NPRC 0 0 062 278

BARCLAY DAVID S CG 003 04 1005

246

USCG

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

18
24

HEALTH RECORD TO MED. DIV.

[illegible]

PEA-E
18

[illegible]

Service Record

BARCLAY
(Surname)

David Skein
David Skein
(Christian names)

"M" 3041-005
(Service No.)

N. B.
(Citizenship)

B.M.2c.(R)
(Enlisted as)

29 December, 1942
(Date)

Three
(Term of years)

Recruiting Office, Sault Ste. Marie, Michigan
(Ship or station)

Sault Ste. Marie, Michigan
(Place)

16-1077

CERTIFIED FOR MUSTERING-OUT PAY

Placed in class "M" due to hypertensive cardiovascular disease, mild; Benign Hypertrophy of prostate, slight.

CODED
NO. 23





Department of
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE

SAME AS FURNISHED BY SSA ☑ YES ☐ NO

SERVICE NUMBER 3041-005

SAME AS FURNISHED BY SSA ☐ YES ☑ NO

A – CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE

3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL)

4. *If period of service was less than 90 days*, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED

☐ RE-ENLISTED ☐ COMMISSIONED

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only)*.

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

B – SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY *(See instructions on reverse side)*

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box ..... ☑

Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? ..... ☐ Yes ☐ No

(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? ..... ☐ Yes ☐ No

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? ..... ☐ Yes ☐ No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? ..... ☐ Yes ☐ No

2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? ..... ☐ Yes ☐ No

If answer is "Yes," answer (b) and (c).

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? ..... ☐ Yes ☐ No

(c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? ..... ☐ Yes ☐ No

3. Did the veteran have active duty or active duty for training after December 31, 1956? ..... ☐ Yes ☐ No

C – CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVEN *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

NAME OF CERTIFYING ORGANIZATION -1C.

SIGNATURE B M Marshall

RANK OR TITLE

DATE 9/21/66

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

The 1101 Building
414 - 11th St., N. W.
Washington 25, D. C.

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

LAST NAME–FIRST NAME–MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
BARCLAY, David S	12/03/92		374-28-6350

SERVICE NUMBER	BRANCH OF SERVICE	RATE OR RANK
CG 110-53-10	Coast Guard	Boatswain Mate 1st Class

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
12/29/42	05/27/46	Detroit, Michigan

SOCIAL SECURITY ADMINISTRATION
110 North 13th St.
Escanaba, Michigan 49829

The information requested in item 2 below is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran.

SIGNATURE OF SSA OFFICIAL

TITLE	DATE
District Manager	July 28, 1966

2. INFORMATION REQUESTED *(Social Security will check applicable blocks)*

- ☐ Certification about active service after September 7, 1939 *(Part A on reverse)*
- ☒ Certification about retired or retainer pay *(Part B on reverse)*
- ☐ Certification of evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

SURVIVORS BENEFITS BRANCH
U. S. COAST GUARD

AUG 8

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940 – July 24, 1947) or post-World War II (July 25, 1947 – December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period has ever been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying age, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

GENERAL SERVICES ADMINISTRATION

ROUTING SLIP

TO	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME AND/OR SYMBOL	BUILDING, ROOM, ETC.
1. Mrs Marsh	
2.	
3.	19088
4.	
5.	

- ☐ ALLOTMENT SYMBOL
- ☐ APPROVAL
- ☐ AS REQUESTED
- ☐ CONCURRENCE
- ☐ CORRECTION
- ☐ FILING
- ☐ FULL REPORT
- ☐ HANDLE DIRECT
- ☐ IMMEDIATE ACTION
- ☐ INITIALS
- ☐ NECESSARY ACTION
- ☐ NOTE AND RETURN
- ☐ PER OUR CONVERSATION
- ☐ PER TELEPHONE CONVERSATION
- ☐ READ AND DESTROY
- ☐ RECOMMENDATION
- ☐ SEE ME
- ☐ SIGNATURE
- ☐ YOUR COMMENT
- ☐ YOUR INFORMATION
- ☐ ANSWER OR ACKNOWLEDGE ON OR BEFORE _____
- ☐ PREPARE REPLY FOR THE SIGNATURE OF _____

REMARKS

This should go to Hq USCG - See page 222.1 of Guide - par. (2).

FROM	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME AND/OR SYMBOL	BUILDING, ROOM, ETC.
Larry C.	TELEPHONE / DATE 9/21

GPO : 1962 O—655346

GSA FORM 14
FEB 62

GENERAL SERVICES ADMINISTRATION

ROUTING SLIP

TO	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME AND/OR SYMBOL	BUILDING, ROOM, ETC.
1. Mr. Larry Cromshaw	
2. Research & Coordination Section	
3. NPRC (MPR)	
4. 9700 Page Blvd.	
5.	

- ☐ ALLOTMENT SYMBOL
- ☐ APPROVAL
- ☐ AS REQUESTED
- ☐ CONCURRENCE
- ☐ CORRECTION
- ☐ FILING
- ☐ FULL REPORT
- ☐ HANDLE DIRECT
- ☐ IMMEDIATE ACTION
- ☐ INITIALS
- ☐ NECESSARY ACTION
- ☐ NOTE AND RETURN
- ☐ PER OUR CONVERSATION
- ☑ PER TELEPHONE CONVERSATION
- ☐ READ AND DESTROY
- ☐ RECOMMENDATION
- ☐ SEE ME
- ☐ SIGNATURE
- ☐ YOUR COMMENT
- ☐ YOUR INFORMATION
- ☐ ANSWER OR ACKNOWLEDGE ON OR BEFORE _____
- ☐ PREPARE REPLY FOR THE SIGNATURE OF _____

REMARKS

FROM	CO	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10

NAME AND/OR SYMBOL	BUILDING, ROOM, ETC.
Frank Grosch	111 WINNEBAGO
	TELEPHONE / DATE: 9-20-66

GPO : 1962 O—655346

GENERAL SERVICES ADMINISTRATION

TRANSMITTAL OF SOCIAL SECURITY INQUIRY

DATE STAMPED ON CASE: Jul 28, 1966

TO:
- ☐ Chief, Military Personnel Records Division, DAS, Hq USAF, Washington 25, D. C.
- ☐ Commander, Air Reserve Records Center, Denver, Colorado 80205
- ☐ Chief of Naval Personnel, Department of the Navy, Washington 25, D. C.
- ☐ Physical Qualifications & Medical Records Division, Bureau of Medicine and Surgery, Washington 25, D. C.
- ☐ Commandant of the Marine Corps, Headquarters, Marine Corps, Washington 25, D. C.
- ☐ Personnel Records Division, PSSD, TAGO, Washington 25, D. C.
- ☐ U. S. Army Personnel Support Center, Fort Benjamin Harrison, Indiana 46249
- ☐ Airmen Records Annex, Randolph AFB, Texas
- ☒ NPRC, GSA
  111 Winnebago Street
  St. Louis, Mo 63118

FROM: MPRC, GSA, ST. Louis, Missouri 63132 ☐ Air Force ☐ Army ☐ Navy ☐ Registry

LAST NAME - FIRST NAME - MIDDLE NAME: Barclay, David S.

SERVICE NUMBER(S): 3041-005

FORWARDED FOR DISPOSITION

- ☐ Records not located
- ☐ Records have been transmitted to the office indicated above
- ☒ Inquiry has been referred to office indicated above
- ☐

Date

REMARKS: Retired - Records on file your Center.

COPY FURNISHED:
Social Security Administration Field Office
Clayton, Missouri 63105

B M Marshall
Clerk

9/16/66
Date

REPLACES R6-AF-1010, MAY 1961, WHICH IS OBSOLETE

R6-1010
April 1962

GENERAL SERVICES ADMINISTRATION

TRANSMITTAL OF SOCIAL SECURITY INQUIRY

DATE STAMPED ON CASE: Oct 25, 1966

TO:

- ☐ Chief, Military Personnel Records Division, DAS, Hq USAF, Washington 25, D. C.
- ☐ Commander, Air Reserve Records Center, Denver, Colorado 80205
- ☐ Chief of Naval Personnel, Department of the Navy, Washington 25, D. C.
- ☐ Physical Qualifications & Medical Records Division, Bureau of Medicine and Surgery, Washington 25, D. C.
- ☐ Commandant of the Marine Corps, Headquarters, Marine Corps, Washington 25, D. C.
- ☐ Personnel Records Division, PSSD, TAGO, Washington 25, D. C.
- ☐ U. S. Army Personnel Support Center, Fort Benjamin Harrison, Indiana 46249
- ☐ Airmen Records Annex, Randolph AFB, Texas
- ☒ NPRC, GSA
  111 Winnebago Street
  St. Louis, Mo 63118

FROM: MPRC, GSA, ST. Louis, Missouri 63132 ☐ Air Force ☐ Army ☐ Navy ☐ Registry

LAST NAME - FIRST NAME - MIDDLE NAME: Barclay, David S.

SERVICE NUMBER(S): 3041-005

FORWARDED FOR DISPOSITION

- ☐ Records not located
- ☐ Records have been transmitted to the office indicated above
- ☒ Inquiry has been referred to office indicated above
- ☐

Date

REMARKS: Retired

COPY FURNISHED:
Social Security Administration Field Office
Clayton, Missouri 63105

E M Markel
Clerk

9/16/66
Date

REPLACES R6-AF-1010, MAY 1961, WHICH IS OBSOLETE

R6-1010
April 1962

JUN 19 1966

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

LAST NAME–FIRST NAME–MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Barclay, David S	12/03/92		374-28-6350

SERVICE NUMBER	BRANCH OF SERVICE	RATE OR RANK
CG 110-53-10	Coast Guard	Boatswain Mate 1st Class

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
12/29/42	05/27/46	Detroit, Michigan

SOCIAL SECURITY ADMINISTRATION
110 North 13th Street
Escanaba, Michigan 49829

The information requested in item 2 below is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran.

SIGNATURE OF SSA OFFICIAL

TITLE	DATE
District Manager	6/23/66

2. INFORMATION REQUESTED *(Social Security will check applicable blocks)*

☐ Certification about active service after September 7, 1939 *(Part A on reverse)*

☒ Certification about retired or retainer pay *(Part B on reverse)*

☐ Certification of evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940 – July 24, 1947) or post-World War II (July 25, 1947 – December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period has ever been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying age, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

Department of
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE	SERVICE NUMBER
	30411 005
SAME AS FURNISHED BY SSA ☑ YES ☐ NO	SAME AS FURNISHED BY SSA ☐ YES ☑ NO

A – CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE	3. CHARACTER OF SEPARATION(S) * *(If Bad Conduct,* INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL)

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only).*

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

4. *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED

☐ RE-ENLISTED ☐ COMMISSIONED

B – SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY *(See instructions on reverse side)*

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box ..... ☑

Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? ..... ☐ Yes ☐ No

(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? ..... ☐ Yes ☐ No

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? ..... ☐ Yes ☐ No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? ..... ☐ Yes ☐ No

2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? ..... ☐ Yes ☐ No

If answer is "Yes," answer (b) and (c).

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? ..... ☐ Yes ☐ No

(c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? ..... ☐ Yes ☐ No

3. Did the veteran have active duty or active duty for training after December 31, 1956? ..... ☐ Yes ☐ No

C – CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVEN *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

NAME OF CERTIFYING ORGANIZATION	SIGNATURE
-1W	W Patton
	RANK OR TITLE / DATE 7-14-66

VETERANS ADMINISTRATION
Insurance Form 365

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(National Service Life Insurance Premiums)

BARCLAY	DAVID	S.	3041-005	BM1c	U SCGR
(Last name)	(First name)	(Middle initial)	(Service number)	(Grade or rank)	(Unit or organization)

I hereby request the discontinuance of allotment in the amount of $ 13.50 for the monthly premium on $ 10,000 (Amount of insurance) after deduction has been made for the month of May, 19 46

I { ~~desire~~ / do not desire } to continue my insurance in force and understand that if I do desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning July, 19 46

Permanent home address Grand Marais, Michigan
(Number and street or rural route) (City, town, or post office) (State)

Dated 27 May, 19 46 David S Barclay (Signature of insured)
David S.Barclay

Reason for discontinuance DISCHARGED FROM SERVICE

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured { ~~was~~ / will be } made for the month of May, 19 46, for the premium due for the month of ~~May~~ June, 19 46

(Signature of disbursing officer) S. R. Grimm, Pay Clerk, USCG
Assistant Pay Officer
(Rank and organization) C.G. Sep. Ctr. #9, Detroit, Mich. (Service)

To: VETERANS ADMINISTRATION
NAVY—via Allotment Officer (Original only).
MARINE CORPS—via The Paymaster (In duplicate).
COAST GUARD—via Headquarters (In duplicate).

REMARKS:

16—19173 U. S. GOVERNMENT PRINTING OFFICE

CERTIFIED COPY OF RECORD OF MARRIAGE. 3029 DOUBLEDAY-HUNT-DOLAN CO., KALAMAZOO 4-2-45

STATE OF MICHIGAN,

COUNTY OF Chippewa } ss.

I, Sam C. Taylor Clerk

of the County of Chippewa and of the Circuit Court thereof, the same being a court of record having a seal, do hereby certify that the following is a copy of the record of marriage of David S. Barclay and Mabel L. Smith now remaining n my office, and of the whole thereof, viz:

Record Number	Date of License Month	Day	Year	Full Name of Bridegroom and Bride, and Maiden Name of Bride if a Widow	Age of Each in Years	White, Black, Mulatto, Etc.	Residence of Each
25	Feb.	19	1927	David S. Barclay	34	White	Sault Ste Marie, Mich.
				Mabel L. Smith	19	White	Sault Ste Marie, Mich.

Birthplace of Each	Occupation of Each	Name of Father of Each	Maiden Name of Mother of Each
Whitefish Pt. Mich	Tug Fireman	Alex Barclay	Jerusha Powell
Ransonville, Mich	Cook	Stewart Smith	Mary Killackey

Times Previously Married	Date of Marriage Month	Day	Year	Place of Marriage	Name and Official Station of Person by Whom Married	WITNESSES TO MARRIAGE Names	Residences
no	Feb	25	1927	Sault Township	Rev J. Ver Straate	Fannie Barclay	Sault Ste. Marie, Mich.
no					Minister	Samuel Barclay	Sault Ste. Marie, Mich.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, the 30th day of November A. D. 19 45

Sam C. Taylor Clerk.

Deputy.

BNP 668
Revised September 1942)

NAVY DEPARTMENT

APPLICATION FOR FAMILY ALLOWANCES

PART 1

Mail to:

- ☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
- ☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
- ☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 12 November, 1943

I. I, BARCLAY (Last name) David (First name) Skein (Middle name) BM1c (Rating) U. S. Coast Guard (Organization)

Little Rapids Cut Light Station, U.S.C.G. Base, Sault Ste. Marie, Mich. (Ship or station) 3041-865 (Service or serial number) December 29, 1942 (Date of enlistment) December 29, 1942 (Date of reporting for active duty) MAY 4 1945

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. Barclay (Last name) Mabel (First name) Lucille (Middle name) Wife (Relationship) - (Month, day, year of birth if minor)
   601 Osborn Blvd. (Number and street or R. F. D.) Sault Ste. Marie, (City or post office) Michigan. (State)
2. Barclay (Last name) Francis (First name) May (Middle name) daughter (Relationship) April 18, 1927 (Month, day, year of birth if minor)
   601 Osborn Blvd. (Number and street or R. F. D.) Sault Ste. Marie, (City or post office) Michigan. (State)
3. (Last name) (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
   (Number and street or R. F. D.) (City or post office) (State)
4. O. H. to release check as authorized Ltr D 10/21/45 (Last name) R.C. (First name) (Middle name) (Relationship) (Month, day, year of birth if minor)
   Woburn (Number and street or R. F. D.) (City or post office) (State) 12/6/45

DIS 5-27-46 MAY 46

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

DATE and place of marriage to present wife February 27, 1926

DATE and place of marriage to divorced wife

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases

DATE and place of divorce

Name and designate any child included above who is legally adopted or acknowledged as illegitimate

16—29368-2

III. CLASS B PART 1

Consists of only the following relatives to whom you contribute a SUBSTANTIAL portion of their support (father, mother, natural or adoptive; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person standing in loco parentis to you; brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren—dependents in last group over 18 years of age must be incapable of self-support by reason of mental or physical defect as shown by a *doctor's certificate*).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

2. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

3. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

4. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

5. _____
(Full name) (Relationship) (Month, day, year of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year*, $_____
(Including income of the dependent's spouse, if living together)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

First month for which payments to Class B dependents shall be made _____

State any other facts pertinent to this claim or in explanation thereof _____

Subscribed and sworn to before me, this 12 day of November, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

David Skein Barclay
David Skein Barclay (Signature)

T. A. DAHLBURG, (Signature) Lieut.Comdr(R),
Executive Officer, (Title)

16—29368-2

(PMM)
CG-73

20 November, 1945

To: CO, USCG Group, Grand Marais, Minnesota

Via: DCGO, 9ND Cleveland

Subj: Barclay, David S. (3041-005) BM1c(R); family allowance

1. Subject man should be informed that a reply has not been received to HQ letter dated 4 May, 1945, addressed to Mabel L. Barclay, 601 Osborn Boulevard, Sault Sainte Marie, Michigan, requesting that HQ be furnished with a certified copy of her certificate of marriage.

2. Subject man should be instructed to furnish HQ with a certified copy of his certificate of marriage to Mabel L. Barclay.

3. Checks in payment of FA benefits on behalf of subject man's wife will be withheld pending receipt of marriage certificate.

L. H. MORINE
By direction

mg POMEROY:HST/mg
Room 2106 2-4 plat

REC'D DEC 5 1945

30 November 1945
221 Water St.
Sault Ste. Marie
Michigan

To the Commandant
Via D.C. G. O.
Ninth Naval District
Cleveland, Ohio

Dear Sir -

I was informed yesterday by my husband also by the Officer in Charge of Grand Marais (Mich.) C. G. Station that I had failed to answer a letter which had been sent to me in May 1945. I am sorry, but I did not receive any such letter at that time. However I am to blame because our address had been changed and I had not notified your office.

I'm hoping the ~~the~~ Certified copy of Record of Marriage which I am enclosing is the correct

information necessary for you to obtain. Also hope my allowance check will not be withheld for too long a time as I depend on it the first of each month for paying my house rent.

Thanking you I am sincerely

Mrs. Mabel L. Barclay

Wife of David D. Barclay

Ret 12-11-46

PE-C
CG-783

813 FILE

18 November, 1946

FILE M. B.

Veterans Administration
Detroit, Michigan

Gentlemen:

Reference is made to your recent inquiry (Form 3104) concerning record of the below named men.

Upon receipt of complete information required in these cases at Headquarters, executed From 3104 will be returned to you.

Fraleigh, Ardle Elvin	C-10 116 839
Verbanac, Frank Anthony	C-10 140 240
Barclay, David S.	C-10 146 851
Whitten, James V.	C-10 145 597
Brakel, Erwin C.	C-11 320 315
Resch, Harold A.	C-5 872 401
Buvia, Michael H.	C-4 242 571
Peterson, Roe W.	C-8 732 297
Lipnicki, Leo S.	C-8 729 353

By direction of the Commandant.

Very truly yours,

BEABES:MD:FR Return to 3-12

VETERANS ADMINISTRATION

~~FORWARD REPLY TO NEW ADDRESS:~~
VETERANS ADMINISTRATION REGIONAL OFFICE
GUARDIAN BUILDING, 500 GRISWOLD STREET
DETROIT 26, MICHIGAN

YOUR FILE REFERENCE:

September 24, 1946

IN REPLY REFER TO: DT8GC

Medical Division
Coast Guard Headquarters
1300 E. Street, N.W.
Washington 25, D. C.

BARCLAY, David S.
C-10,146,851
SN-3-041-005
Enl-12-29-42 Dis-5-27-46
Pl. of Dis.-Detroit, Michigan

Dear Sir:

Reference is made to request for Form 3104, issued for Disability, dated June 15, 1946, in the case of the above-named veteran, requesting the following:

Examination at time of entrance.

Since no report has been received we would appreciate a follow-up for this data in order that appropriate action may be taken.

Very truly yours,

Guy F. Palmer

GUY F. PALMER
Manager

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

NAV. S & A FORM 3 (REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT (3041-005)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,523,878

SUPERSEDES AUTH. NO. 969,304

SERVICE NO. (N) Same

PREVIOUS AUTH.

[X] SUPERSEDING
[ ] SUPPLEMENTAL
[ ]

BARCLAY, David S. (007-508) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Mabel L. Barclay, 601 Osborn Boulevard, Sault Sainte Marie, Michigan.	Wife		

12-6-45
221 Water Street
Sault Sainte Marie, Michigan

T MAY 46
DIS 5-27-46
BUREAU OF PERSONNEL
COPY

LETTER 2627

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: May, 1945

Delete daughter, Francis M. Barclay, attained 18 years of age, April, 1945.

DATE 1 May, 1945

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Acting Chief, FA Section

S & A 66 RECEIVED

NAVY DEPARTMENT (3041-005)

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 969,304

BARCLAY	David	S.	(007-508)	B.M.1c.
Last Name	First Name	Middle Name	Service No.	Rating

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Mabel L. Barclay, 601 Osborn Boulevard, Sault Ste. Marie, Michigan.	Wife		
A		1	Francis M. Barclay, Same.	Daughter	4	27

22.00

BUREAU OF PERSONNEL COPY

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE: None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE. None

LAST AUTHORIZATION No. None, DATED _____ 19____.
(Number or "None")

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION. ☐

THE 2 DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION).
(Number of)

FIRST PAYMENT TO BE MADE FOR THE MONTH OF November 19 43

DATE 3 December, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

Form No. 2500

CLASS "S"

ENLISTMENT CONTRACT

Authority: DCGO Letter, 12-22-42 (file 780) HD 142027, Dec., 1942.

United States ~~(Regular/Coast Guard Reserve)~~

BARCLAY, David Stein

Enlistment of 3041-005 (Number) $52.00 $96.00

CD- 11 (Full name, surname to left) Cleveland, Ohio B.M.2c.(R) U.S.C.G.R.

Accepted for enlistment at

Enlisted at Sault Ste. Marie, Michigan. RECRUITING OFFICE, Date 29 December 1942

Transferred to Coast Guard Section, Sault Ste. Marie, Michigan.

Occupation Lighthouse Keeper Citizenship * N.B. If naturalized, place and date of naturalization - - - - - - - - - - - Certificate No. - - - - - - - - -

Date of birth 3 December, 1892 Place of birth Whitefish Point, Mich.

Home address 601 Osborn Blvd., Sault Ste. Marie (Street and number) (Town) Chippewa (County) Michigan. (State)

Married or Single ~~Single~~ Married Name and address of next of kin or legal guardian Mabel L. Barclay (wife) 601 Osborn Blvd., Sault Ste. Marie, Mich.

Continuous Service Certificate - - - - - Previous Service (CG or CGR) - - - - - - - - -

First enlisted - - - - - - - - at - - - - - - - - - - - - and was last discharged - - - - - - - - from - - - - - - - - - - - - - - - - with - - - - - - discharge as - - - - - - - - - - No. - - - - - - - -

Previous Navy Service ~~RESERVE~~ 5 yrs. 5 mo. Previous Marine Corps Service None

Previous Army Service None Age 50 years -0- Months

Height 5 feet 5¼" inches. Weight 168 pounds.

Eyes brown Sex MALE Hair brown Complexion ruddy Color White

Personal characteristics - - - - - - marks, etc. VSULA, loc. lft. leg; 1" sc. lft. arm at elbow; 3/4" sc. lower rt. arm; sc. back center of neck.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned to me during the continuance of my service, I agree to and with ~~THE OFFICER~~ H. C. MILLER, Lt. Comdr., USCG, of the U. S. Coast Guard as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

*Citizenship - Use expressions "NB" for native born; "NZ" for native of Philippine Islands; "PR" for native of Puerto Rico.

SECOND: I oblige and subject myself to serve (Three) years from 29 December, 1942
(during minority until ------ - - -)
unless sooner discharged by proper authority.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

THIRD: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

FOURTH: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war or when in the opinion of the President a National Emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for six months thereafter.

FIFTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

OATH OF ALLEGIANCE: I, David Skein Barclay
David Skein Barclay
do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over men, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear or affirm that all statements made by me as now given in this record are correct.

David Skein Barclay
David Skein Barclay
(Signature in own handwriting)

Subscribed and sworn to before me this 29th day of December, A.D., 1942.

THEODORE A. DAHLBURG, Lt.Comdr., USCGR
[redacted], USCGR.
[redacted], USCG.
Recruiting Officer, [redacted].

Citizenship substantiated and contract perfected. by direction
John G. Liedke, C.B.M.
[redacted]
[redacted], USCG, Enlisting Officer.

By direction, D.C.G.O.,
Cleveland, Ninth Naval District.

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (REV. 10-45)

NAME	SERVICE NUMBER	RATING
BARCLAY, David S.	3041-005	BM1c, USCGR
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL SEPARATION CENTER NO. 9	Detroit, Mich.	23 May, 1946
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.46	4.0

PAFE OR PFWOAD *(Whichever is applicable for determination of travel allowance)*

PFWOAD: Sault Ste. Marie, Mich.

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER *(Check)*

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED *(Explanation below)*

PEA-E SEP

Address subsequent to discharge:
Grand Marais, Mich.

ID CARD SENT TO IDENT SEC(INT)

(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
1600 5-27-46	HONORABLE	B128414
REASON	**AUTHORITY**	
exp. of enlist.	Alcoast 57-46	

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED *(Check)*

[1] HONORABLE DISCHARGE BUTTON [1] HONORABLE SERVICE BUTTON [1] HONORABLE SERVICE

PEA-E 18

SSC#119863

SIGNATURE OF DISCHARGEE
David S Barclay
David S. Barclay

MUSTERING OUT PAY *(Check)*

[X] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

MRP 125.40

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: Detroit, Mich.	TO: Sault Ste. Marie, Mich.	19.10
TOTAL AMOUNT PAID FOR TA & PAY *(In full to date of Discharge)*	**CHECK NO.**	**NAME OF PAY OFFICER**
54.17	Cash	HOMER E. McCULLOUGH, Lieut., USCG Sym: 551.044

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	3	4	29

Certified to be correct upon termination of service.

CODED NO. 23

SIGNATURE OF COMMANDING OFFICER OR OFFICER IN CHARGE
L. A. WILLIAMSON, Lieut., USCG
By direction

USCG PERSONNEL SEPARATION CENTER NUMBER 9

(P)

cd

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

Sheet 1

SERVICE RECORD

RECORD OF BARCLAY, David Skein (Full name, surname to the left) 3041-005 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
R.O., Sault Ste. Marie, Michigan	12-29-42	John Straelke	U.S.C.G. Base, Soo	12-29-42	J.A. Dahlburg Lt Comdr(R)
SAULT CG BASE	3-23-44	[illegible]	Grand Marais [illegible]	3/23/44	L.E. Tellier
Grand Marais [illegible] Sta	12-14-44	L.E. Tellier	CGOB, Soo, Mich.	12/15/44	[illegible] Lt Com.
CGOB, Soo, Mich.	3-28-45	[illegible] Lt. Comdr.	CG Group, Grand Marais	3-28-45	L.E. Tellier
Grand Marais [illegible]	1-14-46	L.E. Tellier	CGOB, Soo, Mich.	1-14-46	[illegible] Lt Comdr.
CGOB, Soo, Mich.	3-27-46	[illegible] Lt. Cdr.	C.G. Group Grand Marais	3-27-46	L.E. Tellier
C.G. Group Grand Marais	5-22-46				

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Soo BASE	B.M. 1c. (R)(S)	7-1-43	J.A. Dahlburg LT. COMDR.

16—9676-1

RECORD OF BARCLAY, David Skein 3041-005

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or special detail	Conduct	Signature
12-31-42	BM2c(R)	LESS THAN A MONTH					4.0	[illegible] Comdr.
3-31-43	BM2c(R)	3.3	3.3	3.4	3.2		4.0	[illegible] Comdr.
6-30-43	BM1c(R)	3.4	3.3	3.5	3.2	LIGHT HOUSE	4.0	[illegible] Comdr
9-30-43	BM1c(R)	3.4	3.3	3.5	3.2	LIGHT HOUSE	4.0	[illegible] CAPT.
12-31-43	BM1c(R)	3.4	3.3	3.5	3.2	LIGHT HOUSE	4.0	[illegible] LT. CO.
3-23-44	BM1c(R-S)	3.4	3.3	3.5	3.2	LIGHT HOUSE	4.0	[illegible]
3/31/44	BM1c(R	Less	than one month			Asst Keeper & Usable Lt	4.0	J. E. Tellier
6/30/44	BM 1c	3.4	3.4	-	3.3	" " " " "	4.0	J. E. Tellier
9-30-44	BM1c	3.4	3.4	-	3.3	" " " " "	4.0	J. E. Tellier
12/14/44	BM1c	3.4	3.4	-	3.3	" " " " "	4.0	J. E. Tellier
12-31-44	BM1c	3.5	3.5	-	3.5		4.0	[illegible]
3-28-45	BM1c	3.5	3.5	-	3.5		4.0	[illegible]
3/31/45	BM1c	Less	than one month				4.0	J. E. Tellier
6-30-45	BM1c	3.5	3.5		3.5		4.0	J. E. Tellier
9-30-45	BM1c	3.5	3.5		3.5		4.0	J. E. Tellier
12-31-45	BM1c	3.5	3.5	3.1	3.5		4.0	[illegible] Lt Comdr
3-27-46	BM1c(R)	3.6	--	3.1	3.6	CGOB, Soo, Mich.	4.0	[illegible] Lt. Cdr.
6-22-46	BM1c(R)	3.5		3.5	3.5		4.0	J. E. Tellier USN Asst
Average	x x x x x					x x x x x x x x x x x x		

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676-1

RECORD OF BARCLAY, David Skein (Full name, surname to the left) 3041-005 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
CGOB, Soo, Mich.	12-28-45	Authorized to wear Good Conduct Ribbon for period of service from 12-29-42 to 12-28-45 with no mark in conduct less than 4.0. PB 86-44.	J.P. Strickland Lt [illegible]
CGOB, Soo, Mich.	1-28-46	ENTITLED TO WEAR AMERICAN AREA CAMPAIGN MEDAL (ALNAV 351)	[illegible] Lt.Cdr.
CGOB, Soo, Mich.	1-28-46	ENTITLED TO WEAR VICTORY MEDAL (WORLD WAR II) (ALNAV 352)	[illegible] Lt.Cdr.
CG Persepcent #9	5-27-46	Issued Good Conduct Medal	[illegible] Lieut., USCG By Dir.

RECORD OF BARCLAY, David Skein (Full name, surname to the left) 3041-005 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
PFWOAD - 12-29-42 Sault Ste. Marie, Mich.	3-23-44	12-14-44	Au Sable Lt	L.E. Tellier CBMs USN
Grand Marais, Mich. on Sable Light Sta.	4-20-46	5-22-46		L.E. Tellier CBMs USN
				L.E. Tellier CBMs USN

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF BARCLAY, David Skein (Full name, surname to the left) 3041-005 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
R.O., Sault Ste. Marie, Michigan	12-29-42	1st. yr.	credit	-30-	- - -	John H Shiedtke
U.S.C.G BASE Soo Mich.	CREDIT	12-29-43	30	-30-	—	E. B. Nutter LT. COMDR.(A)
Soo, BASE	2-14-44	2-22-44	7	-23-	-0-	E. B. Nutter LT. COMDR.(A)
Grand Marais Sta	9-30-44	10-9-44	8	-15-		L. E. Teller
CGOB, Soo, Mich	12-29-44	CREDIT	30	-30-		J. H. Lonsdale
CGOB, Soo, Mich.	2-24-45	3-12-45	-15-	-15-		J. H. Lonsdale
~~Gr Marais Sta~~				15	30	L. E. Teller.
CGOB, Soo, Mich.	12-29-45	CREDIT	---	30	-0-	J. H. Lonsdale LtComdr.
CGOB, Soo, Mich.	2-2-46	2-18-46	15	15	-0-	J. H. Lonsdale LtComdr

16—9676

RECORD OF BARCLAY, David Skoin (Full name, surname to the left) 3041-005 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
SAULT CG BASE	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					[illegible]
Grand Marais, Mich	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					J. E. Tellier
CGOB Soo, Mich.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					[illegible] Lt.Comdr.
Grand marais	No Deductible Time while attached to this unit					J. E. Tellier
CGOB, Soo, Mich.	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					[illegible] Lt. Cdr.
C & Disp Grand marais	No Deductible Time while attached this unit					J. E. Tellier

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date ....., 19..... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF BARCLAY, David Stein 3041-005
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____, _____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { TO / NOT TO } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
C.G.Group Grand Marais Michigan.	Grand Marais Michigan.	22 May 1946.	73-531

TO (insert name, surname first, Service No., rank or rating):

x119

Barclay David S. M3041-005 BM1c

5/23/46 0755

1. In accordance with 9th Coast Guard Disp. 220-3473 { copy / certified copy / original of which is attached

PROCEED TO Detroit Michigan

REPORT TO CO- CG Personnel Separation Center No 9 Detroit Naval Armory For

FOR Temporary Duty and discharge from service. 7600 East Jefferson Ave. Detroit Michigan.

2. You will take charge of the ..... additional travelers covered by this order and listed below, and of the records indicated, for delivery to indicated destination. You (and your charge) will be governed by the General and Special Instructions set forth on the reverse hereof. IF MORE THAN ONE ADDITIONAL TRAVELER, LIST NAMES ON THE REVERSE SIDE.

TRAVELER'S NAME(S) (Addressee)	SERVICE No.	RANK OR RATE	RECORDS ATTACHED (Indicate by check (✓) records included for each person)			
			SERVICE	HEALTH	PAY	OTHER
Barclay David S.	M 3041-005	BM1c	x	x	No	None

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against ..... travel allotment, symbol 19-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by ..... and indicated below, is (AUTHORIZED) (DIRECTED).

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
NCG 518,077 NCG 518,078	1st c Pullman	Seney Mich Mackinaw City	Detroit Mich. Detroit Mich.	DSS&A New York Central	1	

MEAL TICKET(S) ISSUED (Surrender unused or spoiled tickets at destination).

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
1066222 1066223			

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR	MODEL AND YEAR	LICENSE No.	STATE

You are hereby furnished Forms ....., serially numbered from ..... to ....., to obtain a total of ....., gallons of gasoline. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

OTHER (specify): You are hereby detached from duty at Au Sable Light Station and from such other duty as may have been assigned you. You will proceed via transportation as may be furnished, to discharge center No 9 at Detroit Mich. and report to the Officer In Charge for Temporary Duty. Upon completion of the temporary duty you will when directed regard yourself detached and proceed to your homein connection with final release from duty.

ISSUED ITEMS AS DESCRIBED ABOVE.

L.E.Tellier CBM (Signature) Officer In Charge (Title) C.G.Group Grand Marais Michigan. (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of _____ days and _____ days travel time is hereby authorized for you (and your charge) en route under this order. (Addresses of travelers while on leave of absence en route will be furnished to and maintained by transferring unit.)

5. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—

From _____ (Specific location) To _____

6. DELIVERED AND DEPARTED at 1300 (Time) on 22 May, 1946, (Date)

L.E.Tellier

L.E.Tellier CBM

(Signature of commanding officer, transferring unit)

IND–1.

RECEIVED AT Grand Marais Michigan (Place) on 22 May, 1946. (Date) at 1300 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

David S Barclay

David S. Barclay BM1C

(Signature of addressee)

IND–2. **INTERMEDIATE REPORTING**

UNIT AND PLACE OR ADDRESS	TIME DATE	GOVERNMENT FACILITIES FURNISHED (Yes or No)		SIGNATURE
		QUARTERS	SUBSISTENCE	
	Reported			
	Departed			
	Reported			
	Departed			
	Reported			
	Departed			

IND–3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

CG PerSepCen#9, Detroit, Mich. (Unit) (Place or address) 0755, 5-23-46 (Time) (Date)

J. A. WILLIAMSON, By dir.

(Signature of commanding officer at destination)

INSTRUCTIONS.—Draw lines, in INK, through portions not applicable. Do NOT cross out with typewriter. LINE UP copies so that data is transferred to appropriate spaces and is LEGIBLE. *FORWARD ONE COPY TO DESTINATION UNIT.* If insufficient space is provided for any entry, make note in that space and continue entry under "Special Instructions" or on attached sheet. Identify continued items and attach additional sheets securely. When travel by aircraft is directed, include the following in paragraph 1. "Travel being necessary to the war effort, travel by Government and/or commercial aircraft is directed where necessary to the successful prosecution of the war effort, and is subject to reimbursement in lieu of subsistence at the rate of $_____ per diem while in air-travel status."

GENERAL INSTRUCTIONS

Do NOT discuss or in any manner reveal or communicate the contents of your orders or any other matters of military nature except as may be required and then only to properly identified and responsible officials. Maintain proper conduct and uniform of yourself and your charge at all times. The *intemperate use of alcoholic beverages* and the conduct usually characteristic of intoxicated men constitute *offenses against Coast Guard Regulations* and will be dealt with accordingly. Attention is directed to the joint control of Navy–Army–Coast Guard–Marine Corps personnel by shore patrol and military police. Shore patrols and military police shall be obeyed and cooperated with at all times. In case of delay which will prevent reporting at designated time, advise destination officer of facts, including estimated time of arrival. If unable to contact destination officer, communicate with nearest DCGO if practicable, otherwise with nearest Coast Guard command *without delay.* In event of any delay due to illness, accident, transportation difficulties, etc., notify destination and obtain *signed* certificate from responsible persons to confirm facts causing delay.

SPECIAL INSTRUCTIONS

U. S. GOVERNMENT PRINTING OFFICE 16—40626-2

REPORT OF CHANGE IN PERSON

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 2119 A

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BARCLAY, David S.	3041-005	BMlc, USCGR

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG PERSRECEN#9		Detroit, Mich.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
		5-27-46

TIME 0755,
DATE 5-23-46

REPORTED FROM: CG Group, Grand Marais, Mich.
FOR duty and discharge from the USCGR.

DUTY CODE NO.

AUTH: COM9CGD/D. 2203473 (May-46).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

J. A. WILLIAMSON, Lieut. USCG
(Commanding)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

31 May, 1946

Dearborn, Michigan

David S. BARCLAY (3041-005) Boatswain's Mate first class, USCGR, who was discharged from the United States Coast Guard Reserve 27 May, 1946, with an Honorable Discharge Certificate Serial No. B128414, by reason of Expiration of Enlistment.

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE - COAST GUARD

NAVCG-553 (Rev. 9-44)

1. NAME (LAST)	(FIRST)	(MIDDLE)	2. RATE OR RANK	3. PAY GRADE	4. C. G. SERVICE NO.
BARCLAY	David	Skein	*BM1c(R)	Second	3041-005

5. PERMANENT ADDRESS FOR MAILING PURPOSES	6. RACE	7. SEX	8. DATE OF BIRTH
Grand Marais, Michigan (Chippewa Co.)	White	Male	3 Dec., 1892

9. ADDRESS FROM WHICH DISCHARGEE WILL SEEK WORK (IF DIFFERENT FROM ITEM #5)	10. MARRIED YES	10. MARRIED NO	11. NO. OF DEPENDENTS	12. U. S. CITIZEN YES	12. U. S. CITIZEN NO
Same as item #5	X	X	ONE	X	

RECORD OF COAST GUARD SERVICE

SELECTIVE SERVICE DATA ▶	13. REGISTERED YES	13. REGISTERED NO	14. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	15. LOCAL BOARD NO., COUNTY AND STATE
	X		601 Osborn Blvd. Sault Ste. Marie, Mich.	Bayfield Co. Unknown, Wisconsin

16. PLACE OF ENTRY INTO SERVICE	MO.	DAY	YR.	17. PLACE OF SEPARATION FROM SERVICE	MO.	DAY	YR.
Sault Ste. Marie, Mich. (Active)	12	29	42	CG Persepcent No.9, Detroit	5	27	46

18. CHARACTER OF DISCHARGE	19. [redacted] OF FOREIGN AND/OR SEA SERVICE WORLD WAR II
HONORABLE	NO

20. SERVICE SCHOOLS ATTENDED	COURSES	WEEKS	21. OFF DUTY EDUCATIONAL COURSES	CLASS HOURS
NONE				

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

22. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (GIVE FIRM NAME AND ADDRESS)	DATE LEFT
Civil Service - US Coast Guard	Dec. 1942

23. USUAL CIVILIAN OCCUPATION (D.O.T. TITLE AND BRIEF DESCRIPTION)	24. JOB FIELD PREFERENCE
Assistant Lighthous Keeprr 5-61.310	Same Job

25. JOB AID DESIRED? YES	25. JOB AID DESIRED? NO	26. LOCALITY PREFERENCE (GIVE GENERAL AREA)
X		Michigan

27. NON-SERVICE EDUCATION	ENTER NUMBER OF YEARS COMPLETED: GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE	28. MAJOR COURSE OR FIELD
	6	--	--	--

29. VOCATIONAL OR TRADE COURSES (INDICATE NATURE AND LENGTH OF COURSES)

NONE

30. PREFERENCE FOR ADDITIONAL EDUCATIONAL TRAINING

NONE

31. REMARKS

*Item #2 BM1c(R) - Boatswain Mate, First Class(Reserve)
Born: Whitefish Point, Mich. (
Entitled to the American Area Campaign Medal, World War II Victory Medal, CG Good Conduct Medal.

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the U. S. Coast Guard and that a copy of this form has been delivered to him in person.

32. [signature] (SIGNATURE OF DISCHARGING OFFICER)

R. B. FOSSEE, Lieut., USCGR
Civil Readjustment Officer
(TYPEWRITTEN AUTHORITY OF DISCHARGING OFFICER)

33. SIGNATURE OF DISCHARGED PERSON

David S. Barclay

DATE

27 May, 1946

2

TO: COAST GUARD HEADQUARTERS

UNITED STATES COAST GUARD
Detroit 14, Mich.

Address reply to
COMMANDING OFFICER
CG PerSepCon #9
Applefence 701

27 May, 1946

BARCLAY, David S. 3041-005 BMlc, USCGR - PRESENT

To:

Subj: Discharge from the United States Coast Guard (Reserve)
ALCOAST 57-46

1. Under authority of **Honorable Discharge Certificate** you are hereby discharged from the Coast Guard (Reserve) effective this date with: **B128414 by reason of expiration of enlistment.**

2. The following information if for your guidance and to aid you in ascertaining your status subsequent to discharge:

(a) Any attempt to reenlist in the U. S. Coast Guard or other branches of the Service without revealing fact, character, and reason of last discharge is a serious offense.

(b) You are permitted to retain uniforms upon discharge and may wear same from place of discharge to your home within 90 days after date of discharge. You are not permitted to wear uniform after arrival home, even though the 90-day period has not expired. The uniform, if worn, shall be worn in such a manner as not to discredit the Service. Except for overcoat, shoes or raincoat, no outer or distinctive parts of uniform shall be worn with civilian clothing.

(c) You should register with the proper local Board of Selective Service immediately subsequent to discharge.

(d) You are required to surrender all identification cards in your possession and you shall not hereafter use any identification card issued during service in the Coast Guard.

(e) Medical relief will be furnished by the U. S. Public Health Service in the event that application therefor is made within 3 days subsequent to discharge.

(f) You will be afforded every assistance in seeking employment upon application to the U.S. Employment Service via nearest facility of the Veterans' Administration.

(g) In the event you carry Government insurance and desire to continue it subsequent to discharge, the premiums should be forwarded direct to the Veterans' Administration, Washington, DC, the first premium being accompanied by a statement of information indicating address, fact of discharge, description of policies, etc.

(h) Should you desire to submit an application for a pension, the following records will be prepared at your request and forwarded to the nearest applicable regional office of the Veterans' Administration:

(1) Application for pension (VA 526)
(2) Typed or photostatic copy of Form 2525B(Report of Physical Exam)
(3) Typed or carbon copy of medical record
(4) Copy of report of Board of Medical Survey
(5) Statement as to type, character, etc. of discharge issued
(6) A letter of transmittal listing items 1 to 5 hereof as inclosures

3. Acknowledgement of receipt by indorsement hereon is requested, indicating your address subsequent to discharge.

E. H. SPURLOCK

By direction

Incls **B128414**
1. HD Serial No.
2. HD Button 3. HS Button 4. HS Emblem

Ind-1
27 May, 1946 **Grand Marais, Michigan**

I hereby acknowledge receipt of the foregoing information, Honorable Discharge Certificate, Serial No. **B128414**, Honorable Discharge Button, Honorable Service Button and Honorable Service Emblem. I indicate my address subsequent to discharge as: **David S. Barclay**

David S Barclay

Detroit, 14, Michigan

COMMANDING OFFICER
CG Persepcent #9

783

27 May, 1946

To: BARCLAY, David S. 3041-005 BM1c, USCGR

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three-year period of continuous active duty in the U. S. Coast Guard Reserve from 29 December, 1942 to 28 December, 1945. You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your good conduct medal the following information:

DAVID S. BARCLAY
CGOB, SOO, MICH
12-28-45

J. A. WILLIAMSON, Lieut., USCG
By direction

UNITED STATES COAST GUARD
Detroit, Mich.
Personnel Separation Center #9

INFORMATION FURNISHED DISCHARGEES BY CRO OFFICE:

1. X LAST CIVILIAN JOB
2. X NEW JOB
3. X CARD TO FORMER EMPLOYER
   ___ YES X NO
4. X CIVIL SERVICE (Federal, State, Local)
   _____
5. X UNEMPLOYED ALLOWANCE
6. X APPRENTICE JOB TRAINING
7. X EDUCATIONAL INFORMATION
8. X REHABILITATION TRAINING
9. X HOSPITAL OR MEDICAL CARE
   DISABILITY PENSION
10. X FILED ___ DID NOT ___ DATE 3-25-46
11. X REVIEW OF DISCHARGE
12. X LOAN GUARANTY
13. X PERSONAL PROBLEMS (CHAPLAIN)
14. X HOME PROBLEMS (RED CROSS)
15. X INSURANCE
16. X WAR BONDS
17. X INCOME TAX
18. X LEGAL ASSISTANCE
19. X E. H. I. C.
20. X WEARING OF UNIFORM
21. X LAPEL BUTTON
22. X TRAVEL ALLOWANCE
23. X DRAFT STATUS
24. X PAY PROBLEMS (Personal, dependents, claims, family allotments)
25. X MUSTERING OUT PAY
26. X SURPLUS WAR PROPERTY
27. ___ REFERRED TO:
    ___ U. S. E. S.
    ___ V. A.
    ___ RED CROSS
    ___ CHAPLAIN
    ___ LEGAL OFFICER

I have the above-checked information explained to me.

X David S Barclay
(Signature of Dischargee)

BARCLAY DAVID S
(Print name of dischargee)

D. Ford
(Interviewer)

Detroit, Michigan

CG PerSepCen#9

File: 783

24 May, 1946

To: Commander, 9th CG District, Cleveland

Subj: Restoration to my former civilian position; request for

It is requested that I be restored to my former civilian position that of Keeper, Au Sable Light Station, Grand Marais, Michigan upon my discharge from the U. S. Coast Guard Reserve.

David S. Barclay
(M3041-005) BM1c, USCGR

Ind-1
CG PerSepCen#9, Detroit, Michigan
28 May, 1946

To: Comdr., 9th CG District (pcp)

Forwarded in accordance with your dispatch 201926 (May, 1946). Photostatic copy of discharge is attached.

V. F. TYDLACKA
Executive Officer

MEDICAL HISTORY QUESTIONNAIRE

NAME: BARCLAY DAVIS RATE: BM1c AGE: 53 DATE: 5/24/26

HOME ADDRESS

You are asked to answer these questions carefully in order to help your Medical examination, and to make certain that your final records are completed properly. Be as complete as possible, for your own protection. If you need more space, use the back of the paper.

What kind of discharge are you getting? Underline: Overage Underage Dependecny ~~Convenience of the Government~~ Release from active duty

How long have you been in the service? 3 YEAR 0 MONTH

How much ashore: 3 YEAR 5 MONTH Overseas? At sea?

Have you been in combat: NO If yes, where: tell about it.

What injuries or disabilities have you received while in the service?

Were you treated for any illnesses which are not in your health record, but which you want noted? If yes, tell about it.

Have you been nervous or worried about anything while in the service?

Do you require any medical attention or hospitalization for any reason at the present time?

Are you worried or nervous about anything now? Do you wish to speak to the psychiatrist? Yes

Do you plan to apply for a disability pension? (Note: If there is any doubt in your mind about this, it is best for your own protection to file an application at this time to establish any possible claim.) If yes, list your complaints in detail.

Have you any other medical questions to ask or statements to make? No

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)-Ⓑ NAME (PRINT CLEARLY): BARCLAY, (LAST) David (FIRST) Skein (MIDDLE)
SERVICE NUMBER: 3041-005
HEIGHT: 5 ft 6½ in
WEIGHT: 175
RACE: W

(2) HOME ADDRESS: 601 Osborn Blvd., Sault Ste Marie, Mich

(3) BIRTHPLACE: Whitefish Point, Mich
(GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 3 Dec. 1892
HOW LONG IN U. S.: -- YEARS

(5) CITIZEN [X] L-29 NON-CITIZEN [ ] L-28 TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS: Married
(7)-Ⓣ NUMBER OF DEPENDENTS: 2

(8) EDUCATION
NON-E. [ ] R-3 ILLITERATE [ ] R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	6			Whitefish Point, Mich		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS	6	X X X X X X X X X X X X				

(10)-Ⓛ LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S	R	W	FRENCH (L-24) S	R	W	GERMAN (L-25) S	R	W	OTHER LANGUAGES (L-26) S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: Sault Ste Marie, Mich DATE: 23 Dec 1942

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
		X		

(13)-Ⓣ MAIN OCCUPATION: Assistant Lighthouse Keeper — YEARS AT IT: 7 — WKLY. WAGE: $30.00
D. O. T. CODE: 5-61.310
JUST WHAT DID YOU DO? Asists in the maintenance and operation of lighthouse and its equipment.

LAST DATE OF EMPLOYMENT: Active
EMPLOYER: U. S. Coast guard (FIRM NAME)
ADDRESS OF EMPLOYER: Sault Ste. Marie, Mich.
DEPT., SHOP OR BRANCH:
KIND OF BUSINESS: Gov. Serv.

(14)-Ⓣ SECOND BEST OCCUPATION: Fireman, marine — YEARS AT IT: 12 — WKLY. WAGE: $55.00
D. O. T. CODE: 7-70.210
JUST WHAT DID YOU DO? Stoked boilers on tugs for the Great Lakes towing co.

TEST	SOCIAL STUDIES (15)-Ⓑ	ARITHMETIC (16)-Ⓑ	MECHANICAL APTITUDE (17)-Ⓑ
GRADE —SCORE	44	54	57

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. Signalman 16
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. None
2.
3.

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
~~Navy~~	~~1½~~	~~Sea 1c~~	~~1919~~				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. ~~None~~			
2.			
3.			
4.			

(22) REMARKS:

Prof 3.4 AIOM 3.2 Conduct 4.0
~~Not interested in a service school. Best suited and fitted for present work~~ which he likes.

(23) NEXT OF KIN Wife

NAME Mabel L. Barcley
ADDRESS 601 Osborn Blvd.
CITY Sault Ste Marie STATE Mich.

(24)-R RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
11-12-43	Middle Neebish Light	BM 1c	Lighthouse

Sault Ste. Marie, Michigan

Commanding Officer
CG Operating Base
File 783

file

SR

562 Permit

17 March, 1946

To: DCGO, Cleveland 9th Naval District (pra)

Subj: BARCLAY, David S. (M3041-055) BM1c USCGR; discharge; recommendation for

1. Reference Alcoast 67-45, 18 August, 1945, it is recommended that action be taken toward the discharge of subject man in that he is in a Class "M" status.

2. Form 2599, from Grand Marais LB Station, Grand Marais, Michigan dated 14 August, 1944 indicates as follows: " 8 August, 1944 - Placed in Class "M" due to Hypertensive Cardiovascular disease, mild; Benign Hypertrophy of prostate, slight. Retention in the service on limited duty status. Auth: DCGO,Cleve9ND/L 8-12-44 (783-701) (pra)."

3. In that subject man did not report this unit until 14 January, 1946, no further evidence is available as to why discharge was not expedited in accordance with reference listed above.

T. A. DAHLBURG

cc: files

UNITED STATES COAST GUARD

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER (pcp)
NINTH NAVAL DISTRICT
CLEVELAND 15, OHIO

REFER TO FILE: 75-783

21 March 1946

To: Commanding Officer, CG Base, Sault Ste. Marie, Michigan

Subj: BARCLAY, David S. (M3041-055) BM1c, USCGR

1. Reference is made to your letter of 17 March 1946, file 783, recommending subject man's discharge. It is noted that your dispatch 201555 states Barclay desires discharge in order that he may revert to civil service employment as lighthouse keeper.

2. This office has obtained authority from HQ to retain former civilian employees in their CG Reserve status for a period not to extend beyond 30 June 1946. In view of inadequacy of funds for payment of former incumbents of civilian positions if restored at this time, it is extremely desirable that they remain in the Reserve as long as possible. If Barclay insists on his discharge direct him to make formal request to this office. He will not necessarily be assigned to the station where he was serving at the time of his enlistment, but would probably be designated for the same station where now assigned at the rate of civilian pay for principal keeper.

J. J. Hutson, Jr.

J. J. HUTSON, Jr.
By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 71

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BARCLAY, David S.	M3041-005	BMlc(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Operating Base		Soo, Mich.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-275		3-27-46

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1230

DATE 3-27-46

TRANSFERRED TO: CG Group, Grand Marais, Michigan

FOR assignment to perm duty, 1946 navigation season, at AuSable Light Station. No leave of absence granted enroute.

AUTH: DCGO,Cleve.9ND/D 192330 (March, 1946)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 04-D

AUTH: J. D. STRICKLAND, Lieut., USCG

XXXXXXX Executive Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

SR

No.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BARCLAY, David S.	3041-005	BM1c, USCGR

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE		Soo, Michigan

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-275		18 February, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

1045, 18 February, 1946 - Reported from fifteen (15) days' authorized leave of absence (annual).

Subject man reported prior to expiration of leave.

DUTY CODE NO.: 04-D

AUTH: CO Ind F/2519 2-1-46

J. D. STRICKLAND, Lieut., USCG
xxxxxxx Executive Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

SR

No.

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, David S.	3041-005	BM1c, USCGR
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG OPERATING BASE		Soo, Michigan
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-275		4 February, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

0800, 2 February, 1946 - Departed on fifteen (15) days' authorized leave of absence (annual) to expire prior to noon 18 February, 1946.

DUTY CODE NO.
04-D

AUTH:
CO Ind F/2519 2-1-46

J. D. STRICKLAND, Lieut., USCG
Executive Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-A

783 (pra)

29 January, 1946

To: The Commandant (PEA)

Subj: Barclay, David S. (M3041-005) BM1c, USCGR; statement of creditable service; request for

It is requested that statement of creditable service in the case of subject man be furnished in order that Personnel Bulletin No. 59-42 may be complied with. Barclay has in his possession an Honorable Discharge Certificate indicating enlistment in the United States Naval Reserve Force on 29 April, 1918 and discharge on 30 September, 1921.

M. BARTHOLOMEW
By direction

CC: Pay Officer
OB, Sault Ste. Marie, Michigan

" GRAND MARAIS LIFEBOAT STATION"

Quarterly marks to be entered in Barclay, David S. service records,
for period ending 31st, December, 1945.
Pro. in rating-3.5, Seamanship-3.5 Mechanical ability-3;1
Ability of leader of men- 3.5, Conduct- 4.0

L.E. Tellier

L.E. Tellier (CBM)

Officer in Charge

N. C. G. No. 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
PAY No. .....

REPORT OF CHANGE IN PAY STATUS

BARCLAY	David	S.	3041-005	BMlc, USCGR
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE 19-275	Sault Ste. Marie, Michigan	25 January, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Completed a three year period of net service and will be credited with increased pay on the following statement of service:

Previous Navy Service: 3 yrs. 5 mos. 1 day

Current Coast Guard Service:

Enlisted (3)	12-29-42
A.W.L.	None
Sick, Misc.	None
N.P.D.I.	None
Completed 3 years	12-28-45

Total creditable service for longevity: 6 yrs. 5 mos. 1 day

04-D
AUTHORITY:
PB 59-42
Fin.Cir. 74-42

J. D. STRICKLAND, Lieut., USCG
~~(Commanding)~~

Executive Officer
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

..... (Date)

..... (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534889

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

Coast Guard Operating Base, Sault Ste. Marie, Michigan

Date: 29 December, 1945

BARCLAY	David	S.	3041-005	EM1c, USCGR
Surnmae,	First name,	Initial	Service Number	Rating

has completed a continuous period of three years' active service on 28 December, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record, and above named person has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time.

J. D. STRICKLAND, Lt., USCG
Commanding Officer (Acting)

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 27

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, David S.	M 3041-005	BM1c, USCGR
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG OPERATING BASE		Soo, Michigan
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
19-275		14 January, 1946

TIME 1500
DATE 14 January, 1946

REPORTED FROM: Grand Marais Lifeboat Station, Grand Marais, Mich.
FOR assignment to permanent duty.

DUTY CODE NO. 04-D AUTH: DCGO, Cleve/L 5 Jan.1946 (783-531)(pra)

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO LEAVE OF ABSENCE GRANTED ENROUTE.

DUTY CODE NO.
04-D

AUTH:

J. D. STRICKLAND, Lieut., USCG
xxxxxxx Executive Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, David S.	3041-005	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE		Sault Ste. Marie, Mich.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-275	13 March, 1945

TIME 1015
DATE 12 March, 1945

REPORTED FROM: Fifteen (15) day authorized annual leave of absence
FOR Resumption of regular station and duty.

DUTY CODE No. 04-D AUTH: CO, Ind. Form 2519. 3-6-45.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

Above named person reported prior to expiration of leave.

DUTY CODE NO. AUTH:

J. C. RUNQUIST, Executive Officer Lt., USCG

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

CG OPERATING BASE, SOO, MICHIGAN
18 January, 1945
File: 783

MEMORANDUM TO PAY OFFICER, CLEVE.9ND

It is requested that this office be advised the number years subject man, BARCLAY, David S.M(3041-005)BM1c, USCGR, is receiving pay. US Naval Reserve discharge shows that he served in that branch of the Navy from 29 April, 1918 to 21 September, 1921. If subject is not drawing 5% please advise; if not HQ will be requested to furnish Statement of Service

CGOB, SOO, MICHIGAN

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY (Surname) David (First name) S. (Middle initial) M3041-005 (Service No.) BM1c (Rank or rating)

Grand Marais LB Station 19-294
Au Sable Light Station (Unit) 19-296 Grand Marais, Michigan (Place) 28 March, 1945 (Date)

1400-28 March, 1945: Departed this unit, transferred to Au Sable Light Station for assignment to Light Station duty.

1500-28 March, 1945: Reported to Au Sable Light Station, for assignment to permanent Light Station duty.

(29) (30)
AUTHORITY:
DCGO, Clev/L 3-10-45
(oan)(601-603-626)

L. E. TELLIER, CBM
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Grand Marais LB Station 19-294	Grand Marais, Michigan	28 March, 1945
(Unit)	(Place)	(Date)

1130-28 March, 1945: Reported this unit from CG Operating Base, Sault Ste Marie, Michigan, for assignment to permanent duty. No leave or travel time granted enroute.

(29)
AUTHORITY:
DCGO,Clev.9ND(pra) letter
3-21-45 (783-531)

L. E. TELLIER,CBM
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SR

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BARCLAY, David S.	M3041-005	BMlc, USCGR

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE		Sault Ste. Marie, Mich.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-275	28 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH: Mail to

TIME 0800
DATE 28 March, 1945

TRANSFERRED TO: CG Group, Grand Marais, Mich. for assignment to ~~FOR~~ permanent duty at Au Sable Light Station.

No leave granted en route.

AUTH: DCGO Clev9ND/L 21 March, 1945 (783-531-pra)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

U. S. COAST GUARD
Rec'd MAR 30 1945
GRAND MARAIS STATION

DUTY CODE NO. 04-D

AUTH: J. C. RUNQUIST, Lt., USCG, Executive Officer
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

N. C. G.-2529
(Rev. 9-2-41)

CLASS "S"

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CLEVELAND, ~~Detroit~~ Recruiting Office (Unit)

Sault Ste. Marie, ~~Detroit~~, Michigan (Place)

29 December, 1942. (Date)

FROM: BARCLAY, David Skein (3041-005), B.M.2c.(R)~~(S)~~

To: COMMANDANT (via Recruiting Officer, ~~Detroit~~ Sault Ste. Marie, Michigan.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
~~NOT~~ MARRIED Mabel Lucille Barclay	601 Osborn Blvd., Sault Ste. Marie, Michigan.
(Full name of child; if none, so state)	(Address of child)
~~NONE~~ Frances Barclay	601 Osborn Blvd., Sault Ste. Marie, Michigan.
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Margaret Elizabeth ~~Lidtke~~ Lidtke	sister	711 Peck, Sault Ste. Marie, Mich.

POTENTIAL
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and ~~sworn~~ before me this 29th day of Dec., 1942

John S. Liedke
~~John S. Liedke~~, Lieutenant, C.B.M.
(Signature)

By direction, U.S.C.G.
(Rank or title)

David Skein Barclay
David Skein Barclay
(Signature)

B.M.2c.
~~USCG~~, U.S.C.G.R. CLASS "S"
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Grand Marais LB Station (19-155-15)	Grand Marais, Michigan	14 August, 1944
(Unit)	(Place)	(Date)

8 August, 1944: Placed in Class "M" due to Hypertensive Cardiovascular disease, mild; Benign Hypertrophy of prostate, slight. Retention in the service on limited duty status.

(30)
AUTHORITY:
DCGO, Cleveland/L 12 August, 1944 (783-701) (pra)

L. E. TELLIER, CBM(a)
(Commanding)

Commanding Officer
(Title)

File - Ser Record

Certified to Be a True Copy

L. E. Tellier.

L. E. TELLIER, CBM
Commanding Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE 19-275	Sault Ste. Marie, Michigan.	15 December, 1944
(Major unit)	(Unit Item No. or vessel's assigned district) (Place)	(Date)

(Minor unit)

0935, 15 December, 1944 - Reported from CG Group, Grand Marais, Michigan, for assignment to permanent duty.

No leave granted en route.

DUTY CODE No.: 04-D
AUTHORITY:
DCGO. Clev.9thND/L 11-21-44(783-531).

J. C. RUNQUIST, Lt.USCG
(Commanding)

Executive Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

Application for F.A.

x

12 November 43

BARCLAY	David	Stein	Mlc	U. S. Coast Guard	
Little Rapids Cut Light Station, U.S.C.G. Base, Sault Ste. Marie, Mich. 3041-005				December 29, 1942	December 29, 1942

Barclay	Mabel	Lucille	Wife	-	
601 Osborn Blvd.		Sault Ste. Marie,			Michigan.
Barclay	Francis	May	daughter	April 18, 1927	
601 Osborn Blvd.		Sault Ste. Marie,			Michigan.

February 27, 1926

BARCLAY David Stein 3041-005 BMlc.

lAttle Rapids Cut Lt. Station,
USCG BASE, Sault Ste. Marie, Michigan. 12 November, 1943

Feburuary 27, 1926.

x

Mr Mo

December 29, 43.

From compensation of—

BARCLAY, David Skein (3041[redacted]05) B.M. 2c(R)

APPLICATION FOR ALLOTMENT

PAYABLE TO—

Monthly allotment in the amount of—

Thirteen dollars and fifty cents (Words) ($ 13.50 (Figures)) Dollars.

Name TREASURER OF THE UNITED STATES

Street and number

Post office WASHINGTON D.C. State

If payable to a bank, business institution, or individual, for credit of*—

Name ALLOTTER

Reason for allotment Nat'l Service Life Insurance.

First payment: Month July, 1943

I hereby request and authorize allotment, chargeable to my pay, as above.

David S Barclay

Rank or rating B.M.(R)2c. U. S. C. G.

2 July, 1943

Approved, allotment granted.

T.A. Dahlburg

T.A. DAHLBURG, Lt Comdr. (R)

~~Commanding~~ Executive Officer

~~Command~~ SOO BASE ~~District~~

Witnessed and registered , 19

Pay officer,

16—12642-1

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

COPY

* Allotter or member immediate family

RESERVED FOR USE OF HEADQUARTERS

(Plate impressions)

(Address changes)

(Put time stamp impressions below)

NOTICE

THIS ALLOTMENT APPLICATION REMAINS IN FORCE AFTER REGISTRATION BY PAY OFFICER UNTIL SUCH TIME AS ACKNOWLEDGMENT OF STOPPAGE FORM IS ACTUALLY RECEIVED FROM HEADQUARTERS 16—12542

David Skein Barclay

601 Osborn Blvd. Sault Ste. Marie Michigan

Whitefish Point Michigan 3 December 1892 51

29 December, 1942 B.M.2c(R) U.S. COAST GUARD 3041-005

None No

10,000

No

Mabel Lucille Barclay Wife 10,000 601 Osborn Blvd, Sault Ste. Marie, Michigan /

Mabel Lucille Barclay 601 Osborn Blvd., Sault Ste. Marie, Michigan

1 August 43

13.50

13.50

Sault Ste. Marie, Michigan 2 July 43

A.L. KOOI, Ensign, USCG.

T.A. DAHLBURG,
Lt. Comdr. USCGR.

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY (Surname) David (First name) S. (Middle initial) (M)(3041-005) (Service No.) BMlc (Rank or rating)

Grand Marais Lifeboat Station 19-294
Au Sable Light Station 19-296 (Unit) Grand Marais, Michigan (Place) 14 December, 1944 (Date)

0900-14 December, 1944: Departed Au Sable Light Station, transferred to Grand Marais Lifeboat Station for assignment to permanent duty.

1030-14 December, 1944: Reported from Au Sable Light Station for assignment to permanent duty.

(30) (29)
AUTHORITY:
DCGO,Clev/L 10/23/44 (601-626)

L. E. TELLIER,CBM
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY (Surname) [illegible] (First name) [illegible] (Middle initial) 30[illegible] (Service No.) "[illegible]" (Rank or rating)

Au Sable Light Station 19-296 (Unit) Grand Ma[illegible] (Place), Michigan 9 October (Date) 1944

1210-30 September, 1944: Departed this unit on (8) days leave.

1130-9 October, 1944: Reported this unit from (8) days leave, on time.

Entitled to leave rations from 1 October, 1944
to 8 October, 1944 -Inclusive, 8 days
@ .65 per day - - - - - - - - - - - - - - - $5.20

AUTHORITY(30)

P2519,DCGO,Clev.2nd Ind.9/26/44 (783)

L. B. [illegible] (Commanding)

Commanding Officer (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0

AFFIDAVIT

Sault Ste. Marie, Michigan
(Place)

29 December 1942
(Date)

TO WHOM IT MAY CONCERN:

I, David Skein Barclay, U. S. Coast Guard Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for a pension, diaability allowance, disability compensation, or retired pay from the Government of the United States.

David Skein Barclay
David Skein Barclay
(Signature)

B.M.2c. U.S.C.G.R. Class S.
(Rank or rating)

Subscribed to before me this 29 day of December, A.B., 1942, at Sault Ste. Marie, Michigan.
(City or place) (State)

John G. Liedke
John G. Liedke, C.B.M.
Chief Boatswain, U.S.C.G.
Recruiting Officer, Detroit, 9th N.D.
by direction.

By direction, D.C.G.O., Cleveland, 9th Naval District.

[redacted] AND A. FORM 550

MUSTERING OUT PAYMENT

#xx 30142005	BARCLAY	David	S.	BM1c, USCGR
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

27 May, 1946	CG Persepcent No.9, Detroit	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* NO

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

J. A. WILLIAMSON, Lieut., USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? NO (Enter Yes or No)

David S Barclay

(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:

(Omit address if service is LESS than 60 days)

[redacted] (Number) (Street)

Grand Marais, Michigan

(City) (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 4315 (Public voucher) 461362 (Check number) MAY 27 1946 (Date)

(Type name and symbol No. of disbursing officer making initial payment)

HOMER E. [illegible]

Lt. (jg) USCG

MUSTERING OUT PAYMENT DIVISION DATA

cd

TRIPLICATE

Symbol 551-044

28. The Syphilitic Abstract Sheet will only be inserted in the Health Record after a diagnosis of syphilis has been made by a medical officer. Marine hospitals and other stations will be furnished a supply of blank Syphilitic Abstract Sheets, and when a diagnosis of syphilis has been established the sheet will be filled in as called for by the form and used thereafter to record syphilitic history. This abstract does not take the place of the usual entries made in the Medical History, but it is additional thereto.

29. The Abstract of Service Sheet appearing on the reverse side of the Termination of Service Sheet is self-explanatory. Upon receipt of a Health Record at a Coast Guard unit the necessary entry will be made on this sheet.

30. For ordinary cases the following examples indicate the data required:

CUTTER "MOJAVE", BOSTON, MASS.

October 13, 1936.

Diagnosis: Tonsillitis acute. Not due to misconduct; incident to service, result of exposure on watch.

Chief complaint: Sore throat and difficulty in swallowing.

Examination reveals acutely congested throat with considerable swelling. Temperature 38; respiration 24; pulse 90.

To bed; saline cathartic at once. Throat painted with 10 percent argyrol solution preceded by hot gargle.

October 14, 1936: Condition improving. Treatment continued. Temperature, pulse, and respiration now normal.

October 16, 1936: To duty, fit for same.

C. D. BROWNE,
Asst. Surgeon, U.S.P.H.S.

U.S. MARINE HOSPITAL, BALTIMORE, MD.

March 17, 1933.

Diagnosis: Gastroenteritis acute. No. 0619. Not misconduct.

Chief complaint: Acute pain in epigastric region, nausea, vomiting, and diarrhea.

Family history: Irrelevant.

Present history: Patient states that he was perfectly well until 2:15 a.m., this date, when he was aroused from sleep with a severe pain in epigastrium followed by nausea and vomiting. Had eaten some fried ham bologna and a lettuce and tomato sandwich for supper and a cup of coffee at 9:00 p.m. This was regurgitated. Patient then took some salts and called in a private physician who recommended transfer to hospital.

Physical examination: Age 40; weight 170. Gain of 10 pounds. Temperature 100.9 F.; pulse 100; respiration 22; blood pressure 120-78.

Heart and lungs: Negative.

Eyes: Negative.

Ears: Negative.

Nose: Negative.

Mouth: Negative.

Throat: Negative.

Tonsils: Negative.

Teeth: Extensive fillings.

Abdomen: Negative.

Genitalia: Negative.

C.N.S.: Negative.

General physical examination is essentially negative. The abdomen is soft. There is no rigidity or tenderness. No palpable masses.

March 18, 1933: Temperature 98.4 F.; pulse 84; respiration 20. No symptoms aside from weakness.

Blood count:

RBC	5,000,000
WBC	9,200
HgB	98
Band forms	60
Segmented	25
Lymphocytes	5
Basophiles	1
Monocytes	9

Urinalysis: 120 cc submitted clear amber; acid reaction; specific gravity 1.026; albumin positive 0.01 percent; positive for occult blood; cast few finely granular; mucus small amount; leucocytes 0-3 per HDF; erythrocytes 1-4 per HDF; epithelium few squamous. Electrocardiographic study essentially negative.

March 19, 1933: Temperature, pulse, and respiration normal. No symptoms. Discharged to duty well.

JOHN J. PHELPS,
P.A.S., U.S.P.H.S.

Approved:
G. H. PHELPS,
Medical Director, U.S.P.H.S.

2—16139 U.S. GOVERNMENT PRINTING OFFICE

BLOOD TYPE "C"

BARCLAY ~~CARACCIO~~
(Surname in capital letters)

David Skoin
(Given name(s) in full)

"M" 3041-005
(Service number)

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING ~~B.M.2c.(R)~~

CHANGES

B. M 2/c to Bm 1/c 7-1-43

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

Form 2525
TREASURY DEPARTMENT
U.S. COAST GUARD
October 1936

2—16139

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

BARCLAY
(Surname)

David Skein
(Given name-s)

B.M.2c.(R)(S) 3041-005
(Rank or rate) (Service number)

INSTRUCTIONS

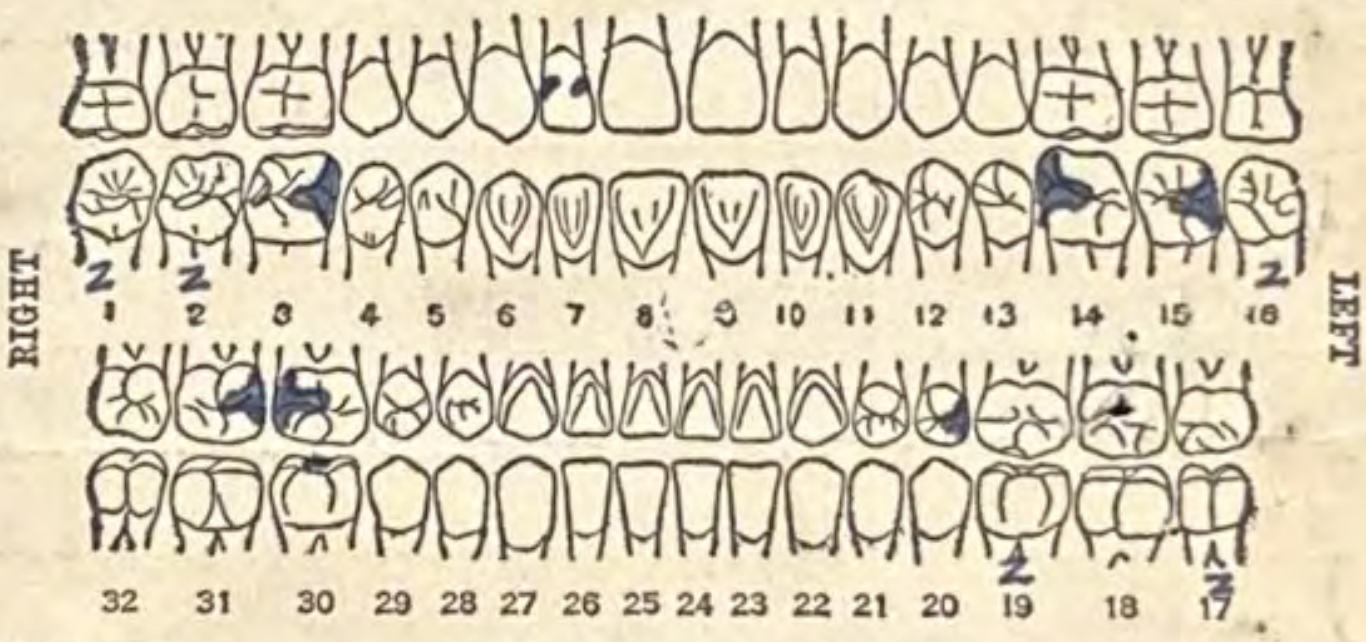
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

Exam. Grand Marais LB Station
9/10/45 Grand Marais, Michigan

R.J. TOFTE
P.A. Dental Surg. USPHSR

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS

2—16140

Barclay

DENTAL RECORD

Entries to cover entire period of service

(2)

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Examination	3-24-43	H.W. Eastburn
#7 Silicate H	3-24-43	"
#6 " " G	3-24-43	"
#7 " " G	3-31-43	"
#8 " " H	3-31-43	H.W.E.
Examination	1.3.43	C.V. Jay Brinkley
X-Ray # 15	- - "	C.V.J
#35 Filling Amalgam	1.7.43	C.V.J
Examination	9/10/45	
# 15-R Cement base-	aaa	
# 30-S Cement base-	aaa	
Polished 2 fillings		
Case completed		R.J.Tofte

Examination

3

Form NCG-2525D

MEDICAL HISTORY

Surname BARCLAY, Service No. 3041-005

Christian name-s David S.

STATE NAME OF PLACE DATE EACH NEW ENTRY

IN-PATIENT ENTRY

U. S. Marine Hospital, Chicago, Ill.

ADMITTED: June 15, 1944

DIAGNOSES:

400-530 - Hypertensive cardiovascular disease, mild

764-799 - Benign hypertrophy of prostate, slight

STATUS: Incident of service and not due to misconduct.

CHIEF COMPLAINT: "I'm here for a Board of Medical Survey." -"I have to pass my water more often of late."

PAST HISTORY: No childhood diseases, and none as an adult.

FAMILY HISTORY: Irrelevant

OPERATIONS: Appendectomy and tonsillectomy.

VENEREAL: Denied

PRESENT HISTORY: This man was admitted to this hospital with orders for a Board of Medical Survey for the purpose of reclassification. He had no complaints on admission, except that he stated he had recently noticed a slight urinary frequency and an occasional nocturia.

PHYSICAL EXAMINATION revealed - Scarring of right ear drum, slight cardiac hypertrophy, blood pressure: 180/100, slight prostatic hypertrophy, and bilateral arcus senilis.

LABORATORY REPORTS:

6-16-44 - Urinalysis was normal except for 1-3 pus cells.

6-16-44 - Wassermann and Kahn test was negative.

6-16-44 - RBC: 4,870,000; WBC: 5,400; hemoglobin; 96.9%; small mono; 39; transitionals; 4; eosinophiles; 3; basophiles; 1; neutrophiles; 53

(Over)

3

Barclay

(16)

Page _____

TREATMENT: None, except routine hospital care.

DISCHARGE NOTE: Because of patient's age and the conditions listed above, this man is considered unfit for general duty but should give further useful and efficient service under the limited classification.

Patient was discharged from this hospital on June 22, 1944, fit for limited duty. See report of Medical Survey dated June 20, 1944.

David W. Scott Jr

D. W. Scott, Jr.,
P.A. Surgeon, USPHS

CL

C. G. Base Dispensary
~~Sault Ste. Marie, Michigan~~
12-22-44

Examined this date on transfer (to ~~or from~~) this unit and found free of ~~communicable disease.~~

Laura E. Vermillion Ph 3/c

C. G. Base Dispensary
~~Sault Ste. Marie, Michigan~~
3-27-45

Examined this date on transfer ~~(to or~~ from) this unit and found free of communicable disease.

L. M. Bass, Ph m/c

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Page 3

Surname BARCLAY, Service No. M3041-005

Christian name-s David S.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

USCGOB - Sick Bay
Sault Ste. Marie, Michigan
2 May, 1945

Examined 4-30-45 in accordance with paragraph 2(b) of Personnel Bulletin No. 78-44 to determine whether or not he should be retained in Class (M). No substantial change has occured in the physical status.

E. R. Levitz

E. R. LEVITZ,
Asst. Surgeon, USPHS(R)

16—25658-1

(6)

NCG—2525 B

PHYSICAL EXAMINATION RECORD 25-18

(To be completely made up by medical officer, in duplicate)

Name BARCLAY, David S. Service Number 3041-005
(Surname first)

Age: Years 53 Months 6 Color white

For: discharge
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating BM1c

Place Detroit, Mich. Date 5-25-46

Personal Medical History

Vision: R.E. 20/ 70 L.E. 20/ 50 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? no Test used plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

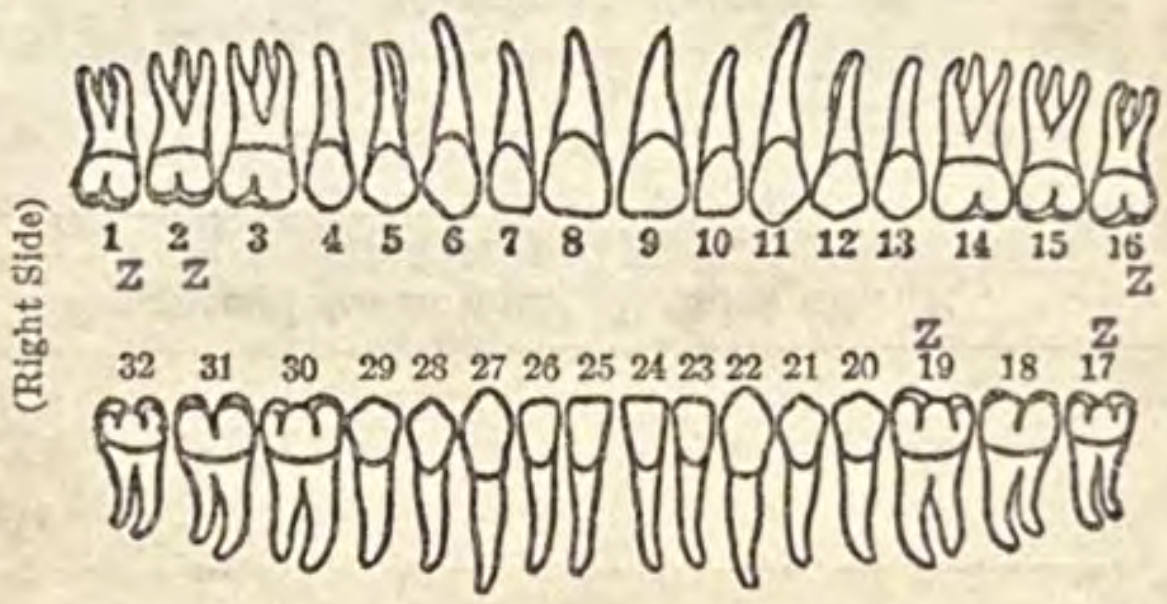
Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal Temperature 98.6

Height 66 inches. Weight (stripped) 196 Lbs. Obesity 98.6

Skin normal

Lymph. glands normal

Chest: Inspiration 43. Expiration 41.

Heart and blood vessels normal

Blood pressure: Systolic 152 Diastolic 96

Pulse before exercise 72, after exercise 120, after 2 min. 72

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities Varicose veins, asympt.

Nervous and mental conditions normal

Urine: Albumin none Sugar none Shreds

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.018

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 5-25-46 Result Negative
EAGLE

16—27070-1

Barclay D

REMARKS: 35 mm X-ray 5-25-46 Normal

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that David S. Barclay

He is physically qualified for discharge
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

J. P. IANNOTTI Surg.(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

---

1. Forwarded for action. Present status:

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

N. C. G.-2525 E
March 1938

(8)

TERMINATION OF HEALTH RECORD

Name BARCLAY, David S

Rating BM1c Service Number 3041-005

Place Detroit, Mich. Date 5-25-46

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted 1. Varicose veins, asympt. 2. Defective vision: R.E. 20/70; L.E. 20/50; corrected 20/20 both eyes.

In my opinion those numbered (1) are incident of service.

In my opinion those numbered ---------- are not incident of service.

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

J. R. IANNOTTI, SURG (R)
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) ----------

That I have the following defect(s) ~~eye sight~~

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

David S. Barclay

David S. Barclay, BM1c
Rank or Rating, U.S. Coast Guard.

Service terminated 27 May 1946
(Date)

At CG Separation Center, Detroit, Mich.
(Place)

By reason of EXPIRATION OF ENLISTMENT
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

R. J. BUSSEY, LIEUT.
(Rank), *Custodial Officer.*

16—25709-6

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached

NCG—2525 B

PHYSICAL EXAMINATION RECORD

25-18

(To be completely made up by medical officer, in duplicate)

Name BARCLAY, David S. Service Number 3041-006
(Surname first)

Age: Years 53 Months 6 Color white

For: discharge
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Pfc

Place Detroit, Mich. Date 6-26-46

Personal Medical History

Vision: R.E. 20/ 70 L.E. 20/ 50 Corrected: R.E. 20/ 20 L.E. 20/ 20

Color blind? no Test used plates

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

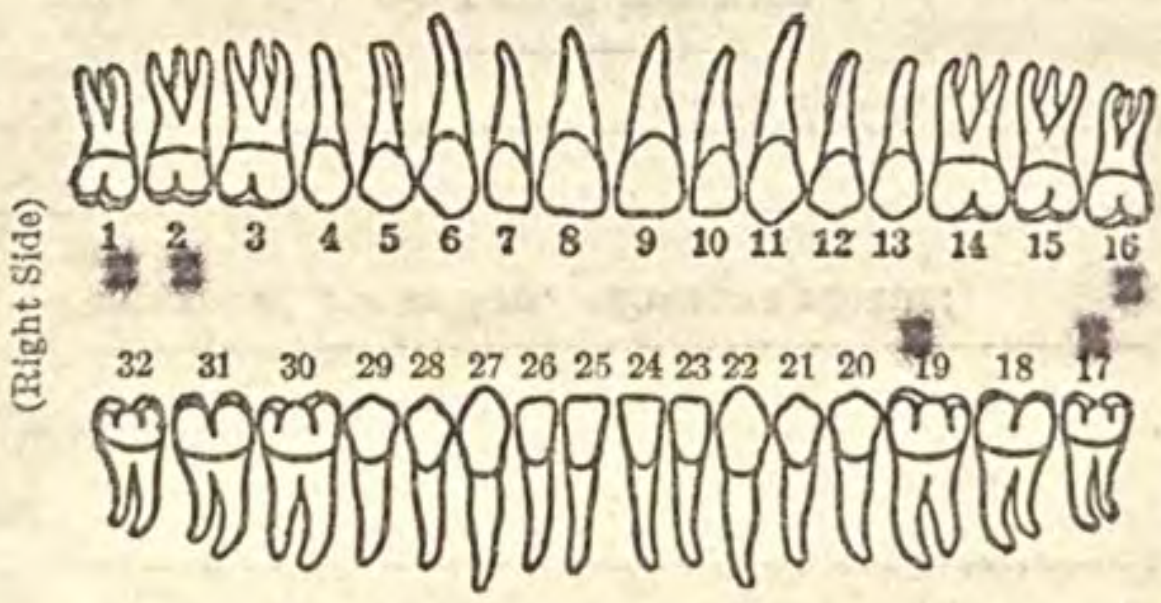
Eyes, eyelids, and reflexes normal

Ears: Right normal Left normal
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)



Gums normal Temperature 98.6

Height 66 inches. Weight (stripped) 196 Lbs. Obesity 98.6

Skin normal

Lymph. glands normal

Chest: Inspiration 43 Expiration 41

Heart and blood vessels normal

Blood pressure: Systolic 152 Diastolic 96

Pulse before exercise 72, after exercise 120, after 2 min. 72

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities Varicose veins, asympt.

Nervous and mental conditions normal

Urine: Albumin none Sugar none Shreds

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.010

Blood cells Pus cells Casts

Blood (if indicated) Hb % Reds Whites

Wassermann or Kahn test: Date 8-25-46 Result Negative

16—27070-1

REMARKS: 35 mm X-ray 6-25-46 Normal

CERTIFICATE

{We / I} certify that {we / I} have personally made this physical examination and find that David E. Buxley

He is physically qualified for Allotment
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____
(Use in case of promotion of commissioned officer or annual examination) (Rank)

He is not physically qualified for _____

on account of _____

J. P. IANNOTTI Surg.(R)
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

_____
(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name BARCLAY, David Skein
(Surname first)

Rank or rating B.M.2c.(R)(S) Service number 3041-005

SMALLPOX VACCINATION

Number of prior scars ____

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
1-18-43.	H.S. Klemmer Phm 2/c	IR	H.S. Klemmer Phm 2c

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

Dates Administered			Signature of Medical Officer
First	Second	Third	
1-11-43	1-18-43	1-25-43	H.S. Klemmer Phm 2/c
7-2-44	Typhoid	Booster	C.J. Burkhalter USPHS

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Tetanus Toxoid 1/2 cc. - 1st - 1/18/43 - W.M. Schwartz Ph 3/c

Tetanus Toxoid 1/2 cc. 2nd 3/3/43 J. Stocker Ph 3/c

Blood Type " O " 1/25/44 R.L.E.

16—26760-1

(Signature of medical officer)

11 Booster Tetanus Toxoid 2/14/44
E.P. Costello, Ph. M 1/c

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
R.O., Sault Ste. Marie, Michigan.	12-29-42	12-29-42.
SOO CG BASE, Little Rpds Cut Light Station.	12-29-42	3-23-44
GRAND MARAIS, AU SABLE LT	3-28-44	12-14-44
Soo CGOB, Mich.	12/15/44	3-28-45
GROUP, GRAND MARAIS, MICH	3-28-45	1-14-46
CGS B, Soo, Mich	1-14-46	3-27-46
C.G. Group Grand Marais	3-27-46	5-22-46
PerSepCen #9 Detroit, Mich	5/23	5/27/46
Barclay D.S.,		

COPY 3-14 file ans

No D.O.Vou.No. shown

Claim No. 1919001

Washington 25, March 3, 1947
(Date)

Certificate No.
1514224

Paying Officer will please show this CERTIFICATE NUMBER on the check used in payment hereof, and insert the check number in space provided below.

Davis S. Barclay, Boatswain's mate first class,
United States Coast Guard,
Coast Guard Operating Base,
Sault Ste. Marie, Michigan.

I Certify there is due from the United States to the above-named claimant(s) payable from the appropriation(s) indicated, the sum of

TWENTY-NINE AND 12/100 Dollars($ 29.12)

on account of
longevity pay due for over three years' service from December 29, 1942 to June 30, 1943, incident to service as boatswain's mate second class, United States Coast Guard Reserve, service No. 304-10-05.
(1730900 Pay and Allowances, Coast Guard, 1943)

2071850 Payment of Certified Claims, 1947

To: The Secretary of the Treasury
(Division of Bookkeeping and Warrants).

MEMORANDUM

$29.12

No check No. shown

OFFICIAL FILE COPY

Form No. 2661A
Form approved by
Comptroller General U. S.
April 13, 1934

DATA SUPPORTING CLAIM FOR PAY AND ALLOWANCES OF PERSONNEL

(MEMORANDUM)

(To be retained by payee, and when payment is made by check, to be used as mailing copy)

TREASURY DEPARTMENT, U. S. COAST GUARD

Appropriation: 17-2021203 Pay & Allowances, CG (NAVY) 1942

Unit CGOB, Sault Ste. Marie, Mich

THE UNITED STATES, *Dr.*,

To David S. Barclay
(Name)

BMlc., USCG
(Designation), *U. S. Coast Guard*

CG Operating Base, Sault Ste. Marie, Michigan
(Address)

Total years of service Six

Pay period, duty, or grade 2nd pay grade

Monthly rate of pay $125.40
(Base and longevity)

For pay and allowances—

From 12/29, 19 42, *to* 6/30, 19 43
(Inclusive)

CREDITS:		NOTATIONS
Subsistence allowance	$	
Rental or quarters allowance		
Pay		
Balance forwarded from (Name of unit, noting month of roll or voucher)		
Sundry credits and adjustments		
TOTAL CREDITS	$	
CHARGES:		
Allotment	$	
Clothing		
Forfeited		
Sundry charges and adjustments		
TOTAL CHARGES	$	

		NOTATIONS
Total Credits	$ 611.52	
Less—Total Charges, $ Amt. retained		
TOTAL	$ 582.40	
Net amount to be paid on this voucher	$ 29.12	

REMARKS: Completed 3yrs5mo2days prior enlist. on 12/29/42.
Entitled to EM2c and 3 yrs long
at $100.80 per mo. for above period $611.52
Was paid EM2c and no yrs long
at $96.00 per mo. for above period $582.40

Total amount this claim $ 29.12

(Additional statements by Department if deemed necessary)

(ACCOUNTING CLASSIFICATION)

(Payee will NOT use this space)

Differences

Account verified; correct for $

(Signature or initials)

I certify that the foregoing account is true and correct and that payment therefor has not been received; that during the period for which rental allowance is claimed I was not assigned adequate quarters at my permanent station; that, if without dependents, I was not on field or sea duty during the period for which rental allowance is claimed; that, if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents except for brief visits; that the increased allowances for dependents are claimed because of
(Here state whether lawful wife, unmarried child or children under 21 years, mother dependent upon officer for support, giving names and addresses of dependents, also ages of minor children)

and that, in case of dependent mother, I have contributed to her support during the current period for which allowances are claimed the sum of $, in cash or its equivalent, without any consideration in return, which contribution is her *chief support*, and each and every statement as set forth in her affidavit dated , 19 { attached hereto / filed with voucher } for (Month), 19 is true and correct, and so remains at this time, except
(Here state fully changes occurring between date of last affidavit and signing of this voucher)

(Date), 19 (MEMORANDUM—DO NOT SIGN) David S. Barclay (Name), BMlc., USCGR (Official designation)

I certify that I have examined the foregoing account; that the statements contained therein have been compared with the records of the United States Coast Guard and found correct except as otherwise indicated; that the officer named is entitled to the amount of pay and allowances herein approved; and that during the period for which rental allowance is claimed on this voucher, the above-named officer was not assigned adequate quarters at his permanent station.

Approved for $

Date , 19 (MEMORANDUM—DO NOT SIGN)

Commanding, District Commander.

U.S. GOVERNMENT PRINTING OFFICE 2—895a

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised, 1937)

GM-53

REPORT OF CHANGE IN PERSONNEL

Barclay	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG.Gr. Grand Marais	Grand Marais, Michigan	23 Jan. 1946
(Unit)	(Place)	(Date)

0700-16, Dec. 1945, Reported this unit from AuSable Light Station for permanent duty, AuSable light Station placed out of commission at 1000, 15 Dec. 1945 due to close of navigation season.

Subsistence allowance of $1.20 per day terminated 15 Dec. 1945

AUTHORITY: DCGO? Cleave.
L/22 Oct. 1945

L.E.Tellier.
L.E.TELLIER (CBM)
(Commanding)

Officer-in-Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

PER-E 40

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised, 1937)

GM-53

C1 112

REPORT OF CHANGE IN PERSONNEL

BARCLAY	DAVID	S.	M3041-005	BM1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

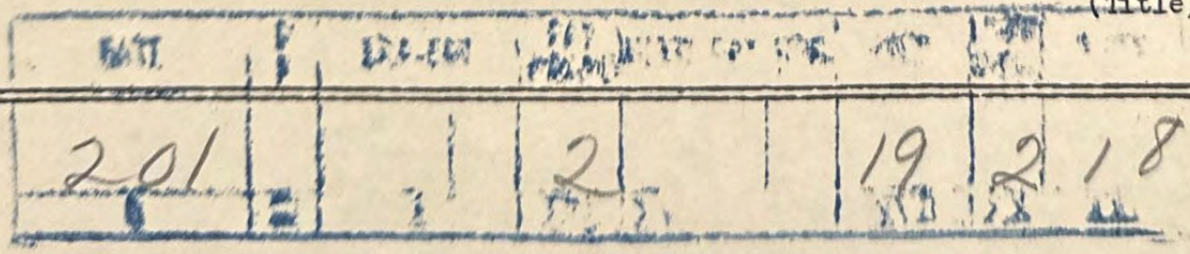
CG.Group	Grand Marais,Michigan	18 Dec. 1945.
(Unit)	(Place)	(Date)

0700-16,Dec. 1945, Reported this unit from AuSable light Station,for temporary duty, AuSable Light Station placed out of commission at 1000 15 Dec. 1945 due to close of Navigation season.
Subsistence allowance of $1.20 per day terminated 15 Dec. 1945.

AUTHORITY: DCGO/ltr. 22 Oct. 1945.

L. E. Tellier
L.E.TELLIER,CBM
(Commanding)

Officer-in-Charge
(Title)



SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

Detroit, 14, Michigan

COMMANDING OFFICER
CG Persepcent #9

783

27 May, 1946

To: BARCLAY, David S. 3041-005 BM1c, USCGR

Subj: Good Conduct Medal; issuance of

1. Handed you herewith is a Good Conduct Medal in recognition of your three-year period of continuous active duty in the U. S. Coast Guard Reserve from 29 December, 1942 to 28 December, 1945. You are to be congratulated for your excellent service during the above period.

2. You are authorized to have engraved on the back of your good conduct medal the following information:

DAVID S. BARCLAY
CGOB, SOO, MICH
12-28-45

J. A. WILLIAMSON, Lieut., USCG
By direction

REPORT OF MEDICAL SURVEY U. S. COAST GUARD

Place: U.S.Marine Hospital,Chicago 13,Illinois Date June 20,1944

From: Board of Medical Survey

To: District Coast Guard Officer,9th Naval District,Cleveland, Ohio.

Name: BARCLAY,David S. (3041-005) Rank or rate BM.1c. USCGR (S)

Born: Whitefish Point,Michigan Date December 3 1892

Enlisted or appointed: Date December 23,1943 Place Sault Ste.Marie,Michigan.

Total Service; Coast Guard _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from U.S.Coast Guard Station,Grand Marais,Mich. Date June 15,1944

Diagnosis: Hypertensive cardiovascular disease,mild; Benign hypertrophy of prostate,slight.

Disability is not (is or is not) the result of his own misconduct and was (was or was not) incurred in line of duty. Existed prior to enlistment yes. If "yes" probably arose while in the lighthouse Service. (yes or no) was condition aggravated by service yes,while (yes orno) Present condition in Lighthouse Service and in the Coast Guard . Probable future duration --

Recommendation Classified "M"- Retention in the service on limited duty status.

Reference: File CG 783 531. Letter of 9 June,1944,from DCGO,Cleveland,Ohio.

Facts are as follows:

This man was admitted to the hospital on June 15,1944,with orders foraBoard of Medical Survey for the purpose of reclassification.He had no complaints on admission except that he stated he had recently noticed a slight urinary frequency and an occasional nocturia.

Positive physical findings are- Scarring of right ear drum, slight cardiac hypertrophy,blood pressure: 180/100, slight prostatic hypertrophy,and bilateral arcus senilis.

Because of his age and the conditions listed above, this man is considered unfit for general duty but should give further useful and efficient service under the limited classification.

Dew Scott Jr

D.W.SCOTT,Jr, P.A.Surgeon,USPHS
Senior Member of Board

M. L. Busch

M.L.BUSCH,Asst.Surgeon (R),USPHS
Member

DWS:jcg:mjj

144

NAVCG 2703

Certificate Of Assignment Of Quarters For Termination Thereof:

To Disbursing Officer:

Barclay David S. M3041-005 BM1C Au Sable Light Station
C.G.Grand Marais Michigan.

The above named officer has been assigned public quarters for the use of himself and dependents if any from 10 April to 1210- 22 May, 1946.

L.E.Tellier CBM
Officer In Charge.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BARCLAY, David S. (Name, surname first) | 3041-005 (Service number) | B.M. 1c. (Rank or rating) | CG Station, Grand Marais, Mich. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U. S. Marine Hospital,
Place Chicago, Ill., Date June 30, 19 44

To: Commanding Officer,
U.S. Coast Guard Station, (Coast Guard unit)
Grand Marais, Michigan
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Hypertensive cardiovascular disease, mild	400-530	NOT TREATED	
Benign hypertrophy of prostate, slight	764-799	" "	

He {*is / *is not} fit for limited duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):

Admitted to hospital on June 15, 1944 and discharged from hospital on June 22, 1944, fit for limited duty. See report of Medical Survey dated June 20, 1944.

CONDUCT REPORT:

Did the patient cooperate in his treatment? {*Yes. / *No.} Absent without permission? {*Yes. / *No.} Guilty of insubordination? {*Yes. / *No.}

D. W. Scott, Jr.
P.A. Surgeon, U. S. Public Health Service.

16—27156-1

CL

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BARCLAY, David S.	3041-005	B.M.1c	CG Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Grand Marais, Michigan, Date 15 June, 19 44

To: Medical Officer in Charge
U.S.Marine Hospital
Chicago, Illinois

SIR: You are requested to examine the above-named {~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, Coast Guard Station, Grand Marais, Michigan

David S Barclay
(Signature of patient)
David S. Barclay U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Chicago, Illinois, Date 15 June, 19 44

I CERTIFY that I have examined the above-named person and find him suffering from
Y00-002 Reclassification Examination
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / ~~*No.~~} Fit for duty? {*Yes. / ~~*No.~~} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {~~*Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {~~*Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient / ~~*outpatient~~} treatment at USMH Chicago, Illinois {*hospital / ~~*office~~} on 15 June, 19 44

D.W.SCOTT, Jr. U. S. Public Health Service.
P.A.Surgeon

*Having been informed that I am suffering from _____ (Diagnosis) and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Address reply to
Commanding Officer.
Refer to file: 783-701

1944 MAR 27 AM 9 12

3-13

Sault Ste. Marie, Michigan

Office
U. S. Coast Guard Base,
Ninth Naval District.

23 March, 1944

To: Barclay, David S. (3041-005) B.M.1c(R) - Present.

Subj: Orders; transfer; mutual exchange of duty.

1. Under authority of DCGO,Clev.9thNavDist/L 16 March, 1944, file No. 701(pcp), proceed to CG Station, Grand Marais, Michigan, and upon arrival thereat report to the Commanding Officer for duty and for further assignment to permanent duty at Au Sable Light Station when that unit is opened for navigation. This transfer is authorized in mutual exchange of duties with Lawrence, John R.(221-670) B.M.1c who will be transferred to this unit in order to take over duties at Little Rapids Cut Light Station.

2. As has been explained family quarters are available for your dependents at Au Sable Light Station during the open season of navigation.

3. Inasmuch as this transfer is being effected as a mutual transfer, no travel expense is authorized in connection with this transfer.

4. Departed Little Rapids Cut Light Station at 0900, this date.

E. B. METZEN, Lieut.Comdr(R),
Acting Commanding Officer.

CC: DCGO,Clev.9thND
CG Station, Grand Marais,Mich.
Pay Office
File

Indsl
Lifeboat Station,
Grand Marais, Michigan,
23 March, 1944

Reported to this unit at 1300 for assignment to permanent duty AT Au Sable Light Station. This man will be Ptd at this unit until the opening of Au Sable Light Station.

L. E. Tellier

L. E. TELLIER,CBM(a)
Commanding Officer

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

FILE
A.J.S.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: David; Middle: Skein; Last name: Barclay

2. HOME ADDRESS: Number: 601; Street or rural route: Osborn Blvd.; County, city, town, or post office: Sault Ste. Marie; State: Michigan

3. I WAS BORN AT: City, town, or post office: Whitefish Point; State: Michigan; Day of month: 3; Month: December; Year: 1892; Age nearest birthday: 51

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 29 December, 1942

5. PRESENT ORGANIZATION — Rank, grade, or rating: S.M.2c(R); Organization, regiment, station, ship, etc.: U.S. COAST GUARD

6. SERIAL NUMBER: 3041-005

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none."): None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 10,000

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $_____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: Mabel Lucille Barclay	Wife	10,000	601 Osborn Blvd, Sault Ste. Marie, Michigan
CONTINGENT:			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Mabel Lucille Barclay (Full name) 601 Osborn Blvd., Sault Ste. Marie, Michigan (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1 day of August, 19 43 and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $ _____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ 13.50 on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 13.50	$	$	$	$

SIGNED AT Sault Ste. Marie, Michigan ON THE 2 DAY OF July 19 43

WITNESSED BY: A.L. Koot, Ensign, USCG.
INFORMATION AS TO SERVICE CERTIFIED BY: T.A. Dahlburg
T.A. DAHLBURG,
Lt. Condr. USCGR.
(Rank and organization. See reverse side, paragraph 4.)

David Skein Barclay
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $_____ Premium: Mo. $_____ Qr. $_____ S. A. $_____ A. $_____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

Insurance Form 343

COAST GUARD

Aug. 14, 1943

U.S. COAST GUARD
B.M.2c(R) Sault Ste. Marie, Mich. 3041-005

AUG 18 1943

BARCLAY, David S. 12139542

3710970

x _/ entry and

x

NY 5-28 DS
GHJ

jhc

(PEA) CG-783 20 August 43

Commandant, U.S. Coast Guard

FILE
M.B.

BARCLAY, David Skein, (3041-005), Boatswain's Mate, first class.
Enlisted 29 December, 1942 in Coast Guard Reserve at Saulte Ste. Marie, Michigan, for three years.
Now assigned to Coast Guard Base, Saulte Ste. Marie, Mich.
Born 3 December, 1892 at Whitefish Point, Mich.

On active duty from 29 December, 1942 to present date.

S. C. CRANDALL, By direction

1943 MAR 13 PM 2 43 3-12

73-701-531

10 March, 1943.

From: District Coast Guard Officer, Cleveland, Ninth Naval District.

To: BARCLAY, David S. (624-019) B.M.2c., USCGR(S).

Via: Commanding Officer, Coast Guard Base, Sault Ste. Marie, Michigan.

Subject: Orders; transfer; travel.

1. Effective at the opening of the navigation season, proceed to Raspberry Island Light Station, for assignment to permanent duty at that place.

2. This order constitutes a permanent change of station for you from Sault Ste. Marie, Michigan, to Bayfield, Wisconsin.

3. Travel under this order may be performed via privately owned conveyance. In the event that travel is performed by other than privately owned conveyance and Government transportation requests are not furnished, you are directed to obtain receipts for any expenditures from personal funds for transportation in order that reimbursement for such expenditures may be effected.

4. The expense incident to the execution of this order will be charged against the Cleveland District Travel Allotment, Symbol No. 04-20.

5. The travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters, as prescribed by Article 248, Pay and Supply Instructions, are applicable in this case.

G. E. TRESTER,
By direction.

Copy to:
Headquarters.
Pay Office.
Raspberry I. Lt. Sta.

JAW:CS PERSONNEL.

1943 APR 5 AM 9 24

73-701-531

3-12

2 April, 1943.

From: District Coast Guard Officer, Cleveland, Ninth Naval District.

To: Commanding Officer, Coast Guard Base, Sault Ste. Marie, Michigan.

Subject: BARCLAY, David S. (624-019) B.M.2c., USCGR (S); orders; transfer; travel; cancellation; confirmation of.

Reference: (a) DCGO, Cleveland, Ninth Naval District, Dispatch, 012350, April, 1943.
(b) DCGO, Cleveland, Ninth Naval District, letter dated 10 March, 1943 (73-701-531).

1. Confirming reference (a), reference (b) is hereby cancelled.

ERNEST POINTER,
By direction.

Copy to:
Headquarters
Pay Office
Raspberry I. Lt. Sta.

JW/npw

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised, 1937)

Hayes

REPORT OF CHANGE IN PERSONNEL

Barclay	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG.Gr. Grand Marais	Grand Marais, Michigan	5 Feb., 1946
(Unit)	(Place)	(Date)

1800-15, Dec. 1945, Departed AuSable Light Station, AuSable Light out of commission for close of navigation season.

AUTHORITY: DCGO, Cleve.
L/ 22 Oct. 1945

L.E. Tellier

L.E. Tellier CBM
(Commanding)

Officer-in-Charge
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

120

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE 19-275	Sault Ste. Marie, Michigan.	15 December, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place) (Date)

(Minor unit)

0935, 15 December, 1944 - Reported from CG Group, Grand Marais, Michigan, for assignment to permanent duty.

No leave granted en route.

EXAMINED PEA-E-22

DUTY CODE No.: 04-D
AUTHORITY:
DCGO. Clev.9thND/L 11-21-44(783-531).

J. C. RUNQUIST, Lt.USCG
(Commanding)

Executive Officer.
(Title)

Exp

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
201		2	19	2	04
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding
HCJ	

Machine Accounting	
Punched	OPERATOR No. 78
Verified	OPERATOR No. 56

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, David S.	M3041-005	BM1c, USCGR

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE		Sault Ste. Marie, Mich.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
19-275	28 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0800
DATE 28 March, 1945

TRANSFERRED TO: CG Group, Grand Marais, Mich. for assignment to
~~FOR~~/ permanent duty at Au Sable Light Station.

No leave granted en route.

AUTH: DCGO Clev9ND/L 21 March, 1945 (783-531-pra)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. O4-D

AUTH:

J. C. RUNQUIST, Lt., USCG, Executive Officer
(Commanding)

NO POSTING REQUIRED PEA-E-22

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

Form NCG-2679
(Rev. 11-1-39)

CLASS "S"

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Sault Ste. Marie, Mich.
(Place)

29 Dec., 1942.
(Date)

To Chief of Police, Sault Ste. Marie, Mich.

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard.

BARCLAY, David Skein 601 Osborn Blvd.
(Name of applicant)

50 & 0	5'5¼"	168	white
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? _____

John G. Liedke
John G. Liedke, C.B.M.
by direction. *Recruiting Officer.*

December 29, 1942
(Date)

To Recruiting Officer, _____

The above information is submitted from the records of this office.

Jr. Willard Welsh
Chief of Police.
by Sgt. M. W. Rash

U. S. GOVERNMENT PRINTING OFFICE 16—9747-1

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

16—9747

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND Plain impression of the four fingers taken simultaneously and of the thumb	RIGHT HAND Plain impression of the four fingers taken simultaneously and of the thumb
	

C.B.T.S. 60

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 254

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, Don R.	263-221	S2c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG RECEIVING STATION		Phila., Pa.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
04-002		2/16/46

TIME 1845
DATE 2/14/46

REPORTED FROM: USN AirSta, Lakehurst, N. J.
FOR assignment to duty.

DUTY CODE NO. 37-D AUTH: USN AirSta/L 2/14/46

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

R. F. Madden
R. F. MADDEN, Lt., USCGR
BY DIRECTION (Commanding)

tb

DETACHED PEA-E 48

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
601	6	04	2	37

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting PEA-E 48	Coding

MACHINE ACCOUNTING
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

ADDRESS REPLY TO
THE COMMANDANT (PRA-R)
REFER TO FILE: CG-783

UNITED STATES COAST GUARD HEADQUARTERS

~~OFFICERS~~ 2 April, 1946

To: Chief, Central Pay Records Section.

Subj.: Statement of service for longevity pay

Incl.: 1. Copy of Navy Statement Dated 8 January, 1946

The following is a statement of service, to and including 2 April, 1946
of BARCLAY, David Skein (M-30l1-005) BM1c

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
U.S.C.G.R. 12-29-42 Now serving		None		None		None	

	Yr.	Mo.	Days
Coast Guard Service	3	3	4
Navy service	3	5	2
Total	6	8	6

Completed 6 years 26 July, 1945

M. K. HUTCHINSON
By direction

16—36636-1 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-14
3.3.

8 Jan 1946

To: The Commandant
U.S. Coast Guard
Washington, D.C.

Subject: BARCLAY, David Skein, 110-53-10, Ex-Slc, USNRF

Statement of service of.

Reference: Your letter of 28 Dec 1945, copy enclosed.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
		Born:	3 December 1892, Whitefish Point, Mich.				
USNRF 4-29-18 (4 yrs)						Inactive Reserve 4-29-18	6-10-18 9-30-21
	9-30-21 Honorable Alnav 67					9--3-19 No Training Reserve FWOP NPDI	9-30-21 None None

By direction of Chief of Naval Personnel:

E.O. Wayne

E.O. Wayne
Lieut.(jg) USNR
Records Division

Encl

NAVPERS-1267

3-5-2

28 December 1945

To: Officer in Charge, Naval Depository #2, Philadelphia,Pa..

Subj: Request for statement of service for BARCLAY, David Skein(M-3041-005) B.M.1c

1. It is requested that a statement of all service of record with two carbon copies, be furnished Coast Guard Headquarters for this man, showing dates of acceptance and termination of commission, dates of enlistment and discharge, character of discharge, dates of active duty and inclusive dates of all periods of lost time. In the event of National Guard service of any sort, information is desired as to whether such service was under Federal recognition, the effective dates of such recognition and for enlisted service, whether it was in the active or inactive National Guard. As an aid in identifying this man the following information is furnished:

Enlisted: U.S.N.R. ----------

Discharged:30 September 1921 Disc.#110-53-10 issued at Great Lakes, Illinois.

Service Number:----------

Date and Place of Birth:3 December 1892 Whitefish Point, Mich.

2. The information requested herein is for longevity pay purposes.

By direction of the Commandant.

M. K. HUTCHINSON, Lieut. (j.g.) USCG
Enlisted Assignments Division.

1428

3-14

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT (pra)
REFER TO FILE: 783

17 December, 1945

To: The Commandant (PEA)

Subj: Barclay, David S. (M3041-005) BM1c USCGR; statement of creditable service; request for

1. It is requested that statement of creditable service be furnished in the case of subject man in order that Personnel Bulletin No. 59-42 may be complied with.

2. Barclay claims service in the U. S. Naval Reserve from 29 April, 1918, to 21 September, 1921.

M Bartholomew
M. BARTHOLOMEW
By direction

CC:
OinC, Grp, Gd.Marais, Minn.

Ans. 14 Jan 46

24

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Supp'l Disability

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☒ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO, Detroit 31, Michigan

5B. ORIGINATING UNIT: 3029/212A/TL/db Adjudication

6. CLAIM NO.: C- 10 146 851

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): BARCLAY, David S.

9. ALL SERVICE NOS.: 110-53-10 3041-005

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
12-3-92	Whitefish Point, Michigan	

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	4-29-18	9-2-19	Honorable	B 1/C
B.	2-29-42	5-27-46	"	
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.				
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Furnish examination at entrance WW II.

Furnish service medical records for WW I tour of active duty.

C. A. Brosteau

22. DATE 4-23-58 s/6-23-58

23. SIGNATURE AND TITLE OF VA OFFICIAL: C. A. BROSTEAU, ADJ. OFCR.

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

☐ AVAILABLE REQUESTED RECORDS FORWARDED

☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT

☒ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

Item No. 8 BARCLAY, David Skein

Item No. 9 (3041-005)

Item No. 13A 12-29-42

Item No. 14A 5-27-46

Item No. 16A
BMlc,USCG

Prior service in U. S. Navy 3 yrs, 5 mos. and 2 days. Honorably discharged 9-30-21

There are no additional medical records or records of a physical examination upon enlistment in the U S Coast Guard on 12-29-42 or appointment in the U S Lighthouse Service on 4-21-37 and 5-28-46 on file in this case. Enclosed is a photostatic copy of Certificate of Medical Examination, Disability Retirement dated 7-26-57.

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY
HEALTH RECORDS			CLINICAL RECORDS		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS		
			DENTAL RECORDS		
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL CARDS		
			OTHER RECORDS		

SERVICE INFORMATION — DATE: 5-15-58 — SIGNATURE AND TITLE: A. E. McLANE, Chief, Adm. Sec. Enlisted Personnel Division

MEDICAL RECORDS — DATE: JUN 11 1958 — SIGNATURE AND TITLE: T. LE BLANC, CDR., USCG. ASST. CHIEF MEDICAL DIVISION

V A FORM JUL 1957 3101

SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

2

Covers: Md: Mich ORB

VETERANS ADMINISTRATION
Form 3104
Rev. October 1944

DISABILITY
NEW CLAIM

JUN 19 1946

Request for Coast Guard Information

For use of Adjudication (Organization unit) Detroit, Michigan (Location of requesting office) June 15 (Date), 1946

1. Name BARCLAY, (Last) David (First) Skein (Middle) C No.—C 710,146,851
   Converted Insurance No.—K
2. Service No.—S 3041,005 National Service Life Insurance No.—N
3. Date(s) of entry into active service 12-29-42
4. Date(s) of discharge or release from active service 5-27-46
5. Character of discharge(s) Honorable
6. Last rank or rating Boatswain Mate, First Class 7. Date of death
   Place of last discharge Detroit, Michigan
   Home address 221 Water Street, Sault Ste. Marie, Michigan
   Place of birth White Fish Point, Michigan Date of birth 12-3-1892

DO NOT WRITE OR TYPE IN THIS MARGIN

Alleged Disease or Injury, Date of Incurrence, Date(s) and Place(s) of Treatment:
Sight in right eye impaired. Injured right hand 4-46. Varicose veins, blood pressure high.

E-156/hw

ADDITIONAL:

By C. D. ROBERTSON, Adj. Off., DETROIT, MICH.

Please furnish examination at enlistment.

NAVCG 553 received.

3-12
F

FILE
M. B. 40

PHOTOSTAT COPIES (PE-C) CG-783

complete CG Form 2525-B.
_____ Report Medical Survey.

dn 11 December, 1946

DUPLICATE COPIES

_____ CG Form 2525-B.
_____ Medical Records.
_____ Report Medical Survey.

Commandant, United States Coast Guard.

By C. C. KNAPP, By direction

16—86171-2 U. S. GOVERNMENT PRINTING OFFICE

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : CHIEF, PERSONNEL RECORDS DATE: 9 December, 1946

FROM : OFFICE OF THE CHIEF MEDICAL OFFICER

SUBJECT: BARCLAY, David S. (3014-005) former BM2c; medical history

1. In compliance with Veterans Administration request 15 June, 1946 the inclosure s are forwarded herewith.

2. No record of physical examination upon enlistment 29 December, 1942 on file headquarter's in this case.

~~Discharged by reason of physical disability~~

3. The Veterans Administration is further advised that there are no clinical records on file at headquarters in this case. In the event they are required they should be requested direct from the hospital concerned.

T. LEBLANC
Lt. Commander

Incl.
1. Photostatic copy health record subject man
2. Photostatic copy medical survey 20 June, 1944.

GPO 16—48900-1

KASSIN:js 1-6

(PEA-A)
CG-783

8 August, 1944

To: DCGO, Cleveland, 9th Naval District

Subj: BARCLAY, David S. (3041-005) BM1c (R); retention in service; Class (M)

In view of the information and recommendation contained in Report of Medical Survey, U. S. Marine Hospital, Chicago 13, Illinois, dated 20 June, 1944, with three indorsements thereon, Headquarters concurs with the recommendation contained therein. Accordingly, BARCLAY will be retained in Service and be assigned to duty commensurate with his disability. The Class (M) designator will be placed before his service number and the procedure outlined in paragraph (2) of Personnel Bulletin 78-44 will be observed.

E. ZOOLE
By direction

U. S. COAST GUARD
MAIL SECTION (1)
MAILED AUG 10 1944

COLEMAN:cvr

Ind-3
ODCGO, Cleveland, 9th Naval District (pra)
File 783
18 July, 1944

To: The Commandant (PEA-A)

Subj: Barclay, David S. (3041-005) B.M.1c., USCGR(S); Board of Medical Survey

Forwarded in accordance with Personnel Bulletin No. 78-44 for HQ consideration and action. It is recommended that the subject-named man be retained in the U. S. Coast Guard Reserve and placed in Class (M).

R. W. DEMPWOLF

Headquarters Medical Offr.
24 July 1944-
Recommend Class M.

OK "M"

Ind-3
ODCGO, Cleveland, 9th Naval District (pra)
File 783
18 July, 1944

To: The Commandant (PEA-A)

Subj: Barclay, David S. (3041-005) B.M.1c., USCGR(S); Board of Medical Survey

Forwarded in accordance with Personnel Bulletin No. 78-44 for HQ consideration and action. It is recommended that the subject-named man be retained in the U. S. Coast Guard Reserve and placed in Class (M).

R. W. DEMPWOLF

cbw

Ind-1
ODCGO, Cleveland, 9th ND(m)
File 783
10 July, 1944

To: The Commandant

Via: DCGO, Cleveland, 9th ND(p)

Subj: BARCLAY, David S. (3041-005), B.M.1c., USCGR(S); forwarding of Board of Medical Survey

Forwarded. This office concurrs in the recommendation of the Board of Medical Survey.

A. R. SWEENEY
Medical Director, USPHS
District Medical Officer, USCG

Ind-2
CG Station,
Grand Marais, Michigan
14 July, 1944

To: The Commandant

Via; DCGO, Cleveland, 9th ND(p)

Subj: BARCLAY, David S.(3041-005), BM 1c; forwarding of Board of Medical Survey

Forwarded. There is no disciplinary action pending against the subject named man. It is beleived that the duty this man is performing at the present time is limited duty. It is therefore recommended that this man be retained at the Au Sable Light Station.

L. E. TELLIER, CBM(a)
Commanding Officer

Ind-1
ODCGO, Cleveland, 9th ND(m)
File 783
10 July, 1944

To: The Commandant

Via: DCGO, Cleveland, 9th ND(p)

Subj: BARCLAY, David S. (3041-005), B.M.1c., USCGR(S); forwarding of Board of Medical Survey

Forwarded. This office concurrs in the recommendation of the Board of Medical Survey.

A. R. SWEENEY
Medical Director, USPHS
District Medical Officer, USCG

REPORT OF MEDICAL SURVEY U. S. COAST GUARD

Place: U.S.Marine Hospital,Chicago 13,Illinois Date June 20,1944

From: Board of Medical Survey

To: District Coast Guard Officer,9th Naval District,Cleveland, Ohio.

Name: BARCLAY,David S. (3041-005) Rank or rate BM.1c. USCGR (S)

Born: Whitefish Point,Michigan Date December 3 1892

Enlisted or appointed: Date December 23,1943 Place Sault Ste.Marie,Michigan.

Total Service; Coast Guard ____ Marine Corps ____ Army ____

PRESENT HISTORY OF CASE

Admitted from U.S.Coast Guard Station,Grand Marais,Mich. Date June 15,1944

Diagnosis: Hypertensive cardiovascular disease,mild; Benign hypertrophy of prostate,slight.

Disability is not (is or is not) the result of his own misconduct and was (was or was not) incurred in line of duty. Existed prior to enlistment yes (yes or no). If "yes" was condition aggravated by service yes,while (yes orno). Present condition in Lighthouse Service and in the Coast Guard. Probable future duration --

Recommendation Classified "M"- Retention in the service on limited duty status.
Reference: File CG 783 531. Letter of 9 June,1944,from DCGO,Cleveland,Ohio.

Facts are as follows: This man was admitted to the hospital on June 15,1944,with orders foraBoard of Medical Survey for the purpose of reclassification.He had no complaints on admission except that he stated he had recently noticed a slight urinary frequency and an occasional nocturia.

Positive physical findings are- Scarring of right ear drum, slight cardiac hypertrophy,blood pressure: 180/100, slight prostatic hypertrophy,and bilateral arcus senilis.

Because of his age and the conditions listed above, this man is considered unfit for general duty but should give further useful and efficient service under the limited classification.

D.W.Scott Jr

D.W.SCOTT,Jr, P.A.Surgeon,USPHS
Senior Member of Board

M.L.Busch

M.L.BUSCH,Asst.Surgeon (R).USPHS
Member

DWS:jcg:mjj

144

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-43)

HQ

No. 71

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BARCLAY, David S.	M3041-005	BM1c(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Operating Base		Soo, Mich.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
19-275		3-27-46

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 1230

DATE 3-27-46

TRANSFERRED TO: CG Group, Grand Marais, Michigan

FOR assignment to perm duty, 1946 navigation season, at AuSable Light Station. No leave of absence granted enroute.

AUTH: DCGO,Cleve.9ND/D 192330 (March, 1946)

CHANGED IN {RANK / RATING} FROM _____ TO _____ EFFECTIVE _____

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

NO SPACING REQUIRED PEA...

DUTY CODE NO. 04-D

AUTH:

J. D. Strickland

J. D. STRICKLAND, Lieut., USCG

XXXXXXX Executive Officer

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

3-14
File
18

Address Reply To
THE COMMANDANT (FA-CP)
Refer To File: CG-52T783

7 February, 1946

To: DCGO, Cleveland 9ND (fpd)

Via:

Subj: BARCLAY, David S. (3041-005) BM1c
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1945
(b) Your letter 28 Jan. 1946 (CG520)

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl:
1. NAVCG 10003
2. Statements of Pay accts (20)

JAMES GALANTE
By direction

Credits: Description of Item	1945 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BM1c (BP)	1/1	6/30	6	00	114.00	684.00	55162	CF

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
None Pertinent			

OTHER PERTINENT INFORMATION OR REMARKS:

Pay record closed to 30 June, 1945 by 55162

U.S. COAST GUARD
MAIL SECTION (4)
MAILED FEB 11 1946

11524

UNITED STATES COAST GUARD

CLEVELAND 15, OHIO

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE: CG-520



C-3

JAN 31 REC'D

28 January, 1946

To: The Commandant (FA-CP)

SubJ: BARCLAY, David S. (3041-005) BM1c; Pay record verification

It is requested that the following information be furnished from the pay record of the above named man for the period 29 December, 1942 - 30 June, 1945:

Ratings and rate of pay entire period.

O. D. DIEL
By direction

3-14

UNITED STATES COAST GUARD

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
NINTH NAVAL DISTRICT
REFER TO FILE: 783

CLEVELAND 15, OHIO

(pra)

FEB 4 - '46 AM



File

29 January, 1946

To: The Commandant (PEA)

Subj: Barclay, David S. (M3041-005) BM1c, USCGR; statement of creditable service; request for

It is requested that statement of creditable service in the case of subject man be furnished in order that Personnel Bulletin No. 59-42 may be complied with. Barclay has in his possession an Honorable Discharge Certificate indicating enlistment in the United States Naval Reserve Force on 29 April, 1918 and discharge on 30 September, 1921.

M Bartholomew
M. BARTHOLOMEW
By direction

CC: Pay Office
OB, Sault Ste. Marie, Michigan

UNITED STATES COAST GUARD

ADDRESS REPLY TO CG.Group Grand Marais,Mich.

AND REFER TO OinC Grand Marais,Mich.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD Rec'd DEC 3 1945 Office District Coast Guard Officer Cleveland, Ninth Naval District

28 Nov. 1945

To: COMMANDANT

Via: DCGO,Cleveland 9th ND.

From: BARCLAY, DAVID S. (M3041-005) BM1c. USCGR.

Subj: Request for extension of enlistment.

1. In accordnance with DCGO ltr. dated 1 November,1945. It is requested that my enlistment be extended for a period of 120 days after I become eligible for discharge.

David S Barclay
DAVID S. BARCLAY BM1c.

Ind.-1
CG.Group
Grand Marais,Mich.
28 Nov. 1945

Forwarded Approved.

L.E. Tellier.
L.E.TELLIER,CBM
Officer-in-Charge

Ind-2
DCGO, Cleveland, 9ND
19 December, 1945

To: The Commandant

Forwarded approved.

J. J. Hutson Jr.
J. J. HUTSON, Jr.
By direction

AUTHORIZED
SEE HQ. letter ..... file PPA-C CG 700 783
DEC 28 1945

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised, 1937)

GM-65

Hdqrs

REPORT OF CHANGE IN PERSONNEL

BARCLAY	DAVID	S	M3041-005	BM 2/C
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Grand Marais LB Station	Grand Marais , Michigan	1/14/46
(Unit)	(Place)	(Date)

1000-14-1946. Departed this unit, transferred to CG Operating Base Sault Ste Marie, Michigan, For assignment to permanent duty.

AUTHORITY: DCGO/L/1-5-46

L. E. Tellier.
L.E.TELLIER (CBM)
(Commanding)

Officer-in-Charge
(Title)

EXISTING REQUIRED PERS

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

FILE
E. P. H.

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

Coast Guard Operating Base, Sault Ste. Marie, Michigan

Date: 29 December, 1945

BARCLAY	David	S.	3041-005	EM1c, USCGR
Surname,	First name,	Initial	Service Number	Rating

has completed a continuous period of three years' active service on 28 December, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record, and above named person has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time.

J. D. Strickland

J. D. STRICKLAND, Lt., USCG

Commanding Officer (Acting)

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

GM-18

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c USCG
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Au Sable Light Station	19-296 Grand Marais, Michigan	1 July, 1945.
(Unit)	(Place)	(Date)

1 July, 1945: Entitled to subsistence allowance of $1.20 per day as of this day terminating further taking of rations in kind from this unit.

(30)
AUTHORITY:
DCGO, Clev/L 6-21-45 (522) (f)

L. E. Tellier.
L.E.TELLIER, CBM
(Commanding)

Commanding Officer
(Title)

1 typ

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

CLASSIFYING REQUIRED BY

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

(Grand Marais LB Station) 19-294 Grand Marais, Michigan 28 March, 1945
(Unit) (Place) (Date)

1130-28 March, 1945: Reported this unit from CG Operating Base, Sault Ste Marie, Michigan, for assignment to permanent duty. No leave or travel time granted enroute.

(29)
AUTHORITY:
DCGO,Clev.9ND(pra) letter
3-21-45 (783-531)

L. E. TELLIER, CBM
(Commanding)

Commanding Officer
(Title)

EXAMINED PEA-E-3-12

RATE	RP	EXP FMI	PAY GRADE	SEA PAY PER.	DIST.	FOR DOM.	DUTY
201			2		19	2	29
II	XX	X	XX	XX	XX	XX	XX

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

PERSONNEL RECORDS		
STATISTICS	CORRESPONDENCE	RECORDS

LAW PEA-E 77

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

4 146

REPORT OF CHANGE IN PERSONNEL

BARCLAY	David	S.	M3041-005	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Grand Marais LB Station 19-294
Au Sable Light Station 19-296 Grand Marais, Michigan 28 March, 1945
(Unit) (Place) (Date)

1400-28 March, 1945: Departed this unit, transferred to Au Sable Light Station for assignment to Light Station duty.

1500-28 March, 1945: Reported to Au Sable Light Station, for assignment to permanent Light Station duty.

(29) (30)
AUTHORITY:
DCGO,Clev/L 3-10-45
(oan)(601-603-626)

L. E. Tellier.
L. E. TELLIER, CBM
(Commanding)

Commanding Officer
(Title)

RATE	A P	EXP EMI	PAY GRADE	EXT PAY PER.	DIST.	FOR DOM	DUTY
201			2		19	2	30
VI	III	X	XIV	XV	XVII	XX	X

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

3-14
File

Ind-3
DCGO, Cleveland, 9ND(pra)
783
10 May, 1945

1945 MAY 15 11 22

PEA-A

MAY 15

To: The Commandant (PEA-AD)

Subj: Barclay, David S. (M3041-005) BM1c, USCGR; semi-annual physical examination

Forwarded for HQ information.

A. B. KEOWN
By direction

UNITED STATES COAST GUARD
Sault Ste. Marie, Michigan



UNITED STATES COAST GUARD
Rec'd MAY 7 1945
District Coast Guard Officer
Cleveland, Ninth Naval District

ADDRESS REPLY TO
USCGOB(m)
AND REFER TO
File: 783

2 May, 1945

To: The Commandant, (PEA-AD)

Via: 1. Commanding Officer, USCGOB, Sault Ste. Marie, Michigan
2. Commanding Officer, Group, Grand Marais, Michigan
3. DCGO, Cleveland, 9th Naval District (pra)

Subj: BARCLAY, David S. (M3041-005) BM1c, USCGR; Semi-annual physical examination

In accordance with paragraph 2(b) of Personnel Bulletin No. 78-44; HQ letter (PEA-AD), 20 February, 1945, file CG-701; DCGO, Cleveland, 9th NavDist letter (pra), 23 April, 1945, file 783, subject named man was examined 30 April, 1945 and no substantial change has occured in the physical status.

E. R. Levitz
E. R. LEVITZ,
Asst. Surgeon, USPHS(R)
Medical Officer

Ind-1
2 May, 1945

To: Commanding Officer, Group, Grand Marais, Michigan

Forwarded.

T. A. DALHBERG

Ind-2
CG Group,
Grand Marais, Michigan
8 May, 1945

To: DCGO, Cleveland, 9ND (pra)

Forwarded.

Walter F. Harrington
Walter F. Harrington, BM1c
Officer in Charge

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

Dave Barclay file 3-14

REPORT OF CHANGE IN PERSONNEL

BARCLAY (Surname) David (First name) S. (Middle initial) (M)(3041-005) (Service No.) BM1c (Rank or rating)

Grand Marais Lifeboat Station 19-294
Au Sable Light Station 19-296 (Unit) Grand Marais, Michigan (Place) 14 December, 1944 (Date)

Latest Change Already posted

0900-14 December, 1944: Departed Au Sable Light Station, transferred to Grand Marais Lifeboat Station for assignment to permanent duty.

1030-14 December, 1944: Reported from Au Sable Light Station for assignment to permanent duty.

(30) (29)
AUTHORITY:
DCGO,Clev/L 10/23/44 (601-626)

L. E. TELLIER, CHM (Commanding)

Commanding Officer (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			NDC

EXAMINED BY

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

BARCLAY (Surname) David (First name) S. (Middle initial) (M)(Z041-005) (Service No.) BM1c (Rank or rating)

Grand Marais Lifeboat Station 19-294 (Unit) Grand Marais, Michigan (Place) 14 December, 1944 (Date)

1715-14 December, 1944: Departed this unit, transferred to Operating Base, Sault Ste Marie, Michigan, for assignment to permanent duty. No leave or travel time granted enroute.

AUTHORITY: (29)

DCGO,Clev/L 11/21/44 (783-531)

L. E. Tullier.

L. E. TULLIER, (Commanding) CBM

Commanding Officer (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

NO POSTING REQUIRED

(PEA-E-61)
CG-7010

22 October, 1944

To: Commanding Officer, CG Station, Grand Marias, Michigan

Via: DCGO, Cleveland, 9th Naval District

Subj: Muster roll; correction of

Your muster roll for July, 1944 reports that David S. Barclay (3041-905) BM1c was placed in Class "M" but the date and authority was not shown. It appears that this placement was made retroactive since HQ letter dated 8 August, 1944, directed that Barclay be placed in Class "M". Advise the Commandant (PEA-E-61) accordingly.

M. K. HUTCHINSON
By direction

U.S. COAST GUARD
MAIL SECTION (1)
MAILED OCT 21 1944

ML:sjb
Lewis 313

Form No. 2500

CLASS "S"

ENLISTMENT CONTRACT

Authority:

United States- (Coast Guard Reserve) DCGO Letter, 12-22-42 (file 780) HD 142027, Dec., 1942

Enlistment of BARCLAY, David Skein 3041-005 $96.00

CD- 11 (Full name, surname to left) Cleveland, Ohio B.M.2c.(R) U.S.C.G.R.

Accepted for enlistment at Sault Ste. Marie, Michigan.

Enlisted at RECRUITING OFFICE, Date 29 December 1942

Transferred to Coast Guard Section, Sault Ste. Marie, Michigan.

Occupation Lighthouse Keeper Citizenship * N.B. If naturalized, place and date

of naturalization - - - - - - - - - - - Certificate No. - - - - - - - - -

Date of birth 3 December, 1892 Place of birth Whitefish Point, Mich.

Home address 601 Osborn Blvd., Sault Ste. Marie Chippewa Michigan.
(Street and number) (Town) (County) (State)

Married or Single Married Name and address of next of kin or legal

guardian Mabel L. Barclay (wife) 601 Osborn Blvd., Sault Ste. Marie, Mich.

Continuous Service Certificate - - - - - Previous Service (CG or CGR) - - - - - - - - - -

First enlisted - - - - - - - - at - - - - - - - - - - - - and was

last discharged - - - - - - - - from - - - - - - - - - - - - - - - - - -

with - - - - - - discharge as - - - - - - - - No. - - - - - - - -

Previous Navy Service RESERVER 3 yrs. 5 mo. Previous Marine Corps Service None

Previous Army Service None Age 50 years -0- Months

Height 5 feet 5¼" inches. Weight 168 pounds.

Eyes brown Sex MALE Hair brown Complexion ruddy Color White

Personal characteristics VSULA, lsc. lft. leg; 1" sc. lft. arm at elbow; 3/4" sc. lower rt. arm; sc. back center of neck. - - - - - - marks, etc.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with THEODORE A. DAHLBURY, Lt. Comdr., USCGR of the U. S. Coast Guard as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

*Citizenship - Use expressions "NB" for native born; "NZ" for native of Philippine Islands; "PR" for native of Puerto Rico.

SECOND: I oblige and subject myself to serve (Three) years from 29 December, 1942
(during minority until ------ - - -
unless sooner discharged by proper authority.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

THIRD: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

FOURTH: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war or when in the opinion of the President a National Emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for six months thereafter.

FIFTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

OATH OF ALLEGIANCE: I, David Skein Barclay do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear or affirm that all statements made by me as now given in this record are correct.

David Skein Barclay

David Skein Barclay
(Signature in own handwriting)

Subscribed and sworn to before me this 29th day of December A.D., 1942.

THEODORE A. DAHLBURG, Lt.Comdr., USCGR
[redacted] USCG.
Recruiting Officer, [redacted]

Citizenship substantiated and contract perfected. by direction

John G. Liedke
John G. Liedke, C.B.M.
[redacted]

By direction, D.C.G.O.,
Cleveland, Ninth Naval District.

[redacted], USCG, Enlisting Officer.





CLASS "S".

BARCLAY, David Skein

~~[illegible]~~

Eyes-brown. Hair-Brown

Ht. 5'5¼". Wt. 168.

Born--3 Dec., 1892.

B.M.2c,(R) (3041-005)

CLASS "S"

Form 2520
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment

6-24-1019

APPLICATION FOR ENLISTMENT

H-5' 5 1/4"
W-168.

Position desired Boatswain Mate Second Class S

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Sault Ste Marie Mich
(Place)

Dec 29, 1942
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 50 years ——— months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full David Stein Barclay

Date of birth December 3 1892

Place of birth Whitefish point Mich Citizenship MB N.B.

Home address Sault Ste Marie Mich 601 Osborn BLVD

Are you married? Yes Number and relationship of persons dependent on you for support? 2 Wife and Daughter

(WIFE) Mabel L. Barclay Sault Ste Marie 601 Osborn BLVD

Are you prepared to support your dependents on service pay? Yes

Are your parents living? No Are your parents dependent on you for support? NO

Name and address of next of kin (WIFE) Sault Ste Marie Mich 601 Osborn Blvd

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U.S.L.H.S	Raspberry Island BAYFIELD WIS.	Keeper	1937 April	1942 Dec	LIGHT KEEPER.

Do you drink intoxicating liquors? If so, to what extent? Mod

Have you ever been arrested? If so, for what? Never

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

WHITEFISH PT. GRADE SCHOOL WHITEFISH POINT MICH COMPLETED 6th GRADE.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? Yes

If so, state which Navel Reserve

Are you now or have you been a member of the National Guard? NO

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? — Where? —

Were you accepted or rejected? — If rejected, state why —

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

(Sign your full name here) David Kerr Barclay

Accepted or rejected Accepted Cause of rejection

Date 12-29-42

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

John G. Liedke

John G. Liedke, C.B.M.
Recruiting Officer U. S. C. G.
By direction.

Sault Ste. Marie, Michigan.
Recruiting Office, Detroit
[redacted]
U. S. Coast Guard
29 December, 1942.
(Date)

CLASS "S"

Chairman, Local Board No. 1
Selective Service System.
Bayfield, Wisconsin.

Sir:

Please be advised that the below named man has enlisted in the United States Coast Guard Reserve this date:

BARCLAY, David Skein	(3041-005) ([redacted])	B.M.2c.(R) [redacted]
(Name)	(Serial Number)	(Rate)

unknown.
(order Number)

John G. Liedke, C.B.M.
By direction.

Copy to:
Coast Guard Headquarters
State Selective Service Headquarters
File.

UNITED STATES COAST GUARD

Recruiting Office,
Room 411, Federal Bldg.
Detroit, Michigan.
29 December, 1942.

AFFIDAVIT

Certificate of Birth

This is to certify that DAVID SKEIN BARCLAY

has presented at this office, this date, satisfactory evidence that he was born 3 December, 1892 (Date) in Whitefish Point, Mich. (City) Michigan. (State).

John G. Liedke

John G. Liedke,
[redacted] C.B.M.
By Direction.

UNITED STATES COAST GUARD

RECRUITING OFFICE
Detroit Sub-Station

Sault Ste. Marie, Mich.
29 December, 1942.

A F F I D A V I T

This is to certify that DAVID SKEIN BARCLAY presented at this office this date, his honorable discharge from the U.S. (Class 4) Naval Reserve Force, dated 30 September, 1921. Discharge no. 110-53-10 was issued at Great Lakes, Illinois. BARCLAY was discharged as Seaman, first class. Prof. in rating--3.3; sobriety--4.0; obedience--4.0.

John G. Liedke, C.B.M.
Officer in Charge.
Recruiting Officer, by direction.

A F F I D A V I T

Place Sault Ste. Marie, Michigan.

Date 29 December, 1942.

I, David Skein Barclay, do solemnly swear (or affirm) that I have not received any notice and/or order from the Selective Service Board or other Governmental Agency to appear for induction into the United States Army, up to and including the above date, upon which I am taking this oath of allegiance in the United States Coast Guard.

David Skein Barclay

David Skein Barclay

Subscribed ~~and sworn~~ to before me this 29th day of December A.D., 1942 at Sault Ste. Marie (city or place), Michigan (state)

John G. Liedke, C.B.M.
Recruiting Officer, Detroit, 9th N.D.
by direction.

AFFIDAVIT

Sault Ste. Marie, Michigan
(Place)

29 December 1942
(Date)

TO WHOM IT MAY CONCERN:

I, David Skein Barclay, U. S. Coast Guard Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

David Skein Barclay
David Skein Barclay
(Signature)

B.M.2c.
U.S.C.G.R. Class S.
(Rank or rating)

Subscribed to before me this 29 day of December, A.B., 1942, at Sault Ste. Marie, Michigan.
(City or place) (State)

John G. Liedke
John G. Liedke, C.B.M.
U.S.C.G.

Recruiting Officer, Detroit, 9th N.D.
by direction.

By direction, D.C.G.O., Cleveland, 9th Naval District.

RECRUITING OFFICE

DetroitSub-Station

UNITED STATES COAST GUARD

Sault Ste. Marie, Michigan
29 December, 1942.

A F F I D A V I T

This is to certify that DAVID SKEIN BARCLAY has been examined this date and found to have the intelligence of at least a graduate of the eighth grade.

John Liedke

John G. Liedke, C.B.M.
Recruiting Officer, ~~Detroit~~ Sault Ste Marie, Michigan.
By direction.

N. C. G.-2529
(Rev. 9-2-41)

CLASS "S"

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CLEVELAND, [illegible] Recruiting Office
(Unit)

Sault Ste. Marie, [illegible], Michigan
(Place)

29 December, 1942.
(Date)

(3041-005)

FROM: BARCLAY, David Skein (~~xxxxxxx~~), B.M.2c.(R) (~~xxx~~

To: COMMANDANT (via Recruiting Officer, [illegible]
Sault Ste. Marie, Michigan.)

1. In the event of my death I hereby designate beneficiary or beneficiaries for payment of six months' pay, as provided in the Act of June 4, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state)	(Address of wife)
[illegible]MARRIED Mabel Lucille Barclay	601 Osborn Blvd., Sault Ste. Marie, Michigan.
[illegible] Frances Barclay	601 Osborn Blvd., Sault Ste. Marie, Michigan.
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

2. In the event of my leaving no widow or child, or of their decease before payment is made, I then designate as my beneficiary under the said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)
Margaret Elizabeth Lidtke	sister	711 Peck, Sault Ste. Marie, Mich.

POTENTIAL
(State briefly wherein dependency exists)

3. In the event of the death of the above-named dependent relative before payment is made, I then designate as my beneficiary under said act the following dependent relative:

(Full name of relative)	(Relationship)	(Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.

Subscribed and [illegible] before me this
29th day of Dec., 1942

John S. Lidtke
(Signature)
[illegible], C.B.M.
By direction, U.S.C.G.
(Rank or title)

David Skein Barclay
David Skein Barclay
(Signature)
B.M.2c.
[illegible], U.S.C.G.R. CLASS "S"
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

N. C. G. 9541A

BARCLAY, David Skein
(NAME)

M-3041-005
(SERVICE NUMBER)

79088

SINGLE
MARRIED X
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

NAVY SERVICE PPV 3 5 2HD 9-30-21

BIRTH, DATE OF 3 Dec. 1892
BIRTH, PLACE OF Whitefish Point, Mich.
CITIZENSHIP N 4-2-46 ✓

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS (ORIG. ENL. REGULAR RESERVE 3 YEARS OR D.U.E.X.O.H.)
RO.CLEVELAND						
ACC. SAULT STE MARIE	12-29-42 ✓	B.M.2c.				ASSIGNED ACTIVEDUTY
Sault Ste Marie Base	12-29-42 ✓	B.M.2c				In
Sault Ste. Marie Base	7-1-43 ✓	B.M.1c				CR middle Neebish Lt. Sta.
Sault Ste Marie Base	11-6-43	B.M.1c				Tr. Little Rapids Cut Lt. Sta.
Grand Marais (19) Sta	3-23-44 ✓	B.M.1c				In.
Grand Marais (19) Sta	3-28-44 ✓	B.M.1c				R. Au Sable Light Sta.
Grand Marais Sta. (19)	8-8-44	BM 1c				Placed in class "M" auth H/L 8-8-44
Oper Base Sault Ste Marie	12-15-44 ✓	BM.1c				In
Grand Marais Sta (19)	12-16-45	BM 1c				In
Grand Marais Group (19)	3-28-45 ✓	BM1c				In. Grand Marais F/B sta
Sault Ste Marie (19)	1-14-46 ✓	BM1c				In
Grand Marais Lt (19)	3-27-46 ✓	BM1c				In
(19)	5-23-46	BM1c				In
SEPARATION CENTER NO. 9 Detroit, Mich. SEPARATION CENTER NO. 9 Detroit, Mich.	5-27-46	BM1c	3	4	29	HD EXP. ENL. PB 31-45

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 DIEBOLD 2116-595

LATEST HOME ADDRESS

Grand Marais, Mich.

ABSENCES NOT CREDITABLE AND CONVICTIONS BY COAST GUARD COURTS

16—26829-1

UNIT	RATE	REASON	FROM—	TO—	YRS.	MOS.	DAYS	REMARKS