOR	Unemployed	FROM Aug 1943	TO	Jan 1945

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Florene HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bobbyie Jo	F	Jan 22, 1929	18	
Suebeth	F	Feb 28, 1937	10	
Sharon Kay	F	Sept 16, 1945	2	

IN K	DATE 12-25-47	CHECK 107
OUT DATE 1-19-48		CHECK
CAUSE Discharged for misconduct connected with his work.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Florene (Wife)

GROUP INSURANCE

INTERPRETED BY

DATE 12-26-47

SIGNED IN PRESENCE OF David Stewart

Kimbrell Baker
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Baker, Kimbrell	June 21, 1905	Married	Alabama	Yes	Dec. 25, 1947	Dec. 26, 1947

NAME Leonard Baker OCCUPATION Miner Born Mar. 6,1895

WHERE BORN? Pittsburgh, Kan. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR Considered to be in contin-		
FOR uous service of this Co.	Dec. 17,1926	
FOR		
FOR		
FOR		
FOR		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maryn HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN VH	DATE 12/17/26	CHECK 313
OUT DATE Aug. 25,1928		CHECK 120
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 51 FULL NAME James Baker ADDRESS Lincoln, Neb.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Mary Baker ADDRESS Joplin, Mo.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $20.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Robert, somewhere in France

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. My Wife

INTERPRETED BY

DATE December 17, 1926

SIGNED IN PRESENCE OF

C. A. Bernard

Leonard Baker
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW DIV.	DEPENDENTS IN FAMILY INCLUDED?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baker, Leonard,	Mar. 6, 1895	Married	XXXXXX XXXXXX	Kansas	Yes	Ded.17,26	12/17/26

NAME Leonard Baker OCCUPATION loader Born Mar.6,1895

WHERE BORN? Ks. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Van Houten	FROM 3 yrs.	TO Feb. 1929
FOR Alamo, Colo.	FROM 2 yrs.	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Mary HER AGE 26

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 4-24-29	CHECK 167
OUT DATE 3-27-1930		CHECK
CAUSE Matches		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 57 FULL NAME James Baker ADDRESS Lincoln, Nebr.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 52 FULL NAME Mary ADDRESS Joplin, Mo.

WHO SUPPORTS HER? my brother and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 30.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Robt. in Pacatello, Idaho.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Oct. 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 4-24-29

SIGNED IN PRESENCE OF

R.P.Woods

Leonard Baker
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED ~~SINGLE~~ ~~WIDOWER~~ ~~DIV.~~	DEPENDENTS IN FAMILY ~~INCLUDING SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baker, Leonard,	Mar. 6, 1895	Married	XXXX XXXXXX XXXXXX	Kansas	Yes	Apr. 24, 29	4/24/29

NAME Leonard Baker OCCUPATION Miner Born Mar 6, 1897

WHERE BORN? Kansas U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Idle for 6 Mo	FROM	TO
FOR	Santa Fe 1½ Yrs	FROM	TO
FOR	Swastika 1 Yr	FROM	TO
FOR	Van Houten 3 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Susie HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosie	Girl		6	Raton
Daisy	"		8	"

IN	SW	DATE 3/14/35	CHECK
OUT DATE	10-2-40		CHECK
CAUSE	Reduction in force		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Robert, Australia. Don't know address

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Sept 1935
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 3/14/35

SIGNED IN PRESENCE OF

G.L.Kimball.

Leonard Baker.
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baker, Leonard	Mch. 6, 1897	Married		Kansas	Yes	Mch 14 1935	Mch 14 1935

Geo Balber

NAME Geo Balbff OCCUPATION Pick Coal Born

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Sept 16 1896

WHAT LANGUAGES DO YOU SPEAK? Spanish&Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dawson	FROM	July 1928	TO May 1930
FOR	Van Houten	FROM	Oct 1930	TO " 1932
FOR	Idle	FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

ck # 41

IN V H	DATE 7/20/33	CHECK 41	
OUT DATE 9-30-40		CHECK	
CAUSE mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Balber Van Houten

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margarita Balber Yraperto Guanajoto mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on Jan 1934

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

1000 on

1500 on

2000 on

INTERPRETED BY

DATE July 20 1933

SIGNED IN PRESENCE OF Wm Pratt

Geo Balber

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balber, George	Sep. 16 1896	Single		Mexico	No	Jul 20 1933	Jul 20 1933

NAME Geo Balber OCCUPATION Miner Born 12-16-1889

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? yes 525-03-8511

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working here at Van Houten, when this mine closed.

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lucy Mora Balber HER AGE 22

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ramon	Male	11-22-1939	3	Van Houten, N. M.
Richard	"	3- 5-1940	2	" "

IN VH	DATE 12-22-41	CHECK 93
OUT DATE 8-17-44		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Balber, Van Houten, N. M.

Pete Balber, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

Don't want Ins.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April, 20, 1942

SIGNED IN PRESENCE OF

A. R. Atchison

Geo Balber
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balber, George	Dec. 16,1889	Married		Mexico	No	Dec.22,1941	Apr.20,1942

NAME George Balber OCCUPATION Miner Born Dec.6,1896

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Spam.& Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M. FROM May 1924 TO November 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-6-29	CHECK 158
OUT DATE 7-1-31		CHECK
CAUSE In Jail		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe at Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margarita, Cruz and Jesuse , Grapuato, Guanajuata, Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Don't want
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Joe Balber, Van Houten, N.M.

INTERPRETED BY

DATE 11-6-1929

SIGNED IN PRESENCE OF C. H. Bernard

Geo Balber
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balber, George,	Dec. 6, 1896		Single		Mexico	No	11-6-1929	11-6-29

NAME Joe Balber OCCUPATION Miner Born Dec.16,1897

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ##### Dawson, N.M FROM May 1925 TO November 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-6-29	CHECK 21
OUT DATE 9-30-40		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: George at Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margarita, Cruz and Jesuse, Grapuato, Guanajuato, Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

Requested June 1930 after 30 days after he arrived he didn't want it changed his mind

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
George Balber, Van Houten, N.M.

INTERPRETED BY

DATE 11-6-1929

SIGNED IN PRESENCE OF C. A. Bernard

Joe Balber
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balber, Joe,	Dec. 16, 1897	Single		Mexico	No	11-6-1929	11-6-29

NAME Joe Balber OCCUPATION Shot firer Born 12-14-1891

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? yes 525-03-8510

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working here at Van Houten when this mine closed. FROM TO

FOR Conchas tunnel. FROM 1941 TO 11- 1941

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sally Balber HER AGE 26

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John O.	Male		5	Van Houten, N. M.
Mary	Female		2	" "

IN VH	DATE 11-p	
OUT DATE 7-21-48		CH
CAUSE misconduct		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Geo Balber, Van Houten, N. M.
Pete Balber, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1947
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April, 20, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Joe Balber
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balber, Joe	Dec.14,1891	Married		Mexico	No	Nov.3,1941	Apr.20,1942

NAME Joe Balber OCCUPATION

DATE OF BIRTH SOCIAL SECURITY NO. 525-03-8510

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

Amendment to Van Houten record.

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE ~~Sally~~ Celia Lucero Barber AGE 31

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Van Houten

FILL IN RECORD OF CHILDREN AS FOLLOWS: As of Aug 18-1948.

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	M	6-2-36	~~18~~ 12	
Gloria	F	10-21-40	8	
Jerry	M	8-10-43	5	
Dannie	M	6-1-48	2 mo	

IN K K	DATE 8-18-48	CHECK 180	
OUT DATE JULY 30, 1953		CHECK	
CAUSE REDUCTION OF FORCE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Doubt as to where he was born 1891
Old Group Ins policy stated sec. 14, 1891
later " " " sec 14, 1901
In 1929, said he was born sec. 16, 1897
In May 1949, stated he was born sec 16, 1891

$500 GROUP INSURANCE March 1949

INTERPRETED BY

DATE 8-18-48

SIGNED IN PRESENCE OF David D. Stewart

Joe Balber
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Balber, Joe	Dec. 14, 1901	Married	Mexico	No	Aug. 18, 1948	Aug. 18, 1948

NAME Tony Balen OCCUPATION Miner Born Jan 1-1890

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yew

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel Co FROM 1922 TO Nov.1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pauline HER AGE 26

IS SHE LIVING WITH YOU? Yew IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sugarite	DATE 11/28/28	CHECK 247	
OUT DATE 12-22-28		CHECK 247	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 66 FULL NAME Emil Balen ADDRESS Jugo Slavia

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Maria Balen ADDRESS Jugp-Slavia

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Amil and Pete Balen, Trnovica Jugo Slavia

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Clara and Antonio . Jugo Slavia

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Paulina Balen, Raton,N.M

INTERPRETED BY

DATE Sugarite Nov 28th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

Tony Balen
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Balen, Tony,	Jan. 1, 1890	Married		Austria	Yes	Nov. 28, 28	11/28/28

NAME Lugi Banolioli OCCUPATION Miner

WHERE BORN? Italy U. S. CITIZEN? No# FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital.& Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ###### In Italy	FROM April 1922	TO September 1925
FOR C.F.& I Co. Ideal,Colo.	FROM September 1925	TO April 1927
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Petro	Boy		14 Mo	Combola,Italy

IN V H	DATE 4/7/27	CHECK 141
OUT DATE		CHECK
CAUSE Never started		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jilda Benossi,Gombolo,Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Mrs Jilda Benossi, Gombolo,Italy

INTERPRETED BY

DATE V.H. 4-7-1927

SIGNED IN PRESENCE OF C.A.Bernard

Luigi Banolioli
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Banolioli, Luigi	40	W	2	Italy	No	4/7/27

NAME Robt Barbour OCCUPATION Miner Born 3-27-1899

WHERE BORN? Vermont U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Brighton Claze Dairy Co Rochester, N.Y.	FROM	TO
FOR	Bartoloman Dairy Co. N.Y.	FROM 1925	TO 1927
FOR	Rizden Clary Co., Detroit	FROM 1927	TO 1929
FOR		FROM 1929	TO July, 1930
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ruth HER AGE 28

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Unknown, N.Y. somewhere

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Howard	Male	3-9-1921	9	Conusis, N.Y.
Harold	Male	4-10-1920	10	do

IN Sug	DATE 8/5/30	CHECK 375	
OUT DATE 8-25-30		CHECK	
CAUSE Own Accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None other than children.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Mrs. Robt Cook, 22 Houston Ave, Buffalo, N.Y.

INTERPRETED BY
DATE Sugarite Aug 5th, 1930

Robert Barbour
SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF
A.L. Brockman

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barbour, Robert,	Mar. 27, 1899	Married		Vermont	Yes	8-5-1930	8-5-30

NAME Thos. Barbour OCCUPATION Miner Born July 11,1896

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Apr.4,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 4/9/26	CHECK 282
OUT DATE 10-25-1939		CHECK 222
CAUSE Death		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME Wm. Barbour ADDRESS Irvin, Scotland.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Wm. Barbour, Union City, N. J.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Robert Montgomery, Sugarite, N. M. and sister, Union City, N. J.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Sister, Mrs. Robert Montgomery, Sugarite, N.M.

INTERPRETED BY

DATE April 9, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman

Thomas Barbour

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barbour, Thos.,	July 11, 1896	Single		Scotland	No	Apr.9,1926	4/9/26

NAME Con BARELA OCCUPATION MINER

WHERE BORN? Clayton, N.M. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co,	FROM	TO
FOR Dawson, N.M.	FROM June 1922	TO June 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Perfecta Barela HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Boy		10	wi th me
Pavlo	"		8	"
Clorenda	Girl		7	"
Crisolfa	"		4	"
Arcilia	"		1	"

IN VH	DATE 6-11-28	CHECK 196
OUT DATE 7-15-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME Juan Barela ADDRESS Chico, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 48 FULL NAME Esibaleta Barela ADDRESS Chico, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe at Van Houten, N.M. Henry Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at Van Houten, N.M.

H. B. Sandoval

INTERPRETED BY

DATE 6-11-1928

Con Barela

SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF

C. H. Bernard

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Barela, Con	38	M	7	New Mexico	Yes	6/11/28

NAME CONRADO BARELA OCCUPATION Loader

DATE OF BIRTH 2-19-1896 SOCIAL SECURITY NO. 525-09-9951

WHERE BORN? Clayton, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	A.T.&.S.F. Tunnell	FROM	3-1-44	TO 7-20-44
FOR	Yankee Mines	FROM	1941	TO 1944
FOR	Ranching	FROM	Prior	TO 1941
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? , Yes.

GIVE FULL NAME OF WIFE Perfettita Barela HER AGE 44

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 256 Guadalupe Ave. Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	F.	?	14	Raton, N.M.
Louie	M.	?	10	

IN K	DATE 7-21-44	CHECK 131
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF SERVICE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 77 FULL NAME Juan Barela ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Yes HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Henry Berala, Joe Barela, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

RegisteredSan Francisco, Calf. Board No.76 April 28th,1942.
No Classificiation.

$500 GROUP INSURANCE Feb. 1945

INTERPRETED BY

DATE July 21st,1944

SIGNED IN PRESENCE OF David Stewart

Conrado Barela
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barela, Conrado	Feb. 19, 1896	Married	New Mexico	Yes	July 21, 1944	July 21, 1944

NAME Henry Barela OCCUPATION Miner

WHERE BORN? Hardy Baylor Mill U. S. CITIZEN? Y es FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co. Dawson,N.M.	FROM Sept 1926	TO October 1927	
FOR This Co. Van Houten,N.M	FROM July 1926	TO September 1926	
FOR Stag Canon Fuel Co. Dawson	FROM September 1922	TO July 1926	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine HER AGE 15

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10-3-1927	CHECK 149
OUT DATE 1-27-28		CHECK 164
CAUSE O. A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 69 FULL NAME Juan Barela ADDRESS Dawson,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? a little ?

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Isobeleta Barela ADDRESS Dawson,N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Barela, Van Houten, Con Barela, Dawson,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs Josephine Barela, Van Houten,N.M.

INTERPRETED BY

DATE 10-3-1927

SIGNED IN PRESENCE OF C. H. Berrum

Henry Barela
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Barela, Henry	27	M	2	New Mexico	Yes	10/3/1927

NAME Henry Barela OCCUPATION miner Born - July 18, 1900
WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no
WHAT LANGUAGES DO YOU SPEAK Eng. Span. READ? yes WRITE? yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Van Houten	FROM Sept. 1927	TO Mar. 1928	
FOR Dawson	FROM 7 yrs.	TO Aug. 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married
GIVE FULL NAME OF WIFE Josephine HER AGE 16
IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN	SW	DATE 3-27-28	CHECK 31
OUT DATE	5-17-28		CHECK
CAUSE	Discharged - Cause OK by French 9-28-28		
IN	bL	DATE 9-24-28	CHECK
OUT DATE	3-15-29		CHECK 246
CAUSE	own accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? yes AGE 65 FULL NAME Juan Barela ADDRESS Gladstone, N.M.
WHO SUPPORTS HIM? my brother and I HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 10.00 per mo.
IS YOUR MOTHER LIVING? yes AGE 50 FULL NAME Savalita ADDRESS Raton, N.M.
WHO SUPPORTS HER? my brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Joe Barela on Swastika- Con Barela in Dawson, N.M.
GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
none
GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
none
DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
brother and wife

INTERPRETED BY
DATE 3-27-28
SIGNED IN PRESENCE OF R. P. Woods.

Henry Barela
SIGNATURE OF APPLICANT
did not take insurance

9-22-26

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN		DATE THIS RECORD
Barela, Henry	July 18, 1900	Married		New Mexico	Yes	9/22/26	3/27/28

NAME Henry Barela OCCUPATION Loader Born July 18, 1900

WHERE BORN? Clayton, U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Idle for 5 Mo		FROM	TO
FOR Yankee	1 Yr	FROM	TO
FOR Van Houten	1½ Yr	FROM	TO
FOR Swastika	1 Yr	FROM	TO
FOR Van Houten	1 Yr	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	Boy	Aug 1939	3	Raton
Annie	Girl		11 Mo	"

IN	DATE 7/27/33	CHECK 203
OUT DATE		CHECK
CAUSE Died not pass Dr -		
IN SW	DATE 10/27/33	CHECK 203
OUT DATE OCT 2 1940		CHECK 89
CAUSE Reduction in force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME John Barela ADDRESS Raton

WHO SUPPORTS HIM? My brother HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? What I can

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Savalita Barela ADDRESS Raton

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, Raton Con, Trinidad

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 7/27/33

SIGNED IN PRESENCE OF

G. L. Kimball

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

NAME Henry Barela OCCUPATION Miner

DATE OF BIRTH 6 - 18 - 1900 SOCIAL SECURITY NO. 525-03-7610

WHERE BORN? Clayton,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&P.CO. at Brilliant, N.M. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine Barela HER AGE 28

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Willie	Male	1929	11	Van Houten, N.M.
Margie	Female	1934	7	" "
Ester	"	1937	4	" "
Henry	Male	1939	2	" "

IN VH	DATE 12-29-41	CHECK 103
OUT DATE 4/23/43		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 73 FULL NAME John Barela ADDRESS Van Houten,N.M.

WHO SUPPORTS HIM? Myself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Con Barela, Raton, N.M.
Joe Barela, " ""

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE Jan 1942

INTERPRETED BY

DATE Dec. 27, 1941

SIGNED IN PRESENCE OF

A. L. Atchison

Henry Barela

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barela, Henry	June 18,1900	Married	New Mexico	Yes	Dec.29,1941	Dec.27,1941

NAME Henry Barela OCCUPATION Loader

DATE OF BIRTH July 18, 1900 SOCIAL SECURITY NO. 525-03-7610

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Van Houten	FROM 1 Yr	TO	
FOR Business for myself	FROM 1 Yr	TO	
FOR Brilliant, 2	FROM 9 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josie HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Willie	Boy	Dec 1929	13	Raton
Margie	Girl		11	"
Ester	"		5	"
Henry	Boy		3	"
Rosie	Girl		1	"

IN B2.	DATE 5/11/43	CHECK	193
OUT DATE 8/31/44		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME John ADDRESS Farley, N.M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Con Barela, Raton Joe, Raton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 5/10/43

SIGNED IN PRESENCE OF Geo L Kimball

Henry Barela

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Henry Barela OCCUPATION Coal miner Timberman

DATE OF BIRTH 7-18,1900 WHERE BORN? Clayton, N.M. SOCIAL SECURITY NO. 525-03-7610

U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Blacksmith shop for self	FROM	Jan.1945	TO Aug.3,1945
FOR	St.L.R.M.&.P.Co., Br.	FROM	Jan.1943	TO Jan.1945
FOR	" " " " " VH.	FROM	" 1941	TO " 1943
FOR	Shop for self Raton, N.M.	FROM	" 1940	TO " 1941
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine Barela HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Willie Barela		10-29,1929	16	Raton, N.M.
Margaret "		8-26,1932	13	" " "
Esther "		5-30,1936	9	" " "
Henry, "	Jr.	4-26,1939	6	" " "
Rosie "		5-12,1942	3	" " "

IN VH-	DATE 8-6,1945	CHECK 77
OUT DATE did not start		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Barela, Address unknown
Con " , Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Josephine Barela, Cook & East 8th, Sts, Raton, N.M. GROUP INSURANCE

INTERPRETED BY

DATE Aug.6,1945

SIGNED IN PRESENCE OF A.W. Allbert

Henry Barela
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Henry Barela OCCUPATION

DATE OF BIRTH July 18, 1900 SOCIAL SECURITY NO. 525-03-7610

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Raton Own Shop	FROM 1 Yr	TO	
FOR Brilliant	FROM 1 Yr	TO	
FOR Van Houten	FROM 1½ Yrs	TO	
FOR Brilliant	FROM 6 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine B. HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS PO Box 629 Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Willie	Boy	Oct 29, 1929	16	Raton
Margaret	Girl		13	"
Ester	"		9	"
Henry	Boy	Apr 26, 1939	6	"
Rosie			3	"

IN B2	DATE 11/10/45	CHECK
OUT DATE 9/15/46		CHECK
CAUSE Has not worked for		
IN last number	DATE some time	CHECK
OUT DATE	8/31/46	CHECK
CAUSE		
IN Van Houten	DATE 11-5-46	CHECK
OUT DATE U.H.	11-6-46	CHECK
CAUSE		
IN Van Houten	DATE 11-6-46	CHECK 35
OUT DATE 4-26-48		CHECK 35
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Con, Koehler Joe, Kansas

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 11/9/45

SIGNED IN PRESENCE OF Geo. L. Kimball

Henry Barela
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Joe Barela OCCUPATION miner Born 1903

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM 7 yrs.	TO Feb. 1928
FOR Swastika	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 2-17-28	CHECK 195
OUT DATE 6-1-28		CHECK
CAUSE O.a.		
IN UH	DATE 6-7-28	CHECK
OUT DATE 3-15-1929		CHECK 34
CAUSE over accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 60 FULL NAME Juan Barela ADDRESS Maxwell, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 20.00 per mo.

IS YOUR MOTHER LIVING? yes AGE 55 FULL NAME Esavel ADDRESS Maxwell, N.M.

WHO SUPPORTS HER? I help. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Henry in French, N.M. Conrad Barela in Dawson.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 2-17-28

SIGNED IN PRESENCE OF

R. P. Woods

Joe Barela
SIGNATURE OF APPLICANT

Did not take insurance

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~MALE~~ ~~FEMALE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barela, Joe	1903	Single		New Mexico	Yes	Feb. 17, 28	2/17/28

NAME Jose Barela OCCUPATION Miner

WHERE BORN? Clayton,N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co Dawson FROM September1922 TO Oct 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10-3-27	CHECK 363
OUT DATE 10-15-27		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 69 FULL NAME Juan Barela ADDRESS Dawson,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Isobeleta Barela ADDRESS Dawson,N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 10.00 per month

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Con Barela Dawson,N.M. Henry Barela, Van Houten,N.M

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Juan Barela,Dawson,N.M.

INTERPRETED BY

DATE 10-3-1927

SIGNED IN PRESENCE OF

E H Bernard

Jose Barela

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Barela, Jose	24	S	1	New Mexico	Yes	10/3/1927

NAME Jose Roberto Barela OCCUPATION

DATE OF BIRTH 1891 SOCIAL SECURITY NO. 525-24-7902

WHERE BORN? Springer U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Avon Adelia Barela HER AGE 45

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jenny	Female	1932	13	Raton
Della	"	1934	11	"

IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

was working at Gardner Lake in 1946

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 70 FULL NAME Fericiano ADDRESS Raton

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

GROUP INSURANCE

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF Byron Boan

one copy of this card only — no carbon copy

Jose R Barela

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barela, Jose Roberto	1891	Married	U. S.	Yes		

NAME Mauricio Barela OCCUPATION Miner

DATE OF BIRTH Feb.27,1908 SOCIAL SECURITY NO. 522 - 10 - 9374

WHERE BORN? Sopris,Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming at Rocky Ford, Colo. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Juanita Barela HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rudy	Male	May,31,1929	14	Koehler, N. M.
Isabell	Female	Sept. 27.1932	11	"
Clorinda	"	July 26,1935	8	"
Ramonsita	Male	Feb. 17, 1942	1	"

IN K	DATE 8-12-43	CHECK 128	
OUT DATE 7/14/44		CHECK	
CAUSE Own accord.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, Dan, John, Lucor Barela, Trinidad, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Dasie Barela, Trinidad, Colo. Esalia Barela, Trinidad, Colo. Dorthie Mares, Los Angeles, Calif.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

No classification card, was registered Trinidad, Colo. Registar #41 GROUP INSURANCE $500 March 1944
Ward # 3 - Oct. 16, 1940

INTERPRETED BY

DATE August. 11, 1943

SIGNED IN PRESENCE OF A. L. Atchison

Mauricio Barela
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barela, Mauricio	Feb. 27, 1908	Married	Colorado	Yes	Aug. 14, 1943	Aug. 11, 1943

NAME Alex Bargas OCCUPATION Shaker Oiler Born Apr. 7, 1896

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. & Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM 7/23/24 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Nellie HER AGE 22

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pete	Male		7 years	Raton, N. M.
Eva	Female		5 "	" " "
Jennie	"		3 "	" " "
Mary	"		11 mos.	" " "

IN S	DATE 7/23/24	CHECK 413
OUT DATE 1-1-31		CHECK 413
CAUSE Obscure		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Thomas Bargas ADDRESS Raton, N. M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 56 FULL NAME Mary Bargas ADDRESS Raton, N. M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna Bargas, Raton, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on May 1, 1928.

Wife, Nellie Bargas, Raton, N.M. 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman,

Alex Bargas

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bargas, Alex	Apr. 7, 1896	Married		New Mexico	Yes	July 23,24	7/23/24

NAME Fred Bargas OCCUPATION Born Mar.22,1894

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. & Eng. Some Italian READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Feb. 1916 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elvita Montoya Bargas HER AGE 17

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Fred Bargas, Jr.	Male		6 mos.	

IN G	DATE Feb.1916	CHECK 211
OUT DATE 12-1-28		CHECK 211
CAUSE Slack work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 40 FULL NAME John Bargas, ADDRESS Ludlow, Colo.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 39 FULL NAME Mrs. Severiana Bargas, ADDRESS Ludlow, Colo.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Ben & Garfield, Ludlow, Colo. Mack Bargas, U. S. Soldier, Somewhere in France

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Sallie Gaveldone, Tabasco, Colo. Ida Bargas, Ludlow, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mrs. E. M. Bargas, Gardiner, N. M.

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

INTERPRETED BY

DATE Dec. 19, 1918.

SIGNED IN PRESENCE OF

J. B. Burkholder

Fred Bargas
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS ~~IN FAMILY~~ ~~IN HOME~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bargas, Fred	Mar. 22, 1894	Married		Colorado	Yes	Feb. 1916	Feb. 1916

NAME Charhes B. Barnum JR. OCCUPATION

DATE OF BIRTH Apr 16, 1910, SOCIAL SECURITY NO. 525-03-8772

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Haden Coal Co Colo	FROM 4½ Yrs	TO	
FOR Sugarite	FROM 15 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josie HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evelyn	Girl		13	With Mother
Bessie	"		12	
Eunice	"		8	
John	Boy	Nov 15, 1921	4	
Sam	"	Mar 18, 1946	2 Mo	

IS YOUR FATHER LIVING? Yes AGE 61 FULL NAME Charlie Barnum ADDRESS Beuna Vista, N.M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Pablita ADDRESS " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Thomas, Raton. Tony, Denver.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

$500 GROUP INSURANCE Jan. 1947

INTERPRETED BY

DATE 6/3/46

SIGNED IN PRESENCE OF Geo L. Kimball

Charlie B Barnum Jr
SIGNATURE OF APPLICANT

IN B2	DATE 6/5/46	CHECK 34				
OUT DATE 4-29-49		CHECK				
CAUSE mine closed						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						
IN	DATE	CHECK				
OUT DATE		CHECK				
CAUSE						

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barnum, Charles B.Jr.	Apr.16, 1910	Married	New Mexico	Yes	June 5, 1946	June 3, 1946

NAME Charles Barnum, Sr. OCCUPATION Miner

DATE OF BIRTH Feb.28,1885 SOCIAL SECURITY NO. 525 - 03 - 8771

WHERE BORN? Turkey Mountain, N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Sugarite, when that mine closed.

FOR Has been on farm since that time FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pablita Barnum HER AGE 49

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tom	Male		29	Brilliant, N. M.
Charles	"		32	Haybrook, Colo.
Tony	"		25	Denver, Colo.

IN K	DATE 11-17-42	CHECK 131	
OUT DATE 7-14-44		CHECK	
CAUSE Farming.			
IN K	DATE 11-30-44	CHECK	
OUT DATE 2-15-45		CHECK	
CAUSE Farming			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Barnum, Raton, N.M. Sam Barnum, Raton, N.M. Dan Barnum, Redwood, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Frances Lucero. Wagonmound, Colo. Emma Arcol, Ojho, N.M. Mary Queug. Taos, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE Aug. 1943

INTERPRETED BY

DATE Nov. 16, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

Charles Barnum Sr

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barnum, Charles, Sr.	Feb. 28, 1885	Married	New Mexico	Yes	Nov. 30, 1944	Nov. 16, 1942

NAME Charles Barnum, Sr. OCCUPATION Tracks Born 2-28-1885

WHERE BORN? N.Mex U. S. CITIZEN? Yes FORM 1078? 525-03-8771

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch- Mora.	FROM	Feb,1945	TO Nov,1945
FOR	St.L.R.M.&.P.Co,.	FROM	1925	TO Feb,1945
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pabilita Barnum HER AGE 60

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Mora, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Carles	M			
Thomas	M		Over 21 years	
Tony	M			

IN K	DATE 11-23-45	CHECK 741
OUT DATE 3-26-46		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Sam,Dan,John Barnum. Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Francis, Mary, Emma Barnum. Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes. Group Insurance $500 on

1000 on

1500 on

2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife.

INTERPRETED BY

DATE Nov 23rd,1945

SIGNED IN PRESENCE OF R. Brockman

Charles Barnum Sr

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WW WID. DIV.	DEPENDENTS INF. XXX INC. XXX SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barnum, Charles, Sr.	Feb. 28, 1885		Married		New Mexico	Yes	Nov. 23,1945	Nov. 23,1945

NAME Chas. Barnum OCCUPATION Digger Born Feb.28,1886

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Oct.14,1922	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pablito Barnum HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Cimarron, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Charlie	Male	apr 16,1910	12 years	Cimarron, N. M.
Thomas	"	Sept 8,1913	9 "	" " "
Tony	"	apr. 3,1915	7 "	" " "

From Family Bible
Examined by
at Brockman
Mch 27,1929

IN S	DATE 10/14/22	CHECK 78	
OUT DATE 4-30-41		CHECK	
CAUSE mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Albert Barnum, Cimarron, N. M. John Barnum, Raton, N. M.
Dan Barnum, Walsenburg, Colo. Sam " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Laura, Sarah, Emma, Mart and Frances

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on May 1, 1928.
2000 on Oct. 14, 1929

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Pablito Barnum, Cimarron, N. Mex.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Chas. Barnum, Sr.,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barnum, Chas. Sr.,	Feb.28,1886	Married		New Mexico	Yes	Oct 14,22	10/14/22

MINE Sugarite, N. M. DATE Oct. 14, 1922

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 44 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 8 in. WEIGHT 150 lbs. COLOR OF HAIR Black

COLOR OF EYES Brown COMPLEXION Dark SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT Chas. Barnum, Sr.,

M. D.

NAME Chas. B. Barnum OCCUPATION Pick Miner Born Apr.16,1908

WHERE BORN? Ocate, N.M. U. S. CITIZEN? ,Yes FORM 1078? No probably

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes 1910 is correct

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Josie Padilla HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
	daughter	Jan 16, 1932	1 mo old	correction Oct 17, 1932

IN S	DATE 5/11/27	CHECK 44	
OUT DATE 10-31-35		CHECK	
CAUSE Leave of Absence			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 40 FULL NAME Chas. Barnum ADDRESS Sugarite

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? All my earnings

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Pablita ADDRESS Sugarite

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tom and Tony, Sugarite

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Chas. Barnum, Sugarite, N. M. 1500 on

2000 on ~~May 1, 1928~~.

INTERPRETED BY

DATE 5/11/27

SIGNED IN PRESENCE OF

Wm. Pratt

Charles Barnum

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barnum, Charles B,	April 16, 1910	Married		New Mexico	Yes	May 11, 1927	5/11/27

NAME Chas. Barnum, Jr. OCCUPATION Miner Born Apr.16,1910

WHERE BORN Ocoto, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch, Roy, N.Mex. FROM Mar.1935 TO Mar.1936

FOR Sugarite FROM 8 years TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josie HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evelyn	Female	9/16/33	3	
Bessie	"	6/5/35	1 yr 8 mos	

IN S	DATE 3/3/36	CHECK 310	
OUT DATE 4-30-41		CHECK	
CAUSE Mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 51 FULL NAME Chas. Barnum ADDRESS Sugarite

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 47 FULL NAME Pabolita Barnum ADDRESS "

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Thomas, Tony, Sugarite

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Sept 1936
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My wife, Josie Barnum,
Sugarite

INTERPRETED BY

DATE March 3rd, 1936

SIGNED IN PRESENCE OF S. Thomure

Charles B. Barnum
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWER WIDOW	DEPENDENTS IN FAMILY INCLUDED?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barnum, Chas.B. (Jr)	Apr.16,1910	Married		New Mexico	Yes	Mch. 3, 1936	Mch.3,1936

NAME Chas.B.Barnum OCCUPATION Coal Miner

DATE OF BIRTH Apr.16,1910 SOCIAL SECURITY NO. 525-03-8772

WHERE BORN? Ocate,N.M. U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR On farm	FROM April 1949	TO March 1950	
FOR This Co. Brilliant	FROM May 1946	TO April 1949	
FOR Hayden Coal Co. Haybro,Colo.	FROM November 1941	May 1946	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josie Barnum HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evelyn	F		18	Raton,N.M.
Bessie	F		16	"
Eunice	F		12	"
Johnie	M		8	"
Sam	M		3	"
Bob	M		1	"

IN K DATE ~~###~~ 3 2-13-50 CHECK 219

OUT DATE JULY 30,1953 CHECK

CAUSE REDUCTION OF FORCE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME Charles Barnum ADDRESS Buena Vista,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 59 FULL NAME Pablita Barnum ADDRESS Buena Vista,N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tom at Raton,N.M. , Tony in Denver,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My wife
East Cook,Ave.Raton,N.M.

$500 GROUP INSURANCE Oct.1950
Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

C A Bernard

Charlie B Barnum
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Barnum, Charles B.	April 16, 1910	Married	New Mexico	Yes	March 13, 1950	March 13, 1950

NAME Martin Barraza OCCUPATION miner Born Mar.17,1906

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span.some Engl. yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dawson	FROM Aug. 1929	TO	Oct. 1929
FOR	Pecos on farm	FROM July 1927	TO	July. 1929
FOR	Two Heads, Ariz. copper	FROM May, 1926	TO	June 1927
FOR	Hanover, N.M. "	FROM 1925	TO	April,1926
FOR	in Mexico	FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 10-14-29	CHECK 81
OUT DATE 2-19-1930		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 56 FULL NAME Adelida Barraza ADDRESS C.Juarez, Chihuhua. Calle Victoria,# 224

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 40.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Jesus in Gallup- Ignacio,Jose, Guadulupe, all, in Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Tomacita and Catalina in Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

mother

INTERPRETED BY

DATE 10-14-29

SIGNED IN PRESENCE OF

R.P.Woods

Martin Barraza
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Barraza, Martin,	Mar. 17, 1906	Single		Mexico	No	10-14-1929	10-14-29

NAME J.C.Bartee OCCUPATION Digger

WHERE BORN? Tenn U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Victor Americano Delagua	FROM	June,27	TO	Aug,27
FOR American S. & R.Co.	FROM	Apr,27	TO	Jun,27
FOR National Fuel Suffield	FROM	1924	TO	1927
FOR Bon Carbo.	FROM		TO	
FOR C.F.&.I.Co,.	FROM	1916	TO	1924
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 8/22/27	CHECK 9
OUT DATE 12/15/27		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: W.B.Bartee, San Antonio,Tex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.H.B.Waters, Firmingham,Ala.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Brother and sister.

INTERPRETED BY

DATE Sugarite August 22nd,1927.

SIGNED IN PRESENCE OF

J. C. Bartee

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Bartee, J. C.	44	S	1	Tennessee	Yes	8/22/27

SS-525-03-7611

NAME Richard Barthelomew OCCUPATION Loader Born Apr 10, 1889

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR CCC Camp	9 Mo	FROM	TO
FOR U.P. Railroad	4½ Yrs	FROM	TO
FOR Koehler & Sugarite		FROM	TO
FOR 8 or 9 years		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Helen Olive HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Richard	Boy	July 28, 1922	12	Raton
Robert	"	Mar 5, 1927	8	"

180

IN SW DATE 3/26/35 CHECK
OUT DATE 3/1/43 CHECK
CAUSE Trans. to Koehler
IN Koehler DATE 3/1/43 CHECK
OUT DATE JULY 30, 1953 CHECK
CAUSE REDUCTION OF FORCE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 73 FULL NAME Katherine ADDRESS Raton

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tom, Charlie, Jack, Raton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Groves, Mrs Lark, Mrs Lewis, Raton
Mrs McCormick, Sugarite

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on Sept 1935
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife.

INTERPRETED BY
DATE 3/26/35
SIGNED IN PRESENCE OF Geo. E. Kimball

Richard Barthelomew
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bartholemew, Richard	Apr.10,1889	Married		England	Yes	Mch.26,1935	Mch.26,1935

NAME Thomas. Bartholomew OCCUPATION Miner Born Sept.5,1898

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? English WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Honeyfield Restr.	FROM	TO
FOR McIntosh "	FROM 5 years	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Edith HER AGE 27

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Thomas, Jr.	Male	5/22/30	5	
Robert E.	"	5/14/32	3	
Charles		10/16/35	3 mos	

IN S	DATE 1/13/36	CHECK 348	
OUT DATE 9-14-40		CHECK	
CAUSE other work			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 72 FULL NAME Catherine ADDRESS Raton, N. Mex.

WHO SUPPORTS HER? My brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: George, England Richard, Swastika, Charles and Jack, Raton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Katherine, Raton Mable, Raton, Gertrude, Sugarite Lillian, Raton

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on July 1936
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My wife - Edith - Sugarite

INTERPRETED BY

DATE Jan. 13, 1936

SIGNED IN PRESENCE OF H. Thomure

Thomas Bartholomew
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bartholomew, Thos.	Sept.5,1898		Married		England	Yes	Jan.13,1936	Jan.13,1936

NAME Thos. Bartholomew OCCUPATION Miner Born Sept. 1898

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM Dec. 1913 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Edith HER AGE 22

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G	DATE 12/1913	CHECK 56
OUT DATE Apr. 4, 1929		CHECK 65
CAUSE own accord		
IN Sug.	DATE 6-24-30	CHECK
OUT DATE Sept. 1931		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME John Bartholomew, ADDRESS Pegswood, Northumberland, Eng.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 61 FULL NAME Catharine Bartholomew ADDRESS 345 Cook Ave., Raton, N. Mex.

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Her entire support

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Richard, 4570 Verain St., Denver, Colo. John, Raton, N. M. ~~James, Dawson, N. M.~~ Charlie, Raton, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Catharine, Mable, Lillian, Raton, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Dec. 1930.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

1000 on

Mrs. Catharine Bartholomew,
Raton, New Mexico.

1500 on

2000 on

INTERPRETED BY

DATE August 16, 1924

SIGNED IN PRESENCE OF

A. W. Allbert

Thomas Bartholomew
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bartholmew, Thos.,	Sept. 8, 1898	Married		England	Yes	6-24-1930	9-16-24

NAME Geo Bartsules OCCUPATION Digger

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Gr-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Utah Fuel Co	FROM Jan,1927	TO	June,1927
FOR	Utah Copper Co,Bingham	FROM Apr,1926	TO	Jan,1927
FOR	Utal Fuel Co	FROM 1925	TO	Apri,1926
FOR	U.S.Smelter, Utah	FROM 1922	TO	1925
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 7/7/27	CHECK 298
OUT DATE 4-10-28		CHECK
CAUSE Cause-listed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Maria Bartsules ADDRESS Canea Crete

WHO SUPPORTS HER? My brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Nick,Pete Bartsules, Canea Crete.Mike Bartsules, 206 4th st. Milwaukee, Wis.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria,Catherine Bartsules, Canea Crete.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Brother Mike Barsules, 206 4th street. Milwaukee, Wis.

INTERPRETED BY

DATE Sugarite July 7th,1927.

SIGNED IN PRESENCE OF W. Brockman

Geo. Bartsules SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Bartsules, George	33	S	1	Greece	No	7-7-1927

NAME DOMENICK BASSO OCCUPATION Miner Born July 29,1904

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Cabbin Creek Coal Co.	FROM	TO
FOR Charlestown W.Va	FROM November 1923	November 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-15-1928	BOOK 232	
OUT DATE Never started		CHECK 232	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Andrew BassO ADDRESS Asiago, Italy

WHO SUPPORTS HIM? My Brother & I HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? All I can Spare

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Victoria BassO ADDRESS Asiago, Ital.

WHO SUPPORTS HER? My Brother & I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? All I can spare

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Victorio Buenos Aris, S.A

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Cattarino,and Angelena at Asiago Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Andrew Basso,Asiago, Italy.

INTERPRETED BY

DATE 11-15-1928

SIGNED IN PRESENCE OF E H Burnard

Domenic Basso
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY IN SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Basso, Domenick,	July 29, 1904		Single		Italy	No	Nov. 15, 28	11/15/28

NAME ~~James~~ Jim Battistino OCCUPATION Miner Born Mar. 1889

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson Jan 1927-Dec 1927 FROM TO

FOR Swastika 3 Yrs FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Laura HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sw	DATE 12/6/27	CHECK 89
OUT DATE 3-1-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Antonietta Faverro, Bellview, Alberta, Canada

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON, TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife 1000 on

1500 on

2000 on

INTERPRETED BY

DATE 12/6/27

SIGNED IN PRESENCE OF Geo. L. Kimball

Jim Battistino
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Battistino, Jim	March 1889	Married	XXXX XXXXXX XXXXXX	Italy	Yes	Dec. 6, 27	12/6/27

NAME Jim Battistino OCCUPATION Coal Miner Born March 18,1889

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Self on farm at Dillon,N.M.	FROM March 1929	TO June 1930	
FOR This co at its several camps	FROM	TO	
FOR since 1915	FROM	TO	
FOR At Swastika	FROM March 1921	TO March 1929	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Laura HER AGE 35

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS State Hospital Las Vegas, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No				

IN VH	DATE 6-12-30	CHECK 63
OUT DATE 2-21-31		CHECK
CAUSE Dismissed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: AntonitoFavero,Rena Battistino, Bellview, Alberta Canada MariaBruno, Buanos Aris, S.A. QuintinaGeno Brosso, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

See No mo. as he has not been working for 3 mos.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My wife at State Insane Asylum, Las Vegas, N.M.

INTERPRETED BY

DATE Van Houten, N.M June 12,1930

SIGNED IN PRESENCE OF

Jim Battistino
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Battistino, Jim	Mar. 18, 1889	Married		Italy	Yes	6/12/30	6/12/30

NAME Jim Battistino OCCUPATION miner Born Mar.18,1889

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR on farm at Dillon, N.M. FROM Nov. 1930 TO Sept. 1931

FOR Van Houten FROM TO Oct. 1930

FOR for St.L.R.M.& P.Co. since 1915 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Laura HER AGE 35

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS At Las Vegas in Hospital

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN VH	DATE 9-19-31	CHECK 24
OUT DATE 11-10-34		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Tonieta Faero in Bellview, Alberta, Canada. Quintino in Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Mch 1932
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

sister in Canada.

INTERPRETED BY

DATE 9-19-31

SIGNED IN PRESENCE OF

R.P.Woods

Jim Battistino
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WIDOWER DIV.	DEPENDENTS IN FAMILY IN ASLEEP	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Battistino, Jim,	Mar. 18, 1889	Married		Italy	Yes	9-19-1931	9-19-1931

NAME C. E. Baumgardner OCCUPATION Miner Born June 3 1894

WHERE BORN? Ill U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR California 4 Mo	FROM	TO	
FOR Bush, Ill & West Frankford	FROM	TO	
FOR Ill for eight years	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ruth Baumgardner HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Bush, Ill.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Sidney	Boy	Nov 12 29, 1917.	12	Bush Ill.

IN Sw	DATE 11/9/29	CHECK ///
OUT DATE worked only one day		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 49, FULL NAME ~~Dessie~~ Helen Stonum ADDRESS De Sota, Ill

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE 11/9/29

SIGNED IN PRESENCE OF

G. L. Kimball.

C E Baumgardner

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Baumgardner, C. E.,	June 3, 1894	XXXX	Married	XXXXXX	Illinois	Yes	11-9-1929	11-9-29

NAME, Gimi Bazzoni OCCUPATION Miner Born Sep 8 1888

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? It & Eng READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Calif	FROM 2½ Yrs	TO
FOR Swastika	FROM 3 Mo	TO
FOR Tabasco	FROM 5 Yrs	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 11/7/28	CHECK 2/5	
OUT DATE 3-12-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 75 FULL NAME Guiseppi Bazzoni, ADDRESS Florina,

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $200.00 Yr per Province Disassari,

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME Madalena Vigilio ADDRESS Same as father Italy

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mariantonia, Francesca, with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Father

INTERPRETED BY

DATE Nov 7th, 1928.

SIGNED IN PRESENCE OF Geo. L. Kimball

Gimi Bazzoni
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bazzoni, Gimi,	Sept. 8, 1888	Single		Italy	No	Nov. 7, 1928	11/7/28

NAME Asa Beamer OCCUPATION Electrician Born Aug.13,1873

WHERE BORN? West Virginia S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Apr.20,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Flora HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Duffield

IN SW	DATE 4-20-17	CHECK 253	
OUT DATE		CHECK	
CAUSE Considered Totally disabled			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 92 FULL NAME Robert M. Beamer ADDRESS Pickaway, W. Va.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? A Little

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: H. A. Beamer, Debois, Neb. Walter, Cleveland, Ohio. Roy, Pickaway, West Virginia.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Geo. Anderson, Walsenburg, Colo. Edna and Elsie Beamer, Pickaway, W. Va.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

INTERPRETED BY

DATE Swastika, New Mexico, May 20, 1924.

SIGNED IN PRESENCE OF

Geo. L. Kimball

xax Asa Beamer
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~AGE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Beamer, Asa,	Aug. 13, 1873	Married		West Va.	Yes	Apr. 20, 17	11/1/23

MINE Swastika, N. M. DATE April 20, 1917.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 51 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 7 in. WEIGHT 160 lbs. COLOR OF HAIR Light

COLOR OF EYES Blue COMPLEXION Ruddy SCARS OR MARKS OF IDENTIFICATION None

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Frank Becchetti OCCUPATION Coal Miner Born August 18,1899

WHERE BORN? Iron Mtn. Mich. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital, Span, Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Stag Canon Fuel Co.	FROM	TO
FOR	Dawson, N.M.	FROM Feb.1923	TO July 1930
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Dolores HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Fred	Boy	April 1,1924	6½	With me
Lena	Girl	Oct 21, 1926	4	" "
Ernest	Boy	Oct.29,1928	2	" "

IN VH	DATE 7-22-30	CHECK 168
OUT DATE 9-15-30		CHECK
CAUSE On accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Domenick Becchetti ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Florence Gherardi, Albuquerque, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Van Houten, N,M

INTERPRETED BY

DATE July 22,1930

SIGNED IN PRESENCE OF

C A Bernard

Frank Becchetti
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Becchetti, Frank,	Aug. 18, 1899		Married		Michigan	Yes	7-22-1930	7-22-30

NAME Pilar Bedolla OCCUPATION Loader Born Oct. 1890

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Span. WRITE? Spanish

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO
FOR	FROM	TO
FOR	FROM Jan. 26,1927	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Teresa Sanchez Bedolla HER AGE 24

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Moraleon, Juanajuato, Mexico

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Augustine	Male	July 22	8 years	
Rodolph	"	Dec. 11	6 "	
Jesus	Female	Mar. 18	3 "	
Ramon	Male	Aug. 29	5 months	

IN VH	DATE 1/26/27	CHECK 222
OUT DATE 1-26-1930		CHECK
CAUSE Transfer to Sw.		
IN SW	DATE 2-6-30	CHECK
OUT DATE 2-25-32		CHECK
CAUSE Not wearing goggles		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Mrs. Usman Bedolla ADDRESS Moraleon, Juanajuato, Mexico

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? About $15.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Primo Bedolla, Moraleon, Juanajuato, Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Jose Usman, Moraleon, Juanajuato, Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

E. D. Manning

Pilar Bedolla
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED XXXX SINGLE WWWW WIDOWED	DEPENDENTS XXXXXX IN FAMILY XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bedolla, Pilar,	October 1890	Married		Mexico	No	Jan.26.27	1/26/27

NAME Belisle, Lowrey OCCUPATION Stable Sup't Born June 14, 1863

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR On Pension	FROM	TO
FOR Oct, 1, 1930	FROM	TO
FOR	FROM	TO
FOR Last worked Sept 30, 1930	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED?

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Hunting. Shot 2 toes off foot Oct, 1935				

IN	DATE 6/12/17	CHECK
OUT DATE Died		CHECK
CAUSE at Miners Hospital May 2, 1942		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE Hoof		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

In Miners Mch. 6, 1941 Group pins Mch 1941

Pay

We continue to Miners Hosp 25 mo Mems Mch 6 1941

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Pension 25.00 monthly less ins deduction 1.50 mo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Group Insurance $500 on Ins. deducted
1000 on from his
1500 on pension check
2000 on

Ins payable to J F Smyth

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Belisle, Lowrey	June 14,1863	Married		Missouri	Yes	6-12-1917	

NAME Robert Bell OCCUPATION Miner Born Feb.24.1879

WHERE BORN? Mississippi U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM ~~Jan.26,1927~~ TO

FOR FROM 8-27-16 TO

FOR FROM TO

FOR FROM TO

last worked bt'w Feb 1934

Entered Mines Hospital about Jan' 1943

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Laura Bell HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Thelma	Girl		12 years	Raton, N. M.
Beesee	Boy		11 "	" " "

Recd 1000 group ins. settlement for total permanent disab. 12-31-1938

IN	DATE	CHECK
G	8/27/16	70
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Laura Bell, 100 East 4th St., Ratonq N. M.

Group Insurance $500 on
1000 on
1500 on
2000 on

Son pays his insurance May 1, 1928

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. W. Allbert

Robert Bell
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXXX~~ SINGLE WIDOWER ~~XXXXX~~	CHILDREN ~~XXXXX~~ IN FAMILY ~~XXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bell, Robert	Feb.24,1879	Married		Mississippi	Yes	Aug.27,16	12/9/25

NAME ~~Mike~~ Begio OCCUPATION Born Apr 16-1890

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav--ng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch-Yankee,N.M.	FROM April,1926	TO Nov,1928	
FOR StLRM&P-Sugarite	FROM Aug,1925	TO April,1928	
FOR Ranch-Yankee	FROM	TO	
FOR Worked at Sugarite several times during last	FROM	TO	
FOR few years.	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eva May Begio HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Yankee,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margaret	Female		13	Yankee,N.M.
Elaya	do		11	
Rachael	do		4	
Lloyd	Male		7	

IN Sug	DATE 11/24/28	CHECK 203
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Sophia ADDRESS Austria

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Nick Begio. Austria

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1929.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Eva May Begio, Yankee,N.M.

INTERPRETED BY

DATE Sugarite Nov 24th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

Mike Begio
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Begio, Mike,	Apr. 16, 1890	Married		Austria	Yes	Nov. 24, 28	11/24/28

NAME Alvin Benavidez OCCUPATION miner

DATE OF BIRTH May 20,1901 SOCIAL SECURITY NO. 522-22-7440

WHERE BORN? Trinidad,Colo. U.S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Southern Pac.	FROM Nov.1946	TO March 1947	
FOR ~~Sheet Metal Werks~~	FROM	TO	
FOR Penguin Metal Products,	FROM Sept.1946	TO Nov.1946	
FOR Los Angeles	FROM	TO	
FOR Navy Yard, San Pedro Calif.	FROM 1942	TO Nov. 1946	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Mary Ruth Benavidez HER AGE 37

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Vincent	male	Dec.25	15	

IN K	DATE 7-16-47	CHECK 77
OUT DATE 8-23-51		CHECK
CAUSE Did not report for work		
IN K	DATE 9-24-51	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Benavidez Oakland Calif. Sam Benavidez Denver,Colo

Henry Benavidez Lafayette, Colo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Anito Simon, 701 ~~Stillwell~~ Shotwell Sanfrancisco, Calif. Eva Archuleta Chicago Ill.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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 Ruth Benavidez, Trinidad, Colo.

$500 GROUP INSURANCE Feb. 1948

INTERPRETED BY

DATE 7-15-47

SIGNED IN PRESENCE OF David Stewart

Alvin Benavidez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Benavidez, Alvin	May 20, 1901	Married	Colorado	Yes	July 16, 1947	July 15,1947

NAME Candido Benavidez OCCUPATION Pick Coal Born May 14, 1880

WHERE BORN? Taos, N. M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM TO

FOR FROM May 24,1923 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Virginia HER AGE 26

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Artura	Male		1 year	Dawson, N. Mex.
Bodicia	Female		24 years	Raton, N. Mex.

IN G	DATE 5/24/23	CHECK 43
OUT DATE 4-31-1932		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on May 1, 1928.
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Lizzie Harpole

Candido Benavidez
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Benavidez, Candido,	May 24, 1880	Married		New Mexico	Yes	May 24, 23	5/24/23

NAME Margarito Benavidez OCCUPATION Inside Mine
DATE OF BIRTH Oct. 1, 1901 SOCIAL SECURITY NO. 525-03-8750
WHERE BORN? Las Vegas, N.M. CITIZEN? Yes FORM 1078?
WHAT LANGUAGES DO YOU SPEAK? Span-Eng. READ? Span-Eng WRITE? Span-Eng.
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Rodman Coal Co	FROM	March 1951	TO Dec. 1951
FOR	Self Employed	FROM	1946	TO 1951
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married
GIVE FULL NAME OF WIFE Flora Benavidez HER AGE 50
IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Beatrice	F	1935	16	Raton, N. M.
Lena	F	1939	12	Raton, N.M.
Irene	F	1941	10	Raton, N. M.

IN	K	DATE 12/13/51	CHECK 283
OUT DATE	JULY 30, 1953		CHECK
CAUSE	REDUCTION OF FORCE		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? Yes AGE 78 FULL NAME Trinquilina Benavidez ADDRESS Raton, New Mexico
WHO SUPPORTS HER? Receives pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Ferman Benavidez, 114 Lomas Rd, Albuquerque, New Mexico
Gomzalo Benavidez, West Las Vegas, New Mexico
GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None
GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Mrs. Flora Benavidez, 261 Sugarite Ave., Raton, New Mexico $500 GROUP INSURANCE July 1952 Yes

INTERPRETED BY
DATE Dec. 13., 1951
SIGNED IN PRESENCE OF Jacob Sandoval

Margarito Benavidez
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Benavidez, Margarito	Oct. 1, 1901	Married	New Mexico	Yes	Dec. 13, 1951	Dec. 13, 1951

NAME Louis Beniger OCCUPATION Inside Mine

DATE OF BIRTH June 10, 1890 SOCIAL SECURITY NO. 524-34-3454

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Both WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Huerfano Coal Company FROM Jan 1947 TO March 1952

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Agnes HER AGE 61

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	K	DATE 9-8-52	CHECK 502
OUT DATE			CHECK
CAUSE	Didn't start		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Matt Beniger - Denver, Colorado

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Roley - Chicago, Illinois

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Agnes Beniger,
Box 7
Starkville, Colorado

GROUP INSURANCE Yes

INTERPRETED BY

DATE 9-8-52

SIGNED IN PRESENCE OF Jacob Sandoval

Louis Beniger
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME J.A.Bennett OCCUPATION miner Born Nov. 19,1894

WHERE BORN? Mo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Long Beach, Cal.	FROM Nov. 1927	TO	Nov. 1928
FOR Benita, Okla. coal mine	FROM Sept. 1925	TO	Oct. 1927
FOR Gebo, Wyo. Owl creek coal Co	FROM Mar. 1925	TO	Aug. 1925
FOR Pittsburg, Ks.	FROM	TO	Feb. 1925
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Maggie HER AGE 30

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 11-15-28	CHECK 39
OUT DATE 12-20-28		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 73 FULL NAME L.J.Bennett ADDRESS Pittsburg, Ks.

WHO SUPPORTS HER? I help. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? as much as I can.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

A.N. Bennett in Taft, Cal.- E.G.Bennett in Binita, Okla. H.B. in Pittsburg, Ks.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: #### Halley in Cherokee, Ks.

Addie Conley in Pittsburg, Ks.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 11-15-28

SIGNED IN PRESENCE OF

R.P.Woods

James A. Bennett
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bennett, J. A.,	Nov. 19, 1894	Married		Missouri	Yes	Nov. 15, 28	11/15/28

NAME Sam Berg OCCUPATION Outside Laborer Born Sept.15,1880

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078 No

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Oct.18,1920 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Domecitia Berg HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Yankee, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Nitalia	Female	January 1907	11 years	
Bonnie	"	March 1909	9 "	
Fred	Male	July 11, 1911	7 "	
Telo	"	Sept.22,1913		
Elizabeth	Female	Feb. 12, 1916		
Benny	Male	Mar. 7, 1921		
Phillip	"	Oct. 29, 1925		

IN S DATE 8/20/18 CHECK

OUT DATE 4-30-41 CHECK

CAUSE Mine Closed

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Sena and Gussie Berg, Yankee, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife, Domecitia Berg, Yankee, New Mexico 1500 on

2000 on Insured for 2000.

INTERPRETED BY

DATE April 20, 1918

SIGNED IN PRESENCE OF

A. L. Brockman

Sam Berg

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDANTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Berg, Sam,	Sept.15,1880	Married		New Mexico	Yes	Aug 20,1918	4/19/18

NAME Sam Jose Berg OCCUPATION Miner

DATE OF BIRTH Jan.15,1882 SOCIAL SECURITY NO. 525 - 03 - 8752

WHERE BORN? Mora,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Sugarite when the mine closed, since that FROM

FOR time has worked at odd jobs. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Ramonsita Berg HER AGE 54

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tillie	Female		16	Koehler, N. M.
Eugene	Male		10	"
Bennie	"		21	"
Tillo	"		26	Van Houten,N.M.
Fred	"		24	" "

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: George Berg, U. S. Army

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lucy Silva, Pasadena, Calif.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

IN K	DATE	CHECK
OUT DATE @ 9-18-47		CHECK
CAUSE Blood test		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

Did not start to work.

INTERPRETED BY

DATE Sept. 16, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Sam Berg SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Emilio Bergamo OCCUPATION miner Born-May,15,1890

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M.	FROM 17 yrs.	TO Oct. 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE ### Laura HER AGE 23

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Edward	boy		13 mos.	

IN SW	DATE 10-17-28	CHECK 214	
OUT DATE 5-8-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 68 FULL NAME Joe Bergamo ADDRESS Nanno, Trento, Italy.

WHO SUPPORTS HIM? My brothers and I HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 100.00 per ~~month~~ " "

IS YOUR MOTHER LIVING? ye s AGE 60 FULL NAME Minnie

WHO SUPPORTS HER? my brothers and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? inc. in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Richard in Tollerberg , Colo.- Victor- Attilio- Bruno- Rinaldo- all in Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Carolita and Virginia in Bendle, Ill.--- Mary- Nora- all in Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on April 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 10-17-28

SIGNED IN PRESENCE OF

R.P.Woods

Emilio Bergamo
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED XXXX	DEPENDENTS IN FAMILY XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bergamo, Emilio,	May 15, 1890	Married		Italy	Yes	Oct. 17, 28	10/17/28

NAME Everett Bergen OCCUPATION loader Born Jan,21,1899
WHERE BORN? Iowa. U. S. CITIZEN? yes FORM 1078? no
WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yew WRITE? yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Denver & Salt Lake Ry. FROM 5 yrs. TO Nov. 1930
FOR FROM TO
FOR FROM TO
FOR FROM TO
FOR FROM TO
FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married
GIVE FULL NAME OF WIFE Hazel Bergen HER AGE 28
IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN VH	DATE 11-5-30	CHECK 311	
OUT DATE 9/3/33		CHECK 223	
CAUSE Working in Raton with Bennie Lytle, Plumber			
IN VH	DATE 10/18/33	CHECK 223	
OUT DATE 9-15-34		CHECK	
CAUSE Own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 63 FULL NAME W.S.Bergen ADDRESS Raton, N.M.
WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none
IS YOUR MOTHER LIVING? yes AGE 59 FULL NAME Ina Bergen ADDRESS Raton, N.M.
WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Lawrence in Raton-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mrs. Connelly in Van Houten- Opal Dodson in El Paso-

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY
DATE 11-5-30
SIGNED IN PRESENCE OF

R.P.Woods

Everett E Bergen
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bergen, Everett E.,	Jan. 21, 1899	Married		Iowa	Yes	11-5-1930	11-5-30

NAME C. A. Bernard OCCUPATION Clerk Born Feb.19,1886

WHERE BORN? Missouri U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Oct.5,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

IN VH	DATE 10/5/17	CHECK
OUT DATE 9-1930		CHECK
CAUSE Resigned		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lillian HER AGE 29

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lillian	Female	February 24,	4 years	
Ardice	"	August 31,	6 "	
Edgar Kelley	Male	February 4,	2 "	

IS YOUR FATHER LIVING? Yes AGE 50 FULL NAME Maurice Edgar Bernard ADDRESS La Junta, Colo.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 49 FULL NAME Margaret Emley Bernard ADDRESS La Junta, Colo.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Emma Gertrude Bernard, Raton, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on
5000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father - M. E. Bernard, La Junta, Colorado.

INTERPRETED BY

DATE Van Houten, N. M. Oct. 5, 1917.

SIGNED IN PRESENCE OF

A. P. French

Christopher Allen Bernard
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	CHILDREN IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bernard, C. A.,	Feb. 19, 1886	Married		Missouri	Yes	Oct 5, 1917	10/5/17

MINE Van Houten, N. M. DATE Oct.5,1917.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PRESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 41 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 10½ in. WEIGHT 155 lbs. COLOR OF HAIR Light

COLOR OF EYES Blue COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION Scar on left knee one inch long.

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT _____

_____ M. D.

NAME C.A.Bernard OCCUPATION Warehouseman

DATE OF BIRTH Feb.19,1886 SOCIAL SECURITY NO. 525-18-9088

WHERE BORN? Missouri U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Colfax County N.M. FROM January 39 TO January 1945

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bertha M.Bernard HER AGE 55

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ardice	Female	Aug.31	33	Dawson,N.M.
Lilian	Female	Feb.5	31	Ratoh,N.M.
Edgar	Male	Feb.24	30	Raton,N.M.

IN B2	DATE 1/29/45	CHECK 231.
OUT DATE 7-26-47		CHECK
CAUSE Transfer to V. H.		
IN V. H.	DATE 7-27-47	CHECK
OUT DATE 6-21-49		CHECK
CAUSE transferred to Lochler		
IN K	DATE 6-22-49	CHECK
OUT DATE JULY 30,1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME Maurice Edgar Bernard ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 84 FULL NAME Margaret Emley Bernard ADDRESS

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? All

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Emma G.Tennison,Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mrs.Bertha M.Bernard

429 S.4th St.Raton,N.M.

$1,000 GROUP INSURANCE Aug. 1945

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF Geo. L. Kimball

C A Bernard

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bernard, Christopher A.	Feb.19, 1886	Married	Missouri	Yes	Jan. 29, 1945	Jan. 29, 1945

NAME Ermelindo Bernardi OCCUPATION

DATE OF BIRTH Sept. 28, 1893 SOCIAL SECURITY NO. 525-03-8756

WHERE BORN? Groppoli, Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Italian & Spanish & English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED (GIVE PAST 5 YEARS, WHICH LAST EMPLOYMENT AT TOP OF LIST)

FOR Pacific California Telephone	FROM	TO	
FOR Company	FROM 1947	TO 1953	
FOR	FROM	TO	
FOR California Ship Building	FROM	TO	
FOR Corp.	FROM 1942	TO 1947	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pitalina HER AGE 53

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alfeo	M	March 5, 1920	33	U.S. Armed Forces
Dina	F	Oct. 6, 1921	32	San Pedro, Calif.

IN K	DATE 1/19/53	CHECK 301
OUT DATE 3-16-53		CHECK
CAUSE Left of his own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Luigi Bomardi, Groppoli, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Rosa Bazalli Massa Carraro, Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Pitalina Bernardi (Wife)

640 West 21th Street, San Pedro, California

INTERPRETED BY

DATE 1/19/53

SIGNED IN PRESENCE OF

Ben Baker, Jr.

GROUP INSURANCE

Ermelindo Bernardi

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bernardi, Ermelindo	Sept. 28, 1893	Married	Italy	Yes	Jan. 19, 1953	Jan. 19, 1953

NAME Fred Bernardi OCCUPATION Miner

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Raton	7 Yrs	FROM	TO
FOR Brilliant	4 Mo	FROM	TO
FOR Koehler	12 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Iline Maga	Girl	married	25	Swastika

IN Sw	DATE 12/10/27	CHECK
OUT DATE 8/4/28		CHECK
CAUSE O. A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 67 FULL NAME Serafina Bernardi ADDRESS Raton, N. M.

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother.

INTERPRETED BY

DATE Dec 10, 1927

SIGNED IN PRESENCE OF Geo. E. Kimball

Fred Bernardi

SIGNATURE OF APPLICANT

Did not take any ins 12-10-27

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Bernardi, Fred	45	Wid.	1	Italy	No	12/10/27

Ermilindo Bernardo

NAME ~~Bernardi Ermelindo~~ OCCUPATION Miner Born Sept.28,1893

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital.a little Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.8,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Vitolina HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Fayo	Male	Apr. 10, 1920	7 months	Brilliant, N. M.
Dinna	Female	Oct. 12, 1922		

IN S	DATE 11/8/20	CHECK 36
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Mary ADDRESS Massa, Italy.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? About $30.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis, France.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rosa, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE Brilliant, N. M. Nov. 8, 1920.

SIGNED IN PRESENCE OF

L. B. Thomure

Bernardi Ermelindo,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIV.	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bernardo, Ermilindo	Sept. 28, 1893	Married		Italy	Yes	Nov.8,1920	11/8/20

MINE Sugarite, N. M. DATE Nov. 8, 1920.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 35 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 6 in. WEIGHT 160 lbs. COLOR OF HAIR Brown

COLOR OF EYES Brown COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT Bernardi Ermelindo

M. D.

NAME Frank Bernoski OCCUPATION Digger Born Nov.28,1886

WHERE BORN? N.Mex U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch-StLRM&PCo,Swastika	FROM August,1927	TO	Jan,1928
FOR AT&SFRy-Raton	FROM 1926	TO	1927
FOR	FROM 1920	TO	1926
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Grace HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Hugh	Male	Mar. 24, 1915	13 y	Raton
Nellie	Female	Dec.23,1917	10	
Walter	Male	Sept.30,1922	5	
Harry	do	Oct. 28,1924	3	

IN Sug	DATE 1-16-28	CHECK 53	
OUT DATE 5-31-30		CHECK	
CAUSE Dropped			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Mary Bernoski ADDRESS Raton,N.M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Lives with me

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vincent Urbonoski, Sugarite,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pauline Bridere, Thurber, Tex

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes Group Insurance $500 on July 30, 1928 ~~May 1, 1928~~

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on

2000 on

INTERPRETED BY

DATE Sugarite Jan 16th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

Frank Bernoski

SIGNATURE OF APPLICANT

500 Ins July 30, 1928

NAME	Date of Birth	MARRIED ~~WIDOWED~~ SINGLE ~~WIDOWED~~	~~DIVORCED~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bernoski, Frank	Nov. 28, 1886	Married		New Mexico	Yes	Jan 16, 28	1/16/28

NAME Geo. W. Berry OCCUPATION Coal miner

DATE OF BIRTH 7-15,1901 SOCIAL SECURITY NO. 207-07-9936

WHERE BORN? Hinton, W. Va. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.Ry.	FROM Aug.21,1945	TO Nov.23,1945	
FOR ethlehem Steel	FROM 1938	TO July 3,1942	
FOR U.S.Navy	FROM July 3,1942	TO Oct.3,1944	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ella Berry HER AGE 41

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Harrisburg

FILL IN RECORD OF CHILDREN AS FOLLOWS: None

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V.H.	DATE 1-9,'46	CHECK 8
OUT DATE 3-30-1946		CHECK 8
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Ella Berry, 1221 No. 6th, St., Harrisburg, Pa.

GROUP INSURANCE

INTERPRETED BY

DATE Jan. 9, 1946

SIGNED IN PRESENCE OF

A.W. Allbert

George W. Berry

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Berry, George W.	July 15, 1901	Married	West Virginia	Yes	Jan. 9, 1946	Jan. 9, 1946

NAME Joe Bertolina OCCUPATION Digger Born 1875

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. & Ital. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM Feb.9,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower Married

GIVE FULL NAME OF WIFE Modena Bertolina HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS Sugarite

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Curlo	Male		20 years	Sugarite, N. M. Not dependant
Flora	Female	Feb. 8, 1925		
Albert	Male	May 31, 1926		
Below are step-children				
Fred Angelo	Male	Nov. 2, 1912		
Margaret	Female	Jan.30, 1915		

IN S	DATE 2/9/21	CHECK 246	
OUT DATE 8-1-30		CHECK 462	
CAUSE Deserted family.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME Joe Bertolina ADDRESS Lovaric, Italy.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Theresa Bertolina, ADDRESS Lovaric, Italy

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Batesta and John Bertolina, Aguilar, Colo.
Gust Bertolina, Delagua, Colorado.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Brothers, Batesta and John Bertolina,
Aguilar, Colorado.

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE Feb. 9, 1921.

SIGNED IN PRESENCE OF

A. L. Brockman

Joe Bertolina.
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NO. OF CHILDREN~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bertolina, Joe,	1875	Widower		Italy	Yes	Feb.9,1921	2/9/21

NAME Mike Bertoglio OCCUPATION Miner Born Sept. 8,1886

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM TO

FOR FROM TO

FOR FROM Dec.22,1926 TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12/22/26	CHECK 42
OUT DATE 9-30-40		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jim, in Italy, John, at Helper, Utah.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lizzie, in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

1000 on

John Bertoglio, Helper, Utah.

1500 on

2000 on

INTERPRETED BY

DATE December 22, 1926

SIGNED IN PRESENCE OF

C. A. Bernard

Mike Bertoglio

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDANTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bertoglio, Mike,	Sept. 8, 1886	Single		Italy	No	Dec 22.1926	12/22/26

NAME Mike-Berteglio OCCUPATION Miner

DATE OF BIRTH September 8 1886 SOCIAL SECURITY NO. 525-05-3770

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Italian, french, english READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	~~1937~~ St.Louis Rocky Mtn	FROM	1937	TO 1939
FOR	Van Houten	FROM		TO
FOR	Frank Yasbez, Yankee	FROM	July '42	TO September '42.
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN 72	DATE 12-19-42	CHECK 121
OUT DATE 10/9/43		CHECK
CAUSE Fired for drinking.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Frank Genet
Raton, N.M.

$500.00 GROUP INSURANCE July, 1943

INTERPRETED BY

DATE Dec.18,1942.

SIGNED IN PRESENCE OF

A. L. Atchison

Mike Bertoglio
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bertoglio, Mike	Sept. 8, 1886	Single	Italy	No	Dec. 19, 1942	Dec. 18, 1942

NAME John Besso OCCUPATION Miner Born Feb.8,1902

WHERE BORN? Trinidad,Colo. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ####B.M.Co. Van Houten,N.M FROM June 1918 TO June 1923

FOR Northern Ill Cerial Co. FROM TO

FOR Lockport,Ill FROM June 1923 TO March 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 3-20-29	CHECK 42
OUT DATE 6-18-1929		CHECK 42
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: GeorgeBesso.Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ruth Besso, Van Houten, N.M. Mrs W.D.Christenson,Long Beach Cal Mrs. Sarrah Besslo, Long Beach, Cal.Mrs. Lizzie Pesavento, Chicago, Ill.Mrs.Priscilla Dalvit Denver, Co

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT

Sister Ruth at Van Houten, N.M.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE 3-20-1929

SIGNED IN PRESENCE OF

C. A. Bennard

John Besso
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED XXXX XXXXXX	DEPENDENTS IN FAMILY XXXXXX XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Besso, John,	Feb. 8, 1902	Single		Colorado	Yes	Mar. 20, 29	3/20/29

NAME Joseph Daniel Bethure, Jr OCCUPATION

DATE OF BIRTH 11-14-1904 SOCIAL SECURITY NO. 553-24-9286

WHERE BORN? Ariz U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Remington Arms	FROM 1940	TO June, 1945
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Elaine Bethune, HER AGE

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Denver, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Barbara	F.	8-8-1937	8	Denver, Colo

IN K	DATE 6/25/45	CHECK 441	
OUT DATE 7/2/45		CHECK	
CAUSE own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes. AGE FULL NAME Joseph Bethune. ADDRESS Prescott, Ariz

WHO SUPPORTS HIM? Self. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None.

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yavapah Co. Ariz. Board No. 1. Order No. 60 Class 2- B (F) Dated May 20th, 1945

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

GROUP INSURANCE Yes

INTERPRETED BY

DATE June 25th, 1945

SIGNED IN PRESENCE OF David Stewart

Joseph D. Bethune Jr
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME James Betton OCCUPATION Pumper Born 1863

WHERE BORN? Wales U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.&Welch READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM June 21,1920 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Anna Betton HER AGE

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Am not living with wife, application made for separation.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	RESIDENCE

IN S	DATE 6/21/20	CHECK 176
OUT DATE May 1, 1928		CHECK 485
CAUSE dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME Mary Betton ADDRESS Raton, N. M.

WHO SUPPORTS HER? Iddo with her help and help of brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: George, Springfield, Ill. Wm. Betton, Kentucky, Issac Betton, Raton, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother, Mary Betton, Raton, New Mexico

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman,

James Betton
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	REFERENCE IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Betton, James	1863	Married		June 21,1920	Yes	June 21,20	6/21/20

Guiseppi Biagi 3 525-05-9172

NAME Joe Biogi OCCUPATION Miner Born Feb. 1893

WHERE BORN? Italy U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & It. READ? No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.& P.Co., Sw. FROM 1923 TO Jan.1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Angelina Biogi HER AGE 27

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN G.	DATE 1/5'28	CHECK 10
OUT DATE 1-10-28		CHECK 10
CAUSE O. A.		
IN Sw.	DATE Apr. 1928	CHECK
OUT DATE 7-7-1930		CHECK
CAUSE Voluntary-Layoff		
IN Gard.	DATE 7-11-30	CHECK 3
OUT DATE 6-26-1939		CHECK 3
CAUSE Mine closed		
IN Sw	DATE Aug '39	CHECK
OUT DATE 10-2-1940		CHECK
CAUSE Reduction in force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Dominek Biogi, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on May 1,1928
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Angelina Biogi, Blossburg, N.M.

INTERPRETED BY

DATE Jan.5,1928

SIGNED IN PRESENCE OF

A.W.Allbert,

Guiseppe Biogi
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDENTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Biogi, Guiseppe	February 1893	Married		Italy	No	Apr. 20,22	1/5/28

Giuseppe Biagi.

NAME OCCUPATION Loader

DATE OF BIRTH Feb 3, 1892 SOCIAL SECURITY NO. 525-05-9172

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR City of Raton	FROM 3 Wks	TO
FOR Cutting Props	FROM 1½ Yrs	TO
FOR Bril iant 2	FROM 10	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN B2	DATE 9/17/42	CHECK 13
OUT DATE 10-1-46		CHECK
CAUSE Voluntary.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Domenic & Pete, Pievepelago, Modena, Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Adalidia, " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Brother Domenic.

$500.00 GROUP INSURANCE April, 1943

INTERPRETED BY

DATE 9/16/42

SIGNED IN PRESENCE OF Geo E Kimball

Giuseppe Biagi

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Biagi, Giuseppe	Feb. 3, 1892	Single	Italy	No	Sept.17,1942	Sept.16,1942

NAME Emilio Bianciotto OCCUPATION Miner Born Nov 18, 1889

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Calif	since 1925	FROM	TO
FOR Arizona	3 Yrs	FROM	TO
FOR Coal Mines	9 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married Living apart

GIVE FULL NAME OF WIFE Lucy HER AGE 38

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS With another man in Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Yole	Girl		19	~~Cantalupa~~ Cantalupa, Torino, Italy.

IN Sw	DATE 11/15/30	CHECK	88
OUT DATE 7/21/32		CHECK	
CAUSE Own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Celestina Bianciotto ADDRESS Cantalupa, Torino, Italy.

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? about $10.00 per Mo

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Adolfo, with mother

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Adelida, Madalena, Enricetta, in Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1931

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mother & Daughter. 1500 on

2000 on

INTERPRETED BY

DATE 11/15/30.

SIGNED IN PRESENCE OF

G.L.Kimball.

Emilio Bianciotto
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bianciotto, Emilio,	Nov. 18, 1889	Married		Italy	No	11-15-1930	11-15-30

NAME Joe Bielawcius OCCUPATION miner Born Oct.26,1893

WHERE BORN? Lietuvon U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Lietuvon READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stanaford, W.Va. Copper Coal Co. FROM June.1930 TO Dec. 1930

FOR W.Va. Coal Co. Logan County FROM May.1929 TO May.1930

FOR Four years with above company FROM TO April. 1929

FOR at different times FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-5-30	CHECK 179
OUT DATE 4-28-1931		CHECK
CAUSE Dirty Coal		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Matt in Lietuvania - does not know exact address at present time.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother- Chas Vanaochtkis my Friend.
in Stanford, W. Va.

INTERPRETED BY

DATE 12-5-30

SIGNED IN PRESENCE OF

R.P.Woods

Joe Bielawcius
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bielawcius, Joe,	Oct. 26, 1893	Single		Liethuania	No	12-5-1930	12-5-30

NAME Thomas Bigloe Colored OCCUPATION Miner Born Nov.5,1902

WHERE BORN? Missouri U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Raton	7 Mo	FROM	TO
FOR Swastika	5 Mo	FROM	TO
FOR Gardiner	8 Mo	FROM	TO
FOR Idaho	18 Mo	FROM	TO
FOR Swastika & Gardiner		FROM	TO
FOR	18 Mo	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Juanita HER AGE 22

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Don't Know

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sw	DATE 1/4/28	CHECK 108
OUT DATE 5/30/37		CHECK —
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Half Brother Henry Morris, Little Rock, Ark. 1816 E 5th St

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on ~~May 1, 1928~~ July 30, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Henry Morris.

1500 on

2000 on

INTERPRETED BY

DATE Jan 4th, 1928

SIGNED IN PRESENCE OF Geo. L. Kimball

Thomas Bigloe

SIGNATURE OF APPLICANT

520 Dus July 30, 1928

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bigloe, Thomas	Nov. 5, 1902		Married		Missouri	Yes	Jan. 4, 28	1/4/28

NAME Stelios BiKooklis OCCUPATION Born May 15,1879

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Some Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM Jan.23,1925 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Stendia HER AGE 38

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Canea Crete, Greece

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Catalina	Female		12 years	Greece
Rulo	"		5 "	"
Louis	Male		22	Greek Army
Boldy	"		18	" "

IN	S	DATE 1/23/25	CHECK
OUT DATE	5-15-1931		CHECK
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ellen, Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

Group Insurance $500 on
1000 on May 1, 1928
1500 on
2000 on

INTERPRETED BY Bill Karas

DATE Jan. 23, 1925.

SIGNED IN PRESENCE OF

A. L. Brockman

Stelios BiKooklis
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~NUMBER~~ IN FAMILY ~~MALE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
BiKooklis, Stelios,	May 15, 1879	Married		Greece	No	Jan. 23,25	1/23/25

Ettore Bisetti 525-03-8514

NAME Ed. Bisetti OCCUPATION Miner Born Aug. 6, 1884

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? Ital. Eng. WRITE? Ital. Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

Naturalized 6-25-1927

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM	TO
FOR	FROM Oct. 16, 1924	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Arthur	Boy		13 years	Van Houten, N. M.
Tony	"		12 "	" " " "
Frank	"		10 "	" " " "
~~Carlo~~ Deceased Aug. 1930	"		8 "	" " " "
Mary Jane Eddich	Girl		4 "	" " " "

IN VH	DATE 10/16/24	CHECK 62	
OUT DATE 9-30-40		CHECK	
CAUSE Mine Closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 87 FULL NAME Bistentin Bisetti ADDRESS Italy

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Five in Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rosie Bisetti, Raton, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on May 1, 1928.
Wife 1500 on Oct. 16, 1929.
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Ed. Bisetti
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~WIDOWER~~ SINGLE ~~WIDOW~~	REFERENCES IN FAMILY ~~MOTHER~~ ~~SISTER~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bisetti, Ed.	Aug. 6, 1884	Married		Italy	yes	Oct. 16, 24	10/16/24

NAME Louis Bilotti OCCUPATION Mason

DATE OF BIRTH Jan 3, 1887 SOCIAL SECURITY NO. 523-14-6512

WHERE BORN? Italy. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	In business for	FROM	TO
FOR	myself	FROM 8 Mo	TO
FOR	Concentration Camp	FROM 2 Mo	TO
FOR	La Junta	FROM 3 Mo	TO
FOR	For myself in Trinidad	FROM 6 Yrs	TO
FOR	C.F.&.I Mines	FROM 20 Years	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 1016 State, Trinidad, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosie	Girl		28	Trinidad
Mary	"		23	"
Joe	Boy	July 2, 1927	16	"

IN B2	DATE 11/17/43	CHECK
OUT DATE 2/18/44		CHECK 117
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Americo & Nataldi, South America Sam in Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 11/15/43

SIGNED IN PRESENCE OF Geo L Kimball

Louis Bilotti

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bilotti, Louis	Jan. 3, 1887	Married	Italy	Yes	Nov. 17, 1943	Nov. 15, 1943

NAME Victor Bisetti OCCUPATION Miner Born June 18,1886

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital,Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon. Dawson, N.M.	FROM September 1927		October 1928
FOR This Co. Van Houten &	FROM	TO	
FOR Swastika,	FROM May 1921	TO	September 1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Giuditta Bisetti HER AGE 41

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Boca,Novaro,Ital

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julia	Girl		21	with my wife
Mary	"		18	"
Lena	"		14	"
Vittorio	"	1911		

IN VH	DATE 11-5-28	CHECK 90
OUT DATE 7-22-32		CHECK
CAUSE Undesirable		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe & Enrico,SanFrancisco, Cal. Cezare in Boca,Novaro,Ital

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Angolina and Julietta at Boca Ital.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on may 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
My Wife in Boca,Novaro,Ital.

INTERPRETED BY

DATE 11-5-1928

SIGNED IN PRESENCE OF

B A Bernard

Victor Bisetti
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWER DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bisetti, Victor,	June 18, 1886	Married	XXXXX	Italy	No	Nov. 5, 1928	11/5/28

NAME Victor Bisetti OCCUPATION Miner

WHERE BORN? Italy U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? It.& Eng. READ? No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.& P.Co. Sw.	FROM July 4,1924	TO Sept.3,1927	
FOR Do. V.H.	FROM 1912	TO 1924	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Judita Bisetti HER AGE 40 Yrs.

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS Boca,Novara,Italy

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julia Bisetti	girl	1907	20 Yrs.	Boca,Novara, It.
Mary "	"	1911	16 "	Van Houten,N.M.
Lena "	"	1914	13 "	Boca,Navara,It.

IN G.	DATE 9/3,1927	CHECK 42
OUT DATE did not start		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Bisetti, Sanfrancisco,Cal. 349 Valley St.
Henry " " " " " " " "
Cesare " Boca,Navaria,It.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Angela Erbetta, " " "
" Julia Mora, Geneve,Suez,France

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Judita Bisetti,Boca, Navaria, Italy.

INTERPRETED BY

DATE Sept.3,1927

SIGNED IN PRESENCE OF

A.W.Allbert,

Victor Bisetti
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Bisetti, Victor	41	M	2	Italy	No	9/3/1927

NAME Emmett Black OCCUPATION loader Born Aug. 4,1905

WHERE BORN? Okla. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Link-Belt Co at Chicago,Ill FROM Aug. 1927 TO Sept. 1930

FOR Wise Buchanan Coal Co FROM TO July, 1927

FOR Henrietta, Okla. FROM 6 yrs. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~married~~ sihgle

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH.	DATE 9-10-30	CHECK 317	
OUT DATE 8-30-1931		CHECK	
CAUSE Own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 57 FULL NAME William Black ADDRESS Box-355 Henrietta, Ok.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 50.00 per mo.

IS YOUR MOTHER LIVING? yes AGE 47 FULL NAME Tennie Black ADDRESS Henrietta

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Robt. and Chas in Henrietta, Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary and Leona in Henrietta, Okla.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Mar. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father

INTERPRETED BY

DATE 9-10-30

SIGNED IN PRESENCE OF

R.P.Woods

Emmett Black
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	~~MARRIED~~ SINGLE WIDOW DIV.	~~DEPENDENTS~~ IN FAMILY INCLUDE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Black, Emmett.	Aug. 4. 1905	Single		Oklahoma	Yes	9-10-1930	9-10-30

NAME Arthur Blakley OCCUPATION Miner Born Aug.12,1898

WHERE BORN? Arkansas U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming at Delight,Ark	FROM September 22	TO	January 1927
FOR This Co. Van Houten,N.M.	FROM January 27	TO	May 1927
FOR J.T.Thorp & Sons	FROM	TO	
FOR Long Beach Cal.	FROM May 1927	TO	September 1927
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single Married Dec. 1928.

GIVE FULL NAME OF WIFE Ardice Bernard Blakley. HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ruth Ann	Girl	Oct. 7, 1932		

IN VH	DATE 9-8-27	CHECK 219	
OUT DATE 3-1-34		CHECK	
CAUSE back to Arkansas farm			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Thos I Blakley ADDRESS Delight Ark

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Oscar at Hollywood,Ark Luther at Van Houten,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Lillie Hill Ravia Okla.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE 9-8-27

SIGNED IN PRESENCE OF C.A. Bernard.

Arthur Blakley
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWER~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~INCLUDED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Blakley, Arthur	Aug. 12, 1898		Married		Arkansas	Yes	Sept. 8,27	9/8/1927

NAME Luther Blakley OCCUPATION Miner Born Jan.17,1904
WHERE BORN? Arkansas U. S. CITIZEN? Yes FORM 1078?
WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR U.S.Army	FROM September 22	TO August 1926	
FOR This Co Van Houten,N.M.	FROM August 26	TO May 1927	
FOR J.T.Thorp & Sons	FROM	TO	
FOR Long Beach Cal.	FROM May 1927	TO August 1927	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married
GIVE FULL NAME OF WIFE Hazel HER AGE
IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rena Demeris	Female	June 21, 1929		

IN VH	DATE 9-8-27	CHECK 216	
OUT DATE 5-15-31		CHECK	
CAUSE Quon accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Thos I Blakley ADDRESS Delight Ark
WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.
IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Oscar at Hollywood Ark Arthur at Van Houten,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Lillie Hill

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1,1928
GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on
Thos.I.Blakley Delight,Ark. 1500 on
2000 on

INTERPRETED BY
DATE 9-8-27
SIGNED IN PRESENCE OF C.A.Bernard

Luther Blakley
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Blakley, Luther	Jan. 17, 1904	Married		Arkansas	Yes	Sept.8,27	9/8/1927

NAME John Blazovich OCCUPATION Miner Born Jan. 4, 1876

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Aus. & Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO
FOR	FROM 1911	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 1911	CHECK
OUT DATE 11-22-1935		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

Has birth certificate showing born 1866 app 26 A-2 cert A-1 last day actually worked Nov. 22, 1935

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME John Blazovich ADDRESS Bozetti, Austria.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 69 FULL NAME Mary Blazovich ADDRESS Bozetti, Austria.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Sylvester Blazovich, Starkville, Colorado.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna and Mary, Bozetti, Austria.

In Mines Hospital 1939.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Brother, Sylvester Blazovich, Starkville, Colo.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

Cancelled Aug 1937

Cancelled Aug 1937

INTERPRETED BY

DATE December 28, 1918

SIGNED IN PRESENCE OF

A. L. Brockman

John Blazovich
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Blazovich, John,	Jan. 4, 1876	Single		Austria	No	1911	Dec.30,1918

NAME Marcelino Blea OCCUPATION Loader

DATE OF BIRTH Jun 2nd,1910 SOCIAL SECURITY NO. 525-10-2880

WHERE BORN? Mosquero, N.M. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Alamo Mine -Walsenburg	FROM	Oct,1945	TO June ,1946
FOR		FROM		TO
FOR	Koehler Mine	FROM	1943	TO Sept,1945
FOR	Ranch	FROM	1941	TO 1943
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Flora R. Blea HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Koehler, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Domitilio	M	1935	10	Koehler
Jose M.	M	1938	8	
Maurice	F	1940	6	
Dominga	F	1942	4	

IN	K	DATE 7-10-46	CHECK 60
OUT DATE	JULY 30, 1953		CHECK
CAUSE	REDUCTION OF FORCE		
IN	K	DATE 8-24-53	CHECK 128
OUT DATE	10-30-53		CHECK
CAUSE	Reduction of force		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Augustine Blea ADDRESS Mosquero, N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None.

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Juanita Blea ADDRESS Mosquero, N.M.

WHO SUPPORTS HER? Husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS George Blea, Koehler, N.M. Alfred Blea, Ft.Garland, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Josephine Lucero, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife. Koehler

$500 GROUP INSURANCE Feb. 1947

INTERPRETED BY

DATE July 10th,1946

SIGNED IN PRESENCE OF

Marcelino Blea

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Blea, Marcelino	June 2, 1910	Married	New Mexico	Yes	July 10, 1946	July 10, 1946

NAME Marcelino Blea OCCUPATION Miner

DATE OF BIRTH June 2, 1910 SOCIAL SECURITY NO. 525 - 10 - 2880

WHERE BORN? Mosquero, N.M. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gordon Contractor, Pueblo, Colo. FROM 6 Mo. TO 1941

FOR Worke with my father on stone mason work at Mosquero, N.M. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Flora R. Blea HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Domitilio	Male		8	Koehler, N.M.
Jose	"		6	"
Maurice	Female		4	"
Dominga	Male		6 Mo.	"

IN K	DATE 11,20,43	CHECK 173
OUT DATE 9/17/45		CHECK
CAUSE own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Augustine Blea ADDRESS Mosquero, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Junita Blea ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Steve & Eloy Blea, Mosquero, N.M. Alfred P. Blea, U. S. Army Frank Blea, Denver, Colo. Geo Blea, Koehler, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rosa Blea, Mosquero, N.M. Josephine Lucero, Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Registered Mosquero, N.M. Class, 1-A Order # 444

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500 GROUP INSURANCE June, 1944

INTERPRETED BY

DATE Nov. 19, 1943

SIGNED IN PRESENCE OF A. L. Atchison

Marcelino Blea
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Blea, Marcelino	June 2, 1910	Married	New Mexico	Yes	Nov. 20, 1943	Nov. 19, 1943

NAME Donald A. Bloom OCCUPATION Rockman and shotfirer Born Dec. 20, 1888

WHERE BORN? Michigan U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&.P.Co., Sugarite	FROM 1920	TO Present	
FOR See old Record 6192	FROM dated Dec	TO 20th, 1920	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Juanita HER AGE 35 yr.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alice	Female	18/5/16		Sugarite
Betty	"	11/25/19		"
Stanly	Male	5/1/23		"
Jessie	Female	6/6/25		

IN Sug	DATE 12/20/20	CHECK ~~461~~ 408
OUT DATE 11-8-28		CHECK 408
CAUSE Deceased		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Mrs. J. Rider ADDRESS Vicksburg, Mich

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank A. Bloom, Middleville, Mich. Chas Bloom, Blooms Landing, Mich. Earl Bloom, Detroit, Mich. Geo Bloom, Vicksburg, Mich. Ned and Edward Bloom, Vicksburgh, Mich. John Bloom. Md.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Erma Hutchinson, Stillwater, Okla.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Juanita Bloom, Sugarite

May 1, 1928.

INTERPRETED BY

DATE Sugarite Aug 13th, 1927.

SIGNED IN PRESENCE OF Old record dated Dec 20th, 1920.

Donald A. Bloom
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bloom, Donald A.	Dec. 20, 1888	Married		Michigan	Yes	Dec. 20, 20	8/13/27

363

NAME Ivan Bizyak OCCUPATION

DATE OF BIRTH Sept 14, 1894 SOCIAL SECURITY NO. 525-03-3093

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav Eng Ital READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson FROM 27 years TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE Born 1906 44

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Koehler

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John Frankie	Boy	July 6, 1946	4	With mother

IN K.	DATE 6/20/50	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN K	DATE 9-26-53	CHECK
OUT DATE 9-26-53		CHECK
CAUSE Union Comm. - Seniority		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, Pete, Tony, Andy, Leopoldo, Mario, Louie, Istria, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Yes

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Wife

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

$500 GROUP INSURANCE Jan. 1951

INTERPRETED BY

DATE 6/19/50

SIGNED IN PRESENCE OF Geo L Kimball

Ivan Bizyak

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bizyak, Ivan	Sept. 14, 1894	Married	Austria	Yes	June 20, 1950	June 19, 1950

NAME Wm. Byron Boan OCCUPATION Electrician

DATE OF BIRTH May 5, 1902 SOCIAL SECURITY NO.

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR County Hwy Dept., Colfax Co FROM 1 year TO now

FOR State Highway Dept, N.Mex. FROM 4 years TO before that

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ruth Alice Boan HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Byron Henry	Male	Jan.15, 1929	13	Raton, N.Mex.
Wm. Joseph	Male	Nov.14, 1930	11	Raton, N.Mex.
Mary Francis	Daughter	Dec.12, 1939	2	

IN G DATE 7-16-42 CHECK

OUT DATE 7-31-53 CHECK

CAUSE Reduction of force

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? Yes AGE 73 FULL NAME Henry Boan ADDRESS Raton, N.Mex.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 71 FULL NAME Mary Susan Boan ADDRESS Raton, N.Mex.

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Cletis Boan, Fort Collins, Colo.
Lloyd Boan, Raton, N.Mex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ruth Walker, Raton, N.Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE Feb 1943

INTERPRETED BY

DATE July 8, 1942

SIGNED IN PRESENCE OF Elbert Sloat

Byron Boan
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Boan, Wm. Byron	May 5, 1902	Married	New Mexico	Yes	July 16, 1942	July 8, 1942

NAME Geo Boday OCCUPATION Loader

DATE OF BIRTH Jun 30-1886 SOCIAL SECURITY NO. 524-03-7280

WHERE BORN? Hungary U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Hung Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Monarc Fuel Co	FROM 2½ Yrs	TO	
FOR W.P.A. Colo	FROM 2 Yrs	TO	
FOR Rugby "	FROM 9 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth HER AGE 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Cokedale, Colo

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Katherine	Female	21	21	Muskogee, Okla
Johnnie	Male	Set 20 1925	16	Cokedale Colo
George	"	Oct 1928	13	"
Alex	"	May 1929	12	"

445

IN B2	DATE 3/4/42	CHECK —
OUT DATE 3/14/42		CHECK
CAUSE Could not run machine		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 3/3/42

SIGNED IN PRESENCE OF

G.L.Kimball.

Geo Boday

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME GEO BOKARIS OCCUPATION Miner Born 9-9-1892

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Greek-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel Co,	FROM April 1912	TO Nov,1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 11/22/29	CHECK 13
OUT DATE 4-1-34		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME John Bokaris, ADDRESS Avas,Gree

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Goe Bokaris ADDRESS Avas.Greece

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Angelo and Thos Bokaris, Aves, Greece

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Two sister.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? None

Group Insurance $500 on May 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father and mother, in Greece

INTERPRETED BY

DATE Nov 22nd,1929

SIGNED IN PRESENCE OF

A.L.Brockman

G Bokaris
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bokaris, George,	Sept. 9, 1892	Single		Greece	Yes	11-22-1929	11-22-29

NAME Chris.Bokovich OCCUPATION Miner Born June 24,1881

WHERE BORN? Montenegro U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Servia READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch	FROM	April 1928	TO Sept.1929
FOR	St.L.R.M.& P.Co.,V.H.	FROM	1906	TO April 1928
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elenka Bokovich HER AGE 45 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

Refused employment because of physical condition

IN G.	DATE 9/12,~~1926~~ 1929	CHECK 3
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Elenka Bokovich, Gardiner, N.M.

INTERPRETED BY

DATE Sept.12,1929

SIGNED IN PRESENCE OF

A.W.Allbert,

Cris Bogovich

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

June 24,1888

NAME Angelo Boldi OCCUPATION Digger Born ~~1887~~

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital--ng READ? No-Yes WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel-Dawson FROM 1921 TO Sept,1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite 9/26/27	DATE	CHECK
OUT DATE 11-2-32		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No: AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Desario Boldi, So San Francisco, Calf. Domenic Boldi, San Francisco, Calf. Guiseppi and Louis Boldi, McCloud. Calf.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pauline and Beatrice Boldi, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Brothers at McCloud, Calf.

1000 on
1500 on
2000 on

INTERPRETED BY

DATE Sugarite Sept 26th,1927

SIGNED IN PRESENCE OF

A.L.Brockman

Angelo his X Boldi
mark
SIGNATURE OF APPLICANT

Did not take any ins

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDANTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Boldi, Angelo	June 24, 1888	Single		Italy	No	Sept.26,27	9/26/1927

NAME Domenic Boldini OCCUPATION Digger

WHERE BORN? Italy U. S. CITIZEN? "O FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital-ng READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Claud Vit.Ranch	FROM 1924	TO	May,1927
FOR	St.L.R.M.&.P. o. Sugarite	FROM	TO	
FOR	and Van Houten	FROM 1920	TO	1924
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite	DATE 5/27/27	CHECK 204
OUT DATE 5-1-28		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 68 FULL NAME Catalina Boldini ADDRESS Bresna, Italy

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Catalina, Katia, Martini and Lizzie Boldini, Bresna, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother and sisters and Claudio Vit, Sugarite. Mother and sisters in Italy.

INTERPRETED BY

DATE Sugarite May 27th,1927

SIGNED IN PRESENCE OF

G. T. Brockman

Dom Boldini

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Boldini, Dom	37	S	1	Italy	No	5/27/27

NAME Donenic Boldini OCCUPATION Miner

DATE OF BIRTH 6/18/90 SOCIAL SECURITY NO. 523-09-3337

WHERE BORN Savoire Italy U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Ital.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Bon Carbo	FROM	6/1940	TO 6/1942
FOR	Sopris Mine	FROM	1933	TO 1940
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

VH IN 6/25/42	DATE	CHECK ~~126~~
OUT DATE 4-7-47		CHECK 25
CAUSE Voluntary; quit without good cause.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary Boldini, Kate Sola, Lena Boldini, Martha Basse, Savoire, Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Sisters in Italy

$500.00 GROUP INSURANCE August, 1943

INTERPRETED BY

DATE 6/24/42

SIGNED IN PRESENCE OF

Domenic Boldini

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Boldini, Domenic	June 18, 1890	Single	Italy	No	J ne 25, 1942	June 24, 1942

NAME Domenic Boldini OCCUPATION Inside Mine

DATE OF BIRTH June 18, 1890 SOCIAL SECURITY NO. 523-09-3337

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital- Eng. READ? Yes WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Van Houten Mine FROM 5 Yrs TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN B2	DATE 2/3/48	CHECK 49
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No Brothers

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Madelena, Katie, Martha, Elizabeth, all Provincia Brezia, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Mary Rovedo, 336 S. First St., Raton, N.M.

$500 GROUP INSURANCE Sept. 1948

INTERPRETED BY

DATE 2/2/48

SIGNED IN PRESENCE OF Pete Bove

Domenic Boldini
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Boldini, Domenic	June 18, 1890	Single	Italy	No	Feb. 3, 1948	Feb. 2, 1948

NAME Al Boles OCCUPATION Digger Born Nov.20,1879

WHERE BORN? Ohio U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.17,1923	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sarah Boles HER AGE 41

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 11/17/23	CHECK 218
OUT DATE 9-6-1930		CHECK 284
CAUSE To Swastika		
IN Swas.	DATE 9-8-1930	CHECK
OUT DATE 9-30-31		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Boles, Crooksville, Ohio.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: May Martin, Glouchester, Ohio, Laura Boles, Crooksville,Ohio, Rose Caragin, Burgeston, Pa., Dora Robinson, Corning, Ohio.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Al Boles
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Boles, Al	Nov. 20, 1879	Married		Ohio	Yes	11-17-1923	11/17/23

NAME Frank Bolgiani OCCUPATION Mason Born April, 1881
WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes
WHAT LANGUAGES DO YOU SPEAK? Ita. & Eng. Fair READ? Italian WRITE? Italian
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO
FOR FROM TO
FOR FROM Oct. 8,1924 TO
FOR FROM TO
FOR FROM TO
FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married
GIVE FULL NAME OF WIFE Clara HER AGE 32
IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. M.
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 10/8/24	CHECK 447	
OUT DATE 8-15-37		CHECK 187	
CAUSE Tr. to Koehler			
IN Koehler	DATE 8-15-37	CHECK	
OUT DATE 6-23-39.		CHECK	
CAUSE operations discontinued			
IN Sw	DATE 6/24/39	CHECK	
OUT DATE 10-15-40		CHECK	
CAUSE Reduction in force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Bolto Bolgiani ADDRESS Menaggio, Como, Italy.
WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $15.00 per mo.
IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Celiste, with Father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Madelina, with Father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on May 1, 1928.
Wife 1500 on Oct. 8, 1929.
2000 on

INTERPRETED BY
DATE October 8, 1924
SIGNED IN PRESENCE OF
Geo. L. Kimball

Frank Bolgiani
SIGNATURE OF APPLICANT
Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~NO. CHILDREN~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bolgiani, Frank,	April, 1881	Married		Italy	No	Oct. 8,1924	10/8/24

NAME Frank Bolgiani OCCUPATION Stone mason 7613

DATE OF BIRTH Jan. 6, 1880 SOCIAL SECURITY NO. 525 - 03 - 7613

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Ital. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Brilliant #2 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

53

IN SL	DATE 6-17-42	CHECK H
OUT DATE 7/28/44		CHECK
CAUSE Deceased		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE July, 11, 1942

SIGNED IN PRESENCE OF

A. H. Atkins

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Richard Joseph Bonahoom OCCUPATION

DATE OF BIRTH Oct.20,1904 SOCIAL SECURITY NO. 525-24-1659

WHERE BORN? Springfield,Ill. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English,Spanish Syrian READ? Eng.Span WRITE? English,Spanish

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	City of Raton,Chief Police	FROM Apr.20,1940	TO	Apr.20,1942
FOR	AT&SFRy, Raton	FROM May 1,39	TO	Apr.19,1940
FOR	Various jobs	FROM Apr. 1938	TO	Apr.30,1939
FOR	Raton,City, night marshall	FROM 3½ years	TO	April, 1938
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Emily Adele Bonahoom HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS with me

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Diana Rose	Girl	Nov.18,1939	2½	With parents

IN Gard	DATE 5/1/42	CHECK	
OUT DATE 5/2/42		CHECK	
CAUSE Work too strenuous			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 67 FULL NAME Charles Hikel Bonahoom ADDRESS 127 Martinez St. Raton,N.M.

WHO SUPPORTS HIM? ~~Mx~~ I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

My father, only

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My wife

GROUP INSURANCE

TERPRETED BY

TE April 29, 1942

GNED IN PRESENCE OF

Richard J. Bonahoom
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bonahoom, Richard J.	Oct.20,1904	Married	Illinois	Yes	May 1, 1942	Apr.29,1942

NAME Steve Bond OCCUPATION Born Apr 30, 1882

WHERE BORN? Missouri U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Cassell 6 Mo	FROM	TO
FOR	Swwets Mine Utah 5 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Louise HER AGE 51

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Glenn	Boy		28	Denver, Colo.
Imogene	Girl		23	Durango "

IN SW	DATE 10/1/35	CHECK	4/N
OUT DATE 1-31-38		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 78 FULL NAME Katherine Bond ADDRESS Bismark Mo.

WHO SUPPORTS HER? She does HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Ed, Ironton, Mo., Fred, Potosi, Mo. Arthur, Bismark, Mo. Chas, " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Minnie Rudick, St Louis, Florence Thompson, Belleview, Mo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

Group Insurance $500 on
1000 on april 1936
1500 on
2000 on

INTERPRETED BY

DATE 10/10/35

SIGNED IN PRESENCE OF G.L.Kimball.

Steve Bond
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bond, Steve	Apr.30,1882	Married		Missouri	Yes	Oct.1,1935	Oct.10,1935

NAME Romain Bonmelaer OCCUPATION miner Born Dec.6,1909

WHERE BORN? Ill U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Seaberg Hotel	FROM Oct. 1928	TO Jan. 1929	
FOR San Bernadino Cal. Const.	FROM Sept. 1927	TO Sept. 1928	
FOR Dawson	FROM Mar. 1927	TO Aug. 1927	
FOR school	FROM	TO Feb. 1927	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

201

IN SW	DATE 1-22-29	CHECK ~~223~~
OUT DATE 4-1-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 48 FULL NAME Alex ADDRESS Raton, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 35.00 per month.

IS YOUR MOTHER LIVING? yes AGE 37 FULL NAME Germine ADDRESS Raton , N.M.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Henry in Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary and Lucille both in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 1-22-29

SIGNED IN PRESENCE OF

R.P.Woods

Romain Bonmelaer
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bonmelaer, Romain,	Dec. 6, 1909	Single		Illinois	Yes	Jan. 22, 29	1/22/29

NAME Tony Bonome OCCUPATION Miner Born 1887 June 22

WHERE BORN? Spain U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Spain	9 Mo	FROM	TO
FOR Gallup	6 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Yes

GIVE FULL NAME OF WIFE Dploris HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Swastika

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Aurora	Girl		12	Swastika
Carmen	"		10	"
Tony	Boy	Sept 5 1920	8	
Ampara	Girl		6	"

IN Sw	DATE 6/29/29	CHECK 49
OUT DATE Jan. 17, 1936		CHECK
CAUSE Natural Death		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? ~~Yes~~ No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Manuel Spain

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Juana, Spain

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

Did not take Ins.

INTERPRETED BY

DATE June 29, 1929.

SIGNED IN PRESENCE OF

G.L.Kimball.

Tony Bonome
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bonome, Tony	June 22, 1887		Married		Spain	No	6/29/29	6/29/29

NAME Domenick Bonomelli OCCUPATION Miner Born Aug. 15, 1895

WHERE BORN? Italy U. S. CITIZEN? Italy FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. & Ita. READ? Eng.&Ita WRITE? Eng. & Ita.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM TO

FOR FROM Oct. 1, 1914 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	VH	DATE 10/1/14	CHECK 364
OUT DATE	2-10-1931		CHECK
CAUSE	Own Accord		
IN	VH	DATE 7-10-31	CHECK
OUT DATE	12-31-38		CHECK
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jimmie, Tony, Ernie, Bert, Van Houten, New Mexico. Batista, lives in Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Wm. Plunkett, Van Houten, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Brothers and Sisters

Group Insurance $500 on
1000 on Dec, 1934
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Domenick Bonomelli
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ ~~WIDOWED~~ SINGLE	~~NUMBER~~ ~~IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bonomelli, Domenick,	Aug. 15, 1895	Single		Italy	No	7-10-1931	12/31/25

Naturalized Dec. 192[illegible]

NAME James Bonomelli OCCUPATION Miner Born Oct.15,1907
WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? Yes
WHAT LANGUAGES DO YOU SPEAK? Ita. & Eng. READ? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO
FOR uous service of this Co. FROM TO
FOR FROM Dec. 8, 1923 TO
FOR FROM TO
FOR FROM TO
FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single
GIVE FULL NAME OF WIFE HER AGE
IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12/8/23	CHECK 222
OUT DATE 9-30-40		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? Yes AGE 38 FULL NAME Mary ADDRESS Van Houten, N.M.
WHO SUPPORTS HER? My Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Yes
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Domenic, Sugarite, Tommie, Tony and Bert Bonomelli, Van Houten, New Mexico.
GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maggie Plunkett, Van Houten, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

INTERPRETED BY
DATE
SIGNED IN PRESENCE OF
A. L. Brockman

James Bonomelli
SIGNATURE OF APPLICANT
Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~WWWW~~	~~XXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bonomelli, James	Oct. 15, 1907	Single		Italy	Yes	Dec.8,1923	2/12/24

NAME James Bonomelli OCCUPATION Miner

DATE OF BIRTH Oct.15,1907 SOCIAL SECURITY NO. 525-03-8517

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working here when this mine closed, FROM TO

FOR has not worked since that time. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-30-41	CHECK 106
OUT DATE 5-27-49		CHECK
CAUSE Mine closed; trans. to K		
IN K	DATE 5-28-49	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN K	DATE 9-28-53	CHECK
OUT DATE 10-30-53		CHECK
CAUSE Reduction of force.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Bert Bonomelli, Raton, N.M. Tony Bonomelli, Raton, N.M. Reno Bonomelli, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Wm Plunkett, Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. William Plunkett, Raton, N.M.

GROUP INSURANCE Don't want

INTERPRETED BY

DATE Dec. 27, 1941

SIGNED IN PRESENCE OF

A. L. Atchison

James Bonomelli

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bonomelli, James	Oct. 15, 1907	Single	Italy	Yes	Dec. 30,1941	Dec.27,1941

NAME Tony Bonomelli OCCUPATION Miner Bone Picker Born Aug. 25, 1910

WHERE BORN? Van Houten, N.M. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Never worked before FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V.H.	DATE 6-10-27	CHECK 448
OUT DATE 9-30-40		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 44 FULL NAME Mary Maffei. ADDRESS Van Houten, N.M.

WHO SUPPORTS HER? My step father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Domenick, Jas, Reno and Burt all at Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Maggie Plunkett, Van Houten, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mrs Mary Maffei, Van Houten, N.M. 1500 on

2000 on

INTERPRETED BY

DATE 6-10-1927

SIGNED IN PRESENCE OF C.A. Bernard.

Tony Bonomelli

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	~~MARRIED SINGLE WIDOW WIDOWER~~	~~DEPENDENTS IN FAMILY NO. CHILD~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bonomelli, Tony	Aug. 25, 1910	Single		New Mexico	Yes	June 10, 27	6-10/27

NAME DOMENICK BORGA OCCUPATION Bone picker Born 11-17-1910

WHERE BORN? Cokedale, Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Student Sugarite and Raton High Schools FROM TO

FOR FROM TO

FOR Lived Sugarite since 1918. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite	DATE 8/10/31	CHECK 418
OUT DATE 10-18-40		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME Ricardo Borga ADDRESS Sugarite

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Kathrine Borga ADDRESS Sugarite

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Richard Borga. Sugarite

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary and Anna Borga, Sugarite

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father Ricardo Borga, Sugarite, N.M.

$500- Feb. 1932

INTERPRETED BY

DATE Sugarite Aug 11th, 1931.

SIGNED IN PRESENCE OF

A.L.Brockman

Domenick Borga

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN		DATE THIS RECORD
Borga, Domenick,	Nov. 17, 1910	Single		Colorado	Yes	8-10-1931	8-10-1931

NAME Emanuel Borga OCCUPATION Digger Citizen December 1931 Born May 31, 1881

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ita. & Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM Feb. 14,1925 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Fermates Borga HER AGE 40

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Turino, Serno, Italy

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Celeste	Female		13 years	
Anna	"		12 "	
Carlo	Male		8 "	
Albert	"		6	

IN S	DATE 2/14/25	CHECK
OUT DATE 3-1-34		CHECK
CAUSE back to old country		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Ricardo Borga, Sugarite, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Domenica, Cerilo, Olsa Borga, Turino, Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928.
1500 on Feb. 14, 1930
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother, in Sugarite

INTERPRETED BY

DATE Feb. 14, 1925

SIGNED IN PRESENCE OF

A. L. Brockman

Emanuel Borga
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Borga, Emanuel,	May 31, 1881	Married		Italy	Yes	Feb.14,1925	2/14/25

NAME Ricardo Borga OCCUPATION Miner Born Feb, 6, 1884

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM May 17,1918 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie Borga Catarina Naturalized 1938 HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Domenic	Male	Apr. 10,1911		
Irene	Female	May 15,1912		
Mary	"	June 2,1913		

IN S	DATE 5/17/18	CHECK	
OUT DATE 4-23-40		CHECK	
CAUSE Reduction of force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jesecia, Luciano, Domenic Borga, Tyrol, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife, Katie Borga, Sugarite, N. Mex.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE May 17, 1918

SIGNED IN PRESENCE OF

A. L. Brockman

Ricardo Borga

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Borga, Ricardo,	Feb. 6, 1884	Married		Austria	Yes	May 17,1918	5/17/18

Mar.8,1888

NAME Joe Borsellino OCCUPATION miner Born 1889

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078? yes Declarent

WHAT LANGUAGES DO YOU SPEAK? Some Eng. Itaab. yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Western Coal Mine Co.	FROM		TO
FOR	Armour, Ks.	FROM	Mar. 1926	TO April. 1928
FOR	Jackson Coal Co.	FROM		TO Feb. 1826
FOR	Frontenac, Ks.	FROM	8 yrs.	TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Josie HER AGE 34

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lucy	girl		14	Ra on, ".M.
Frank	boy		12	"

IN SW	DATE 4-30-28	CHECK 103	
OUT DATE never started		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 75 FULL NAME Frank ADDRESS Gurgono, Gugente, Italy.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 75 FULL NAME Lucy ADDRESS "

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? very little

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony in Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Consera- Francis in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Oct 31, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 4-30-28

SIGNED IN PRESENCE OF R.P.Woods

Joe Borsellino
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Borsellino, Joe	Mar. 8, 1888	Married		Italy	No	Apr. 30, 28	4/30/28

NAME Severiano Botello OCCUPATION Miner Born Jan.18,1909

WHERE BORN? Mexico U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Spanish READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.& I.Co.,Picteau,Colo. FROM Sept.23,1929 TO Oct.17,1929

FOR Phelps-Dodge C.,Dawson, N.M. FROM 1924 TO Sept.1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 10/18,1929	CHECK 28	
OUT DATE Never Started		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 38 Yrs. FULL NAME Paubla S.Martinez ADDRESS Dawson, N.M.

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pedro,Timosio, &Rosilio Botello, " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Carmin and Petra Botello, " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Paubla S.Martinez, Dawson, N.M.

INTERPRETED BY

DATE Oct.18,1929

SIGNED IN PRESENCE OF

A.W.Allbert.

Severiano Botello
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Botello, Severiano,	Jan. 18, 1909	Single		Mexico	No	10-18-1929	10-18-29

173

NAME Henry Botts OCCUPATION miner Born Feb.10,1894

WHERE BORN? Ark. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR M.A.LOng Const.Co. K.C.Mo. FROM Aug. 1929 TO Nov. 1929

FOR Pierce Coal Co. Manning, Okla. FROM Nov. 1928 TO July, 1929

FOR Powell Const.Co.K.C.Mo. FROM Sept. 1925 TO Oct. 1928

FOR Swastika in 1924 FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~single widower~~ divorced

GIVE FULL NAME OF WIFE Mary Barnes HER AGE

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Hartshorne, Okla

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lucille	girl		12	~~Hartshorne~~, Okla
Lorine	"		10	Hartshorne
Ruby	"		7	"
Dorothy	"		5	"

IN SW	DATE 12-9-29	CHECK
OUT DATE 8-25-30		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 68 FULL NAME Tom Botts ADDRESS Onedia, Tenn.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 62 FULL NAME Thursey Botts ADDRESS

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: J.S.Botts - Okla - Lester in Decatur, Ill- Robert in Decatur, Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Fanny Botts in Oneida, Tenn. Gertrude in Wilberton, Okla.- Viney Rodrick in Adamson, Okla.-Odella Bird in Oneida,Tenn

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none- do not support children.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 12-9-29

SIGNED IN PRESENCE OF

R.P.Woods

Henry Botts
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Botts, Henry,	Feb. 10, 1894		Divorced		Arkansas	Yes	12-9-1929	12-9-29

NAME Tony Bove OCCUPATION Miner Born June 12, 1901

WHERE BORN? Italy U. S. CITIZEN? ~~No~~ Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ita. & Eng. Fair READ? Ital. WRITE? Italian

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO
FOR	FROM	TO
FOR	FROM Feb.2,1920	TO naturalized Sept 5, 1925
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eva Gasparich Bove HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Oct 1932 Has one child + 2 step children (1 of these deceased)				
Frank Domenik	Boy	Apr 25, 1934 (Birth certificate)		

IN SW	DATE 2/2/20	CHECK 117
OUT DATE 10-2-40		CHECK
CAUSE Reduction in force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Dominic Bove ADDRESS Arpino, Caserta, Italy.

WHO SUPPORTS HIM? His Sons HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $20.00 per mo.

IS YOUR MOTHER LIVING? Yes AGE 58 FULL NAME Filmena Bove ADDRESS

WHO SUPPORTS HER? Her Sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Palmino, ~~Xxxxxx Xxpinx~~ Swastika, Frank and John, with Father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Rosa, Papina, with Father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball

Tony Bove
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NUMBER~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bove, Tony	June 12, 1901	Married		Italy	Yes	Feb.2,1920	8/21/23

NAME Carrol Bowen OCCUPATION Miner Born April 11, 1907

WHERE BORN? South Dakota U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Colby Kas	Mine	3 Mo	FROM	TO
FOR Denver		5 Yr	FROM	TO
FOR			FROM	TO
FOR			FROM	TO
FOR			FROM	TO
FOR			FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Zidel Lucy HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Betty	Girl		7 Mo	Raton

IN Sw	DATE 1/18/30	CHECK 177
OUT DATE		CHECK
CAUSE Carring matches		
IN into the mine		CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Mrs Florence Bowen ADDRESS Rapid City, S. D.

WHO SUPPORTS HER? She Does HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Willie & Walter with mother None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Alice Frank, York, PA.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 1/18/30

SIGNED IN PRESENCE OF

G.L.Kimball.

Carrol Bowen
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.?	DEPENDENTS IN FAMILY INC. SELF?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bowen, Carrol,	April 11, 1907	Married		South Dakota	Yes	1-18-1930	1-18-30

NAME Roy L.Bower OCCUPATION Miner Born July 28,1910

WHERE BORN? Berwin,Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farrel Mine	FROM	1926	TO 1928
FOR	in school	FROM	1923	TO 1926
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	G.	DATE 10/18,'28	CHECK 28
OUT DATE	never went to work		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 42 FULL NAME W.G.Bower ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 38 FULL NAME Mrs.Myrtle Bower, ADDRESS " " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Helen Edmonds, Raton, N.M. Irene Edmunds,Raton, N.M.
Thelma " " " "
Elsie " " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

W.G.Bower,117 Maxwell Ave.,Raton, N.M.

INTERPRETED BY

DATE Oct.18,1928

SIGNED IN PRESENCE OF

A.W.Allbert,

Roy L Bower
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bower, Roy L.	July 28, 1910	Single		Colorado	Yes	Oct. 18, 28	10/18/28

NAME John Bozich OCCUPATION miner Born Oct. 15, 1891

WHERE BORN? Aust. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Morley	FROM since 1914	TO Aug. 1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Stanka HER AGE 34

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	girl		11	
John	boy		9	
Alvino	girl		2	

IN SW	DATE 8-29-29	CHECK 68
OUT DATE 9-10-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 70 FULL NAME John Bozich ADDRESS Rossport, Istria.

WHO SUPPORTS HIM? I help HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? I help whenever I can.

IS YOUR MOTHER LIVING? yes AGE 65 FULL NAME Mary ADDRESS

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony and Blas both in Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary Bozich in Swastika- Annie in Calif. -- Katy and Annie in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 8-28-29

SIGNED IN PRESENCE OF

R.P.Woods

John Bozich
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV. XXXX	DEPENDENTS IN FAMILY INC. SELF XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bozich, John.	Oct. 15. 1891	Married		Austria	Yes	Aug. 29. 29	8-29-29

NAME John Bozich OCCUPATION Miner Born June 26, 1885

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. Germ. Slav. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM July 9,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 7/9/26	CHECK 215	
OUT DATE 8-1-1931		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Blas ADDRESS Austria

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? About $1100.00 a year.

IS YOUR MOTHER LIVING? Yes AGE 58 FULL NAME Annie ADDRESS Austria

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony, Dont know his address

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Annie, Bradetick, Sagle, Idaho, Rosa, Ellie, Antonia, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Aug.30,1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife 1000 on 1500 on 2000 on

INTERPRETED BY

DATE Swastika, July 9, 1926.

SIGNED IN PRESENCE OF

L. B. Thomure

John Bozich

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NO. DEPENDENTS~~ IN FAMILY ~~WIDOWER~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bozich, John,	June 26, 1885	Married		Austria	No	July 9, 1926	7/9/26

NAME Felix Bracamontes OCCUPATION Miner

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span Some READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Van Houten	6 Mo	FROM	TO
FOR Swastika	2 Yrs	FROM	TO
FOR Dawson	8 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Angelina HER AGE 36

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jesus	Boy		7	
Mary	girl		12	
Louie	Boy		3	
Franz	"		6	

IN SW	DATE 4-25-27	CHECK 107
OUT DATE		CHECK
CAUSE Did not start		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 60 FULL NAME Paulvi ADDRESS Swastika

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Pancho and Jose Franco in Swastika, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Fancho Roeblez at Swastika

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

+

Felix Bracamontes

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Bracamontes, Felix	27	M	6	Mexico	No	4/25/27

NAME Felix Bracamontes OCCUPATION miner Born Sept.1880

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Span. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ~~Dawson~~ Van Houten	FROM	Aug. 1926	TO	Aug. 1927
FOR Swastika	FROM	July, 1924	TO	July, 1926
FOR Dawson 7yrs.	FROM		TO	June 1924
FOR	FROM		TO	
FOR	FROM		TO	
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Angelino HER AGE 30

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	girl		12	Swastika
Francis	"		8	"
Cesus	boy		6	"
Louie	"		2	"

IN SW	DATE 8-16-27	CHECK 14	
OUT DATE Sept. 5, 28		CHECK	
CAUSE Loading dirty Coal			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 50 FULL NAME Pavlo Rochas ADDRESS Swastika

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? She lives with me

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jose Bracamontes, Gardiner Hospital

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Concepcion Bracamontes (Roblez), Swastika, N. M.

GIVE NAME AND ADDRESSES OF everyone (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on

2000 on

INTERPRETED BY

DATE 8/17/27

SIGNED IN PRESENCE OF

R. P. Woods

mark +

Felix Bracamontes

SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bracamontes, Felix	Sept.1880	Married		New Mexico	Yes	Sept. 18,25	8/17/27

NAME **Tony Bragazzi** OCCUPATION **Inside Mine**

DATE OF BIRTH **March 10, 1897** SOCIAL SECURITY NO. **523-03-7950**

WHERE BORN? **Italy** U. S. CITIZEN? **No** FORM 1078? **Yes**

WHAT LANGUAGES DO YOU SPEAK? **Ital-Eng** READ? **No** WRITE? **No**

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR **Victor American Fuel** FROM **July 1926** TO **April 1952**

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? **Married**

GIVE FULL NAME OF WIFE **Rose** HER AGE **47**

IS SHE LIVING WITH YOU? **Yes** IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Emma	F		17	Trinidad, Colo.
Adelina	F		15	"
Guido	M		12	"
Frank	M		9	"
Frances	F		3	"
Antonio	M		20	U.S. Army
Colombo	M		27	U.S. Army

IN **K** DATE **9-4-52** CHECK **111**

OUT DATE JULY 30, 1953 CHECK

CAUSE REDUCTION OF FORCE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? **No** AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? **No** AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: **Frank, Italy; Guido, Italy; Gus, Italy; Augustino, Italy;**

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: **Irma, Italy**

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No other dependents

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Rose Bragazzi
306 So. Las Animas
Trinidad, Colorado

$500 GROUP INSURANCE April 1953 **Yes**

INTERPRETED BY

DATE **9-3-52**

SIGNED IN PRESENCE OF Jacob Sandoval

Tony Bragazzi

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bragazzi, Tony	March 10, 1897	Married	Italy	No	Sept. 4, 1952	Sept. 3, 1952

NAME Nick Brandolino OCCUPATION Miner

DATE OF BIRTH 12/6/1896 SOCIAL SECURITY NO. 522-03-7362

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ital Eng READ? Yes WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Victor-American Fuel Co.	FROM 29 Years	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carmella HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Fred	M		32	San Francisco, Cal
Julio	M		32	" " "
Nick	M		27	Trinidad, Colo.

Koehler

255

IN 1/3/53	DATE	CHECK ~~117~~
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Quintan Brandolino Midawy, Penn.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Annie Midway, Penn.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Carmella Brandolino GROUP INSURANCE Yes

INTERPRETED BY

DATE 1/2/53

SIGNED IN PRESENCE OF Robert J. Malcom

Nick Brandolino
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Brandolino, Nick	Dec. 6, 1896	Married	Italy	Yes	Jan. 3, 1953	Jan. 2, 1953

NAME Walter C. Brannon OCCUPATION Loader Born Apr 16, 1907

WHERE BORN? Wyo. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Idle last 4 Months	FROM	TO
FOR Caliente Coal Co. 6 Yrs	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Helen HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN SW	DATE 10/17/35	CHECK 46
OUT DATE 10/31/35		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Lena Brannon ADDRESS Ravenwood, Colo

WHO SUPPORTS HER? Her son & Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? a little when I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
John, Melvin, William, Theodor, Ravenwood, Colo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lucy, " " Lorena, Trinidad.
Gladys Palmer, Hattie Horn, Wyo. Bessie, Denver.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife

INTERPRETED BY

DATE 10/17/35

SIGNED IN PRESENCE OF

G.L.Kimball.

Walter C. Brannon
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brannon, Walter C.	Apr. 16, 1907	Married		Wyoming	Yes	Oct.17,1935	Oct.17,1935

NAME Julio Bravo, OCCUPATION Miner Born July 10,1890

WHERE BORN? Mexico U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? No WRITE No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.& P.Co.,V.H.	FROM Jan.15,1927	TO Jan.15,1928	
FOR Phelps-Dodge Corp.Dawson	FROM 1923	TO Jan.1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Guadalupe Bravo, HER AGE 32 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dora Bravo	girl		10 yrs.	Raton, N.M.
Ernest "	boy		9 "	" " "
Sagaman Solomon	"		7 "	" " "

IN G.	DATE 3/30, '28	CHECK 60
OUT DATE 9-5-1928		CHECK 60
CAUSE Put in jail, chgd with giving Booze to Minors		
IN G	DATE 10-19-28	CHECK 60
OUT DATE		CHECK
CAUSE Stabbed + Killed Leo Valdez in Raton 7-20-28		
IN To penitentiary 7 to 8 years	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Maximino Bravo, BuanoSevi,Durango,Mex.
Manuel " " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Guadalupe Bravo, Buana Sevi,Durango, Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on April, 1929.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Guadalupe Bravo,165 Guadalupe St., Raton, N.M.

INTERPRETED BY Jose Arellano

DATE March.30,1928

SIGNED IN PRESENCE OF

A.W.Allbert,

Julio Bravo
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	~~MARRIED~~ SINGLE WID. DIV.	~~DEPENDENTS~~ IN FAMILY IN CASE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bravo, Julio	July 10, 1890	Married		Mexico	No	3/30/28	3/30/28

NAME Julio Bravo OCCUPATION Miner.

DATE OF BIRTH Mar.18. 1887 SOCIAL SECURITY NO. 525-05-6969

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Gardiner when it closed. FROM TO

FOR ## Has not worked since that time FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN K	DATE 10-6-42	CHECK 125
OUT DATE 4-21-43		CHECK 125
CAUSE Fired for being drunk and not working.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

MOUNTAIN & PACIFIC COMPANY PRESIDENT'S OFFICE OCT 15 1942 DENVER

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE Oct. 12, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

Julio Bravo

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bravo, Julio	Mar. 18, 1887	Single	Mexico	No	Oct. 6, 1942	Oct. 12, 1942

NAME Julio Bravo OCCUPATION miner

DATE OF BIRTH March 18,1887 SOCIAL SECURITY NO. 525-05-6969

WHERE BORN? Durango Old Mexico CITIZEN? no FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Bear Canyon	FROM	September 1942	August 1946
FOR	This Company	FROM	Jan.1942	TO August 1942
FOR	no employment	FROM	1940	TO 1942
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN K	DATE 8-30-46	CHECK #233 46 139
OUT DATE 10-10-47		CHECK
CAUSE Deceased.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Solomon Morales,
530 Doratio,St.Santa Fe,N.Mex.

GROUP INSURANCE

INTERPRETED BY

DATE August 30,1946

SIGNED IN PRESENCE OF David Stewart

Julio Bravo

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bravo, Julio	March 18, 1887	Single	Mexico	No	Aug. 30, 1946	Aug. 30, 1946

Feb.25,1889

NAME Raymond Brazovich OCCUPATION Digger Born ~~1892~~

WHERE BORN? Croata U. S. CITIZEN? Decl FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng Yes Slav READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Stag Canyon Fuel Company	FROM	April, 1927	TO Jan, 1928
FOR	Illinois	FROM	Sept, 1926	TO April, 1927
FOR	Stag Canyon Fuel Company	FROM	1925	TO Sept, 1926
FOR	Detroit Michigan	FROM	1923	TO 1924
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 1-26-28	CHECK 31	
OUT DATE May 1, 1928		CHECK 31	
CAUSE Dropped			
IN Sew	DATE 6-13-28	CHECK	
OUT DATE 5-20-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 76 FULL NAME Matt Brazovich ADDRESS Makopoah, Croatia

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME Cathrina Brazovich ADDRESS do

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Bill Brazovich, Johnson City, Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria and Pavalina. Old country

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes Group Insurance $500 on 1000 on 1500 on 2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH Brother, Bill Brazovich, Johnson City, Ill.

INTERPRETED BY

DATE Sugarite Jan 26th, 1928.

SIGNED IN PRESENCE OF

A. L. Brockman

Raymond Brazovich
SIGNATURE OF APPLICANT

did not take insurance

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ INCLUDING ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brazovich, Raymond	Feb. 25, 1889	Single		Croatia		Dec. Jan. 26, 28	1/26/28

NAME Chas. Bredier OCCUPATION Dock Boss Born Nov.3,1849

WHERE BORN? France U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? French Eng. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR June 1, 1901 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

Demented & Sent to Las Vegas June 1935 Hospital & died there in 1936

Died May 29, 1936 & buried in Asylum Cemetery at Las Vegas

Some correspondence re group ins. is filed under correspondence file a-65-v in Cashier's office

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Charles	Male			Thurbur, Texas
Henry	"			" "
Arthur	"			" "
Blanche Breek	Female			Savannah, Okla.

IN VH	DATE 12/17/18	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Arthur Bredier, Brussell, Alabama.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Sons - in Thurbur, Texas and Daughter in Savannah, Okla.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

Ins. cancelled by Lou in 1933 - 11/30-33

INTERPRETED BY

DATE Van Houten, N. M. Dec. 17, 1918.

SIGNED IN PRESENCE OF

A. P. French

Charles Bredier
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bredier, Charles,	Nov. 3, 1849	Widower		France	Yes	June 1, 1901	12/17/18

NAME Thos E.Brennan OCCUPATION

DATE OF BIRTH June 11- 1894 SOCIAL SECURITY NO. 525-03-2568

WHERE BORN? Blossburg,N.M. U.S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps Dodge FROM Aug,10,1914 TO Nov.1,1950

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Jeanie S Brennan HER AGE 49

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
James	male	Nov.17	31	Denver,Colo

IN Koehler DATE 11-28-50 CHECK 387

OUT DATE JULY 30,1953 CHECK

CAUSE REDUCTION OF FORCE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
William Brennan,Aguilar,Colo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Kate Loyd,Aguilar,Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mra Thos.Brennan,Koehler,N.Mex.

$500 GROUP INSURANCE June 1951

INTERPRETED BY

DATE 11-28-50

SIGNED IN PRESENCE OF

Thos E Brennan
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Brennan, Thomas E.	June 11, 1894	Married	New Mexico	Yes	Nov. 28, 1950	Nov. 28, 1950

NAME Mike Briski OCCUPATION Digger Born Sept.12,1879

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav. & Eng. READ? Slav. WRITE? Slav.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

Naturalized June 15, 1936 or sec. 1938

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM 1908 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria Briski HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	Male	Aug. 18, 1908	15 years	Brilliant, N.M.
Tony	"	June 1910	13 "	" " "
George	"	" 1912	11	" " "
Ella	Female		7	" " "
Mary	"		6	

IN VH	DATE 1908	CHECK 53	
OUT DATE 9-30-40		CHECK	
CAUSE Mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 68 FULL NAME Vuska Briski ADDRESS Dalmatcia Jugo Slavia

WHO SUPPORTS HER? My Brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony and Matt Briski, Dalmatcia Jugo Slavia

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Fanny Poblich, Brilliant, N. M. Maria, Maggie and Katy Briski, Dalmatcia Jugo Slavia,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Mike Briski
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~NUMBER~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Briski, Mike,	Sept.12,1879	Married		Austria	Yes	1908	10/31/23

NAME John Briski OCCUPATION Miner Born Aug.18,1908

WHERE BORN? Koehler,N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slavish & Engl D? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR School Boy Brilliant, and	FROM	TO
FOR Van Houten,	FROM January 1923	TO September 1925
FOR This Co. Van Houten,N.M.	FROM September 25	TO October 1926
FOR This Co Gardner,N.M.	FROM October 1926	TO November 1926
FOR B.M.Co. Van Houten,N.M.	FROM November 1926	TO February 1928
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 2-9-28	CHECK 56
OUT DATE 4-30-1929		CHECK 161
CAUSE sick		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 45 FULL NAME Mike Briski ADDRESS Van Houten,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 40 FULL NAME Mary Briski ADDRESS Van Houten,N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony,George, Van Houten,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ella ,Mary and Jennie at Van Houten,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1,1928
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Mike Briski,Van Houten,N.M.

INTERPRETED BY

DATE 2-9-28

SIGNED IN PRESENCE OF C. A. Bernard

John Briski
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Briski, John	Aug. 18, 1908		Single		New Mexico	Yes	Sept. 9, 24	2/9/28

NAME Antone Britz OCCUPATION Miner Born June 10,1893

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Stag Canon Fuel Co. Dawson,N.M.	FROM June 1927	TO November 1927
FOR		FROM	TO
FOR	This Co Van Houten,N.M.	FROM November1922	TO June 1927
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-30-27	CHECK 312
OUT DATE 8-1-35		CHECK
CAUSE On accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Geo Britz ADDRESS Cannea Crete,Greece

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 25.00 pr. Month

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Mary Britz ADDRESS Canea Crete,Greece.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 25.00 pr. Month

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike Britz,Dawson,N.M. John and Nick, Canea Crete,Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mike Rocas, Van Houtenn,N.M. 1500 on

2000 on

INTERPRETED BY

DATE 11-30-1927

SIGNED IN PRESENCE OF

Anton Britz

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ IN USA ~~XXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Britz, Anton	June 10, 1893	Single		Greece	Yes	Nov. 30, 27	11/30/27

NAME Arthur L. Brockman OCCUPATION Mine Clerk Born Mar.16,1880

WHERE BORN? Ill U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&P.Co., FROM Mar 1,1913 TO Present

FOR FROM TO

FOR (See old Record No.300) FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Esther F. HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Walter E.	Male	June 12, 1909	17	Sugarite
Marjorie	Female	Nov. 7, 1912	14	Sugarite

Above are step-children

IN Sug	DATE 3/1/13	CHECK 386
OUT DATE 3-19-34		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 74 FULL NAME Susan C.Brockman ADDRESS Grand View,Mo.

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Oscar L.Brockman, Salina , Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Vercie S.Binnie, Grand View, Mo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Mrs. Esther F.Brockman, Sugarite,Okla.

1000 on
1500 on
2000 on
5000 on May 1,1928

INTERPRETED BY

DATE Sugarite, August 11th,1927

SIGNED IN PRESENCE OF Old Record March 1st,1913.

A. L. Brockman
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brockman, Arthur L.	Mar. 16, 1880	Married		Illinois	Yes	Mar. 1, 13	8/11/27

MINE DATE

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 47 YEARS. DOES AGE GIVEN SEEM CORRECT? orn arch.16th.1880

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5'10" WEIGHT 200 COLOR OF HAIR ight

COLOR OF EYES lue COMPLEXION air SCARS OR MARKS OF IDENTIFICATION arge sour right leg below knee

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Arthur Leroy Brockman OCCUPATION Warehouse

DATE OF BIRTH March 16th1880 SOCIAL SECURITY NO. 525-18-7261

WHERE BORN? Illinois U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Garner Car Exchange	FROM	May ,1941	TO Feb 1st,1943
FOR	Continental Baking Co	FROM	Sept 1936	TO May,1941
FOR	Self. Insurance	FROM	1934	TO 1936
FOR	St.L.R.M.&.P.Co	FROM	Mar,1913	TO Mar,1934
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Esther F.Brockman HER AGE ~~62~~ 57

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SE	DATE 2-2-43	CHECK 6
OUT DATE 5-31-49		CHECK
CAUSE Retired		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: O.L.Brockman, Eula, Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Vercie E.Binnie
Dodson,Mo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Esther F.Brockman,present 306 Savage Ave. Raton, N.M.

$4,000.00 GROUP INSURANCE Sept. 1943

INTERPRETED BY

DATE February 2nd,1943.

SIGNED IN PRESENCE OF

A. L. Atchison

A. L. Brockman
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Brockman, Arthur L.	March 16, 1880	Married	Illinois	Yes	Feb. 2, 1943	Feb. 2nd, 1943

NAME Alex Brown OCCUPATION Miner Born Oct.14,1891

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR This Co Van Houten, N.M.	FROM August 1922	TO	April 1927
FOR Boncarbo Colo.	FROM	TO	
FOR employed by the Dicks Co.	FROM April 1927	TO	August 1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mildred HER AGE 18

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
2 children				

IN V.H.	DATE 8-29-27	CHECK 191
OUT DATE 1-14-1931		CHECK
CAUSE Sickness		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 66 FULL NAME Thos H Brown ADDRESS Van Houten, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 63 FULL NAME Elizebeth Brown ADDRESS Van Houten, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Evelyn Plunkett, Dawson, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. My wife at Van Houten, N.M.

INTERPRETED BY

DATE 8-29-1927

SIGNED IN PRESENCE OF C.A.Bernard

Alex. Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Alex.	Oct. 14, 1891		Married		England	Yes	Aug. 29, 27	8/29/27

NAME Floyd J.Brown OCCUPATION Loader

DATE OF BIRTH May 24,1899 SOCIAL SECURITY NO. 523-14-7273

WHERE BORN? Merrell Mch. U. S. CITIZEN? Yes. FORM 1078? Order 11886 - 2B.

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Aluminum Co.of A.	FROM Mar.1943	TO Aug.10,1943
FOR	U.S.Army	FROM Nov.1943	TO Mar.1943
FOR	For self, Cement finisher	FROM 1937	TO Nov.1943
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lottie Brown HER AGE 52

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mildred Rogers			22 Yrs.	444 A.Raton N.M.
Floyd Brown,Jr.			19 "	Camp Haan,Calif.
Beverly Brown			13 "	417 So.3rd Raton, N.M.

IN Br.2	DATE 8/23'43	CHECK 429	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE 7/28/44 Deceased			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 69 FULL NAME Nettie Ellen Brown ADDRESS Wray Colo.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Edward Brown,Wray, Colo.
Wesley Broan, " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Dessie Greno,Denver, Colo.
Mary Seastone, "
Hattie Gorbet,Torrence, Calif.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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
Mrs.Lottie Brown,417 So.3rd,St.,Raton, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE Aug.23,1943

SIGNED IN PRESENCE OF A.W. Albert

Floyd J. Brown
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME JOSEPH BROWN OCCUPATION Miner Born 12-27-1902

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Verginia Coal Co. WVa FROM 1923 TO Sept,1928

FOR Fordson Cola Co, FROM Sept,1928 TO Sept,1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 10-16-29	CHECK 351
OUT DATE 11-12-29		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Jas Brown ADDRESS Plymouth,Mass

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Mary Brown ADDRESS same

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James,Henry,Robt,Thos and John Brown.Mass

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Baden,Esther,Robina,Lizzie,Mary and Nan Brown.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Jas Brown, Plymouth,Mass

INTERPRETED BY

DATE Oct 16th,1929.

SIGNED IN PRESENCE OF

A.L.Brockman

Joseph Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCLUDE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Joseph,	Dec. 27, 1902	Single		Scotland	No	10-16-1929	10-16-29

Negro

NAME Sheridan Brown OCCUPATION Miner Jan 10, 1908

WHERE BORN? Okla U. S. CITIZEN? Yes FORM 1078? Born No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Central Garage	1 Mo	FROM	TO
FOR Camp Ground Raton	2½ Mo	FROM	TO
FOR Denver	6 Mo	FROM	TO
FOR Albuquerque,	2 Yrs	FROM	TO
FOR Madrid	2 Yrs	FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

106

IN Sw	DATE 10/24/29	CHECK
OUT DATE 2-24-1930		CHECK
CAUSE Loading bone, believed		
IN to have been checking	DATE	CHECK
OUT DATE cars		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roosevelt, Okla City. Johnie, Hartshorn, Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Perry Lee, Maurine, Shamrock, Texas.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother Roosevelt Brown

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

G.L.Kimball.

Sheridan Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Sheridan,	Jan. 10, 1908	Single		Oklahoma	Yes	10-24-1929	10-24-29

NAME Sheridan Brown OCCUPATION Coal Miner Born Jan.10,1911

WHERE BORN? Alderson, Okla S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR San Franciscan Hotel,AlbQ.	FROM	1932	TO	1935
FOR Oden-Buick Garage,AlbQ.	FROM	1930	TO	1932
FOR	FROM		TO	
FOR	FROM		TO	
FOR	FROM		TO	
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Thelma Brown HER AGE 22 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Paralee Laura	Girl	Dec.14,1933	2 Yrs.	Raton, N.M.
ShirleyMae	"	Nov.24,1934	1 "	" " "

IN G.	DATE 6/10,1935	CHECK 18
OUT DATE 8-30-35		CHECK
CAUSE Own Record		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Brown,Madrid, N.M.
Roosevelt " ,Albuquerque, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Marine Brown, " " "
Paralee " McAdams,Dodge City,Kansas.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Thelma Brown,Raton, N.M. P.O.Box 685

INTERPRETED BY

DATE June 10,1935

SIGNED IN PRESENCE OF

A.W.Allbert

Sheridan Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Sheridan	Jan.10,1911	Married		Oklahoma	Yes	June 10,1935	June10,1935

NAME Robert Brown OCCUPATION Miner Born March 6,1898

WHERE BORN? Pgh.Kans. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Victor Fuel Co.Mt.Harris, Colo	FROM May 1927	TO Nov.11,1930	
FOR	Mt.Harris Coal Co.,	FROM Nov.1924	TO May 1927	
FOR	Mt.Harris Colo	FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Susie Brown HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Daisy	girl	June 7,1926	4 yrs.	Raton, N.M.
Rosie	"	Nov.28,1928	2 "	" " "

IN G.	DATE 11-24-1930	CHECK 69
OUT DATE 1-15-31		CHECK
CAUSE Quit accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 53 FULL NAME Mary Brown ADDRESS Joplin, Mo.

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Allen Brown, Joplin, Mo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Susie Brown,Raton, N. M

INTERPRETED BY

DATE Nov.24,1930

SIGNED IN PRESENCE OF

A.W.Allbert

Robert Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Robert,	Mar. 6, 1898	Married		Kansas	Yes	11-24-1930	11-24-30

NAME Roosevelt Brown negro OCCUPATION miner Born Sept. 1902

WHERE BORN? Okla. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Madrid, N.M. FROM 7 yrs. TO Dec. 1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Ester HER AGE 26

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS Mc Allister, Okla 30 west Apache

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 12-31-28	CHECK 223	
OUT DATE 7-10-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Sheridan in Denver, Colo. John in Las Vegas.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Harav Brown in Pecos, Tex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

brother and sister

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-31-28

SIGNED IN PRESENCE OF

R.P.Woods

Roosevelt Brown
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWED DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Roosevelt.	September 1902	Married		Oklahoma	Yes	Dec. 31. 28	12/31/28

NAME Felix V. ~~Borrego~~ Borrego OCCUPATION Miner

DATE OF BIRTH Nov. 12, 1894 SOCIAL SECURITY NO. 523 - 05 - 0402

WHERE BORN? Chamita, N. M. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C. F. & I. Valdez, Colo. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Epfania Borrego HER AGE ~~34~~ 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louis	Male		9	Koehler, N. M.

IN	K	DATE 7-23-42	CHECK 104
OUT DATE	9/18/42		CHECK
CAUSE	Blood Test		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Santiago Borrago, Chamita, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE July, 25. 1942

SIGNED IN PRESENCE OF A. L. Atchison

Felix V. Borrego
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Borrego, Felix V.	Nov. 12, 1894	Married	New Mexico	Yes	July 23, 1942	July 25, 1942

NAME Thos. H. Brown OCCUPATION Mine Foreman Born Oct.26,1860

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM	TO
FOR	FROM Nov.23,1909	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

Last day usually worked Feb. 19, 1938

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth Brown HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Van Houten, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alexander	Male		28 years	Camp Travis, Tex.
Evelyn ~~Vansina~~ Plunkett	Female			Van Houten, N.M.

IN VH	DATE 11/23/09	CHECK
OUT DATE 2-19-38 last day		CHECK
CAUSE worked overtime		
IN	DATE	CHECK
OUT DATE Gone to		CHECK
CAUSE Gardiner Hospital		
IN to leave Sept 1940	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna Kerr, Gallup, New Mexico, Margaret Davidson, Jane Scott, Phylis Fail, Northumberland, England.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Insurance
1000 on terminated
1500 on May 1938.
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Elizabeth Brown,
Van Houten, New Mexico

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. P. French

Thomas H. Brown
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Brown, Thos. H.,	Oct.26,1860	Married		England	Yes	Nov 23,1909	Dec.17,1918.

NAME W. E. Browning OCCUPATION Loader Born Feb 10, 1897

WHERE BORN? Kentucky U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Selling hot Tomales		FROM	TO
FOR	for past year		FROM	TO
FOR	Los Angeles	2 Yrs	FROM	TO
FOR	Winslow Ariz	6 Mo	FROM	TO
FOR	Albuquerque,	1 Yr	FROM	TO
FOR			FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eva HER AGE 44

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Katherine	Girl		8	Raton
William	Boy	Aug 6, 1926	6	"
Gerald	"		2	"

IN SW	DATE 7/27/33	CHECK 204
OUT DATE 8/15/35		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan. 1934.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 7/27/33

SIGNED IN PRESENCE OF

G. K. Kimball

W. E. Browning
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Browning, W. E. (Col)	Feb. 10, 1897	Married		Kentucky	Yes	July 27 33	July 27 33

NAME Venko ~~##~~ Brozovich OCCUPATION Miner

DATE OF BIRTH Aug. 15,1880 SOCIAL SECURITY NO. 525 - 20 - 5291

WHERE BORN? Yugoslavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Slav. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR In power house in Dawson, N.M. for Trinidad Elec. Co.

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ivka Brozovich HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Anna	Female		28 ~~##~~	Raton, N. M.
Antonio	Male		22	Calif.
Casimea	"		24	
John	"		23	"
Mary	Female		21	Denver, Colo.

IN K DATE 10-25-42 CHECK 132

OUT DATE JULY 30, 1953 CHECK

CAUSE REDUCTION OF FORCE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Rudy Brozovich, Dawson, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jahana Brozovich, Dawson, N. M.
Mary Brozovich, Calif.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE May, 1943

INTERPRETED BY

DATE Oct. 15, 1942

SIGNED IN PRESENCE OF A. R. Atchison

Venko Brozovich
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Brozovich, Venko	Aug. 15, 1880	Married	Yugoslavia	Yes	Oct. 25, 1942	Oct. 15, 1942

SS# 525-03-1454

NAME Geo Budis OCCUPATION Miner Born Aug.10,1890
WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes
WHAT LANGUAGES DO YOU SPEAK? Greek & Eng. READ? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.& I Co. Valdez Colo. FROM Aug.1922 TO May 1923
FOR Utah Fuel Co. Walsenburg,Colo FROM May 1923 TO September 1925
FOR ~~#####~~ Unemployed FROM September 25 TO January 1926
FOR Utah Fuel Co. Walsenburg,Colo January 26 TO February 1926
FOR Stag Canon Fuel Co Dawson FROM February 26 TO March 1927
FOR This Co Van Houten,N.M. FROM March 1927 TO April 1927
At Dawson Since then

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single
GIVE FULL NAME OF WIFE HER AGE
IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:

Eyes Rather Tested Rather Mch 1939

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 8-30-27	CHECK 258	
OUT DATE Gen'l office ok'd by Mr. Freund		CHECK	
CAUSE			
IN V.H.	DATE 2-18-28	CHECK	
OUT DATE Nov.5,1934		CHECK	
CAUSE Transf. to Van Houten			
IN Sw	DATE 11/5/34	CHECK 202	
OUT DATE Oct. 2, 1940		CHECK 167	
CAUSE ~~Bo~~ Reduction in force			
IN Br # 2	DATE 12-17-40	CHECK 43	
OUT DATE 11/1/43		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Fortene Budis ADDRESS Zutzalebas Greece
WHO SUPPORTS HER? Me HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 40.00 per month
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes
Group Insurance $500 on ~~May 1, 1928~~ June 1941
GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on
Fortme Budis Zutzalebas,Greece. 1500 on
2000 on

INTERPRETED BY
DATE 8-30-27
SIGNED IN PRESENCE OF C.A.Bernard

George Budis
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Budis, George	Aug. 10, 1890	Single		Greece	No	Dec. 17, 40	8/30/27

4/4

NAME Manuel M. Bueno OCCUPATION

DATE OF BIRTH SOCIAL SECURITY NO. 522-10-8542

WHERE BORN? Albert, N.M. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng,& Sp. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Yankee	FROM Nov.1942	TO	Dec.24,1942
FOR	Raton,City	FROM July "	TO	Nov. "
FOR	Madrid	FROM Mar. "	TO	July "
FOR	Yankee	FROM 1940	TO	Mar. "
FOR	Ranch	FROM 1937	TO	1940
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Enriena Cardova Bueno HER AGE 47 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS: None

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Br.	DATE 1-4'43	CHECK
OUT DATE 1/15/43		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

No brothers

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

No sisters

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife,Mrs.Enriena Cardova Bueno,401 Boundry St.,
Raton, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE Dec.31,1942

SIGNED IN PRESENCE OF

Manuel M. Bueno
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bueno, Manuel M.	1887	Married	New Mexico	Yes	Jan. 4, 1943	Dec. 31, 1942

NAME Archie Bulaich OCCUPATION Sub Station Man Born Sept.15,1882

WHERE BORN? Montenegro U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Monty Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov. 1913	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Gurgo HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Vlavo (Wm. A.)	Male	April 14, 1914	4 years	
Elena	Female	Dec. 19, 1916	2 "	
John	Male	Feb. 5, 1919		

IN VH	DATE Nov. '13	CHECK
OUT DATE 9-30-49 mine closed		CHECK
CAUSE died 10-27-47		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 71 FULL NAME Bozana ADDRESS Grahono, Montenegro

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Milntin, Grahono, Montenegro.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anica, Grahono, Montenegro.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife - Van Houten, New Mexico

INTERPRETED BY

DATE Van Houten, N. M. Oct. 1918.

SIGNED IN PRESENCE OF

James Y. Stewart

Archie Bulaich

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Bulaich, Archie,	Sept. 15, 1882	Married		Montenegro	Yes	Nov. 1913	Oct. 1918

MINE Van Houten, N. M. DATE Nov. 1913.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PRESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT ~~42~~ 46 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 6 in. WEIGHT 160 lbs. COLOR OF HAIR Brown

COLOR OF EYES Brown COMPLEXION Dark SCARS OR MARKS OF IDENTIFICATION ~~Smoot~~

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT _____

_____ M. D.

NAME Earl Burnett OCCUPATION Miner Born July 12,1902

WHERE BORN? West Mineral Kas CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Amer Metals Co. Terrero, N.M. FROM Sept.28 TO November 1929

FOR Albuq.Cerillos Coal Co. FROM Nov.1927 TO Sept 1928

FOR Old Ben Coal Corp. W Frankfort Ill FROM October1923 TO November 1927

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lottie HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Doloras	Girl	June 6,1929	5 Months	with me

IN	VH	DATE 11-5-29	CHECK 370
OUT DATE	Never started		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME T.A.Burnett ADDRESS Galena, Kas.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hubert at Riverton, Kas.Lambert at Galena, Kas.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Veta at Galena, Kas.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

My wife at Van Houten, N.M. 1500 on

2000 on

INTERPRETED BY

DATE 11-5-1929

SIGNED IN PRESENCE OF E. A. Burnett

Earl Burnett
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Burnett, Earl,	July 12, 1902		Married		Kansas	Yes	11-5-1929	11-5-29

NAME Chas Burrell([redacted] OCCUPATION Miner

WHERE BORN? Nelson, Kas U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Central Garage, Raton, N. M. FROM Aug 1927 TO Dec. 1927

FOR Stag Canon Fuel Co Dawson, N. M. FROM April 1927 TO Aug 1927

FOR C.F.&.I.Co. Berwind, Colo FROM August 1915 TO April 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Willa Lee Burrell HER AGE 16

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Chas	Boy		2 Mo	With me

IN	VH	DATE 12-12-27	CHECK 377
OUT DATE	12-14-27		CHECK 377
CAUSE	Own accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 46 FULL NAME Martha Burrell ADDRESS [redacted]

WHO SUPPORTS HER? I do Keep her in my home HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Willa Lee Burrell, Van Houten, N. M.

INTERPRETED BY

DATE 12-12-1927

SIGNED IN PRESENCE OF C. H. Bernard

Charles T Burrell
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Burrell, Charles	26	M	3	Kansas	Yes, (Negro)	12/12/27

NAME Chas Burrell OCCUPATION Loader Born Nov 14, 1901

WHERE BORN? Kansas U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	2 Yrs	FROM	TO
FOR Tabasco	9 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Willelee HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Chas	Boy	Oct 18, 1927	3	with mother
Geo	"	June 3, 1929	1½	"
Bernice	Girl		1 Mo	"

IN Sw	DATE 9/20/30	CHECK 181
OUT DATE 9-20-30		CHECK
CAUSE Did not start		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 50 FULL NAME He took Stepfathers name Jacob Bratton ~~xxxx~~ ADDRESS Chicago

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 49 FULL NAME Martha Jones ADDRESS Dawson, N. M.

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? She lives with me,

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife & Mother

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE 9/20/30.

SIGNED IN PRESENCE OF

G.L.Kmiball.

Chas Burrell
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWER ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Burrell, Charles.	Nov. 14, 1901	Married		Kansas	Yes	9-20-1930	9-20-30

NAME Virgil Buscarini OCCUPATION miner Born Jan. 15, 1888

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR on farm Raton, N.M. FROM July, 1927 TO Dec. 1927

FOR Swastika 5 yrs. FROM TO June. 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Della HER AGE 24

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Aline	girl		6 yrs.	Raton
Mary	"		3	"
Julia	boy.		2	"
Flora	girl		m2 mos.	"

IN SW	DATE 12-10-27	CHECK 17	
OUT DATE 5-1-1929		CHECK	
CAUSE Voluntary			
IN SW	DATE 12-31-29	CHECK	
OUT DATE 10-2-40		CHECK	
CAUSE Reduction in force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Giotana in Mortano, Italy- Pete in Mortano, Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Theresa - in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-10-27

SIGNED IN PRESENCE OF

R. P. Woods.

Virgil Buscarini
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Buscarini, Virgil	Jan. 15, 1888	Married		Italy	No	12-31-1929	12/10/27

NAME Virgil Buscarini OCCUPATION Co-Man

DATE OF BIRTH Jan 15, 1888 SOCIAL SECURITY NO. 525-03-7617

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming	FROM 1½ Yr	TO
FOR Brilliant 2	FROM 20 Yrs	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Della HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Box 81 Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Aldine	Girl		22	Los Angeles
Mary	"		19	El Paso, Tex
Julio	Boy	Oct 1925	16	Raton, N. M.
Florence	Girl		14	"
Shirley	"		4	"

IN K	DATE 6/15/42	CHECK
OUT DATE 10-1-46		CHECK
CAUSE Own accord.		
IN K	DATE 12-28-46	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete & Gaytano, Mortano, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Teresa " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

GROUP INSURANCE

INTERPRETED BY

DATE 6/13/42

SIGNED IN PRESENCE OF Geo L Kimball

Virgil Buscarini
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Buscarini, Virgil	Jan.15,1888	Married	Italy	No	June 15,1942 Dec. 18	June 13,1942

NAME Casimiro Bustamante (Bustamante) OCCUPATION Timberman Check 38

DATE OF BIRTH Mar 4, 1907 SOCIAL SECURITY NO. 525-03-0248

WHERE BORN? N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farmed	FROM 6 Yrs	TO Las Vegas	
FOR Tererro Mine	FROM 3	TO Order 1110	
FOR Santa Rita Mine	FROM 3 Yrs	TO	
FOR	FROM	TO Class 2 A	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Julia Padilla HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Ribera, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY		AGE	RESIDENCE
Rosa	Girl			15	Ribera, N.M.
Isabel	"			10	"
Casmiro	Boy	Nov	1937	7	"
Henry	"	July	1941	4	"
Carlos	"	Nov	1944	18 Mo	"

IN B2	DATE 8/1/45	CHECK 35	
OUT DATE 10/30/45		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Pasqual Bustamante ADDRESS Ribera, N.M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Pablita ADDRESS " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Epifanio, Ribera, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 7/31/45

SIGNED IN PRESENCE OF Geo. L. Kimball

Casimiro Bustamante
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bustamante, Casimiro	Mch. 4, 1907	Married	U. S.	Yes	Aug. 1, 1945	July 31, 1945

NAME Meregildo Bustamante OCCUPATION Hand Loader

DATE OF BIRTH ~~May~~ Apr 15, 1901 SOCIAL SECURITY NO. 525-20-6131

WHERE BORN? N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span E READ? A little WRITE? A little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farm	FROM 10 Years	TO	
FOR Brilliant	FROM 3 Yrs	TO	
FOR Sugarite	FROM 6 Mo	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Anselmo ~~Eusebio~~	Boy	June 1926	18	Ribera
Avalina	Girl		14	
Josefita	"		10	"
Juanito	Boy	July 1838	~~8~~6	"
Claudina	Girl		13	Pueblo N.M.

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Fred, Sunshine, N.M. Felipe, Sunshine, Onisio

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Ramon Aguilar, Brilliant.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My son Anselmo

GROUP INSURANCE

INTERPRETED BY

DATE 12/23/44

SIGNED IN PRESENCE OF Geo L Kimball

Meregildo Bustamante

SIGNATURE OF APPLICANT

IN B2	DATE 12/26/44	CHECK 110
OUT DATE 3-28-45		CHECK
CAUSE O.A. Went to his farm		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Bustamante Meregildo	Apr.15,1901	Widower	New Mexico	yes	12-26-44	12-23-44

NAME MIKE BUTORAC OCCUPATION Miner Born Sept.29,1893

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M.	FROM June 1923	TO December 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephine HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lucy	Girl		12	With me
Julie	"		10	"
Frankie	Boy		9	"
John	"		7	"
Mike	"		2	"
George	"		2 Months	"

IN VH	DATE 12-10-28	CHECK 243
OUT DATE 12-22-28		CHECK 243
CAUSE Dirty Coal		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Matt Butorac, Ldubrava, Jugo Slavia.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Iva Filcopivich Ldubrava, Jugo Slavia. Mary at the same place.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Van Houten, N.M.

INTERPRETED BY

DATE 12-10-1928

SIGNED IN PRESENCE OF

E. T. Bernard

Mike Butorac

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Butorac, Mike.	Sept. 29, 1893	Married		Jugo Slavia	Yes	Dec. 10, 28	12/10/28

NAME Henry J. Butt OCCUPATION Rockman Born Oct. 30, 1888

WHERE BORN? Ohio U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farm on Johnson Mesa	FROM		TO
FOR	and State Highway Dept	FROM	1919	TO Jan, 1928
FOR	St. L. R. M. & P. Co.,	FROM	1916	TO 1919
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maggie HER AGE 31

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Bell, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
~~Getrude~~ Gertrude	Female		11 years	
Roy	Male		8	
Harold	Male		5	
John W	Male		14 mo	

IN Sug	DATE 1-21-28	CHECK 170
OUT DATE 6-1-28		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Butt, Rtaon, N.M. Wiliam Butt, Chicago, Ill

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Katie Keck, Chancy, Ohio.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Mrs. Maggie Butt, Bell, N.M

1000 on
1500 on
2000 on

INTERPRETED BY

DATE Sugarite Jan 21st, 1928

SIGNED IN PRESENCE OF

A. L. Brockman

Henry J. Butt
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDING XXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Butt, Henry J.	Oct. 30, 1888		Married		Ohio	Yes	Jan. 21, 28	1/21/28

D

NAME Tony Durant OCCUPATION Driver Born 12/21/10

WHERE BORN? Amerilla Texs CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Span. Eng. WRITE? Eng. Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Haybro, Hayden Coal Co.	FROM 6/23/32	TO 3/27/37	
FOR Odd jobs	FROM 3/27/37	TO 9/25/37	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Emma Durant HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tom	Male	9/12/35	2 yrs.	Raton,
Mary Alice	Female	10/23/36	11 mo.	"

IN Sugarite	DATE 9/30/37	CHECK 491
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Alice Luise Muniz. Denver, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes. Group Insurance $500 on Mch 1938

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on

2000 on

Emma Durant, Wife

Raton, N.Mex.

INTERPRETED BY

DATE 9/29/37

SIGNED IN PRESENCE OF

David Stewart

Tony Durant
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Durant, Tony	Dec. 21, 1910	Married		Texas	Yes	Sept.30,1937	Sept.29,1937

E

NAME Rex Eagan OCCUPATION Digger

WHERE BORN? Penn U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gordon Fuel Co	FROM	TO
FOR (Near Walsenburg)	FROM 1917	TO July, 1927
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 8/6/27	CHECK 21
OUT DATE 12-7-27		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 80 FULL NAME John Eagan ADDRESS Bellaire, Ohio

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None.

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harry and Windsor Eagan, Bellaire, Ohio

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. E. Japson, Bellaire, Ohio

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father, John Eagan, Bellaire, Ohio.

INTERPRETED BY

DATE Sugarite Aug 6th, 1927.

SIGNED IN PRESENCE OF

R. Brockman

Rex Eagan

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Eagan, Rex	49	S	1	Pennsylvania	Yes	8/6/27

NAME Delman Easley OCCUPATION miner Born-- Jan.10,1903

WHERE BORN? Okla U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M. FROM June, 1924 TO Oct. 1928

FOR Amarillo, Texas. road contractor FROM TO May, 1924

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Hermina HER AGE 23

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	boy		1½ yr.	

IN SW	DATE 10-20-28	CHECK	39
OUT DATE 10-21-28		CHECK	
CAUSE did not start			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 52 FULL NAME A.L.Easley ADDRESS Mobeetie, Texas

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

A.G. and LH. and A.C. and T and D. and L. and all in Mobeetie, Texas.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ada- Mattie- Mabel- all in Mobeetie, Texas.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 10-20-28

SIGNED IN PRESENCE OF

R.P.Woods

Delman Easley
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS INFIRM XXX INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Easley, Delmar,	Jan. 10, 1903	Married		Oklahoma	Yes	Oct. 20, 28	10/20/28

NAME Delmar Easley OCCUPATION Miner Born Jan 10-1903

WHERE BORN? Oklahoma U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel Co	FROM 1923	TO Nov,1928	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Harmina HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Dawson,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	Male	Feb ,1924	3	Dawson,N.M.

IN Sugarite	DATE 11/30/28	CHECK 339
OUT DATE 9-1-1929		CHECK 339
CAUSE Dropped		
IN Sug.	DATE 1-27-30	CHECK
OUT DATE June 1930		CHECK 369
CAUSE To work on threshing machine		
IN Sug.	DATE 10-3-30	CHECK 369
OUT DATE 3-6-36		CHECK
CAUSE Discharged		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME A.L.Easley ADDRESS Nobeetie,Tex

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Artice,Leon,Amrine,Timothy,Daily,Leroy, Nobeetie, Tex

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ada,Nettie, [illegible] Texas.

GIVE NAME AND ADDRESSES OF everyone (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None L.C.W.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1931.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife,Harmina Easley, Dawson,N.M.

INTERPRETED BY

DATE Sugarite Nov 30th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

Delmar Easley
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED DIVORCED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Easley, Delmar,	Jan. 10, 1903	Married		Oklahoma	Yes	10-3-1930	11/30/28

NAME Willie Easly OCCUPATION Miner Born 9/28/1908

WHERE BORN? Calvert, Tex. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Compress Co. FROM TO

FOR Shamrock, Texas. for FROM TO

FOR two years. FROM TO

FOR Berhman Clothing Co. FROM TO

FOR Pampa, Texas. for FROM TO

FOR two years.& 1 Yr. at Raton FROM Barber Shop, Raton,

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rose Easly HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marrion	Girl		8	Lansing, Okla.
Gerildine	"		10	" "

IN VR	DATE 10/6/37	CHECK 52
OUT DATE 10-13-37		CHECK
CAUSE Doctors report		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eddie Easly, Fort Worth, Tex.
Henry Easly, " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Oct. 6 1937

SIGNED IN PRESENCE OF A. L. Atchison

Willie Easly
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXX	XXXXXX				

NAME Willie Easly OCCUPATION Miner Born 9/28/1908

WHERE BORN? Calvert, Tex. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Compress Co.	FROM	TO
FOR Shamrock, Texas. for	FROM	TO
FOR two years.	FROM	TO
FOR Berhman Clothing Co.	FROM	TO
FOR Pampa, Texas. for	FROM	TO
FOR two years.& 1 Yr. at Ratop Barber Shop, Raton,	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rose Easly HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marrion	Girl		8	Lansing, Okla.
Gerildine	"		10	" "

IN VH	DATE 10/7/37	CHECK 52
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eddie Easly, Fort Worth, Tex.
Henry Easly, " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Oct. 6 1937

SIGNED IN PRESENCE OF

A. L. Atchison

Willie Easly
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS INDEBTEDNESS INCLUDED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	Date of Birth	XXXX XXXX	XXXXXX XXXXXX				
Easly, Willie	Sept. 28, 1908	Married	-	[illegible]as	Yes	Oct. 7, 1937	Oct. 6, 1937

NAME Chas. Eastham OCCUPATION Machine Runner Born Mar.14,1883

WHERE BORN? Kentucky U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Eng. WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Apr.13,1914 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Laura Eastham HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margarite	Girl		12 years	
Kendall	Boy		10 "	
Ruth	Girl		6 "	
Chas.	Boy		4	

IN VH	DATE 4/13/14	CHECK
OUT DATE 4-1-31		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME G. W. Eastham ADDRESS Dawson, N. M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Geo. Eastham, Kentucky, John Eastham, Huntington, W. Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. F. Ellsworth, Gardiner, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

1000 on

1500 on

2000 on May 1, 1928

INTERPRETED BY

DATE July 12, 1919

Charles Eastham,

SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF

B. H. Harmon

Signature on old record

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eastham, Charles,	Mar. 14, 1883		Married		Kentucky	Yes	April 14,14	7/12/19

NAME Chas Eastham OCCUPATION miner Born Mar.14,1883

WHERE BORN? Ky. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR not working	FROM Mar.1931	TO Sept.1932	
FOR St.L.R.M.& P.Co.	FROM	TO Feb. 1931	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Laura HER AGE 49

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Margaret	girl		25	Van Houten
Kendall	boy	Dec. 1908		"
Ruth	girl	June, 1911		
Chas	boy	Sept. 1913		Van Houten
Ella	girl	June, 1920		"

88

IN VH	DATE 9-17-32	CHECK
OUT DATE Aug 15, 1954		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 71 FULL NAME Geo. Eastham ADDRESS Dawson, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

John in W.Va- Geo. in Los Angeles.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Julia Ellsworth in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on apr 1, 1933
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-17-32

SIGNED IN PRESENCE OF

R.P.Woods

Chas Eastham
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENT IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eastham, Charles	Mch.14,1883	Married		Kentucky	Yes	Sept.17,1932	Sept.17,1932

NAME Kendall Eastham OCCUPATION Miner Born Dec. 4, 1907

WHERE BORN? West Virginia U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English READ? Eng. WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM July 14,1924 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7/14/24	CHECK 381
OUT DATE 5-31-1928		CHECK 312
CAUSE Own accord		
IN VH	DATE 10-8-28	CHECK 222
OUT DATE 1-19-1929		CHECK 222
CAUSE own accord		
IN VH	DATE 9-11-29	CHECK 353
OUT DATE 3-1-1930		CHECK 361
CAUSE Own Accord		
IN VH	DATE 4-23-30	CHECK 288
OUT DATE 4-1-31		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 42 FULL NAME Charles Eastham ADDRESS Van Houten,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 42 FULL NAME Laura Eastham ADDRESS Van Houten,N.M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Charles, Van Houten, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margarite, Ruth and Ella, Van Houten, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Oct 1930

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mother and Father 1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Kendall Eastham

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eastham, Kendall,	Dec. 4, 1907		Single		West Virginia	Yes	4-23-1930	7/22/25

NAME Kendall Eastham OCCUPATION miner Born Dec. 4, 1907

WHERE BORN? W.Va. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR not working	FROM Feb. 1932	TO July, 1932	
FOR Jim Pasic- Contractor in Boise City, Okla	FROM	TO Jan. 1932	
FOR	FROM Nov. 1931	TO	
FOR Absure Cont. in Boise City.	FROM Nov. 1930	TO Nov. 1932	
FOR St.L.R.M.& P.Co.	FROM	TO Oct.1930	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7-6-32	CHECK 470
OUT DATE Oct 2, 1934		CHECK 470
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 49 FULL NAME Chas Eastham ADDRESS Rush, Ky.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 49 FULL NAME Laura Eastham ADDRESS Rush, Ky.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Charles in Rush, Ky.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ella in Rush, Ky- Margaret McDougall in Van Houten- Ruth Stevens in Mosquero, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Jan. 1933

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

sister in Van Houten,

1000 on

1500 on

2000 on

INTERPRETED BY

DATE 7-6-32

SIGNED IN PRESENCE OF

R.P.Woods

Kendall Eastham.

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eastham, Kendall	Dec. 4, 1907	Single		W. Va.	Yes	July 6,1932	July 6,1932

NAME Kendall Eastham OCCUPATION Miner Born 12/4/1907

WHERE BORN Kayford, W Va. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR last	FROM	TO
FOR For the two Yrs. has worked	FROM	TO (F S S O A)
FOR Clearco, W Va.	FROM	TO # 528-05-7514
FOR Befor that time was	FROM	TO
FOR working here in VH.	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 5/~~24~~/~~36~~ 2537	CHECK 9
OUT DATE 11-16-37		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 53 FULL NAME Charles Eastham ADDRESS Clearco, W Va.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 53 FULL NAME Laura Eastham ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Charles Eastham, Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. John McDougall, Van Houten, N.M.
Ruth Stevens, Raton, N.M. Ella Eastham, Clearco. W Va.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. Laura Eastham, Clearco, W.Va.

INTERPRETED BY

DATE May 24 1937

SIGNED IN PRESENCE OF

A. L. Atchison

Kendall Eastham
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS ~~IN FAMILY~~ ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX	XXXXXX				

NAME Rupert Eastham OCCUPATION loader Born Sept.24,1902

WHERE BORN? Va. U. S. CITIZEN? yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Bisbee, Ariz. myself	FROM	TO	Sept. 1930
FOR C & A minigg Co.	FROM	4 yrs.	TO
FOR Copper Queen	FROM	3 yrs.	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Gladys Eastham HER AGE 22

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Douglas, Ariz.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rupert Jr.	boy		6	Douglas, Ariz.

IN	VH.	DATE 9-17-30	CHECK 284
OUT DATE	12-14-1930		CHECK
CAUSE	Own Accord		
IN	VH	DATE 1-2-31	CHECK
OUT DATE	3-1-31		CHECK
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Geo Eastham ADDRESS Dawson, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 59 FULL NAME Hattie ADDRESS Dawson, N.M.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Chas Eastham in Van Houten- Ray in Los Angeles, Cal. Geo and John address unknown.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Zelma in Bisbee, Ariz- Virginia in Tyler, Tex.-

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

brother in Van Houten

INTERPRETED BY

DATE 9-17-30

SIGNED IN PRESENCE OF

R.P.Woods

Rupert Eastham
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eastham, Rupert,	Sept. 24. 1902	Married		Virginia	Yes	1-2-1931	9-17-30

NAME L.G.Edmonds OCCUPATION Miner Born May3,1905

WHERE BORN? Alva,Okla. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	City Water Works and	FROM	Oct.1927	TO Oct.1928
FOR	A.T.&S.F.,Raton, N.M.	FROM		TO
FOR	Ranch	FROM	1923	TO Oct.1927
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Helen Edmunds HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN G.	DATE 10/18,28	CHECK 20
OUT DATE Never started to work		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 43 FULL NAME Dora May Hawkins ADDRESS La Junta Colo.

WHO SUPPORTS HER? My Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harold Edmonds,nDenver,Colo. Street address unknown
Lester " La Junta, Colo.
Geo. " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Miss.Irene Edmonds, La Junta Colo.
Mrs.Lois Hopkins Burns, Kansas

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Helen Edmunds,117 Maxwell Ave, Raton, N.M.

INTERPRETED BY

DATE Oct.18,1928

SIGNED IN PRESENCE OF

A.W.Allbert.

L G Edmonds
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED DIVORCED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Edmonds, L. G.,	May 3, 1905	Married		Oklahoma	Yes	Oct. 18, 1928	10/18/28

NAME James Edward (Colored) OCCUPATION Born June 16,1902

WHERE BORN? Trafort,Ala U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Diamond Coal & Coke Co	FROM	TO	
FOR Alliason, N.M.	FROM Sept.28	TO January 29	
FOR White PineLumber Co	FROM	TO	
FOR LeDow Ala.	FROM January 1928	TO September 1928	
FOR Black Diamond Coal Co.	FROM	TO	
FOR Overton,Ala	FROM January 1924	TO January 1928	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 1-19-29	CHECK 338
OUT DATE 1-19-1929		CHECK 338
CAUSE Never started		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME Will Edward ADDRESS Trafort,Ala

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Geo, Burmingham Ala Lewis at Warior, Ala. Joe in Verginia Johnie in Ohio. where at the towns is I dont know

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lillie Elliot,Dant,Verginia.Mattie Brooks,Rody,Va. Nancy Williams,Sixwest,Va.Bessie Martin,Cincinatti,Ohio.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Will Edward, Trafort, Ala.

INTERPRETED BY

DATE 1-19-1929

SIGNED IN PRESENCE OF C A Bernard

James (his mark) Edward
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Edward, James,	June 16, 1902	Single		Alabama	Yes	Jan. 19, 29	1/19/29

NAME R. Eguchi OCCUPATION Digger Born July 31,1883

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Japanese Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM Oct.7,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mike	Boy		20 years	Okayama, Japan.

IN S DATE 10/7/26 CHECK 62

OUT DATE 3-17-38 CHECK 245

CAUSE Insane - Died Aug, 1938 in asylum

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME K. Eguchi ADDRESS Okayama, Japan.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: S. Eguchi, Okayama, Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on Oct. 7, 1929.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

S. Tsugi, Sugarite, New Mexico.

INTERPRETED BY

DATE Sugarite, New Mexico, Oct. 7, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman,

R. Eguchi,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWER ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ INCLUDING ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eguchi, R.	July 31, 1883	Widower		Japan	No	Oct. 7,1926	10/7/26

NAME Marvin Richard Eldrich OCCUPATION Loader Born 8-13-1906

WHERE BORN? Colo. U. S. CITIZEN? Yes FORM 1078? 528-32-3654

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	A and A Coal Co, Colo	FROM	July,1945	TO Oct,1945
FOR	Rio Grande Fuel Co	FROM	Jan,1945	TO June,1945
FOR	Stanley Mines,Idaho Springs	FROM	June,1944	TO Decm1944
FOR	Rube Morris	FROM	Jan,1944	TO June,1944
FOR	Mile High Mine, Colo	FROM	Jan,1943	TO Dec,1943
FOR	Ranch, Idaho	FROM	1940	TO 1943
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jeane Eldrich HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Denver, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lois	F.	4-12-28	17	Denver, Colo.
Betty Lou	F.	2-22-30	14	do

IN K	DATE 11-16-45	CHECK	
OUT DATE 12-10-45		CHECK	
CAUSE Own accord.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Edward Eldrich, Unknown.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on 1000 on 1500 on 2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife. 914 E 17th Ave. Denver, Colo.

Salt Lake City, Utah Board Class 4-a
Do not know number as has lost.

INTERPRETED BY

DATE Nov 16th,1945

SIGNED IN PRESENCE OF R. Rodkinson

Marvin R. Eldrich
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Eldrich, Marvin Richard	Aug.13,1906		Married		colorado	Yes	Nov. 16,1945	Nov. 16,1945

NAME C.W.Elliott OCCUPATION miner Born Sept.25,1894

WHERE BORN? Ks. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Chas Rupert, at Raton,	FROM Oct. 1927	TO	Dec. 1927
FOR Capulin on Farm	FROM Aug. 1926	TO	Sept. 1927
FOR Restaurant in Kansas City.	FROM 5 yrs.	TO	July, 1926
FOR Swastika	FROM 2 mos.	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Helen HER AGE 28

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Joseph	boy		4	Raton
Gloria	girl		2	"

IN	SW	DATE 12-31-27	CHECK 91
OUT DATE	9-6-28		CHECK 110
CAUSE	O. C.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? yes AGE 67 FULL NAME Joseph Elliott ADDRESS Independence, Mo.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 65 FULL NAME Hally ADDRESS Independence, Mo

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank- Wane in Dedar Rapids, Ia. and Harry in Gallup, N.M.

Ralph- Floyd-##### in Kansas City-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ethel in Milwaukee, Wis.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1,1926
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-31-27

SIGNED IN PRESENCE OF

R. P. Woods

C W Elliott
SIGNATURE OF APPLICANT

Sworn to July 30 1928

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWER WID. DIV.	DEPENDENTS INCLUDING INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Elliott, C.W.	Sept. 25, 1894	Married	XXXX XXXXXX XXXXXX	Kansas	Yes	Dec. 31, 27	12/31/27

NAME Louis Ellis OCCUPATION Driver Born Apr. 22, 1904

WHERE BORN? Oklahoma U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? English WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM Jan. 3, 1922 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Roma , HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Two Children				

IN S	DATE 1/3/22	CHECK 485	
OUT DATE 12-4-29		CHECK 492	
CAUSE own accord.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? AGE FULL NAME Walter Kerr, Stepfather, ADDRESS Sugarite, N.M.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Mrs. Walter Kerr, ADDRESS Sugarite, N. M.

WHO SUPPORTS HER? Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alex, Bill, Dawson, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Gertrude, (Velma, Stepsister) Fannie, Niece of Mrs. Kerr's.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Stepfather, Walter Kerr, Sugarite, New Mexico.

Group Insurance $500 on
1000 on
1500 on May 1, 1928.
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman.

Louis Ellis

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED / SINGLE / WIDOWER / DIVORCED	DEPENDENTS IN FAMILY / INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ellis, Louis,	April 22, 1904	Married		Oklahoma	Yes	Jan. 3, 1922	1/3/22

MINE Sugarite, N. M. DATE Jan. 3, 1922.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 23 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 8 in. WEIGHT 140 lbs. COLOR OF HAIR Light

COLOR OF EYES ~~Light~~ Blue COMPLEXION ~~xxx~~ Fair SCARS OR MARKS OF IDENTIFICATION None

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT Louis Ellis

M. D.

Phone 525-03-8762

NAME Louis Ellis OCCUPATION Miner Born April 22-
WHERE BORN? Blossburg U. S. CITIZEN? Yes FORM 1078? No
WHAT LANGUAGES DO YOU SPEAK? Eng- READ? Yes WRITE? Yes
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Pecos Mine - 6 Mo	FROM	TO
FOR Sugarite 7 yrs	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced
Married Della Moore, nurse, in 1937.
GIVE FULL NAME OF WIFE HER AGE
IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS
FILL IN RECORD OF CHILDREN AS FOLLOWS:-

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Shirley Jane	Girl		4	Raton N. M.
Emma Jeane			3	Sugarite N. M.

IN Sug.	DATE 7/9/30	CHECK 54
OUT DATE 11-13-1930		CHECK
CAUSE Killing Mule		
IN Sug.	DATE 1-30-31	CHECK
OUT DATE 2/1/33 Sugarite		CHECK 270
CAUSE Dropped; at Pecos		
IN Sugarite	DATE 5/18/33	CHECK 270
OUT DATE 3/11/38		CHECK 364
CAUSE Tr. to Gardiner		
IN Gard.	DATE 3/12/38	CHECK
OUT DATE 6-27-39		CHECK
CAUSE Tr to Sug		
IN Sug	DATE 7-1-39	CHECK 213
OUT DATE Oct 2, 1940		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Dead - AGE - FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? Yes AGE 45 FULL NAME Ella Kerr - ADDRESS Sugarite N. M.
WHO SUPPORTS HER? Her Husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None
GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Gertrude Stewart, Sugarite, N. M.
GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes
Group Insurance $500 on Nov 1933
GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on
1500 on
2000 on
Mother -

INTERPRETED BY
DATE 7/9/30
SIGNED IN PRESENCE OF Geo. L. Kimball

Louis Ellis
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ellis, Louis,	Apr. 22, 1904	Married		New Mexico	Yes	5/18/1933	7-9-30

Memorandum concerning Louis Ellis

Louis Ellis, Sugarite, has been in our employ for around eight years, except from Nov.13,1930 to Jan. 30, 1931 when he was out of service as result of killing a mule. He has a bad wrist with diseased bone. In my opinion we are in the same danger from him that we are from Lloyd Lumsden.

Dr. L. A. Hubbard

When playing football on Sunday, Oct. 4th he fell and again injured

Oct. 8, 1931

Memorandum concerning Louis Ellis

Louis Ellis, Sugarite, has been in our employ for around eight years, except from Nov.13,1930 to Jan. 30, 1931 when he was out of service as result of killing a mule. He has a bad wrist with diseased bone. In my opinion we are in the same danger from him that we are from Lloyd Lumsden.

Dr. L. A. Hubbard

When playing football on Sunday, Oct. 4th he fell and again injured this bad wrist.

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE Good

HE STATES HIS AGE AT 26 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft 7½ in WEIGHT 160 lbs COLOR OF HAIR Light

COLOR OF EYES Brown COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION none

THIS PHYSICAL RISK FOR EMPLOYMENT IS Good

CAUSE OF REJECTION None

SIGNATURE OF APPLICANT Louis Ellis

C. S. Harpole M. D.

NAME Fergie Ellsworth OCCUPATION Asst. Mine Foreman Born July 26,1878

WHERE BORN? Ohio U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO
FOR	FROM	TO
FOR	FROM Mar. 1914	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Julia dying of cancer June 1938 HER AGE 36 died spring of 1939

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G	DATE Mar.1914	CHECK
OUT DATE 1-11-35		CHECK
CAUSE Tr to Sur		
IN Sur	DATE 1-11-35	CHECK
OUT DATE Oct 2. 1940		CHECK 212
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Dont Know AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Mrs. Dora Livingston, ADDRESS Paris, Ky.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Dave Ellsworth, Michigan City, N. D.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Mrs. Julia Ellsworth, Gardiner, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

J. Burkholder,

Fergie Ellsworth,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DIVORCED ~~XXXX~~ IN FAMILY WAY ~~XXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ellsworth, Fergie,	July 26, 1878	Married		Ohio	Yes	March 1914	12/24/18

NAME Teobaldo Emonel OCCUPATION Digger Born 1861

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Sept.1904 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Emonel HER AGE 43

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Borgiallo, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

In office Nov 20 1936 Saw Lawlite who arranged 10 months free credit for him at Vanhouten Store commencing March 1936 with free rent, Light coal water

IN VH.	DATE Sep.1904	CHECK
OUT DATE Jan 7, 1937		CHECK
CAUSE Died at Gardner Hosp.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Mary Emonel, Borgiallo Torino, Italy

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. P. French

Did not take ins.

Teobaldo Emonel
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Emonel, Teobaldo,	1861	Married		Italy	Yes	Sept.1904	Sept. 1904

MINE Van Houten, N. M. DATE September 1904.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 67 YEARS. DOES AGE GIVEN SEEM CORRECT?

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 6 in. WEIGHT 130 lbs. COLOR OF HAIR Gray

COLOR OF EYES Brown COMPLEXION Medium SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT Teobaldo Emonel

M. D

NAME Matias Encinias OCCUPATION Miner

DATE OF BIRTH June 8 1905 SOCIAL SECURITY NO. 525 - 10 - 9291

WHERE BORN? Rowe, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming Rowe, N. M.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sanida Encinias HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosie	Female		15	Koehler, N. M.
Katie	"		13	"
Jane	"		11	"

IN K	DATE 10,28,43	CHECK 237
OUT DATE 8/9/44		CHECK
CAUSE Going Farming.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Apolonard Encinias, Rowe, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Clarita Padilla, Rowe, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Registered at Las Vegas, Order # 813 Class 3 A (H)

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500. GROUP INSURANCE May 1944

INTERPRETED BY

DATE Oct. 28, 1943

SIGNED IN PRESENCE OF

A. L. Atchison

Matias Encinias

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Encinias, Matias	June 8, 1905	Married	New Mexico	Yes	Oct. 28, 1943	Oct. 28, 1943

NAME Tircio M. Encinias OCCUPATION Loader

DATE OF BIRTH May 1st,1907 SOCIAL SECURITY NO. 708-14-9036

WHERE BORN? Santa Rosa, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	A.T.&.S.R. Section	FROM	1942 Apr	TO	April,1944
FOR	A.T.&.S.F.Ry Labor	FROM	1938	TO	1942
FOR	Worked in Dawson Mines several years ago.	FROM		TO	
FOR		FROM		TO	
FOR		FROM		TO	
FOR		FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWED, DIVORCED? Married Divorced

GIVE FULL NAME OF WIFE Maria Encinias HER AGE

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Theodore	Male	7-29-1929	15	Maxwell, N.M.
Louis	Male	3-1-1930	14	"
Margaret	Female	1-1-1936	8	"

Living with mother-in-law at Maxwell, N.M
Mrs.Rita Sandoval.

K	5/1/44		251
IN	DATE	CHECK	
OUT DATE 2/15/45		CHECK	
708-14-9036			
CAUSE Discharged			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE Self FULL NAME Donicano Enicinias ADDRESS Maxwell, N.M.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS Sifreno,Santiago and Dacigero Ramon Encininas, Maxwell, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father.

Colfax County Board Maxwell, Order No. 398 Class 3A Dated Jan 15th,1941 $500 GROUP INSURANCE December 1944

INTERPRETED BY

DATE May 1st,1944

SIGNED IN PRESENCE OF A. L. Atchison

Tircio Encinias
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Encinias, Tircio	May 1, 1907	Divorced	New Mexico	Yes	May 1, 1944	May 1, 1944

218

NAME Cleto Enriquez OCCUPATION

DATE OF BIRTH May, 3, 1897 SOCIAL SECURITY NO. 525-50-0144

WHERE BORN? Mexico. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Albert Mitchell, Roy, N. M. FROM Ranch hand TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

over 45
NO 42 A

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN K	DATE 9/21/43	CHECK
OUT DATE 12/4/43		CHECK
CAUSE Went to Army		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS no

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: no

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Profilio C. Bernal, Raton, New Mex.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Profilio C. Bernal

GROUP INSURANCE

INTERPRETED BY

DATE Sept. 21, 1943

SIGNED IN PRESENCE OF

A. L. Atchison

Cleto Enriquez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Enriquez, Cleto	May 3, 1897	Single	Mexico	Yes	Sept. 21,1943	Sept. 21,1943

SS# 525-03-8202

NAME Joe Ercolani OCCUPATION Miner Born Apr.13,1885

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM		TO
FOR uous service of this Co.	FROM	May 1909	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Philomena	Female	Aug. 23, 1913	5 years	
Joe	Male	Mar. 13, 1915	3 "	
Angela	Female	Dec. 3, 1917	1 year	

IN BR	DATE May 5 '09	CHECK
OUT DATE		CHECK
CAUSE Transfer to Sw		
IN Sw	DATE Oct 1933	CHECK 252
OUT DATE July 16, 1947		CHECK 252
CAUSE Irregular Book. Would not report when he was not going to work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 78 FULL NAME Angelo ADDRESS Gradoli, Italy.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vincent Ercolani, No address

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Luccia Renzi, Gradoli, Italy, Nellie Profaz, Brilliant, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Brilliant, N. M. Dec. 24, 1918.

SIGNED IN PRESENCE OF

P. Gardner

Joe Ercolani
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ercolani, Joe,	April 13, 1885	Married		Italy	Yes	May 1909	12/24/18

NAME Joe Ercolani OCCUPATION Lampman

DATE OF BIRTH April 13, ~~1869~~ 1885 SOCIAL SECURITY NO. 525-03-8202

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng, Ital READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St. Louis R. M. & P. FROM 1909 TO July 14, 1947

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria HER AGE 57

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Luciano	Male		27	Sacramento, Calif
Filomena	Female		33	Santa Fe, N.M.
Angelina	"		28	Raton, N.M.

IN 132	DATE 9/5/47	CHECK 252
OUT DATE 9-25-48		CHECK
CAUSE Retired.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vincenzo, Address unknown.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Nellie Profazi, Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Maria Ercolani, Raton, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF Pete Bove

Joe Ercolani
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ercolani, Joe	4-13-1885	Married	Italy	Yes		9-5-1947

NAME Ray Ervin OCCUPATION Coal Miner

DATE OF BIRTH 12-2-1885 SOCIAL SECURITY NO. 304-07-7039

WHERE BORN? Indiana U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Inglish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR US Naval Dry Docks	FROM	July 1942	TO	Febrary 1946
FOR San Pedro Calif	FROM		TO	
FOR American Coal Co.	FROM	Nov 1909	TO	July 1942
FOR	FROM		TO	
FOR Bicknell, Ind.	FROM		TO	
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Juaneeta L. Ervin HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Bicknell Ind. 902 Washington St.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ray	Boy	11-23-21	25	San Francisco, Cal.
Jack M.	"	6-30- 30	16	Bicknell, Ind.

IN Br	DATE 7-17-46	CHECK 124
OUT DATE 8-16-46		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Mrs. Stella Roark, Oaktown, Ind.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
My wife at above address

GROUP INSURANCE Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C. A. Bennett

Ray Ervin
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ervin, Ray	Dec. 2, 1885	Married	Indiana	Yes	July 17, 1946	July 17, 1946

NAME Jesus Avila Esparza Esparza OCCUPATION

DATE OF BIRTH Nov 15, 1909 SOCIAL SECURITY NO. 724-09-2833

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Calif	FROM	2 Mo	TO
FOR Mexico	FROM	9 Mo	TO
FOR Chicago	FROM	6 Mo	TO
FOR Mexico Foundry	FROM	10 Yrs	TO
FOR Two Years in metal	FROM		TO
FOR Mine in Mexico.	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Paula De La Rosa HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Calle Moctezuma No 167 San Louis Potosi SLP

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Francisca	Girl		17	Mexico
Julia	"		15	"
Josefina	"		13	
Samuel	Boy		4	"

IN B2	DATE 10/24/45	CHECK 222
OUT DATE 2-6-46		CHECK
CAUSE Picked up by Immigration officers.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

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IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Antonio, Mexico Ismael, Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Estell & Elvira, Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 10/23/45

SIGNED IN PRESENCE OF Geo. E. Kimball

Jesus Avila Esparza
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Esparza, Jesus A.	Nov. 15, 1909	Married	Mexico	No	Oct. 24, 1945	Oct. 23, 1945

NAME Louis Esposito. OCCUPATION Loader Born Mar 22, 1899

WHERE BORN? Spain U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR California	8 Yrs	FROM	TO
FOR Swastika	2½ Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elena HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Los Angeles 1513 Pleasant Ave.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Angela	Girl		3	with mother
Louisa	"		22 Mo	"

IN Sw	DATE 10/8/30	CHECK 170
OUT DATE 6-15-31		CHECK
CAUSE Valuntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 75 FULL NAME John ADDRESS Gama, Santander,

WHO SUPPORTS HIM? His sons HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $350.00 in ten Yrs

IS YOUR MOTHER LIVING? Yes AGE 64 FULL NAME Rosa with father ADDRESS Spain

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Macario & Aquilino, with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Amelia with Father Manuela Campos, same address

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Ola Hy Kinch 6/9/30

INTERPRETED BY

DATE Oct 10, 1930.

SIGNED IN PRESENCE OF

G.L.Kimball.

Louis. Esposito
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Esposito. Louis.	Mar. 22. 1899	Married		Spain	No	10-8-30	10-8-30

NAME Eulogio Esquibel OCCUPATION Mine

DATE OF BIRTH March 6, 1888 SOCIAL SECURITY NO. 525-10-1467

WHERE BORN? Cleveland N.Mex. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. English READ? Span. WRITE? Spanish only

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Guerfano Coal Co. FROM April 1942 TO July 1947

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Simminota Esquibel HER AGE 55

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Albert	M		18	
Rosalia	F		14	
Federico	M		11	

IN K	DATE 7-26-47	CHECK 105
OUT DATE 3-2-53		CHECK
CAUSE Retirement		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Bernado Esquibel Roy, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Nevias, Onofre, Candilata Esquibel Roy, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Mrs. Simminota Esquibel

$500 GROUP INSURANCE Feb. 1948

INTERPRETED BY

DATE July 21, 1947 231 White St. Trinidad, Colo.

SIGNED IN PRESENCE OF David Stewart

Eulogio Esquibel
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Esquibel, Eulogio	March 6, 1888	Married	New Mexico	Yes	July 26,1947	July 21,1947

NAME LUCIANO ESQUIBEL OCCUPATION Loader

DATE OF BIRTH 1-8-1900 SOCIAL SECURITY NO. 525-52-4417

WHERE BORN? N.M. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farm- Wyoming	FROM 1935	TO May,1945	
FOR	FROM	TO	
FOR No mine experience	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alice	F	Over 20 and married.		

IN K	DATE 5-9-45	CHECK 114	
OUT DATE 9-22-45		CHECK	
CAUSE own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 76 FULL NAME Margarita Esquibel ADDRESS Rocky Ford, Colo

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Yes.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike Esquibel, Epefanio Esquibel, Mike Esqvibel, Jr.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Victoria Martinez , Venida Esquibe, Rocky Ford, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None. Mother. Neice Amalia Evel, Rocky Ford, Colo.
living with my mother.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Mother.

Mora County, N.M. Board Order No. 10153 Class 2C (H) until Sept 3-th, 1944 INSURANCE
Dated March 31st,1944

INTERPRETED BY

DATE May 9th,1945

SIGNED IN PRESENCE OF W. F. Buschman

Luciano Esquibel
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Esquibel, Luciano	Jan. 8, 1900	Divorced	U. S.	Yes	May 9,1945	May 9, 1945

NAME Jose Esquibel OCCUPATION Miner

DATE OF BIRTH June 9, 1909 SOCIAL SECURITY NO. 525-22-6752

WHERE BORN? Mora County U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. English READ? Both WRITE? Both

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sante Fe Railroad FROM June 1946 TO June 1947

FOR The American Smelting Ref. Co. FROM June 1941 TO June 1946

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Amelia Esquibel HER AGE 39

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ambrosita	F		11	
Eulalio	M		10	
Ermina	F		9	
Adelia	F		7	

IN	1T	DATE 7/31/47	CHECK 765
OUT DATE	JULY 30 1953		CHECK
CAUSE	REDUCTION OF FORCE		
IN	KOEHLER	DATE AUG. 10, 1953	CHECK
OUT DATE	10-30-53		CHECK
CAUSE	Reduction of force.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME Rosendo Esquibel ADDRESS Ledoux New Mexico

WHO SUPPORTS HIM? Welfare HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank, Wheatland, Wyo. Adriano, Ledoux, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Senarda, Ledoux, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Amelia Esquibel

$500 GROUP INSURANCE March 1948

INTERPRETED BY

DATE July 31, 1947

SIGNED IN PRESENCE OF

Jose Esquibel

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Esquibel, Jose	June 9, 1909	Married	New Mexico	Yes	Aug. 1, 1947	Aug. 1, 1947

NAME Stanton Eubanks OCCUPATION Loader

DATE OF BIRTH Sep 28th,1898 SOCIAL SECURITY NO. 346-09-5624

WHERE BORN? Illionois U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Blarier Coal Company,	FROM	TO	
FOR Belair, Ill	FROM 1936	TO	1940
FOR Townsend BlanchetMine ? ill	FROM 1940	TO	1942
FOR Medical Depot. Denver	FROM	TO	
FOR Denver Plumbing Co,Buckley Field	FROM , July 42	TO	March 43.
FOR Moffatt CoalCo, Oak Creek	FROM Mar,1943	TO	May,1943

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Separated.

GIVE FULL NAME OF WIFE Esther Eubank HER AGE

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS St.Anne, Ill

Mary Cordova

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Donald E.	Male	April 12th,1931	12	St.Anne, Ill
Avan Cletis	Male	Aug 27,1937	7	St Anne, Ill.

IN K	DATE 5/~~20~~ 21/43	CHECK 127	
OUT DATE 7-11-43		CHECK	
CAUSE Was injured and never returned to work.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Frank Eubanks, ADDRESS Fesser, Ill.

WHO SUPPORTS HIM? Self. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vern, Fessler, Ill. Lester , Jesse Eubank, U.S.Army.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pearl Harman, Fessler, Ill. Emma Beck, Fessler, Ill.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No. Wife not dependent. I sendmoney to children thru a brother.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father,Frank Eubanks,Fesler, Ill.

GROUP INSURANCE

INTERPRETED BY

DATE May 20th,1943.

SIGNED IN PRESENCE OF

A. L. Atchison

Stanton Eubanks Yes.

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Eubanks, Stanton	Sept. 28, 1898	Separated	Illinois	Yes	May 21, 1943	May 20, 1943

NAME Eusebi, Narzareno OCCUPATION miner Born June, 3, 1888

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Los Angeles on farm	FROM July, 1928	TO	Sept. 1928
FOR	Colo. quartz mine	FROM	TO	June, 1928
FOR	at Telluride, Colo	FROM 15 yrs.	TO	
FOR	3 mos. experience in coal	FROM	TO	
FOR	mine in Canada	FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 9-25-28	CHECK 99
OUT DATE 7-1-32		CHECK
CAUSE This man was granted a lay off by V. Dobati, Left but his whereabouts unknown now		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Eusebi in South America-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Maria Eusebi, at S.Severino, Marche, Italia.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Mar. 1929.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

notify lodge also my sisterv in Italy

INTERPRETED BY

DATE 9-25-28

SIGNED IN PRESENCE OF

R.P.Woods

Eusebi Narzareno
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWER~~	~~DEPENDENTS IN FAMILY~~ ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Narzareno, Eusebi	June 3, 1888	Single		Italy	Yes	9/25/28	9/25/28

NAME Arthur L. Evans OCCUPATION Pumper Born Dec. 22, 1898

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM 1915 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Beatrice HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Arthur	Boy		5 months	Raton, N. M.
1 Boy				
1 Girl		Oct. 1929		

IN SW	DATE 1915	CHECK 424	
OUT DATE 12/12/29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 50 FULL NAME John Evans ADDRESS Raton, N. M.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Martha

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE Swastika, N. M. Dec. 29, 1924.

SIGNED IN PRESENCE OF

Geo. L. Kimball

Arthur L. Evans,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOW ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Evans, Arthur L.,	Dec. 22, 1898		Married		Colorado	Yes	1915	12/29/24

NAME John Evinich OCCUPATION Miner Born Jan.2,1897

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Eng.& Slav. READ? Yes WRITE? Little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps-Dodge Corp., Dawson FROM 1923 TO Nov.1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Evinich HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tony	boy	Mar.3,1925	3 Yrs.8 Mo.	Dawson,N.M.
Steve	boy	July 5,1926	2 " 4 Mo.	" " "
Tilda	girl	Jan.6,1928,	11 Mo.	

IN G.	DATE 11/28/28	CHECK 39
OUT DATE 12/11/29		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME Tony Evinich, ADDRESS Eastria, Italy

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 51 FULL NAME Katrine ADDRESS " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Victor, Emauel, Rudolph, Vlodimier " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: TildaEvinich

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1929.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Mary Evinich, Dawson, N.M.

INTERPRETED BY

DATE Nov.28,1928

SIGNED IN PRESENCE OF

A.W.Allbert.

John Evinich
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Evinich, John,	Jan. 2, 1897	Married		Austria	Yes	Nov. 28, 28	11/28/28

H

NAME Alex Haddow OCCUPATION miner Born Jan. 2, 1893

WHERE BORN? Scotland U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson FROM July, 1925 TO Aug. 1928

FOR Moffat tunnel FROM June, 1923 TO June, 1925

FOR Swastika and Brilliant FROM 8 yrs. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Rose HER AGE 31

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS do not know

FILL IN RECORD OF CHILDREN AS FOLLOWS: I do not support.

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 8-29-28	CHECK 78
OUT DATE 12-12-28		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 72 FULL NAME John Haddow ADDRESS Brilliant

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

John in Maywood Cal.-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Kate Brown in Pueblo-

Mary in Berwin- Maggie Whited in Raton- Jean Jaques in Pueblo- Nan Haddow in Pueblo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

my father

INTERPRETED BY

DATE 8-29-28

SIGNED IN PRESENCE OF

R.P.Woods

Alex Haddow
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED ~~SINGLE~~ ~~WID. DIV.~~	DEPENDENTS ~~IN FAMILY~~ ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Haddow, Alex.	Jan. 2, 1893	Married		Scotland	Yes	Aug. 29, 28	8/29/28

NAME J. Haddow OCCUPATION Miner Born Sept.25,1856

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM June 1910 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Gabriel	Male	Dec. 26, 1882	36 years	
Mary	Female	Feb. 1884	34 "	
Archie	Male	Jan. 1886	32 "	
Maggie	Female	Mar. 1888	30 "	
Alex	Male	Jan. 1893	25 "	
John	"	Feb. 1898	20 "	
Jane	Female	Apr. 1901	17 "	
Agnes	"	Aug. 1902	16 "	
Kate	"	Mar. 1905	13 "	

IN BR DATE June '10 CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Gabriel Haddow, Dreghom, Scotland, Alex Haddow, Dreghom,Scot.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Porter, Kilwinning, Scotland, Jane Muir, Dreghom,Scotland.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Daughter - Agnes

INTERPRETED BY

DATE Brilliant, N. M. Dec.30,1918

SIGNED IN PRESENCE OF

P. Gardner

John Haddow
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Haddow, John,	Sept. 25, 1856	Widower		Scotland	No	June 1910	12/30/18

NAME W.H.Haddow OCCUPATION Operator **Born** Aug.31,1896

WHERE BORN? Blossburg,N.M. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Colfax Co.Road Dept.	FROM 1929	TO Jan.1934
FOR	Idle	FROM Jan.1934	TO April 5,1934
FOR	Phillips P.Co.	FROM April 5,1934	TO June 8,1934.
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Grace Haddow HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	boy	Oct.31,1931	2½ Yrs.	Raton, N.M.

IN	G.	DATE June 20,1934	CHECK 304
OUT DATE	March 1935		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME John Haddow ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jas.Haddow,Detroit, Mich.
John " ,Therma, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Arthur Nelson, Raton, N.M.
Viola Haddow, " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Grace Haddow,525 Cook Ave.,Raton, N.M.

INTERPRETED BY

DATE June 20,1934

SIGNED IN PRESENCE OF

A.W.Allbert

W H Haddow
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
		XXXX WWW	XXXXXX XXXXXX				
Haddow, W. H.	Aug.31,1896	Married		New Mexico	Yes	June 20,1934	June 20,1934

NAME Wm. Haggerty OCCUPATION

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED?

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD

NAME R.HAGIHARA OCCUPATION Miner 9-25-1892

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Born Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Scotts Bluff, Neb. Beets	FROM Aug 1925	TO Dec, 1928	
FOR Truck Farm, Los Angeles	FROM 1920	TO 1925	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 12/19/28	CHECK 346
OUT DATE 2-28-29		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: T.Hagihara Matammura, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend, S.Tsugi, Sugarite, N.M.

INTERPRETED BY

DATE Sugarite Dec 19th, 1928

SIGNED IN PRESENCE OF

A.L.Breckman.

R Hagihara

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED XXXX SINGLE WIDOWED DIVORCED	DEPENDENTS IN FAMILY XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hagihara, R.,	Sept. 25, 1892	Single		Japan	No	Dec. 19, 28	12/19/28

NAME Thos.M.Hamilton OCCUPATION Track Layer

DATE OF BIRTH 5/31/81 SOCIAL SECURITY NO. 448-05-1680

WHERE BORN? Sparter, Ill U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR		FROM		TO
FOR	Odd Jobs	FROM	1936	TO 8/15/42
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Florence Hamilton HER AGE 57

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Hevner, Okla.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Zena McQue	Female		38	Morley, Colo.
Ora French	"		36	Van Houten
Norvil Hamilton,	Male		32	Starkville, Colo.
Leathe Potts	Female		28	Miskoge. Okla.
Margarite Kirch,	Female		20	Gardiner, N.M.
Robert Hamilton,	Male	9/10/26	16	Hevner, Okla.

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mrs. Frank Oloflin, Springfield, Ill. Sarah, Reed, Aften, Okla,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. 6/5/45 PLB is getting Insurance reinstated

Florence Hamilton, Wife Hevner. Okla. GROUP INSURANCE Feb. 1943

INTERPRETED BY

DATE 8/17/42

SIGNED IN PRESENCE OF David Stewart

Tom Hamilton
SIGNATURE OF APPLICANT

IN	VH	DATE	8/18/42	CHECK	63		
OUT DATE	3-6-1945			CHECK	63		
CAUSE	Daughter sick in Calif.						
IN	4-24,	DATE	1945	CHECK	63		
OUT DATE	11-15-46			CHECK			
CAUSE	Own accord.						
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hamilton, Thos. M.	May 31, 1881	Married	Illinois	Yes	Aug. 18, 1942	Aug. 17, 1942

Apr.23,1894

NAME Walter C.Hamilton OCCUPATION Bath House & Coke house Born

WHERE BORN? England U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR See old Record No 6939 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Winifred Hamilton HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None.				

IN Sug	DATE 10/15/[illegible]	CHECK 388
OUT DATE 6-31		CHECK
CAUSE 5 mos lay off		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Wm Hamilton ADDRESS Dawdon, Eng

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Some.

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Ada Hamilton ADDRESS Dawdon, Eng

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Some.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Wm Hamilton, Rains, Utah. Albert, Teddy, James and Edward Hamilton. Dawdon, England.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Florence, Ada, May and Maude Hamilton, Dawdon, Eng.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on Winifred Hamilton, Sugarite, N.M.

1500 on

2000 on May 1,1928

INTERPRETED BY

DATE Sugarite Aug 11th,1927

SIGNED IN PRESENCE OF Old Record dated Oct 15th,1923.

A. P. Brockden

Walter C. Hamilton

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hamilton, Walter C.	Apr. 23, 1894	Married	XXXXXX	England	Yes	July 26, 22	8/11/27

MINE DATE

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 27 YEARS. DOES AGE GIVEN SEEM CORRECT? [illegible]

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 8 WEIGHT 160 COLOR OF HAIR Brn

COLOR OF EYES Blue COMPLEXION Fair SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

525-09-0793

NAME Walter Hamilton OCCUPATION Born April 23,1894

WHERE BORN Wakefield,Eng. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Tourist camp	FROM 1935	TO April 1,1937
FOR	Warehouse foremanB.Dam	FROM 1932	TO 1935
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Winifred Hamilton HER AGE 35 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS: No children

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 4-10,1937	CHECK 305
OUT DATE July 1937 (lcl)		CHECK
CAUSE Tr to Koehler		
IN Koehler	DATE 7-16-37	CHECK
OUT DATE 8-1-38		CHECK
CAUSE Resigned		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes. AGE 72 FULL NAME Wm.Hamilton ADDRESS Seaham Harbor Durham Co.Eng.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE FULL NAME Ada Hamilton ADDRESS " " " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~NONE~~ Albert&Jim,Hamilton " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Florence Taylor " " " "
May Smith " " " "
Maud Hamilton " " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Mrs.Winifred Hamilton, Raton, N.M.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on Oct 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April 10,1937

SIGNED IN PRESENCE OF

A.W.Allbert

Walter Hamilton
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE WIDOWED	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hamilton, Walter	Apr. 23 1894	Married		England	Yes	Apr.10,1937	Apr.10,1937

NAME Harada, C. M., OCCUPATION Digger Born Sept.13,1884

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Oct.7,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 10/7/26	CHECK	258
OUT DATE 8-1-31		CHECK	
CAUSE O.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 63 FULL NAME M. Harada, ADDRESS Okigake, Japan,

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME T. Harada, ADDRESS Japan,

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: W. & W. Harada, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: I. Harada, Japan,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on Oct. 7, 1929.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

S. Tsugi, Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Oct. 7, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman,

C. M. Harada

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOW WIDOWER	DEPENDENTS IN FAMILY MALE FEMALE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Harada, C. M.	Sept. 13, 1884	Single		Japan	No	Oct 7,1926	10/7/26

NAME R.B.HARDIN OCCUPATION Miner Born 7-27-1897

WHERE BORN? Okla U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yew WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO	
FOR	FROM	TO	
FOR Woods Constrauction Co	FROM 1924	TO 1926.	
FOR Line Coal Co. Wyo	FROM 1927	TO 1928	
FOR Kaiser Trasportation Co	FROM Feb,1929	TO July,1929	
FOR Ilfeld Groc	FROM July,1929	TO Sept,1929	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Raehn (Rosan HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton.N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorthy White	F	Oct,1915	14	Raton,N.M.

IN Sug	DATE 9/28/29	CHECK 350
OUT DATE 10-8-29		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME H.H.Hardin ADDRESS Clovis,N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Maybell ADDRESS Clovis,N.M.

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mabel Davis, Clovis, N.M. Grace Herndon,Reed, Okla

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Rasan Hardin, Raton,N.M.

INTERPRETED BY

DATE Sept 28th,1929

SIGNED IN PRESENCE OF

A.L.Brockman

R B Hardin

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WID. DIV.	DEPENDENTS IN FAMILY / INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hardin, R. B.,	July 27, 1897	Married		Oklahoma	Yes	9-28-1929	9-28-29

NAME Douglas Harris OCCUPATION Inside Mine

DATE OF BIRTH May 29. 1899 SOCIAL SECURITY NO. 520-01-4101

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps Dodge Corp.	FROM 1921	TO 1950
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Martha Irene Harris HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN 11/5/51 DATE		CHECK 47
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN KOEHLER	DATE AUG. 10, 1953	CHECK
OUT DATE 10-30-53		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 84 FULL NAME Rose Ann Harris ADDRESS Dalry, Scotland

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alexander Harris, San Francisco, Calif.
William Harris, Richmond, California

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Mrs. Robert Henderson, Rock Springs, Wyo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Martha Irene Harris, 415 Cook Ave. Raton, New Mexico $500 GROUP INSURANCE yes June 1952

INTERPRETED BY

DATE 11/3/51

SIGNED IN PRESENCE OF Jacob Sandoval

Douglas Harris
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Harris, Douglas	May 29, 1899	Married	Scotland	Yes	Nov. 5, 1951	Nov. 3, 1951

NAME W. Hatamoto, OCCUPATION Miner Born ~~xxxx 1876~~ Dec. 25 1870

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Japanese READ? Jap. WRITE? Japanese

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.15,1919	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 8/15/19	CHECK 83	
OUT DATE 10-25-29		CHECK 290	
CAUSE To Japan			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Furoda Genshiro, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball,

did not take any insurance

W. Hatamoto,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY XX SEX XX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hatamoto, W,	Dec. 25, 1870		Widower		Japan	No	Aug.15,1919	1/24/23

NAME A. S. Havens OCCUPATION Outside Laborer Born July 22, 1876

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Eng. WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO	
FOR uous service of this Co.	FROM July 30, 1925	TO	
FOR VH outside laborer	FROM 7-30-25	TO 9-11-40	
FOR	FROM	TO	
FOR Kosher car repairer	FROM 3-25-18	TO 3-17-21	
FOR Koehler " "	FROM 10-25-21	TO 5-23-24	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marion	Boy		13 years	Van Houten, N. M.

applying for admittance to Miners Hosp. 9-6-40.

IN VH	DATE 7/30/25	CHECK 445	
OUT DATE 9-11-40		CHECK	
CAUSE Miners Hospital			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: I. P. Havens, Pueblo, Colorado.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. F. B. Coleman, Redonda Beach, California.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on [redacted]
1000 on May 1, 1928
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon,

A. S. Havens,
SIGNATURE OF APPLICANT
Signature on old record

NAME	Date of Birth / AGE	~~MARRIED SINGLE WID. DIV.~~	~~DEPENDENTS IN FAMILY NOT SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Havens, A. S.	July 22, 1876	Married	XXXX	New Mexico	Yes	July 30, 25	7/30/25

28

NAME Homer Hawks OCCUPATION Miner

DATE OF BIRTH May 3, 1895 SOCIAL SECURITY NO. 522-09-6155

WHERE BORN? Virginia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Buisness for myself	FROM	TO
FOR Tucumcari	FROM 8 Mo	TO
FOR Albuquerque	FROM 1 Yr	TO
FOR Farmed at Capulin	FROM 3 Yrs	TO
FOR City Coal Mine	FROM	TO
FOR Colo Springs	FROM 2 Yrs	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Myrtle HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 232 Park Ave Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN B2	DATE 10/29/45	CHECK
OUT DATE 3-31-47		CHECK
CAUSE Off on account of sickness		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME Samantha Hawks ADDRESS Lambsburg, Va.

WHO SUPPORTS HER? She Does HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Grady, Winston Salem, N. M. Harmon, Silone, N.C.
Maston " " Olen, Toast, N.C. Dexter, Silone N.C

GIVE NAMES AND ADDRESSES OF ~~YOUR SISTERS~~: Estel, Elmer, Alex, N. C.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
Sarah Bell Bowman, Mother-in law.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

$500 GROUP INSURANCE May, 1946

INTERPRETED BY

DATE 10/27/45

SIGNED IN PRESENCE OF Geo. L. Kimball

Homer Hawkes
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hawks, Homer	May 3, 1895	Married	Virginia	Yes	Oct. 29,1945	Oct. 27, 1945

NAME Alexander Hay OCCUPATION Miner

DATE OF BIRTH Aug. 2, 1901 SOCIAL SECURITY NO. 525-03-8551

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? English WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR Considered to be in continuous service of this Co.		
FOR	FROM Oct. 21, 1925	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Group Insurance cancelled. Can re-insure in July '43

Released from Army in January 1943, and resumed work

IN VH	DATE 10/21/25	CHECK 367	
OUT DATE Sept. 30, 1940		CHECK	
CAUSE Mine closed.			
IN Br. #2	DATE 11/29/40	CHECK 25	
OUT DATE 6/30/42		CHECK	
CAUSE Drafted U.S. Army			
IN Rejected by Army on physical examination.	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN Br. #2	DATE 11/29/40	CHECK 25	
OUT DATE 10/30/42		CHECK	
CAUSE Draft U.S. Army			
IN Koehler	DATE 1/18/43	CHECK 421	
OUT DATE 4/1/43		CHECK	
CAUSE Transferred to Br. #2			
IN Br. #2	DATE 4/1/43	CHECK	
OUT DATE 7-28-44		CHECK	
CAUSE Died, Mine Explosion			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 59 FULL NAME Thomas ADDRESS Brilliant, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 53 FULL NAME Agnes ADDRESS Brilliant, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? I help to support my sisters.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James, Dawson, Thomas, Brilliant George, Van Houten

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Agnes, Margaret and Mary, Brilliant, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Parents

GROUP INSURANCE

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Alexander Hay

SIGNATURE OF APPLICANT

Signature on old record

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hay, Alexander	Aug. 2, 1901	Single	Scotland	No	Jan. 18, 1943	10/21/25

NAME George Hay OCCUPATION Miner Born Jan.22,1904

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Mar.1,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Nell Lucille HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 3/1/20	CHECK 387
OUT DATE 9-30-49		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 57 FULL NAME Thomas ADDRESS Brilliant, N. M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Agnes ADDRESS Brilliant, N. M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alex and James, Dawson, N. M. Thomas, Brilliant, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Agnes, Margaret and Mary, Brilliant, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother and Father

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon,

George Hay
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	~~MARRIED SINGLE (WID. DIV.)~~ XXXX	~~DEPENDENTS IN FAMILY (INC. SELF)~~ XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hay, George,	Jan. 22, 1904	Married		Scotland	Yes	Mar 1,1920	9/15/24

525-22-9493

NAME Thomas Hay OCCUPATION Washer Boss Born Sept.1,1867

WHERE BORN? Scotland U. S. CITIZEN? ~~Yes~~ No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Dec. 1907 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

35 mo.

Pension less 90¢ a month for group ins protection

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Agnes HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
James	Male		23 years	Koehler, N. M.
George	"		18 "	Brilliant, N. M.
Alex	"		20 "	" " "
Agnes	Female		16 "	" " "
Margaret	"		12 "	" " "
Thomas	Male		8 "	2 " "
Mary	Female		3 "	" " "

IN	BR.	DATE Dec.'07	CHECK 313
OUT DATE	9/1/43		CHECK
CAUSE	Pensioned		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 85 FULL NAME Alexander ADDRESS Scotland

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alex, Portland, Ore. Robert, Scotland.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Martha and Agnes

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
Wife 1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE Brilliant, N. M. June 2, 1922.

SIGNED IN PRESENCE OF

Wm. Scanlon

Thomas Hay
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENT~~ IN FAMILY ~~AND SEPARATED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hay, Thomas,	Sept. 1, 1867		Married		Scotland	No	Dec. 1907	5/21/22

MINE Brilliant, N. M. DATE Dec. 1907.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 59 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 7 in. WEIGHT 175 lbs. COLOR OF HAIR Gray

COLOR OF EYES ~~Light~~ Gray COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D

NAME CLIFFORD HAYNES OCCUPATION MINER Born Oct.6,1898

WHERE BORN? Richmond Va. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Anchor Coal Co.High Caol WVa. FROM Septe.1925 TO November 1928

FOR Spruce River Coal Co. FROM TO

FOR Ramage WVa FROM December24 TO September 1925

FOR Marsh Fork Coal Co. FROM TO

FOR Marsh Fork FROM TO

FOR W.Va. FROM December 20 TO Dec. 1924

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE May HER AGE 30

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Charleston, W.V.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mildred	Girl		6	Charleston, W.Va.
Ruby	"		4	"

IN VH	DATE 11-14-28	CHECK 72
OUT DATE 11-3-1929		CHECK 357
CAUSE Duty accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? NO AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Sarrah Bonham ADDRESS Garrison,W.Va.

WHO SUPPORTS HER? Step Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Oscar and Donald residence unknown

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Blanche Wilson,Charlestown, W.Va.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1929

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mrs Ma y Haynes Station A. 1500 on

Charlestown, W.Va. 2000 on

INTERPRETED BY

DATE 11-14-28

SIGNED IN PRESENCE OF

C H Bernard

Clifford Haynes

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Haynes, Clifford,	Oct. 6, 1898	Married		Virginia	Yes	Nov. 14, 28	11/14/ 28

NAME James Hays OCCUPATION Miner Born Feb.14,1903

WHERE BORN? K.C.Mo. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gallup Amer. Gallup,N.M. FROM Nov.1928 TO January 1929

FOR Alamo Coal Co. Alamo, Colo FROM April 1926 TO November1928

FOR C.F.&.I.Co Walsen, Colo FROM January 1924 TO April 1926

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Martha HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No				

IN VH	DATE 1-30-29	CHECK 333
OUT DATE 2-20-29		CHECK 333
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE ~~#~~ 62 FULL NAME Freeman Hays ADDRESS K.C.Mo.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Mary Hays ADDRESS K.C.Kas.

WHO SUPPORTS HER? My brothers and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 200.00 per year 2404 No. Sixth

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Robert & Timothy at K.C.Kas.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Martha Hays ,Lester,Colo.

INTERPRETED BY

DATE 1-30,1929

SIGNED IN PRESENCE OF C. H. Bernard

James Hayes
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID DIV	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hays, James,	Feb. 14, 1903	Married		Missouri	Yes	Jan. 30, 29	1/30/29

NAME J.W.Heard OCCUPATION digger Born Sept.19,1893

WHERE BORN? Colo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Prior, Colo.	FROM May. 1921	TO May, 1927	
FOR Koehler	FROM May, 1920	TO April, 1921	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Viola HER AGE 33

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Prior, coming to Swastika

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 5-24-27	CHECK 71
OUT DATE 11-20-29		CHECK
CAUSE Voluntary		
IN Gard.	DATE 4-1-1930	CHECK
OUT DATE 10-13-1930		CHECK
CAUSE To Swastika		
IN SW	DATE 10-13-30	CHECK
OUT DATE 8-1-35		CHECK
CAUSE O.a		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 61 FULL NAME Minnie Thompson ADDRESS Oakland, Cal.

WHO SUPPORTS HER? her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Grant Streets, Oakland, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Annie Foster, Oakland, Cal.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Oct 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 5-24-27

SIGNED IN PRESENCE OF

R. P. Woods.

J.W. Heard

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN		DATE THIS RECORD
Heard, J.W.	Sept. 19, 1893	Married		Colorado	Yes	4-1-1930	5/24/27

NAME Walter Mac Heiken OCCUPATION

DATE OF BIRTH May 9th,1898 SOCIAL SECURITY NO. 525-16-6000

WHERE BORN? Kansas U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Winslow Marie and Ship Building Company- Seattle, Wash	FROM	Feb,1942	TO Dec,1943
FOR	City of Raton	FROM	1937	TO Feb,1942
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Dorothy Heiken HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorothy C.	F	12-29-38	5	Raton, N.M.

(Colfax County Board No. 1.
Order Class 4B Dated

IN K-	DATE 1-20-44	CHECK 171
OUT DATE Jan. 21-44		CHECK 171
CAUSE just worked 3 days.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John, Earnest, Edward, Fred Heiken, Alberta, Canada.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Helen Hendricks, Lake Shore, Wash. Carrie Wakeman, Bushman, Kan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? None. Yes.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife.

GROUP INSURANCE

INTERPRETED BY

DATE Jan 18th,1944

SIGNED IN PRESENCE OF
A. L. Atchison

Walter M. Heiken
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Heiken, Walter M.	May 9, 1898	Married	Kansas	Yes	Jan. 20, 1944	Jan. 18, 1944

NAME True Hein OCCUPATION Coal Miner Born May 13,1887

WHERE BORN? Dubuque Ia. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR General Carpenter, Liberal Kas FROM April-29 TO July 1930

FOR Okla. Gass & Elect Co. FROM TO

FOR Ponca City Okla FROM January28 TO April 1929

FOR Dick Coal Co, Dicks Colo FROM Aug.24 TO January 1928

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Wm.F Hein	Boy		21	Miami, Mo.
Mildred A Brown (Mrs. Alex. Brown)			20	Van Houten, N.M.

IN VH	DATE July 11-30	CHECK 162
OUT DATE 2-11-31		CHECK
CAUSE Oa		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 69 FULL NAME G.F.Hein ADDRESS Boncarbo, Colo.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 69 FULL NAME Abbie R, Hein ADDRESS Boncarbo, Colo.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. Mildred A.Brown, Van Houten, N.M.

INTERPRETED BY

DATE July 11,1930

SIGNED IN PRESENCE OF

E A Bennett

True Hein
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV?	DEPENDENTS IN FAMILY INC. SELF?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hein, True,	May 13, 1887	Divorced		Iowa	Yes	7-11-1930	7-11-30

NAME W.F.Hein OCCUPATION miner Born Nov.12,1907

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Marshall Mo. on Farm.	FROM Dec. 1929	TO Dec. 1930	
FOR Astek ,N.M. Blacksmith	FROM Jan. 1929	TO Nov.1929	
FOR Dick Coal Co. Dick Colo.	FROM Dec. 1926	TO Dec. 1928	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Viola Hein HER AGE 26

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bettie	Girl	Sept. 7	3	
Emma	"		2	

IN VH.	DATE 12-9-30	CHECK 183	
OUT DATE 2-11-31		CHECK	
CAUSE O.C.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 43 FULL NAME True Hein ADDRESS Van Houten

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 38 FULL NAME Viola ADDRESS Van Houten

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mildred Brown in Van Houten, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-9-30

SIGNED IN PRESENCE OF

R.P.Woods

W. F. Hein
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hein, W. F.,	Nov. 12, 1907	XXXX	Married	XXXXXX	New Mexico	Yes	12-9-1930	12-9-30

NAME Alfonzo Hernandez OCCUPATION Born April 6,1898

WHERE BORN? Mexico U. S. CITIZEN? No. FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Sp. READ? No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Idle	FROM Feb.15,1939	TO March 24,1939	
FOR WPA	FROM Feb.1936	TO Feb.15,1939	
FOR Odd Jobs	FROM 1934	TO Feb.1936	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Batalia Hernandez HER AGE 35 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	Girl		12 Yrs.	Raton, N.M.
Bertha	"		9 "	" " "

525-09-9948

IN G.	DATE 3-27,1939	CHECK 68	
OUT DATE 6-27-39		CHECK	
CAUSE mine closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Batalia Hernandez,205 East Rio Grande Ave.
Raton, N.M.

INTERPRETED BY

DATE March 27,1939

SIGNED IN PRESENCE OF

A.W.Allbert

X Alfonzo Hernandez
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WID. DIV.	DEPENDENTS / IN FAMILY / INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hernandez, Alfonzo	April 6, 1898	Married		Mexico	No	Mch. 27,1939	Mch. 27,1939

NAME Alfonso Hernandez OCCUPATION Miner

DATE OF BIRTH Aug 6, 1882 SOCIAL SECURITY NO. 525-09-9948

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Some Span WRITE Some Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd jobs	FROM 1939	TO
FOR Gardiner	FROM 15 Years	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bitalia HER AGE 45

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	Female		14	Raton
Bertha	"		12	"

IN B2	DATE 9/11/42	CHECK N-
OUT DATE 9/21/42		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 9/10/42

SIGNED IN PRESENCE OF Geo L. Kimball

Alfonso Hernandez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Alfonso	Aug. 6, 1882	Married	Mexico	No	Sept.11, 1942	Sept.10, 1942

NAME Cruz Hernandez, OCCUPATION Miner Born June 10,1887

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Jan.21,1927.	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary R. Hernandez, HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Arturo	Boy		7 years	With Me
Manuel	"		4 "	" "
Julio	"		2 "	" "

IN VH	DATE 1/21/27	CHECK 301	
OUT DATE 9-18-28		CHECK	
CAUSE Wont work			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Wanzio Hernandez, ADDRESS Leon, Mexico,

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Shona Hernandez, ADDRESS Leon, Mexico,

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Cruz and Guadalupe, at Houston, Texas,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Brejida, Leon, Mexico,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. My Wife

1000 on
1500 on
2000 on

INTERPRETED BY

DATE Van Houten, N. M. Jan. 21, 1927.

SIGNED IN PRESENCE OF

C. A. Bernard,

Cruz Hernandez,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY AND SEX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hernandez, Cruz,	June 10, 1887		Married		Mexico	No	Jan.21,1927	1/21/27

NAME Daniel Hendrix Colored OCCUPATION miner Born

WHERE BORN? Tex. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR AT&SF shops FROM Aug. 1927 TO Mar. 1928

FOR Barber shop in Texarkana Tex. FROM 13 yrs. TO July, 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Elizabeth HER AGE 19

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bessie	girl		2 yr.	Raton, N.M.
Annie	"		19 mo.	"
Daniel	Boy		5 wks.	"

IN SW	DATE 3-19-28	CHECK
OUT DATE 10-7-28		CHECK
CAUSE O.a		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 60 FULL NAME Abe Hendrix ADDRESS Texarkana Tex.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None " "

IS YOUR MOTHER LIVING? yes AGE 53 FULL NAME Nettie ADDRESS

WHO SUPPORTS HER? my father and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? ~~####~~ 1/3 of my wages.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Richard- in Texarkana, Ark.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes Group Insurance $500 on ~~9-19-28~~ 8-30-28

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

wife 1500 on

2000 on

INTERPRETED BY

DATE 3-19-28

SIGNED IN PRESENCE OF

R. P. Woods

Daniel Hendrix.

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hendrix, Daniel			Married		Texas	Yes	Mar. 19,28	3/19/28

NAME Daniel Hendrix OCCUPATION miner Born Mar,3,1905

WHERE BORN? Mo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR AT&SF shops in Raton	FROM Sept. 1928	TO Jan. 1929	
FOR Swastika	FROM Feb. 1928	TO Aug. 1928	
FOR AT&SF shops	FROM Jan. 1926	TO Jan. 1928	
FOR Kansas City in Barber Shop	FROM	TO Dec. 1925	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Elizabeth HER AGE 20

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Anna	girl		2	Raton
Bessie	"		3	"
Daniel	boy		1	"

IN SW	DATE 1-28-29	CHECK 223
OUT DATE 5-8-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 53 FULL NAME Nettie Hendrix ADDRESS Texarkana Tex

WHO SUPPORTS HER? i help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 1/4 of my earnings

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Richard in Kansas City , Mo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 1-28-29

SIGNED IN PRESENCE OF

R.P.Woods

Daniel Hendrix.
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hendrix, Daniel,	Mar. 3, 1905	Married		Missouri	Yes	Jan. 28, 29	1/28/29

NAME Emilio Hernandez OCCUPATION Coal Miner

DATE OF BIRTH Aug.5,1894 SOCIAL SECURITY NO. 525-05-8314

WHERE BORN? Mexico U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Sp.& Eng. READ? Sp. WRITE? Sp.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.Section	FROM 9-17,1942	TO 4-9,1945	
FOR Joe Sonchas mine Yankee	FROM 4-28,1935	TO Aug.1,1942	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rafaelita Hernandez HER AGE 80 Yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS: None

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH.	DATE 4-11,1945	CHECK 94
OUT DATE 5-27-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Rafaelita Hernandez,148 Yankee Ave.,Raton, N.M. GROUP INSURANCE

INTERPRETED BY

DATE April 10,1945

SIGNED IN PRESENCE OF

aw Albert

Emilio Hernandez
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Emilio	Aug.5, 1894	Married	U.S.	Yes	Apr.11,1945	April 10,1945

NAME Emilio Hernandez OCCUPATION Coal Miner

DATE OF BIRTH Aug.5,1894 SOCIAL SECURITY NO. 525-05-8314

WHERE BORN? Mexico U. S. CITIZEN? Yes FORM 1078? Not necessary

WHAT LANGUAGES DO YOU SPEAK? Span.& Eng. READ? Sp. WRITE? Sp.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd jobs in Raton,	FROM 5/28/49	TO Present	
FOR Van Houten	FROM 4/11/1945	TO Aprx May 27,1949	
FOR AT&SFRy Section	FROM 9/17/42	TO 4-9-1945	
FOR Joe Sonchar Mine,Yankee	FROM 4/28/35	TO 8/1/1942	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Victoria Anaja HER AGE 66

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 217 Lopez St.,Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN V H	DATE 8-7-1950	CHECK
OUT DATE 10-30-53		CHECK
CAUSE Reduction of force.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife, Victoria (Anaja) Hernandez,217 Lopez St., Raton. $500 GROUP INSURANCE March 1951

INTERPRETED BY

DATE Aug.5,1950

SIGNED IN PRESENCE OF

Marian I. Edwards

Emilio Hernandez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Emilio	Aug.5,1894	Married	Mexico	Yes	Aug.7,1950	Aug.5,1950

(Colored)

NAME Walter Hereford OCCUPATION Miner Born Jan. 15, 1881

WHERE BORN? Virginia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Eng. WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Apr.1,1908 TO

FOR Last day actually worked May 25, 1938 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Hattie HER AGE 26

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Denver, Colorado.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Willie	Boy		12 years	Rouse, Colo.
Robert	"		8 "	" "
Earl	"		6 "	" "
Scurl Sweney Step Boy			11 "	Denver, "

IN VH	DATE 4/1/08	CHECK 317	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Jamisen Hereford, ADDRESS Danville, Va.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Polly Hereford, ADDRESS Danville, Va.

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Lawson, Rouse, Colo. Frank and John, Danville, Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: ~~Xxxx~~ Nancy Hereford, Don't Know

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother, Lawson Hereford, Rouse, Colo.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon,

Walter Hereford
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY INCLUDING SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hereford, Walter,	Jan. 15, 1881		Married		Virginia	Yes	Apr.1,1908	4/29/24

NAME Harry Herman OCCUPATION Miner Born Dec.26,1890

WHERE BORN? Farmington,Mo. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Chevrolet Motor Co. St.Louis Mo.	FROM Sept 1925	TO July 171929#	
FOR	FROM	TO	
FOR St.Joe Lead Co. ######	FROM	TO	
FOR Bonne TerreMo	FROM August 1924	TO September 1925	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ester HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Glenwood	Boy		14	With me
Margaret Jane	Girl		8	With Me

IN VH	DATE 8-20-1929	CHECK 226
OUT DATE 10-10-29		CHECK 226
CAUSE over accounts		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 57 FULL NAME Mrs. Zoe Herman ADDRESS Los Angeles, Cal California,

WHO SUPPORTS HER? My sister HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John at Durant Okla,Fred Farmington, Mo.Edgar at Jefferson City Mo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margaret Wilburn, Loas Angeles, Cal.Emma Clayton,Benton, Ill.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Van Houten, New Mex

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bernard

Harry Herman
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

525-03-8847

NAME Florencio Hernandez OCCUPATION Miner Born Oct. 12, 1903

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM July 17,1925 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Clarita	girl	aug 12, 1934 (birth certificate)		

IN	G	DATE 7/17/25	CHECK 63
OUT DATE	6-27-39		CHECK
CAUSE	Tr to Sec		
IN	Sec	DATE 7-1-39	CHECK
OUT DATE	10-2-40		CHECK
CAUSE	Reduction of force		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 36 FULL NAME Saffarina Hernandez Morino, ADDRESS Gardiner, N. M.

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: ~~XXXXX~~ Tivulsia Gutierrez, Isabel Marmalejo, Maria Gutierrez, ~~XXXXXXXXXXXX~~ Romita, Jto. Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on May 1, 1928.

Mrs. Saffarina Morino, Gardiner, N. M. 1500 on

2000 on

INTERPRETED BY Pasenal Valadez,

DATE

SIGNED IN PRESENCE OF

A. W. Allbert

Florencio Hernandez,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE WIDOWED ~~XXXXXX~~	REFERENCES IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hernandez, Florencio	Oct. 12, 1903	Single		Mexico	No	July 17, 25	7/17/25

NAME Florencio Hernandez OCCUPATION loader

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gardiner	2 yrs.	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 8-29-27	CHECK 178
OUT DATE 10-24-27		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 48 FULL NAME Seferina Hernandez ADDRESS Gardiner

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Lives with me.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Cleto in Rocky Ford- Tebucio in Guana, Juato, Romita, Mex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

mother

INTERPRETED BY

DATE 8-29-27

SIGNED IN PRESENCE OF

Florencio Hernandez

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Hernandez, Florencio	24	S	1	Mexico	No	8/29/27

NAME Florencio Hernandez OCCUPATION Coal Miner

DATE OF BIRTH Oct.12,1903 SOCIAL SECURITY NO. 525-03-8847

WHERE BORN? Mexico U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Sp. READ? No WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Different Jobs	FROM Oct.1945	TO 7-1,1946	
FOR C.F.& I.Corp. Morely	FROM 1940	TO Oct.1945	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carlotta Hernandez HER AGE 31

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Clara	F.		12 Yrs.	Raton, N.M.
Esther	F.		11 "	" " "
Daniel	M.		9 "	" " "
Helen	F.		5 "	" " "
Jane	F.		1 "	" " "

IN VH	DATE 7-1,1946	CHECK 102
OUT DATE 5-27-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Anacleto Hernandez, Mexico, Leon, Juanjuato

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Carlotta Hernandez, Raton, N.M.

$500 GROUP INSURANCE Feb. 1947

INTERPRETED BY

DATE July 1,1946

SIGNED IN PRESENCE OF

A.W. Albert

Florencio Hernandez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Florencio	Oct. 12, 1904	Married	Mexico	No	July 1, 1946	July 1, 1946

NAME Florencio Hernandez OCCUPATION Coal Miner

DATE OF BIRTH Oct. 12, 1904 SOCIAL SECURITY NO. 525-03-8847

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Al Bisconti, Contractor	FROM 1 month	TO	
FOR AT&SF Ry.	FROM Oct. 7, 49	TO Sept. 1950	
FOR Van Houten Mine	FROM July 1946	TO May 1949	
FOR Odd jobs	FROM Oct. 1945	TO July 1946	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carlotta Hernandez HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Clara	F		16 yrs.	Raton, New Mex.
Esther	F		15 yrs.	"
Daniel	M		13 yrs.	"
Helen	F		9 yrs.	"
Jane	F		5 yrs.	"
Joe Dave	M	11-11-48	2 yrs.	"

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Aniceto and Leon, Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Carlotta Hernandez, Raton, New Mex.

$500 GROUP INSURANCE June 1951

INTERPRETED BY

DATE Nov. 16, 1950

SIGNED IN PRESENCE OF

Marian I. Edwards

Florencio Hernandez
SIGNATURE OF APPLICANT

IN V.H.	DATE 11-17-50	CHECK
OUT DATE 10-30-53		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Florencio	Oct. 12, 1904	Married	Mexico	No	Nov. 17, 1950	Nov. 16, 1950

NAME Louis Hernandez OCCUPATION Loader Born Apr 15 1903

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Frank Martinez	1 Yr	FROM	TO
FOR	Pete Duran	1 Yr	FROM	TO
FOR	Secundo	9 Yrs	FROM	TO
FOR			FROM	TO
FOR			FROM	TO
FOR			FROM	TO

ARE YOU SINGLE, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Amelia HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Elvira	Girl		6	Brilliant
John	Boy	Mar 12, 1928	5	"
Margaret	Girl		3	"

IN SW	DATE 7/28/33	CHECK 12
OUT DATE 8-16-33		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME John Hernandez ADDRESS Weston, Colo.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Cecilia ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe & John Weston, Colo. Roger, Secunda, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Paz & Margaret Weston, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 7/28/33.

SIGNED IN PRESENCE OF

G.L.Kimball.

Louis Hernandez
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hernandez, Louis	Apr. 15, 1903		Married		Colorado	Yes	July 28,33	July 28, 33

NAME Juan D. Hernandez OCCUPATION Washer-helper

DATE OF BIRTH 2-10-1877 SOCIAL SECURITY NO. No Number

WHERE BORN? Las Vegas, N.M. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-eng READ? Yes WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Laborer Raton and Yankee FROM TO

FOR last ten years, as well as W.P.A. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lani Juanita B. Hernendez HER AGE 60

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None. Under age.				

IN K	DATE 5/24/45	CHECK 445	
OUT DATE 1/15/45		CHECK	
CAUSE Own accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eladio Hernandez, Benito Hernandez, Las Vegas, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Antonito Hernandez, Las Vegas, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yed.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife.

Registered Raton Board No 1. Not classified. Above age.

GROUP INSURANCE

INTERPRETED BY

DATE May 24th, 1945

SIGNED IN PRESENCE OF David Stewart

Juan B Hernandez
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hernandez, Juan B.	Feb. 10, 1877	Married	U. S.	Yes	May 24,1945	May 25,1945

NAME Juan A. Herrera OCCUPATION miner Born April,12,1903

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. some Engl. Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M.	FROM 4 yrs.	TO Oct. 1929	
FOR	FROM	TO	
FOR in Mexico	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Delia HER AGE 22

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 10-4-29	CHECK 77
OUT DATE 4-28-1930		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 48 FULL NAME Juan Herrera ADDRESS Durango, Mexico

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 15.00 per mo.

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tomas in Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Raveka and Socorro both in Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 10-4-29

SIGNED IN PRESENCE OF R.P.Woods

Juan A Herrera
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX	XXXXXX				
Herrera, Juan A.,	Apr. 12. 1903	Married		Mexico	No	10-4-1929	10-4-29

NAME Juan A. Herrera OCCUPATION Loader Born Apr 12, 1902

WHERE BORN? ~~Yes~~ Mexico U. S. CITIZEN? ~~Yes~~ NO FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch	7 Mo	FROM	TO
FOR Swastika	6 Mo	FROM	TO
FOR Dawson	4 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Delia HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN ASW	DATE 11/29/30	CHECK 145	
OUT DATE 5-20-32		CHECK	
CAUSE O. a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 48 FULL NAME Juan Herrera ADDRESS Mexico City

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Don't remember

IS YOUR MOTHER LIVING? No AGE FULL NAME ~~Mama~~ $100.00 per Yr. ADDRESS Has Address at Home

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tomas, Mexico City.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rebecca, Socora, with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife.

INTERPRETED BY
DATE 11/29/ 30

SIGNED IN PRESENCE OF
G.L.Kimball

Juan A Herrera
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWER ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~ INCLUDING ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Herrera, Juan,	Apr. 12, 1902		Married		Mexico	No	11-29-1930	11-29-30

122

NAME Emmet Higgins OCCUPATION Miner

DATE OF BIRTH Mar.18,1891 SOCIAL SECURITY NO. 344 - 07 - 6165

WHERE BORN? Elkton, Ky. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Peabody Coal Co. Harco, Ill. FROM 1938 TO 1943

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

Tuberculosis I couldn't stand it inside mine

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Inez Higgins HER AGE 48

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Glattia, Ill.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Irene,	Female		29	Elgin, Ill.
Charles	Male		28	Harco. Ill.
Roy	"		25	U. S. Navy.
Jessie	~~Female~~ Male		19	U. S. Navy.
Archie	"		9	Glattia, Ill.

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Arthur Higgins, Elkton, Ky.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Emma Shamwell, Elkton, Ky.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Registered at Harco. Saline Co. Ill. April 27. 1942, Was not classified.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs. Inez Higgins, Glattia, Ill.

GROUP INSURANCE

INTERPRETED BY

DATE October, 12, 1943

SIGNED IN PRESENCE OF

A. L. Atchison

Emmet Higgins

SIGNATURE OF APPLICANT

IN	K	DATE	10,13,43	CHECK	122
OUT DATE	10/23/43			CHECK	
CAUSE	Health; doctor's order				
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					
IN		DATE		CHECK	
OUT DATE				CHECK	
CAUSE					

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Higgins, Emmet	March 18, 1891	Married	Kentucky	Yes	Oct. 13, 1943	Oct. 12, 1943

NAME Y.HIRAI OCCUPATION Miner Born Jan 1-1890

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	StLRM&P	FROM	TO 1922
FOR	U.P.Coal Co. Wyo	FROM 1922	TO 1927
FOR	Beet Fields,Colo	FROM 1928	TO 1928
FOR	U.P.Coal Co, Wyo	FROM 1928	TO 1929
FOR	Beet Fields,Colo	FROM 1929	TO Aug,1930
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 9-1-30	CHECK 251
OUT DATE 3-18-33		CHECK
CAUSE Farming		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: E.Hirai, Shioya-Mura Wakayama Ken, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Mar. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother Japan, S. Tsugi, Sugarite

INTERPRETED BY

DATE Sugarite Sept 1st, 1930

SIGNED IN PRESENCE OF

A.L.Brockman

Y. Hirai
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hirai, Y,	Jan. 1, 1890	Single		Japan	No	9-1-1930	9-1-30

NAME Abe Hixenbaugh OCCUPATION Special Officer Born Oct.24,1867

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED?

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Placed on pension July 1, 1945, $25.00 per mo.
No insurance and no deductions.

IN	DATE 12-1-1933	CHECK
OUT DATE ~~July 31, 1945~~		CHECK
CAUSE Retired		
IN	DATE	CHECK
OUT DATE June 30, 1945		CHECK
CAUSE Retired		
IN	DATE	CHECK
OUT DATE May 28, 1952		CHECK
CAUSE Died		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS IN FAMILY ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hixenbaugh,Abe	Oct.24,1867	Married			Yes	Dec.1,1933	

NAME John Hixenbaugh. OCCUPATION Watchman Born May 16, 1898.

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Santa Fe Special	FROM	TO
FOR Officer 2 years	FROM	TO
FOR Santa Fe Train service	FROM	TO
FOR 2 or 3 years	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maggaret HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mamie	Girl		6	Chicago
John	Boy	Oct 20, 1920	12	Denver, Colo.

IN Sw	DATE 3/29/33	CHECK 4N
OUT DATE 7-1-35		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 66 FULL NAME Abe Hixembaugh ADDRESS Raton, N. M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 62 FULL NAME Nona ADDRESS Raton, N. M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Bertha Nord, Raton Lola Foster, Raton, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Sept 1933
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

G.L.Kimball,

John Hixenbaugh
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hixenbaugh, John	May 16, 1898		Married		New Mexico	Yes	Mch.29,1933	Mch.29,1933

NAME John Levi ~~Hoffman~~ Hoffman OCCUPATION

DATE OF BIRTH May 3, 1895 SOCIAL SECURITY NO. 210-07-1382

WHERE BORN? Penna U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Wash Ship Yards	FROM 2 Yrs	TO	
FOR American Bridge Co	FROM	TO	
FOR Pittsburg	FROM 1 Yr	TO	
FOR Dravo Corp Pittsburg	FROM 1½ Yrs	TO	
FOR Honkin & Conkey	FROM	TO	
FOR Cleveland	FROM 1 Yr	TO	20 Yrs Coal Mining

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Married~~ed

GIVE FULL NAME OF WIFE Cora HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 614 Woodward Ave McKees Rocks PA

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Kenneth	Boy	June 1924	~~20~~22	With mother
Charlie	"	July 1927	18	"
Maxine	Girl		16	"

IN B2	DATE 3/6/46	CHECK 18.
OUT DATE 3-11-46		CHECK
CAUSE Voluntary.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 74 FULL NAME Silverter ADDRESS Saxton, PA

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 72 FULL NAME Mary E Hoffman ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Homer, Saxton, Pa.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Cora Rodgers, Saxton, Pa

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife & Sister

GROUP INSURANCE

INTERPRETED BY

DATE 3/6/46

SIGNED IN PRESENCE OF Geo. L. Kimball

John L. Hoffman
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hoffman, John Levi	May 3, 1895	Married	Pennsylvania	Yes	March 6, 1946	March 6, 1946

NAME John W. Hollowell OCCUPATION Tipple

DATE OF BIRTH Oct 20, 1904 SOCIAL SECURITY NO. 524-01-9400

WHERE BORN? Okla U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.E.Kelly Gardiner	FROM 14 Mo	TO	
FOR " Trinidad	FROM 4 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

Loc Bond #1 Leasing co Trinidad, colo order #3258 classification 3A

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margaret HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Gardiner

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
May Lou	Girl		13	Gardiner

2/3

IN B2	DATE 12/21/42	CHECK
OUT DATE 4-29-49		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 69 FULL NAME William ADDRESS Eva, Okla

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Loyd, Eva, Okla Ronald U.S.Army

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lena Hunter, Witchataw, Kan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500.00 GROUP INSURANCE July, 1943

INTERPRETED BY

DATE 12/19/42

SIGNED IN PRESENCE OF Geo L Kimball

John W. Hollowell
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hollowell, John W.	Oct. 20, 1904	Married	Oklahoma	Yes	Dec. 21, 1942	Dec. 19, 1942

NAME Wm. Holmes OCCUPATION Miner Born May, 23, 1886

WHERE BORN? Scotland U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? ye

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Eccles, W. Va. FROM 13 yrs, TO Jan. 1931

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Fannie HER AGE 44

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorothy	girl		13	
Wm.	boy		26 yrs.	

IN VH	DATE 1-24-31	CHECK 75	
OUT DATE did not start		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Alex in Scotland.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 1-24-31

SIGNED IN PRESENCE OF

R.P.Woods

Wm Holmes

SIGNATURE OF APPLICANT

NAME	AGE (Date of Birth)	MARRIED SINGLE WIDOWED DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Holmes, William,	May 23, 1886	Married		Scotland	Yes	1-24-1931	1-24-31

Honeyfield, Julius Mark SS No. 525-38-6163

NAME OCCUPATION Watchman Born Jan.18,1879

WHERE BORN? U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED?

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12/9/41	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
	Date of Birth	XXXX WWWW	XXXXXX XXXXXX		Continuous Service from	
Honeyfield,J.Mark	Jan. 18, 1879				Yes	Dec. 9, 1941

NAME Omer Floyd Hopper OCCUPATION Miner Born Dec 8, 1896

WHERE BORN? Stigler, Okla. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sun Smokeless Coal Co	FROM	TO	
FOR Hacket, Ark	FROM	TO	2 Yrs
FOR Paris, Ark-New Union	FROM	TO	
FOR Coal Co.	FROM	TO	14 Yrs
FOR Negative Blood Report	FROM	TO	
FOR filed separately	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Pearl S. Hopper HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Greenwood, Ark

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lural	Boy	Sept 26, 1922	14	Greenwood Ark
Willie	Girl		11	
Henry	Boy		8	"
Raymon	"	Aug 1934	2	

IN BW	DATE 3/19/37	CHECK
OUT DATE 8-26-38		CHECK 150
CAUSE voluntary		
IN BW	DATE 10-26-38	CHECK 150
OUT DATE 5-8-40		CHECK
CAUSE O a		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Oscar, Boonville, Ark

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lelah Simmons, Coal Gate, Okla

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife. 1500 on

2000 on

INTERPRETED BY

DATE 3/19/37

SIGNED IN PRESENCE OF

G.L.Kimball

Omer Hopper

SIGNATURE OF APPLICANT

Ins. april 1939

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hopper, Omer	Dec. 8, 1896	Married		Oklahoma	Yes	Oct. 26, 1938	Mch. 19, 1937

Srecko

NAME Feliks Horacek OCCUPATION miner Born May, 15, 1894

WHERE BORN? Jugo Slavia U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson.	FROM 19 yrs.	TO Oct. 1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Antonia HER AGE 35

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Francis	girl		15	
~~Joe~~	~~boy~~	deceased 12-1930.	~~13~~	
Agnes	girl		11 yrs.	
John	boy		10	
Angelina	girl		7	

IN SW	DATE 10-19-29	CHECK 95	
OUT DATE 10-2-40		CHECK	
CAUSE Reduction of force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 67 FULL NAME George Haracek ADDRESS Jugo Slavia

WHO SUPPORTS HIM? I ~~##~~ help HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? all I can

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank in Dawson- ~~###~~ Vinco in Canada- Vick and Joe in Jugo Slavia

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Dragatza in San Francisco- Margaret in Jugo Slavia

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on april 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 10-19-29

SIGNED IN PRESENCE OF

R.P.Woods

Feliks Horacek
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW DIV.	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Horacek, Feliks,	May 15, 1894		Married		Jugo Slavia	Yes	10-19-1929	10-19-29

NAME S.HORI OCCUPATION Miner 10-15-1893

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes Born

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Scott Bluff, Neb. Beet fields	FROM Aug	TO Dec, 1928	
FOR Truck farm, Los Angel	FROM 1922	TO Aug, 1928	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 12/19/28	CHECK 551
OUT DATE 4-1-29		CHECK 331
CAUSE Chopped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME T.Hori ADDRESS Yamaguchi keh Japan

WHO SUPPORTS HER? My brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: F.Hori, NY. M.Hori, Y.Hori and T.Hori, Yamaguchi, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mother in Japan and friend S.Tsugi, Sugarite

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE Sugarite Dec 19th, 1928

SIGNED IN PRESENCE OF

A.L.Brockman

S. Hori

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Hori, S.,	Date of Birth Oct. 15, 1893	XXXX Single	XXXXXX	Japan	No	Continuous Service from Dec. 19, 28 12/19/28

NAME Alfred Horin OCCUPATION Driver Born Feb.19,1897

WHERE BORN? France U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.French Ital. READ Eng.Fre, WRITE Eng. French

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM		TO
FOR uous service of this Co.	FROM	Nov. 1917	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Minnie (sister of John Chrenter) HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Three Children				

IN K	DATE Nov.'17	CHECK
OUT DATE 9-30-42		CHECK
CAUSE Transferred to Brilliant		
IN	DATE	CHECK
OUT DATE 8-1-44		CHECK
CAUSE Voluntary.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 38 FULL NAME Octavia Beaumont ADDRESS Sandoval, N. M.

WHO SUPPORTS HER? Brother and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $30.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Lawrence, Koehler, N. M. Paul, Sandoval, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Horin, Sandoval, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Mother, brothers and sister, only.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on
5000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Octavia Beaumont, Sandoval, N. M.

INTERPRETED BY

DATE Jan. 2, 1918.

SIGNED IN PRESENCE OF

Elbert Sloat

Alfred Horin
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Horin, Alfred,	Feb. 19, 1897	Married		France	Yes	Nov. 1917	1/2/18

NAME Paul Horin OCCUPATION Yes Miner Born June 2, 1901

WHERE BORN? France U. S. CITIZEN? ~~No~~ FORM 1078? ~~Yes~~ Citizen

WHAT LANGUAGES DO YOU SPEAK? Eng. French READ? Yes WRITE? Yes June 1931.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	T & O Ranch	FROM September 27	TO December 27
FOR	Since then unemployed		TO
FOR	Farming Albuquerque, N. M.	FROM January 23	TO September 27
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Millie HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Joyce Viola	Girl	Jan. 31, 1931.		
Millie Etta				

28

IN	VH	DATE 1-18-28	CHECK 215
OUT DATE	9-30-40		CHECK
CAUSE	Mine closed		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 47 FULL NAME Octavia Beaumont ADDRESS Sandoval, N. M.

WHO SUPPORTS HER? My step father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alferd Horin Koehler, Laurence at Los Angeles, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary at Sandoval, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on ~~May 1, 1928~~ July 30, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mrs. Millie Horin, Van Houten, N. M. 2000 on

INTERPRETED BY

DATE 1-18-1928

SIGNED IN PRESENCE OF C. H. Bernard

Paul Horin
SIGNATURE OF APPLICANT
500 ins July 30, 1928

NAME	Date of Birth	AGE	~~MARRIED~~ ~~SINGLE~~ ~~WID. DIV.~~	~~DEPENDENTS IN FAMILY~~ ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Horin, Paul	June 2, 1901		Married		France	No	Jan. 18, 28	1/18/28

NAME Lawrence Hornich OCCUPATION Miner

DATE OF BIRTH Aug. 15, 1879 SOCIAL SECURITY NO. 525 - 26 - 9967

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Eng.&Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming at Maxwell, N. M. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ellen Hornich HER AGE 56

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Domenic	Male		25	Maxwell, N. M.
George	"		16	"
Vera	Female		12	"

IN K	DATE 11-5-42	CHECK 118
OUT DATE 9-30-46		CHECK
CAUSE Retired.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Mary Hornich, New York, N. Y.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE Oct. 29, 1942

SIGNED IN PRESENCE OF

A. E. Atchison

Lawrence Hronich

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hronich, Lawrence	Aug. 15, 1879	Married	Austria	Yes	Nov. 5, 1942	Oct. 29, 1942

NAME Wm. Hobart Hornsby OCCUPATION Miner

DATE OF BIRTH Oct 21, 1906 SOCIAL SECURITY NO. 525-10-0503

WHERE BORN? Midlfeond, Ken. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Philmont Scout Ranch	FROM 1949	TO 1952
FOR Phelps Dodge Co.	FROM 1940	TO 1949
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bessie Hornsby HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Donna Jane	F		17	
Norma June	F		16	

IN 12/26/52	DATE	CHECK 100
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: J L Hornsby Texas City, Texas

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Marie Corazza Raton, New Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Bessie Hornsby

$500 GROUP INSURANCE July 1953 Yes

INTERPRETED BY

DATE 12/23/52

SIGNED IN PRESENCE OF Robert J. Malcom

W. H. Hornsby

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hornsby, William H.	Oct. 21, 1906	Married	Kentucky	Yes	Dec. 26, 1952	Dec. 23, 1952

NAME Charles W. Hostetter OCCUPATION

DATE OF BIRTH Jan 1, 1910 SOCIAL SECURITY NO. 236-10-7676

WHERE BORN? Aida Mt Va U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Madrid	FROM 2½ Mo	TO	
FOR Rock Springs Wyo	FROM 3 Wks	TO	
FOR Ohio Coal Mine	FROM 9 Mo	TO	
FOR Coal Co. W. Va	FROM 17 Yrs	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lanie HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN B2	DATE 11/11/47	CHECK 112	
OUT DATE 3-16-48		CHECK	
CAUSE Voluntary - strike.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Tom Hostetter ADDRESS Clifton Forge Va

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Alice " ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Cobing, Richmond Va. Odell, Pat, Clifton Forge, VA

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: 4 Or 5 Address Unknown

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

GROUP INSURANCE

C. W. Hostetter

SIGNATURE OF APPLICANT

INTERPRETED BY

DATE 11/10/47

SIGNED IN PRESENCE OF

Geo. L. Kimball

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hostetter, Charles W.	Jan. 1, 1910	Married	Virginia	Yes	Nov. 11, 1947	Nov. 10, 1947

NAME Charles W. Hostetter OCCUPATION

DATE OF BIRTH Jan 1, 1900 SOCIAL SECURITY NO. 236-10-7676

WHERE BORN? Va. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Penna R.R. Mines	FROM 14 Mo	TO	
FOR NYC R.R.	FROM 11 Mo	TO	
FOR Brilliant	FROM 8 Mo	TO	
FOR Madrid	FROM 5 Mo	TO	
FOR Copper Coal Co W Va	FROM 19 Yrs	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lanie HER AGE 44

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lillie	Girl		27	Del
Ruth Morrison			25	Neward, Del. Care Dupont Powder Co
Bill	Boy		24	

IN K	DATE 7/14/50	CHECK 252
OUT DATE 5-11-51		CHECK
CAUSE left services of the Company of own free will.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 77 FULL NAME Tom ADDRESS Selma, Va.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 67 FULL NAME Ella ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Corbing, Odell, Emenson, Selma, Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ethel Lockhart, Clifton Forge, Va.
Hattie, Maud,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife at Newark, Del

$500 GROUP INSURANCE Feb. 1951

INTERPRETED BY

DATE 7/13/50

SIGNED IN PRESENCE OF Geo L Kimball

✓ Charles W Hostetter
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hostetter, Charles W.	Jan. 1, 1900	Married	Virginia	Yes	July 14, 1950	July 13, 1950

NAME Cattetano Huartado OCCUPATION

DATE OF BIRTH Mar 23 1894 SOCIAL SECURITY NO. 523-07-7319.

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Cokedale car dropper FROM 19 Year TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carmelita HER AGE 52

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Johnie				
Tony	Boy	Dont Know	22	Pueblo
Lee	"	"	19	Trinidad
Rita	Girl		25	

IN B2	DATE 9/26/47	CHECK 216
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

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IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

$500 GROUP INSURANCE April 1948

INTERPRETED BY

DATE 9/26/47

SIGNED IN PRESENCE OF

Cattetano Huartado
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hurtado, Cattetano	March 23, 1894	Married	Colorado	Yes	Sept. 26,1947	Sept. 26,1947

NAME Buster Huddleston OCCUPATION Carbon Plant Born 9.19 1906

WHERE BORN? Holdenville Oklo U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Perry Pipe Line co	FROM Oct 29	TO Oct 31	
FOR White Pine Lbr Co	FROM " 31	TO Dec 33	
FOR Odd Jobs	FROM Dec 33	TO Oct 34	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Rose mary HER AGE 28

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Gardiner 308

IN Oct 12	DATE 1934	CHECK	
OUT DATE March 1935		CHECK	
CAUSE Carbon Plant Closed			
IN Carbon Plant	DATE 4-7-37	CHECK	
OUT DATE 6-13-37		CHECK	
CAUSE O a			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 50 FULL NAME Sid Huddleson ADDRESS Roton N M

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 50 FULL NAME Lillie May ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jack Raton Clarence Holdeville Oklo

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Vernon Gerhart and Juanita Raton N M

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF Wm Pratt

Buster Huddleston
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Huddleston, Buster	Sept.19,1906	Married		Oklahoma	Yes	Apr. 7, 1937	Oct.12,1934

NAME Ardy Hude (Andy) OCCUPATION Miner

DATE OF BIRTH Nov. 28 1887 SOCIAL SECURITY NO. 522-03-3391

WHERE BORN? Austria U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? little WRITE? little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dick's Coal Mine	FROM	1922	TO May 1947
FOR	in Bon Carbo Colo.	FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE May Hude HER AGE 49

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Viola	F	May 15, 1924	23	
Paul	M	May 14, 1925	22	
May	F	June 1926	21	
George	M	Oct 1927	20	
Helen	F	July 1929	18	
Tony	M	Sept 1930	17	
Anne	F	Dec. 1936	11	
Willie	M	Nov. 1938	9	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary Hude Austria

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

May Hude (Wife)

$500 GROUP INSURANCE March 1948

INTERPRETED BY

DATE 8-28-47

SIGNED IN PRESENCE OF David Stewart

Andy Hude

SIGNATURE OF APPLICANT

IN	K	DATE 8/28/47	CHECK 130			
OUT DATE	3-2-53		CHECK			
CAUSE	Retirement					
IN		DATE	CHECK			
OUT DATE			CHECK			
CAUSE						
IN		DATE	CHECK			
OUT DATE			CHECK			
CAUSE						
IN		DATE	CHECK			
OUT DATE			CHECK			
CAUSE						
IN		DATE	CHECK			
OUT DATE			CHECK			
CAUSE						
IN		DATE	CHECK			
OUT DATE			CHECK			
CAUSE						

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hude, Andy	Nov. 28, 1887	Married	Austria		Aug. 28, 1947	Aug. 28, 1947

NAME GEO B.HUDSON OCCUPATION Miner Born 9-12-1901

WHERE BORN? Kentucky U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR New England Fuel and	FROM	TO
FOR Transportation Co,.W.Va	FROM	TO
FOR	FROM 1923	TO Oct,1929.
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sig	DATE 11/11/29	CHECK 354
OUT DATE 11-18-29		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John D.Hudson, Harrisburg,Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother, John D.Hudson, Harrisburg,Ill.

INTERPRETED BY

DATE Nov 15th,1929

SIGNED IN PRESENCE OF

A.L.Brockman

George B. Hudson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hudson, George B.	Sept. 12, 1901	Single		Kentucky	Yes	11-11-1929	11-11-29

NAME Fletcher Hunter OCCUPATION Miner

DATE OF BIRTH Dec. 15, 1893 SOCIAL SECURITY NO. 546 - 28 - 1533

WHERE BORN? Rich Hill, Mo. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Hickman, Cimarron, FROM 2 Mo. TO May & June 1943

FOR Gallup. N. M. Grinko, Coal Co. FROM 1941 TO 1942

FOR Gunbar, Coal Co. Durango, Colo. FROM 1939 TO 1940

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carrie Hunter HER AGE 43

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN K	DATE 7-8-43	CHECK 208
OUT DATE 7/23/43		CHECK
CAUSE Boomer		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME Margarite Hunter. ADDRESS Albuquerque, N. M

WHO SUPPORTS HER? My sister HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Hunter, Oregon. Leonard Hunter, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Frances Hunter, Albuquerque, N. M. Girtrude Hunter, Boonville, Ark. Claras East, Albuquerque, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE July, 7, 1943

SIGNED IN PRESENCE OF

A. L. Atchison

Fletcher Hunter

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hunter, Fletcher	Dec. 15, 1893	Married	Missouri	Yes	July 8, 1943	July 7, 1943

NAME Frank Hunter OCCUPATION Miner Born Oct.17,1907

WHERE BORN? Hartford Ark U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Rock Island Improvt.Co.	FROM	TO
FOR	Hartshorn, Okla	FROM May 1928	TO November 1928
FOR	Dawson,N.M.	FROM April 1927	TO May 1928
FOR	Van Houten	FROM September 26	TO April 1927
FOR	Dawson,N.M.	FROM September 24	TO September 1926
FOR	Farm hand Hartford,Ark	FROM November 23	TO September 1924

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-9-28	CHECK 156
OUT DATE 1-19-1929		CHECK 184
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 56 FULL NAME Alex Hunter ADDRESS Hartshorn,Okla.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~####~~Roy at Simanole,Okla.John at Redoak,Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Nell Hogue, Hartford,Ark. Fay & Fannie at Hartshorn,Okla.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Alex Hunter, Hartshorn, Okla.

INTERPRETED BY

DATE 11-9-1928

SIGNED IN PRESENCE OF C A Bernard

Frank Hunter
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOW ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~ INCLUDE ~~XXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hunter, Frank,	Oct. 17, 1907	Single		Arkansas	Yes	Nov. 9, 1928	11/9/28

NAME Tony Hurta OCCUPATION Miner Born 12/19/1908

WHERE BORN? Starkvill U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farming	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Betty Hurta HER AGE 26

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Bobby	Male	10/9/30	6	Sugarite
Normajean	Female	9/15/35	1	"

IN Sugarite	DATE 10/14/36	CHECK 118
OUT DATE 2-14-38		CHECK
CAUSE O.C.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Kate Hurta ADDRESS Palacios Texas

WHO SUPPORTS HER? Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Charles Hurta Palacios Texas
Joe " Midfield "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Hurta New Orlens La.
Anna May Adams Alvin Texas
Louise Hurta. Victoria "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Apr 1937
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Betty Hurta Sugarite N.Mex.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF David Stewart

Tony Hurta
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hurta, Tony	Dec. 19, 1936	Married		Colorado	Yes	Oct. 14, 1936	Oct. 14, 1936

NAME Tony Hurta OCCUPATION Miner Born Dec 27th-1907 Dug DATE 10/30/30 CHECK 281

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng-Polish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR Stag Canyon Fuel Co,.	FROM 1924	TO	Mar,1930
FOR	FROM	TO	
FOR C.F.&.I.Co, Morely	FROM Mar,1930	TO	Oct,1930

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bettie HER AGE 21

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Dawson,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Robt	Male	Oct 9th,30	1 mo	Dawson,N.M.

OUT DATE 4-3-1931		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Kate Hurta, ADDRESS Placia, Texas

WHO SUPPORTS HER? Her brothers. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe and Charlie Hurta, Placia, Tex

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary,Nannie and Louella. Texas

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on 1000 on 1500 on 2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Bettie Hurta, Dawson,N.M.

INTERPRETED BY

DATE Oct 30th,1930

SIGNED IN PRESENCE OF

A.L.Brockman

Tony Hurta
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hurta, Tony.	Dec. 27. 1907	XXXX	Married	XXXXXX	Colorado	Yes	10-30-1930	10-30-30

NAME Gabriel C. Hurtado OCCUPATION Miner

DATE OF BIRTH Aug. 16 1907 SOCIAL SECURITY NO. 525-07-9778

WHERE BORN? Folsom, N.M. U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? yes WRITE? yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Vickers Coal Co.	FROM	TO	
FOR	Rugby, Colo.	FROM 1935	TO	1940
FOR	Denton Coal Co.	FROM	TO	
FOR	Yankee,N.M.	FROM 1940	TO	1941
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth Hurtado HER AGE 32

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Robert	Male	4-4-1930	11	Van Houten, N.M.
Tresa	Female	3-21-1934	7	" "
Wayng	Male	4-22-1937	4	" "

IN VH	DATE 1-5-1942	CHECK 108
OUT DATE 8-21-42		CHECK
CAUSE To Dawson		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Leo Hurtado, Markwood, Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE July 1942

INTERPRETED BY

DATE Jan. 2, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

Gabriel C. Hurtado

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Hurtado, Gabriel C.	Aug.16,1907	Married	New Mexico	Yes	Jan. 5, 1942	Jan.2,1942

NAME R. Hynd OCCUPATION miner Born April, 7, 1886

WHERE BORN? Scotland U. S. CITIZEN? declarant FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Illinois Cent. Chicago, Ill FROM Aug. 1927 TO Nov. 1928

FOR Building trade laborer- Chgo. Ill - June. 1925 TO July, 1927

FOR Dawson FROM 1 yr. TO May, 1925

FOR Swastika FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Elizabeth HER AGE 43

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Isabel	girl		5 yrs.	
Richard	boy.		17	
May	girl		19	

IN SW	DATE 11-27-28	CHECK 216
OUT DATE 7-1-30		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

William in Hamilton, Ontario- Geo. and James in Scotland.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Bella in Los Angeles and Maggie in Canada.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE yes

Group Insurance $500 on May 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 11-27-28

SIGNED IN PRESENCE OF

R.P.Woods

Robt. Hynd.
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hynd, Robert,	Apr. 7, 1886	Married		Scotland	No	Nov. 27, 28	11/27/28

NAME Robert Hynd OCCUPATION Miner **Born April 7, 1887**

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Terrero, N. Mex. FROM 6 mos TO

FOR Sugarite, N. Mex. FROM 3 yrs TO

FOR Swastika FROM 2 " TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Isabelle	Female	Aug. 29	10	Raton

IN S	DATE 3/26, 34	CHECK 377
OUT DATE 5-9-36		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, George & James, Scotland

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Isabelle, & Margaret, Montreal, Canada
Los Angeles, Cal.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife, Raton, N. Mex.

$500 group ins. Sept 1934

INTERPRETED BY

DATE Mar. 26, 1934

SIGNED IN PRESENCE OF

Leo. B. Thomure

Robt Hynd.
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED		BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hynd, Robert	April 7, 1887	Married		Scotland	No	Mch.26,1934	3/26/1934

NAME Robert Hynd OCCUPATION Miner **Born** 4/7/88

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Rky. Mtn. FROM TO

FOR Sugarite FROM 1927 TO 1936

FOR Left Sugarite May. 1936. Went to Chicago FROM TO

FOR seeking employment. Returned December 1936 FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth Hynd HER AGE 52

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Raton N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Isabell	Female	8/25/23	13	Chattanooga Tenn

IN Sugarite	DATE 2/19/37	CHECK 376
OUT DATE 9-26-41		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William Hynd Hamilton Canada

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs, William Muir Los Angeles Cali.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on Aug, 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. William Muir Sister.

INTERPRETED BY

DATE 2/18/37

SIGNED IN PRESENCE OF David Stewart

Robert Hynd
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS INFANTS INCLUDED	BORN IN	U. S. CITIZEN	Date of Birth / Continuous Service from	DATE THIS RECORD
Hynd, Robert	Apr. 7, 1888	Married		Scotland	No	Feb. 19, 1937	

NAME Robt Hynd OCCUPATION Rockman Born 4-7-1886

WHERE BORN? Scotland U. S. CITIZEN? No FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? English READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	St.L.R.M.&.P.Co.,	FROM	TO
FOR	Swastika-Sugarite	FROM 1926	TO July,1930
FOR	In California	FROM July,1930	TO Dec,1930.
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Elizabeth HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Isabelle	Female		7 yr	Raton

IN Sug	DATE 12/22/30	CHECK
OUT DATE 3-31-33		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Wm, George and James Hynd. Canada.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Isabelle Muir, Maggie Hynd. Scotland.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1931

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife, Elizabeth Hynd, Raton,N.M. 1500 on

2000 on

INTERPRETED BY

DATE Sugarite Dec 22nd,1930.

SIGNED IN PRESENCE OF

A.L.Brockman

Robt Hynd

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDING APPLICANT	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Hynd, Robert,	April 7, 1886	Married		Scotland	No	12-22-1930	12-22-30

I

NAME Angelo Iacobelli OCCUPATION miner Born June, 24, 1899

WHERE BORN? Italy U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Ital. Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR in Italy	FROM 2 yrs.	TO Dec. 1928	
FOR Ford Motor Co. in Detroit.	FROM 4 yrs.	TO	
FOR no coal mine experience	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 12-1-28	CHECK ///
OUT DATE 4-1-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 62 FULL NAME Loreto ADDRESS Caselvere, Fresnone Italy,

WHO SUPPORTS HIM? I help HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? all I can.

IS YOUR MOTHER LIVING? yes AGE 56 FULL NAME Raphaela ADDRESS Italy

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Beneditto in Swastika- Felipo in Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Maria- in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

brother in Swastika and Father in Italy

INTERPRETED BY

DATE 12-1-28

SIGNED IN PRESENCE OF

R.P.Woods

Angelo Iacobelli
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Iacobelli, Angelo,	June 24, 1899	Single		Italy	Yes	Dec. 1, 28	12/1/28

1st name Giovanni

NAME Angelo Iacobelli OCCUPATION Miner Born June 24, 1899

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No 525-03-8201

WHAT LANGUAGES DO YOU SPEAK? Ital & E READ? Italy WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Detroit	1½ Yrs	FROM	TO
FOR Swastika	5 Mo	FROM	TO
FOR Detroit	2 Mo	FROM	TO
FOR Italy	2 Yrs	FROM	TO
FOR Detroit	7 Yrs	FROM	TO
FOR		FROM	TO

IN Sw	DATE 9/23/30	CHECK 24
OUT DATE 8-16-40		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Rosa Crow HER AGE 18 before 7-21-33

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
~~Geo~~ Not named	Boy	July 21, 1933		

IS YOUR FATHER LIVING? Yes AGE 64 FULL NAME Loreto Iacobelli ADDRESS ~~Castlevieri~~ Casalvieri Frosonone Italy.

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 61 FULL NAME ~~Raffaela~~ Raffaela $20.00 per Mo ADDRESS with my father

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Beneditto, Swastika. Filipo with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Mar. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father

INTERPRETED BY

DATE 9/23/30.

SIGNED IN PRESENCE OF

G.L.Kimball.

Angelo Iacobelli
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Iacobelli, Angelo,	June 24, 1899	Married		Italy	Yes	9-23-1930	9-23-30

NAME Iacobelli Benedetto OCCUPATION Miner Born May 1904

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Italian READ? Ital. WRITE? Italian

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM Dec.4, 1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Angelina Rocco HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Casal Vieri, Caserta, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pasquale	Boy		2 years	with mother

IN	SW	DATE 12/4/26	CHECK 77
OUT DATE	1-15-29		CHECK
CAUSE	afraid to work under		
IN	Slone	DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Loreto Iacobelli, ADDRESS Casal Vieri, Caserta, Italy.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $35 to $50 per mo.for wife and father

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Raefella Marcella ADDRESS

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Angelo and Filipi, with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY Swastika, N. M. Dec. 4, 1926.

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball,

Benedetto Iacobelli
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~NUMBER~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Iacobelli, Benedetto,	May 1904	Married		Italy	No	Dec.4,1926	12/4/26

NAME Beneditto Iacobelli OCCUPATION Miner Born Jan 23, 1904

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital Some READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Detroit 7 Mo ~~1/1/1~~	FROM	TO	
FOR Swastika 3 Yrs	FROM	TO	
FOR Detroit 1 Yr	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Angelina Rocca HER AGE 23

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS ~~xxxxx xx~~ Casalvieri, Frosinone, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pasquali	Boy	Aug 4 1923	6	with mother

IN Sw	DATE 2/17/30	CHECK
OUT DATE 1-31-36		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 64 FULL NAME Leoreto ADDRESS same as wife

WHO SUPPORTS HIM? I do. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Raffaela ADDRESS Same as wife

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~xxxxxx~~ Fillipo with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Aug 1930

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE 2/17/30

SIGNED IN PRESENCE OF

G.L.Kimball.

Beneditto Iacobelli

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Iacobelli, Beneditto,	Jan. 23, 1904		Married		Italy	No	2-17-1930	2-17-30

NAME Onofrio Iacobelli OCCUPATION Digger Born July 17-1874

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Italian READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR For Self-Raton	FROM April,1927	TO July,1927	
FOR St.L.R.M.& .Co.,	FROM 1920	TO April,1927	
FOR (Koehler-Sugarite)	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Costano HER AGE 50

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Attelio	Male		25	Raton
Victoria	Female (Married)		18	Raton
Tony	Male		16	Raton
Ren	Male		12	Raton
Anna	Female		14	Raton

IN Aug	DATE 8/1/27	CHECK 136	
OUT DATE APR 23 1943		CHECK 212	
CAUSE Reduction of Force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Rocco and Carlo. Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife, Costano. Raton,N.M.

INTERPRETED BY

DATE Sugarite August 1st,1927

SIGNED IN PRESENCE OF

Onofrio Iacobelli

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD

NAME Angelo Jafrate OCCUPATION Miner Born June 22,1889

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. Eng. READ? Ital. WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 7,1919	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~XXXXXX~~ Married

GIVE FULL NAME OF WIFE Jennie HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jim	Boy		9 years	Arpino, Italy
4 children beside				

IN SW	DATE 7/7/19	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Pasquale Rea Jafrate ADDRESS Arpino, Italy

WHO SUPPORTS HER? My Brother & I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? I send about $400.00 every year

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James, Koehler, New Mexico, Joe and Tony, Arpino, Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother Jim,

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Angelo Jafrate
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY NO. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jafrate, Angelo,	June 22, 1889	Married	XXXX XXXXXX XXXXXX	Italy	No	July 7, 19	7/7/19

Jafrate

Social Sec. Record shows bomb 22-1889

NAME Angelo Jafrate OCCUPATION Miner Born 6-22-1890

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078? No 525-03-9143

WHAT LANGUAGES DO YOU SPEAK Eng.&Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Brilliant, since he was laid off has not FROM TO

FOR worked FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~###~~ Juinita Jafrate HER AGE 36

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Vincent	Male		20	Raton, N.M.
Albert	"		17	"
Carolina	Female		9	" "

IN VH	DATE 11-1-41	CHECK 21	
OUT DATE 10-30-46		CHECK	
CAUSE Left of own accord.			
IN VH	DATE 3-7-47	CHECK	
OUT DATE 5-27-49		CHECK	
CAUSE Mine C load.			
IN K	DATE 9-12-49	CHECK	
OUT DATE 1-28-50		CHECK	
CAUSE Transferred to Van Houten			
IN	DATE	CHECK	
OUT DATE Mar 24, 1952		CHECK	5
CAUSE No reason given			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Jafrate, Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on May 1942
1000 on October 1945
1500 on April 1950
2000 on

INTERPRETED BY

DATE April, 20, 1942

SIGNED IN PRESENCE OF

A. L. Atchinson

X Angelo Jafrate
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jafrate, Angelo	June 22, 1890	Married		Italy	No	Sept. 12 1949	Apr. 20, 1942

NAME August Iko OCCUPATION Miner Born Aug.1 ,1888

WHERE BORN? Jugo Slavia U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slavish & Eng READ? ## No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming Moreno Valley ,N.M. FROM January 1924 November 1925

FOR This Co Van Houten, N.M. FROM Nov,1925 TO March 1927

FOR Farming Moreno Valley, N.M. FROM March 1927 TO January 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Girtie HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manda	Girl		14	With me
George	Boy		20	"
Paul	"		9	"
Eva	"		8	"
Tony	Boy		10	"

IN VH	DATE 1-15-1929	CHECK 240
OUT DATE 5-31-29		CHECK 52
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME Amanda ADDRESS Moreno Valley, N.M

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? I keep her in my home

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike at Seattle ?Wash

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Therma,N.M.

INTERPRETED BY

DATE January 15,1928

SIGNED IN PRESENCE OF

C A Bennett

August (+) Iko
His Mark
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WIDOWED DIVORCED	DEPENDENTS MENTALLY INCAPACITATED	BORN IN	U. S. CITIZEN	Date of Birth / Continuous Service from	DATE THIS RECORD
Iko, August,	Aug. 1, 1888	Married	XXXX XXXXXX	Jugo Slavia	No	Jan. 15, 29	1/15/29

NAME Lyman K. Inman OCCUPATION Loader

DATE OF BIRTH Nov 29th,1897 SOCIAL SECURITY NO. 523-03-9584

WHERE BORN? Iowa U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Urad Mines,-Colo	FROM Mar,1945	TO	Mar,1946
FOR	Mindotta Mines- Colo	FROM 1944	TO	1945
FOR	East Lake Mines, Colo	FROM 1941	TO	1944
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mabel Inman HER AGE 39

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Idaho Springs, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Justine	M		16	Idaho Springs, Colo.

IN K	DATE 3-13-46	CHECK 180
OUT DATE June '46		CHECK
CAUSE other account.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Lee, William and Harry Inman. Iowa

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

GROUP INSURANCE

INTERPRETED BY

DATE Mar 13th,1946

SIGNED IN PRESENCE OF H. Buckhman

Lyman K. Inman

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Inman, Lyman K.	Nov. 29, 1897	Married	Iowa	Yes	March 13,1946	March 13,1946

NAME M. ~~LONUE~~ Inoue OCCUPATION Miner Born Nov 17-1885

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farm near Denver, Colo, which he owns FROM TO

FOR for last 10 years FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite	DATE 9/5/29	CHECK 266
OUT DATE 5-1-30		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME Echi ~~Lonue~~ Inoue ADDRESS Kamurmato Japan

WHO SUPPORTS HER? My brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~Tito,~~ Seku and Eti ~~Lonue,~~ Inoue, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Tito, Sketsui, Yatsu. Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brothers, Japan and S. Tsugi, Sugarite

INTERPRETED BY

DATE Sept 5th, 1929.

M. Inoue.
SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF

A. L. Brockman

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Inoue, M.	Nov. 17, 1885	Single		Japan	No	Sept. 5, 29	9-5-29

NAME M.INOUE OCCUPATION Miner 11-17-1886

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR At Sugarite	FROM Sept 1929	TO Mar,1930	
FOR Moffatt Coal Co.	FROM	TO	
FOR Mt.Harris,Colo	FROM May,1930	TO May,1931	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite	DATE 6/26/31	CHECK 363
OUT DATE 1-18-32		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Sido Inoue, Kurumoto,Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Tito and S.Inoue, Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Friend,F.R.Omodo,Sugarite

500 Ins. Dec. 1931

INTERPRETED BY

DATE Sugarite June 26th,1931

SIGNED IN PRESENCE OF

A.L.Brockman.

OK AF

SIGNATURE OF APPLICANT

M. Inoue

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Inoue, M,	Nov. 17, 1886	Single		Japan	No	6-26-1931 6-26-1931

NAME K. Ishikawa OCCUPATION Digger Born Feb.16, 1883

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.3,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	S	DATE 12/3/20	CHECK 297
OUT DATE	4-23-40		CHECK
CAUSE	Reduction of force		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME N. Ishikawa ADDRESS Kowakito, Japan

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: T. U. and Mato Ishikawa, Kowakito, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on ~~Sept. 1931.~~ Rejected by Ins Co. as poor physical risk

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend Tom Ando, Sugarite, New Mexico,

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

K. Ishikawa

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~REPEADAMES~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ishikawa, K.	Feb. 16, 1883	Single		Japan	No	Dec 3,1920	12/3/20

MINE Sugarite, N. M. DATE Dec. 3, 1920.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 45 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 140 lbs. WEIGHT 5 ft. 5 in COLOR OF HAIR Black

COLOR OF EYES Brown COMPLEXION Dark SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT K. Ishikawa,

M. D.

NAME K.ISHIKAWA OCCUPATION Miner Born Mar 15-1888

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Scott Bluff,Neb. Beet Fields. Aug	FROM	TO	Dec,1928
FOR Hayden Mine,Colo	FROM 1927	TO	Aug,1928
FOR Truck farm near Pueblo	FROM 1922	TO	1927.
FOR Worked around mines in winters.	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Aug	DATE 12/19/28	CHECK 353
OUT DATE 4-9-29		CHECK 353
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend, S.Tsugi, Sugarite,N.M.

INTERPRETED BY

DATE Sugarite Dec 19th,1928

SIGNED IN PRESENCE OF

A.L.Brockman.

K. Ishikawa
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENT ~~XXXX~~ IN FAMILY ~~XXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from ~~Service from~~	DATE THIS RECORD
Ishikawa, K.	Mar. 15, 1888	Single		Japan	No	Dec. 19, 28	12/19/28

NAME Geo. Iskra OCCUPATION Loader Born April 21, 1862

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM June 7, 1922	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Francisca HER AGE 3 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Promised Fred Stringfellow that we would let Iskra know before we drop his ins.		12-19-33		

IN VH	DATE 6/7/22	CHECK 227
OUT DATE 4-22-29		CHECK 65
CAUSE own accord		
IN Sw	DATE Apr. 29	CHECK
OUT DATE 1-1-34		CHECK
CAUSE Too old to work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank, at Walsenburg, Colorado.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, at Yanitza, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on May 1, 1928.
2000 on

INTERPRETED BY

DATE Brilliant, N. M. June 7, 1922.

SIGNED IN PRESENCE OF

W. P. Scanlon,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE WIDOWER DIVORCED~~	~~DEPENDENTS IN FAMILY MALE FEMALE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Iskra, George,	April 21, 1862	Married		Austria	No	June 7, 22	6/7/22

NAME T. Iwata OCCUPATION Digger Born Sept.17,1878

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Jap WRITE? Jap

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.25,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Matsuno Iwata HER AGE 28

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Hirastimoken, Asagori, Nabara, Japan.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
C. Iwata	Girl		11 years	Japan

IN S	DATE 8/25/21	CHECK 284	
OUT DATE 9-1-29		CHECK	
CAUSE Dropped			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on ~~May 1, 1928.~~
2000 on Aug 25, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife in Japan or Tom Ando, Sugarite, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

R. P. Woods

T. Iwata
SIGNATURE OF APPLICANT
Signature on old record

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	Date of Birth	XXXX	XXXXXX				
Iwata, T.	Sept. 17, 1878	Married		Japan	No	Aug.25,1921	8/25/21

MINE Sugarite, N. M. DATE Aug. 25, 1921.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 42 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 2 in. WEIGHT 128 lbs. COLOR OF HAIR Black

COLOR OF EYES Dark Brown COMPLEXION Yellow SCARS OR MARKS OF IDENTIFICATION 2 gold teeth in front

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

MINE Van Houten, N. M. DATE June 7, 1922.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 55 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 8 in. WEIGHT 160 lbs. COLOR OF HAIR Gray

COLOR OF EYES Brown COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

J

NAME Domenick Jafrate OCCUPATION Miner ~~Born~~ Dec.25,1890

WHERE ~~BORN?~~ Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. Eng. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Mar.18,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 3/18/26	CHECK 4
OUT DATE Aug.9, 1928		CHECK
CAUSE Transfer to Sw.		
IN SW	DATE 8-9-28	CHECK
OUT DATE 8-13-28		CHECK
CAUSE To V. H.		
IN V. H	DATE 8-13-28	CHECK
OUT DATE 9-30-40		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, at Arpino, Italy,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Louisa, at Arpino, Italy,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance ~~$500~~ on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. ~~1000~~ on

My sister at Arpino, Italy ~~1500~~ on

~~2000~~ on

INTERPRETED BY

DATE Van Houten, New Mexico, May 18, 1926. Domenick Jafrate

SIGNED IN PRESENCE OF SIGNATURE OF APPLICANT

C. A. Bernard Signature on old record

NAME	~~Date of Birth~~ AGE	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY HOUSEKEEPER~~	BORN IN	U. S. CITIZEN	~~Continuous Service from~~	DATE THIS RECORD
Jafrate, Domenick,	Dec. 25, 1890	Single		Italy	No	Mar.18,26	5/18/26

NAME Domenick Jafrate OCCUPATION Miner Born 11-10-1888

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078? 525-03-8556

WHAT LANGUAGES DO YOU SPEAK Eng.&Ital. READ? yes WRITE yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working here at Van Houten when the mine closed. FROM TO

FOR FROM TO

FOR Has not worked since. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11-21-41	CHECK
OUT DATE Jan.1,1946		CHECK
CAUSE Death		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April,18,1942

SIGNED IN PRESENCE OF A.R. Atchison

Domenick Jafrate
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

NAME Loreto Jafrate OCCUPATION Miner Born Aug.12,1895

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. Eng. READ? Ital. WRITE? Ital.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.26,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 11/26/21	CHECK 75
OUT DATE		CHECK
CAUSE Death-11-21-1938		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Frank Jafrate ADDRESS Arpino, Caserta, Italy.

WHO SUPPORTS HIM? His sons HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? a little sometimes

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Pasqua Jafrate ADDRESS with my father

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alberto and Paul, with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Katherina Rea, Van Houten, N. M. Benidetta Rea, Detroit, Mich. Angela Ciccerelli, Detroit, Mich. Vincenta and Vera, with father.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on 1000 on 1500 on 2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father

INTERPRETED BY

DATE Swastika, N. M. Dec. 16, 1926.

SIGNED IN PRESENCE OF

Geo. L. Kimball

Loreto Jafrate

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jafrate, Loreto,	Aug. 12, 1895		Single	XXXXXX	Italy	No	Nov.26,1921	12/16/26

Citizen December 1931

NAME Mike Jalaca OCCUPATION Miner Born Apr.24,1882

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec. 1910	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mateia Jalaca HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pete	Male		13 years	
Joe	"		11 "	
John	"		5 "	
Mary	Female		2 "	
Katie	"		16 "	Gospich, Austria,
Lucy	"		15 "	" "

IN SW	DATE Dec.1910	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 78 FULL NAME Tony Jalaca ADDRESS Gospich, Aust.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Mary Jalaca ADDRESS Gospich, Aust.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John, Yankee, N. M. Bob and Dueo, Joliet, Ill.
George, Joe and Thomas, Gospich, Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Anna Jalaca, Gospich, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

W. D. Pierson

Mike Jalaca
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS IN FAMILY XXXXXX NO. SEP.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jalaca, Mike,	April 24, 1882	Married		Austria	Yes	Dec. 1910	12/18/18

(Name first on card as Mike Jelico)

NAME Mike Jalaca OCCUPATION Track Layer

DATE OF BIRTH 4/24/ 82 SOCIAL SECURITY NO. 525-03-9146

WHERE BORN? Yugoslavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK Slav. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Brilliant FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

Blood Test off, Test # 4263080 11-10-42

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Matilda HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pete	Male	3/19/06	36	Raton
Joe	"	11/29/07	35	
John	"	6/28/14	28	army
Mary		8/15/17	25	Brilliant
Chas.		8/16/20	22	army
Mike		4/24/23	19	Raton
			17	

IS YOUR FATHER LIVING? No AGE 1/25/25 FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Dewey & John Rock Springes, Wyoming Geo. Yugoslavia,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Matilda Jelico, Wife

$500.00 GROUP INSURANCE June, 1943

INTERPRETED BY

DATE 11/9/42

SIGNED IN PRESENCE OF David Stewart

Mike Jelico

SIGNATURE OF APPLICANT

IN VH DATE 11/9/42 CHECK 68

OUT DATE 5-27-49 CHECK

CAUSE Mine Closed

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jelico, Marko	April 24, 1882	Married	Yugoslavia	Yes	Nov. 9, 1942	Nov. 9, 1942

NAME Alfredo Jaramillo OCCUPATION Loader

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span READ? No WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM	April, 1927	July, 1927
FOR At & S.F. at Raton, N.M.	FROM	Sept. 1926	TO Mar. 1927
FOR Swastika	FROM	June. 1926	TO Aug. 1926
FOR On farm previous	FROM		TO May, 1926
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 7-28-27	CHECK 177
OUT DATE 8-3-27		CHECK
CAUSE To Gardner		
IN Gardner	DATE 8-3-27	CHECK
OUT DATE 9-1-27		CHECK
CAUSE wants better place		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 68 FULL NAME Albino Jaramillo ADDRESS 190 Stringtown Ave Raton, N.M.

WHO SUPPORTS HIM? I help HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 10.00 or more per mo.

IS YOUR MOTHER LIVING? yes AGE 65 FULL NAME Particia ADDRESS #

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Leo and Lolla both in Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Rahina Jaramillo my Grandmother in Raton, N.M.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Father

INTERPRETED BY

DATE 7-28-27

SIGNED IN PRESENCE OF

R. P. Woods

Alfido Jaramillo

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Jaramillo, Alfredo	20	S	1	New Mexico	Yes	7/28/27

NAME Alfredo Jaramillo OCCUPATION miner

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? no. WRITE? no.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dawson, N.M.	FROM July, 1927	TO	Sept. 1927
FOR	Gardiner	FROM May, 1927	TO	June. 1927
FOR	Swastika	FROM Jan. 1927	TO	April, 1927
FOR	on ranch	FROM	TO	Dec. 1926
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	SW	DATE 10-3-27	CHECK N3
OUT DATE	5-8-28		CHECK
CAUSE	O.a.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING yes AGE 80 FULL NAME Albino ADDRESS Raton, N.M.

WHO SUPPORTS HIM? I help. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 10.00 per mo. Grand, Ave.

IS YOUR MOTHER LIVING? yes AGE 80 FULL NAME Partita ADDRESS Raton, N.M.

WHO SUPPORTS HER? I help. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 10.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Laeo and Lola both in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

father

INTERPRETED BY

DATE 10-3-27

SIGNED IN PRESENCE OF R. P. Woods

Alfredo Jaramillo
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Jaramillo, Alfredo	20	S	1	New Mexico	Yes	10/3/1927

NAME Alfredo Jaramillo OCCUPATION

DATE OF BIRTH Feb 24, 1909 SOCIAL SECURITY NO. 707-03-5514

WHERE BORN? Watrus, N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Midwest Construction Co	FROM		TO	
FOR Pueblo, Colo	FROM	3 Mo	TO	
FOR Santa Fe Section	FROM	6 Mo	TO	
FOR Yankee	FROM	1 Yr	TO	
FOR Kansas	FROM	2 Mo	TO	
FOR Aguilar Mine	FROM	5 Yrs	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN B2	DATE 1/13/43	CHECK 70
OUT DATE 1/4/44		CHECK
CAUSE Discharged.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

Reared by Uncle

IS YOUR FATHER LIVING? No AGE FULL NAME Albino Jaramillo ADDRESS Raton, N. M.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary & Dorathy, Raton

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

My sisters Age 17 & 19.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Sisters

$500.00 GROUP INSURANCE August, 1943

INTERPRETED BY

DATE 1/13/43

SIGNED IN PRESENCE OF Geo L Kimball

Alfredo Jaramillo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jaramillo, Alfredo	Feb. 24, 1909	Single	New Mexico	Yes	Jan. 13, 1943	Jan. 13, 1943

NAME Alfredo Jaramillo OCCUPATION Loader

DATE OF BIRTH New Mex 1909 SOCIAL SECURITY NO. 707-03-5514.

WHERE BORN? Feb 24, 1909 U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span E READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Santa Fe Tunnel	FROM 6 Mo	TO Pueblo Local 13	
FOR Brilliant	FROM 1 Yr	TO order 1669	
FOR Pueblo Ordnance Depot	FROM 1 Yr	TO Class 4F	
FOR Santa Fe	FROM 1 Yr	TO	
FOR Brilliant	FROM 5 Yrs	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Married~~ will be married

GIVE FULL NAME OF WIFE Fernandita HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 226 Garcia, Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosita	Girl		4 Mo	With Mother

IN B2	DATE 9/13/44.	CHECK 102
OUT DATE 8-18-47		CHECK
CAUSE Sick		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME Albino Jaramillo ADDRESS Raton, N.M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Antonio, Pablo, Joe, Clayton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE 9/12/44

SIGNED IN PRESENCE OF Geo D. Kimball

Alfredo Jaramillo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jaramillo, Alfredo	Feb. 24, 1909	Married	New Mexico	Yes	Sept. 13,1944	Sept.12,1944

NAME Andreas Jaramillo OCCUPATION Timberman Born Dec.7,1895

WHERE BORN? San Pablo, N.M. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Contenental Tie & Lumber Co	FROM	TO	
FOR Ponil Park, N.M.	FROM 1911	TO April 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Feleciana HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	Boy	May 18,1919	10	Koehler, N.M.
Cipriano	Girl	March 12,1921	8	"
Gregoreta	Girl	Feb.15,1924	5	"
Carlos	Boy	July 23,1928		"

IN Koehler	DATE Apr.27-26	CHECK 9
OUT DATE Mar. 1, 1930		CHECK
CAUSE Mny accrd		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Elario in Las Vegas, N.M. Juan at Amalio, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on 4-30-28
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Koehler, N.M.

INTERPRETED BY

DATE March 22,1929

SIGNED IN PRESENCE OF C. A. Bernard

Andres Jaramillo
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCLUDE SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jaramillo, Andres,	Dec. 7, 1895	Married		New Mexico	Yes	Apr. 27, 26	4/27/26

NAME Eloise Jaramillo OCCUPATION Propman

WHERE BORN? N.Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch	FROM May,1925	TO Nov,1927	
FOR St.L.R.M.&.P.Co Sugarite	FROM 1923	TO 1925	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lola - HER AGE 29

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Cecia	Famale		8 yr	
Chas	Male		6	
Jamnie	Famale		4	
Rosa	do		2	all Raton

IN Sug	DATE 12/29/27	CHECK 418
OUT DATE 3-9-28		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME John Jaramillo ADDRESS Pueblo,Colo

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Roma Rodriqueq, Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. wife, Lola Jaramillo, Raton,N.M.

INTERPRETED BY

DATE Sugarite Dec 29th,1927

SIGNED IN PRESENCE OF

A.L.Brockman

Eloise Jaramillo

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Jaramillo, Eloise	30	M	6	New Mexico	Yes	12/29/27

NAME Hilario Jaramillo OCCUPATION Laborer Born Dec.10,1898

WHERE BORN? San Pablo, N.M. U.S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co.	FROM	TO	
FOR	FROM	TO	
FOR Contenental T.& L Co.	FROM	TO	
FOR Cimarron, N.M.	FROM October 1924	TO October 1926	
FOR This Co. Koehler, N.M.	FROM October 1926	TO October 1928	
FOR Farming, San Pablo, N.M.	FROM October 1928	TO October 1929	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cleofas Jaramillo HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Filadelfio	Boy		4	with me
Victoria	Boy		2	"
Arcalia	Girl		4 Mo.	"

IN Koehler	DATE 9-17-1929	CHECK
OUT DATE Mar. 1, 1930		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Andreas at Koehler, Juan at Costillo, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on

My Wife at Koehler, N.M. 2000 on

INTERPRETED BY

DATE October 4,1929

SIGNED IN PRESENCE OF C. A. Bernard

Hilario Jaramillo

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jaramillo, Hilario,	Dec. 10, 1898	Married		New Mexico	Yes	9-17-1929	9-17-29

NAME V.H.Jamison OCCUPATION Miner Born 7-21-1904

WHERE BORN? N.Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR See old record Sugarite FROM Feb,1928. TO

FOR Working for self since left Sugarite. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
NONE				

IN Sug	DATE 2/13/29	CHECK 351
OUT DATE 5-11-29		CHECK 351
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Caryie Jamison ADDRESS Gladstone,N.M.

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jim,Wichita,Ks.Joe and Homer, Portland,Ore.Marshall, KC,Mo.Jack, Amarilla,Tex.Frank,Dan,Mealy, Gladstone,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.J.B.Taylor, Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife,Maria Jamison, Raton,N.M.

INTERPRETED BY

DATE Sugarite Feb 13th,1929.

SIGNED IN PRESENCE OF

A.L.Brockman

V H Jamison
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX	XXXXXX				
Jamison, V. H.	July 21, 1904	Married		New Mexico	Yes	Feb. 13. 29	2/13/29

NAME Virgil Jamison OCCUPATION Laborer

WHERE BORN? Gladstone, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch	FROM	1922	TO Nov.30,1927
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 12/1'27	CHECK 224
OUT DATE 2-17-1928		CHECK 224
CAUSE Work stopped		
IN Sugarite	DATE 2-23-28	CHECK 51
OUT DATE 2-29-28		CHECK 51
CAUSE Never started		
IN ~~Sugarite~~ Gardner	DATE 3-23-28	CHECK
OUT DATE 3-26-28		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 62 FULL NAME Carey Jamison, ADDRESS Gladstone, N.M

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? About$30.00 per Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe & Homer Jamison, Address unknown
Dan Jamison & Frank Jamison, Gladstone. N.M.
Jack&Neaile " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jim.Jamison, Witchita, Kans.
Bessie Taylor, Raton, N.M. Marshal, Kansas City, Mo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
~~Bessie Taylor, Raton, N.M.~~ Help brother Frank's family.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Carey Jamison, Gladstone, N.M.

INTERPRETED BY

DATE Dec.1,1927

SIGNED IN PRESENCE OF

A.W.Allbert,

Vergil Jamison
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Jamison, Vergil	23	S	1	New Mexico	Yes	12/1/27

NAME T. M. Janssen OCCUPATION Loader Born July 31,1876

WHERE BORN? Illinois U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM May 24, 1918 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lottie Janssen HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Evelyn	Female	January 14	14 years	Home
Milton	Male	July 26	12 "	"
Maxine	Female	April 4	8 "	"
Marcella	"	February	3 "	"
Lucille	"	March	6 months	"

IN VH	DATE 5/24/18	CHECK 357	
OUT DATE 8-15-40		CHECK	
CAUSE D.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 81 FULL NAME Margaret Janssen ADDRESS Milford, Neb.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Herman and Justice Janssen, Milford, Nebraska.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Hopewell, Fremont, Nebraska, Mrs. Maggie Koop, Milford, Neb.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

E. D. Manning

T. M. Janssen
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDENTS~~ IN FAMILY ~~NO. SEX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Janssen, T. M.	July 31, 1876	Married		Illinois	Yes	May 24, 18	9/1/23

NAME Rado Janusevich OCCUPATION Miner

DATE OF BIRTH July, 27, 1892 SOCIAL SECURITY NO. 521 - 05 - 5755

WHERE BORN? Yujgoslavia U. S. CITIZEN? no FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. &Slav. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Imperial Coal Co. 1937 FROM to 1942 TO

FOR Erie, Colo. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN K	DATE 7-20-42	CHECK 99
OUT DATE 2/2/43		CHECK
CAUSE No place to board.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Nike Janusevich, Erie Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE July, 18, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Rado Janusevich
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Janusevich, Rado	July 27,1892	Single	Yugoslavia	No	July 20,1942	July 18,1942

NAME Manuel Jaquez OCCUPATION Loader

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ravenwood Colo. FROM Mar. 1927 TO May, 1927

FOR Walsen # 1 mine FROM Nov. 1926 TO Feb. 1926

FOR On section U.P. in Nebr. FROM Sept. 1926 TO Oct. 1926

FOR Santa Barbara Calif,(contr) FROM April, 1926 TO Aug. 1926

FOR in Cal. on ranch FROM ~~[illegible]~~. TO Mar. 1926

FOR FROM June 10, 1927 TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 5-16-27	CHECK 166 ~~164~~
OUT DATE 8-12-27		CHECK
CAUSE D.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ramona Jaquez, Rosalie Jaquez in Ascension Chihuahua, Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? ye

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Yes

INTERPRETED BY

DATE 5-16-27

SIGNED IN PRESENCE OF

R. P. Woods

manuel Jaquez

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Jaquez, Manuel	23	S	1	Mexico	No	5/16/27

Troy D. Jeffers

NAME OCCUPATION

DATE OF BIRTH Mar 29-1902 SOCIAL SECURITY NO. 236-05-9494

WHERE BORN? W.Va. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Inglish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR American Rolling Mills	FROM	TO	
FOR Nellis W.Va.	FROM July 1949	TO December 1949	
FOR Mile Branch Coal Co.	FROM	TO	
FOR Cedar Grove W.Va	FROM June 1944	TO July 1949	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Carrol	Girl		14	Alloy W.Va.
Benny	Boy		12	"
David	Boy		7	"

IN Koehler	DATE 12-14-49	CHECK 296
OUT DATE 12-29-49		CHECK
CAUSE On own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Robert, Arthur Ill. Lloyd in Cleveland, Ohio. Denver at Fola W.Va. Hilda Blankenship, Detroit, Mich, Bernice Foster, Fola W.Va. Doris Osburn, Indore W.Va. Mildred Happney, Whitesville, W.Va. Virginia Holcomb, Ward, W.Va.

GIVE NAMES AND ADDRESSES OF SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No others

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Denver Jeffers,
Fola, W.Va.

GROUP INSURANCE No

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bernard

Troy D Jeffers
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jeffers, Troy D.	March 29, 1902	Divorced	West Virginia	Yes	Dec. 14, 1949	Dec. 14, 1949

NAME Joe Jelaca OCCUPATION Miner Born Sept. 1907

WHERE BORN? Jugo Slavia U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng & Slav READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Detroit 3 Mo	FROM	TO
FOR Swastika & Koehler for	FROM	TO
FOR many years	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 10/22/27	CHECK 3.	
OUT DATE 9-28-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 46 FULL NAME Mike Jelaca ADDRESS Swastika, N. M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $50.00 per Mo

IS YOUR MOTHER LIVING? Yes AGE 44 FULL NAME ~~xxxx~~ Matilda ADDRESS Swastika

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete, John, Charlie, Mike, Tony, Swastika

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Swastika.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Father, May 1, 1988

INTERPRETED BY

DATE 10/22/27

SIGNED IN PRESENCE OF Geo. L. Kimball

Joe Jelaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED ~~SINGLE~~ ~~WID. DIV.~~	~~DEPENDENTS IN FAMILY INCLUDE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaca, Joe	Sept. 1907		Single		Jugo Slavia	No	July 7, 24	10/22/1927

NAME Joe Jelaca OCCUPATION miner Born Oct.29,1907

WHERE BORN? Jugo Slavia U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Slav. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Colo. Fuel & Iron Co.	FROM Aug. 1929	TO	Jan. 1930
FOR at Big 4 mine	FROM	TO	July, 1929
FOR at Swastika	FROM 6 yrs.	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 1-6-30	CHECK 70	
OUT DATE 3-15-33		CHECK	
CAUSE Not desired			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 47 FULL NAME Mike ADDRESS Raton, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? I pay board.

IS YOUR MOTHER LIVING? ye AGE 44 FULL NAME Matilda Jelaca ADDRESS Raton, N.M.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? no

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Pete in Walsenburg- John- Chas- Mike- Tony all in Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on July 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 1-6-30

SIGNED IN PRESENCE OF

R.P.Woods

Joe Jelaca
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaca, Joe.	Oct. 29, 1907	Single		Jugo Slavia	No	1-6-1930	1-6-30

NAME Pete Jelaca OCCUPATION Miner Born Mar.1905

WHERE BORN? Croatia U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR U.S.Road Dept	2 Mo	FROM	TO
FOR Sugarite	1 Mo	FROM	TO
FOR Swastika	5 Mo	FROM	TO
FOR Alamo	5 Mo	FROM	TO
FOR Swastika	2 Yr	FROM	TO
FOR Koehler	8 Yrs	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN 4/23/27	DATE SW	CHECK 102
OUT DATE 9-23-29		CHECK
CAUSE Volentary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 45 FULL NAME Mike Jelaca ADDRESS Swastika, N. M

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? About all I make

IS YOUR MOTHER LIVING? Yes AGE 42 FULL NAME Matilda Jelaca ADDRESS Swastika, N. M

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, John, Charlie, Mike, Tony, Swastika, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Swastika

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Mike Jelaca, (Father)

INTERPRETED BY

DATE 4/23/27.

SIGNED IN PRESENCE OF Geo. L. Kimball

+ Pete Jelaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaca, Pete	March 1905		Single		Croatia	No	July 31, 20	4/23/27

NAME Pete Jelaca OCCUPATION miner Born Mar.10-1906

WHERE BORN? Jugo Slavia U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Slav. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Kebler-Mine Walsenburg	FROM Sept. 1929	TO Feb. 1930	
FOR Swastika	FROM April, 1927	TO Aug. 1929	
FOR Calif.	FROM	TO Mar. 1927	
FOR Swastika and Koehler	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 2-18-30	CHECK 59
OUT DATE 7-15-1930		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 49 FULL NAME Mike Jelaca ADDRESS Raton, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? pay board

IS YOUR MOTHER LIVING? yes AGE 48 FULL NAME Matilda ADDRESS Raton, N.M.

WHO SUPPORTS HER my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Joe-John- Chas- Mike-Tony all in Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 2-18-30

SIGNED IN PRESENCE OF

R.P.Woods

Pete Jelaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaca, Pete.	Mar. 10, 1906		Single		Jugo Slavia	No	2-18-1930	2-18-30

NAME Pete Jelaca OCCUPATION Miner Born Mar 14, 1906

WHERE BORN? Jugo Slavia U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (GIVE LAST EMPLOYMENT AT TOP OF LIST)

FOR	Miami Copper Co 1½	FROM	TO
FOR	Terero Mine 6	FROM	TO
FOR	Has Worked off	FROM	TO
FOR	amd on for this Co	FROM	TO
FOR	9 Or 10 Years	FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 2/6/39	CHECK 57
OUT DATE 8-11-39		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 57 FULL NAME Mike Jelaca. ADDRESS Raton, N. M.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? We help each other at Times

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Matilda Jelaca ADDRESS Raton, N. M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? a little

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, John, Mike, Charlie, Tony. Raton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Sepich, Gardiner, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father

INTERPRETED BY

DATE 2/4/39

SIGNED IN PRESENCE OF

G.L.Kimball.

Pete Jelaca
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaca, Pete	Mch. 14, 1906	Divorced		JugoSlavia	No	Feb.6,1939	Feb.4,1939

Joseph Mark Jelaco Naturalized 7-15-1936

NAME Joe. Jelaco OCCUPATION Miner Born Oct. 29 1908

WHERE BORN? Gospic, Aust. U. S. CITIZEN? - No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng,&Croatian READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin	FROM	This Co.	TO
FOR uous service of this Co.	FROM	C.F.& I.	TO
FOR	FROM	Alamo,	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

Has not papers & time to file 2nd papers Feb 1936

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V H	DATE 1/15/35	CHECK 127
OUT DATE 5-14-37		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 50 FULL NAME Mike Jalaco ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 49 FULL NAME Matilda Jalaco ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete Jalaco. Terro N.M.
John " Raton, N.M.
Charlie " "
Mike " "
Tony " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Ann Jalaco. Raton,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on July 1935
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Mike Jalaco, Raton, N.M.

INTERPRETED BY

DATE Jan. 15/1935

SIGNED IN PRESENCE OF A. L. Atkinson

Joe Jelaco
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	XXXXX MARRIED / XXXXXX WID. DIV.	XXXXXW DEPENDENTS / XXXXXX INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jelaco, Joe	Oct.29,1908	Single		Austria	Yes	1-15-35	1-15-35

NAME Joe Jellicoe OCCUPATION Coal Miner

DATE OF BIRTH Oct.29,1907 SOCIAL SECURITY NO. 525-03-8559

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Slav. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR S Colo.F.&.Corp.Morely FROM Mar.1'42 TO Mar.2,1943

FOR Idle FROM Mar.2,1943 TO June 9,1943

FOR State H.Way FROM 1838 to Mar.1,1942

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Helen Gene Jellico MAIDEN NAME AGE 30 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Adrienne	F.	Dec.13,1939	4 Yrs.	Raton, N.M.
Jessica	F.	June 19,1940	3 "	" " "
Ruth Ann	F.	Feb. 2,1943	4 Mo.	" " "

IN Br.	DATE 6/10'43	CHECK
OUT DATE 8/3/44		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes. AGE 62 FULL NAME Mike Jellico ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 59 FULL NAME Matilda Jellico ADDRESS " " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Peter Jellico, Raton, N.M.
John " In service, Tampa, Florida
Charles " " " , New Orleans, La.
Michael " " " , AlbQ. N.M.
Anton " Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Mrs.FrankSepich, Br.N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Helen Gene Jellico, 428 So.nd, St., Raton, N.M. $500. GROUP INSURANCE Jan. 1944

INTERPRETED BY

DATE June 9,1943

SIGNED IN PRESENCE OF

A.W. Allbot

Joe Jellicoe
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jellicoe, Joe	Oct. 29, 1907	Married	Jugo-Slavia	Yes	June 10, 1943	June 9, 1943

NAME L. A. Jenkins OCCUPATION Miner Born Aug 7, 1884

WHERE BORN? Ala U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR West Va	7 Days	FROM	TO
FOR Carbon Hill Ala	10 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	Boy		30	Paris, Ark
Arthur	"		27	Logan Ill.
Mable	Girl		25	Brilliant, Ala
Gertrude	"		23	Flat Creek "
Walter	Boy		24	Swastika, N. M.
Beatrice	Girl		16	Brilliant Ala

IN SW	DATE 9/10/30	CHECK 102
OUT DATE 10-10-30		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: L.F. & F.A. West Frankfort, Ill Tom, & Robert Townley, Ala
Bert, Colton, Okla S.S. Colton, Okla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My son Arthur.

INTERPRETED BY

DATE 9/10/30.

SIGNED IN PRESENCE OF

G.L.Kimball

L A Jenkins
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jenkins, L. A.,	Aug. 7, 1884	Divorced		Alabama	Yes	9-10-1930	9-10-30

NAME Walter Jenkins OCCUPATION Miner Born Jan 23, 1906

WHERE BORN? Alabama U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Alantic & Pac Tea Co		FROM	TO
FOR Chicago.	2 Yrs	FROM	TO
FOR Carbin Hill Ala	2 Yrs	FROM	TO
FOR West Va	1 Yr	FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Velma Marie HER AGE 26

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Swastika, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Orval Morris Boy		Aug 17, 1919	11	Swastika

Stepchild

IN Sw	DATE 9/8/30	CHECK 94
OUT DATE 10-10-30		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 47 FULL NAME L. A. Jenkins ADDRESS Swastika.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None -

IS YOUR MOTHER LIVING? Yes AGE 46 FULL NAME Rosie ADDRESS Townley, Ala.

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Bill, Paris Ark, Arthur, Logan, Ill.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mable, Brilliant, Ala Gertrude, Flat Creek, Ala, Beatrice Pratt City, Ala, Lorain, Townley, Ala.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 9/8/30

SIGNED IN PRESENCE OF Geo L Kimball

Walter Jenkins
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jenkins, Walter,	Jan. 23. 1906	Married		Alabama	Yes	9-8-1930	9-8-30

NAME MARTIN JIDARE OCCUPATION Miner Born Dec.1st,1891

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR D.& R.G.Ry.Co Pueblo.	FROM July 1928	TO October 1928	
FOR Jerry Kreck Yankee, N.M.	FROM May 1926	TO July 1928	
FOR Thais Co Swastika	FROM November 1925	TO May 1926	
FOR C.F.&.I.Co. Primero	FROM	TO	
FOR Colo	FROM October 1923	TO November 1925	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Singlre

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10-19-28	CHECK 135
OUT DATE 4-25-29		CHECK 135
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME Matt Jidare ADDRESS Delmacia,Jugo Slavia

WHO SUPPORTS HIM? We three boys HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 70.00 per year

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Mary Jidare ADDRESS Delmacia,Jugo Slavia

WHO SUPPORTS HER? We three boys and Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? see above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe and Marco Delmacia,Jugo Slavia.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Annie ,Mary and Katie Delmacia Jugo Slavia.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Matt Jidare, Delmacia,Jugo Slavia

INTERPRETED BY

DATE 10-19-28

SIGNED IN PRESENCE OF

Martin Jidara

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jidare, Martin,	Dec. 1, 1891	Single		Austria	No	Oct. 19, 28	10/19/28

NAME Bérnabe Jimenez OCCUPATION miner Born June,11,1890

WHERE BORN? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR El Paso	FROM	TO
FOR Ogden. Utah - Section	FROM 4 yrs	TO
FOR Dawson 1921-22-23	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Rometha HER AGE 38

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuela	girl		18 yrs.	
Andrea	"		16 "	
Louise	boy		8	
Altagasa	girl		2	

IN SW	DATE 2-6-29	CHECK 160
OUT DATE 3-20-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Pedro in Mexico-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 2-6-29

SIGNED IN PRESENCE OF

R.P.Woods

Bernabe Jimenez
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE W WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jimenez, Bernabe,	June 11, 1890	Married	XXXXXX	Mexico	No	Feb. 6, 29	2/6/29

Sebastian Jimenez OCCUPATION Coal Miner

BIRTH 3-23-1903 SOCIAL SECURITY NO. 523-03-7909

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span.Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.S.& R. Co Bon Carbo,Colo. FROM Jan 1941 TO May 1947

FOR Unemployed since FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Antonia Jimenez HER AGE 49

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Penjamo,Guanajuato, Mexico.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Apolonio	Boy		23	US Army
Jesus	Boy		21	Penjamo,Mexico
Benjamin	Boy		19	" "
Esperanza	Girl		16	" "

IN VH	DATE 8-26-47	CHECK 103	
OUT DATE 4-15-48		CHECK	
CAUSE Reducing force.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ## Esecial ,Penjamo,Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife at above address

$500 GROUP INSURANCE March 1948

Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C. A. Bernard

Sebastian Jimenez

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jimenez, Sebastian	March 23, 1903	Married	Mexico	No	Aug. 26, 1947	Aug. 26, 1947

NAME Benito Jiron OCCUPATION Miner Born Mar. 21, 1888

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Mex. READ? Eng. Mex. WRITE? Eng. Mex.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM May 5, 1922 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Addie Jiron HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Emmie	Female	Don't Know	14 years	Van Houten, N. M.
Josephine	"	" "	13 "	" " " "
Francis	"	" "	10 "	" " " "
Fidel	Male	November	3 "	" " " "
Marco	"	July	5 "	" " " "

IN VH	DATE 5/5/22	CHECK 257
OUT DATE 9-30-40		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Helrain Sena ADDRESS Pecos, N. M.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Cecele Jiron, Raton, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pableto Jiron, Glorietta, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on May 1, 1928.
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife with me.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Benito Jiron
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jiron, Benito,	Mar. 21, 1888	Married		New Mexico	Yes	May. 5, 22	5/5/22

NAME Cecilio Jiron OCCUPATION Loader Born Feb.25,1887

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Mex. READ? Eng.Mex. WRITE? Eng. Mex.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.22,1923	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Anna HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Elveria	Female		16 years	Van Houten, N. M.
Antonio	Male		14 "	" " " "
Petria	Female		12 "	" " " "
Lalo	Male		8 "	" " " "
Narcisso	"		6 "	" " " "

IN VH	DATE 11/22/23	CHECK 207
OUT DATE Jan 23, 1934		CHECK
CAUSE Killed by fall of Rock		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 67 FULL NAME Lario ADDRESS Pecos, N. Mex.

WHO SUPPORTS HER? I help to HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? About 12.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Benito, Van Houten, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Alvetia, Glorietta, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife, Van Houten, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF
B. H. Harmon

Cecilio Jiron,
SIGNATURE OF APPLICANT
Signature on old record

NAME	Date of Birth	~~AGE~~	MARRIED SINGLE WIDOWER ~~WIDOWED~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jiron, Cecilio,	Feb. 25, 1887		Married		New Mexico	Yes	Nov. 22, 23	11/22/23

NAME E.E.Johnson, Colored OCCUPATION Miner Born Jan.23,1881

WHERE BORN? Colubia, S.C. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ~~July 15~~ Calumet Coal Co.,	FROM 7-15-1925	TO 3-14-1931	
FOR Ravenwood, Colo.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Alberta Johnson, HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	boy	June 1908	23 Yrs.	Raton, N.M.
Elsworth	"	Jan.3,1915	16 "	" " "
Cecelia	girl	Sept.15,1910	21 "	" " "
Corine	"	" 12,1919	12 "	" " "
Geneva	"	Oct. 10,1921	10 "	" " "
Bertha	"	Jan.5,1923	8 "	" " "

IN G.	DATE 3-14-1931	CHECK 29
OUT DATE 6-27-39		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mose Johnson, Columbia, S.C.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Clara Lemert, Casey, S.C.
Lula, Johnson, " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on ~~Sept 7 1931~~
1000 on 2 mo. dropped.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Alberta Johnson, Raton, N.M. P.O.Bx. 443.

INTERPRETED BY

DATE March 14,1931

SIGNED IN PRESENCE OF

A.W.Allbert,

E E Johnson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Johnson, E. E.	Jan. 23, 1881	Married		So. Carolina	Yes	3-14-1931	3-14-31

NAME Fred Johnson (colored) OCCUPATION Loader

WHERE BORN? Grand Jc.Colo. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Sapn & Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co Dawson FROM May 1922 TO July 1926

FOR This Co Van Houten, FROM July 1926 TO May 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Florence HER AGE 18

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Chas	Boy		3½ Years	With me
Thomas	"		2½ "	"
Eli	"		3½ Months	"

IN V.H	DATE 5-18-27	CHECK 368
OUT DATE 2-28-28		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 69 FULL NAME Mary R Johnson ADDRESS Grand Jct.Colo.

WHO SUPPORTS HER? My brothers and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $100.00 per year

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eli, Joe at Chicago Ill. Howard in Denver, Colo. Ephran at Pueblo Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Rose Wideman, Salt Lake City Utah. Della Nelson, Salt Lake City Ester Samuels, Salt Lake City, Utah.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife

INTERPRETED BY

DATE 5-18-1927

SIGNED IN PRESENCE OF C.A. Bernard.

Fred C. Johnson
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN		U. S. CITIZEN	DATE THIS RECORD
Johnson, Fred C.	26	M	5	USA	Negro	Yes	5/18/27

NAME Fred Johnson (Colored) OCCUPATION loader Born June,4,1903

WHERE BORN? Okla U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Alamp, Colo.	FROM Dec. 1929	TO Dec. 1930	
FOR Swastika	FROM Oct. 1929	TO Nov. 1929	
FOR Dawson, N.M.	FROM 3 yrs.	TO Sept.1929	
FOR Alamo, Colo.	FROM 1½	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Anna May HER AGE 23

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

1930

IN VH	DATE Dec. 27	CHECK 334
OUT DATE 3-4-31		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 63 FULL NAME Wm. Johnson ADDRESS Trinidad, Colo

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? All I can.

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Horace in Santa Fe, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Sara in Trinidad- Lottie Mathews in Gallup.Ora in Pueblo- Mary in Toas-

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-27-30

SIGNED IN PRESENCE OF

R.P.Woods

Fred Johnson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Johnson, Fred,	June 4, 1903	Married		Oklahoma	Yes	12-27-1930	12-27-30

NAME Fred Johnson OCCUPATION miner Born June 4, 1903

WHERE BORN? Okla. U. S. CITIZEN? yes FORM 4078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dawson, N.M.	FROM	Aug. 1926	TO Sept. 1929
FOR	Alamo, Colo.	FROM	Jan. 1925	TO July, 1926
FOR	Tobasco	FROM		TO Dec. 1924
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Anna May HER AGE 23

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN	SW	DATE 9-29-29	CHECK 163
OUT DATE	10-17-29		CHECK
CAUSE	Voluntary		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? yes AGE 61 FULL NAME Wm. Johnson ADDRESS Trinidad, Colo.

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? all I can

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Horace in Gallup-

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ara Heard in Pueblo-

Mrs. J. Dalton in Trinidad- Mary McLee in Trinidad- Lottie Mathews in Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-28-29

SIGNED IN PRESENCE OF

R.P.Woods

Fred Johnson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Johnson, Fred,	June 4, 1903	Married		Oklahoma	Yes	9-29-1929	9-29-29

NAME John G. Johnson OCCUPATION loader

WHERE BORN? N.Y. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR U.P.Coal Co. Winton Wyo. FROM 5 yrs. TO June, 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Edith HER AGE 29

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Winton, Wyo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ray Galvin	boy		11	Winton, Wyo.

IN SW	DATE 6-22-27	CHECK 171
OUT DATE 7-12-27		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 51 FULL NAME Josephine Berger ADDRESS Hanna, Wyo.

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Oscar in Parco, Wyo. Eddie in Hanna Wyo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ina Makinen in Hanna, Wyo. Mrs. Pat Finch in Hanna Wyo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

wife

INTERPRETED BY

DATE 6-22-27

SIGNED IN PRESENCE OF

T. P. Woods

John G Johnson

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Johnson, John G.	29	M	3	N.Y.	Yes	6/22/27

NAME Ressie Johnson OCCUPATION Loader Born Aug 24, 1902

WHERE BORN? Texas U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Valdez 14 Mo	FROM	TO	
FOR Trinidad 2 Yrs	FROM	TO	
FOR Cheyenne 3 Yrs	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Blanch HER AGE 19

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Don't Know

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				
Ira May Girl		Oct 15, 1932		

IN SW	DATE 8/23/29	CHECK 181	
OUT DATE 2-18-1930		CHECK	
CAUSE Voluntary - Sick			
IN SW	DATE 2-29-30	CHECK	
OUT DATE 6-15-1930		CHECK	
CAUSE Voluntary			
IN SW	DATE 1-16-31	CHECK	
OUT DATE		CHECK	
CAUSE ~~Laid Off~~			
IN ~~SW~~	DATE ~~xxxxxx~~	CHECK	
OUT DATE 3-15-33		CHECK	
CAUSE Not desired			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Anna Diener ADDRESS Kansas City, Mo

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 909 Garfield

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: a little sometimes

Mort, with mother

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on July 1931.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE 8/23/29

SIGNED IN PRESENCE OF

G. L. Kimball

Ressie Johnson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOW~~	DEPENDENTS IN FAMILY ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Johnson, Ressie,	Aug. 24, 1902	Married		Texas.	Yes	1-16-1931	8-23-29

NAME Ressie Johnson, OCCUPATION Coal Miner Born Mar.24,1902

WHERE BORN? Paris,Tex. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Idle	FROM Nov.16,1937	TO May 5,1938	
FOR Trucking	FROM Oct.16,1934	TO Nov.16,1937	
FOR Leavenworth	FROM Mar.22,1931	TO Oct.16,1934	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Blanche Johnson HER AGE 25 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS ~~344 Vermejo Ave.~~ 136 Raton Ave, Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ida May	Female	Oct.13,	6 Yrs.	Raton, N.M.

IN G.	DATE 5-5-1938	CHECK 21
OUT DATE 6-27-39		CHECK
CAUSE Mine Closed		
IN Sw	DATE 12-7-39	CHECK 182
OUT DATE 10-2-40		CHECK
CAUSE To reduce force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mart Sidner,half Bro. Address unknown

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on June 1940
1000 on ~~[illegible]~~
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Blanche Johnson, 344 Vermejo Ave.,Raton, N.M.

INTERPRETED BY

DATE May 5,1938

SIGNED IN PRESENCE OF

A.W.Allbert

Ressie Johnson
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED XXXX SINGLE WIDOWED	DEPENDENTS IN FAMILY XXXXXX IN SCHOOL XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Johnson, Ressie	Mch.24,1902	Married		Texas	Yes	Dec. 7, 1939	May 5, 1938

NAME John Joich formerly Joich OCCUPATION miner Born June, 25, 1888

WHERE BORN? Montenegro U. S. CITIZEN? #### declarent FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Monty READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Bisbee, Ariz	FROM 5 yrs.	TO Dec. 1930	
FOR Van Houten & Sugarite	FROM 8 yrs.	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-17-30	CHECK 173
OUT DATE 5-15-32		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 69 FULL NAME Plano Joich ADDRESS Niksich, Jugo Slavia.

WHO SUPPORTS HER? I help. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 600.00 per year.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Mike- Geo- all in Monte Negro. Vido in Van Houten.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary- Elinka- in Monte negro.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Brother in Van Houten.
mother. and Mike Raicevich in Van Houten.

INTERPRETED BY

DATE 12-17-30

SIGNED IN PRESENCE OF

R.P. Woods

John Joich
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WIDOWED	DEPENDENTS IN FAMILY / NO. AGE	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Joich, John,	June 25, 1888	Single		Montenegro	No	12-17-1930	12-17-30

NAME Vido Joich Formerly Goich OCCUPATION miner Born Dec.23,1894

WHERE BORN? Montenegro U. S. CITIZEN? declarant FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Monty. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Bisbee , Ariz.	FROM 5 yrs.	TO Dec. 1930	
FOR Van Houten	FROM 7 yrs.	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12.17-30	CHECK 174	
OUT DATE 6-26-1931		CHECK	
CAUSE Own Accord			
IN VH	DATE 10-20-31	CHECK 174	
OUT DATE 5-15-32		CHECK	
CAUSE O.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 69 FULL NAME Plano Joich ADDRESS Niksich, Jugo Slavia

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 500.00 per year.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

John in Van Houten- Mike ans Geo. in Jugo Slavia.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary-Elinka in Jugo Slavia.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

when entitled to sick he was ill and at Hot Springs for treatment. His application was not obtained

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

brother in Van Houten.

INTERPRETED BY

DATE 12-17-30

SIGNED IN PRESENCE OF

R.P.Woods

Vido Joich
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WIDOWER DIV.	DEPENDENTS IN FAMILY INC. SELF?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Joich, Vido,	Dec. 23, 1894	Single		Montenegro	No	10-20-1931	12-17-30

NAME John Watson Jolly OCCUPATION Tipple boss

DATE OF BIRTH Oct. 27, 1892 SOCIAL SECURITY NO. 522 - 22 - 6183

WHERE BORN? Walsenburg, Colo. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Cloverleal Oil Co. Trinidad, Colo.		TO
FOR	A. T. & S. F. Ry.	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Claudia Jolly HER AGE 39

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Claudia	Female		3	Koehler, N. M.

IN	DATE 6-22-42	CHECK 27
OUT DATE 8-15-55		CHECK
CAUSE Property sold to Kaiser		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 72 FULL NAME Katherine Jolly ADDRESS Trinidad, Colo.

WHO SUPPORTS HER? Older son. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William Jolly, Trinidad, Colo. ~~#####~~
Robert Jolly, Trinidad, Colo. David Jolly, Trinidad, Colo. Geo. Jolly, Trinidad, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Margarite Johnson, Augular, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE Jan. 1943

INTERPRETED BY

DATE July, 7, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

John W. Jolly
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jolly, John Watson	Oct.27,1892	Married	Colorado	Yes	June 22,1942	July 7,1942

"Abe" Naturalized Feb 1936 SS# 525-03-9147

NAME Ebenezer Jones OCCUPATION Digger Born Oct. 4, 1894

WHERE BORN? South Wales U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? South Wales READ? Eng. WRITE? English

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO	Feb 1936
FOR uous service of this Co.	FROM Oct. 1915	TO	Mine office says
FOR Jan. 1937 Moved	FROM	TO	he is citizen
FOR to Raton	FROM	TO	County clerk says
FOR 736 So. 5th St	FROM	TO	"applying now"
FOR	FROM	TO	appointed Supt Bmlb

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married Oct 1, 1942

GIVE FULL NAME OF WIFE Julia (Sister of Thos Rhumnley) HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Has a daughter				
" another "				

Correction Oct 17, 1932

IN S	DATE Oct. 1915	CHECK	
OUT DATE 9/29/33		CHECK	
CAUSE Appointed F.B. at SW			
IN SW	DATE 9/29/33	CHECK 418	
OUT DATE 12-16-36, Dist		CHECK	
CAUSE rep. of U. M. W. of A.			
IN Sw Freeborn	DATE 7-1-39	CHECK	
OUT DATE Nov. 1, 1944		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 48 FULL NAME Owen ADDRESS Rhumnley, South Wales

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 48 FULL NAME Mary ADDRESS Same as Fathers

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Sam, Sugarite, N. M. Owen, South Wales,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Hanna, Polly and Tiby, South Wales

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mother

Group Insurance $500 on Cancelled. Ike
1000 on pays.
1500 on
2000 on May 1, 1928.

INTERPRETED BY For approval to carry ins., see Ins Co's letter 8-13-37 File A-90-1

DATE

SIGNED IN PRESENCE OF

W. A. Streicher

Ebenezer Jones
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Ebenezer, "Abe"	Oct. 4, 1894	Married		South Wales	Yes	Oct. 1915	9/8/19

NAME Evan Jones OCCUPATION Born July 11, 1878

WHERE BORN? Rhynney, Wales U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Wales READ? Eng. Wales WRITE? Eng. Wales

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO 10-15-35 last day worked

FOR uous service of this Co. FROM June 1911 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Naturalization Not Completed See 545 County Clerk's office

IN	G	DATE June 1911	CHECK
OUT DATE	Left service and		CHECK
CAUSE	returned		
IN	Gard	DATE 6/4/1919	CHECK
OUT DATE	Jan 16, 1935		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE	May 5, 1937		CHECK
CAUSE	Died. Gard. Hosp.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, Rhynney, Wales

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elizabeth Jones and Mary Anna Griffith, Rhynney, Wales.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Collector 1/2 Total disab. Jan 1937

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Elizabeth Jane Jones 1000 on

Rhynney, Wales 1500 on

2000 on May 1, 1928.

INTERPRETED BY

DATE June 4, 1919.

SIGNED IN PRESENCE OF

B. H. Harmon

Evan Jones

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED SINGLE WIDOWED~~	~~DEPENDENTS IN FAMILY INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Evan,	July 11, 1878		Single		Rhynney, Wales	No	Jun 4, 1919	6/5/19

NAME Hugh T. Jones OCCUPATION Digger Born June 12, 1882

WHERE BORN? Wales U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Welsh READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.19,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 8/19/20	CHECK 82
OUT DATE 9-1-29		CHECK 228
CAUSE Own accord,dp		
IN Sug.	DATE 6-20-30	CHECK
OUT DATE 8/27/36		CHECK 247
CAUSE Discharged Reinstated		
IN 9/4/36	DATE Sugarite	CHECK 247
OUT DATE 4/19/37		CHECK
CAUSE Dischgd will not work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Griffith Jones, Sugarite, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Dora Alberts, Anna Hill, Kate Jones and Ellen Griffith, Sarn No. Wales.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Dec. 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother, Griffith Jones, Sugarite, New Mexico.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Hugh T. Jones,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Hugh T.	June 12, 1882	Single		Wales	Yes	6-20-1930	8/19/20

MINE Sugarite, New Mex. DATE Aug. 19, 1920.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 46 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 9 in. WEIGHT 150 lbs. COLOR OF HAIR Dark Brown

COLOR OF EYES Gray COMPLEXION Med. Dark SCARS OR MARKS OF IDENTIFICATION Tatto on left wrist

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Jacob Jones OCCUPATION Driver

WHERE BORN? Pennsylvania U. S. CITIZEN? Yes FORM 1078? No Born Nov.25,1869

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR FROM TO

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM Dec. 1911 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mae Jones HER AGE 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Roy	Male		21 years	
Ella	Female			
Mary	"		13 "	

IN SW	DATE Dec.1911	CHECK
OUT DATE 4-1-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Amos Jones, Pa. William Jones, Trinidad, Colo.
Geo. Jones, Trinidad, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Annie Thompson and Minnie Dawe, Trinidad, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mae Jones, Koehler, N. M.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

W. D. Pierson

Jacob Jones
SIGNATURE OF APPLICANT

Signature on old record

NAME	AGE	Date of Birth	~~MARRIED SINGLE WIDOWED~~	~~DEPENDENTS IN FAMILY INCL. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Jacob,		Nov. 25, 1869	Married		Pennsylvania	Yes	Dec. 1911	12/19/18

NAME Roy Jones OCCUPATION Motorman Born June 19, 1897

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM 7-15-1929 TO

FOR uous service of this Co. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Evelyn Janssen Jones HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
1	Male			
Florence	Female	Oct. 30, 1929		
Robert Gene	Male	Aug. 11, 1931.		
Geo. Wm.	Male	June 21, 1933		
	Male	July 17, 1934		

IN VH	DATE Dec. 1912	CHECK 495	
OUT DATE 3-30-1929		CHECK 488	
CAUSE Own Accord			
IN VH	DATE 7-15-29	CHECK	
OUT DATE 6-27-36		CHECK	
CAUSE O.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 53 FULL NAME Jacob ADDRESS Swastika, N. M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 51 FULL NAME Ella May ADDRESS Swastika, N. M.

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. W. D. Pierson, Mrs. Paul Mudrock, Raton, New Mexio.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan. 1930

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father and Mother.

1000 on

1500 on

2000 on [illegible], 1930.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Roy Jones

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Roy,	June 19, 1897	Married		New Mexico	Yes	July 15, 29	9/15/24

NAME Roy Jones OCCUPATION Trackman Born 6/19/97

WHERE BORN? Blossburg, N.M. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English, READ? Yes, WRITE? Yes,

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR I have worked for this Co. FROM TO

FOR for the last 12 Yrs, FROM TO

FOR with the exception of the FROM TO

FOR last 4 Mo. that I have been FROM TO

FOR in Calif. FROM TO

FOR FROM TO

FOR FROM TO

IN	DATE	CHECK
VH	10/20/36	509
OUT DATE 9-30-40		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Evelyn Jones HER AGE 27

IS SHE LIVING WITH YOU? Yes, IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Roy Jones Jr.	Boy	May 19 1928	8	Van Houten, N.M.
Florence Jones,	Girl	Oct. 31 1929	6	" " " " " " " " " "
Robert Jones	Boy	Aug. 11 1931	5	" " " " " " " " " "
George Jones	"	June 21 1933	3	" " " " " " " " " "
Phillip Jones	"	July 17 1934	2	" " " " " " " " " "
Evelyn Laurd May				

IS YOUR FATHER LIVING? Yes AGE 67 FULL NAME Jacob Jones, 15235 New Hampshire, ADDRESS Gardena, Calif.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 63 FULL NAME Ella Mae Jones " " " " " " " " " "

NAME Roy Jones OCCUPATION Ass't Foreman

DATE OF BIRTH June 19, 1897 SOCIAL SECURITY NO. 525-03-8562

WHERE BORN? Blossburg U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Harry M. Williamson	FROM	TO
FOR	Jamestown, Colo	FROM 1 Yr	TO
FOR	Odd jobs in Calif	FROM 6 Mo	TO
FOR	Van Houten	FROM 15 Yrs	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Evelyn Marie HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Roy M.	Male	May 19, 1928	14	Brilliant
Eàorence	Fe-Male		12	"
Robt	Male	Aug 11, 1931	10	"
Geo W	"	Jun 21, 1933	9	"
Phillip	"	Jul 21, 1934	8	"

IN B2 DATE 7/21/42 CHECK 209

OUT DATE 5/5/43 CHECK

CAUSE Trans. to Koehler

IN Koeh. DATE 5/16/43 CHECK

OUT DATE 8/15/43 CHECK

CAUSE Not satisfied. Moved to Los Angeles, Calif.

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME Jacob ADDRESS 122, E 88th Place Los Angeles

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 69 FULL NAME Ella May ADDRESS "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ella Pierson, Raton Mary Mudrock, 155 E 88th Place LA, Calif

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500.00 GROUP INSURANCE Feb. 1943

INTERPRETED BY

DATE 7/21/42

SIGNED IN PRESENCE OF Geo L Rumball

Roy Jones

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jones, Roy	June 19, 1897	Married	New Mexico	Yes	July 21,1942	July 21,1942

525-03-8706

NAME Samuel Jones OCCUPATION Fire Boss Born Sept.23,1886

WHERE BORN? Wales U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Welsh READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM May 1, 1915 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 5/1/15	CHECK
OUT DATE APR 23 1940		CHECK 455
CAUSE Reduction of Force		
IN Br #2	DATE 1-24-41	CHECK 240
OUT DATE 1/5/48 Died		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Owen Jones ADDRESS Rhymney, Wales

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Yes, but not dependant on me.

IS YOUR MOTHER LIVING? Yes AGE 56 FULL NAME Mary Jones, ADDRESS

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Same address as fathers.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eben Jones, AEF. Owen Jones, 14th Clarendon Row, Rhymney, Wales.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Hanna Richards, Margaret Benjamin, Worchester, England Polly and Tibythia Jones, 14th Clarendon Row, Rhymney, Wales.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Father, Owen Jones, 14th Clarendon Row, Rhymney, Wales. 1500 on

2000 on May 1, 1928!

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Samuel Jones,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE ~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Samuel,	Sept.23,1886	Single		Wales	No	May 1, 1915	12/14/18

NAME Thomas Odell Jones OCCUPATION Miner Born June 20, 1897

WHERE BORN? Tenn U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Yes Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR CCC Camp	1 Yr	FROM	TO
FOR Nevada Copper Co	4 Yrs	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bessie Allen HER AGE 32

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maxine	Girl		6	Raton
Dorothy	"		3	"
Barnara	"		2	"
Stella	"		9 9 Mo	"

Boy born Jan 9, 1935 (birth certificate)

IN SW	DATE 12/5/34	CHECK 11.	
OUT DATE 10-2-40		CHECK	
CAUSE To reduce force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James do not know where he is

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1935
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 12/5/34

SIGNED IN PRESENCE OF

G.L.Kimball.

T O Jones
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WID. / DIV.	DEPENDENTS / IN FAMILY / INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Jones, Thos. O.(Negro)	6/20/1897	Married		Tenn.	Yes	Dec. 5,1934	Dec.5,1934

NAME Thomas Odell Jones OCCUPATION Trackman

DATE OF BIRTH June 20, 1897 SOCIAL SECURITY NO. 525-03-9148

WHERE BORN? Tenn U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM 1 Yr	TO
FOR Brilliant 2.	FROM 6 Yrs	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Bessie HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Brilliant

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorothy	Female		12	Brilliant
Barbara	"		10½	"
Phillis	"		9	"
William	Male	Ø Jan 9 1935	7	"

IN B2	DATE 8/1/42	CHECK	27
OUT DATE 8-29-44		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Dont know

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Dont Know

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE Feb 1943

INTERPRETED BY

DATE 8/18, 1942

SIGNED IN PRESENCE OF Geo. L. Kimball

Thomas Odell Jones
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Jones, Thomas Odell	June 20, 1897	Married	Tennessee	Yes	Aug.1,1942	Aug.18,1942

NAME J.W.Josey OCCUPATION Miner Born Jan.3, ~~1925~~ 1903

WHERE BORN? Starkville, Miss. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dairy, Raton, N.M.	FROM 1924	TO Jan.1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Edna Josey HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Robert	boy	Sept.17,1925	3 yrs.	Raton, N.M.

IN G.	DATE 1/11,1929	CHECK 7
OUT DATE 3-12-1929		CHECK 7
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME ADDRESS

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Thornton Josey, Raton, N.M.
Grover &John, Starkville ,Miss.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ada Ratliff, Raton, N.M.
Bessie Josey, Starkville Miss.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Edna Josey, 316 Galisteo, Ave.Raton, N.M.

INTERPRETED BY

DATE Jan.11,1929

SIGNED IN PRESENCE OF

A.W.Allbert

J. W. Josey
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Josey, J. W.	Jan. 3, 1903		Married		Mississippi	Yes	Jan. 11, 29	1/11/29

NAME Jim Juliano OCCUPATION Miner **Born** Mar. 27,1888

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital.Eng. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Feb.16,1927	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

10-15-35 last worked

Card coming in

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Agnes Capanico HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Guy	Male		12 years	with mother
Joe	"		10 "	" "
Virginia	Female		8 "	" "
Durinta	"		6 "	" "
Joe	Male		4 "	" "
Dominic	"		28 mos..	" "
~~Pepino~~	"			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John, Rolap, Utah.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

Group Insurance $500 on May 1, 1928.
1000 on Feb. 16, 1930.
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Geo. L. Kimball

Jim Juliano
SIGNATURE OF APPLICANT

Signature on old record

IN	SW	DATE	2/16/27	CHECK	95			
OUT DATE	Aug.9,1928	CHECK						
CAUSE	Transfer to VanHouten							
IN	V H	DATE	8/10/28	CHECK				
OUT DATE	Aug 13, 1935	CHECK						
CAUSE								
IN	went away	DATE		CHECK				
OUT DATE		CHECK						
CAUSE								
IN		DATE		CHECK				
OUT DATE		CHECK						
CAUSE								
IN		DATE		CHECK				
OUT DATE		CHECK						
CAUSE								
IN		DATE		CHECK				
OUT DATE		CHECK						
CAUSE								
IN		DATE		CHECK				
OUT DATE		CHECK						
CAUSE								

NAME	Date of Birth	~~MARRIED SINGLE WIDOW~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Juliano, Jim,	Mar. 27, 1888	Married		Italy	No	Feb 16,1927	2/16/27

Apr. 9, 1888

NAME John Juliano OCCUPATION Miner Born

WHERE BORN? Italy. U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Rolappa Utah	1 Yr	FROM	TO
FOR Castle Gate	3 Yrs	FROM	TO
FOR Storrs	1 Yr	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 2/23/28	CHECK 75
OUT DATE 10-16-30		CHECK
CAUSE Dirty Coal		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jim, Swastika, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on 8-20-28
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Jim Juliano, Swastika, N. M.

INTERPRETED BY

DATE 2/23/28

SIGNED IN PRESENCE OF Geo. L. Kimball

John Juliano
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Juliano, John	Apr. 9, 1888		Single		Italy	No	Feb. 23, 28	2/23/28

NAME John Juliano OCCUPATION Coal miner

DATE OF BIRTH 4-9,1886 SOCIAL SECURITY NO. 525-18-5334

WHERE BORN? Italy U. S. CITIZEN? No. FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? It.& Eng. READ? It. WRITE? It.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Songer Mine-Yankee	FROM 1935	TO Mar.16,1945	Being admitted to Miners Hospital June, 1945
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH.	DATE 3-22'45	CHECK 93
OUT DATE June 16, 1945		CHECK
CAUSE Unable to work.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS lives at Star Rooms Cook Ave.

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James Juliano, Utah, Address not known

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No sisters

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

John Rodighiero, Van Houten, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE March 22,1945

SIGNED IN PRESENCE OF

A.W. Albert

John Juliano

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Juliano, John	Apr. 9, 1886	Single	Italy	No	Mch. 22,1945	Mch.22,1945

K

NAME Earnest Kakuk OCCUPATION miner Born Jan. 19, 1903

WHERE BORN? Hungary U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Hunggarian. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Lavanatan, N.M.	FROM Sept. 1928	TO Nov. 1928	
FOR Dawson. N.M.	FROM 4 yrs.	TO Aug. 1928	
FOR Swastika 1 month	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 11-23-28	CHECK 453
OUT DATE 12-24-28		CHECK
CAUSE Went back to Dawson		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 54 FULL NAME Paul ADDRESS Van Houten, N.M.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

William in Cleveland, Ohio.Leo in Dawson, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Hermina in Dawson- Ida in Van Houten- Irvena in Van Houten.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 11-23-28

SIGNED IN PRESENCE OF

R.P.Woods

Earnest Kakuk
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kakuk, Earnest,	Jan. 19, 1903	Single		Hungary	Yes	Nov. 23, 28	11/23/28

NAME Ernest Kakuk OCCUPATION Miner Born Jan22,1903

WHERE BORN? Hungaria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Hung.English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co.	FROM	TO
FOR Dawson, N.M.	FROM July 1924	TO July 1929
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7-13-29	CHECK 327
OUT DATE 8-6-1929		CHECK 135
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 53 FULL NAME Paul Kakuk ADDRESS Van Houten, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Wm.Cleveland,Ohio Leandro, Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Ermia Easley, Sugarite, N.M. Ida and Ervina Van Houten, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Paul Kakuk, Van Houten, New Mexico.

INTERPRETED BY

DATE 7-13-1929

SIGNED IN PRESENCE OF C. A. Bernard

Earnest Kakuk
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kakuk, Earnest	1/22/1903		Single		Hungaria	Yes	7/13/29	7/13/29

NAME Ernest Kakuk OCCUPATION Miner Jan 22, 1903

WHERE BORN? Hungary U. S. CITIZEN? Yes FORM 1078? Born No

WHAT LANGUAGES DO YOU SPEAK? Eng & Hung READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Alamo	2 Mo	FROM	TO
FOR Van Houten	2 Mo	FROM	TO
FOR Dawson	2 Yrs	FROM	TO
FOR Swastika	1 M.	FROM	TO
FOR Dawson	3 Yrs	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 3/3/30	CHECK 35
OUT DATE 9-4-1930		CHECK
CAUSE Voluntary		
IN Gard.	DATE 12-9-1930	CHECK
OUT DATE 2-6-1931		CHECK
CAUSE Transfer to Sugarite		
IN Sug.	DATE 2-7-1931	CHECK 302
OUT DATE 6-1-31		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 54 FULL NAME Paul Kakuk ADDRESS Gardiner, N.M

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? All above my expenses

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, 8111 Rawlings Ave, Clexvland Ohio
Leander, Van Houten

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ida, Irvina, Van Houten. Hermina Easley, Sugarite, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
My fathers family as long as he is sick

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

G.L.Kimball.

Earnest Kakuk
SIGNATURE OF APPLICANT

Did not take insurance

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kakuk, Earnest,	Jan. 22, 1903	Single		Hungary	Yes	12-9-1930	3-3-30

NAME ~~[illegible]~~ PAUL KAKUK OCCUPATION Miner Born 11-21-1875

WHERE BORN? Hungaria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Hung. & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson N.M.	FROM May 1924	TO Nov.1928	
FOR Koehler, N.M.	FROM November 1910	TO May 1924	
FOR Last worked	FROM	TO	
FOR	FROM	TO	
FOR 1st 1/2 Sept 1929	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
~~[illegible]~~ Wm	Male		29	Cleveland,Ohio
Earnest	Male		24	La Vintanna,N.M.
Earmia	Female	Mrs. Meinary	22	Dawson, N.M.
Ida	Female		16	" "
Leandro	Male — at Engalite		14	" "
Ervina	Female		10	" "

Mary Mrs Chas Wordhouse

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

Leandro Kakuk + Y. Genetrance is under his Mrs Chas Wordhouse's Hung. origin and costing about $300 annual

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary,Visslos Hungaria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

Ins. cancelled June 1, 1934 by Ken

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Ida Kakuk, Dawson, N.M.

INTERPRETED BY

DATE 11-16-1928

SIGNED IN PRESENCE OF

C A Bernard

Paul Kakuk

SIGNATURE OF APPLICANT

IN	DATE	CHECK
VH	11-16-28	238
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE To Mines Rush		CHECK
CAUSE about July 1, 1939		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	Date of Birth	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kakuk, Paul,	Nov. 21, 1875	Widower		Hungary	No	Nov. 16, 28	11/16/28

Joseph Kalaidis is correct

SS # 525 - 03 - 8564

NAME ~~Joe Chellis~~ OCCUPATION Miner Born May 8, 1893

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng. READ? Greek WRITE? Greek

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in continuous service of this Co. FROM TO

FOR FROM TO

FOR FROM Dec. 1915 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE Dec.1915	CHECK
OUT DATE Sept.30,1940		CHECK
CAUSE Mine closed		
IN Br#2	DATE 6/14/41	CHECK 46
OUT DATE 4-25-42		CHECK
CAUSE Trans. to VH.		
IN VH	DATE 4/25/42	CHECK
OUT DATE 5-27-49		CHECK
CAUSE Mine closed.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 68 FULL NAME Geo. Chellis ADDRESS Canea Create, Greece

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Anna Chellis ADDRESS Canea Create, Greece

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike Chellis, Van Houten, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Catharina, Zenovia, Mary, Anna and Jennie, Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Dec 1942

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

George Chellis, Canea Create, Greece

1000 on

1500 on

2000 on ~~May 1, 1928~~.

INTERPRETED BY

DATE ~~December~~ December 17, 1918.

SIGNED IN PRESENCE OF

W. D. Pierson

Joe Chellis
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	NO. IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kalaidis, Joseph	May 8, 1893	Single		Dec. 1915	Yes	June 14,1941	12/16/18

NAME Joseph Kalaidis OCCUPATION Miner

DATE OF BIRTH May 8, 1893 SOCIAL SECURITY NO. 525-03-8564

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek and English READ? Greek WRITE? Greek

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in con-	FROM	TO
FOR tinuous service of this Co	FROM Dec. 1915	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-12-49	CHECK
OUT DATE 4-9-52		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike Kalaidis, Greece

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Catharina, Zenovia, Mary, Anna and Jennie - Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Helps to support brothers and sisters.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mike Kalaidis, Canea Greate, Greece

GROUP INSURANCE

INTERPRETED BY

DATE Dec. 9, 1949

SIGNED IN PRESENCE OF

Marian J. Edwards

Joe Kalaidis

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kalaidis, Joseph	May 8, 1893	Single	Greece	Yes	Dec. 12, 1949	Dec. 9, 1949

NAME Frank Kalcic OCCUPATION Digger Born July 3, 1896

WHERE BORN? Aust.Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK Slav.Ital.Eng READ? Slav. WRITE? Slav.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM July 1,1921 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Amy HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Male	Jan. 30, 1927		
Leo	"	Aug. 24, 1928		

IN S	DATE 7/1/21	CHECK 65
OUT DATE 3-17-30		CHECK
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John and Joe, Presta, Italy

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Kata, Maria, Josephine and Francis Kalcic, Presta, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brothers in Italy

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Q. A. L. Brockman

Frank Kalcic
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED / WID. DIV.	DEPENDENTS / INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kalcic, Frank,	July 3, 1896	Married		Italy	No	July 1, 21	2/12/23

MINE Sugarite, N. M. DATE July 1, 1921.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 31 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 10 in. WEIGHT 160 lbs. COLOR OF HAIR Light

COLOR OF EYES Light Blue COMPLEXION Fair SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT _____

M. D.

SS 525-05-6963

NAME Tony Kalcic OCCUPATION Driver Born June 7, 1888

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Aust.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 13,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Francisca HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Vh	DATE 7/13/21	CHECK 376	
OUT DATE 9-1-1929		CHECK 86	
CAUSE Transfer Sugarite			
IN ~~4-30-41~~ Sug	DATE 9-1-29	CHECK	
OUT DATE 4-30-41		CHECK 32	
CAUSE Sugarite Mine Closed			
IN Bx #2	DATE 7-9-41	CHECK 50	
OUT DATE 4-29-49		CHECK	
CAUSE Transferred to Koehler			
IN Koehler	DATE 5-9-49	CHECK	
OUT DATE 7-7-53		CHECK	
CAUSE Retired.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Josie ADDRESS Austria

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Matt, Austria

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Augsutine, Frances, Antonia and Johanna, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Jan 1942 Does not want ins.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

1500 on ~~May 1, 1928~~.

2000 on ~~7-13-28~~

INTERPRETED BY

DATE Brilliant, New Mexico, July 13, 1921.

Tony Kalcic

SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF

W. T. Scanlon

Signature on old record

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXXX~~ WIDOWED ~~XXXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kalcic, Tony,	June 7, 1888	Married		Austria	No	July 9,41	7/13/21

MINE Van Houten, N. M. DATE July 13, 1921

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 40 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 6 in. WEIGHT 150 lbs. COLOR OF HAIR Brown

COLOR OF EYES Light Brn. COMPLEXION Light SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME ANDRO KALCICH OCCUPATION Miner Born Aug 29-1900

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Monongah Fuel Co.	FROM	TO
FOR Monongah, W.Va.	FROM 1921	TO Nov, 1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single. Married

GIVE FULL NAME OF WIFE Francis HER AGE 24

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS Pasia, Austria

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sug	DATE 1/2/29	CHECK 247
OUT DATE 1-15-29		CHECK 357
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 60 FULL NAME Andro Kalcich, ADDRESS Pasia, Aust

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None.

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Alaino ADDRESS Aust

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Kalcich, Pasia, Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary and Antona Kalcich, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Ftaher and mother in Austria.

INTERPRETED BY

DATE Sugarite Jan 2nd, 1929.

SIGNED IN PRESENCE OF

Andro Kalcich
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY ING. SEP.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kalcich, Andro,	Aug. 29, 1900		Married		Austria	No	Jan. 2, 29	1/2/29

NAME Geo. Kalimanis OCCUPATION Coal Digger Born Jan. 1, 1889

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO	
FOR uous service of this Co.	FROM Nov.2,1917	TO	Insured
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	Naturalized Dec 6, 1930
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katina HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Helen	Female	December 14,	2 years	
Filiia		May 31,	6 mos.	
John	Boy	Mch 17, 1930		
Evangeline	Girl	May 3, 1933		

IN VH	DATE 11/2/17	CHECK	
OUT DATE Jan 30 1935		CHECK 94	
CAUSE Gone accord to Clubhouse			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME Katina ADDRESS Kimi, Greece

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Gust Kalimanis, in Canada, Vancouver

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Marie and Atedria Kalimanis, Kimi, Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on He pays his
1000 on ins. deductions
1500 on
2000 on May 1, 1928.

For approval to carry Ins., see Ins Co's letter 8-13-37 file a-90-1

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A.P. French

George Kalimanis,

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	~~MARRIED SINGLE WIDOWER~~ XXXX	~~DEPENDENTS IN FAMILY INCLUDING SELF~~ XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kalimanis, George,	Jan 1, 1889	Married		Greece	Yes	Nov 2,1917	11/2/17

NAME Nick Kallais OCCUPATION Digger Born July 21, 1889

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Aug. 4, 1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

possibly a citizen County clerk reference 262 5-5-23

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 8/4/26	CHECK 10
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jimmie, Harry, Antatasia, Frank and Greorgis, at Canea, Crete.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Harecleo and Artema, Canea, Crete.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Geo. Digines, Sugarite, New Mexico

INTERPRETED BY

DATE Sugarite, N. M. Aug. 4, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman,

Nick Kallais

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth AGE	~~MARRIED WID. DIV.~~ XXXX	~~DEPENDENTS INC. SELF~~ XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kallais, Nick,	July 21, 1889	Single		Greece	No?	Aug. 4, 26	8/4/26

NAME Pete K. Kallas OCCUPATION miner Born May, 22, 1893

WHERE BORN? Greece U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Del Carbon, Colo.	FROM	Dec. 1925	TO	Jan. 1929
FOR Castle Gate Utah	FROM	16 yrs.	TO	Nov. 1925
FOR	FROM		TO	
FOR	FROM		TO	
FOR	FROM		TO	
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 1-28-29	CHECK 230
OUT DATE 2-14-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Jim Kallas 2015 So. Grand Ave. Los Angeles, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

brother

INTERPRETED BY

DATE 1-28-29

SIGNED IN PRESENCE OF

R.P.Woods

Pete K Kallas
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kallas, Pete K.,	May 22, 1893	Single		Greece	Yes	Jan. 28, 29	1/28/29

NAME George John Kallimanis OCCUPATION Outside Labor

DATE OF BIRTH Jan. 1,1889 SOCIAL SECURITY NO. 525-66-9999

WHERE BORN? Greece U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Greek, Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Colfax County School	FROM	TO
FOR	District # 27	FROM 15 Years	TO
FOR	Van Houten, miner	FROM Nov.2,1917	TO Jan.30,1935
FOR	Van Houten, miner	FROM July 1,1914	TO April, 1917
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katina HER AGE 53

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Helen				
Fillo				
Jimmy				
Kanelia				
Evanthia				
Kris				
Kosta				
John Evangline				

IN VH	DATE 10-7-1950	CHECK	2
OUT DATE 5-31-51		CHECK	
CAUSE Illness			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: 2 Brothers in Greece

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: 2 Sisters in Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Katina Kallimanis
Van Houten, New Mexico

GROUP INSURANCE

INTERPRETED BY

DATE October 17,1950

SIGNED IN PRESENCE OF Nickie Yaksich

George John Kallimanis
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kallimanis, George	Jan. 1, 1889	Married	Greece	Yes	Oct. 7, 1950	Oct. 17, 1950

NAME STEVE KAMADINO OCCUPATION Miner Born Oct.18,1881

WHERE BORN? Jugo Slavia U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slavish Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Stag Canon Fuel Co	FROM	TO
FOR	Dawson, N.M.	FROM October 1923	TO October 1928
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 45

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Tushor,Jugo Slavia

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Joe	Boys		26	with his mother
Marion	"		24	"
Pete	"		22	"
Charlie	"		18	"
Steve	"		14	"

IN VH	DATE 10-29-28	CHECK 96
OUT DATE 2-24-29		CHECK 96
CAUSE new account		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Goerge Kamadino Gallup,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary ~~####~~ & Madelain Tushor, JUgo Slavia, Annie at Gallup,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE October 29,1928

SIGNED IN PRESENCE OF

Steve Kamadino

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kamadino, Steve,	Oct. 18, 1881	Married		Jugo Slavia	No	Oct. 29, 28	10/29/28

NAME Frank Kameas OCCUPATION Digger

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng-Greek READ? Greek WRITE? Greek

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Bon Carbon, Colo	FROM	Jan, 1927	TO May, 1927
FOR	C.F.&.I.Co,.	FROM	May, 1926	TO Jan, 1927
FOR	Bear Canyon Fuel	FROM	Jan, 1921	TO May, 1926
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Sugarite 56

IN	DATE 5/13/27	CHECK
OUT DATE 5-16-27		CHECK
CAUSE Did not start		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 65 FULL NAME George Kameas ADDRESS Canea Crete

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Maria Kameas, C ADDRESS Canea Crete

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike Kameas, Canea Crete.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father, George Kameas, Canea Crete,

INTERPRETED BY

DATE Sugarite May 13th, 1927.

SIGNED IN PRESENCE OF G. Buchman

Frank Kameas
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Kameas, Frank	32	S	1	Greece	No	5/13/27

NAME F. K. Kameoka OCCUPATION Digger Born Sept.23,1879

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.7,1922	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Myrtle	Female	5-4-1911	12 years	Sugarite, N. M.
Ruby	"	5-17-1917	7 "	" " "
William	Male		11 "	Japan, same address as my brothers.

IN S	DATE 12/7/22	CHECK 202	
OUT DATE 7-25-34		CHECK	
CAUSE Own Accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: K. & M. Kameoka, Shimonada Mura Iyogun Ehime Ken, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: M. Kameoka, Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend, K. Nishi, Sugarite, N. M. Brothers and Sisters in Japan.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Frank K. Kameoka
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED~~ ~~SINGLE~~ ~~WID DIV~~	~~DEPENDENT~~ ~~IN FAMILY~~ ~~IN ARRY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kameoka, Frank A.,	Sept. 23, 1879		Widower		Japan	No	Dec. 7,1922	10/1/23

MINE Sugarite, N. M. DATE Dec. 7, 1922.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 49 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 4 in. WEIGHT 125 lbs. COLOR OF HAIR Black

COLOR OF EYES Brown COMPLEXION Dark SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME S.KANE OCCUPATION Miner Born 7-18-1878

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Sugarite	FROM prior to 1918	TO
FOR	Gallup-American	FROM	TO
FOR	Gallup	FROM 1918	TO August, 1930
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 9/24/30	CHECK 209
OUT DATE 10-15-30		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Keo Kane, Meia Ken, Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend, S.Tsugi, Sugarite

INTERPRETED BY

DATE Sugarite Sept 24th, 1930

SIGNED IN PRESENCE OF

A.L.Brockman

S Kane

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX					
Kane, S.,	Sept. 18, 1878	Single		Japan	No	9-24-1930	9-24-30

NAME S. Kano, OCCUPATION Digger Born ~~1885~~ Oct.10,1886

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Nov.22,1926 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 11/22/26	CHECK 231
OUT DATE 8-25-1930		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 67 FULL NAME T. Kano ADDRESS Ebaro Hirishima, Japan.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE 66 FULL NAME W. Kano ADDRESS

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, T. Kano, Japan and S. Tsugi, Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Nov. 22, 1922.

SIGNED IN PRESENCE OF

A. L. Brockman

S. Kano

SIGNATURE OF APPLICANT

Did not take ins.

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kano, S.,	Oct. 10, 1886	Single		Japan	No	Nov.22,26	11/22/26

NAME Henry Kaplan OCCUPATION Labor Born 4 /6/1902

WHERE BORN? Bohemia U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Contintntal tie & Lbr.	FROM	TO
FOR Cimarron, N.M.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Jennie Kaplan HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Henry	Boy		8	Moreno, Valley.
Mary	Girl		6	" " " " " " " " " "
Joe	Boy		4	" " " " " " " " " "
William	"		2	" " " " " " " " " "
Dorris	Girl		1	" " " " " " " " " "

IN Koehler	DATE 1/21/37	CHECK
OUT DATE 6-23-39		CHECK
CAUSE work discontinued		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 63 FULL NAME Mary Kaplan ADDRESS Moreno Valley

WHO SUPPORTS HER? Her self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis Kaplan. Cimarron.N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Jan. 21 1937

SIGNED IN PRESENCE OF A. L. Atchison

Henry Kaplan
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

NAME Henry Kaplan OCCUPATION Miner Born April 6 1902

WHERE BORN? Bruch, Bohemia U. S. CITIZEN? no FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Continental Tie & Lbr. Co. FROM TO

FOR Last 3 yrs. at Koehler, N.M. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jennie Kaplan HER AGE 30

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Henry	Male	Nov.11-28	11	Koehler, N.M.
Mary Jane	Girl	--	9	" " " " " " " " " " " "
Joe	boy	--	7	" " " " " " " " " " " "
Bill	"	--	6	" " " " " " " " " " " "
Doris	girl	--	4	" " " " " " " " " " " "
Allan Ray	boy	--	1	" " " " " " " " " " " "

IN VH DATE 11-24-39 CHECK 14
OUT DATE 9-30-40 CHECK
CAUSE Mine Closed
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE
IN DATE CHECK
OUT DATE CHECK
CAUSE

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 67 FULL NAME Mary Kaplan ADDRESS Eagle Nest, N. M.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis Kaplan, Taos, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1940
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Nov. 23 1939

SIGNED IN PRESENCE OF A. L. Atchison

Henry Kaplan
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWED~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~INCLUDE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kaplan, Henry	Apr. 6, 1902	Married		Germany	No	Nov.24,1939	Nov.23,1939

525-03-6120

NAME Henry Kaplan OCCUPATION Miner Born April 6,1902

WHERE BORN? Bohemia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working for this company here whe[illegible] [illegible]ine closed.

FOR Sept. 1940 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Jennie HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

wife's name given as Mary on his application in May 1942

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Henry	Male		13	Van Houten, N.M.
Mary	Female		11	" " " " " " " " " "
Joe	Male		9	" " " " " " " " " "
Bill	"		7	" " " " " " " " " "
Doris	Female		5	" " " " " " " " " "
Allan	Male		3	" " " " " " " " " "

IN	DATE	CHECK
VH	11-25-42	28
OUT DATE 5-27-49		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 69 FULL NAME Mary Kaplan, ADDRESS Eagle Nest, N. M.

WHO SUPPORTS HER? Pension HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis Kaplan, Cimarron, New Mex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1942
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE Mar.7,1942

SIGNED IN PRESENCE OF A. L. Atchison

Henry Kaplan
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
		XXXX	XXXXXX				
		XXXX	XXXXXX				
Kaplan, Henry	Apr. 6,1902	Married		Bohemia	Yes	Nov.25,1942	Mch.7,1942

NAME Louis Kaplan OCCUPATION Miner Born June ~~21~~ 21 1907

WHERE BORN? Checko-Slavacia CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Trucking	2 Yrs	FROM	TO
FOR Ranch	6 Yrs	FROM	TO
FOR Van Houten	1 "	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~Margaret~~ Margret Ann HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Swastika, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louis Robert		Jan 11, ~~1932~~ 1933	5	Swastika
Johnie	Boy	Oct 1934		"

IN SW	DATE 11/30/38	CHECK #3
OUT DATE 10/19/39		CHECK
CAUSE Lost work 6/9/39		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME Mary Kaplan ADDRESS Therma, N.M.

WHO SUPPORTS HER? She does HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? All I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Henry, Koehler

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1939
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE 11/29/30

SIGNED IN PRESENCE OF

G.L.Kimball.

Louis Kaplan
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kaplan, Louis	June 21 1907	Married		Checko-Slovak	Yes	Nov.30,1938	Nov.29,1938

NAME Louis Kaprivo OCCUPATION Digger Born ~~1877~~ Aug.1,1876

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM May 27,1921 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 5/27/21	CHECK 53	
OUT DATE Mar. 1,30		CHECK	
CAUSE Dropped			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Kaprivo, Raton, New Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Brother, John in Raton, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Alex Stewart

Louis Kaprivo
SIGNATURE OF APPLICANT

Did not take ins. Signature on old record

NAME	Date of Birth / AGE	~~MARRIED SINGLE WID. DIV.~~	~~DEPENDENTS INC. SEP.~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kaprivo, Louis,	Aug. 1, 1876	Single		Jugo Slavia	Yes	May 27, 21	5/27/21

MINE Sugarite, N. M. DATE May 27, 1921.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 51 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 9 in. WEIGHT 178 lbs. COLOR OF HAIR Gray

COLOR OF EYES Gray COMPLEXION Red SCARS OR MARKS OF IDENTIFICATION Light Mustache

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Bill Karas OCCUPATION miner Born Aug. 10, 1897

WHERE BORN? Greece U. S. CITIZEN? no FORM 1078? yes- Declarent

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Swastika	FROM Dec. 1926	TO Feb. 1928	
FOR Sugarite	FROM 7 yrs.	TO Nov. 1926	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 2-24-28	CHECK 19
OUT DATE 9/21/28		CHECK
CAUSE Transfd to V H		
IN VH	DATE 9/21/28	CHECK
OUT DATE 9-30-40		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 55 FULL NAME Aratee Karas ADDRESS Canea Crete, Greece

WHO SUPPORTS HER? my brothers and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 10.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tom- Mike- Steve- John all in Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary- Stella both in Greece

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on ~~May 1, 1928~~ Aug 6, 1928
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Gust Nezius in Bridgeport, Ohio. my cousin.

Tom Karas in Greece.

INTERPRETED BY

DATE 2-24-28

SIGNED IN PRESENCE OF R. P. Woods

Bill Karas
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	Date of Birth	XXXX	XXXXXX				
Karas, Bill	Aug. 10, 1897	Single		Greece		Dec. 8/6/1923	2/24/28

NAME T. Kasahara, OCCUPATION Digger Born Feb.24,1879

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.22,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE F. Kasahara, HER AGE 30

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Yamano Hiroshima, Japan.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 11/22/26	CHECK 227
OUT DATE 7-16-29		CHECK 217
CAUSE Deceased. file K-103		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: M. Kasahara, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: F. Kasahara, Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, in Japan and Friend, S. Tsugi, Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Nov. 22, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman

T. Kasahara,

SIGNATURE OF APPLICANT

Signature on old record

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	Date of Birth	XXXX	XXXXXX XXXXXX				
Kasahara, T.,	Feb. 24, 1879	Married		Japan	No	Nov 22,1926	11/22/26

NAME Steve Katsic OCCUPATION Miner Born Sept.14,1881

WHERE BORN? Crete,Greece U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Greek READ? Yes WRITE? little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Joe Nochis Coal Co.,Gallup	FROM Jan.1929	TO	April 23,1929
FOR	Phelps-Dodge, Dawson,	FROM Sept.1927	TO	Jan.1929
FOR	Nevada R.R.Co.,Healy Nev.	FROM April 1926	TO	Sept.1927
FOR	St.L.R.M.& P.Co.,Sug.	FROM Jan.1926	TO	April 1926
FOR	Phelps-Dodge Dawson,	FROM 1925	TO	Jan.1926
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G.	DATE 9/18,1929	CHECK 55
OUT DATE Never went to work		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Katsic,Crete,Greece.
Inaharion, Kessamer,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

John Katsic,Inaharion,Kessamer,Crete, Greece.

INTERPRETED BY

DATE Sept,18,1929

SIGNED IN PRESENCE OF

A.W.Allbert.

SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Katsic, Steve,	Sept. 14. 1881	Single		Greece	No	Sept. 18. 29	9-18-29

NAME Roy Kauff OCCUPATION Inside Mine

DATE OF BIRTH Aug 15, 1903 SOCIAL SECURITY NO. 235-09-0816

WHERE BORN? W. Va. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Marfork W. Va. FROM 6 Yrs TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Evelyn HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Whitesville W Va

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

360

IN K	DATE 3/30/50	CHECK
OUT DATE 5-31-50		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John, Beckley, W. Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Sarah Tyree, Charlstown, W. VA

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 3/30/50

SIGNED IN PRESENCE OF Geo L Kimball

Roy Kauff

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kauff, Roy	Aug. 15, 1903	Married	West Virginia	Yes	March 30,1950	March 30,1950

EMANUAL KELLADAKIS

NAME OCCUPATION Miner Born Oct.15,1882

WHERE BORN? Canea,Crete Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR John Mitenel,Camio,Colo. FROM Aug.1926 TO October 1928

FOR U.P.Coal Co.Superior Wyo. FROM October 1923 TO August 1926

FOR This Co.before that at FROM TO

FOR verious times dating from FROM 1917 TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? No

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

Okid by Mr. Fraunhey personally

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10-9-28	CHECK 47
OUT DATE 7-15-31		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Annie Kelladakis ADDRESS Canea,Crete,Greece.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? what I can send

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Chellas, Van Houten, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Catharina,Zenovia, Mary, Anna and Jennie in Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on april 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Joe Chellas,Van Houten, N.M.

INTERPRETED BY

DATE 10-9-28

SIGNED IN PRESENCE OF

C A Bernard

Emanuel Kelladakis
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kelladakis, Emanual,	Oct. 15, 1882	Single		Greece	No	Oct. 9, 1928	10/9/28

NAME Edmund Keller OCCUPATION Miner Born May 17,1907

WHERE BORN Austria U. S. CITIZEN? No. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Bohemian& Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.& S.F.Ry.Co.	FROM Dec.10,1926	TO	Sept.25,1930
FOR St.L.R.M.& P.Co.,Gardiner	FROM 1923	TO	Dec.1926
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Keller HER AGE 18 yrs.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN G.	DATE 10-1-1930	CHECK 45
OUT DATE 2-12-31		CHECK
CAUSE Ow n Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 48 yrs FULL NAME Mike Keller ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Joeanna Keller ADDRESS " " "

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Frank Keller ,Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Lexa,Denver, Colo.
Lida Keller,Raton, N.M. Anna Keller, Raton, N.M.
Hermina " " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mary Keller, 1014 No.2nd.St.,Raton, N.M.

INTERPRETED BY

DATE Oct.1,1930

SIGNED IN PRESENCE OF

A.W.Allbert

Edmund Keller
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Keller, Edmund,	May 17, 1907	Married		Austria	No	10-1-1930	10-1-30

NAME Mike Keller OCCUPATION Digger Born Sept.29,1882

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes 10-15-35 last day worked

WHAT LANGUAGES DO YOU SPEAK? Eng.Aust. Boehmian, Montenegro READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 14,1916	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Johanna Keller HER AGE 32

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary	Female	July 26	13 years	
Edmond	Male	May ~~16~~ 17,1907	9 "	
Anna	Female	Nov. 18	8 "	
Hermina	"	Dec. 15	6 "	
Ludwhila	"	July 14	1 year	

Son Ed, working Eaton Greenhouse pays insurance

IN	G	DATE 7/14/16	CHECK 64
OUT DATE	10-7-1935		CHECK 64
CAUSE	demented; to Las Vegas		
IN	G	DATE 1-6-1936	CHECK 64
OUT DATE	5-29-39 injured		CHECK
CAUSE	laid up - disabled, no break in service		
IN	Sug	DATE 11-3-39	CHECK
OUT DATE	4-23-40		CHECK
CAUSE	Reduction of force		
IN	Rec'd	DATE	CHECK
OUT DATE	June 1947		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Francisca Keller ADDRESS Radvaniz Moravska, Ostrava, Austria.

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Edward and Alexander, Radvaniz Moravska, Ostrava, Austria.. Edmand Keller, Norman St., Cleveland, Ohio.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

INTERPRETED BY

DATE Van Houten, N.M. Dec. 19, 1918.

SIGNED IN PRESENCE OF

A. P. French

Mike Keller

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	MARRIED ~~SINGLE~~ ~~WIDOWER~~	~~DEPENDENTS IN FAMILY NO. SEX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Keller, Mike,	Sept. 29, 1882		Married		Austria	No	July 14, 16	12/19/18

4-3

NAME Ernest Kelley OCCUPATION Miner

DATE OF BIRTH Fall City, Nebr. SOCIAL SECURITY NO. 508-12-3840

WHERE BORN? 1-25-1895 U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Self	FROM May 1943	TO Aug.27,1943	
FOR Joint Const.Co.	FROM Mar. 1943	TO May 1943	
FOR Soil Conservation	FROM June 1942	TO Mar.1943	
FOR Idle	FROM " 1941	TO June 1942	
FOR Bee ranch	FROM 1938	TO 1941	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Vesta Kelley HER AGE 46

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Trinidad, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lorain	M.	Dec.25,1930	13	Trinidad, Colo.
Patricia Lou	F.		12	" "
Connie R.			7	" "
Forest			18	U.S.Army
Claud Richards			23	" " "

IN Br.	DATE 9/1/43	CHECK 223
OUT DATE 6/12/44		CHECK
CAUSE Voluntary.		
IN B2	DATE 6/27/44	CHECK 223
OUT DATE 4/25/45		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 71 FULL NAME Mary A.Kelley ADDRESS Maxwell, Neb.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roy and Charley Kelley, Maxwell, Neb.
C.E.Kelley, Trinidad, Colo.
Clifford Kelley, U.S.Army

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
RosieHUbanks, Myrtle Yankins, Lucile Spear and Hellen Spear, All Maxwell, Neb

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Mrs.Vesta Kelley, 1201 Boulevard, Trinidad, Colo. $500 GROUP INSURANCE April 1944

INTERPRETED BY

DATE Aug.27,1943

SIGNED IN PRESENCE OF
A.W. Allbrit

Ernest A. Kelley
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kelley, Ernest	Jan. 25, 1895	Married	Nebraska	Yes	Sept. 1, 1943	Aug. 27, 1943

NAME ERNEST KELLEY OCCUPATION Loader

DATE OF BIRTH 1-25-1895 SOCIAL SECURITY NO. ?508-12-3840

WHERE BORN? Neb U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

	FROM	TO
FOR		
FOR Brilliant	FROM Sept 1943	TO April, 1945
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Vesta Kelley HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Richard	M.	11-19-1928	17	Raton, N.M.
Harold	M.	12-25-1930	15	
Patricia	F.	10-20-1932	13	
Connie	F.	6-20-1936	9	

IN K	DATE 6-19-45	CHECK 161
OUT DATE 10-31-50		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 81 FULL NAME Mary Kelley, ADDRESS Maxwell, Neb

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Clarence, Triindad, Colo. Floyd, North Platte, Nebr. Roy Kelly, Maxwell, Neb.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Roso Hubank, Maxwell, Nebr. Lucy Sperry, N.Pratte, Nebraska.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Registered at Trinidad, Colo. No classification.

$500 GROUP INSURANCE Jan. 1942 Yes.

INTERPRETED BY

DATE June 19th, 1945.

SIGNED IN PRESENCE OF G. Brockman

Ernest Kelley
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kelley, Ernest	Jan. 25, 1895	Married	U. S.	Yes	June 19, 1945	June 19, 1945

NAME Doyal Kelly OCCUPATION Miner Born Dec.31,1909

WHERE BORN? Bagwell, Tex. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR In Produce Business	FROM April 1933	TO July 1933	
FOR No steady work	FROM 1929	TO April 1933	
FOR In school	FROM 1928	TO 1929	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN G	DATE Sept.29,1933	CHECK	39
OUT DATE 4-13-34		CHECK	
CAUSE Own Accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 48 FULL NAME ~~XXXXXXXXXX~~ Mandy Mabry ADDRESS Lelia Lake, Tex.

WHO SUPPORTS HER? My stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mrs. Dora Knox, Vega, Tex.
Andrew Kelly, Lelia Lake, Tex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on March 1934
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Mrs. Mandy Mabry, Lelia Lake, Texas

INTERPRETED BY

DATE Sept.29,1933

SIGNED IN PRESENCE OF

A.W.Allbert

Doyal Kelly
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXXX~~ WIDOWED ~~XXXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kelly, Doyal	Dec. 31, 1909	Single		Texas	Yes	Sept.29,1933	Sept.29,1933

NAME S.J.Kelly OCCUPATION Digger

WHERE BORN? W.Va U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Eng WRITE? Eng

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Rocky Mountain Fuel Co	FROM Jan,1927	TO Apri,1927	
FOR Berry Mines, Route Co, Colo	FROM Dec,1925	TO Jan,1927	
FOR Oak View Mine	FROM 1924	TO 1925	
FOR Sunnyside Mines	FROM 1923	TO 1924	
FOR Alamo Mine	FROM 1922	TO 1223	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 4/14/27	CHECK 252	
OUT DATE Never started		CHECK	
CAUSE			
IN Sug	DATE 5/23/27	CHECK 73	
OUT DATE 8-1-27		CHECK	
CAUSE Dropped			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.J.O'Connor 3854 Union Ave. Chicago,Ill

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Sister Mrs.J.O'Connor 3854 Union Ave. Chicago,Ill.

INTERPRETED BY

DATE Sugarite April 15th,1927

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Kelly, S. J.	37	S	1	W. Va.	Yes	4/15/27

NAME Arthur Kerr OCCUPATION Miner Born Mar. 23,1889

WHERE BORN? Oklahoma U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Apr.12,1912 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Sarah HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 4/12/12	CHECK 133
OUT DATE Aug.1,1928		CHECK
CAUSE discharged		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Hugh, Madrid, N. M. Tom, Detroit, Mich. Crozier, Vencennes, Ind. Jack, St. Louis, Mo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Rankin, Collinsville, Ill. Lizzie Duhadway, East St.Louis, Ill.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. Sarah Kerr, Van Houten, New Mexico

INTERPRETED BY

DATE Van Houten, N. M. Nov. 8, 1926.

SIGNED IN PRESENCE OF

C. A. Bernard

Arthur Kerr
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth AGE	~~MARRIED SINGLE WID. DIV.?~~ XXXX	~~DEPENDENTS IN FAMILY INC. SELF?~~ XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kerr, Arthur,	Mar. 23, 1889	Married		Oklahoma	Yes	Apr 12,1912	11/8/26

NAME Walter Kerr OCCUPATION Pit Boss Born June 7,1866

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.4,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Stella HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louis	Male			
Velma	Female			
Gertrude	"	None dependent		
Alice	"			
Minnie	"			

IN S	DATE 12/4/21	CHECK 459	
OUT DATE died April 7 1935		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, Parsons, Kan. James, Thomas, Oklahoma.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jane, Wilberton, Okla. Alice, Ft. Smith, Ark. Margaret, Coalgate, Okla.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife - Stella Kerr, Sugarite, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

Walter Kerr

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kerr, Walter,	June 7, 1866	Married		Scotland	Yes	Dec. 4, 1921	12/4/21

MINE Sugarite, N. M. DATE Dec.4,1921.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PRESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 61 YEARS. DOES AGE GIVEN SEEM CORRECT? Yes

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 8 in. WEIGHT 175 lbs. COLOR OF HAIR Light

COLOR OF EYES Blue COMPLEXION Fair SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT _____

_____ M. D.

NAME GEORGE KEZELE OCCUPATION Miner Born January 6,1890

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson,N.M.	FROM Nov.1923	TO Nov.1928
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Julia HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
#####	###			
Frank	Male		16	With me
George	"		13	"
Annie	Female		11	"
Mary	"		9	"
Rosie	"		7	"
Tilda	"		5	"

IN VH	DATE 11-10-28	CHECK 233
OUT DATE 12-28-1928		CHECK 233
CAUSE non-accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 75 FULL NAME Tony Kezel ADDRESS Delnetza Jugo Slavi

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Mary Kezel ADDRESS " "

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Matt,Puyalop,Wash,Tony,Eveleth,Minn. Joe,Mike and Steve with father and Mother

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Julia Majetich Puyalop, Wash.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife at Van Houten, N.M/

INTERPRETED BY

DATE 11-10-1928

SIGNED IN PRESENCE OF

George Kezele
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kezele, George,	Jan. 6, 1890	Married		Jugo Slavia	Yes	Nov. 10, 28	11/10/28

NAME Earl Kidd OCCUPATION ~~miner~~ ?

DATE OF BIRTH Feb.19,1906 SOCIAL SECURITY NO. 235-10-8247

WHERE BORN? Sun W.Va. U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Anchor Coal Co.	FROM Feb.1943	TO Aug.1946
FOR	Tmux Tayer Coal Co.	FROM 1927	TO Feb.1943
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Kathleen Kidd HER AGE 36

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS 644 Boulevard Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tommy Kidd	male		14	
Earlwn	female		16	
Richard	male		13	

IN K	DATE 11-16-46	CHECK 57	
OUT DATE JULY 30 1953		CHECK	
CAUSE REDUCTION OF FORCE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Berl Kidd ,Sylvester W.Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Ruby Mae McBeth,Sylvester W.Va. Margaret King.Sylvester W.Va.
Louise Love. Sylvester W.Va.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Kathleen Kidd, Raton,N.Mex.

$500 GROUP INSURANCE June 1947

INTERPRETED BY

DATE 11-15-46

SIGNED IN PRESENCE OF Nairf Stewart

Earl Kidd
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kidd, Earl	Feb. 19, 1906	Married	West Virginia	Yes	Nov. 16, 1946	Nov. 15, 1946

NAME W.Y.Kim OCCUPATION Miner

WHERE BORN? Korea U. S. CITIZEN? no. FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Korea READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Detroit Mich. Restaurant FROM April, 1926 TO May, 1928

FOR Sacremento, Cal. " FROM Mar. 1924 TO Mar. 1926

FOR Gardiner FROM 5 yrs. TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	SW	DATE 5-7-28	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

This man became a Japanese interpreter before he had a chance to go to work and was picked out of Camp

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

my friend

C.L.Kim, in Los Angeles, Cal.

INTERPRETED BY

DATE 5-7-28

SIGNED IN PRESENCE OF

R.P.Woods

W. Y. Kim

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD

SS# 575-03-9149

NAME Geo. L. Kimball (Gosell) OCCUPATION Storehouse Clerk Born Dec.3,1883

WHERE BORN? New York U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 1914	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Cynthia HER AGE 27

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Nancy	Female	Mrs Jim Barber	8 years	
George	Male	Dead.	6 "	

IN SW	DATE July '14	CHECK
OUT DATE 5-23-49		CHECK
CAUSE Transferred to Koehler		
IN K	DATE 5-23-49	CHECK
OUT DATE 12-1-50		CHECK
CAUSE Tran. to Br.		
IN	DATE	CHECK
OUT DATE July 31, 1953		CHECK
CAUSE Retired		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 62 FULL NAME Nancy L. Kimball ADDRESS Old. Fort, N. C.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Laura K. Miller, Old Fort, N. C.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Cynthia G. Kimball, Koehler, N. M.

INTERPRETED BY

DATE Koehler, N. M. Dec.30,1918.

SIGNED IN PRESENCE OF

W. D. Pierson

Geo. L. Kimball
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~NUMBER~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kimball, G. L.,	Dec. 3, 1883	Married		New York	Yes	July 1914	12/30/18

NAME Fred King OCCUPATION miner Born Nov.11,1892

WHERE BORN? Tenn. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM June, 1928	TO Jan. 1929	
FOR Alamo Colo.	FROM 4 yrs	TO May, 1928	
FOR Dawson	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 1-21-29	CHECK 173
OUT DATE 10-17-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Jimmie in Tenn. does not address.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on July 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

H.P.Peoples in Anawalt, West Va.

INTERPRETED BY

DATE 1-21-29

SIGNED IN PRESENCE OF

R.P.Woods

Fred King
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWER WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
King, Fred,	Nov. 11, 1892	Married		Tennessee	Yes	Jan. 21, 29	1/21/29

Colored

NAME Fred King OCCUPATION loader Born Nov.11,1892

WHERE BORN? Tenn. U. S. CITIZEN? yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Alamo, Colo.	FROM Dec. 1929	TO Dec. 1930	
FOR Swastika, N.M.	FROM Feb.1929	TO Nov. 1929	
FOR Dawson, N.M.	FROM June.1928	TO Jan. 1929	
FOR Alamo	FROM 3 yrs.	TO May.1928	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Katy HER AGE 20

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN VH	DATE 12-27-30	CHECK 328
OUT DATE 1-19-1931		CHECK
CAUSE Transfer to Swastika		
IN SW	DATE 1-20-31	CHECK
OUT DATE 10-24-38		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

James ## address unknown

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 12-27-30

SIGNED IN PRESENCE OF

R.P.Woods

Fred King
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWED DIVORCED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
King, Fred.	Nov. 11, 1892	Married	XXXXXX	Tenn.	Yes	12-27-1930	12-27-30

NAME Joe King OCCUPATION Miner Born Nov.13,1869

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.Slav. Hungarian, German READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Dec. 1908 TO

FOR Last day worked Jan 28, 1938 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

7-3-1931 Ed Maulsby says Joe King is Veteran of Spanish Am War & might be entitled to a pension some day. When group insurance was started, Joe King and Jim Patterson made each other their beneficiaries. 2-12-38 Unable to work further living with Steve Crotovich, a French and said he have ins. transferred to him and Crotovich to pay employee's deducting for which Crotovich takes care of Joe King

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Albert, Claridge, Penn. Steve, Hammond, Ind.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Kudelka, Monroe St., Hammond, Ind.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Albert King, Brother

Group Insurance $500 on Insurance
1000 on terminated
1500 on Notice of 10-10-40
2000 on ~~May 1,~~ Sept 30-40 as of 1928.

INTERPRETED BY

DATE Swastika, N. M. Aug. 19, 1924

SIGNED IN PRESENCE OF

Geo. L. Kimball

Joe King
SIGNATURE OF APPLICANT

Signature on old record

IN K	DATE Dec.1908 CHECK 87
OUT DATE	CHECK
CAUSE	
IN VH	DATE 3-10-30 CHECK 169
OUT DATE Feb 1, 1938	CHECK 51
CAUSE Own accord	
IN Entered Menos Hospital	DATE CHECK
OUT DATE	CHECK
CAUSE	
IN NV	DATE 29, 19 40 CHECK
OUT DATE	CHECK
CAUSE	
IN	DATE CHECK
OUT DATE	CHECK
CAUSE	
IN	DATE CHECK
OUT DATE	CHECK
CAUSE	
IN	DATE CHECK
OUT DATE	CHECK
CAUSE	

NAME	Date of Birth	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
King, Joe,	Nov. 13, 1869	Single		Austria	Yes	Dec. 1908	8/19/24

Naturalized in 1938 SS#525-03-9151

NAME Tony Kinkela OCCUPATION Loader Born Mar.17,1891

WHERE BORN? Austria. U. S. CITIZEN? Yes FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? Aust. WRITE? Aust.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF

FOR Van Houten	FROM		TO
FOR Sugarite	FROM		TO
FOR Brilliant	FROM	9 yrs.	TO
FOR	FROM		TO
FOR	FROM		TO
FOR	FROM		TO

Had accident at Brilliant Nov. 14, 1946 File K-138 for which he lost his right leg between knee and ankle

IN SW	DATE 8-18-27	CHECK 175
OUT DATE 4-29-49		CHECK
CAUSE Mine closed (Receiving compensation for injury)		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Mary Kinkela HER AGE 32

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Julia	girl		11	Swastika
Victoria	"		9	"
Frank	Boy		6	"
Bena	girl		4	"
Katy	"		14 mo.	"

IS YOUR FATHER LIVING? yes AGE 76 FULL NAME Frank Kinkela ADDRESS Kastau, Bresco, Istrija, Italy.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 70.00 per year

IS YOUR MOTHER LIVING? yes AGE 74 FULL NAME Mary ADDRESS same as above

WHO SUPPORTS HER? I donot HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Kinkela in West Va.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Rosie Grbac in Sugarite, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1,1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE Aug. 18, 1927

SIGNED IN PRESENCE OF

R. P. Woods

Tony Kinkela
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WID. DIV.~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kinkela, Tony	Mar. 17, 1891	Married		Austria	Yes	June 21, 20	8/18/27

NAME Tim Kizzar OCCUPATION loader Born* May,29, 1901

WHERE BORN? Tenn. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR B.M.& E.Ry. Hooker, Okla.	FROM July, 1928	TO Sept. 1928	
FOR Melvern, Ks. Farm	FROM May, 1926	TO June, 1928	
FOR ##### Tenn "	FROM	TO April, 1926	
FOR Brayton	FROM	TO	
FOR no mine experience	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Myrtle HER AGE 24

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 9-17-28	CHECK 175	
OUT DATE 6-30-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? yes AGE 55 FULL NAME Geo. Kizzar ADDRESS Brayton, Tenn.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 55 FULL NAME Eliza ADDRESS " "

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Lige and Leslie both in Brayton, Tenn

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Rosie in Graysville Tenn- Mamie in Brayton, Tenn- Jessie in Brayton, Emma in Brayton.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-17-28

SIGNED IN PRESENCE OF

R.P.Woods

Tim Kizzar
SIGNATURE OF APPLICANT

did not take insurance

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS INCL. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kizzar, Tim	5/29/1901	Married		Tenn.	Yes	9/17/28	9/17/28

NAME ALEX KLANTCHNEK OCCUPATION Miner Born 5-25-~~1890~~ 1900

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&.P.C Van Houten	FROM 1924	TO 1926	
FOR Bear Canyon Co. Colo.	FROM 1926	TO 1928	
FOR Klantchnek Mines, Yankee	FROM 1928	TO Feb, 1930.	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie HER AGE 19

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Betty May	Female		5 yr	Sugarite

IN Sug	DATE 2/12/30	CHECK 307
OUT DATE 2-10-39		CHECK
CAUSE Own Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Mrs.F.J.Grubelnik ADDRESS Raton, N.M.

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe, John, Jacka and Vinc Klantchnek, Delagua, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Anna Jugo, Delagua, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Aug, 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Katie.

INTERPRETED BY

DATE Sugarite Feb 12th, 1930.

SIGNED IN PRESENCE OF

A.L.Brockman

Alex Klantchnek
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	~~MARRIED~~ SINGLE ~~WIDOWER~~ WIDOW	~~DEPENDENTS~~ IN FAMILY ~~INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Klantchnek, Alex,	May 25, 1900		Married		New Mexico	Yes	2-12-1930	2-13-30

NAME Tony Klarich OCCUPATION miner

WHERE BORN? Aust/ U. S. CITIZEN? declarant 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Aust. Eng. Read. yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson	FROM	Aug. 1927	TO	Aug. 1927
FOR Morley	FROM	June 1926	TO	July, 1927
FOR Delague	FROM	April, 1924	TO	May, 1926
FOR Jerome Ariz	FROM	Oct. 1923	TO	Mar. 1924
FOR BonCarbo	FROM	Aug. 1922	TO	Sept. 1923
FOR	FROM		TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	SW	DATE 8-22-27	CHECK 33
OUT DATE	5-26-28		CHECK
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? yes AGE 54 FULL NAME Matt Klarich ADDRESS Dolerye No.37 P.O. Gelsoine Istria

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 250.00 per year.

IS YOUR MOTHER LIVING yes AGE 50 FULL NAME Annie ADDRESS Itoilioi

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in the above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Joe in Argentina. Matt and Frank in Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Father and John Bratovich in Boncarbo , my cousin.

INTERPRETED BY

DATE 8-22-27

SIGNED IN PRESENCE OF

R. P. Woods

Tony Klarich

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Klarich, Tony	29	S	1	Austria	do Declarant	8/22/27

NAME Joe Knafelc OCCUPATION Miner Born Feb 20, 1874

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav & Eng READ? Slav WRITE? Slav some Eng

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Milwaukee 4 Yrs FROM TO

FOR FROM TO

FOR Swastika & Brilliant 5 Yrs FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Man		31	New York
Mary Rea	Woman		29	Swastika, N. M.
John	Man		23	435, 55 Ave, West Alice Milwaukee, Wis

IN Sw	DATE 11/26/30	CHECK 221	
OUT DATE 12-1-30		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 85 FULL NAME Jennie Knafelc ADDRESS Italy.

WHO SUPPORTS HER? Her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $100.00 per Yr

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jack, Alameda, N. M. John, Denver, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

Only Mother

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mary(Daughter)

INTERPRETED BY

DATE 11/26/30

SIGNED IN PRESENCE OF

G.L.Kimball.

Joe Knafelc
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER XXXX	DEPENDENTS IN FAMILY XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Knafelc, Joe,	Feb. 20, 1874	Widower		Jugo Slavia	Yes	11-26-1930	11-26-30

NAME O.D.Knight OCCUPATION Miner

WHERE BORN? Wisconson U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English Germ READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farming River Falls Wisc. FROM September 22 TO April 1925

FOR Ranching Gillette,Wyo. FROM April 1925 TO Nove 1926

FOR C.F.&.I.Co.Lester Colo FROM November 1926 TO April 1927

FOR Stag Canon Fuel Co.Dawson,N.M. FROM April 1927 TO September 1927

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ann W Knight HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No				

IN VH	DATE 9-8-27	CHECK 194
OUT DATE 2-6-28		CHECK
CAUSE D.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 79 FULL NAME Lucy B Knight ADDRESS StPaul Minn

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Edwar L Knight St Paul Minn Juason Knight Miami,Fla.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Verginia S Readholm,StPaul Minn

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My Wife Mrs.Ann W Knight, Dawson,N.M.

INTERPRETED BY

DATE 9-8-27

SIGNED IN PRESENCE OF C.A.Bernard.

O.D.Knight

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Knight, O. D.	37	M	2	Wisconsin	Yes	9/8/1927

NAME G.KOGA OCCUPATION Miner Mar 25-1890 Born

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Scott Bluff, Neb, Beet fields Aug, FROM TO Dec, 1928

FOR Truck farm, Sacramento, Calf 1908 FROM TO 1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE E.Koga HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 1014 Rte 4 Sacramento, Calf.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
M.Koga	Male		10	Sacramento, Calf
E.Koga	Famale		8	
S.Koga	Female		6	
U.Koga	Male		4	
T.Koga	Male		2	

IN Aug	DATE 12/19/28	CHECK 352
OUT DATE 2-28-29		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME T.Koga ADDRESS Fuoka, Japan

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: S and K.Koga, Fuoka, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, E.Koga, 1014 Rte 4 Sacramento, Calf.
friend S.Tsugi, Sugarite

INTERPRETED BY

DATE Sugarite Dec 19th, 1928

SIGNED IN PRESENCE OF

A.L.Brockman

G Koga
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Koga, G.,	Mar. 25, 1890		Married		Japan	No	Dec. 19, 28	12/19/28

NAME Louie Koplin OCCUPATION Miner Born June 21, 1907 Born?

WHERE BORN? Germany U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? German & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ## Farm Therma,N.M. FROM May 1916 TO July 1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7-10-28	CHECK 300
OUT DATE 8-15-28		CHECK 300
CAUSE Laid off mine returned		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Mary Koplin ADDRESS Agua Frio,N.M.

WHO SUPPORTS HER? Herself HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? help all I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Henry Koplin, Agua Frio,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Zuicer, Van Houten,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Mary Koplin, Agua Frio,N.M.

1500 on

2000 on

INTERPRETED BY

DATE 7-10-1928

SIGNED IN PRESENCE OF

C A Bernard

Louie Koplan

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDING XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Koplan, Louie	June 21, 1907		Single		Germany		July 10,28	7/10/28

NAME Matt Kopich OCCUPATION Machine loader Born May 27,1880

WHERE BORN? Austria U. S. CITIZEN? Dec FORM 1078? Yes, Swastika) Citizen in Dec. 1930

WHAT LANGUAGES DO YOU SPEAK? Sbg-Slav READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	St.L.R.M.&P.Co,.	FROM Sugarite and Swastika	TO
FOR	Swastika	FROM Mar 3rd,1927	TO Aug,1927.
FOR	Old Sugarite Record No 8875	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Katie HER AGE 38

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
George	Male		10	Raton
Sam	Male		18	

IN Sug	DATE 8/30/27	CHECK 329	
OUT DATE 3-7-28		CHECK 303	
CAUSE Ranch			
IN Swas	DATE 5-17-28	CHECK	
OUT DATE 4-16-29		CHECK	
CAUSE To Gardiner			
IN Gard	DATE 4-17-29	CHECK 42	
OUT DATE 4-1-33		CHECK	
CAUSE Own Accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

Ins. certificate left in office in April 1933. as man had left service + never returned cert. #579 was destroyed Oct. 26, 1933 E. Sloat

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1,1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife Katie Kopich,Raton

1000, on

1500 on

2000 on

INTERPRETED BY

DATE Sugarite Aug 30th,1927.

SIGNED IN PRESENCE OF G. Brockman

Matt Kopich

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS IN FAMILY INCL. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kopich, Matt	May 27, 1880	Married		Austria	Yes	Sept.20,26	8/30/27

NAME Nick Kosovac ~~[illegible]~~ OCCUPATION Coal Miner

DATE OF BIRTH 3-15-88 SOCIAL SECURITY NO. 523-03-3557

WHERE BORN? Jugo Slavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav.Ing READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR C.F.S.& R Co.Bon Carbo,Colo FROM April 1920 TO Aug.1947

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Anna HER AGE 57

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 1014 5th St. Trinidad Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 8-11-47	CHECK 9
OUT DATE 5-27-49		CHECK
CAUSE Mine closed; transf. to Kachler		
IN K	DATE 5-28-49	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Mike in Jugo Slavia

~~[illegible]~~

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Melitsa in Jugo Slavia

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My wife at the above address

$500 GROUP INSURANCE Yes March 1948

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF C A Bennard

Nick Kosovac
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Kosovac, Nick	March 15, 1888	Married	Jugo-Slavia	Yes	Aug. 11, 1947	Aug. 11, 1947

NAME Louis Kostante OCCUPATION miner Born Oct.18,1891

WHERE BORN? Greece U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Crieghton Coal Co.	FROM	TO
FOR " Pa,	FROM 1 month.	TO
FOR Inland Collieries Coal Co.	FROM	TO
FOR Indianola, Pa.	FROM 3 yrs.	TO
FOR in Greece for two years.	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Joie Kostante HER AGE 32

IS SHE LIVING WITH YOU? no IF NOT, GIVE PRESENT ADDRESS Karpathos, Othos, Italia.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Maria	girl		8	Greece.
Coste	boy		4	"
Mike	"		1	"

IN VH	DATE 1-9-31	CHECK 79
OUT DATE 2-12-31		CHECK
CAUSE On Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 62 FULL NAME Caliope Kostante ADDRESS same as above

WHO SUPPORTS HER? I help. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Nick in Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Bro 91

Fotene ~~##~~ Kostante in Canonsburg, Pa,- Sophia- Zacharola- Froso- Maria in Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

sister in Canonsburg, Pa.

INTERPRETED BY

DATE 1-9-31

SIGNED IN PRESENCE OF

R.P.Woods

Louis Kostante
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~AGE~~	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY IN CAMP~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kostante, Louis,	Oct. 18, 1891		Married		Greece	Yes	1-9-1931	1-9-1931

NAME Kosto Kristoff [redacted] Born

WHERE BORN? Jugo Sl[redacted] FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng[redacted]? Yes WRITE? Little

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch	FROM May 1,1924	TO April 28,1928	
FOR	Phelps-Dodge,Dawson	FROM Feb.1924	TO May 1,1924	
FOR	St.L.R.M.&.P.Co.Brilliant	FROM Nov.19,1923	TO Feb.1924	
FOR	Ranch	FROM 1919	TO " 1924	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ellen Kristoff HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	boy	Sept.1915	13 Yrs.	Raton, N.M.

IN G.	DATE 4/26'28	CHECK 59	
OUT DATE		CHECK	
CAUSE Never went to work			
IN 4-10-28	DATE	CHECK	
OUT DATE O.a.		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Neida Kristoff ADDRESS Pirlep, Jugo Slavia

WHO SUPPORTS HER? My brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete Kristoff, 130 So.Adams St.,Gary,Ind.
Tony " Pirlep,Jugo Slavia.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on 500.00

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Ellen Kristoff,Raton, N.M.

INTERPRETED BY

DATE April 28,1928

SIGNED IN PRESENCE OF

A.W.Allbert

Kosta Kristoff
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kristoff, Kosta			Married		Jugo Slavia	Yes	Apr. 28, 28	4/28/28

NAME Louis Krolnik OCCUPATION Digger Born June 21,1877

WHERE BORN? J.Slavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Rose Hill Fruit Co,Calif	FROM Aug,1927	TO Aug,1927	
FOR Farm. Calf	FROM 1921	TO 1927	
FOR	FROM	TO	
FOR Have not worked in mines during last 6 years.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Josephina HER AGE 42

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Stella	Famale		11 yr	
Castina	"		11 yr	
Frank	Male		9 yr	Raton,N.M.

IN Sug	DATE 9/6/27	CHECK 31	
OUT DATE 9-17-1927		CHECK 31	
CAUSE To Swastika			
IN Sw	DATE 9-17-27	CHECK	
OUT DATE 3-15-29		CHECK 418	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Mrs. Josephine Krolnik Sugarite, Raton at present

INTERPRETED BY

DATE Sugarite Sept 6th,1927.

SIGNED IN PRESENCE OF

J. H. Brookins

Louis Krolnik
SIGNATURE OF APPLICANT

did not take Ins.

NAME	Date of Birth	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY WIFE CHIL.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Krolnik, Louis	June 21, 1877		Married		Jugo Slavia	Yes	Sept. 6, 27	9/6/1927

NAME Pete Kristoff OCCUPATION Miner Born Sept.27,1888

WHERE BORN? Bulgaria U. S. CITIZEN? 1st Papers (1078?)

WHAT LANGUAGES DO YOU SPEAK? READ? WRITE?

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.13,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Parescefa HER AGE 38

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Kopelofisi, Bulgaria.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Angelo	Boy		18 years	Bulgaria

IN VH	DATE 12/13/26	CHECK 8
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME Kristo Kristoff, ADDRESS Same place

WHO SUPPORTS HIM? I do HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? my wife. Whatever the family requires

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary and Petcona, same place as mywwife

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My wife in Bulgaria

INTERPRETED BY

DATE Van Houten, New Mexico, Dec. 13, 1926.

SIGNED IN PRESENCE OF

C. A. Bernard

Pete Kristoff

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kristoff, Pete,	Sept. 27,1888	Married		Bulgaria		Dec.13,1926	12/13/26

NAME Vuko Krivokopich OCCUPATION Digger Born Aug 3, 1889

WHERE BORN? Montnegro U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch-Raton	FROM	May, 1927	TO Jan, 1928
FOR	St.L.R.M.&.P.Co,. VH	FROM	1926	TO 1927
FOR	do Sugarite	FROM	1925	TO 1926
FOR	Ranch and StLRM&PCo	FROM	1920	TO 1925
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 1-14-28	CHECK 74
OUT DATE May 1, 1928		CHECK
CAUSE Dropped.		
IN VH	DATE 7-19-28	CHECK
OUT DATE 9-30-40		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Steve and Lebardo Cucoa, Montnegro

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Storn, Stano, Maria and Milano. Montnegro.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yez

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Brothers and sisters in old country.

Group Insurance $500 on Requested Sept 1931 long after 6 mo.
1000 on
1500 on Ins. Co., after medical
2000 on examination, declined to accept this mem. Oct. 1931

INTERPRETED BY

DATE Sugarite Jan 14th, 1928

SIGNED IN PRESENCE OF

A.L. Brockman

Vuko Krivokopich
SIGNATURE OF APPLICANT
Did not take ins.

NAME	Date of Birth AGE	MARRIED SINGLE WIDOW WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Krivokopich, Vuko	Aug.3,1889	Single		Montenegro	No	July 19, 28	1/14/28

NAME Vako Krovokopich OCCUPATION Miner 6947

DATE OF BIRTH 8/18/1889 SOCIAL SECURITY NO. 525-05-6947

WHERE BORN? Montenegro U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav.Eng. READ? No WRITE? No

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR Out of work since Van Houten shut down	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 7/8/42	CHECK 94
OUT DATE 4/24/43		CHECK
CAUSE Transf.Brilliant		
IN B #2	DATE 4/16/44	CHECK 217
OUT DATE 5/15/47		CHECK
CAUSE Sick		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Steve and Labod Krivokopich Isura Yugoslavia

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Melia Melich. Yugoslavia

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Alex Kapich Raton, New Mex.

GROUP INSURANCE

INTERPRETED BY

DATE 7/8/42

SIGNED IN PRESENCE OF David Stewart

Vako Krivokopich
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME George Kruljac OCCUPATION Digger Born Mar.18,1889

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Slav.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Feb.13,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie HER AGE

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Anna	Female	7-14-1915	11 years	
Hilda	"	4-13-1917	9 "	
Antonio	"	12-10-1919	7 "	

IN S	DATE 2/13/26	CHECK 35
OUT DATE 1-30-40		CHECK
CAUSE Died		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME Stanko Kruljac ADDRESS Fiume, Austria.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Casmo Kruljac, Gallup, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maria, Austria

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife 1500 on

2000 on

INTERPRETED BY

DATE Sugarite, N. M. Feb. 13, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman

George Kruljac

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY INCLUDING SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kruljac, George,	Mar. 18, 1889	Married		Austria	No	Feb 13,1926	2/13/26

NAME Y.KUBOTA OCCUPATION Miner Born 12-21-1900

WHERE BORN? Japan U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farm Scots Bluff,Neb	FROM 1924	TO 1929	
FOR	Utah Fuel Co. Utah	FROM 1929	TO 1930	
FOR	Farm. Las Animas,Colo	FROM 1930	TO 1931	
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE H.Kubota HER AGE 28

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Japan

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN Sugarite 11/6/31		CHECK 325
OUT DATE 3-1-1932		CHECK 354
CAUSE Farming		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: S.Kawaguchi, Bingham Canyon,Utah.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
F.R.Omodo, Sugarite and sister S.Kawaguchi, Bingham Canyon,Utah.

INTERPRETED BY

DATE Nov 6th,1931

SIGNED IN PRESENCE OF

A.L.Brockman

Y. Kubota
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~ ~~WWWW~~	~~DEPENDENT~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kubota, Y,	Dec. 21, 1900	Married		Japan	No	11-6-1931	11-6-31

NAME H.KUNIYOSHI OCCUPATION Miner. Born Dec 21st,1898

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Worked Sugarite and Roehler 1921-22-23-24

FOR On farm Las Animas, Colo FROM 1925 TO Sept,1931.

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lucile HER AGE 27

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Sugarite

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

Sugarite 9/29/31 313

IN	DATE	CHECK
OUT DATE 2-23-1932		CHECK 313
CAUSE To the Farm		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME T.Kuniyoshi ADDRESS Sugarite

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: T.Kuniyoshi, Las Animas, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife and father Sugarite,N.M.

INTERPRETED BY

DATE Sugarite Sept 29th,1931.

SIGNED IN PRESENCE OF

A.L.Brockman

OK AF.GMgr.

H Kuniyoshi

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD	
Kuniyoshi, H.,	Dec. 21, 1898	Married		Japan	No	9-29-1931	9-29-1931

NAME T.Kuniyoshi OCCUPATION Digger Born Feb.18,1877

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng-Jap READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Beet Fields, Rocky Ford	FROM Apr,1927	TO Oct,1927	
FOR St.L.R.M.&.P.Co,. Sugarite	FROM	TO	
FOR Old employee	FROM	TO April,1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Usura Kuniyoshi HER AGE

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Hoechi, Japan

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
H.Huniyoshi	Male		27	Denver,Colo
T.Kuniyoshi	Male		17	do

IN Sugarite	DATE 10/15/27	CHECK 267
OUT DATE 3-5-30		CHECK
CAUSE Duon Accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: T.Kuniyoshi, Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1,1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. S. 1000 in Denver and S.Tsugi, Sugarite, N.M. 1500 on 2000 on

INTERPRETED BY

DATE Sugarite Oct 17th,1927

SIGNED IN PRESENCE OF

A.L.Brockman

T. Kuniyoshi

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY NO. SEX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kuniyoshi, T.	Feb. 18, 1877	Married		Japan	No	Oct. 17, 27	10/17/1927

NAME T.KUNIYOSHI OCCUPATION Miner Born Feb 15th,1875

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	At Sugarite	FROM 2/8/24	TO	4/25/27
FOR	Beet Fields	FROM 4/25/27	TO	10/30/27
FOR	Sugarite	FROM 10/30/27	TO	3/2/30
FOR	Beet Fields,Rock Ford	FROM 3/3/30	TO	8/15/31
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ushi Kuniyoshi HER AGE 50

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS Japan

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Hi	Male		34	Los Angeles,
T.	Male		30	do

IN Sug	DATE 9/2/31	CHECK 250
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Y?Kuniyoshi. Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. F.H.Omodo,Sugarite and sons RFD #2 Los Angeles,Calf.

~~$500. Feb 1932 mistake~~
we failed to ask him when he could have had it.

INTERPRETED BY

DATE Sugarite Sept 2nd,1931

SIGNED IN PRESENCE OF

A.L.Brockman

T. Kuniyoshi
SIGNATURE OF APPLICANT

applied for 500 in May 1932

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD	
Kuniyoshi, T.	Feb. 15, 1875	Married		Japan	No	9-2-1931	9-2-1931

NAME Kuramoto H. OCCUPATION Miner Born Apr.26,1880

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap READ? Jap WRITE? Jap

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM May 20,1924	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Su	DATE 5/20/24	CHECK 49
OUT DATE Jan 2, 1940		CHECK 312
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Okio Kuramoto ADDRESS Umaki Mura, Asa Gun, Hiroshima, Japan.

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 10.00 per month

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on May 1, 1928
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother

INTERPRETED BY

DATE Swastika, N. M. June 20, 1924.

SIGNED IN PRESENCE OF

Geo. L. Kimball

H. Kuramoto

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kuramoto, H.,	April 26, 1880		Single		Japan,	No	May 20,1924	5/20/24

NAME Frank Kuretich OCCUPATION Miner Born Oct.15,1874

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng.Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov. 1911	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

IN S	DATE Nov.'11	CHECK
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie Kuretich HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Male	August 1907	11 years	
Victor	"	July 28,1910	7 "	
Mary	Female	Oct. 7,1914	4 "	
Tonia	"	Jan. 3, 1916	2 "	
Phillip	Male	May 1,1918	3 mos.	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete, Sugarite, N. M. John, Rastrita, Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Francisco and Margaret Kuretich, Rastrita, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928

INTERPRETED BY

DATE Sugarite, N. M. Sept. 2, 1918

SIGNED IN PRESENCE OF

A. L. Brockman

Frank Kuretich
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kuretich, Frank,	Oct. 15, 1874	Married		Austria	Yes	Nov. 1911	9/1/18

NAME Frank Kuretich OCCUPATION Miner

DATE OF BIRTH Oct. 8th, 1875 SOCIAL SECURITY NO. 525 - 03 - 8709

WHERE BORN? Yugoslavia U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Sclav. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Sugarite until he was laid off in April, 39

FOR since that time has not worked. TO

FOR In Sugarite FROM TO

FOR 1911 to closing FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Katie Kuretich HER AGE 59

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Male		35	Louisville, Colo.
Mary	Female		27	"
Victor	Male		31	Raton, N. M.
Tony	"		25	U. S. Army.
Philip	"		23	"

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE Sept. 28, 1942

SIGNED IN PRESENCE OF

A. K. Atkinson

SIGNATURE OF APPLICANT

Frank 35

IN K	DATE 10-6-42	CHECK 227	
OUT DATE ~~4-30-43~~		CHECK	
CAUSE Total case report			
IN K	DATE 8/5/46	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Frank Kuretich, Jr. OCCUPATION Digger Born Mar. 29, 1907

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Feb. 19, 1927 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Rose Soficich HER AGE born 1912

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank Joseph	Male	2-26-1932		

IN S	DATE 2/19/27	CHECK 2	
OUT DATE 4-23-40		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Frank Kuretich ADDRESS Sugarite, N. M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Katie Kuretich ADDRESS Sugarite, N. M.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Victor, Tony and Phillip, Sugarite, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Sugarite, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on Feb. 19 1930.
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Frank Kuretich, Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Feb. 19, 1927.

SIGNED IN PRESENCE OF

A. L. Brockman

Frank Kuretich, Jr.,
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kuretich, Frank, Jr.	Mar. 29, 1907	Married		Colorado	Yes	Feb 19, 1927	2/19/27

NAME Y. Kurio OCCUPATION Miner Born Sept.21,1897

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.15,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 8/15/17	CHECK
OUT DATE 12/20/33		CHECK 308
CAUSE left in night, trouble assault with gun.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 52 FULL NAME S. Kurio ADDRESS Hiroshima, Japan.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

~~Father~~ None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father in Japan and near friend, S. Tsugi,
Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Feb. 3, 1925.

SIGNED IN PRESENCE OF

A. L. Brockman

Y. Kurio

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDANTS~~ IN FAMILY ~~NO. CHILD~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kurio, Y.	Sept. 21, 1897	Single		Japan	No	Aug 15,1917	2/3/25

NAME Tom Kushimo OCCUPATION Digger Born Apr.6,1892

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch, Denver	FROM July, 1927	TO Aug, 1927
FOR	Columbine Mine	FROM 1922	TO 1927
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 9/5/27	CHECK 73	
OUT DATE 2-4-28		CHECK 73	
CAUSE O. a.			
IN Sug	DATE 10.2.28	CHECK	
OUT DATE 4-29-29		CHECK 344	
CAUSE Beet fields for summer			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 80 FULL NAME T.Kushimo ADDRESS Fukawa, Japan

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 80 FULL NAME M.Kushimo ADDRESS Japan

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: S.Kushimo, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Friend S.Tsugi, Sugarite

INTERPRETED BY

DATE Sept 5. 1927

SIGNED IN PRESENCE OF

W. J. Brockman

Tom Kushimo

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Kushimo, Tom	April 6, 1892	Single		Japan	No	Oct. 2, 28 9/5/1927

NAME TOM KUSHIMO OCCUPATION Miner Born 5-6-1891

WHERE BORN? Japan U. S. CITIZEN? No. FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farm.	FROM	TO
FOR		FROM	TO
FOR	StLRM&PCo.Sugarite	FROM 9/5/27	TO 4/20/29
FOR	Farm. Beet fields.	FROM 1929	TO 1931.
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite	DATE 12.4/31	CHECK 289
OUT DATE 4-15-32		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend. F.R.Omodo. Sugarite,N.M.

INTERPRETED BY

DATE Dec 4th,1931.

SIGNED IN PRESENCE OF

A.L.Brockman

Tom Kushimo
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCLUDED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Kushimo, Tom,	May 6, 1891		Single		Japan	No	12-4-1931	12-4-31

N

NAME G.N.NAGANO OCCUPATION Miner Born Feb 12,1888

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&.P.Sug FROM 9/25/27 TO April ,1929

FOR Farm Brighton,Colo FROM April,129 TO Aug,1930

FOR Worked Sugarite under name Naomi Nagano) FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 9/1/30	CHECK 367
OUT DATE 2-28-33		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: H.Nagano, Takadapshi Nigata Ken, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: C.Nagano. Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Mar. 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Friend, S.Tsugi,Sugarite

INTERPRETED BY

DATE Sugarite Sept 1st,1930

SIGNED IN PRESENCE OF

A.L.Brockman

G. N. Nagano
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nagano, G. N.	Feb. 12, 1888	Single		Japan	No	9-1-1930	9-1-30

NAME Naomi Nagano OCCUPATION Digger Born Oct.16,1887

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Columbine Mine, Colo	FROM Aug,1925	TO Sept,1927	
FOR Utal Fuel Company, Utah	FROM 1920	TO 1925	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sugarite 9/25/27	DATE	CHECK 322
OUT DATE 4-1-29		CHECK
CAUSE Off for summer		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 73 FULL NAME Gu Nagano ADDRESS Takadu shi Nakakubi gun Nigatahen, Japan

WHO SUPPORTS HER? Self and brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Go and Neya Nagano, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Hi. Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1,1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Father in Japan and S.Tsugi, Sugarite, N.M.

INTERPRETED BY

DATE Sugarite Sept 25th,1927

SIGNED IN PRESENCE OF

A.L.Brockman

Naomi Nagano
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED ~~WIDOWED~~ WID. DIV.	DEPENDENTS ~~XXXXXX~~ ~~XXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nagano, Naomi	Oct. 16, 1887	Single		Japan	No	Sept. 27,27	9/27/1927

NAME M. Nakagawa OCCUPATION Digger BornDec. 28, 1878

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Sept. 1910	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Masayoshi	Male		25 years	Hiroshimi, Yoshi, Japan.

IN S	DATE Sept. '10	CHECK 276
OUT DATE 7-5-38		CHECK
CAUSE D.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: N. Nakagawa, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Friend, S. Tsugi, Sugarite and Son in Japan

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

M. Nakagawa
SIGNATURE OF APPLICANT
Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nakagawa, M.,	Dec. 28, 1878	Widower		Japan	No	Sept. 1910	12/9/25

NAME M.Nakamura OCCUPATION Loader

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Rocky Mtn Fuel Co	FROM	Apr 1924	TO July,1927
FOR	Utah Fuel Co	FROM	1920	TO April,1924
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SUG	DATE 8/4/27	CHECK 328	
OUT DATE 7-1-28		CHECK	
CAUSE D.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME Nasimo Nakamura ADDRESS Nakadato,Japan

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Sometime a little

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Noshi Nakamura ADDRESS Japan

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Little

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Friend S.Tsugi,Sugarite

INTERPRETED BY

DATE Sugarite Aug 4th,1927.

SIGNED IN PRESENCE OF

M. Nakamura

SIGNATURE OF APPLICANT

do

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Nakamura, M.	28	S	1	Japan	No	8/4/27

NAME M. NAKAMURA OCCUPATION Digger Born Jan 19-1902

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap--ng READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR St.L.R.M.&.P.Co,.Sugarite	FROM	TO
FOR	FROM 1927	TO 1928
FOR Beet and lettuce farms	FROM	TO
FOR near Denver, Colo	FROM 1928	TO Nov,1930
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 11/26/30	CHECK 270
OUT DATE 1-9-31		CHECK
CAUSE D.Q.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME T.Nakamura ADDRESS Okiado ken Japan

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
None.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Father in Japan and friend
S.Tsugi, Sugarite

INTERPRETED BY

DATE Sugarite Nov 26th,1930

SIGNED IN PRESENCE OF
A.L.Brockman

M. Nakamura
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED XXXX SINGLE WIDOWED XXXX	DEPENDENTS IN FAMILY XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nakamura, M,	Jan. 19, 1902	Single		Japan	No	11-26-1930	11-26-30

NAME K.NAKASUJI OCCUPATION Miner Born Oct 15-1887

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Truck Farm-Denver	FROM Aug,1928	TO Nov,1928	
FOR Hayden Bros. Hdyro,Colo	FROM Jan,1928	TO Aug,1928	
FOR Utah Fuel Co.	FROM 1922	TO 1927	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Aug	DATE 11/13/28	CHECK 352
OUT DATE 12-5-32		CHECK
CAUSE Lay off expired		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: K and J.Nakasuji, Wakayama Ken,Akuken Chicgo, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: I and N.Nakasuji. Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes Group Insurance $500 on May 1929.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Friend, Ben Tsugi, Sugarite,N.M. 1500 on

2000 on

INTERPRETED BY

DATE Sugarite Nov 13th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

K Nakasuji

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW DIV.	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nakasuji, K.,	Oct. 15, 1887		Single		Japan	No	Nov. 13, 28	11/13/28

NAME K. Nakasuji OCCUPATION Miner Born Oct.15,1889

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. & Eng. READ? Jap. WRITE? Jap. & Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Denver, Colo.	FROM	6 mos.	TO
FOR	Keystone Coal Co.,	FROM		TO
FOR	Keystone, Colo.	FROM	Oct.1931	TO Jan. 1935
FOR	Sugarite	FROM	Jan. 1928	TO Oct. 1931
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Blood test ok
Report filed separately

IN S	DATE 10/24/35	CHECK 308
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: J. Nakasuji, K. Nakasuji, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ai Kitagawa, Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on April 1936
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Sam Shinagawa,
Sugarite, N. Mex.

INTERPRETED BY

DATE Oct. 24th, 1935.

SIGNED IN PRESENCE OF H B Thomure

Ray Nakasuji
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDED?	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nakasuji, K.	Oct.15,1889	Single		Japan	No	Oct.24,1935	Oct.24, 1935

NAME Manuel Naranjo OCCUPATION Miner Born Nov.28,1892

WHERE BORN San Pedra,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR John Pansisi Garage	FROM Feb.1930	TO Aug.1930
FOR Co.Clerk's Office,Mosquero,	FROM 1925	TO Feb.1930
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Tonita T.Naranjo HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rachel	girl	May 2,1918	12 Yrs.	Raton, N.M.
Martha	"	Feb.12, 1922,	8 "	" " "
Veda	"	?	6 "	" " "
Magarite	"	June 2,1927	3 "	" " "
Manuel Jr.	boy	April 29 1928	2 "	" " "

IN G.	DATE 9-17,1930	CHECK 62
OUT DATE 9-1-31		CHECK
CAUSE Other work		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 78 FULL NAME Salome Naranjo ADDRESS Petaluma, Cal.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eloy Naranjo, Petaluma, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Sinforosa N.Santastivan, Taos, N.M.
Margaret N. Ebell, Miami, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on Mar. 1931.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Tonita T.Naranjo,655 Lincoln Ave., Raton, N.M.

INTERPRETED BY

DATE Sept.17,1930

SIGNED IN PRESENCE OF

A.W.Allbert

Manuel Naranjo
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Naranjo, Manuel,	Nov. 28, 1892	Married		New Mexico	Yes	9-17-1930	9-17-30

NAME Manuel Naranjo OCCUPATION Miner Born 11/28/95

WHERE BORN? San Pedro N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? Eng.Span. WRITE? Eng. Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Liberty Garage	FROM 10/1/31	TO 6/1/33	
FOR	Tomlinson Hdw.Co.	FROM 6/1/33	TO 10/1/34	
FOR	Farming	FROM 1934	TO 1936	
FOR	Concha Dam	FROM 5/26/36	TO 11/3/36	
FOR	Golden Rule Store	FROM 11/26/36	TO 5/26/37	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Tonita Naranjo HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rachel	Female	5/2/19	18	Raton
Martha	"	2/21/22	15	"
Betty	"	5/27/24	13	"
Margarite	"	6/17/26	11	"
Manuel Jr.	Male	4/29/28	9	"
Arthur	"	5/16/33	4	
Antonio Ed.	"	12/29/34	2	"

IN Sugarite	DATE 5/12/37	CHECK 295	
OUT DATE 2-23-40		CHECK	
CAUSE O.A			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 86 FULL NAME Salome Naranjo ADDRESS Roy N.Mex.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eloy. San Francisco

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: J.M.Santastivan .Taos
Bonnie Ebell Roy, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on Nov 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Tonita Naranjo Wife

INTERPRETED BY

DATE 5/10/37

SIGNED IN PRESENCE OF

David Stewart

Manuel Naranjo
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW	DEPENDENTS INCLUDING SELF	BORN IN	U.S. CITIZEN	Continuous Service from	DATE THIS RECORD
Naranjo, Manuel	Nov. 28, 1895	XXXX	Married	XXXXXX	New Mexico	Yes	May 12,1937	May 10,1937

NAME Chas Nardin OCCUPATION Miner

WHERE BORN? Italy. U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Ital WRITE? ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Telleride 16 Yrs FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 9/29/27	CHECK
OUT DATE 4-6-28		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 85 FULL NAME Bartolo Nardin ADDRESS Faver, Tirol, Italy

WHO SUPPORTS HIM? His sons HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $15.00 per Mo.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Paul, Telleride, Colo. Louie, Glenwood Springs, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Teresa, with father

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Brother, Paul.

INTERPRETED BY

DATE 9/29/27

SIGNED IN PRESENCE OF Geo. E. Kimball

X Chas nardin

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Nardin, Charles	39	S	1	Italy	No	9/29/27

NAME Tony Narkus OCCUPATION Miner Born 4-23-1889

WHERE BORN? Russia U. S. CITIZEN? no FORM 1078? yes 525-22-0961

WHAT LANGUAGES DO YOU SPEAK? Eng.&Russian READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Worked in a saloon in Madrid, New Mexico. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12-18-41	CHECK 39
OUT DATE 11/9/44		CHECK
CAUSE own accord		
IN New Houston	DATE 11-15-44	CHECK
OUT DATE 5-27-49		CHECK
CAUSE Mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louis Narkus, Russia,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Annie Narkus, Russia.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on June 1942
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April,17,1942

SIGNED IN PRESENCE OF

A. L. Atchison

Tony Narkus
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WIDOWER WID. DIV.	DEPENDENTS IN FAMILY XXXXXX INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Narkus, Tony	Apr.23, 1889	Single		Russia	No	Dec.18,1941	Apr.17,1942

NAME John Navarro, Jr., OCCUPATION Digger Born 1896

WHERE BORN? N. Mex. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.20,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Adelia HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Refugio	Male		9 years	Raton, N. M.
Patetia	Female		4 "	" " "

IN S	DATE 12/20/26	CHECK 228	
OUT DATE 11-1-28		CHECK	
CAUSE dropped			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Maggie Medina, Rawlins, Wyo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Adelia Navarro, Raton, New Mexico.

INTERPRETED BY

DATE Sugarite, N. M. Dec. 20, 1926.

SIGNED IN PRESENCE OF

A. L. Brockman,

John Navorro, Jr.,
SIGNATURE OF APPLICANT

Did not take one Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Navarro, John, Jr.		Married		New Mexico	Yes	Dec.20,1926	12-/20/26

NAME Stanley Nava OCCUPATION Loader

WHERE BORN? Mex. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR On streets in Raton, N.M. FROM Mar. 1927 TO Sept. 1927

FOR Burlington Ry at St. Joe Mo FROM 4 yrs. TO Feb. 1927

FOR FROM TO

FOR no mine exp. FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	SW	DATE 9-28-27	CHECK 165
OUT DATE	4-6-28		CHECK
CAUSE	O.A.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? yes AGE 40 FULL NAME Aterio Nava ADDRESS Morley, Colo.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? most that I make.

IS YOUR MOTHER LIVING? yes AGE 38 FULL NAME Mary ADDRESS Morley, Colo.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Augustine- Frank- Jr- all in Morley, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary- Guadalupe- both in Morley, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

father and Mother

INTERPRETED BY

DATE 9-28-27

SIGNED IN PRESENCE OF

R. P. Woods

Stanley Nava
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Nava, Stanley	22	S	1	Mexico	No	9/28/1927

NAME Louie Necas OCCUPATION Miner

WHERE BORN? Esson Germany U. S. CITIZEN? No. FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? German & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR on Ranch Therma, N.M. FROM April 1922 TO Nov 1926

FOR Alamo Coal Co. Alamo, Colo. FROM November 1926 April 1927

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lilian HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN V-H-	DATE 4-22-27	CHECK 33
OUT DATE 5-6-1927		CHECK 33
CAUSE O. a.		
IN UV	DATE 7-21-27	CHECK
OUT DATE 9-8-27		CHECK
CAUSE O. a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 61 FULL NAME Joe Necas ADDRESS Therma, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Necas, Jr. Therma, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Shuck, Washington, D.C. Josephine Van Houten, N.M.
Alice at Albuquerque, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
My wife

INTERPRETED BY

DATE V.H.$-4-22-1927

SIGNED IN PRESENCE OF C.A. Bernard

Louis E Necas.
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Necas, Louis E.	24	M	2	Germany	No	4/22/27

NAME Louis Necas OCCUPATION Miner Born June 21,1903

WHERE BORN? Germany U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? German & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Farming Moreno Valley	FROM November 1923	TO August 1926
FOR	Van Houten, N.M.	FROM August 1926	TO August 1927
FOR	O.F.Matkin Laguna Vista	FROM August 1927	TO November 1926
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorce pending

GIVE FULL NAME OF WIFE Lilian Lexa Necas HER AGE 21

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Denver,Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	Boy		1 Year	with his mother

IN VH	DATE 11-28-28	CHECK 342
OUT DATE 4-8-1929		CHECK 342
CAUSE Own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 64 FULL NAME Joe Necas ADDRESS Therma, N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Necas at Therma, N.M. Frank at Holtville Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs Mary Shuck,ChulaVista Cal.Mrs.Josephine Duracovich, Van Houten, N.M. Alice Necas Albuquerque, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Joe Necas, Therma, N.M.

INTERPRETED BY

DATE 11-28-1928

SIGNED IN PRESENCE OF C H Bennard

Louis E Necas
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Necas, Louie,	June 21, 1903	Divorced	XXXXXX	Germany	No	Nov. 28, 28	11/28/28

NAME Louie Necas OCCUPATION Miner Born June 23d.1903

WHERE BORN? Germany U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ger. & Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Cont. Tie & Lbr. Co.	FROM Apr. 1st,1929	Date	
FOR This Co.	FROM Nov.1st.1928	TO Apr.1st,1929	
FOR Home Merino Val.	FROM June 1st.1928	Nov.1st.1928	
FOR This Co. V.H.	FROM Nov.1st.1927	TO June 1st 1928	
FOR Laguna Vista Hotel M.Val.	FROM Nov.1st.1926	TO Nov.1st.1927	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lillian Necas HER AGE 23

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS 4800 Lincoln St Denver Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME Louis SEX Boy BIRTHDAY Dec,27,28 AGE 2 Yrs, RESIDENCE With Mother

VH

IN Ger.	DATE 8-27-29	CHECK
OUT DATE 3-21-30		CHECK 24
CAUSE Injury accrued		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 67 FULL NAME Joe Necas Sr. ADDRESS

WHO SUPPORTS HIM? Supports Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Necas California

Joe Necas Therma N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Feb. 1930.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father (Joe Necas Sr. Therma N.M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

E D Manning

Louis E Necas.
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Necas, Louie,	June 23, 1903	Married		Germany	No	Aug. 27, 29	8-27-29

S.

NAME Allan Neil OCCUPATION Miner Born 2/13/81

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Self	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Winnie Neil HER AGE 64

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
James	Male		27	Raton
Peter	"		28	Dawson
Kathern	Female		23	Raton

IN Sugarite	DATE 9/9/38	CHECK 221
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Neil Negoshia, Ind.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elizabeth McGill Scotland

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

3/28 Dave Stewart called to bring re Group Ins. He said he didn't think he would take it but would let us know.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Winnie Neil, Wife

INTERPRETED BY

DATE 9/7/38

SIGNED IN PRESENCE OF David Stewart

Allan S Neil
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED / SINGLE / WID. DIV.	DEPENDENTS IN FAMILY / INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Neil, Allan S.	Feb. 13, 1881	Married		Scotland	Yes	Sept.9,1938	Sept. 7, 1938

NAME Allan Strachan Neil OCCUPATION Miner

DATE OF BIRTH Feb. 13, 1881 SOCIAL SECURITY NO. ######525-20-3004

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Sugarite until April, 1940 FROM TO

FOR Has worked at odd jobs since that time. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Winnie Neil HER AGE 67

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Peter	Male		33	Dawson, N. M.
Jimmie	"		31	Raton, N. M.
Katherine	Female		28	South Bend, Ind.

IN K	DATE 7-1-42	CHECK 51
OUT DATE 7-21-45		CHECK
CAUSE own accord		
IN 2	DATE 8-13-45	CHECK 33
OUT DATE 10-30-46		CHECK
CAUSE Own accord		
IN	DATE Died Sept 1950	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

GROUP INSURANCE

INTERPRETED BY

DATE June, 29, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

Allan S. Neil

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Neil, Allan Strachan	Feb.13,1881	Married	Scotland	Yes	July 1,1942	June 29,1942

NAME PETER NEIL OCCUPATION Miner Born Dec 10-1908

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Plaster's helper working with my father in and around Raton since old enough to work. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~. Married

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 12/29/28	CHECK 356
OUT DATE 9-1-29		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 48 FULL NAME Allan Neil ADDRESS Raton, N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? What I make

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Winnie Neil ADDRESS Raton, N.M.

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: James Neil, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Katie Neil, Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Allan Neil, Raton, N.M.

INTERPRETED BY

DATE Sugarite Dec 29th, 1928

SIGNED IN PRESENCE OF

A.L. Brockman.

Peter Neil
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Neil, Peter	Dec 10-1908			Raton, N.M.	Yes	12-29-28	12-29-28

TO WHOM IT MAY CONCERN:

The records of the St. Louis Rocky Mountain Coal Company (now inpossession of Kaiser Steel Corporation) indicate that Peter M. Neil was employed by St. Louis Rocky Mountain and Pacific Company at the following locations:

Location	Job-Title	Dates Worked
9 miles N.E. of Raton, New Mexico		1929-1930
Sugarite, N.M.	Miner	12-29-28 thru 9-1-29

Nickie Yaksich

Signature

Nickie Yaksich

Mine Accountant

Title

3-21-72

NAME David Neish OCCUPATION Driver Born Sept.8,1890

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.8,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Elizabeth Neish HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Francis	Female	6-7-19	4 years	Sugarite, N. M.

IN S	DATE 8/8/17	CHECK 186
OUT DATE 9-28-32		CHECK 360
CAUSE Deceased.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 80 FULL NAME Wm. Neish, Sr. ADDRESS Bell, N. M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Nothing

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, Sugarite, N. M. John and Bob, Hastings, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Theo. Gardner, Mrs. Henry Butts, Raton, N. M. Mrs. Riley, Trinidad, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

David Neish

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWER	~~DEPENDENTS~~ IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Neish, David,	Sept. 8, 1890	Married	XXXXX	New Mexico	Yes	Aug.8,17	9/7/23

MINE Sugarite, N. M. DATE Aug. 8, 1917.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PRESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 37 YEARS. DOES AGE GIVEN SEEM CORRECT?

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 10 in. WEIGHT 150 lbs. COLOR OF HAIR Dark Brown

COLOR OF EYES Gray COMPLEXION Sandy SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

1918

525-03-8674

NAME Wm. Neish, Jr. OCCUPATION Sub Station Tender Born Sept. 28, 1878

WHERE BORN? Scotland U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec. 1914	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

IN S	DATE Dec. '14	CHECK
OUT DATE 3-23-40		CHECK
CAUSE Reduction of Force		
IN Sub Gas Checker	DATE 7-1-40	CHECK
OUT DATE 4-30-41		CHECK
CAUSE mine closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Isabelle HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Agnes	Female	April 1906	12 years	
Wm. Henry	Male	June 12, 1912	6 "	

IS YOUR FATHER LIVING? Yes AGE 72 FULL NAME William Neish, Sr. ADDRESS Bell, N. M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME Maggie ADDRESS Bell, N. M.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: David, Sugarite, N. M. John, Jerome, Ariz. Robert, Bell, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Theo. Gardner, Mrs. Thos. Riley, Gardiner, N. Mex. Mrs. John Butt, Mrs. Henry Butt, Bell N. M. Mrs. Jasper Atwater, Sugarite, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT?

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Mines
1000 on
1500 on
2000 on ~~May 1, 1928~~.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife - Isabelle Neish, Sugarite, N. M.

INTERPRETED BY

DATE Sugarite, N. M. Dec. 19, 1918.

SIGNED IN PRESENCE OF

A. L. Brockman

Wm. Neish, Jr.
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~	~~DEPENDENTS~~ IN FAMILY ~~DIVORCED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Neish, Wm. Jr.,	Sept. 28, 1878	Married		Scotland	Yes	Ded. 1914	12/16/18

NAME Pedro Nelasco OCCUPATION Loader

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WH[illegible]ANGUAGES DO YOU SPEAK? Span & E READ a little WRITE? Span

FOR [illegible]OM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Raton Street	1 Yr	FROM	TO
FOR	Penna R. R.	6 Mo	FROM	TO
FOR	Penna Farm	8 Mo	FROM	TO
FOR	Stockyards	1 Yr	FROM	TO
FOR	Dawson	1 Yr	FROM	TO
FOR			FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Carmell Nelasco HER AGE 20

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Jeausa	Gorl		1 4 Mo	with mother

IN Sw	DATE 9/28/27	CHECK 163
OUT DATE 2-15-28		CHECK
CAUSE died		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Toribio, Jose, Penjamo, Guanajuato, Mex

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mariana, Ventura, Maria, same as brothers

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

INTERPRETED BY

DATE 9/28/27

SIGNED IN PRESENCE OF Geo. L. Kimball

G. Perez Nelasco
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Nelasco, Pedro	24	M	3	Mexico	No	9/28/1927

NAME **Angel Nenoff** OCCUPATION **Miner**

DATE OF BIRTH **Nov. 15, 1896** SOCIAL SECURITY NO. **525 - 05 - 8696**

WHERE BORN **Bulgaria** U. S. CITIZEN? **no.** FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? **Eng,** READ? **Yes** WRITE? **Yes**

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR **Ranch at Greenville, N. Mx.** FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? **Single**

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN **K** DATE 8-21-42 CHECK 208

OUT DATE Jan. 29, 1944 CHECK 156

CAUSE Fired.

IN K DATE 4-19-44 CHECK 156

OUT DATE July 30, 1953 CHECK

CAUSE REDUCTION OF FORCE

IN KOEHLER DATE AUG. 10, 1953 CHECK

OUT DATE 2-28-54 CHECK

CAUSE Reduction of force.

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? **no** AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? **no** AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Egnats Angeloff, Greenville, New Mex.

GROUP INSURANCE Does not want ins

INTERPRETED BY

DATE **Aug. 20, 1942**

SIGNED IN PRESENCE OF

A. L. Atchison

Angel Nenoff

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Nenoff, Angel	Nov. 15, 1896	Single	Bulgaria	No	Aug. 21, 1942	Aug. 20, 1942

NAME C.H.Newman OCCUPATION loader

WHERE BORN? Ill. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Swifton , Ark. Lbr. camp FROM 3 yrs. TO Dec. 1927

FOR School FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 12-12-27	CHECK 181
OUT DATE 4-1-28		CHECK
CAUSE O a		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 47 FULL NAME Della Gosney ADDRESS Coming to Swastika.

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 25.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Gilbert in Denver. Fittsimmons Hosp.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mother

INTERPRETED BY

DATE 12-12-27

SIGNED IN PRESENCE OF

R. P. Woods

C. H. Newman

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Newman, C. H.	20	S	S	Illinois	Yes	12/12/27

NAME David John Newman OCCUPATION Miner

DATE OF BIRTH Oct. 19, 1908 SOCIAL SECURITY NO. 525 - 09 - 5907

WHERE BORN? Folsom, N. M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. & Span READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR W P A	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Newman HER AGE 23

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
David	Male		12	Koehler, N. M.
Mary	Female		9	"
Joe	Male	Drowned Kuchler Lake Aug 1st 1949	6	"
Leonard	"		5	"

IN K	DATE 8-26-42	CHECK 211
OUT DATE 8-29-52		CHECK
CAUSE Accepted work at Pueblo		
IN K	DATE 9-8-52	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 59 FULL NAME Lizie Newman Arguella ADDRESS Koehler, N. M.

WHO SUPPORTS HER? My stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roy Arguella, Tony Arguella, Geo Arguella, (Half brothers) Koehler, N. M. Teddie Arguella, Vincente Arguella, Koehler, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary, Carmon Arguella, Koehler, N. M. Arica Arguello, Koehler, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500 GROUP INSURANCE ~~March 1942~~ April 1953

INTERPRETED BY

DATE Aug. 12, 1942

SIGNED IN PRESENCE OF A. L. Atchison

David J. Newman
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Newman, David J.	Oct. 19, 1908	Married	New Mexico	Yes	Sept. 8, 1952	Aug. 12, 1942

KAISER STEEL
KAISER STEEL CORPORATION
RATON COAL MINE • P. O. BOX 1107
RATON, NEW MEXICO 87740 • 445-2708

November 9, 1972

TO WHOM IT MAY CONCERN:

The records of the St. Louis, Rocky Mountain & Pacific Co. (now in possession of Kaiser Steel Corporation), indicates that DAVID JOHN NEWMAN, Social Security No. 525-09-5907 was employed as a coal miner as follows:

Koehler, New Mexico	Miner	8-26-42 to 8-29-52
Koehler, New Mexico	Miner	9-8-52 to 7-30-53

His date of birth is shown as October 19, 1908.

KAISER STEEL CORPORATION

E. D. Moore
Superintendent
Raton Coal Mines

EDM/p

Mailed to Richard Newman
1426 Brilliant
Raton
11/10/72

NAME Geo. William Newman OCCUPATION Teamster

DATE OF BIRTH 11/18/98 SOCIAL SECURITY NO. 525-09-5603

WHERE BORN? Forbes, Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Unemployed	FROM 1937	TO	1938
FOR	W.P.A.	FROM 1938	TO	1939
FOR	Farming	FROM 1939	TO	6/1/42
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margerite Newman HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 400-E.8th. Raton,

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Nancy Sanchez	Female	1932	10	Raton,
Mary Ann Newman	"	7/3/34	8	"
Rose		1939	3	"

IN VH	DATE 6-17-42	CHECK 42
OUT DATE 5-27-49		CHECK
CAUSE Mine closed		
IN Died	DATE	CHECK
OUT DATE		CHECK
CAUSE June 7, 1949		
IN	DATE	CHECK
OUT DATE at Van Houten		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Roy Newman Albuquerque, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Lola Dell Albuquerque, Elizabeth Arjuello, Raton,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Margarite, Wife

GROUP INSURANCE

INTERPRETED BY

6/22/42

IN PRESENCE OF

Geo. W. Newman

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME George Newman OCCUPATION Labor Born 11/18/1894

WHERE BORN? Forbes, Colo. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Span. READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR State roads 2 Yrs.	FROM	TO
FOR Has not worked for the last	FROM	TO
FOR 3 Yrs.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Margarite Newman HER AGE 22

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS Koehler. N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary Ann	Girl		2 Yrs.	Koehler. N.M.

IN Koehler	DATE 12/28/36	CHECK
OUT DATE 1-12-37		CHECK
CAUSE Doctor Report		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 58 FULL NAME Carmonlita Newman ADDRESS Raton, N.M.

WHO SUPPORTS HER? Hersilf. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Roy Newman, Albuquerque, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lizzy Duerra, Raton, N.M.
Lolo Dell Albuquerque, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE?

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Group Insurance $500 on
1000 on
1500 on
2000 on

INTERPRETED BY

DATE Dec. 30 1936

SIGNED IN PRESENCE OF A. L. Atchison

Geo Newman
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Newman, George	Nov. 18, 1894		Married	XXXXXX	Colorado	Yes	Dec. 28, 1936	Dec.30,1936

NAME Mike Nickes OCCUPATION Miner

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co. Dawson, N. M. FROM Feb. 1927 TO October 27, 1927

FOR Alamo Coal Co. Alamo, Colo. FROM September 1926 TO February 1927

FOR Stag Canon Fuel Co. Dawson, N. M. FROM February 1926 TO September 1926

FOR C.F.&.I.Co. Big Four Camp The Emma Mine Butte, Mont. FROM January 1926 TO February 1926 November 1922 January 1926

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Divorced

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No				

IN VH	DATE 11-1-27	CHECK 241
OUT DATE 7-24-28		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 54 FULL NAME Sofia Nickes ADDRESS Canea Crete, Greece.

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 30.00 per month

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Nickes, Canea Crete, Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

John Nicks, Canea Crete, Greece.

INTERPRETED BY

DATE 11-1-1927

SIGNED IN PRESENCE OF C. R. Bennett

Mike Nickes
SIGNATURE OF APPLICANT

do

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Nickes, Mike	33	Div	1	Greece	No	11/1/27

NAME G. Nicoletto OCCUPATION Miner Born March 1891

WHERE BORN? Italy U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Ital. Some Eng. READ? Ital. WRITE? Ital.

FOR WHOM HAVE YOU WORKED FOR PAST 30 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.18,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 31

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	Male	December 1921	4 years	Swastika, N. M.

IN SW	DATE 8/18/26	CHECK 22
OUT DATE 15-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Taigo Carona Nicoletto ADDRESS Arten, Belluno, Italy.

WHO SUPPORTS HER? My Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $250.00 per year

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Guiseppi, Quinto, Italy. Pietro, USA.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pasqua, Maria, Giovanna, Concetta, Luigia and Oriva, Italy.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Wife

INTERPRETED BY

DATE Swastika, N. M. Aug.18,1926.

SIGNED IN PRESENCE OF

Geo. L. Kimball

Giovanni Nicoletto
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ ~~SINGLE~~ ~~WIDOWED~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nicoletto, Giovanni	March 1891	Married		Italy	No	Aug.18,26	8/18/26

NAME Leonard E.Nicholls OCCUPATION Miner Born October 24-97

WHERE BORN? Ft.Morgan,Colo. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Hays Bros Coal Co. Haybro, Colo FROM Sept.27 TO October 1927

FOR Great Wester Sugar Co. FROM TO

FOR Horse Creek Wyo FROM March 1926 TO September 27

FOR Wyoming T.& Timber Co. FROM TO

FOR DuBois Wyo FROM October1924 TO March 1926

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 10-23-29	CHECK 226
OUT DATE 1-14-30		CHECK
CAUSE D.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rosella M Nicholls, Spencer Wisc.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Miss Rosella M Nicholls, Spencer, Wisc.

INTERPRETED BY

DATE 10-23-29

SIGNED IN PRESENCE OF C A Bernard

Leonard E. Nicholls
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U.S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nicholls, Leonard E.,	Date of Birth Oct. 24, 1897	Single		Colorado	Yes	10-23-1929	10-23-29

NAME Giovanni Nicoletto OCCUPATION Miner

DATE OF BIRTH Nov.3,1891 SOCIAL SECURITY NO. 525 - 03 - 9171

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Ital. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working at Brilliant #2 until 1940 when he was laid off. FROM TO

FOR Has not worked since that time. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary Nicoletto HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
John	Male		20	Las Vegas, N. M.

IN VH	DATE 6.8.42	CHECK 119	
OUT DATE 3/31/43		CHECK	
CAUSE Trans. to Brilliant #2			
IN Br. #2	DATE 4/1/43	CHECK	
OUT DATE 7/31/44		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete Nicoletto, Madrid, Iowa.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

$500.00 GROUP INSURANCE Dec. 1942

INTERPRETED BY

DATE June. 6, 1942

SIGNED IN PRESENCE OF A. L. Atchison

Giovanni Nicoletto
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Nicoletto, Giovanni	Nov. 3, 1891	Married	Italy	Yes	June 8, 1942	June 6, 1942

NAME Rudolfo Nieto OCCUPATION Loader
DATE OF BIRTH New Mexico SOCIAL SECURITY NO. 525-07-1564
WHERE BORN? Feb 16,1898 S. CITIZEN? Yes FORM 1078?
WHAT LANGUAGES DO YOU SPEAK Span & E READ? Span WRITE? Span
FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farmer FROM 3 Mo TO
FOR Metal Mines Vanadium FROM 2 Yrs TO
FOR N.M. FROM TO
FOR Farmed FROM All life TO
FOR Did work in Van Houten FROM TO
FOR 1917 to 1919 FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married
GIVE FULL NAME OF WIFE Epifania R. HER AGE 38
IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Ribera, N. M.
FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alfonso	Boy	Nov 1934	10	Ribera N.M.

IN B2	DATE	CHECK 85
OUT DATE 11/4/44		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?
IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS
WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?
GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Velerio Sena, Vanadium, N.M. Modesto Sena Half Brothers

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY
DATE 10/19/44.
SIGNED IN PRESENCE OF Geo L. Kimball

Rudolfo Nieto
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Nieto, Rudolfo	Feb. 16, 1898	Married	New Mexico	Yes	Oct. 19, 1944	Oct. 19, 1944

NAME Rudolfo Nieto OCCUPATION Miner

DATE OF BIRTH Feb.16,1898 SOCIAL SECURITY NO. 525-07-1564

WHERE BORN? Santa Rosa,N.M. CITIZEN? yes FORM 1078? -

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR American Smelting &	FROM Oct.1943	TO Feb.1,1946	
FOR Refining Co.	FROM	TO	
FOR Self-farmer	FROM 1940	TO Oct. 1943	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Epifania R.Nieta HER AGE 37

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Santiago	male		2	
Alfonso	male	Nov.22	10	

IN K	DATE 6-6-46	CHECK	273
OUT DATE 6-12-46		CHECK	
CAUSE medical.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Valerio Sena Koehler,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Epifania R Nieta, Koehler,N.Mex.

GROUP INSURANCE

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

Rudolfo Nieto

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Nieto, Rudolfo	Feb. 16, 1898	Married	New Mexico	Yes	June 6, 1946	June 6, 1946

NAME DAN NIKOLICH OCCUPATION MINER Born

WHERE BORN? Montenigro U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng & Slav READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Unemployed Los Angeles Cal	FROM November 1927	TO June 1928	
FOR Studebaker Corp. So.Bend, Ind	FROM July 1926	TO November 1927	
FOR U.S.Coal & Coke Co.	FROM	TO	
FOR Albert W.Va.	FROM June 1923	TO July 1926	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 6-12-28	CHECK 57
OUT DATE 7-25-28		CHECK
CAUSE D.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 57 FULL NAME Anna Nikolich ADDRESS Niksich ,Montenigro.

WHO SUPPORTS HER? Herself partly HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Yes about 200.00 per yea

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Pete in Niksich,Montenigro,Eli Johanisburg, South Africa.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Jurga,Melitza and Rosa. at Niksich Montenigro.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

PETE NIKOLICH, NIKSICH, MONTENIGRO.

2000 on

INTERPRETED BY

DATE 6-12-1928

SIGNED IN PRESENCE OF

Dan Nikolich

SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nickolich, Dan	25	S	1	Montenegro	No		6/12/28

NAME Karl Nogi OCCUPATION Miner Born May 24, 1894

WHERE BORN? Austria U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Eng.Aust. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM June 7,1922 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 6/7/22	CHECK 129
OUT DATE 4-1-29		CHECK 105
CAUSE ow of accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William, Neiogi Chrostkov Galacia, Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Frances, Neiogi Chrostkov Galacia, Austria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Brother 1500 on May 1, 1928.

2000 on

INTERPRETED BY

DATE Van Houten, N. M. June 24, 1925.

Karl Nogi

SIGNED IN PRESENCE OF

SIGNATURE OF APPLICANT

C. A. Bernard

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY INCAPACITED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nogi, Karl,	May 24, 1894	Single		Austria	No	June 7,22	6/24/25

(Colored)

NAME Almer Normen OCCUPATION Miner Born Apr.17,1889

WHERE BORN? Lexington,Ky U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Utah Fuel Co.Morhland,Utah FROM Sept 1929 TO April 1930

FOR ##### FROM TO

FOR D.&.R.G.Ry. Pueblo,Colo FROM April 1925 TO September 1929

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ida Normen HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
No				

IN VH	DATE 4-8-30	CHECK 24	
OUT DATE 9-5-1931		CHECK	
CAUSE Transfer to Swastika			
IN SW	DATE 9-5-1931	CHECK	
OUT DATE 10-1-34		CHECK	
CAUSE D.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 78 FULL NAME Huston Normen ADDRESS Itala, Alabama

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: William,Harry and Walice address unknown

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ella Pndexter,Elizebeth Normen, Besimer,Alabama.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Oct 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
My wife at Van Houten, N.M.

INTERPRETED BY

DATE 4-8-1930

SIGNED IN PRESENCE OF

C. F. Bernard

Almer Norman
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Norman, Almer,	April 17, 1889	Married		Kentucky	Yes	4-8-1930	4-8-30

NAME Frank Novak OCCUPATION Miner Born May 21, 1904

WHERE BORN? Colorado U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.30.1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ida HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 12/30/26	CHECK 52
OUT DATE 4-24-29		CHECK 61
CAUSE Lay off.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 40 FULL NAME Mary Arko ADDRESS Therma, N. M.

WHO SUPPORTS HER? My Stepfather HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Novak, Pueblo, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Radoman, Van Houten, N. M. Frances, Dawson, N. Mex.
Angelina Prochoska, Therma, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Mrs. Mary Radoman, Van Houten, N. M.

INTERPRETED BY

DATE Van Houten, N. M. Dec. 30, 1926.

SIGNED IN PRESENCE OF

C. A. Bernard

Frank Novak
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWED~~ DIV.	~~DEPENDENTS~~ IN FAMILY ~~INCLUDE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Novak, Frank,	May 21, 1904	Married		Colorado	Yes	Dec.30,26	12/30/26

NAME Frank Novak OCCUPATION miner Born May, 21,1904

WHERE BORN? Colo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Slav. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Globe, Ariz- on farm	FROM Aug. 1929	TO	Oct. 1930
FOR Van Houten	FROM July,1927	TO	July,1929
FOR Moreno Vally on farm	FROM	TO	June, ,1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Ida Novak HER AGE 17

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	boy		1 yr	
John	boy	Feb. 26, 1931		
Ida Marie	Gil	Aug. 12, 1932		

IN VH.	DATE Oct. 2, 1930	CHECK	16
OUT DATE 9-30-40		CHECK	
CAUSE Mine Closed			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 45 FULL NAME Mary Arko ADDRESS Moreno Valley

WHO SUPPORTS HER? my step father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? none

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

John in Ariz.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Francis in Dawson- Mary in Van Houten- Angelina in Moreno Valley.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on april 1931
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 10-2-30

SIGNED IN PRESENCE OF

R.P.Woods

Frank Novak
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Novak, Frank,	May 21, 1904	Married		Colorado	Yes	10-2-1930	10-2-30

NAME Frank Novak OCCUPATION Miner BORN 5-21-1904

WHERE BORN? Pueblo, Colo. U. S. CITIZEN? yes FORM 1078? 525-03-9275

WHAT LANGUAGES DO YOU SPEAK? Eng.&Slav. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Was working here at Van Houten, when this mine closed. FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ida Novak HER AGE 28

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Frank	Male		11	Van Houten, N. M.
John	"		10	" "
Ida	Female		9	" "
Stanley	Male		7	" "
Lawerence	"		5	" "
Margie	Female		4	" "
Norbert	Male		1	" "

IN VH	DATE ~~10-27-41~~ 11-3	CHECK 4	
OUT DATE Into K		CHECK	
CAUSE			
IN K	DATE Feb 43	CHECK	
OUT DATE 6-17-44		CHECK	
CAUSE Own accord.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 60 FULL NAME Mary Arko ADDRESS Eagle Nest, N. M.

WHO SUPPORTS HER? Her husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? nothing

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John Novak, Pueblo, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Rodman, Van Houten, N.M. Frances Gardina, Eagle Nest, N.M. Angelina Prohoski, Calif.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1942
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

INTERPRETED BY

DATE April, 18, 1942

SIGNED IN PRESENCE OF

A. L. Atchison

Frank Novak
SIGNATURE OF APPLICANT

NAME	Date of Birth AGE	MARRIED SINGLE WID. DIV. XXXX W	DEPENDENTS IN FAMILY INC. SELF. XXXXXX XX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Novak, Frank	May 21, 1904	Married		Colorado	yes	Nov. 3, 1941	Apr. 18, 1942

NAME Joe Novak OCCUPATION miner

WHERE BORN? Aust. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Aust. Eng READ? Aust. WRITE? Aust.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Delague Colo.	FROM Dec. 1926	TO Apr. 1927	
FOR	Sugarite	FROM July, 1926	TO Nov. 1926	
FOR	Berwin Colo.	FROM Oct. 1925	TO June.1926	
FOR	Centraia, Wash.	FROM Apr. 1922	TO Sept. 1925	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW.	DATE 4-13-27	CHECK 53
OUT DATE Did not start		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony, in Pittsburgh,Pa, Mike and John in Lent, Petro, Austria.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Aust.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Brother.

INTERPRETED BY

DATE 4-13-27

SIGNED IN PRESENCE OF

R. P. Woods

Joe Novak

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Novak, Joe	32	S	1	Austria	No	4/13/27

NAME Joe Novak OCCUPATION miner

WHERE BORN? Aust. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Aust. READ? Aust. WRITE? Aust.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Dawson	FROM	Mar. 1927	TO Sept. 1927
FOR	Berwin	FROM	Sept. 1926	TO Feb. 1927
FOR	Sugarite	FROM	May. 1926	TO Aug. 1926
FOR	Dawson.	FROM	Aug. 1925	TO April. 1926
FOR	in lbr. camps Oregon	FROM	3 yrs.	TO July, 1925
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

Payroll shows worked 9-24-27 to time 11/12/27 & mined total of 30 ST 1400 lbs coal

IN SW	DATE 9-23-27	CHECK 91
OUT DATE 11-17-27		CHECK
CAUSE Discharged		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Tony in Pa. exact add. unknown- John and Mike both in Cnozok, Aust. State Krazn.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Mary in Aust.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

brothers

INTERPRETED BY

DATE 9-23-27

SIGNED IN PRESENCE OF R. P. Woods

Joe Novak
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Novak, Joe	32	S	1	Austria	No	9/23/1927

NAME Tony Novak OCCUPATION Miner.

DATE OF BIRTH Dec 14th, 1882 SOCIAL SECURITY NO. 525-24-1655

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Slav-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Hayden Coal Co,	FROM March, 1943	TO Jan 18th, 1944	
FOR For self at Yankee. Wagon Mine	FROM 1930	TO March, 1943	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mable Novak HER AGE 42

IS SHE LIVING WITH YOU? No. IF NOT, GIVE PRESENT ADDRESS California

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Mary Tomsco	F.	32	33	Raton, N.M.

(Have action for divorce coming up Feb 2nd, 1944)

IN K-	DATE 2-1-44	CHECK 193	
OUT DATE 2-16-44		CHECK 193	
CAUSE Own accord -			
IN Moved to Raton	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN Br #2	DATE 4-4-44	CHECK	
OUT DATE 8/11/44		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Joe Novak, Old country.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS Lena Novak, Yuba City, Calf. Josie Grocovich, San Francisco, Calf.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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 Tomsco, Raton, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE February 1st, 1944.

SIGNED IN PRESENCE OF

A. L. Atchison

Tony Novak

SIGNATURE OF APPLICANT

Registered Local Board No. Yankee, N.M.
April 27th, 1942. No classification

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Novak, Tony	Dec. 14, 1882	Married	Austria	Yes	Feb. 1, 1944	Feb. 1, 1944

NAME K. Nyeno OCCUPATION Digger Born July 14, 1886

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Dec.8,1920	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Tsugi Nyeno HER AGE 26

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Urashima, Japan

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 12/8/20	CHECK 89
OUT DATE 3-31-35		CHECK
CAUSE Own Record		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHEC
OUT DATE		CHEC
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME K. Nyeno ADDRESS Urashima, Japa

WHO SUPPORTS HER? Self & Brothers HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Some

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: T and K. Nyeno, Urashima, Japan.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on Sept. 1931

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Wife, Tsugi Nyeno, Urashima, Japan and Friend
Tom Ando, Sugarite, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

K. Nyeno
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED~~ SINGLE ~~WIDOWER~~	~~DEPENDENTS~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Nyeno, K,	July 14, 1886	Married		Japan	No	Dec.8,20	12/8/20

O

NAME Anton Oberle OCCUPATION Digger Born Feb.1,1875

WHERE BORN? Hungaria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng. Hung. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM July 14,1919 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 47

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Helen Chagnovich				Van Houten, N.M.

IN VH	DATE 7/14/19	CHECK 336
OUT DATE 9-30-40		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Aliose, Hungaria,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elizabeth, Hungaria.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE Van Houten, N. M. April 29, 1920.

SIGNED IN PRESENCE OF

A. L. Brockman

Anton Oberle

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Oberle, Anton,	Feb. 1, 1875	Married		Hungary	Yes	July 14,19	4/29/20

NAME Joe O'Belmito OCCUPATION Coal Miner

DATE OF BIRTH Oct.28,1895 SOCIAL SECURITY NO. 525-03-5014

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Ital-Amer READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps Dodge Corp.	FROM	TO
FOR Dawson,N.M.	FROM Dec.1912	TO Apr.30,1950
FOR	FROM	TO
FOR Unemployed since	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mary HER AGE 47

IS SHE LIVING WITH YOU? Yes [redacted], GIVE PRESENT ADDRESS 576 No.1st St Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Johnny A	Boy		29	Pueblo,Colo.
George L/	Boy		25	Santa Fe,N.M.
Betty Gene	Girl		18	Raton,N.M.

IN K	DATE 11-14-50	CHECK 433
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 74 FULL NAME Frances O'Belmito ADDRESS Temple City,Calif

WHO SUPPORTS HER? My sister HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? occasionally no ststed amounts

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Alfred ,Long Beach Calif.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Angelina Lee,Temple City,Cal. Mary Vedano, Helper,Utah Florence Boiggio,Los Angeles,Cal.Liela Gossett,Phoenix,Ariz. Janet O'Belmito,Temple City,Cal.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My wife at
579 N.1st St.
Raton,New Mexico.

$500 GROUP INSURANCE June 1951
Yes

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF E A Bernard

Joe O'Belmito
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
O'Belmito, Joe	Oct. 28, 1895	Married	Italy	Yes	Nov. 14,1950	Nov. 14,1950

NAME Refugio Ocampo OCCUPATION Loader

DATE OF BIRTH July 1, 1910 SOCIAL SECURITY NO. 467-38-6865.

WHERE BORN? Mexico. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span READ? Span WRITE? Span

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Broom Corn Factory	FROM	TO	Local Board 98
FOR in Colo.	FROM 6 Mo	TO	San Francisco
FOR Farmed about all life	FROM	TO	County 075
FOR Worked in mine in	FROM	TO	25 Taylor St
FOR Metal Mine in Mexico	FROM 3 Years	TO	SF Cal
FOR	FROM	TO	Order 65-1
			Class 1 C

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Miguel	Boy		7	With Grandmother
Jesus	"		11	"

IN B2	DATE 5/7/45	CHECK 84
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

Last worked May 18, 1945 3 days last pd

Pt worked May 7, 1945 8 days

Pt 11/2

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 84 FULL NAME Catarina Vega Ocampo ADDRESS El Amparo

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Jal, Mex

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My mother

GROUP INSURANCE

INTERPRETED BY

DATE 5/5/45

SIGNED IN PRESENCE OF Geo L Kimball

Refugio Ocampo
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ocampo, Refugio	July 1, 1910	Single	U. S.	Yes	May 7,1945	May 5, 1945

NAME Tito Odino OCCUPATION Miner #286

WHERE BORN? Italy U. S. CITIZEN? Decl FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Eng-Ital READ? Ital WRITE? Ital

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	St.L.R.M.& P.Co,. VH	FROM 1924	TO	1926
FOR	do Brilliant	FROM 1922	TO	1924
FOR	Stag Canyon Fuel Co	FROM 1920	TO	1922
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Mach Odino HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None.				

IN Sug	DATE 4-12-27	CHECK
OUT DATE 11-1-27		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 87 FULL NAME Pietra Odino ADDRESS Carsa,Italy

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 77 FULL NAME Carolina Odino ADDRESS Carsa,Italy

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Giavanni Odino, Italy.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Delia Odino, Portland,Ore.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife, Mach Odino, Raton,N.M.

INTERPRETED BY

DATE Sugarite April 12th,1927.

SIGNED IN PRESENCE OF W. R. Beckham

Tito Odino
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Odino, Tito	37	M	2	Italy	No	4/12/27

NAME L. O'Donnell OCCUPATION Miner

WHERE BORN? Tenn. U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sugar Mill FROM 3 yrs TO

FOR Burl.R.R.,Lincoln,Neb. FROM 2 yrs TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 2/12/27	CHECK 199
OUT DATE 3/3/27		CHECK 199
CAUSE O.A.		
IN Sw	DATE 3/17/27	CHECK 193
OUT DATE 3/22/27		CHECK
CAUSE Matches		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Henry, have not seen or heard of him in 20 years

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Will Marshall, 247 W. A Street, Casper Wyo.

(See old record on file. This is copy)

INTERPRETED BY

DATE Feb.12,1927

(Signed) L. O'Donnell

SIGNATURE OF APPLICANT

SIGNED IN PRESENCE OF
(Sgd) Geo.L.Kimball

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
O'Donnell, L.	43	S	1	Tenn.	Am.Neg.	2-12/27

NAME Elmer Oldham OCCUPATION Miner

WHERE BORN? Kansas U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Liberal, Mo coal mine FROM 2 Mo TO

FOR Mo. Farm FROM 1 Yr TO

FOR Okla FROM 4 Mo TO

FOR Canning factory Mo. FROM 3 Mo TO

FOR Strawberry FROM 8 Mo TO

FOR Coal Mine in Mo FROM 6 Mo TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sw	DATE 11/5/27	CHECK
OUT DATE 11-25-27		CHECK
CAUSE D.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 42 FULL NAME Alva Oldham ADDRESS Trinidad, Colo Genl Delivery

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Half I make

IS YOUR MOTHER LIVING? Yes AGE 38 FULL NAME Laura Oldham ADDRESS with father

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Lavon, Darling, Angeline, Irene, Trinidad, Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Father.

INTERPRETED BY

DATE 11/5/27.

SIGNED IN PRESENCE OF Geo L Kimball

Elmer Oldham
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Oldham, Elmer	18	S	1	Kansas	Yes	11/5/1927

NAME Harry R.Oldham OCCUPATION ~~miner~~ washer boss

DATE OF BIRTH May 12,1904 SOCIAL SECURITY NO. 523-03-0374

WHERE BORN? Mapleton Kansas CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	B & W Construction Co.	FROM	Aug 1 1944	TO Aug.1 L945
FOR	C.F.&.I	FROM	1942	TO Aug.1944
FOR	Colorado State Hi-Way Dept	FROM	1940	TO 1942
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Stella May Oldham HER AGE 35

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dorothy May	girl	June 7	11	
Harry R.Jr	boy	July 5	8	
Isaac E	"	Jan.3	5	
Charles W	"	Sept.29	1	
another	girl			

IN K DATE 10/20/45 CHECK

OUT DATE May 3,1952 CHECK

CAUSE Accident 5/1 at Koehler Washer

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

MKP-4057

IS YOUR FATHER LIVING? yes AGE 67 FULL NAME Chalres Award Oldham ADDRESS 631 W.Corona Pueblo Colo

WHO SUPPORTS HIM? self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? yes AGE 61 FULL NAME Mattie Pearl Oldham ADDRESS

WHO SUPPORTS HER? husband HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Domald Oldham,Stone City Colo.
Charles Edward Oldham,631 W.Corona,Pueblo,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Grace Huston,Berryville Arkansas.
Katherine Atteberry,Stone City,Colo.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? ~~2.00~~ yes

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Stella May Oldham,Koehler,N.Mex.

GROUP INSURANCE

INTERPRETED BY

DATE 10-20-45

SIGNED IN PRESENCE OF David Stewart

Harry R. Oldham.
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Oldham, Harry R.	May 12,1904	Married	Kansas	Yes	Oct.20,1945	Oct. 20,1945

NAME J.A.Oldham OCCUPATION loader

WHERE BORN? Mo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dicks Coal Co. at Kenneth Colo. FROM Aug. 1927 TO Oct. 1927

FOR Chandler, Colo. Vict Amer FROM June, 1925 TO July, 1927

FOR Liberty Coal Co. Canyon City. FROM April. 1924 TO May, 1925

FOR Alamo Colo. FROM June. 1923 TO Mar. 1924

FOR Morning Glory Coal Co. FROM TO May. 1923

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Anna Oldham HER AGE 42

IS SHE LIVING WITH YOU? yes doubtful IF NOT, GIVE PRESENT ADDRESS Aguilar, Colo.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Alien	girl		9	Aguilar
Ruby	"		12	"

IN SW	DATE 10-18-27	CHECK 178	
OUT DATE 11-25-27		CHECK	
CAUSE D.a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Alvie M. Oldham at Aguilar, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

My brother.

INTERPRETED BY

DATE 10-18-27

SIGNED IN PRESENCE OF

R. P. Woods

J. A. Oldham

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Oldham, J. A.	38	M	4	Missouri	Yes	10/18/1927

NAME Melquiedas Olevis OCCUPATION Miner Born Dec.10,1887

WHERE BORN? Valdez,N.M. U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? Span.& Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Sheep heardier Rollins,Wyo	FROM August 1922	TO January 1924	
FOR U.P.Coal Co. Rock Springs, Wyo	FROM January 24	TO January 1925	
FOR Sheep heardier Casper,Wyo	FROM January 1925	TO January 1926	
FOR ######Calumet Coal Co. Walsenburg,Colo.	FROM January 1926	TO April 1927	
FOR Sheep Heardier Rollins Wyo	FROM April 1927	TO August 1927	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Annie Olevas HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Marea	Girl		3 Mo.	with me

IN V.H	DATE 8-25-27	CHECK 388
OUT DATE 3-13-29		CHECK 161
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 60 FULL NAME Enaceta Olevas ADDRESS Raton,N.M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? She shares my home

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: No.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Madalena Vigil, Raton,N.M. Fedelia Coco. Raton,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1,1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. My wife Annie Olevas, Van Houten,N.M.

INTERPRETED BY

DATE 8 -25-1927

SIGNED IN PRESENCE OF C.A.Bernard.

Melquiades Olivas
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE W WID. DIV.	DEPENDENTS XXXXXX XXXXXX INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olivas, Melquiades	Dec. 10, 1887	Married		New Mexico	Yes	Aug. 25, 27	8/25/27

NAME LOUIS OLGUIN OCCUPATION Rock Dumper Born 6-2-1903

WHERE BORN? San Paula, N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Ranch, San Paula, N.M.	FROM 1920	TO 1926	
FOR Ranch, La Veta, N.M.	FROM 1926	TO 1929 April	
FOR A.F & S.F. Section	FROM April, 1929	TO Aug, 1929.	
FOR Ranch, Weston, Colo.	FROM Sept, 1929	TO Oct, 1929.	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single.

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 11/5/29	CHECK
OUT DATE 11-7-29		CHECK
CAUSE Dropped		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE FULL NAME Joe Olguin, ADDRESS San Paula, NM

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Felice Tarabal ADDRESS Raton, N.M.

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Manuel Olguin, Tererro, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Nervis, Albida, Rebecca and Juanita Olguin, Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mother, at Raton, N.M.

INTERPRETED BY

DATE Nov. 5th, 1929.

SIGNED IN PRESENCE OF

A.L. Brockman

Louis Olguin.

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~SINGLE~~ ~~WIDOWER~~	DEPENDENTS ~~IN FAMILY~~ ~~INCLUDE~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olguin, Louis,	June 2, 1903	Single		New Mexico	Yes	11-5-1929	11-5-29

NAME Manuel Olguin OCCUPATION Miner

DATE OF BIRTH 4/4/06 SOCIAL SECURITY NO. 525-16-0107

WHERE BORN? Las Vegas,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.&.S.F.	FROM 1937	TO 1943	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Beatrice Olguin HER AGE 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tony	Male	10/22/26	16	Raton,
Nestor	"	7/28/28	14	"
Carmen	Female	7/16/30	12	"
Viola	"	5/30/32	10	"
Ramona	"	2/1/34	9	"
Manuel	Male	3/10/36	7	"
Mary	Female	2/10/28	5	"
Richard	Male	9/24/40	2	"

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Louis Olguin, Springer,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Elvira Garcia, Colmor,N.M. Rebecca Martinez, Rocky Ford,Colo,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Beatrice Olguin,Raton, Wife

INTERPRETED BY

DATE 2/24/43

SIGNED IN PRESENCE OF David Stewart

GROUP INSURANCE

Manuel Olguin
SIGNATURE OF APPLICANT

IN	DATE	CHECK
VH	2/25/43	132
OUT DATE 2-1-43		CHECK
CAUSE D.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD

NAME Manuel Olguin OCCUPATION Loader

DATE OF BIRTH Apr 4, 1906 SOCIAL SECURITY NO. 525-16-0107

Raton Order 772 - Class 1-a

WHERE BORN? Las Vegas U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Denver Colo	FROM 7 Mo	TO
FOR Morley	FROM 5 Mo	TO
FOR Santa Fe Section	FROM 3 Yrs	TO
FOR Yankee Mine	FROM 1 Yr	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Beatrice HER AGE ~~34~~ 33

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS 229 Mesa, Raton, N. M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tony	Boy	Oct 22 1926	17	Denver, Colo.
Nestor	"	Jul 28 1928	15	Raton, N. M.
Carmen	Girl		13	"
Viola	"		10	
Ramona	"		8	"
Manuel	Boy	Mar 19 1936	7	"

IS YOUR FATHER LIVING? No AGE FULL NAME Balance of Children Mary ADDRESS Age 5 Raton

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Richard 2 "

IS YOUR MOTHER LIVING? No AGE FULL NAME Born Sept 24, 1940 ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Beatrice 1 Mo "

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Luis, Raton

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elvira Garcia, Colmor

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

GROUP INSURANCE

INTERPRETED BY

DATE 10/23/43

SIGNED IN PRESENCE OF Geo L Kimball

Manuel Olguin

SIGNATURE OF APPLICANT

IN	B2	DATE	10/25/43	CHECK		
OUT DATE	12/1/43	CHECK	104			
CAUSE	Voluntary					
IN		DATE		CHECK		
OUT DATE				CHECK		
CAUSE						
IN		DATE		CHECK		
OUT DATE				CHECK		
CAUSE						
IN		DATE		CHECK		
OUT DATE				CHECK		
CAUSE						
IN		DATE		CHECK		
OUT DATE				CHECK		
CAUSE						
IN		DATE		CHECK		
OUT DATE				CHECK		
CAUSE						

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Olguin, Manuel	April 4, 1906	Married	New Mexico	Yes	Oct. 25, 1943	Oct. 23,1943

NAME Manuel Olguin OCCUPATION Loader

DATE OF BIRTH April 4,1906 SOCIAL SECURITY NO. 525-16-0107

WHERE BORN? N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	
FOR	U.S.Army	FROM	Feb,1944 TO	Aug,1944
FOR	Brilliant Mines,prior to entering army.	FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Beatrice Olguin HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Tony	M.	10-22-26	18	Raton, N.M.
Nester	M.	7-28-28	16	
Carmeleta	F	7-15-30	14	
Viola	F	5-30-30	14	
Ramona	F	2-1-34	10	
Manuel,Jr	M	3-19-36	8	
Mary	F	5-10-38	6	
Richard	M	9-24-41	3	
Beatrice	F	9-27-43	1	

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Louie Olguin, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Elvita Garcia, Rebecca Martinez, Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

Colfax County Board No 1.Order No. 772 Class 1-C
Dated Aug 18yh,1944.

GROUP INSURANCE yes.

INTERPRETED BY

DATE Sept 23rd,1944.

SIGNED IN PRESENCE OF

Manuel Olguin
SIGNATURE OF APPLICANT

IN	K	DATE	9-23-44	CHECK	44		
OUT DATE	1-31-45			CHECK			
CAUSE	D.A.						
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							
IN		DATE		CHECK			
OUT DATE				CHECK			
CAUSE							

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Olguin, Manuel	April 4, 1906	Married	New Mexico	Yes	Sept. 23,1944	Sept. 23,1944

NAME ~~James~~ Jesus B. Olguin OCCUPATION

DATE OF BIRTH July 5th,1917 SOCIAL SECURITY NO. 567-01-5796

WHERE BORN? Dilia, N.M. U. S. CITIZEN? Yes FORM 1078? Yes.

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Western Chemical Co. Calf	FROM 1938	TO 1939	
FOR	Farm Texas	FROM 1939	TO 1940	
FOR	Cotton Fields, Texas	FROM 1940	TO 1941	
FOR	Guadalupe Mine, Santa Rosa	FROM Nov,1942	TO March,1943.	
FOR	Berthu Nolan Cont Co, Clovis	FROM March,1943	TO May,1943	
FOR	Beet Fields, Colo.	FROM June,1943	TO July ,1943	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria Olguin HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Encino, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Florecio	Male		4	Encino, N.M.
Joe	Male		3	do
Ernesto	Male		8 mo	do

IN K	DATE 7/~~17~~ 19/43	CHECK 220	
OUT DATE 8/16/43		CHECK 220	
CAUSE Worked 3 days, went back to Santa Fe, N.M.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 48 FULL NAME Reys Olguin, ADDRESS Dila, N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~Elanio~~ Emiliano Olguin, Willie Olguin, U.S.Army, Delia, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Esneralda Urioste, Deliam N.M. Ambrosia Olguin, Delia, N.M. Dominga Olguin, Delia, N.M. Ernestina Olguin, Delia, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Class No.544 Class 3 A

Encino N.M.

INTERPRETED BY

DATE Huly 17th,1943

SIGNED IN PRESENCE OF

A. L. Atchison

GROUP INSURANCE

Jesus B Olguin

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Olguin, Jesus B.	July 5, 1917	Married	New Mexico	Yes	July 19, 1943	July 17,1943

(SS Olquin)

NAME Jesus B. Olguin OCCUPATION Loader

DATE OF BIRTH 7-5-1917 SOCIAL SECURITY NO. 567-01-5796

WHERE BORN? Dillion, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Farm	FROM Jan,1945	TO July,1945	
FOR U.S.Army	FROM Jan,1944	TO Jan,1945	
FOR Farm,odd jobs, claims worked at Koehler	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Maria Olguin HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Encino, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Florencio	M	12-2-38	6	Encino, N.M.
Joe	M	9-13-40	4	
Ernesto	M	9-16-42	3	
Filemon	M	?,	1½	

IN K	DATE 7-14-45	CHECK 176	
OUT DATE 7-19-45		CHECK	
CAUSE been accepted.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 50 FULL NAME Ray Olguin ADDRESS Clovis, N.M.

WHO SUPPORTS HIM? Self. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Meliano Olguin, USArmy. Willie Olguin, Clovis.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Melando Olguin, Ambrossia Olguin, Clovis, N.M. Gominga Olguin, Clovis, N.M. Ensetina Olguin, Clovis, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None. Torrence Co, N.M. Board No 1 Order No 544
Class 1C-disc. Dated Jan 2nd,1945.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

GROUP INSURANCE

INTERPRETED BY

DATE July 14th 1945

SIGNED IN PRESENCE OF Mrochman

Jesus B. Olguin
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Olguin, Jesus B.	7-5-1917	Married	New Mexico	Yes	7-14-45	7-14-45

NAME JOE OLGUIN OCCUPATION Rock Dumper Born Feb 10-1896

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.&.S.F.Ry	FROM 1923	TO 1927	
FOR Home Lumber Co,.Raton	FROM Feb,1927	TO Feb 1930.	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Amprine Olguin HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosie	F	?	15	Raton
Frank	M	?	13	
Daniel	M	?	9	
Pete	M	?	5	
Joe	M	?	3	

IN Sug	DATE 2/13/30	CHECK 480	
OUT DATE 4-25-30		CHECK 480	
CAUSE Dry accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 55 FULL NAME Frank Olguin ADDRESS Raton

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Cecelia Olguin ADDRESS Raton

WHO SUPPORTS HER? Self HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Amprine Olguin, Raton, N.M.

INTERPRETED BY

DATE Feb 13th, 1930.

SIGNED IN PRESENCE OF

Walter Hamilton

Joe Olguin

SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olguin, Joe,	Feb. 10, 1896		Married		New Mexico	Yes	2-13-1930	2-13-30

Military - Reg. 4/27, 1942 S.S. Board #1 - Raton

NAME Joe M. Olguin OCCUPATION Outside - laborer

DATE OF BIRTH 2-10-1896 SOCIAL SECURITY NO. 525-05-3391

WHERE BORN? Raton, N.M. U. S. CITIZEN? FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Home Lumber & Mill Co. FROM 1928 TO Jan.9,1944

FOR Yucca Hotel FROM Jan.10,1944 TO Aug.1,1944

FOR Idle FROM Aug.2,1944 TO to Sept.7,1944

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lena Amprain Olguin HER AGE 48 yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
RosieAbila	F		28 Yrs.	Oakland, Calif.
Frank Olguin	M.		26 "	,Pasadena, Calif.
Dan. "	M.		23 In army	
Pete "	M.		20 " "	
Joe Jr. "			18	Raton, N.M.
Leo. "	M.		12 "	" "
Dorothy Irene Olguin			6 "	" "

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 82 FULL NAME Cecilia Olguin ADDRESS Raton, N.M.

WHO SUPPORTS HER? State relief HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: ~~Fidel~~ Olguin, Raton, N.M.
Lassio " " " "

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Theodora Fresquez, Las Vegas, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Mrs.Lena Amprain Olguin,428 Maxwell Ave.,Raton, N.M.

GROUP INSURANCE

INTERPRETED BY

DATE Sept.7,1944

SIGNED IN PRESENCE OF A.W. Allbert

Joe M Olguin
SIGNATURE OF APPLICANT

IN	DATE	CHECK
V.H.	9-7, '44	1/2
OUT DATE 11-27-44		CHECK
CAUSE Own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Olguin, Joe M.	Feb. 10, 1896	Married	New Mexico	Yes	Sept. 7, 1944	Sept. 7, 1944

NAME Melchor Olibarez OCCUPATION Pick Coal Born Oct.10,1888

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Spa. WRITE? Spa.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Phelps Dodge Dawson	FROM 6-1-27	TO Date
FOR Baldy N.M.	FROM 6-26-27	TO 6-1-27
FOR This Co. Gardiner N.M.	FROM 6-1-25	TO 6-26-27
FOR C.F & I	FROM 6-1-22	TO 6-1-25
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN 8/16	DATE 1927	CHECK 268
OUT DATE 5-6-29		CHECK 156
CAUSE O. a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE No FULL NAME No ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. Arthur Rios

Van Houten N.M.

1500 on

2000 on

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

E.D.Manning

Mr. Olibarez

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olibarez, Melchor	Oct. 10, 1888	Single		Mexico	No	Aug. 16, 27	8/16/27

NAME W.E.Olive OCCUPATION miner Born

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	H.L.Lewis, Denver, Colo.	FROM	Nov. 1927	TO July, 1928
FOR	P.O.Davis Raton, N.M	FROM	April, 1927	TO Oct. 1927
FOR	Mill & Mining Co. Questa, N.M.	FROM	Fab. 1926	TO Mar. 1927
FOR	Raton Range Pub. Co.	FROM	June, 1924	TO Jan. 1926
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 7-16-28	CHECK	8
OUT DATE 10-1-28		CHECK	
CAUSE D a.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 62 FULL NAME Rebecca Olive ADDRESS Raton, N.M.

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 35.00 per Mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Wm. -James- Raton, N.M. Ott Olive in Trinidad, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

mother

INTERPRETED BY

DATE 7-16-28

SIGNED IN PRESENCE OF

R.P.Woods

W. E. Olive

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olive, W. E.		Single		New Mexico	Yes	July 16, 28	7/16/28

NAME W.E.Olive OCCUPATION miner Born Jan.29,1906

WHERE BORN? Raton, N.M. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gallup FROM Oct.1928 TO Jan. 1929

FOR Swastika FROM May.1928 TO Sept. 1928

FOR Baldy, N.M. FROM Jan. 1928 TO April, 1928

FOR H.L.Lewis Painting Co. FROM Nov. 1926 TO Dec. 1927

FOR Questa, N.M. FROM 2 mos. TO

FOR Raton Range FROM 1½ yrs. TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 1-22-29	CHECK 220
OUT DATE 4-1-29		CHECK 191
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 62 FULL NAME Rebecca Olive ADDRESS Raton, N.M.

WHO SUPPORTS HER? my brother and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? all I can

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Wm. and James in Raton, N.M. Yeyel in Guam. R.J. at Alhambra, Cal. Otto in Trinidad.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

mother

INTERPRETED BY

DATE 1-22-29

SIGNED IN PRESENCE OF

R.P.Woods

W E Olive
SIGNATURE OF APPLICANT

NAME	AGE	MARRIED ~~SINGLE~~ ~~WIDOWER~~ ~~WID. DIV.~~	~~DEPENDENTS~~ ~~IN FAMILY~~ ~~INC. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olive, W. E.	Date of Birth Jan. 29, 1906	Single		New Mexico	Yes	Jan. 22, 29	1/22/29

NAME W.E. Olive OCCUPATION miner Born Jan. 29, 1906

WHERE BORN? N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR John Zukie as truck driver FROM April, 1929 TO Nov. 1929

FOR Swastika FROM Dec. 1928 TO Mar. 1929

FOR Tereha, N.M.- Amer. metal FROM May. 1928 TO Nov. 1928

FOR Swastika FROM Feb. 1928 TO April, 1928

FOR H.L.Lewis- Contractor in Denver FROM Mar. 1927 TO Jan. 1928

FOR Raton on various jobs FROM TO Feb. 1927

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 11-25-29	CHECK 166	
OUT DATE 12-14-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 64 FULL NAME Rebecca Olive ADDRESS Raton, N.M.

WHO SUPPORTS HER? My brother and I HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 60.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

James in Raton. Wm. in Lamar, Colo.- Otto in Trinidad- Yewell in Guam,-R.J. in Alhambria, Cal.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

mother

INTERPRETED BY

DATE 11-25-29

SIGNED IN PRESENCE OF

R.P.Woods

W E Olive
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Olive, W. E.,	Jan. 29, 1906	Single		New Mexico	Yes	11-25-1929	11-25-29

NAME Frank Oliver OCCUPATION Digger Born Jan.10,1874

WHERE BORN? Alabama U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Dec.8,1919 TO

FOR FROM TO

FOR Last day actually worked May 5 1937 FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Married~~ Widower

GIVE FULL NAME OF WIFE Henrietta Died Oct.18,1931 HER AGE 37

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
William	Male	August	16 years	Raton, N. M.
Mary	Female	September	18 "	" " "

IN SW	DATE 12/8/19	CHECK 326	
OUT DATE		CHECK	
CAUSE at gardiner Hospital			
IN Miners	DATE Hospital	CHECK	
~~OUT DATE~~ 4-14-1942		CHECK	
CAUSE Died May 15, 1942			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Doc Oliver, Van Houten, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on Ins deductions are accumulating 8-7-39

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH. 1000 on

Wife, Raton, New Mexico 1500 on

2000 on May 1, 1928.

Group insurance cancelled 4/30/1942

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

B. H. Harmon

Frank Oliver

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED~~ ~~SINGLE~~ WIDOW	~~DEPENDENTS IN FAMILY~~ ~~NO. SELF~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Oliver, Frank,	Jan. 10, 1874		Widower		Alabama	Yes	Dec.8,19	1/4/21

NAME Fred R. Omoda OCCUPATION Digger Born Aug.8,1894

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 19,1921	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE ~~Suku~~ divorced married again Bonnie HER AGE ~~26~~ Sugarite

IS SHE LIVING WITH YOU? No IF NOT, GIVE PRESENT ADDRESS Furmitsui, Japan

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Georgia	Female	Mar 10, 1928		
Albert	Male	Dec 17, 1929		
?	Male	Mch 29, 1932		

Card coming in
Insurance ordered cancelled Dec 31, 1935
E Sloan

IN S	DATE 7/19/21	CHECK 32
OUT DATE 12-31-34		CHECK
CAUSE To Japan		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE FULL NAME Hana Omoda ADDRESS Furmitsui,Japan.

WHO SUPPORTS HER? I do, with my brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Not much, but what is needed.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Matsato Omoda, Furmitsui, Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Shiguko Omoda, Furmitsui, Japan.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on ~~xMayxlxx1928x~~
2000 on May 1, 1928

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife in Japan and Friend Tom Ando, Sugarite, N. M.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

A. L. Brockman

F. R. Omoda
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE WIDOWER~~	~~DEPENDENTS IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Omoda, F. R.,	Aug. 8, 1894	Married		Japan	No	July 19,21	7/19/21

MINE Sugarite, N. M. DATE July 19, 1921.

I HAVE THIS DAY MADE A PHYSICAL EXAMINATION IN PRIVATE OF THE MAN WHOSE SIGNATURE APPEARS BELOW, AND I FIND:

HIS GENERAL APPEARANCE AS TO BEING HEALTHY OR NOT IS:

HE IS DEFORMED, LAME OR MAIMED, OR HAS PHYSICAL DEFECTS, AS FOLLOWS:

CONCERNING HIS BRAIN AND NERVOUS SYSTEM

CONCERNING HIS HEART AND ARTERIES: PULSE RATE BLOOD PRESSURE

OTHER FACTS

CONCERNING HIS LUNGS

CONCERNING HIS ABDOMINAL ORGANS

CONCERNING HIS EYESIGHT

CONCERNING HIS EARS AND HEARING

CONCERNING HIS URINE

CONCERNING HERNIA

CONCERNING RHEUMATISM

CONCERNING ANY SKIN OR BLOOD DISEASE

CONCERNING ANYTHING OF IMPORTANCE AS TO PHYSICAL CONDITION, PAST HEALTH, RECORD, HABITS OR FAMILY HISTORY, KNOWN OR ASCERTAINED

CONCERNING HIS USE OF ALCOHOLIC BEVERAGES, HE SAYS

CONCERNING HIS INTELLIGENCE

HE STATES HIS AGE AT 37 YEARS. DOES AGE GIVEN SEEM CORRECT?

HIS DESCRIPTION IS AS FOLLOWS: HEIGHT 5 ft. 5 in. WEIGHT 143 lbs. COLOR OF HAIR Black

COLOR OF EYES Brown COMPLEXION Fair SCARS OR MARKS OF IDENTIFICATION

THIS PHYSICAL RISK FOR EMPLOYMENT IS

CAUSE OF REJECTION

SIGNATURE OF APPLICANT

M. D.

NAME Sam O'Neil OCCUPATION Miner

WHERE BORN Dawson, N.M U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span.& Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canon Fuel Co Dawson,N.M. FROM April 1927 TO April 1928

FOR National Co. Chandelar,Colo. FROM September 26 TO April 1927

FOR C.F.&.I.Co. " " FROM February 25 TO Spptember 1926

FOR Stag Canon Fuel.Co.Dawson,N.M. FROM April 1923 TO February 1925

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN VH	DATE 4-25-28	CHECK 63
OUT DATE 7-31-28		CHECK
CAUSE O a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Tom O'Neil ADDRESS Maxwell,N.M.

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tom & Joe Dawson,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: No.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Tom O'Neil,Maxwell,N.M.

INTERPRETED BY

DATE 4-25-1928

SIGNED IN PRESENCE OF

C A Bernard

Sam. O'neil

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
O'Neil, Sam	22	S	1	New Mexico	Yex	4/25/28

NAME Sam O'Neil OCCUPATION Miner Born Apr 17,1907

WHERE BORN? Dawson,N.M. U. S. CITIZEN? Yes FORM 1078? No.

WHAT LANGUAGES DO YOU SPEAK? English READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Stag Canyon Fuel Co	FROM Beginng of	TO
FOR	FROM work	TO Oct,1928
FOR	FROM	TO
FOR (Born in Dawson)	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN Sug	DATE 11/13/28	CHECK 352
OUT DATE 11-27-28		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 62 FULL NAME Thos O'Neil ADDRESS Dawson,N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Thos and Joe O'Neil, Denver,Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father, Thos O'Neil, Dawson,N.M.

INTERPRETED BY

DATE Sugarite 11-13-28.

SIGNED IN PRESENCE OF

A.L.Brockman

Sam Oneil
SIGNATURE OF APPLICANT

NAME	Date of Birth	AGE	MARRIED SINGLE WIDOW WIDOWER DIV.	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
O'Neil, Sam,	Apr. 17, 1907		Single		New Mexico	Yes	Nov. 13, 28	11/13/28

NAME S.ONO OCCUPATION Miner Born 5-30-1887

WHERE BORN? Japan U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Jap-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Gallup Amerfcam-Gallup	FROM 1922	TO Aug,1929
FOR	Farm.Peralta,N.M.	FROM Aug,1929	TO Dec,1929
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eba Ono HER AGE 35

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Peralta,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Catherine	F	9-5-20	9	Peralta,N.M.
Verginia	F	3-17-22	7	do
Joe	M	10-5-24	5	do

IN Bug	DATE 12/14/29	CHECK 290
OUT DATE 11-1-30		CHECK
CAUSE O.Cu.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 70 FULL NAME S.Ono. ADDRESS Yokohoma,Jap

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? none

IS YOUR MOTHER LIVING? Yes AGE 70 FULL NAME R.Ono ADDRESS do

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: L.Ono. Japan

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: T.Ono. Japan

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1930
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife, Eba Ono.Peralta,N.M.

INTERPRETED BY

DATE Sugarite Dec 14th,1929.

SIGNED IN PRESENCE OF

A.L.Brockman

S. Ono
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWED ~~XXXX~~	DEPENDENTS ~~XXXXXX~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ono, S.,	May 30, 1887	Married		Japan	No	12-14-1929	12-14-29

NAME Vincent Opantia OCCUPATION miner Born

WHERE BORN? Italy U. S. CITIZEN? no FORM 1078? yes Declarent

WHAT LANGUAGES DO YOU SPEAK? Eng. Ital. READ? no WRITE? no

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Western Coal Mine Co.	FROM		TO
FOR Armour, Ks.	FROM	2 yrs.	TO Arpil, 1928
FOR Jackson Coal Co.	FROM		TO
FOR Frontenac, Ks.	FROM	9 yrs.	TO
FOR	FROM		TO
FOR	FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Emauela HER AGE 42

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS coming to Swastika

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Josie	girl		22	Frontenac, Ks.
Katy	"		20	"
Joe	boy.		18	Coming to Swastika
Bennie	"		16	"
Mary	girl		12	"

IN SW	DATE 4-30-28	CHECK 102	
OUT DATE 8-25-28		CHECK	
CAUSE O.A.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

none

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 4-30-28

SIGNED IN PRESENCE OF

R.P.Woods

V. Opantia

SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED ~~SINGLE~~ ~~WIDOW~~ WID. DIV.	DEPENDENTS ~~IN FAMILY~~ ~~XXXXX~~ INC. SELF.	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Opantia, Vincent			Married	Italy	No	Apr. 30, 28	4/30/28

NAME Christ Orfanos OCCUPATION Digger Born Sept.1,1890

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek READ? Greek WRITE? Greek

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM July 5,1918	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Stella Saredakis HER AGE 32 in 1932

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
George	Boy	Aug 21, 1932		

IN VH	DATE 7/5/18	CHECK 665
OUT DATE 8-15-35		CHECK
CAUSE O.a.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Mary Orfanos ADDRESS Canea Crete, Greece

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $25.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Jim, Trinidad, Colo. Pete, Canea Crete, Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Pina, Athens, Stilani, Canea Crete, Greece.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Jim Orfanos, Main Street, Trinidad, Colorado.

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

C. C. Wildenstein

Christ Orfanis
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED ~~SINGLE~~ WIDOWED	~~NUMBER IN FAMILY~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Orfanos, Christ,	Sept. 1, 1890	Married		Greece	No	July 5,18	7/31/20

NAME Gus Orfas. OCCUPATION Miner

WHERE BORN? Greece U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Greek & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson 5 Yrs FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Ida HER AGE 25

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	Boy		5	Raton

IN Sw	DATE 3.10/27	CHECK 114
OUT DATE 8-3-27		CHECK
CAUSE Da.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME

WHO SUPPORTS HIM? HOW MUCH DO

IS YOUR MOTHER LIVING? No AGE FULL NAME

WHO SUPPORTS HER? HOW MUCH DO

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Paul and Pietro both in Greece, Canea Crete,

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Amilia Orfas , Brunswick, N.Y.- Mary in Greec

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PAR

This man working by permission of Mr French - V. Donati

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES A

HOSPITAL SERVICE? yes

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN E

Wife

INTERPRETED BY

DATE 6-16-27

SIGNED IN PRESENCE OF Geo. E. Kimball

Gus Orfas

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Orfas, Gus	33	M	3	Greece	No	6/16/27

NAME Gus Orfus OCCUPATION miner Born May 21, 1894

WHERE BORN? Greece U. S. CITIZEN? no FORM 1078? yes- Declarent

WHAT LANGUAGES DO YOU SPEAK? Eng. Greek READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson, N.M.	FROM Sept. 1927	TO	April, 1928
FOR Swastika	FROM Feb. 1927	TO	Aug. 1927
FOR Dawson	FROM 5 yrs.	TO	Jan. 1927
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Ida Orfus HER AGE 25

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Manuel	boy		6	Raton

IN SW	DATE 5-8-28	CHECK
OUT DATE Aug. 24, 28		CHECK
CAUSE Carving Matches		
IN Gard	DATE 11-24-28	CHECK 29
OUT DATE 1-1-1929		CHECK 29
CAUSE own accord		
IN Gard.	DATE 2-9-29	CHECK
OUT DATE Nov. 1929		CHECK
CAUSE Sick		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Paul and Pete both in Canea Crete, Greece.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Emilia and Mary " " " " "

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Aug. 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 5-8-28

SIGNED IN PRESENCE OF

R.P.Woods

Gus Orfus
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWER DIVORCED	DEPENDENTS IN FAMILY INCL. SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Orfus, Gus,	May 21, 1894	XXXX XXXX XXXX XXXX	XXXXXX XXXXXX XXXXXX XXXXXX	Greece	Married	No Feb. 9, 29	5/8/28

NAME Adolfo Orio OCCUPATION miner Born Feb. 23,1904

WHERE BORN? Colo. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Ital. READ? yes WRITE yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Morley	FROM Feb. 1928	TO Nov. 1928	
FOR Italy	FROM	TO Jan. 1928	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Amelia Orio HER AGE 24

IS SHE LIVING WITH YOU? in Italy IF NOT, GIVE PRESENT ADDRESS Andrate Canaverse, Provincia, Aosta.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 11-5-28	CHECK 100
OUT DATE 12-15-28		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 54 FULL NAME Catherine Motto ADDRESS Italy

WHO SUPPORTS HER? I help HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? 15.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Jean Orio in Trinidad, Colo.Box. 1959

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Margarite in Italy

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

brother in Trinidad, and wife

INTERPRETED BY

DATE 11-5-28

SIGNED IN PRESENCE OF

R.P.Woods

Adolfo Orio
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Orio, Adolfo,	Feb. 23, 1904	Married		Colorado	Yes	Nov. 5, 1928	11/5/28

NAME Tony Orogen OCCUPATION Digger Born Sept.7,1890

WHERE BORN? Austria U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Slav. Eng. READ? Little WRITE? Slavish

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST) Eng. Slav.

FOR Considered to be in contin- FROM TO

FOR uous service of this Co. FROM Aug.25,1919 TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Katie HER AGE 29

IS SHE LIVING WITH YOU? ~~No~~ Yes IF NOT, GIVE PRESENT ADDRESS ~~Ringo, Kansas~~

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN S	DATE 8/25/19	CHECK
OUT DATE 4-23-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 52 FULL NAME Agnes ADDRESS Austria

WHO SUPPORTS HER? I did before the war HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? Not since the war.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: See #3456

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on May 1, 1928.

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

My Wife

INTERPRETED BY

DATE

SIGNED IN PRESENCE OF

W. A. Streicher

Tony Orogen

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	MARRIED SINGLE WIDOWED	NUMBER IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Orogen, Tony,	Sept. 7, 1890	Married		Austria	Yes	Aug.25,19	1/23/20

NAME Sam ~~Arsine~~ Orsini OCCUPATION Miner Born Mar 31,1877

WHERE BORN? Italy U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Ital & Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Has been in Italy for	FROM	TO
FOR	past 6 or 7 years	FROM	TO
FOR	Worked on Coke ovens at	FROM	TO
FOR	Gardiner several years	FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Maria HER AGE 46

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Caramenico Province Pescara, Italy.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Lisa	Girl		24	With mother
Ernestina	"		22	"
Anna	"		20	"
Francisca	"		13	"

IN Sw	DATE 10/16/28	CHECK	
OUT DATE 5-1-29		CHECK	
CAUSE Voluntary			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mary Arsine, ~~18~~/ 818 Katherine St, Phila, Penn.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on april 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife.

INTERPRETED BY

DATE 10/16/28.

SIGNED IN PRESENCE OF Geo. E. Kimball

Sam Orsini
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY IN ADDITION	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Orsini, Sam,	Mar. 31, 1877	Married		Italy	Yes	Oct. 16, 28	10/16/28

NAME Agustin Ortega OCCUPATION Loader Born Aug 17, 1907

WHERE BORN? Colo U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Swastika Props	5 Yrs	FROM	TO
FOR Valdez Mine	8 Mo	FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Indcita HER AGE 24

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Blossburg

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Pedro	Boy		4	Blossburg
Manuel	"		2	"
Maggie	Girl		1 Mo	"

IN SW	DATE 8/29/35	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE 8/26/40		CHECK	
CAUSE Killed at Tar Pan			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? Yes AGE ~~$~~ 45 FULL NAME Victor Ortega ADDRESS Weston, Colo

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME None ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Eugenio, Weston, Colo.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Amelia, ~~xxxxxx~~, Maggie, Colo. Elvidia Garcia, Gardiner

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife

INTERPRETED BY

DATE Aug 29, 1935.

SIGNED IN PRESENCE OF

G.L.Kimball.

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD

Local Board #2 Santa Fe
Order #10144-Clas.3-A-8

NAME Gavino Ortega OCCUPATION Miner

DATE OF BIRTH 2/21/03 SOCIAL SECURITY NO. 525-18-4091

WHERE BORN? Pacos U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Odd Jobs	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Malinda Ortega HER AGE 34

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Santa Fe.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Sacoro	Female	8/28/41	2 yrs	Santa Fe,
Jose M.	Male	2/25/43	5 Mo.	" "

IN VH- DATE 7/18/43 CHECK 97

OUT DATE March 28, 1946 CHECK 73

CAUSE Own accord; to ranch.

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IN DATE CHECK

OUT DATE CHECK

CAUSE

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank, Santos, Epemino, Santa Fe.
Juan, Glorietta, N.M. Benny, Glorietta, N.M. Claudio, Pacos, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Lena, Isabell, Santa Fe.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife $500.00 GROUP INSURANCE Feb. 1944

INTERPRETED BY

DATE 7/17/43

SIGNED IN PRESENCE OF David D Stewart

Gavino Ortega
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortega, Gavino	Feb. 21, 1903	Married	New Mexico	Yes	July 18, 1943	July 17, 1943

NAME Joe F. Ortega OCCUPATION Miner Born 4/24/1912

WHERE BORN? Clayton,N.M. U.S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span.Eng. READ? Eng. WRITE? Eng.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Klantchnek Mine	FROM	9/1/32	TO 9/1/33
FOR	Farming	FROM	10/1/33	TO 9/1/34
FOR	Turner Mine	FROM	1/2/35	TO 1/15/37
FOR	Lake Mine	FROM	1/16/37	TO 9/22/37
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Helen Ortega HER AGE 25

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS Raton,N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Dora	Female	10/12/36	3	Raton,
George	Male	5/9/36	16 Mo.	"

IN Sugarite	DATE 9/24/37	CHECK 241
OUT DATE 5/1/39		CHECK 241
CAUSE Sent to Prison		
IN	DATE	CHECK
OUT DATE (Rape) Killed at		CHECK
CAUSE prison farm-digging		
IN ditch, cave in)	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 58 FULL NAME Nastacio Ortega ADDRESS Raton,

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John and Raymond Ortega Raton,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Francis,Pauline,Maggie and Josephine Ortega. Raton,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Helen Ortega Wife. Raton,N.M.

INTERPRETED BY

DATE 9/23/37

SIGNED IN PRESENCE OF David Stewart

Joe Ortega
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX	XXXXXX				

Marglio — Naturalized Dec. 1938 — 525-03-8864

NAME Jose Ortega OCCUPATION Loader Born Apr.13,1878

WHERE BORN? Mex. U. S. CITIZEN? Yes FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. some Eng. Span WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Meloche Ranch.	FROM 15 yrs.	TO
FOR Swastika and Brilliant	FROM 4 mos.	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~married~~ Widower

GIVE FULL NAME OF WIFE Beulita Dead 1929 HER AGE ~~30~~

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Juniata	girl		11	Swastika
Jose	boy		5	"
Josta	girl		3	"

IN SW	DATE 9-13-27	CHECK 180
OUT DATE Mar. 6, 1929		CHECK
CAUSE To Gardiner		
IN Gard.	DATE 3-6-1929	CHECK 59
OUT DATE 6-27-39		CHECK
CAUSE To Sw		
IN Sw	DATE 7-1-39	CHECK
OUT DATE 10-2-40		CHECK
CAUSE Reduction of force		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

~~Francisco~~ Ruperto in Mexico.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Francisco in Mexico

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on May 1, 1928
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-13-27

SIGNED IN PRESENCE OF

R. P. Woods

José Ortega
SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS~~ IN FAMILY UNMARRIED	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortega, Jose	Apr. 13, 1878	Widower		Mexico	Yes	Sept. 13,27	9/13/1927

NAME Juan B. Ortega Jr. OCCUPATION Miner

DATE OF BIRTH July 15,1920 SOCIAL SECURITY NO. 525-24-8524

WHERE BORN Toas, New Mex. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Arapohoe Foundry	FROM Nov. 1946	TO	Oct. 1947
FOR	Unemployed	FROM Feb. 1946	TO	Nov. 1946
FOR	U.S.ARMY	FROM August 1942	TO	Feb. 1946
FOR	Union Pacific Coal Co.	FROM Aug. 1941	TO	Aug. 1942
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Widower

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
		None		

IN K	DATE 11-20-47	CHECK 289	
OUT DATE 3-28-49		CHECK	
CAUSE Own Accord			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Frank Raton, New Mexico Andy Toas, New Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Margaret Trujillo Toas, New Mexico Fanny, Mary Lou, Gloria, Beatrice Toas, New Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Fanny Ortega Toas, New Mexico

$500 GROUP INSURANCE June 1948

INTERPRETED BY

DATE 11-19-47

SIGNED IN PRESENCE OF David Stewart

Juan B. Ortega Jr.
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortega, Juan B., Jr.	July 15, 1920	Widower	New Mexico	Yes	Nov. 20, 1947	Nov. 19, 1947

NAME Manuel Ortega OCCUPATION Born Dec.6,1906

WHERE BORN? Gascon,N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.& Sp. READ? No. WRITE? No.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Ranch	FROM	Oct.1929	TO July 15,1930
FOR	Phelps-Dodge Corp.D.	FROM	July 1929	TO Oct.1929
FOR	Ranch	FROM	1925	TO July 1929
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Predicanda Ortega HER AGE 22 Yrs.

IS SHE LIVING WITH YOU? Yes. IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
None				

IN	G.	DATE 7-23-1930.	CHECK 12
OUT DATE	Never started		CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 46 FULL NAME Trankalino Ortega ADDRESS Rollins,Wyoming

WHO SUPPORTS HIM? Himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: None

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Predicanda Ortega,Gardiner,N.M.

INTERPRETED BY

DATE July 23,1930

SIGNED IN PRESENCE OF

A.W.Allbert.

Manuel Ortega

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD	
Ortega, Manuel,	Dec. 6, 1906	Married		New Mexico	Yes	7-23-1930	7-23-30

NAME Tobias Joe Ortega OCCUPATION 525-16-3766 Miner

DATE OF BIRTH May 25th,1920 SOCIAL SECURITY NO. 525-16-3766

WHERE BORN? Roy, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Spanish-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
Miscl laborer	1938	1941
U.S.Army	1941	1942
State Highway Dept.	Aug,1942	Oct,1942
Air Base, Dalhart, Tex	Nov,1942	Dec,1942
Psif Store, Roy, N.M.	Jan,1943	AAug,1943

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married.

GIVE FULL NAME OF WIFE Juanita Ortega HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Roy, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Stephen	M.	Aug 6th,1942	1	Roy, N.M.

(No mine ecperience)

8-21-43

IN K	DATE 8/21/43	CHECK 129
OUT DATE 12-9-44		CHECK
CAUSE Over aged.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 57 FULL NAME Juan Ortega ADDRESS Roy, N.M.

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? No.

IS YOUR MOTHER LIVING? Yes AGE 50 FULL NAME Arina Ortega ADDRESS Roy, N.M.

WHO SUPPORTS HER? Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? No.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS Atlelio Ortega, Emelio Ortega, Fostena Ortega, Juan Ortega, Ernest Ortega, Roy, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Alvira Ortega, Mala Ortega, Pauline Ortega, Roy, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Harding Co. Marguerite Baird
rtns 10v14. 3/10/43. below 1-C

$500. GROUP INSURANCE March 1944

INTERPRETED BY

DATE August 21st,1943.

SIGNED IN PRESENCE OF

A. L. Atchison

Tobias Ortega
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortega, Tobias Joe	May 25, 1920	Married	New Mexico	Yes	Aug. 21, 1943	Aug. 21, 1943

525-03-9174

NAME Alfonso Ortiz OCCUPATION Miner Born Sept 29, 1913.

WHERE BORN? Watrus, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Going to school	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN [illegible]	DATE 11/25/31	CHECK 2
OUT DATE OCT 2 1940		CHECK 30
CAUSE Reduction of force		
IN Br #2	DATE 11-08-40	CHECK 457
OUT DATE 1/15/42		CHECK
CAUSE to Army		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? Yes AGE 48 FULL NAME Pedro Ortiz ADDRESS Gardiner

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None as yet

IS YOUR MOTHER LIVING? Yes AGE 48 FULL NAME Eva Ortiz ADDRESS Gardiner

WHO SUPPORTS HER? My father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? None as yet

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Vevo, Johnie, Callstano, Herman, Leonard, Gardiner

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Hester, Maggie, Bedelia, Gardiner

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father.

INTERPRETED BY

DATE 11/25/31

SIGNED IN PRESENCE OF

G. L. Kimball.

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
	XXXX	XXXXXX	XXXXXX				

NAME Alfonso Ortiz OCCUPATION

DATE OF BIRTH Sep 29, 1914 SOCIAL SECURITY NO. 525-03-9174

WHERE BORN? New Mex U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR US Army	FROM 3 Yrs 7 Mo	
FOR Brilliant	FROM 9 Yrs	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN B2	DATE 11/7/45	CHECK 4/7
OUT DATE 4-29-49		CHECK
CAUSE Transferred to Koehler		
IN Koehler	DATE 5-9-49	CHECK
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

IS YOUR FATHER LIVING? Yes AGE 63 FULL NAME Pete Ortiz. ADDRESS Gardiner Star Ro

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? Some Raton, N.M.

IS YOUR MOTHER LIVING? Yes AGE 55 FULL NAME Eva Ortiz ADDRESS "

WHO SUPPORTS HER? My Father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: John, Raton. Calletano, Blossburg, Leonard Blossburg Herman. US Army

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Ester Archuleta, L.A. Calif, Maggie Lucero, Brilliant Bedelia Chavez, Denver, Barbara, Blossburg

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Father

$500 GROUP INSURANCE June, 1946

INTERPRETED BY

DATE 11/6/45

SIGNED IN PRESENCE OF Geo. L. Kimball

Alfonso Ortiz
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Alfonso	Sept. 29, 1914	Single	New Mexico	Yes	Nov. 7, 1945	Nov. 6, 1945

NAME Benito Ortiz OCCUPATION Loader

WHERE BORN? N.Mex. U. S. CITIZEN? yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gardiner	FROM Jan. 1927	TO Mar. 1927	
FOR Swastika	FROM Nov.1926	TO Jan.1927	
FOR Santa Fe Section	FROM July Apr 1926	Nov.1926	
FOR Farming	FROM Apr.1922	TO Apr. 1926	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Ricalita Baba HER AGE 22

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS Blossburg

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
none				

IN SW	DATE 3-25-27	CHECK
OUT DATE 5-13-27		CHECK
CAUSE own accord		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? yes AGE 61 FULL NAME Beatrice Ribal ADDRESS Raton, N.M.

WHO SUPPORTS HER? her sons HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? $10.00 per mo.

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Manuel in Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Rita, Raton.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

no one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

INTERPRETED BY

DATE 3-25-27

SIGNED IN PRESENCE OF

Benito Ortiz

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD

NAME Benito Ortiz OCCUPATION Loader

DATE OF BIRTH 4-3-1901 SOCIAL SECURITY NO. 711-01-3652

WHERE BORN? Las Vegas, N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-ng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	A.T.&.S.F.Ry Las Vegas	FROM 1943	TO	July,1946
FOR	~~St.L.R.M.&~~	FROM	TO	
FOR	Santa Fe Extra gang	FROM 1940	TO	1943
FOR	(NO MINE EXPERIENCE AT ALL)	FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lonar Ortiz HER AGE 36

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Koehler, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Katana	M	? 1938	13	Koehler, N.M.
Victoria	F	? 1938	8	
Leo	F	? 43	3	

IN	K	DATE 8-15-46	CHECK 99
OUT DATE	3-16-48		CHECK
CAUSE	Discharged for misconduct connected with this work.		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Donato Ortiz, Cimarron, N.M. Manati Ortiz, Raton, N.M. Camuta Ortiz, Raton, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Victoria Martinez, Las Vegas,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

$500 GROUP INSURANCE March 1947

INTERPRETED BY

DATE August 15th,1946

SIGNED IN PRESENCE OF

Benito Ortiz

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Benito	April 3, 1901	Married	New Mexico	Yes	Aug. 15, 1946	Aug. 15,1946

NAME Felipe Ortiz OCCUPATION miner Born- Aug. 26, 1882

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR near Sugarite on Farm	FROM Aug. 1928	TO	Sept. 1928
FOR in Mexico.	FROM Jan. 1928	TO	July, 1928
FOR Swastika	FROM April, 1927	TO	Dec. 1927
FOR Dawson	FROM 4 yrs.	TO	Mar. 1927
FOR in Mexico	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Leonora HER AGE 40

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS Juarez, Mex.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Felipe	boy		8	Mex.
Consuelo	girl		12	"
Felix	boy		30	Swastika

IN SW	DATE 9-18-28	CHECK 107
OUT DATE 3-19-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Juan in Dawson.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

none

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on Mar. 1929
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife and also son in Swastika.

INTERPRETED BY

DATE 9-18-28

SIGNED IN PRESENCE OF

R.P.Woods

Felipe Ortiz

SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Felipe	Aug.26, 1882	Married		Mexico	No	9/18/28	9/18/28

SS# 525-03-9175

NAME Felix Ortiz OCCUPATION Miner Born June 9,1899

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST) Louder

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Aug.13,1926	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

IN SW	DATE 8/13/26	CHECK 56
OUT DATE Oct 2, 1940		CHECK 114
CAUSE Reduction of force		
IN Br #2	DATE 11-15-40	CHECK 229
OUT DATE 4-29-49		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? ~~Single~~ Married

GIVE FULL NAME OF WIFE Amada Salazar HER AGE born 1910.

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Louisa Ortiz	Girl	Aug 25, 1933		
Antonio	Boy	Oct 11, 1934 (birth certificate)		

IS YOUR FATHER LIVING? Yes AGE 56 FULL NAME Filipi Ortiz ADDRESS Juarez, Mexico.

WHO SUPPORTS HIM? He does HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? $10 or $15 per mo.

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Antonio, with father

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No One

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1, 1928.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Father

INTERPRETED BY

DATE Swastika, N. M. Aug.13,1926.

SIGNED IN PRESENCE OF

Geo. L. Kimball

Felix Ortiz

SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	~~MARRIED SINGLE WIDOWED~~	~~DEPENDENTS IN FAMILY INCLUDING~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Felix,	June 9, 1899	Married		Mexico	No	Aug.13,1926	8/13/26

NAME Felix Ortiz OCCUPATION Timberman

DATE OF BIRTH July 10, 1899 SOCIAL SECURITY NO. 525-03-9175

WHERE BORN? Mexico U. S. CITIZEN? No FORM 1078? Yes

WHAT LANGUAGES DO YOU SPEAK? Span & E READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Beet farm Colo	FROM 20 Mo	TO
FOR	Brilliant	FROM 23 Yrs	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO
FOR		FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Amada HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Route 2, 131 in Care Henry Weber

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Elenor	Girl		20	With Mother
Stella	"		19	Raton
Louise	"		17	"
Anthony	Boy	Oct 11 1934	16	With mother
Elizabeth	Girl		14	"
Josephine	"		11	"

IS YOUR FATHER LIVING? Dont Know AGE FULL NAME 6 More ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Tony, Mexico

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: None

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:
No one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.
Wife

#500 GROUP INSURANCE Aug. 1951

INTERPRETED BY

DATE 1/10/51

SIGNED IN PRESENCE OF Geo. L. Kimball

Felix Ortiz
SIGNATURE OF APPLICANT

IN B-2	DATE Jan 8, 1951	CHECK 28
OUT DATE		CHECK
CAUSE Mine Closed		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

MKP-4057

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Felix	July 10, 1899	Married	Mexico	Yes	Jan. 8, 1951	Jan. 10,1951

drinks heavily

NAME Fred Octovnic Ortiz OCCUPATION Loader

DATE OF BIRTH May 1st, 1920 (1910) SOCIAL SECURITY NO. 525-03-1450

WHERE BORN? Raton, N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-ng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR A.T.&.S.F.Ry-Raton, N.M.	FROM 1940	TO 1945	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Zelma Married

GIVE FULL NAME OF WIFE Velma Lucy Ortiz Zelma Padilla (sister of Wiley Padilla) HER AGE 22

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Raton, N.M.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Freddie	M	1-1-35	10	Raton
Rudlph	M	6-25-36	9	
Brobert	M	4-26-38	7	
Gloria	F	8-26-44	1	

IN K	DATE 9-29-45	CHECK	
OUT DATE JULY 30, 1953		CHECK	
CAUSE REDUCTION OF FORCE.			
IN KOEHLER	DATE AUG. 10, 1953	CHECK	
OUT DATE 10-30-53		CHECK	
CAUSE Reduction of force.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

MKP-4057

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Leo Ortiz, Koehler, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Esther Roybal, Della Sedillo, Francis Ortiz and Selina Romerao (waitress Green) Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife.

Colfax County Board No 1. Order No 942 Class 4-A
Dated Sept 19th, 1945

$500 GROUP INSURANCE April '46

INTERPRETED BY

DATE Sept 29th, 1945

SIGNED IN PRESENCE OF H. Koehler

Fred O. Ortiz
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Fred Octovnic	May 1, 1910	Married	New Mexico	Yes	Sept. 29, 1945	Sept. 29, 1945

16

NAME Joe Ortiz OCCUPATION miner Born July 1877

WHERE BORN N.M. U. S. CITIZEN? yes FORM 1078? no

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? Span. WRITE? Span.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Gardiner	FROM July, 1926	TO	Sept. 1927
FOR Swastika	FROM May, 1924	TO	June, 1926
FOR ATSF on section	FROM	TO	April, 1924
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? married

GIVE FULL NAME OF WIFE Otemia Ortiz HER AGE 40

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Laura	girl		19	Swastika
Flora	"		14	"
Nella	"		11	"
Sally	"		9	"
Mary	"		4	"

IN SW	DATE 9-20-27	CHECK 87	
OUT DATE 10-2-40		CHECK	
CAUSE Reduction of force			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Francisco in Mora Co.- Pete Ortiz in Swastika

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Tomasita Ortiz Critaldi in Mora County.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on May 1,1928
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

wife

INTERPRETED BY

DATE 9-20-27

SIGNED IN PRESENCE OF

R. P. Woods

Joe Ortiz

SIGNATURE OF APPLICANT

NAME	Date of Birth	~~MARRIED SINGLE WIDOWED~~	~~DEPENDENT IN FAMILY INCLUDED~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Joe	July 1877	Married		New Mexico	Yes	Nov. 11, 24	9/20/1927

shows 8-5 on Group Ins. Appl.

NAME Leopoldo Ortiz OCCUPATION ~~Blacksmith helper~~ Track Layer

DATE OF BIRTH Mar. 30, 1892 SOCIAL SECURITY NO. 525-18- 9089

WHERE BORN? San Maguil, N.M. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng.&Span. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR 1937 to 1939 worked for City of Raton, FROM TO

FOR Since 1939 on W P A FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Lucita Ortiz HER AGE 43

IS SHE LIVING WITH YOU? yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Rosie	Female		18	Koehler, N. M.
Loe Jr.	Male		15	"
Jimmie	"		6	"
Ida	Female		3	"

IN K	DATE 6,22,42	CHECK 190 ~~27~~
OUT DATE JULY 30, 1953		CHECK
CAUSE REDUCTION OF FORCE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? no AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Fred Ortiz, Raton, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Salina Ortiz, Polso Sadias, Louise Ortiz, Ester Sabal, Raton, N.M.
waitress
Frances Ortiz, Raton, N. M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

312 Vermejo, Raton

GROUP INSURANCE Doc 4 v

INTERPRETED BY

DATE July, 10, 1942

SIGNED IN PRESENCE OF

A. R. Atchison

Leopoldo Ortiz

SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Leopoldo	Mch.30,1892	Married	New Mexico	Yes	June 22,1942	July 10,1942

NAME Manuel Ortiz OCCUPATION miner

WHERE BORN? Mexico. U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Eng. Span. READ? yes WRITE? yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Dawson FROM 4 yrs TO Mar. 1928

FOR Los Angeles Calif FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 3-28-28	CHECK 50
OUT DATE 4-26-28		CHECK
CAUSE O.A.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 56 FULL NAME Felipe Ortiz ADDRESS Juaraz, Mex.

WHO SUPPORTS HIM? himself HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 1401

IS YOUR MOTHER LIVING? yes AGE 46 FULL NAME Leonora Gonzales 25.00 per mo. ADDRESS 16th. Sept. St.

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Felix Ortiz in Swastika- Felipe ### in Mex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Consula Ortiz in Mex.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Father and Brother

INTERPRETED BY

DATE 3-28-28

SIGNED IN PRESENCE OF

R. P. Woods.

Manuel Ortiz

SIGNATURE OF APPLICANT

NAME	AGE	MARRIED SINGLE WID. DIV.	DEPENDENTS IN FAMILY INC. SELF.	BORN IN	U. S. CITIZEN	DATE THIS RECORD
Ortiz, Manuel	28	S	1	Mexico	No	3/28/28

NAME Manuel L.Ortiz OCCUPATION Rock dumper Born May 20-1900

WHERE BORN? Las Vegas U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR AT&SFRy. FROM 1920 TO ,1928

FOR Worked on AT&SF extra gangs of tummers and

FOR have been on ranch of winters sinec 1920 FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Avalina C.Ortiz HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Las Vegas,N.M

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Antonio	Male		5 years	Las Vegas
Venorando	Female		3 years	do

IN	Sug	DATE 11/12/28	CHECK 467
OUT DATE	8-9-29		CHECK 467
CAUSE	own accord		
IN	Sug	DATE 8-19-29	CHECK
OUT DATE	9-26-33		CHECK
CAUSE	Own Accord		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? Yes AGE 45 FULL NAME G.Ortiz ADDRESS Las Vegas

WHO SUPPORTS HIM? Self HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? None

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: E.Ortiz, Chamburg,N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rebecca Ortiz,Alnora Ortiz, Damecio Ortiz, Las Vegas,N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on May 1929.
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Wife. Avalina Ortiz, Las Vegas , N.M

INTERPRETED BY

DATE Sugarite Nov 13th,1928

SIGNED IN PRESENCE OF

A.L.Brockman

Manuel L. Ortiz
SIGNATURE OF APPLICANT

NAME	Date of Birth / AGE	MARRIED SINGLE WIDOWED	DEPENDENTS IN FAMILY INCLUDING SELF	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Manuel L.,	May 20, 1900	Married		New Mexico	Yes	Nov. 12, 28	11/12/28

NAME Manuel Ortiz OCCUPATION loader Born July,9,1899

WHERE ~~BORN~~? Mexico U. S. CITIZEN? no FORM 1078? yes

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? some WRITE? some

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Deadwood, S.D. coal mines FROM 6 yrs. TO Nov. 1928

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

FOR FROM TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN SW	DATE 11-27-28	CHECK 202
OUT DATE 3-1-29		CHECK
CAUSE Voluntary		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? yes AGE 50 FULL NAME Felipe Ortiz ADDRESS Swastika

WHO SUPPORTS HIM? himself. HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT? 15.00 per mo.

IS YOUR MOTHER LIVING? yes AGE 46 FULL NAME Leonora ADDRESS Swastika

WHO SUPPORTS HER? my father HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? included in above

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:

Felix in Swastika- Felipe in Mex. #

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:

Conswele Ortiz in Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

none

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? yes

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

father

INTERPRETED BY

DATE 11-27-28

SIGNED IN PRESENCE OF

R.P.Woods

Manuel Ortiz
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~WIDOWER~~ SINGLE ~~WIDOW~~	~~DEPENDENTS~~ IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Manuel,	July 9, 1899	Single		Mexico	No	Nov. 27, 28	11/27/28

SS # 525 - 03 - 9177

NAME Pedro Ortiz OCCUPATION Oven Laborer Born Oct. 1882

WHERE BORN? New Mexico U. S. CITIZEN? Yes FORM 1078? No

WHAT LANGUAGES DO YOU SPEAK? Spanish READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR Considered to be in contin-	FROM	TO
FOR uous service of this Co.	FROM Nov.1,1917	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eba P. Ortiz HER AGE 30

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Ester	Female	May 31, 1908	10 years	
Margarita	"	Feb. 20,1912	6 "	
Alphonso	Male	Sept.29,1914	4 "	
Bidilia	Female	May 20, 1916	2 "	
Ginobelo	Male	Jan. 3, 1918	11 mos.	
Caldetano				
Herman				
~~Leopard~~				
Barbara				

IN SW	DATE 11/1/17	CHECK	
OUT DATE Oct. 2, 1940		CHECK 41	
CAUSE Reduction of force			
IN Br #2	DATE 12-19-40	CHECK 45	
OUT DATE 4-29-49		CHECK	
CAUSE Mine Closed.			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			
IN	DATE	CHECK	
OUT DATE		CHECK	
CAUSE			

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 75 FULL NAME Eulalia Ortiz ADDRESS Golondrino, N. M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Francis and Jose Ortiz, Golondrino, N. M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Rosarito Romero, Tomasita Lucero, Estafanita Romero, Crotilde Baldonado, Golondrino, New Mexico.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT: None

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on June 1941
~~1000 on~~
~~1500 on~~
~~2000 on May 1, 1928.~~

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.
Mrs. Evan Ortiz, Gardiner, New Mexico.

INTERPRETED BY

DATE Gardiner, N. M. Dec. 26, 1939

SIGNED IN PRESENCE OF

J. Burkholder

Pedro Ortiz
SIGNATURE OF APPLICANT

Signature on old record

NAME	Date of Birth	AGE	~~MARRIED~~ SINGLE WIDOWED	~~DEPENDENTS IN FAMILY~~ XXXXXX	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Ortiz, Pedro,	Oct. 1882		Married		New Mexico	Yes	Dec. 19, 1940	12/26/18

NAME Roman G.Ortiz OCCUPATION Laborer-washer

DATE OF BIRTH Oct 27th,1904 SOCIAL SECURITY NO. 710-01-5369

WHERE BORN? San Jose,N.M. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span-Eng READ? Yes WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	No work	FROM Feb,1945	TO	May,1945
FOR	Moore Dry Dock Co. Oakland,Calf	FROM 1942	TO	Feb,1945
FOR	Ranch, San Jose, N.M.	FROM 1937	TO	1942
FOR		FROM	TO	
FOR		FROM	TO	
FOR		FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Marriesd

GIVE FULL NAME OF WIFE Clara Ortiz HER AGE San Jose, N.M.

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Benny → Mrs. Carlos Medina	F	11-16-29	16	SanJose, N.M.
Amalia	F	12-3-31	14	do
Pilar	M	9-15-33	12	
Robert	M	8-18-35	10	
Roman	M	8-3-37	9	
Richard	M	11-20-39	7	
Fidel	M	3-3-41	4	
Napoleon	M	4-5-43	2	

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HER? HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS Joe, ~~George~~ and Leo and Adolpho Ortiz, SanJose, N.M.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Margarite Garcia, Ellios Ortiz,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

None.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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. Wife

San Miguel Board No. 1. Order No 2332 Class 4-A
Dated Nov 16th,1942

$500 GROUP INSURANCE Dec. 1945

INTERPRETED BY

DATE 5-21-45

SIGNED IN PRESENCE OF G.R. Brockman

Roman G. yes Ortiz
SIGNATURE OF APPLICANT

IN	K	DATE 5-21-45	CHECK 439
OUT DATE 10-30-53			CHECK
CAUSE Reduction of force.			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Roman G	Oct. 27,1904	Married	U. S.	Yes	May 21, 1945	May 21, 1945

Local Board #1 Florence, Ariz.
Order#4137, Class 3

NAME Valentino Ortiz OCCUPATION Miner

DATE OF BIRTH 2/14/10 SOCIAL SECURITY NO. 525-03-0243

WHERE BORN? Laquiva N.M. U. S. CITIZEN? Yes FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Span. Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	FROM	TO
FOR Odd Jobs.	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO
FOR	FROM	TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Married

GIVE FULL NAME OF WIFE Eva Ortiz HER AGE 28

IS SHE LIVING WITH YOU? Yes IF NOT, GIVE PRESENT ADDRESS Santa Fe.

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE
Victoria	Female	3/6/35	8 yrs.	Santa Fa
Rosena	"	7/24/36	7	"
Ramon	Male	12/25/37	5	"
Eloy	"	4/14/41	2	"

IN VH-	DATE 7/19/43	CHECK 103
OUT DATE 2-21-46		CHECK
CAUSE own accord.		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes AGE 65 FULL NAME Benena Ortiz ADDRESS Santa Fe.

WHO SUPPORTS HER? Brother HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS:
Masimo, Santa Fe.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS:
Cosme Baca, Santa Fe,

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, 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.

Wife

$500.00 GROUP INSURANCE Feb. 1944

INTERPRETED BY

DATE 7/17/43

SIGNED IN PRESENCE OF David Stewart

Valentino Ortiz
SIGNATURE OF APPLICANT

NAME	DATE OF BIRTH	MARRIED SINGLE WID. DIV.	BORN IN	U. S. CITIZEN	CONTINUOUS SERVICE FROM	DATE THIS RECORD
Ortiz, Valentine	Feb. 14, 1910	Married	New Mexico	Yes	July 19, 1943	July 17, 1943

NAME King Robert Osborn OCCUPATION Ass't. Operator Born Aug. 16, 1907

WHERE BORN? Oklahoma U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes. WRITE? Yes.

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR	Raton Motor Co.	FROM	April 1933	TO June 1934
FOR	Central Garage Co.	FROM	" 1932	TO April 1933
FOR	Raton Garage	FROM	1929	TO " 1932
FOR		FROM		TO
FOR		FROM		TO
FOR		FROM		TO

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

IN	G.	DATE 6-19,1934	CHECK 305
OUT DATE	Dec 1934		CHECK
CAUSE	??		
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			
IN		DATE	CHECK
OUT DATE			CHECK
CAUSE			

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 57 FULL NAME Minta Osborn ADDRESS Raton, N.M.

WHO SUPPORTS HER? I do. HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT? all I make

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harold Osborn, Fort Bliss, Tex.

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs. Clifford Sykes, Clayton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No. one

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes.

Group Insurance $500 on
1000 on
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs. Minta Osborn, 428 No. 3rd, Raton, N.M.

INTERPRETED BY

DATE June 19, 1934

SIGNED IN PRESENCE OF

A. W. Allbert

King Osborn
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED ~~XXXX~~ SINGLE ~~XXXX~~ WIDOWER ~~XXXX~~	DEPENDENTS IN FAMILY ~~XXXXXX~~	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Osborn, King	Aug. 16, 1907	Single		Oklahoma	Yes	June 19, 1934	June 19, 1934

NAME ~~King~~ Robert Osborn OCCUPATION Carbon Plant Born Aug.16,1907

WHERE BORN? Woodward,Okla. U. S. CITIZEN? Yes. FORM 1078?

WHAT LANGUAGES DO YOU SPEAK? Eng. READ? Yes WRITE? Yes

FOR WHOM HAVE YOU WORKED FOR PAST 5 YEARS? (SHOW LAST EMPLOYMENT AT TOP OF LIST)

FOR ~~XXX~~ Raton Motor Co.,	FROM 1933	TO	April 1,1937
FOR Except 6 Mo.making	FROM	TO	
FOR carbon St.L.R.M.& P.Co.	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	
FOR	FROM	TO	

ARE YOU SINGLE, MARRIED, WIDOWER OR DIVORCED? Single

GIVE FULL NAME OF WIFE HER AGE

IS SHE LIVING WITH YOU? IF NOT, GIVE PRESENT ADDRESS

FILL IN RECORD OF CHILDREN AS FOLLOWS:

NAME	SEX	BIRTHDAY	AGE	RESIDENCE

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IN 4-10-1937	DATE	CHECK
OUT DATE July 16, 1937		CHECK
CAUSE T to Koehler		
IN Koehler	DATE 7-16-37	CHECK
OUT DATE 6-23-39		CHECK
CAUSE Work Discontinued		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		
IN	DATE	CHECK
OUT DATE		CHECK
CAUSE		

IS YOUR FATHER LIVING? No. AGE FULL NAME ADDRESS

WHO SUPPORTS HIM? HOW MUCH DO YOU CONTRIBUTE TO HIS SUPPORT?

IS YOUR MOTHER LIVING? Yes. AGE 59 Yrs. FULL NAME Minta Ravina Osborn ADDRESS 421 Moulton Ave., Raton, N.M.

WHO SUPPORTS HER? I do HOW MUCH DO YOU CONTRIBUTE TO HER SUPPORT?

GIVE NAMES AND ADDRESSES OF YOUR BROTHERS: Harold Osborn, ElPaso Texas

GIVE NAMES AND ADDRESSES OF YOUR SISTERS: Mrs.Gertrude Sikes,Raton, N.M.

GIVE NAME AND ADDRESSES OF EVERYONE (OTHER THAN WIFE, CHILDREN OR PARENTS) DEPENDENT ON YOU FOR SUPPORT, AND TO WHAT EXTENT:

No one.

DO YOU UNDERSTAND AND AGREE TO THE PLAN NOW IN FORCE AT THE MINES AND COKE OVENS OF THIS COMPANY, FOR FURNISHING MEDICAL, SURGICAL AND HOSPITAL SERVICE? Yes

Group Insurance $500 on
1000 on Oct 1937
1500 on
2000 on

GIVE NAME AND ADDRESS OF PERSON TO WHOM YOU DESIRE NOTICE SENT IN EVENT OF YOUR DEATH.

Mrs.Minta Ravina Osborn,421 Moulton Ave,Raton, N.M.

INTERPRETED BY

DATE April 10,1937

SIGNED IN PRESENCE OF

A.W.Allbert

King Osborn
SIGNATURE OF APPLICANT

NAME	Date of Birth	MARRIED SINGLE WIDOWER	DEPENDENTS IN FAMILY	BORN IN	U. S. CITIZEN	Continuous Service from	DATE THIS RECORD
Osborn, King	Aug. 16,1907	Single		Oklahoma	Yes	Apr.10,1937	Apr.10,1937