MINE OPERATORS'

MONTHLY REPORT

Also Fatal Accident Report

TO STATE DEPARTMENT OF MINES AND MINERALS, LEXINGTON

Month of Manuary, 193.7.

Wisconsin Steel Co

(Name of Owner or Company)

Mo / Munco (Name or No. of Mine)

(Located at)

County of Harlan

This report must be forwarded promptly at end of each month to the Department of Mines and Minerals, Lexington.

All persons refusing to furnish these reports to the State Department of Mines and Minerals as set out in Sec. 12 and 13 Kentucky Mining Law is subject to a Fine of not less than \$25.00 nor more than \$200.00.

JOHN F. DANIEL, Chief, Department of Mines and Minerals.

			District Control					
NAME	Date	Married or Single	Nationality	Occupation	Where Accident Occurred	Time Lost	NATURE OF INJURY	
larence Warf	1-5	Married	American		Inside	4 mo.	Fracture of vavicular bone right foot.	
red Younker	1-7	"		loader	19	3 wks.	Strain of back.	
illiam Wasson	1-11	"	Colored	Coupler	"	4 wks.	Chip fracture left arm bone at wrist.	
enneth M. Day	1-12	11	American	Machin-	. "	4 days	Bruise of left hand.	
linton Isaacs	1-13	"	17	Coal	11	6 wks.	Incomplete fracture left leg bone at ankle.	
rank Jarvis	1-25	"	AND DESCRIPTION OF THE PERSON NAMED IN	loader Machine hostler	,,	4 wks.	Seperation of muscle in left forearm.	
obert Atkinson	1-25	"	Colored	" "	17	2 mo.	Compound fracture left hand bone to index finger	
ohnnie Hoket	1-28	11	American	Outside	Outsid	e 1 wk.	Sprain of right ankle.	