AUG 25 2025 AM 10:58

REFERENCE SERVICE SLIP
Archival Research Room Record Request
National Archives at St. Louis

Date: 8/25/2025

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Brown, Joseph	222207	3/23/1911 LA

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☑ Unknown

Service Period (Check all that apply):
- ☑ 1939 & Prior
- ☑ 1940 - 1950
- ☑ 1950 & After

Date & Place of Death: 1/19/1976 FL

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location)

From: To:

(Agency & Location)

From: To:

(Agency & Location)

From: To:

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: C-000 6206459

Attendant Signature:

CMRS Search Request Number(s): ~~C-Greg S-0027630194~~

Remarks:

25 SEP 9 AM 8:08:24

SCREENING NOTES

- ☐ Reviewed and Nothing Removed
- ☐ Items Removed and User Informed

Hold Requested:
- ☐ Yes
- ☐ No

Total Requests:

Screened Items:

- ☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

50394

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

FILE
3-13

Address reply to:
COMMANDANT
U.S. COAST GUARD
WASHINGTON, D.C. 20226

FILED
PE-84

PS-1
1741
19 November 1964

From: Commandant
To: BROWN, Joseph (222-207) BM1, USCG, Retired
922 Jackson Avenue, Pascagoula, Mississippi

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1414 66 54

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $4,000 National Service Life Insurance issued under policy number V 1414 66 54 will expire on 31 January 1965.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 4.80 allotment discontinued with month of last payment December 1964
$ 6.60 allotment established with month of first payment January 1965

3. CG Form 4222, Allotment Action Request, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS-1) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) CG Form 4222
(3) Envelope
(4) VA Form 9-336
(5) VA Form 9-5856
(6) CGHQ-3646

SJSILLEX:sjs 19 November 1964

Keep Freedom in Your Future With U.S. Savings Bonds

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: FINAL	DATE PREPARED: 1 MARCH 1976

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

BROWN, Joseph (n) 222 207 BMC, USCG, RETIRED

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

DIED: 19 January 1976
PLACE: Ochsner Foundation Hospital, New Orleans, Louisiana
CAUSE: Cancer

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

23 March 1911 - Boothville, Louisiana - Caucasian

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY — CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

428 68 9365 E-7 over 22 years ser, $937.50 per mo. PL92-210

6. DUTY STATUS

RETIRED 1 October 1954 — 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Josephine Brown, widow, 1833 Jackson Avenue, Pascagoula, MS 39567 (1) (3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Eighth Coast Guard District, New Orleans, LA - 21 January 1976

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NOT REGISTERED — 10 October 1941 - USCG

11. PRIOR SERVICE DATA

☐ YES ☒ NO

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH - NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:

[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD, FORM 1 MAR 80 1300

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-3867 (Rev. 8-71)

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 24 February 1976

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
BROWN, Joseph (n)	222 207	BMC / Retired	428 68 9365

EACH PERSON LISTED BELOW IS:
[*] DESIGNATED BENEFICIARY [ ] UNDESIGNATED BENEFICIARY [ ] CLAIMANT

ESTAB'D DATE OF DEATH: 19 January 1976

NAME OF BENEFICIARY OR CLAIMANT		RELATIONSHIP	ADDRESS
Mrs. Josephine Brown	100%	Widow	1833 Jackson Avenue Pascagoula, MS 39567

[*] I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

[ ] I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

[ ] I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

[ ] Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

SF-1174

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
Josephine E. Brown 428-23-3702	Wife	4. Is designation of beneficiary for unpaid compensation on file with service? ~~YES~~ (Yes or No)
		5. Are you named beneficiary? YES (Yes or No)
6. Name, rank or rating, service number, and social security number of decedent	7. Date of death	8. Name of service
Joseph (n) Brown, MC 428-68-5365	2/21/70	USCG
		9. Decedent's domicile Pascagoula, Miss.

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? _____

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and social security number	Age	Relationship to deceased	Address

RECEIVED
FEB 4 1970
CGHQ (PS)-1

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed N/A _____ of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of
(Executor or administrator)

n?A N/A
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____
(Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.

Part E

Have the funeral expenses been paid? _____ (If paid, receipted bill of the undertaker must be
(Yes or No)

attached hereto.) Whose money was used to pay the funeral expenses? _____

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith

Josephine E Brown (Signature of claimant) 2/13/76 (Date) _____ (Signature of claimant) _____ (Date)

1833 Jackson Ave. (Street address) _____ (Street address)

Pascagoula, Miss. 39567 (City, State, and ZIP code) _____ (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above Josephine E. Brown (Name(s) of claimant(s)) *and that the signature(s) of the claimant(s) was (were) affixed in our presence.*

Renee N. Hendley (Signature of witness) C. W. Peters (Signature of witness)

3024 Ridgedale (Street address) Graceland Rd (Street address)

Gautier, Miss 39553 (City, State, and ZIP code) Gautier, Miss 39553 (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

☆ GPO: 1974 O-526-533

DEPT. OF TRANSP., U.S.C.G., CG-3584 (Rev. 2-68) CLEARANCE SHEET

3 February 1976

Dear Mrs. Brown:

I am deeply saddened because of the death of your husband, Chief Boatswain's Mate Joseph Brown, United States Coast Guard, Retired.

There is little I can say to minimize your sorrow in this bereavement. On behalf of your husband's many shipmates in the Coast Guard, I would like to extend to you our personal sympathy in your loss.

Sincerely,

O. W. SILER
Admiral, U. S. Coast Guard

Mrs. Joseph Brown
1833 Jackson Avenue
Pascagoula, MS 39567

SERVICE NUMBER:	222 207
DATE OF DEATH:	19 January 1976
DATE OF RETIREMENT:	1 October 1954
CAUSE OF DEATH:	CANCER
OHBRADSHAW:ohb	26 January 1976

PREVIOUS EDITIONS MAY BE USED

OFFICE OR DIVISION	G-PS												

DEPT. OF TRANSP., U.S.C.G., CG-3584 (Rev. 2-68) CLEARANCE SHEET

3 February 1976

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Sincerely,

O. W. SILER
Admiral, U. S. Coast Guard

Mrs. Joseph Brown
1833 Jackson Avenue
Pascagoula, MS 39567

SERVICE NUMBER: 222 207
DATE OF DEATH: 19 January 1976
DATE OF RETIREMENT: 1 October 1954
CAUSE OF DEATH: CANCER
OHBRADSHAW:ohb 26 January 1976

PREVIOUS EDITIONS MAY BE USED

OFFICE OR DIVISION	G-PS									G-CV/G-C		
INITIALS OF RESPONSIBLE OFFICERS												
INTRA-OFFICE OR DIVISION INITIALS	OBB											
DATE OUT	1-26-76											

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CGHQ-9964 (Rev. 11-73)	REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING	
TO: Chief, Pay and Allowances Division		DATE: 26 January 1976
NAME: BROWN, Joseph (n)	SERVICE NUMBER/SSN: 222 207 (428 68 9365)	GRADE OR RATING: BMC, Retired
DATE OF RECEIPT OF EVIDENCE OF DEATH: 21 January 1976	ESTABLISHED DATE OF DEATH: 19 January 1976	
Information concerning death of the above-listed person has been received reporting established date of death has been set forth.		
PAY GRADE	YEARS OF SERVICE	RSFPP/SBP OPTION ELECTION / DEDUCTION
ANNUITY AMOUNT	ANNUITY BENEFICIARY (Name)	FINAL PAY DUE (Date)
ALLOTMENTS:		

AARON O. MARTIN
SIGNATURE
Chief, Decedent Affairs and Claims Branch

ohb

PREVIOUS EDITIONS MAY BE USED

for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Your husband designated you to receive the final pay due at his death. Four forms No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office with a copy of your husband's death certificate.

VA form 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed as soon as possible and forwarded to your local Veterans Administration office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) Form No. SF-1174

GPS-1/62
(202) 426-1845

1770
26 January 1976

Mrs. Josephine Brown
1833 Jackson Avenue
Pascagoula, MS 39567

RE: BMC Joseph (n) BROWN
222 207, USCG, Retired
SS# 428 68 9365

Dear Mrs. Brown:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

You can be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal Benefits that may be available to you.

The enclosed benefit guide briefly explain the assistance and survivor benefits furnished by the Coast Guard as well as the other governmental agencies. The enclosed forms are forwarded to aid you in promptly filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Your husband designated you to receive the final pay due at his death. Four forms No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office with a copy of your husband's death certificate.

VA form 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed as soon as possible and forwarded to your local Veterans Administration office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

File 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PS-1
L-13
20 January 1960

From: Commandant
To:
BROWN, Joseph (222-207) BM1, USCG, Retired
922 Jackson Avenue, Pascagoula, Mississippi

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1414 66 54

Ref: (a) VA Form 9-453, countersigned b

1. The Veterans Administration has notified this office that the term period of your $4,000 National Service Life Insurance issued under policy number V 1414 66 54 will expire on 31 January 1960.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$	allotment discontinued with month of last payment	December 1959
$ 3.80	allotment established with month of first payment	January 1960
4.80		

3. NAV S&A Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment cha It is requested that this form be signed where indicated and returned Commandant (PS) immediately in the enclosed pre-addressed envelope. T enclosed VA Form 9-453 should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-453 b
(2) NAV S&A Form 545
(3) Envelope
(4) VA Form 9-5856

SLBraxton:slb 20 Jan 1960

F. L. E. Adm

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

Office of the Commander, 8th CG District
New Orleans 40, La.

10 March 1958
(date)

The status and eligibility for privileges and expiration date of eligibility to privileges of the dependent(s) in this application have been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependent(s). The issuing activity is requested to return the original completed application to: COMMANDER, EIGHTH COAST GUARD DISTRICT, ROOM 307 CUSTOMHOUSE, NEW ORLEANS 40, LOUISIANA by endorsement hereon and indicate the card number issued to each dependent by name.

[redacted]

DESCRIPTION:

LAST NAME	FIRST	INITIAL	SERVICE NUMBER	RANK/RATE
BROWN	Joseph	(n)	222-207	BMC

HEIGHT 68" WEIGHT 175 EYES Hazel HAIR Gr.Br. DATE OF BIRTH 3-23-11

[redacted]

*Benefits and Privileges Abbreviations: T-Theater, C-Commissary; EU-Exchange Unlimited; EL-Exchange Limited; MC(C)-Medical Care at Civilian Facility; MC(US)-Medical Care at Uniformed Services Facility.

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG/RET	922 Jackson Ave., Pascagoula, Miss.
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
1 March 1958	Joseph Brown

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 047, 496	10 March 58	INDEFINITE

20. ORGANIZATION OF ISSUING OFFICER	
Commander, Eighth CG District	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
S. T. WATSON, SCLK, USCG	S. T. Watson

GPO 924659

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME – FIRST NAME – MIDDLE INITIAL	2. STATUS	3. GRADE – RATE – RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
BROWN Joseph (n)	☐ ACTIVE DUTY ☒ RETIRED	BMC	USCG/RET	222-207	Retired

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* _____

ON *(Date)* _____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under* ***REMARKS*** *the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☐ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

PF 71 FILE 3-13

PS
12 July 1955
L 13
Serial 222-207

Commandant to
BROWN, Joseph

4. Your attention is called to the fact that it will not be necessary for you to submit an Application for Renewal to this office. Public Law 148, 83rd Congress, approved July 23, 1953 provides for the automatic renewal of the term period of all National Service Life and United States Government Life Insurance that expires on or after 23 July 1953 provided that the policy is in force at the end of the term period.

5. If you prefer, this insurance may be converted to one of the six permanent plans, i.e., Ordinary Life, 20-Payment Life, 30-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

6. Advise Commandant (PS) of action that will be taken by you in connection with your National Service Life Insurance.

JUL 12 1955

B. V. BALL
By direction

Encl: (1) VA Form 9-4457
(2) Nav. S&A Form 545
(3) Nav. S&A Form 545 (adm)
(4) VA Form 9-358 (2)
(5) VA Bulletin 9-3
(6) Envelope

PS
12 July 1955
L 13

From: Commandant
To: BROWN, Joseph (222-207) BM1, USCG, Retired
922 Jackson Avenue, Pascagoula, Mississippi

Subj: National Service Life Insurance V 1414 66 54; Expiration of term period

Ref: (a) Veterans Administration Form 9-4457, countersigned 2 June 1955

1. There is herewith forwarded a notification from the Veterans Administration regarding the expiration of the term period of the $4,000 National Service Life Insurance issued to you under policy V 1414 66 54. Inasmuch as the term period expired on 31 January 1955 Headquarters has authorized an administrative change in your allotment as evidenced by the enclosed administrative Allotment Authorization, Nav. S. and A. Form 545. This action was taken in compliance with an agreement with the Veterans Administration to continue the protection of this insurance until you have had ample opportunity to advise this office of your wishes in the matter.

2. There is in effect at the present time an allotment in the amount of $3.32 per month for the payment of premiums on National Service Life Insurance as follows:

3.32
~~$3.80~~ - $4,000 Level Term Insurance V 1414 66 54 ren. effective 1 February 1950

This allotment has been administratively stopped with the month of last payment December 1954 and an administrative allotment in the amount of $3.80 reflecting the increased premium, has been placed in effect with the month of first payment January 1955. It is requested that the following allotment adjustments be submitted to Commandant (PS) to confirm the administrative action taken by this office.

$3.32 Allotment discontinued with month of last payment December 1954
$3.80 Allotment established with month of first payment January 1955

3. In view of the fact that payments of the administrative allotment have already been made to the Veterans Administration, in the event you do not desire to continue the protection of this insurance, the administrative allotment as established by Headquarters may not be discontinued retroactively but must be stopped on a current basis.

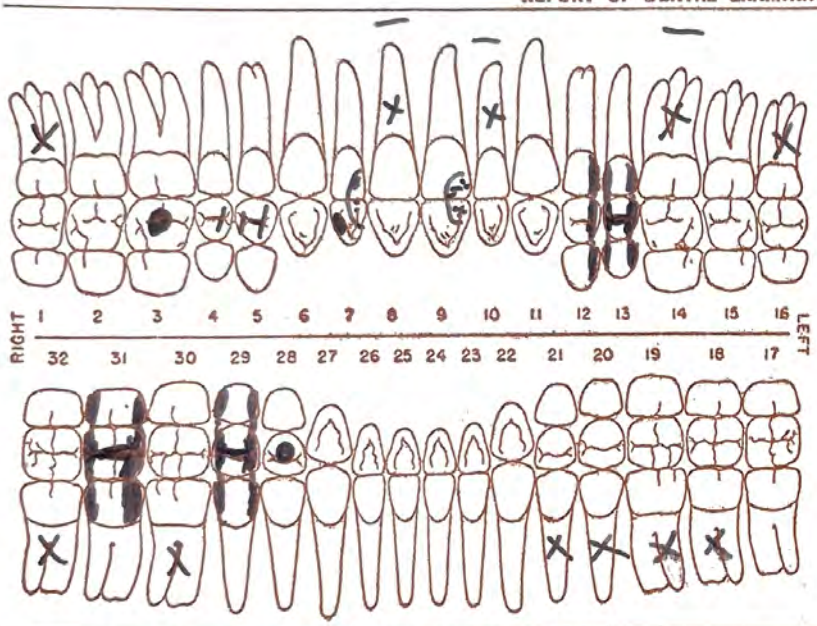
ard Form 521
dgeted May 1950
Bureau of the Budget
Circular A-82 (Rev.)

2 Lr 12

FILE
1.108

CLINICAL RECORD | **DENTAL**

REPORT OF DENTAL EXAMINATION



CALCULUS
☐ SLIGHT ☐ MODERATE ☑ HEAVY

PERIDONTAL OR GINGIVAL DISEASE

Pyorrhea

ABNORMALITIES OF OCCLUSION

Class II

ORAL INFECTION (*Other than gingival or peridontal*): OTHER FINDINGS

DENTAL CLASSIFICATION

RECOMMENDATIONS

Lower Partial indicated. (Eh)

APPROXIMATE TIME REQUIRED FOR COMPLETION OF RECOMMENDED DENTAL TREATMENT ____ DAYS

DENTAL FACILITY	DATE	SIGNATURE OF DENTIST
MDO #6	12 SEP 1952	

INFORMATION FOR DENTAL SERVICE (*To be filled in by referring agency*)

☐ CHECK HERE IF PATIENT HOSPITALIZED FOR DENTAL TREATMENT ONLY

PRINCIPAL MEDICAL DIAGNOSIS

PATIENT REFERRED FOR

☐ EMERGENCY TREATMENT ☐ EXAMINATION FOR ORAL INFECTION ☐ OTHER (*Specify*)

☐ ROUTINE TREATMENT ☐ ELIMINATION OF ORAL INFECTION

REMARKS (*Include any special precautions to be observed in treatment*):

BENEFICIARY	SEX	RACE	AGE	SERVICE
	☐ M ☐ F	☐ WHITE ☐ OTHER	40	☐ IP ☐ OP

GRADE, RATING, OR POSITION	APPROXIMATE PERIOD OF HOSPITALIZATION	DATE REFERRED	SIGNATURE OF REFERRING PHYSICIAN
BMC(P)			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
BROWN, JOSEPH	222-207	

16—56210-3

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

DENTAL
Standard Form 521
Rev. April 1950

3-13

FP-4
25 March 1955
MR

From: Commandant
To: Joseph Brown (222-207)BMC, USCG, Retired
922 Jackson Avenue
Pascagoula, Miss.

Subj: Retired Pay

1. In reply to your letter of 22 March, 1955, you are advised that in the computation of your retired pay, you are entitled to an additional 2½% for a fraction of a year of 6 months or over, therefore, since you had 17 years, 7 months and 29 days service for pay purposes, your retired pay was computed correctly as follows:

18 (17 yrs., 7 mos.) X 2½ = 45%, plus 10% for good conduct, equals 55%. 55% of $259.90 (active duty pay of BMC with over 16 years but less than 18 years service equals $142.94 monthly retired pay.

R. C. DAVIS
By direction

DATE: 30 September 1954

UNIT: Pascagoula River Ent. LAS

LOCATION: Pascagoula, Miss.

From: BROWN, Joseph (222-207)BMC, USCG
To: Commandant (PC)
Via: (1) Commanding Officer,
(2) Authorized Certifying Officer, 8th CG District

Subj: Notification of Change in Dependency Status for Basic Allowance for Quarters.

1. You are hereby notified of the following change in dependency status which reduces or terminates entitlement to basic allowance for quarters for my dependents:

NAME & ADDRESS OF DEPENDENT (S)	RELATIONSHIP	DATE & NATURE OF CHANGE
Josephine E. Brown	Wife	Retired 9-30-54

Note: If divorced, attach two (2) copies of divorce decree (certified by clerk of court).

2. The following allotment stoppage action is requested:

ALLOTTEE	MONTH LAST PAYMENT	AMOUNT
Josephine E. Brown	9/54	$176.90

NOT REQUIRED
(Name of Member)

30 September 1954
1L6-6

FIRST ENDORSEMENT ON BROWN's ltr of 30 September 1954

From: Authorized Certifying Officer, 8th CG District
To: Commandant (PC)

PE-68

Forwarded. Allotment stoppage in the amount of 176.90 registered with month of last payment. September 1954

W. B. SONNTAG
XXXXXXXXXXXX

OCT 11 1954

82-39

NO BAQ Payments Authorized for

dependents commencing

OCT 1 1954

a Chief, Dependents Allowance

5(10/12)

Date 7 October, 1950
Unit Point Au Fer Reef Light Station
Location Box 230, Morgan City, La

From: Brown, Joseph. (222-207) ~~BM1~~ BMCA
To: Commandant (PMM)

Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & place of marriage; ~~divorce~~, etc; date birth of children, custodianship; other date.
Josephine Elizabeth BROWN 502, 10th, St. Pascagoula, Miss	Wife	29 October, 1932 at Buras, La.
Joseph Earl BROWN 502, 10, St Pascagoula, Miss	Son	15 January, 1934
Richard Herman BROWN 502, 10th, St Pascagoula, Miss	Son	11 January, 1937

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE NOT in occupancy
(insert "are" or "are not")
of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full named and addresses of each allottee, amount to be allotted to each, and month of first payment:

Allottees:	Month, 1st Payment	Amount
Josephine Elizabeth Brown 502, 10th, St. Pascagoula, Miss	8/52 November, 1950	176.90 ~~$165.00~~
		$
		$
	Total Allotments . .	$165.00

Date on or after 1 Aug. from which Basic Allowance for Quarters Claimed for each dependent 1 August

Joseph Brown
Joseph Brown, BM1
(Name of Member)

Ind-1
~~OCCGD-8~~
New Orleans, La. 18 October, 1950

From: Commander, 8th CG District
To: Commandant (PMM)
Via: ACO

Forwarded.

S. L. BROWN
By direction

T-2, 8th C. G. District
TMENT (S) TOTALLING $165.00 REGISTERED, EFFECTIVE 1ST PAYMENT NOV. 1950

H. M. SIAS, LCDR., USCG
AUTHORIZED CERTIFYING OFFICER

OCT 30 1950

From compensation of

APPLICATION FOR ALLOTMENT

O-1

BROWN, Joseph (n) (222-207) BMCA, USCG

PAYABLE TO

Name Josephine E. BROWN (W)

Street and No.

Post office State

Monthly allotment in the amount of

ONE HUNDRED SEVENTY SIX and 90/100 ($176.90) Dollars.

(Words) (Figures)

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

Name

Reason for allotment

First payment: Month AUGUST, 19 52

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

Rank or rating U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered 3 July, 19 52

M. C. REDFORD, CPCIK., USCG

XXXXXX 8TH CG DIST., NOLA.

Pay officer,

16—12642—1

5-20

NOTICE TO PAYEE

This allotment has been placed in effect with first payment to be made for the month of

Checks will be mailed you on the last day of each month without further action on your part. Keep this office advised of any change of your address.

All inquiries regarding this allotment should show the name of the allotter and be addressed to the Allotment Disbursing Officer, U. S. Coast Guard, Washington, D. C.

Allotment Disbursing Officer.

* Allotter or member immediate family

© DO NOT FOLD—MAIL FLAT

From (complete) BROWN, Joseph (n) (222-207) BMCA, USCG

PAYABLE TO

Name Josephine E. BROWN (W)

Street and No.

Post office State

Stop allotment after payment

for the month of JULY, 19 52

for which checkage has been made.

REASON FOR STOPPAGE:

(Signature of Allotter)

Rank or rating

APPROVED:

Commanding or

Commander District

STOPPAGE REGISTERED, Date 3 July, 1952

M. C. REDFORD, CPCLK., USCG

8TH CG DIST., NOLA. U. S. C. G.

Pay Officer

NOTICE TO ALLOTTEE

You are advised that this allotment has been discontinued after payment for the month indicated for the reason stated above.

Allotment Disbursing Officer.

P. HENRY LANAUZE
DEPUTY RECORDER
BIRTHS, MARRIAGES AND DEATHS
PARISH OF ORLEANS

OFFICE OF

Recorder of Births, Marriages and Deaths

PARISH OF ORLEANS

MUNICIPAL OFFICE BUILDING, CARONDELET AND LAFAYETTE STREETS

This is to Certify, that JOSEPH EARL BROWN.

lawful SON. of JOSEPH BROWN.

and JOSEPHINE E. MEYER. was born on

the 15TH day of of January 193 4, and registered in Book

No. 199 Folio 4006, on the 16TH day of of January 193 4.

P. Henry Lanauze

DEPUTY RECORDER.

KEEP THIS FOR FUTURE REFERENCE

P. HENRY LANAUZE
DEPUTY RECORDER
BIRTHS, MARRIAGES AND DEATHS
Parish of Orleans

OFFICE OF **Recorder of Births, Marriages and Deaths**
PARISH OF ORLEANS
MUNICIPAL OFFICE BUILDING, CARONDELET AND LAFAYETTE STREETS

This is to Certify, that RICHARD HERMAN BROWN
lawful SON of JOSEPH BROWN
and JOSEPHINE ELIZABETH MEYER was born on
the 11TH day of JANUARY 1937, and registered in Book
No. 203 Folio 318, on the 20TH day of JANUARY 19 37

KEEP THIS FOR
FUTURE REFERENCE

P. Henry Lanauze
DEPUTY RECORDER.

21

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

WASHINGTON 25. D. C.

PS
12 March 1953
P7

Mrs. Josephine Elizabeth Brown
502 10th Street
Pascagoula, Mississippi

Dear Madam:

Reference is made to the application for ~~family~~ Quarters allowance filed by

BROWN, Joseph (222-207) BMC, an enlisted member of the

United States Coast Guard, in behalf of Yourself and sons.

Before further action may be taken, it will be necessary for you to furnish the following data to the Chief, Family Allowance Section, United States Coast Guard Headquarters, Washington 25, D.C.:

A certified copy of your certificate of marriage to the enlisted man, together with a certified copy of the public record of birth of each of your sons.

By direction of the Commandant.

Very truly yours,

F. S. TURNER
Lieutenant (jg), U. S. Coast Guard
Chief, Dependents Allowance Section

A-5378

PENDING FILES KG

7A: Class "A" (W)(LC-2) 11/43 - 1/50.
~~NO MIC OR B/C ON FILE. C&C RET'D 10/29/32~~

B/C Joseph Earl 1/15/34
B/C Richard Herman 1/11/37

BAQ CLASS	DATE AUTH.	ANNUAL REDET.	DATE CANCELLED	REASON
				M/C 10/29/32 LA: (Josephine Elizabeth METER)
(W)(LC-2)	8/1/50			
(W)(LC-2)			9/30/54	Retired H.H.R.

File

UNITED STATES COAST GUARD
Washington 25, D. C.

OCT 28 1954

From: Commandant
To: BMC Joseph Brown (222-207) USCG, Retired, 922 Jackson St., Pascagoula, Miss.
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 100975 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

B. A. SHAW
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: Joseph Brown, BMC Retired
To: Commandant

Card returned for validating and completion.

Joseph Brown
Signature

IND-2

From: Commandant
To: BMC Joseph Brown, USCG, Retired

NOV 17 1954

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant, ~~together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)~~

B. A. SHAW
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: Joseph Brown, Retired
To: Commandant

E-10

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. ~~My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).~~

Joseph Brown
Signature

GPO DSO

3-13 Julie

FP-4
29 October 1954
MR

From: Commandant
To: Joseph Brown (222-207)BMC, USCG, Retired
922 Jackson Ave.,
Pascagoula, Miss.

Subj: Retired Pay; verification of creditable service

1. In reply to paragraph one of your letter dated 26 October 1954, you are advised that an examination of your personnel records reveals that the number of years of creditable service shown on Forms NCG-2511-A and DD-214 is the same and is correct. Form NCG-2511-A shows 11 months and 12 days creditable time, served during last enlistment service, plus 16 years, 8 months and 17 days previous creditable service, totaling 17 years, 7 months and 29 days net service completed for pay purposes as shown on Form DD-214.

2. You are further advised that the computation of your retired pay included 10% for good conduct as follows: 18 (17 yrs.,7 mos.) X $2\frac{1}{2}$ = 45% plus 10% = 55%. 55% of $259.90 = $142.94 monthly retired pay.

3. Your Payroll Change Slip has been returned to you showing a correction in the amount of deduction from your retired pay for National Service Life Insurance.

R. C. DAVIS
By direction

EHGray:mch 8-1
EHG. jmg

File
EJ

100975

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3505 (1-54)

APPLICATION FOR RETIRED ARMED FORCES IDENTIFICATION CARD

TO: COMMANDANT, U. S. COAST GUARD, WASHINGTON 25, D. C.

DATE: 21 October, 1954

IDENTIFICATION DATA

INSTRUCTIONS

The following identification data must be provided to form the basis for issuance of an Armed Forces Identification Card endorsed "RETIRED." In this connection a suitable photograph (35MM or not larger than 1" x 1-5/16") will be enclosed.

NAME (Last, First, Middle): BROWN, (n) JOSEPH	SERVICE NO.: 222-207	GRADE OR RATE: BMC
DATE OF BIRTH (Month, Day, and Year): March, 23, 1911	WEIGHT: 175	HEIGHT: FEET 5 / INCHES 8 1/2
COLOR HAIR: Grayish Brown	COLOR EYES: Hazel	BLOOD TYPE: A - Pos
ADDRESS: 922 Jackson St. Pascagoula, Miss.	SIGNATURE: Joseph Brown	

4947 Treasury CGHQ Wash., D.C.

3-13 File

FP-4
27 October 1954
MR

Chief, Enlisted Personnel Division

Chief, Payments and Claims Division

BROWN, Joseph (222-207)BMC, USCG, Ret., letter attached

1. Attached hereto is a letter received from Joseph Brown (222-207)BMC, Ret., which is being referred to you for clarification of Paragraph One.

R. C. DAVIS

LETTER ATTACHED

EHGraymch Sta. 8-1

EHG

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 6-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
BROWN	Joseph	(n)	222-207

DATE OF BIRTH (Mo.-day-yr)	GRADE OR RATE IN WHICH SERVING	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-day-yr.)
March 23 1911	BMC	BMC	October 1 1954

REASON FOR RETIREMENT: 20 Year Service Retirement

HAS INDIVIDUAL EVER HELD A GRADE OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? ☐ YES ☒ NO IF "YES," LIST HIGHEST GRADE OR RATE HELD.

ON ENLISTED 20 YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED ☒ YES ☐ NO

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	12	11	21	12	11	21
LIGHTHOUSE	11	7	8	4	8	7
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	24	6	29	17	7	28

DATE	SIGNATURE
September 21 1954	B. A. SHAW

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

I.D. GREENSPON: Return to 3-13

PE-74

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
BROWN, Joseph	222-207	1 October, 1954	BMC

IF MAN HELD A GRADE OR RATING HIGHER THAN PRESENT RETIRED GRADE OR RATING, INDICATE HIGHEST GRADE OR RATING HELD DURING COAST GUARD SERVICE.

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
10-10-41	10-12-47	4.0	72	288					
10-14-47	10-16-50	4.0	36	144					
10-17-50	10-19-53	4.0	36	144					
10-20-53	10-1-54	4.0	11	44					
	TOTAL		155	620		TOTAL			

FINAL AVERAGE CONDUCT MARK 4.0

ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box) ✓ YES ☐ NO

DATE 9/17/54 COMPUTED BY M. Thornam

DATE VERIFIED BY

TREASURY DEPARTMENT, U. S. COAST GUARD, CGHQ – 3534 (6-54)

6084 COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

21 - 0 - 29 (3/31/51)

22 - 0 29 MAR 3 1 1952

20 0 29 Service for Retirement BROWN, Joseph (Name) 222-207 (Service No.) BMC (Rate)

Yrs. Mos. Days

MAR 3 1 1953 23-0-29

MAR 3 1 1954 24-0-29

as of 31 March, 1950

Coast Guard Reserve (58) 45

(A)

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	8	5	21
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)	11	7	8
TOTAL SERVICE FOR RETIREMENT	20	0	29
INACTIVE SERVICE (Specify) Coast Guard	8	5	21
LIGHTHOUSE (For Pay Purposes)	4	8	7
TOTAL SERVICE FOR PAY PURPOSES	13	1	28

HIGHEST RANK OR RATING HELD BMCA (P)

Service Computed by Ida Dunstan 2/13/51

Service Verified by [illegible]

UNITED STATES COAST GUARD

File

Address Reply to:
Commander, 8th CG District
Custom House
New Orleans, La.

p
18 October 1954
CD8/P20-2/MM

From: Commander, 8th CG District
To: Commandant (PE-3)

Subj: Personnel records; forwarding of

1. Enclosures marked "X" in the case of the following personnel are hereby forwarded inasmuch as records at this office indicate that they have been:

_____ transferred to your command

__XXXX__ separated from the service

BROWN, Joseph (n) (222-207) BMC, USCG
DAVIS, Carlton S., Jr. (298-430) QM2, USCG

2. Service Record _____; Personnel Data Card XXXX; Pay Account _____;
Abstract of Service Card XXXX; Health Record _____; Other _____.

3. It is requested that receipt be acknowledged by indorsement hereon.

S. L. BROWN
By direction

Encl: Indicated records of above personnel

- -

FIRST INDORSEMENT TO C8CGD p ltr of

From:
To:

Receipt is hereby acknowledged for above records marked "X".

PE-3

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
BROWN, Joseph (n)	222-207		10-14-48

5. EFFECTIVE DATE DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	MOS.	DAYS	9. REMARKS	10. CARD NO.
11-16-51	BASE, MOBILE	2-12-53	1	2	26		4
2-12-53	PASCAGOULA RIV ENT LAS					10-19-53 HDEEEXT. REREG 59 UL	
2-12-53	PASCAGOULA RIV ENT LAS					10-20-53 REEN 6 Yrs.	
2-12-53	PASCAGOULA RIV ENT LAS	10-1-54	1	7	19	Placed on ret. List (20yrs)	

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)	10—67655-1
BROWN, Joseph (n)		BMC	10-14-48	

BROWN, Joseph (n) (NAME) 222-207 (SERVICE NUMBER)

MARITAL STATUS

NUMBER OF DEPENDENTS

Other creditable service— YRS. MOS. DAYS

Birth, date of

Birth, place of

Citizenship

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
rptd 10-14-48						
Pascagoula River Ent LS	1-4-50	BM1				TR
Point Au Fer Reef LAS	10-16-50	BM1				HD EE & EXT
Point Au Fer Reef LAS	10-17-50	BM1				REEN for three yrs.
Point Au Fer Reef LAS	11-16-50	BMCA(P)				CR
Point Au Fer Reef LAS	10-26-51	BMCA(P)				TR
CG Depot, Mobile Ala.	4-1-52	BMC(P)				CR

Treasury Department
U. S. Coast Guard
C. G. 9545
Revised Sept. 1941

SINGLE
MARRIED X
WIDOWED
DIVORCED

BROWN, Joseph
(NAME)

222-207
(SERVICE NUMBER)

Other creditable service—
LIGHTHOUSE

YRS. 11 MOS. 7 DAYS 8

Birth, date of 23 March, 1911
Birth, place of Boothville, Louisiana
Citizenship N.

16—11208

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Cape Kumukahi Lt. Sta. (14)	10-15-47	BMlc		4		Tr.
Cape Kumukahi Lt Sta (4)	4-2-48	BMl				Ch. (PC 36-47)
Comdr. 8th CGD		BMI				TR
Pascagoula River L/S (68)	10-14-49	BMI				TR



ENLISTED PERSONNEL DATA CARD

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BROWN	Joseph	(n)	222-207	BMC(P)	Pascagoula Ent Lhs

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT. DUTY	10. EXPECTED RELEASE DATE	11. DATE PREPARED
10-20-53	6	10-19-59	- -	- -	- -	10-20-53

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-23-11	CAU	W2DC	Pascagoula, Miss.	Mississippi	- - -	Miss.

19. CIVILIAN EDUCATION: GS4

20. LANGUAGE QUALIFICATIONS: NONE

21. CIVILIAN OCCUPATION: Oiler, USA Engineers

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES: UNK
GCT ____ MA ____ EK ____ SP ____ CA ____
AR ____ READ ____ MK ____ PI ____

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 125 AFLOAT 0
OUTSIDE CLUS: ASHORE 24 AFLOAT 1

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH USCG
b. ACTIVE SERVICE
12 YRS. 0 MOS. 10 DAYS
c. OTHER SERVICE LT. House
4 YRS. 8 MOS. 7 DAYS
d. TOTAL NET SERVICE FOR PAY
16 YRS. 8 MOS. 7 DAYS

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None
4-12 Qualified as Oiler ashore.

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1	PERM.	10-17-50
BMCA(P)	Pro	11-16-50
BMC(P)	Pro	4-1-52
BMC	Perm	1-1-54

31. REMARKS

26. SERVICE FOR BASIC PAY
COMP. 16 YRS. ON 2-2-53

27. SERVICE FOR RETIREMENT
COMP. 23 YRS. ON 2-16-53

32. RPTD DIST. 10-48

33. RPTD UNIT 2/16/53

CG-3291 (3-52)

1. NAME: LAST	FIRST	INITIAL	2. SERVICE NO.	3. RATE	4. PRESENT UNIT
BROWN	Joseph	(n)	222-207	BMC	Pascagoula Ent Lhs

GPO 16—66506-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
30 August 1954
AUTH: 513381

From: Commandant
To: BROWN, Joseph (222-207)BMC, United States Coast Guard
Via: Commander, Eighth CG District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 October 1954. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued to you by the unit effecting separation from active duty in accordance with Personnel Circular No. 38-53, as amended.

3. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment symbol No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at Government expense only if completed within one year from date of retirement.

5. Your commanding officer will endorse this order to indicate place, time and date of delivery, time and date of your detachment and departure, and your last permanent duty station. You will endorse this order to show place, time and date of receipt. You will then retain this order until arrival at your home of selection, at which time you will make a final endorsement indicating place, time and date of arrival at your permanent home, and mode of travel utilized. When the latter endorsement has been completed, this order should be forwarded to the COMMANDANT (FP-5) for settlement of travel expenses.

W. D. ELLIS
By direction

Encl:
(1) Instructions relative to retirement
(2) Form CG-2533, in duplicate

PE-14

PE-1
15 July 1954

From: Commandant
To: BROWN, Joseph (n) (222-207)BMC, United States Coast Guard
Via: (1) Commander, Eighth CG District (p)
(2) Commander, Coast Guard Group, Mobile Alabama
(3) Officer in Charge, Pascagoula River Entrance Light Attendant Sta.

Subj: Retirement, information concerning

1. This will acknowledge your letter of 30 April 1954.

2. Your present standing on the eligibility list for future retirement under the 20-year enlisted retirement law is approximately #29.

3. Your original request dated 17 April 1950 is on file and was acknowledged by Headquarters letter of 26 April 1950. Your application will be considered in any future selection of men for retirement under Title 14, United States Code, Section 355.

W. B. ELLIS
By direction

BROWNBURN:me Ret 3-11

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT (PE-C) WASHINGTON 25, D. C.
REFER TO FILE: CG- 73

26 April, 1950

From: Commandant
To: Commander, 8th CG District (pmp)

Via:

Subj: BROWN, Joseph (n) (222-207)BM1 ; request for retirement; acknowledgement of

Ref: (a) Brown's letter dated 17 April, 1950, file 73, bearing your indosement

Advise the above-named man that his request for retirement by reason of completion of twenty or more years of service has been received at HQ and that his application will be considered in any future selection of men for retirement under the 20 year enlisted retirement law.

F. V. HELMER
By direction

1950 APR 27 11 49
PEA-A

CORRESPONDENCE:cj Return to 3-11

A-6288

UNITED STATES COAST GUARD

New Orleans 9, La.

ADDRESS REPLY TO
Commander, 8th
CG District (pmp)
REFER TO FILE

17 April, 1950
File: 73-706

From: BROWN, Joseph (n) (222-207) BMl, USCG
To: Commandant (PE)
Via: Commander, 8th CG District (pmp)

U. S. COAST GUARD HDQTRS.
MAIL & RECORDS
SERVICE SECTION
RECEIVED APR 21 1950 (2)

Subj: Voluntary retirement; request for

Having completed twenty (20) years' service, it is requested that, in accordance with the provisions of paragraph 355, Public Law 207 Title 14, U. S. Code, I be considered for retirement.

Joseph Brown
JOSEPH BROWN

APR 21 PEA-A

Ind-1
OCCGD-8 (pmp)

18 April, 1950
File: 73-706

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded for Headquarters' consideration.

S. L. Brown
S. L. BROWN
By direction

New Orleans 9, La.

Commander, 8th
CG District (pmp)

17 April, 1950
File: 73-706

From: BROWN, Joseph (n) (222-207) HM1, USCG
To: Commandant (PE)
Via: Commander, 8th CG District (pmp)

Subj: Voluntary retirement; request for

Having completed twenty (20) years' service, it is requested that, in accordance with the provisions of paragraph 355, Public Law 207 Title 14, U. S. Code, I be considered for retirement.

JOSEPH BROWN

Ind-1
CCCGD-8 (pmp)

18 April, 1950
File: 73-706

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded for Headquarters' consideration.

S. L. BROWN
By direction

New Orleans 9, La.

Commander, 8th
CG District (pmp)

17 April, 1950
File: 73-706

From: BROWN, Joseph (n) (222-207) EM1, USCG
To: Commandant (PE)
Via: Commander, 8th CG District (pmp)

Subj: Voluntary retirement; request for

Having completed twenty (20) years' service, it is requested that, in accordance with the provisions of paragraph 355, Public Law 207 Title 14, U. S. Code, I be considered for retirement.

JOSEPH BROWN

Ind-1
CCCGD-8 (pmp)

18 April, 1950
File: 73-706

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded for Headquarters' consideration.

S. L. BROWN
By direction

3 May, 1954
P19-2

SECOND ENDORSEMENT on BROWN, Joseph (n) (222-207) BMC ltr P19-2 of 30 April, 1954

From: Commander, Group Mobile, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: Retirement; information concerning; request for

1. Forwarded.

H. F. ROCALL

---

p
5 May 1954

THIRD ENDORSEMENT to BROWN, Joseph (n) (222-207) BMC, USCG letter dated 30 April 1954.

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded.

S. L. BROWN
By direction

H-29 3-31-54
24-0-29

1954 MAY 7 12 41
PEA-A



UNITED STATES COAST GUARD

ADDRESS REPLY TO
Pascagoula River Entrance LAS
General Delivery, Pascagoula, Miss

30 April, 1954

REFER TO FILE
P19-2

COAST GUARD BASE
RECEIVED
MAY 1 1954
RECEIVED
MOBILE, ALABAMA

From: BROWN, Joseph (n) (222-207) BMC
To: COMMANDANT (PE)
Via: (1) Officer in Charge, Pascagoula River Entrance LAS
(2) Commanding Officer, Coast Guard Group Mobile, Ala
(3) Commander, 8th Coast Guard District

Subj: Retirement, information concerning, request for

1. It is requested that I be advised of my standing on the eligibility list for retirement.

2. 17 April, 1950, my request for retirement was forwarded to Headquarters for consideration.

3. On 3 May, 1954 I will have twentyfour (24) years, three (3) months of service which is creditable towards 20 year retirement.

Joseph Brown, BMC

Copy to:
Commander, 8th Coast Guard Dist.(P)
Commanding Officer, Group Mobile
Unit file

Ind-1
Pascagoula River Entrance LAS
Pascagoula, Miss

30 April, 1954

1. Forwarded approved.

Joseph Brown, BMC
Officer in Charge

3 May, 1954
P19-2

SECOND ENDORSEMENT on BROWN, Joseph (n) (222-207) BMC ltr P19-2 of 30 April, 1954

From: Commander, Group Mobile, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: Retirement; information concerning; request for

1. Forwarded.

H. F. ROGALL

---

p
5 May 1954

THIRD ENDORSEMENT to BROWN, Joseph (n) (222-207) BMC, USCG letter dated 30 April 1954.

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded.

S. L. BROWN
By direction

TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Pascagoula River Ent LAS	Gen, Del, Pascagoula, Miss	17 August, 1954

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (n) (222-207) BMC	CO, Mobile, Group, Mobile, Ala	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Nine (9) days

NUMBER OF DAYS	TO DEPART	REASON:
9	26 August, 1954	☐ REGULAR ☐ REENLISTMENT ☒ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE ~~% Mr. Vaughn Smith, Raleigh Hotel, Washington, D.C.~~

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Joseph Brown, BMC

Ind.-1 Unit: CG BASE, Mobile, Alabama Date 18 August 1954

Date current leave accounting period began 7-1-54	Balance brought forward beginning of present accounting period 21
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 19 October 1959

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W. E. McELROY, LT, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, Mobile, Alabama Date 18 August 1954

☒ Returned, GRANTED NINE (9) days.
☒ ADVANCE ☒ ACCRUED RECHAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

H. F. ROGALL, LCDR, USCG, GruComdr.
(Signature, rank, and title)

Ind.-4 Unit: Pascagoula River Ent. LAS Date 26 August 1954

Departed at 0600, this date. This leave expires before 0800, 5 September 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

J. BROWN, BMC, USCG, QinC
(Signature, rank, and title)

Ind.-5 Unit: Pascagoula River Ent. LAS Date 4 September, 1954

Reported at 2200, this date, having used NINE (9) days' leave.

/s/ Joseph Brown, BMC
(Signature, rank, and title)

16—40220-8

(Over)

W. E. McELROY, LT, USCG, XO

E-14

PE-1
21 December 1953
MM

From: Commandant
To: Commander, Eighth CG District (p)

Subj: Personnel; permanent appointment

1. The provisional ratings of the below named men are hereby made permanent, effective 1 January 1954, with seniority in rating from the dates indicated, provided their conduct and performance of duty since date of recommendation have been satisfactory. Certificates of Appointment are enclosed for delivery to below named men. If permanent appointments are not justified, the enclosed certificates will be returned to the Commandant (PE) for cancellation.

BROWN, Joseph (222-207) BMC(P) - 1-16-46
ROWLAND, William H. (227-002) BMC(P) - 4-16-45
WILLIS, Otis L. (211-123) BMLC(P) - 5-8-43

2. Make necessary entries in service records and on personnel diaries showing issuance of permanent appointments, citing this letter as the authority therefor.

K. O. A. ZITTEL
By direction

Encl: (1) 3-Certificates of Appointment

PE-64

CLABORN:JHC:acd - 184
ret to 3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
~~COMMANDER~~
~~8TH COAST GUARD DISTRICT~~
P. O. BOX 282
~~NEW ORLEANS 9, LA.~~
CG BASE, Box 270
Mobile, Alabama

1953 NOV 25
13 21
3 NOV 23 AM 9 52
COAST GUARD MAIL ROOM
NEW ORLEANS, LOUISIANA

19 November 1953
P17-2/MM

From: Commanding Officer, CG BASE, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

PEA-A

Subj: BROWN, Joseph (n) (222-207) BMC(P); recommendation for permenant appointment

Ref: (a) Article 5-c-31(b) Personnel Manual
(b) Article 5-c-30(b) Personnel Manual
(c) HQ ltr dtd 11-3-53 (PE-1) file P17-2/MM

1. In accordance with reference (c) the subject man has the following qualifications for permenant appointment.

(1) He is a leading person of strong character.
(2) He is capable of directing the work of a forse under him and planning details for it's best employment.
(3) He is capable of performing the required duties of his rate both ashore and afloat.
(4) He is capable of maintaining discipline.
(5) He has no mark below 3.5 in proficiency in rate or below 4.0 in conduct during the year immediately preceeding.
(6) He is recommended for permenant appointment as a Boatswains Mate Chief.

H. F. Rogall
H. F. ROGALL

---

p
23 November 1953

FIRST ENDORSEMENT to CG BASE, Mobile ltr dtd 11-19-53

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded, approved.

OK permanent

R. Zavaleta
R. ZAVALETA
By direction

ENLISTED PERSONNEL DATA CARD

CG-3291 (3-52)

1. NAME: LAST BROWN FIRST Joseph INITIAL (n) | 2. SERVICE NO. 222-207 | 3. RATE BM1(P) | 4. PRESENT UNIT PASCAGOULA RIV ENT LAS

5. DATE ENLISTED	6. TERM ENL/EXT.	7. DATE EXP. ENL/EXT.	8. ACTIVE DUTY DATE	9. TERM REQ. ACT.	10. EXPECTED RELEASE DATE	11. DATE PREPARED
10-20-53	6	10-19-59	- -	- -	- -	10-20-53

12. DATE OF BIRTH	13. RACE	14. NO. DEPENDENTS	15. LOCATION OF DEPENDENTS	16. HOME OF RECORD	17. PFWOAD	18. LEGAL RES.
3-23-11	CAU	W2DC	Pascagoula, Miss.	Mississippi	- - -	Miss.

19. CIVILIAN EDUCATION: GS4

20. LANGUAGE QUALIFICATIONS: NONE

21. CIVILIAN OCCUPATION: Oiler, USA Engineers

22. SPECIAL SKILLS, LICENSES, ETC.: None

CODING SPACE

23. TEST SCORES: UNK
GCT ____ MA ____ EK ____ SP ____ CA ____
AR ____ READ ____ MK ____ PI ____

24. EXPERIENCE (*Months*)
WITHIN CLUS: ASHORE 125 AFLOAT 0
OUTSIDE CLUS: ASHORE 24 AFLOAT 1

25. SERVICE PRIOR TO THIS ENLISTMENT
a. BRANCH: USCG
b. ACTIVE SERVICE: 12 YRS. 0 MOS. 10 DAYS
c. OTHER SERVICE: Lt. House 4 YRS. 8 MOS. 7 DAYS
d. TOTAL NET SERVICE FOR PAY: 16 YRS. 8 MOS. 7 DAYS

26. SERVICE FOR BASIC PAY: COMP. 16 YRS. ON 2-2-53

27. SERVICE FOR RETIREMENT: COMP. 23 YRS. ON 2-16-53

28. OFF DUTY TRAINING: None

29. SERVICE SCHOOLS COMPLETED: None

30. PROMOTION RECORD

RATE AND DESIG.	PERM. OR PRO.	EFF. DATE
BM1	PERM.	10-17-50
BMCA(P)	Pro	11-16-50
BMC(P)	Pro	4-1-52

31. REMARKS

32. RPTD DIST.

33. RPTD UNIT: 2/16/53

1. NAME: LAST BROWN FIRST Joseph INITIAL (n) | 2. SERVICE NO. 222-207 | 3. RATE BM1(P) | 4. PRESENT UNIT PASCAGOULA RIV ENT LAS

GPO 16—66506-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

Coast Guard Base, Mobile, Alabama

9-23-52: Served outside CONUS on or after 27 June 1950 on the CG-55003.

G. R. WAGNER, LT, USCGR
Acting, Commanding Officer

H. F. Rogall

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
12 February 1953	CCGD8/L 1-23-53, GD8/P16-4/MM as amended by CCGD8/L 1-29-53		
RATE: BMC(P)	DATE OF RATE: 4-1-52	SIGNATURE: H. F. ROGALL,	GRADE AND TITLE: LT, USCG, Commanding Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

DESIGNATION OF UNIT (Organization)	DATE REPORTED	SIGNATURE (Grade and title)
Pascagoula Rad. Lab Pascagoula, Mississippi	2-16-53	H. F. ROGALL, LT, USCG, GRUCOMDR, MOBILE

NAME (Last)	(First)	(Middle)	SERVICE NO.
BROWN	Joseph	(n)	222-207

Standard Form No. 1034a Revised
Form prescribed by Comptroller Gen., U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

D. O. Vou. No. 414- 193

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

FILE

Bu. Vou. No. 08-4704-53

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at NEW ORLEANS, LOUISIANA 10-1-52
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To JOSEPH BROWN
(Payee)

502 10th Street (Address) Mobile, Alabama (City) (State)

PAID BY

PAUL D. BANNING
Chief Disbursing Officer
Treasury Department
Div. of Disbursement
Symbol No. 1378
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		FOR ADDITIONAL PAYMENT FOR LUMP SUM MUSTERING OUT PAYMENT (See Attached Certificate, S&A 550)				100	00
		Previously paid MOP under act of 1952 on Bu.Vou.No. 08-2737-53 dated 8/14/52 in the amount of $200.00; Entitled to additional $100.00, see attached statement.					
PAYMENT: Complete ☐ Partial ☐ Final ☐		Use continuation sheet(s) if necessary			Total	100	00

Shipped from to Weight Government B/L No.

(Payee must NOT use this space)

Differences _____

SEE ATTACHED CERTIFICATE

Account verified; correct for 100 00
(Signature or initials) cms

Contract No. Date Req. No. Date Invoice Rec'd.

100.00

M. C. REDFORD, CPCLK, USCG
Chief, Pay & Audit Section
1 October, 1952

COMMANDANT MEMORANDUM
U. S. COAST GUARD HEADQUARTERS
WASHINGTON 25, D. C.

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201			100.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
08-13			08-999900		1210	100.00

Paid by { Check No. 191375 dated OCT 7 1952 19___, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19___. }

69-16—62301a-1

PREV. PAID $200.00 MOP ON EU.EOU.NO. 08-2737-53 DTD 9/14/52

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

222-207 (File or service No.) | BROWN, (Surname) Joseph (First name) (n) (Initial) | EMCP USCG (Rank or rating and branch of service)

10-16-50 (Date discharged or released from active duty) | Point Au Fer Reef Light St., Morgan City, La. (Activity from which discharged) | 60 days or more (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* YES since 6/26/50

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. 1952

G. R. WAGNER, LT, USCG
(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

(Sign original only)

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. 1952

Have you served outside the continental limits of United States or in Alaska? since 6/26/50 — YES (Enter Yes or No)

Joseph Brown
(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

502 (Number) 10th Street (Street)

Mobile, (City) Alabama (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 08-4704-53 (Public voucher) 191375 (Check number) 10-1-52 (Date)

PAUL D. BANNING, CDO, 1378
(Type name and symbol No. of disbursing officer making initial payment)

16—89039-1

MUSTERING OUT PAYMENT DIVISION DATA

NOTE - This is a supplemental MOP certificate to cover service outside continental U. S. only, omitted on initial MOP cert.

DUPLICATE

FILE

2528B

APPLICATION FOR SAVINGS BOND ALLOTMENT

From compensation of

BROWN, Joseph (n) (222-207) BMC
Coast Guard BASE, Mobile, Ala.
PAYABLE TO

Name: Treasurer of the United States
Address: Washington, D. C.

First payment: Month OCTOBER, 19 52

Monthly allotment in the amount of
Eighteen and 75/100 - - - - - - (Words) ($ 18.75 (Figures)) Dollars

Reason for allotment: (Check one)
Bond a Month XXX Bond a Quarter_____

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

Joseph Brown

Rank or rating BMC U. S. C. G.

30 September 1952, 19___
Approved, allotment granted.

G. R. WAGNER, LT, USCG
Commanding CG BASE, Mobile, Ala. Act.
Commander 8th CG District.

Witnessed and registered 3 October, 19 52

Authorized W. C. REDFORD, CPCLK, USCG
Certifying Officer,

INSCRIPTION ON BOND (Leave blank)

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer

TREASURY DEPARTMENT, U. S. COAST GUARD, CG-2528B (Rev. 7-48) DO NOT FOLD - MAIL FLAT ★ G. P. O. 1948 - 789449

It is requested that, beginning [redacted], monthly deductions of $ [redacted] be made so that United States Savings Bonds of $ [redacted] denomination may be issued in the name of

[redacted]
(First name, in full) (Middle name or initial if any) (Last name)

Address [redacted]

You may name either a co-owner or a beneficiary, but not both.

Co-owner
Mr.
Mrs.
Miss [redacted]
(Given name, in full) (Middle name or initial) (Last name)

Address [redacted]

Beneficiary
Mr.
Mrs.
Miss
(Given name, in full) (Middle name or initial) (Last name)

Address

Do you want your bonds held without charge in safekeeping at Treasury Department? Yes [redacted] No

(See article 260, Pay and Supply Instructions, for places to which bonds may be mailed).

Mail bonds to [redacted]
(Name and Address—Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser [redacted]
Name Rank or Rating Unit

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

Fld 3-13

222-207	BROWN,	Joseph	(n)	BM1, USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

10-16-50	Point Au Fer Reef Light Sta., Morgan City, La.	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 since 6/26/50

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. 1952

(Sign original only)

A. R. MATTSON, LT, 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. 1952

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

Joseph Brown

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

502 (Number) 10th Street (Street)

Mobile, (City) Alabama (Zone) (State)

DISBURSING OFFICER'S PAYMENT DATA

$200.00

Paid ~~$100.00~~ on 08-2736-53 (Public voucher) 181691 (Check number) 8-11-52 (Date)

PAUL D. BANNING, CDO Symbol 1378

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

16—89039-1

MUSTERING OUT PAYMENT DIVISION DATA

DUPLICATE

Standard Form No. 1034a—Rev.
Form approved by
Comptroller General, U. S.
May 26, 1938
(Amended August 15, 1941)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

414-34

D. O. Vou. No. 08-2736-53

Bu. Vou. No. _____

TREASURY DEPARTMENT COAST GUARD
TREASURY DEPARTMENT - COAST GUARD

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at 8TH CORPS AREA, NEW ORLEANS, LA. 8-18-52
(Give place and date)

THE UNITED STATES, Dr.,

To SEE BELOW
(Payee)

Address _____

Payee's Account No. _____

PAID BY
PAUL D. RANNING
CHIEF DISBURSING OFFICER, TREASURY DEPARTMENT, DIV. OF DISBURSEMENT
SYMBOL 1378
(For use of Paying Office)

GENERAL ACCOUNTING OFFICE PREAUDIT

Certified for payment in the sum of $_____

Comptroller General of the United States

By _____

No. and Date of Order	Date of Delivery or Service	Articles or Services (Enter description, item number of contract or general supply schedule, and other information deemed necessary) Terms _____% Discount Cash _____ days	Quantity	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		Brought forward from continuation sheet(s)					
		FOR ARTICLES AND/OR SERVICES AS PER ATTACHED CERTIFIED BILL					
		FOR LUMP SUM MOP (See attached certificates, S&A 550)					
		HEINZEL, William F. (214-555) BMC				300	00
		KEENE, Glen W. (281-264) EN1				300	00
		BROWN, Joseph (n) (222-207) BM1 ✓				200	00
		CAMPBELL, Ray C. (278-346) EM2				300	00
		FRANKLIN, Lawrence B. (270-966) MM2				300	00
		SBC— CG—					
						1400	00

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total

(Payee must NOT use this space)

Differences _____

SEE ATTACHED CERTIFICATES
SEE ATTACHED CERTIFIED BILL

1400.00

Account verified; correct for _____
(Signature or initials) jte

Contract No. _____ Date _____ Req. No. _____ Date _____ Invoice Rec'd _____

H.Q. Copy

1400.00

MEMORANDUM

M. C. REDFORD CPCLK, USCG
M. C. REDFORD, CPCLK, USCG
AUTHORIZED CERTIFYING OFFICER
Chief, Pay & Audit Section

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n or Proj't Amount	Appropriation Amount
20X0201			1400.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
08-13			08-999900		1210	1400.00

Paid by { Check No. 181691 dated AUG 21 1952, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.

{ Cash, $_____, on _____, 19____. Payee _____ } (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the blank space below "Approved for $_____", and over his official title.

Per _____

Title _____

U. S. GOVERNMENT PRINTING OFFICE 16—22900

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Depot	Mobile, Alabama	2 July, 1952

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207) EMC	Commanding Officer	Direct

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
1	0800, 3 July, 1952	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 502 10th St., Pascagoula, Mississippi

To Be Checked By Officers Only

☐ I am not a member of any court or board.
☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Joseph Brown
SIGNATURE OF APPLICANT

Ind.-1 Unit: CG Depot, Mobile, Alabama Date 2 July, 1952

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period 32
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 10-16-53

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Depot, Mobile, Ala. Date 2 July, 1952

☒ Returned, GRANTED 1 days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE
☒ ACCRUED

Leave
(Reason for leave)

A. R. MATTSON, LT, USCG
(Signature, rank, and title)

Ind.-4 Unit: CG Depot, Mobile, Alabama Date 3 July, 1952

Departed at 1630, this date. This leave expires before 0900, 4 ~~X~~ 5 July, 1952

at THIS UNIT and is subject to the instructions on the reverse hereof.

A. R. MATTSON, LT, USCG
(Signature, rank, and title)

Ind.-5 Unit CG Depot, Mobile, Alabama Date 4 July, 1952

Reported at 0740, this date, having used 1 days' leave.

A. R. MATTSON, LT, USCG
(Signature, rank, and title)

16-40220-3

(Over) Commanding Officer

REPORT OF CHANGE IN PERSONN

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 311-52

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BMC(P)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
~~Coast Guard~~ Depot Mobile		Mobile, Alabama

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
08-660180		4-3-52

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ (RATING) FROM BMCA(P) TO BMC(Provisional) EFFECTIVE 1 April, 1952

AUTH: H/L 3-25-52, (PE-1) MM

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

A. R. MATTSON
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED
	FEB 20	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40855-8 U. S. GOVERNMENT PRINTING OFFICE

PE-1
25 March, 1952
MM

From: Commandant
To: Commander, 8th CG District (p)

Subj: BROWN, Joseph (222-207) BMCA(P); change in rating

1. Reference is made to letter from the Commanding Officer, CG Depot, Mobile, Ala., dated 14 March, 1952, file P17-2, with your indorsement thereon.

2. Subject man's rating is changed from BMCA(P) to BMC(P), effective 1 April, 1952. Permanent appointment of BMC's holding provisional ratings will be effected in accordance with Article 5-C-31(b), Personnel Manual, at such time as vacancies occur in the permanent complement. When vacancies do occur, recommendations for permanent appointment will be solicited from the commanding officers of those BMC's (provisional) standing highest on the eligibility list for restoration for permanent rate, provided they shall have completed one year's service in grade.

B. H. BRALLIER
By direction

1952 MAR 25 15 42
PEA-A

D.C.KIERBOW;JHC;em
ret 3-13

Remove A
late policy.

UNITED STATES COAST GUARD
Mobile, Alabama

ADDRESS REPLY TO
Commanding Officer
Coast Guard Depot
REFER TO FILE

1952 MAR 17 AM 10 20

14 March, 1952
P17-2

From: Commanding Officer, CG Depot, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: BROWN, Joseph (n) (222-207) BMCA(P), USCG; recommendation for permanent appointment

Ref: (a) Personnel Manual, paragraph 5-C-30

1952 MAR 20 15 '52
PEAA

1. The subject named man, having completed one (1) year of probationary service 15 November, 1951, is recommended for permanent appointment to BMC.

2. In compliance with reference (a), you are advised that:

(1) He is a leading person of strong character.

(2) He is capable of directing the work of a force under him and planning details for its best employment.

(3) He is capable of performing the required duties of his rate both ashore and afloat.

(4) He is capable of maintaining discipline.

(5) He has had no mark less than 3.5 in proficiency in rating and 4.0 in conduct during his probationary year.

(6) In view of the above, BROWN is highly recommended for permanent appointment in his rate.

A. R. MATTSON

Ind-1
OCCGD-8, New Orleans, La.

p
17 March, 1952

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded. This office concurs with recommendations in basic letter.

C. G. WINSTEAD
By direction

Mobile, Alabama

Commanding Officer
Coast Guard Depot

14 March, 1952
P17-2

From: Commanding Officer, CG Depot, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: BROWN, Joseph (n) (222-207) BMCA(P), USCG; recommendation for permanent appointment

Ref: (a) Personnel Manual, paragraph 5-C-30

1. The subject named man, having completed one (1) year of probationary service 15 November, 1951, is recommended for permanent appointment to BMC.

2. In compliance with reference (a), you are advised that:

(1) He is a leading person of strong character.

(2) He is capable of directing the work of a force under him and planning details for its best employment.

(3) He is capable of performing the required duties of his rate both ashore and afloat.

(4) He is capable of maintaining discipline.

(5) He has had no mark less than 3.5 in proficiency in rating and 4.0 in conduct during his probationary year.

(6) In view of the above, BROWN is highly recommended for permanent appointment in his rate.

A. R. MATTSON

Ind-1
OCCGD-8, New Orleans, La.

p
17 March, 1952

From: Commander, 8th CG District
To: Commandant (PE)

Forwarded. This office concurs with recommendations in basic letter.

C. G. WINSTEAD
By direction

REPORT OF CHANGE IN PERSON

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 148-52

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BMCA(P)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Coast Guard Depot Mobile		Mobile, Alabama
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
08-660180		11-16-51

TIME 0710
DATE 11-16-51

REPORTED FROM: Point AuFer Reef Light Station
FOR asdu

AUTH: CCGD8/L, 10-2-51, GD8/P16-4/MM

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

A. R. MATTSON
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 327

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BROWN, Joseph	222-207	BMCA(P)
REPORTING UNIT	**LOCATION**	**DATE**
OCCGD8	NOLa.	26 Oct. 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Pt. Au Fer Reef LS	Morgan City, La.	08-300510

TIME
DATE

REPORTED FROM:
FOR

PE-PR-22

AUTH:

TIME 0800
DATE 10/26/51

TRANSFERRED TO: CG Depot, Mobile, Ala.
FOR asdu (Granted 6 days COMP LV 4 days PT and 1 day TT enroute EDA 11/16/51.)

AUTH: CGGD8/L 10/2/51 TA 0808919.

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

AUTH:

OTHER CHANGES (SPECIFY)

R. ZAVALETA, SCLK, USCG.
By direction.
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230, Morgan City, La DATE: 10 September, 1951

FROM: Brown, Joseph. (222-207) BMCA(P) TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 21 September, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT

Joseph Brown
Joseph Brown, BMCA(P)
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef Light Station

FORWARDED ~~XXXXXXX~~ APPROVED
FORWARDED ____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BMCA(P)
Signature of Officer in Charge

OCCGD-8 9-12-51

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

R. ZAVALETA, SCLK, USCG, By direction

IND-3 (To be filled in by OinC when man departs) DATE: 21 September, 1951
UNIT: Point Au Fer Reef Light Station
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 28 September, 1951 (time and date) at this unit.

Joseph Brown
Joseph Brown, BMCA(P)
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 28 September, 1951
UNIT: Point Au Fer Reef Light Station
Repoted at 0835 (time) this date, having taken Six(6) Days COMPENSATORY ABSENCE.

Joseph Brown, BMCA(P)
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 161

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BROWN, Joseph	222-207	BMCA(P)
REPORTING UNIT	**LOCATION**	**DATE**
OCCGD8	NOLa.	12 Sept. 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Point Au Fer Reef LS	Morgan City, La.	08-300510

TIME
DATE
REPORTED FROM:
FOR

AUTH:

FE-PR-22

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

ATAD fm 0500 9/7/51 to 1600 9/9/51 at Morgan City, La. and other places within the 8th CG District on official business for the Coast Guard.

Auth: CCGD8/L 9/7/51 TA 080824

R. ZAVALETA, SCLK, USCG.
By direction
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40356-4 U. S. GOVERNMENT PRINTING OFFICE

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Station ADDRESS: Box 230, Morgan City, La DATE: 9 August, 1951

FROM: Brown, Joseph, BMCA(P)(222-207) TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 22 August, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown, BMCA(P)
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXXXX APPROVED
FORWARDED ____ XXXXXXXXXXXX

Joseph Brown, BMCA(P)
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8 by OCCGD-8(pmp)
RETURNED: GRANTED - XXXXXXXXXXXX

13 August 1951
S.I. BROWN, CSC-R, USCG, By direction

IND-3 (To be filled in by OinC when man departs) DATE: 22 August, 1951
UNIT: Point Au Fer Reef Light Station
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 29 August, 1951 (time and date) at this unit.

Joseph Brown, BMCA(P)
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 29 August, 1951
UNIT: Point Au Fer Reef L/S
Repoted at 0830 (time) this date, having taken six (6) Days COMPENSATORY
ABSENCE.

Joseph Brown, BMCA(P)
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

HQ

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230, Morgan City, La	6 July,1951

FROM (REQUESTER):	TO	VIA:
Brown, Joseph (222-207) BMCA(P)	OCCGD#8 (pmp)	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Five (5) days Annual, and Six (6) days COMPENSATORY ABSENCE

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11	0	17 July,1951			

REASON FOR REQUEST:

My address on leave will be: 502, 10th, St. Pascagoula, Miss

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, BMCA(P)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 6 July,1951

Leave record indicates balance of 17 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Joseph Brown
Joseph Brown, BMCA(P)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: OCCGD-8 Date: 9 July, 1951

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

S.L. BROWN, CSCLK, USCG, By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Point Au Fer Reef L/S Date: 17 July,1951

Departed at 0030 this date. This leave of absence will expire before 0900, 29 July,1951, at Morgan City,La and is subject to the special instructions indicated on reverse hereof.

Joseph Brown
Joseph Brown, BMCA(P)
OinC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Date: 29 July,1951

Reported at 0830 this date, having taken 5 days' leave and ..... days' TT. and six days COMPENSATORY ABSENCE

Joseph Brown
Joseph Brown, BMCA(P)
OinC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: ~~Point Au Fer Reef Light Sta~~ ADDRESS Box 230, Morgan City, La DATE: 26 May, 1951

FROM: ~~Brown, Joseph (222-207) BMCA(P)~~ TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED ~~Ten (10)~~ DATE TO DEPART ~~4 June, 1951~~

PHONE 860-M

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM ~~MER~~ 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
~~Joseph Brown, BMCA(P)~~
(Signature of applicant)

IND-1 UNIT: ~~Point Au Fer Reef L/S~~

FORWARDED ~~XXXXXX~~ APPROVED
FORWARDED ~~____~~ ~~NOT APPROVED~~

Joseph Brown
~~Joseph Brown, BMCA(P)~~
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED -~~NOT GRANTED~~

C. G. Winstead
OCCGD 8 ~~29 May, 1951.~~
~~C. G. WINSTEAD,~~
By direction.

IND-3 (To be filled in by OinC when man departs) DATE: ~~4 June, 1951~~
UNIT: ~~Point Au Fer Reef L/S~~
Departed at ~~0030~~ (time) this date. This leave of absence will expire before
~~0900, 15 June, 1951~~ (time and date) at this unit.

Joseph Brown
~~Joseph Brown, BMCA(P)~~
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: ~~15 June, 1951~~
UNIT: ~~Point Au Fer Reef L/S~~
Repoted at ~~0830~~ (time) this date, having taken ~~ten~~ ~~xxx (10)~~ Days COMPENSATORY
ABSENCE.

Joseph Brown
~~Joseph Brown, BMCA(P)~~
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 575

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BROWN, Joseph	222-207	BMCA(P)
REPORTING UNIT	**LOCATION**	**DATE**
OCCGD8	NOLa	5/29/51
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Point Au Fer Reef L/S	Morgan City, La.	08-300510

TIME 1830
DATE 5/24/51

REPORTED FROM: Morgan Machine Works, Morgan City, La.
FOR resumption of regular duties.

AUTH: OCCGD8/L 5/1/51 GD8/P16-4/MM Order No: 081686

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

C. G. WINSTEAD, LCDR, USCG
(Signature—Grade and Title)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2599 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 516

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
BROWN, Joseph	222-207	BMCA(P)
REPORTING UNIT	**LOCATION**	**DATE**
OCCGD 8	NOLa	5/24/51
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Point Au Fer Reef L/S	Morgan City, La.	08-300510

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0800
DATE 5/21/51

TRANSFERRED TO: MORGAN CITY, La.
FOR TAD of approximately 3 (three) days.

AUTH: OCCGD 8/L 5/1/51 GD8/P16-4/MM

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

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-7

S.L. BROWN, CSCLK, USCG
By direction
(Signature, Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

16—40355-4 U. S. GOVERNMENT PRINTING OFFICE

TO-HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Station ADDRESS: Box 230, Morgan City, La DATE: 3 April, 1951

FROM: Brown, Joseph (222-207) BMCA(P) TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 13 April, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM MDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BMCA(P)
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef Light Station

FORWARDED XXXXX APPROVED
FORWARDED ____ XXXXXXXXXXXX

Joseph Brown
Joseph Brown, BMCA(P)
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - XXXXXXXXXX

5 April, 1951
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 13 April, 1951
UNIT: Point Au Fer Reef Light Station
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 20 April, 1951 (time and date) at this unit.

Joseph Brown
Joseph Brown, BMCA(P)
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 20 April, 1951
UNIT: Point Au Fer Reef L/S
Repoted at 0830 (time) this date, having taken Six (6) Days COMPENSATORY
ABSENCE.

Joseph Brown, BMCA
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Coast Guard L/S
Morgan City, La.

BROWN, Joseph	222-207	BMC (L)	
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH. New Orleans, La., Date 3-22-51, 19

To: Officer in Charge
Coast Guard Light Station
P.O.Box 230
Morgan City, La. (Address)

FILED
T. Lee

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
Observation stomach	600-001	3-19-51	3-22-51

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

CONDUCT REPORT:

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

R.A.Welsh R. A. Welsh

Asst. Surg. (R) ..... *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

....., who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at ..... {*office / *hospital} at ..... for

..... since ....., 19 , has been
(Diagnosis)

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

Coast Guard L/S Morgan City. La.

BROWN, Joseph	222-207	BMC(L)	Morgan City. La.
(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 Morgan City, La., Date 3-19-51, 19

FILED
T. Lee

To: Medical Officer in Charge
U.S.Marine Hospital
New Orleans, La.

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 Officer in Charge
Coast Guard L/S
Morgan City, La.

Joseph Brown
(Signature of patient)

F.J. Graff, HMC.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH. New Orleans, La., Date 3-22-51, 19

I CERTIFY that I have examined the above-named person and find him suffering from

OBSERVATION STOMACH, (600-001)
(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.} X 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.} X Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} X If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 8 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S.Marine {*hospital / *office} on 3-19-51, 19

X R.A.Welsh.
Asst. Surg. (R)
U. S. Public Health Service.

*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—87160-1

TO HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230, Morgan City, La DATE: 27 February, 1951

FROM: Brown, Joseph, (222-207) BMCA-P TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED ~~Six (6)~~ 7 RER DATE TO DEPART 8 March, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BMCA-P
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXXXXX APPROVED
FORWARDED ____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BMCA-P
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

28 February, 1951
S. L. BROWN, CSCLK., USCG
~~By direction~~

IND-3 (To be filled in by OinC when man departs) DATE: 8 March, 1951
UNIT: Point Au Fer Reef Light Station
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 15 March, 1951 (time and date) at this unit.

Joseph Brown
Joseph Brown, BMCA-P
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 16 March, 1951
UNIT: Pt. Au Fer Reef LS
Repoted at 0500 (time) this date, having taken 7 Days COMPENSATORY
ABSENCE.

S.L. BROWN, CSCLK., USCG
for (Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3, MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

14 March, 1951.

From: Commandant.

To: Commanding Officer, Point Au Fer Reef Light Station
VIA: Commander, 8th CG District (p)
SUBJECT: BROWN, Joseph (222-207) BMCA(p), USCG.
Statement of service of.

REF: Ur ltr dtd 3-5-51.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
4 years	8 months 7 days	Lighthouse service for pay purposes.					
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext. 3	Years from						
10-10-44	10-13-47 H D	NONE		NONE		NONE	
10-14-47	10-16-50 H D	NONE		NONE		NONE	
10-17-50							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13
id

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3, LM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

14 March, 1951.

From: Commandant.

To: Commanding Officer, Point Au Fer Reef Light Station
VIA: Commander, 8th CG District (p)
SUBJECT: BROWN, Joseph (222-207) BMCA(p), USCG.
Statement of service of.

REF: Hr ltr dtd 3-5-51.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
4 years	8 months 7 days	Lighthouse service for pay purposes.					
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
10-10-44	10-13-47 H D	NONE		NONE		NONE	
10-14-47	10-16-50 H D	NONE		NONE		NONE	
10-17-50							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3, MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

14 March, 1951.

From: Commandant.

To: Commanding Officer, Point Au Fer Reef Light Station
VIA: Commander, 8th CG District (p)
SUBJECT: BROWN, Joseph (222-207) BMCA(p), USCG.

Statement of service of.

REF: Ur ltr dtd 3-5-51.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

ENTERED SERVICE	SERVICE TERMINATED	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—
4 years	8 months 7 days	Lighthouse service for pay purposes.					
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
10-10-44	10-13-47 H D	NONE		NONE		NONE	
10-14-47	10-16-50 H D	NONE		NONE		NONE	
10-17-50							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

3-13

UNITED STATES COAST GUARD
New Orleans 9, La.

Point au Fer Reef Lt Sta 08.

Address Reply To:
COMMANDER, EIGHTH
COAST GUARD DISTRICT

5 March, 1951
File: pmp 73

From: Commander, Eighth Coast Guard District
To: Commandant (PE-PR)

Subj: **BROWN, Joseph (n) (222-207) BMCA (P), USCG**
statement of service; request for

It is requested that this office be furnished a statement of service, for pay purposes, in case of subject man.

S. L. BROWN
Chief, Military Personnel Section
By direction

Incl:

[redacted] [redacted] 3-13

FILE C.P.C.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PMM
21 February 1951
FILE: ~~PMM~~ P15/MM

From: Commandant
To: Commander, 8th CG District (p)
Via:

Subj: BROWN, Joseph (222-207) BMCA(P); good conduct awards, information relative to.
Ref: (a) Personnel Circular No. 33-49

1. In reply to your letter of 17 January 1951, GD8/P15/MM, you are informed that the subject man's record indicates his eligibility for good conduct awards for his active service is as follows:

FROM	TO	UNIT	REMARKS
10-10-41	10-9-44	Group, Port Arthur	Medal due
10-10-44	10-9-47	Light Station, Hawaii	Bar due
10-10-47	10-9-50	Point Au Fer Reef Light Sta.	Bar due

(a) Creditable toward a good conduct award.
(b) Not creditable, low conduct marks.
(c) Not creditable, did not reenlist within three months.
(d) Not creditable until he reverts to his enlisted status.
(e) Not creditable, out of the service.
(f)

2. His marks in proficiency in rating and conduct from 9 October 1950 to the end of his enlistment 16 October 1950 are:

DATE	PROFICIENCY	CONDUCT	DATE	PROFICIENCY	CONDUCT
10-16-50	3.5	4.0			

N. W. SPROW
By direction

EOA B1790

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
8TH COAST GUARD DISTRICT
P. O. BOX 282
NEW ORLEANS 9, LA.

p
17 January, 1951
GD8/P15/MM

From: Commander, 8th CG District
To: Commandant (PMM)

Subj: BROWN, Joseph (n) (222-207) BMCA(P), USCG; Good conduct awards; request for information relative to

It is requested that this office be informed as to subject man's eligibility for good conduct awards for his active service.

S. L. BROWN
By direction

medal due
10-9-44
Group, Port Arthur

Bar due
10-9-47
Light Sta, Hawaii

1st Enl 10-10-41
4.0
HD 10-13-47
Re 10-14-47

4.0
HD 10-16-50
Re 10-17-50

Bar due
10-9-50
Point Au Fer Reef L/S

PR Com
10-16-50 3.5 4.0

TO = HQ

3-13

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La DATE: 27 January, 1951

FROM: Brown, Joseph (222-207) BMCA-P TO: OCCGD-8(pmp) VIA: O-in-C

NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 5 February, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM MER 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BMCA-P
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef Light Station

FORWARDED XXXXX APPROVED
FORWARDED _____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BMCA-P
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

29 January, 1951
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 5 February, 1951
UNIT: Point Au Fer Reef Light Station, Morgan City, La.
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 12 February, 1951 (time and date) at this unit.

Joseph Brown
Joseph Brown, BMCA-P
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 12 February, 1951
UNIT:
Repoted at 0530 (time) this date, having taken six (6) Days COMPENSATORY
ABSENCE.

Joseph Brown
Joseph Brown, BMCA-P
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (n) (Name, surname first) | 222-207 (Service number) | BMC (Rank or rating) | Point Au Fer Reef L/St. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Morgan City, La., Date 1-3-51, 19

FILE
T. Log

To: Medical Officer in Charge
(Coast Guard unit)

USMH, New Orleans, La.
(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
Gastroenteritis due to unknown cause	(601-930)	1-3-51	1-16-51

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

To return to O.P. Clinic for G. I. Series in six to eight weeks.

CONDUCT REPORT:

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

S.M. Williams

Sr. Asst. Surg. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

BROWN, Joseph (n) (Name, surname first) | 222-207 (Service number) | BMC (Rank or rating) | Point AuFer Reef L/Sta (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 Morgan City, La., Date 1-3-51, 19

FILED
T. Lee

To: Medical Officer in Charge
USMH, New Orleans, La.

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 Officer in Charge
Point AuFer Reef L/Sta
Morgan City, La.

Joseph Brown
(Signature of patient)

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, New Orleans, La., Date 1-16-51, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Gastroenteritis due to unknown cause (601-930)
(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 _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine _____ {*hospital / *office} on 1-3-51, 19

S.M. Williams
Sr. Asst. Surg. U. S. Public Health Service.

*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

APPLICATION FOR LEAVE OF ABS[redacted]
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

[redacted] TO HQ [redacted]

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230, Morgan City, La	3 December,1950

FROM (REQUESTER):	TO	VIA:
Brown,Joseph(222-207) BMC	OCCGD-8 (pmp)	Officer in Charge

THE FOLLOWING LEAVE IS REQUESTED: Six Days COMPENSATORY ABSENCE, and Five (5) days Annual

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11		18 December,1950			

REASON FOR REQUEST:

My address on leave will be: 502, 10th, St. Pascagoula, Miss

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, BMC
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 3 December,1950

Leave record indicates balance of 0 days' annual and ..... days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [ ] GRANTED [ ] NOT GRANTED (because)

Joseph Brown
Joseph Brown, BMC
Officer in Charge
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: OCCGD-8(p), New Orleans, La. Date: 5 December, 1950

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

S. L. BROWN, CSCLK., USCG
By direction
DCGS—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Point Au Fer Reef Light Station Date: 18 December, 1950

Departed at 0030 this date. This leave of absence will expire before 0900, 30 December, 1950, at this station and is subject to the special instructions indicated on reverse hereof.

Joseph Brown
Joseph Brown, BMCA
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Date: 12/30/50

Reported at 0830 this date, having taken (5) days' leave and 6 days' ACL

Joseph Brown BMCA
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230, Morgan City, La DATE: 8 November, 1950

FROM: BROWN, JOSEPH. (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 17 November, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED ~~XXXXXXX~~ APPROVED
FORWARDED ~~XXXX~~ ~~XXXXXXXXXXXX~~

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

13 November, 1950
S. I. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 17 November, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0830 this date. This leave of absence will expire before
(time)
~~XX~~
0900, 24 November, 1950 at this unit.
(time and date)

Joseph Brown
Joseph Brown, BMC-A
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 24 November, 1950
UNIT:
Repoted at 0800 this date, having taken Six (6) Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown
Joseph Brown, BMC-A
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 91

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BMCA(P)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
	Point Au Fer Reef Light Station	Morgan City, La.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
8th CG District	08-300510	11-16-50

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ (RATING) FROM BM1 TO BMCA (provisional) EFFECTIVE 11-16-50

AUTH: Article 561 (1), CG Regulations & H/L 11-6-50 (PE-1), MM

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S. L. BROWN, CSCLK., USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

PE-1
6 November, 1950
MI

From: Commandant
To: Commander, 8th CG District (p)

Subj: Personnel; advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the below-named men are advanced to the provisional ratings indicated, effective 16 November, 1950, provided that for one year they have had no mark of less than 3.0 and an average of not less than 3.5 in proficiency in rating, and for two years no mark of less than 3.0 and an average of not less than 3.5 in conduct. If advancement is not justified, the Commandant (PE) will be immediately advised.

BROWER, George R. (224-205) BM1 to BMCA(P)
BROWN, Joseph (222-207) BM1 to BMCA(P)
HAYES, Wasey S. (226-709) BM1 to BMCA(P)

2. The time previously served under an acting appointment will be considered creditable time when computing the 12 months probationary period required of chief petty officers' acting.

3. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Article 561 (1), Regulations as the authority therefor.

S. H. HALLIER
By direction

NOV 7 1950
REC'D

CORRESP;jhc;em ret to 3-13

70-H.8.

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Station ADDRESS: Box 230, Morgan City, La DATE: 12 September, 1950

FROM: Brown, Joseph (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 18 September, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXXXX APPROVED
FORWARDED ____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

13 September, 1950
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 18 September, 1950
UNIT: Pt. Au Fer Reef Light Station
Departed at 0015 this date. This leave of absence will expire before
(time)
0900, 25 September, 1950 at this unit.
(time and date)

Joseph Brown
Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 25 September, 1950
UNIT: Point Au Fer Reef L/S Morgan City, La
Repoted at 0830 this date, having taken Six (6) Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown
Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Brown, Joseph. (n)	222-207	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*)	RELATIONSHIP (*If friend, so state*)
Josephine Elizabeth. Brown	WIFE

ADDRESS (*Number, street, city, zone, and State*)

502, 10th, St. Pascagoula, Miss

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Crawford Raymond Brown	720, Lyons, St. New Orleans, La

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl. Brown	502, 10th, Pascagoula, Miss		x	x		16
Richard Herman. Brown	502, 10th, Pascagoula, Miss		x	x		13

(Continue on reverse side)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
~~Henry~~ Henry Paul. Meyer	Brother in Law

ADDRESS (*Number, street, city, zone, and State*)

1509, N. Rocheblave, St. New Orleans, La

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Frank William. Meyer	Brother in Law

ADDRESS (*Number, street, city, zone, and State*)

Burrwood, La.

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Mrs. Josephine Elizabeth. Brown	Wife

ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
502, 10th, St Pascagoula, Miss	90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Point Au Fer Reef Light Station Box 230, Morgan City, La	9/1/50	Joseph Brown Joseph Brown, BM1

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8, AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Brown, Joseph. (n)	222-207	EM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Josephine Elizabeth. Brown

RELATIONSHIP *(If friend, so state)*: WIFE

ADDRESS *(Number, street, city, zone, and State)*: 502, 10th, St. Pascagoula, Miss

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Crawford Raymond Brown

ADDRESS *(Number, street, city, zone, and State)*: 720, Lyons, St. New Orleans, La

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl. Brown	502, 10th, Pascagoula, Miss		x	x		16
Richard Herman. Brown	502, 10th, Pascagoula, Miss		x	x		13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Henry Paul. Meyer

RELATIONSHIP: Brother in Law

ADDRESS *(Number, street, city, zone, and State)*: 1509, N. Rocheblave, St. New Orleans, La

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: Frank William. Meyer

RELATIONSHIP: Brother in Law

ADDRESS *(Number, street, city, zone, and State)*: Burrwood, La.

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(Continue on reverse side)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Mrs. Josephine Elizabeth. Brown

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 502, 10th, St Pascagoula, Miss

RECEIVE EACH MONTH: 90 % OF MY PAY.

MILITARY ADDRESS: Point Au Fer Reef Light Station, Box 230, Morgan City, La

DATE SIGNED: 9/1/50

SIGNATURE OF DESIGNATOR: Joseph Brown, EM1

3-13 TO-HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La DATE: 6 August, 1950

FROM: Brown, Joseph, (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED SIX (6) DATE TO DEPART 19 August, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXX APPROVED
FORWARDED ____ NOT APPROVED

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - NOT GRANTED

11 August, 1950
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 19 August, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0830 this date. This leave of absence will expire before
(time)
0800, 26 August, 1950 at this unit.
(time and date)

Joseph Brown
Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 26 August, 1950
UNIT: Pt. Au Fer Reef LS
Repoted at 0800 this date, having taken 6 Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

CERTIFIED TO BE A TRUE COPY:

S.L. BROWN, CSCLK., USCG

TO HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La DATE: 12 July, 1950

FROM: Brown, Joseph (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 20 July, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM ~~HER~~ 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED ~~XXXXX~~ APPROVED
~~FORWARDED~~ ____ ~~NOT APPROVED~~

Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

13 July, 1950
S. L. BROWN, CSC&K., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 20 July, 1950
UNIT: Point Au Fer Reef L/S Morgan City, La
Departed at 0800 (time) this date. This leave of absence will expire before
0800, 27 July, 1950 (time and date) at this unit.

Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 27 July, 1950
UNIT:
Repoted at 0800 (time) this date, having taken Six (6) Days COMPENSATORY
ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

TO HQ

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230 Morgan City, La.	19 May,1950

FROM (REQUESTER):	TO	VIA:
Brown Joseph(222-207) BM1	OCCGD-8 (pmp)	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Six days COMPENSATORY ABSENCE and Nineteen (19) Annual

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
25		5 June,1950	7	11	10 October,1950

REASON FOR REQUEST: If this leave is not granted I will lose 19 days. I lost 28 days annual leave during my time overseas. My other reason is to complete dental treatment.

My address on leave will be: 502, 10th,St. Pascagoula,Miss. Phone 860-M

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown,BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 19 May,1950

Leave record indicates balance of 39 days' annual and ..... days' Reenlistment Leave due.

Forwarded XX APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Joseph Brown
Joseph Brown,BM1
OinC COMMANDING EXECUTIVE PERSONNEL OFFICER

Ind.-2 Unit: OCCGD-8(pmp), NOLa. Date: 23 May, 1950

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

S. L. BROWN, CSCLK., USCG
By direction
DCGO-FORCE COMDR.-COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Point Au Fer Reef L/S Date: 5 June,1950

Departed at 0800 this date. This leave of absence will expire before 0900, 1 July,1950, at Morgan City,La. and is subject to the special instructions indicated on reverse hereof.

Joseph Brown
Joseph Brown,BM1
O in C COMMANDING EXECUTIVE PERSONNEL OFFICER

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Morgan City,La Date: 1 July,1950

Reported at 0800 this date, having taken 19 days' leave and 00 days' TT.

Joseph Brown
Joseph Brown, BM1
COMMANDING EXECUTIVE PERSONNEL OFFICER.
Officer in Charge

16-40220-2

[OVER]

3-13 10-48 3-49

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La. DATE: 25 April, 1950

FROM: BROWN, JOSEPH. (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 5 May, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef Light Station

FORWARDED XXX APPROVED
FORWARDED ____ NOT APPROVED

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - NOT GRANTED

25 April, 1950
S. L. Brown
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 5 May, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0800 this date. This leave of absence will expire before
(time)
0900 12 May, 1950 at this unit.
(time and date)

Joseph Brown
Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 12 May, 1950
UNIT:
Repoted at 0800 this date, having taken Six (6) Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown. BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

HEADQUARTERS HEADQUARTERS 3-13

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Sta ADDRESS: Box 230 Morgan City,La DATE: 28 March,1950

FROM: Brown,Joseph. (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 7 April,1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th,St. Pascagoula, Miss
Phone No. 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown,BM1
(Signature of applicant)

IND-1 UNIT: [redacted]

FORWARDED XX APPROVED
FORWARDED ____ NOT APPROVED

Joseph Brown
Joseph Brown
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - NOT GRANTED

29 March, 1950
S.L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 7 April,1950
UNIT: Point Au Fer Reef Light Station
Departed at 1100 (time) this date. This leave of absence will expire before
0900 14 April,1950 (time and date) at this unit.

Joseph Brown
Joseph Brown,BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 14 April, 1950
UNIT:
Repoted at 0830 (time) this date, having taken SIX (6) Days COMPENSATORY ABSENCE.

Joseph Brown. BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

TO: HQ 3-13

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City,La DATE: 3 March,1950

FROM: Joseph Brown(222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED six (6) DATE TO DEPART 10 March,1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM MER 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: _____

FORWARDED ____ APPROVED
FORWARDED ____ NOT APPROVED

Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - [redacted]

6 March, 1950
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 10 March,1950
UNIT: Point Au Fer Reef L/S Morgan City,La.
Departed at 0800 (time) this date. This leave of absence will expire before
0900, 17 March,1950 (time and date) at this unit.

George R, Beck, ENS
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 17 March,1950
UNIT: Point Au Fer Reef L/S
Repoted at 0800 (time) this date, having taken Six (6) Days COMPENSATORY ABSENCE.

George R, Beck, ENS
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

CERTIFIED TO BE A TRUE COPY:
S.L. BROWN, CSCLK.,USCG

TO HQ

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Sta. ADDRESS: Morgan City, La. DATE: 2-8-50

FROM: BROWN, Joseph 222-207 BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED six (6) DATE TO DEPART 1200/2-18-50

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502 10th St. Pascagoula, Miss.

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT

Joseph Brown
(Signature of applicant)

IND-1 UNIT: Pt. Au Fer Reef LS, Morgan City, La. 8 February, 1950

FORWARDED X APPROVED
FORWARDED ___ NOT APPROVED

S. L. BROWN, CSCLK., USCG
By direction
~~Signature of Officer in Charge~~

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: ~~GRANTED~~ - NOT GRANTED

8 February, 1950
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 8 February, 1950
UNIT: Pt. Au Fer Reef LS, Morgan City, La.
Departed at ___ (time) this date. This leave of absence will expire before
0900/2-15-50 (time and date) at this unit.

S. L. BROWN, CSCLK., USCG, By direction
~~Officer in Charge~~

Ind-4 (To be filled in by OinC when man returns) DATE: 15 February, 1950
UNIT: Point Au Fer Reef L/S
Repoted at 0600 (time) this date, having taken SIX Days COMPENSATORY
ABSENCE.

George R. Beck
George R. Beck, EN3
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

REPORT OF CHANGE IN PERSONN

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 102

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
	Point Au Fer Reef LS	Morgan City, La.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	08-037	1-12-50

TIME 1100
DATE 1-9-50

REPORTED FROM: Pascagoula Riv. Ent. LAS
FOR asdu as OinC

AUTH: OCCGD8(pmp)/L 12-19-49 CG 73-531-701

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S.L. BROWN, CSCLK., USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED
	FE-PR-25	

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONN[redacted]

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 49

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
	Pascagoula Riv. Ent. LAS	Pascagoula, Miss.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	08-071	1-6-50

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0800
DATE 1-4-50

TRANSFERRED TO: Point Au Fer Reef LAS
FOR asdu

AUTH: OCCGD-8(pmp)/L 12-19-49 CG 73-531

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S.L. BROWN, CSCLK., USCG
By direction
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

Budget Bureau No. 76-R157.
Approval expires 10-31-49.

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

INSURANCE NUMBER ASSIGNED

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED (*Print or type*)

Joseph Brown

2. INSURANCE FILE NO.

FN - FILE

FH -

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)

502 - 10th Street
Pascagoula, Miss.

4. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.

222 207

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N-1-018-244 in the amount of $4,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)

$ 4,000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)

☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☐ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: Jan. 1950

AMOUNT OF ALLOTMENT: $3.32

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C. ☐ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Mrs. Josephine E. Brown	Wife	$4,000	Principal Option 1 Contingent
Joseph Earl Brown	Son	$4,000	Option 1 Contingent
Richard Herman Brown	Son	$4,000	Option 1

12. MAIL POLICY TO (*Name and address*) Mrs. Josephine E. Brown, 502 - 10th St., Pascagoula, Miss.

13. WITNESSED BY (*See Instruction 7*)
J. G. Martin, YN2, USCG

14. SIGNED AT (*Address*)
Custom House, Room 332, New Orleans, La.

15. DATE
21 Dec. 1949

16. ADDRESS OF WITNESS
Custom House, New Orleans, La.

17. SIGNATURE OF APPLICANT (*Do not print*)

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM OCT 1948 9-1658 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-1

15 December, 1949
PMM-73

mjm file 3-13 73

From: Commandant
To: Joseph Brown (222-207) BM1 USCG

Via:(1) Commander, 8th Coast Guard District
(2) Commanding Officer, Pascagoula River Lt. Attendant Station, Pascagoula, Miss.

Subj: National Service Life Insurance, Policy No. N-1 018 244
Expiration of Term Insurance

1. There is herewith forwarded a notification from the Veterans Administration that the $4,000 level term National Service Life Insurance issued under policy number N-1 018 244 will expire on 31 January, 1950. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $2.88 per month for premiums on National Service Life Insurance as follows:

$2.88-$4,000 term insurance N-1 018 244 effective 1 February, 1942.

If insurance is renewed, the new allotment should be $3.32. Your authorized certifying officer should be instructed to discontinue the $2.88 allotment with the month of last payment December, 1949, and to establish the new allotment, reflecting the increased premium, effective with the month of first payment January, 1950.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528-A) should be forwarded to Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

Incls.
1. VA Ltr FL-9-355
2. Form VA9-1658
3. Form VA9-358

R. M. WEST
By direction

DEC 16 1949

MJM:md return to room 2002 sta 2-4

Commandant (PMM) to
Joseph Brown (222-207) BM1, USCG

15 December, 1949
File: PMM-73

Ind-1

21 December, 1949
File: CG-73

FILE

From: BROWN, Joseph (222-207) BM1, USCG
To: Commandant (PMM)
Via: Commander, 8th CG District (p)

Subj: National Service Life Insurance, Policy No. N-1 018 244
Expiration of Term Insurance

In reference to basic letter, the Commandant is advised that renewal of subject National Service Life Insurance Policy is desired.

To cover the increased premium, the $2.88 allotment has been discontinued with the month of last payment December, 1949, and the new allotment, $3.32, reflecting the increased premium, has been effected with the month of first payment January, 1950.

Joseph Brown

Ind-2

21 December, 1949
File: pmp 73

From: Commander, 8th CG District
To: Commandant (PMM)

Forwarded.

S. L. BROWN
By direction

COAST GUARD
NEW ORLEANS, LOUISIANA
DEC 19 8 32 AM '49

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

FILE

15 December, 1949
FILE: PMM-73

From: Commandant
To: Joseph Brown (222-207) BM1 USCG

Via:(1) Commander, 8th Coast Guard District
(2) Commanding Officer, Pascagoula River Lt. Attendant Station, Pascagoula, Miss

Subj: National Service Life Insurance, Policy No. N-1 018 244
Expiration of Term Insurance

1. There is herewith forwarded a notification from the Veterans Administration that the $4,000 level term National Service Life Insurance issued under policy number N-1 018 244 will expire on 31 January, 1950. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $2.88 per month for premiums on National Service Life Insurance as follows:

$2.88-$4,000 term insurance N-1 018 244 effective 1 February, 1942.

If insurance is renewed, the new allotment should be $3.32. Your authorized certifying officer should be instructed to discontinue the $2.88 allotment with the month of last payment December, 1949, and to establish the new allotment, reflecting the increased premium, effective with the month of first payment January, 1950.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528-A) should be forwarded to Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

R. M. WEST
By direction

Incls.
1. VA Ltr FL-9-355
2. Form VA9-1658
3. Form VA9-358

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

No. 87

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
~~CGCD-8~~	Pascagoula River Ent. Lt. Sta.	Pascagoula, Miss.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
08-001	08-071	10-15-48

TIME 0800
DATE 10-14-48

REPORTED FROM: CGD-12
FOR asdu having taken 4 days pt 5 days tt 5 days lv enroute.

DUTY CODE NO. 30-D AUTH: Ind-~~4~~ CGD-14 L/ 9-17-48 H/L PE-A 5-25-48 CG 73-531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. Garfield
M. GARFIELD
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		08	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
2	72	252	

Records	
Posting	Coding
PEA-E 44	

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)

No. 120

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Comdr14thCGD	Cape Kumukahi Lt. Station	Hawaii, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	14-021	23 Sept., 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0830
DATE 21 Sept., 1948

TRANSFERRED TO: Comdr8th CGD
FOR ASDU.

AUTH: H/L (PE-A) 5/25/48 (CG 73-531).

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

O. R. SMEDER
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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

SEP 1 1948

BROWN, JOSEPH (Name, surname first) | 222-207 (Service number) | BM 1/c (Rank or rating) | Cape Kumukahi (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Hilo, Hawaii, Date August 23, 19 48

To: OINC-CG Moorings
(Coast Guard unit)
Hilo, Hawaii
(Address)

FILE
I, LeB

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
Contusion Right Knee		6-26-48	8-23-48

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

CONDUCT REPORT:

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

Harold M. Lecte
AA Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
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

2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph., (Name, surname first) 222-207 (Service number) BM 1/c (Rank or rating) Cape Kumukahi, Hawaii (Unit)

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

*REGULAR
*SPECIAL
X TEMPORARY
*RESERVE
(Enlistment status)

Place Hilo, Hawaii, Date 26 June, 19 48

FILED T. LeR

To: Dr. H.M. Sexton, USPHS
Hilo, Hawaii

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 OINC CG Moorings, Hilo, Hawaii

Joseph Brown (Signature of patient)

John M. Peoples, OINC U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Hilo, Hawaii, Date June 26, 19 48

I CERTIFY that I have examined the above-named person and find him suffering from INJURY TO INTERNAL CARTILAGE, RIGHT KNEE
(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 _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at 297 Waianuenue Avenue Hilo, Hawaii {*hospital / *office} on June 26, 19 48

Harold M. Sexton
AA Surgeon U. S. Public Health Service.

*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

(PE-A)

25 May, 1948
CG-73-631

VIA AIR MAIL

From: Commandant
To: Commander, 14th Coast Guard District

Subj: Personnel; orders, transfer, travel

1. For purposes of rotation, transfer the below named men to the Commander, 8th Coast Guard District for assignment to duty:

BRADSHAW, James O. (101-236) MM2
✓BROWN, Joseph (222-207) BM1
JASKONIAK, Clarence R. (270-502) SM
LOGUE, John T. (222-154) BM1

2. Travel necessary to the execution of this order is chargeable against HQ travel allotment symbol 051-20, authorization No. 515395.

3. This order constitutes a permanent change of station, for the men so entitled, from present station to such station as may be assigned by the Commander, 8th Coast Guard District.

4. If their leave accounts warrant, you are authorized to grant the men thirty (30) days' leave enroute.

W. C. CAPRON
By direction

CG: Com 8th CG Dist

[illegible]
AHM ret to 3-13

6/25/48

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 78

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cdr.14thCGD	Kailua Light Station	Hawaii, T.H.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	14-021	11 May, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1130
DATE 8 May, 1948

TRANSFERRED TO: Cape Kumukahi Light Station
FOR Resumption of regular duty, having been PTD.

AUTH: Cdr.14thCGD/L 5/1/48 (CG 73-531)

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

PEA-E

WM. S. BISHOP, Lieut (jg) USCG
By direction. (Commanding)

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)

No. 79

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cdr.14thCGD	Cape Kumukahi Light Station	Hawaii, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	14-021	11 May, 1948

TIME 1200
DATE 8 May, 1948
REPORTED FROM: ATD, Kailua Light Station
FOR Resumption regular duty.

DUTY CODE NO.
AUTH: Cdr.14thCGD/L 5/1/48 (CG 73-531).

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

FCA-E 62

DUTY CODE NO.
AUTH:

WM. S. BISHOP, Lieut (jg) USCG
By direction. (Commanding)

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)

No. 77

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cdr.14thCGD	Kailua Light Station	Hawaii, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	14-021	11 May, 1948

TIME 1350
DATE 4 May, 1948

REPORTED FROM: Cape Kumukahi Light Station
FOR Temporary duty

DUTY CODE NO.

AUTH: Cdr.14thCGD/L 5/1/48 CG 73-531).

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)



DUTY CODE NO.

AUTH:

WM. S. BISHOP, Lieut (jg) USCG
By direction. (Commanding)

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)

No. 76

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cdr.14thCGD	Cape Kumukahi Lt. Station	Hawaii, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	14-021	11 May, 1948

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 4 May, 1948

TRANSFERRED TO: ATD, Kailua Light Station
FOR Temp. duty.

AUTH: Cdr.14thCGD/L 5/1/48 (CG 73-531).

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
62

DUTY CODE NO.

AUTH:

WM. S. BISHOP, Lieut (jg) USCG
By direction. (Commanding)

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

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2927 (Rev. 4-48)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

DISTRIBUTION UNIT
Name: _____
Address: _____

INSTRUCTIONS

Return this form to Commandant (PMM), U.S.Coast Guard, Washington 25, D. C. Typewrite or print in ink.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
BROWN,	Joseph	(n)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
232-207	BM1	Cape Kumukahi LightStation, T.H

HOME ADDRESS (Give Number, Street, City, Zone No., and State only if separated from the service)

INDICATE STATUS BY CHECK MARK AND UNDERSCORE ABBREVIATION APPLICABLE

- [x] Active duty USCG, ~~USCGR, USCGR(T), USPHS~~
- [ ] Officer - (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)
- [ ] Deceased - Ex-USCG, USCGR, USCGR(T) or USPHS

B. STATEMENT OF ELIGIBILITY

Fill in this statement if you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [x] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [x] World War II Victory Medal (No Clasp)
- [x] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Joseph Brown
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S.CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [x] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [x] World War II Victory Medal (No Clasp) 23 Sept., 1948
- [x] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Joseph Brown
(Recipient sign here)

(Do not sign unless awards are actually received)

A 8555

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

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
Brown Joseph	222-207	BMIC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cape Kumukahi Lt Sta		
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14		1/20/48

TIME
DATE 10/15/47
REPORTED FROM: 14th Dist Office
FOR asdu

DUTY CODE NO. AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

_____
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		14	4	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
272		474	

Records	
Posting	Coding
RH	

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)

No. 2

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cape Kumukahi Lt. Sta.		Hawaii Is., T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14-023		23 October, 1947

TIME 1300
DATE 15 October, 1947
REPORTED FROM: Commander, 14th CG District, Honolulu, T.H.
FOR resumption of regular duties.

DUTY CODE NO. 30-F AUTH: Comdr.,14CGD/D 110232Z (undated)

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PLA-E
A 62

a f Wayne

DUTY CODE NO. AUTH: A. F. WAYNE, Lieutenant Commander, USCG
By direction (Commanding)

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)

No. 138

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph, (n)	222-207	B M1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Commander, 14th CG District		Honolulu, T H.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
14-001		23 October, 1947

TIME — REPORTED FROM:
DATE — FOR

DUTY CODE NO. — AUTH:

TIME 0700 — TRANSFERRED TO: Cape Kumukahi Light Station, Hawaii Is., T.H.
DATE 15 October, 1947 — FOR resumption of regular duties

AUTH: Comdr.,14CGD/D 110232Z (undated)

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
62

DUTY CODE NO. — AUTH:

A. F. WAYNE, Lieutenant Commander, USCG
By direction (Commanding)

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)

No. 137

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph, (n)	222-207	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Commander, 14th CG District		Honolulu, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14-001		23 October, 1947

TIME 2000
DATE 11 October, 1947
REPORTED FROM: Cape Kumukahi Light Station, Hawaii Is., T.H.
FOR temporary duty.

DUTY CODE NO. 18-F AUTH: Comdr.,14CGD/D 110232Z (undated)

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH: A. F. WAYNE, Lieutenant Commander, USCG
By direction (Commanding)

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)

No. 1
Last no. issued in September -1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Cape Kumukahi Lt. Sta.		Hawaii Is., T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14-023		23 October, 1947

TIME REPORTED FROM:
DATE FOR

DUTY CODE NO. AUTH:

TIME 1735
DATE 11 October, 1947
TRANSFERRED TO: Commander, 14th CG District, Honolulu, T.H.
FOR temporary duty.

AUTH: Comdr.,14CGD/D 110232Z (undated)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 62

A. F. Wayne

DUTY CODE NO. AUTH: A. F. WAYNE, Lieutenant Commander, USCG
By direction (Commanding)

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 PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cape Kumukahi Light Station		Hawaii Is., T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14-023		29 September, 1947

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)

1615/13 Picked up for administrative purposes while attached to Cape Kumukahi Light Station; jurisdiction of that unit having been tr. to Commander, 14th CG District.
AUTH: Comdr.,14CGD(p) ltr. dtd. 11 September, 1947 CG-73.

DUTY CODE NO.
30-F

AUTH:
G. W. GIRDLER, Lieutenant, USCG
By direction (Commanding)

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

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

No. 13

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1/c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Coast Guard Moorings, Hilo, Hawaii	Cape Kumukahi Light Station	Hawaii, T.H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
14-019	14-023	25 Sept. 1947

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)

Transferred to Comdr 14th CGD while attached to Cape Kumukahi Light Station, Hawaii, T.H. for administrative purposes; jurisdiction of that unit having been transferred to Offide, Comdr 14th CGD effective 12 September, 1947.

FEA-L 12

DUTY CODE NO. 59/S AUTH: Comdr 14/L dated 11 Sept. 1947 file CG-73.

John M. Peoples.
John M. Peoples, CQM, Officer in Charge
(Commanding)

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (Name, surname first) | 222-207 (Service number) | BM 1/c (Rank or rating) | Cape Kumukahi Light Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Hilo, T. H., Date July 5, 1947

To: Coast Guard Moorings
(Coast Guard unit)
P. O. Box 1417, Hilo, T. H.
(Address)

FILE
T. LeB

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
Contusion, Right Chest		7-5-47	7-5-47

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

Chest x-ray negative for fracture

CONDUCT REPORT:

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

Harold M. Sexton
Harold M. Sexton
AA Surgeon, *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
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

BROWN, Joseph (Name, surname first) | 222-207 (Service number) | BMlc (Rank or rating) | Cape Kumukahi Light Station (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 Hilo, Hawaii, T.H., Date 5 July, 1947, 19

FILE
T. LeB

To: Dr. Harold Sexton, USPHS
Hilo, Hawaii, T.H.

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 CO, CG Moorings, Hilo, Hawaii

Joseph Brown B.M.1/c
(Signature of patient)

H. C. MANION, H. C. Manion
Lt.(jg) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Hilo, T. H., Date July 5, 1947

I CERTIFY that I have examined the above-named person and find him suffering from

Contusion of Right Chest
(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 _____ days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at 297 Waianuenue Avenue, Hilo {*hospital / *office} on July 5, 1947

Harold M. Sexton
AA Surgeon U. S. Public Health Service.

*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.

RECEIVED NOV 5 1947 EXECUTIVE OFFICE

16—27156-1

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

For File 3-13 ELP

Address Reply To
THE COMMANDANT (FA-CBX PR
Refer To File: CG-521 -73

29 October, 1947

To: Commander, 14th Coast Guard District (fd)

Via:

Subj: BROWN, Joseph (222-207) USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 30 June, 1947

(b) Your letter, 20 October, 1947 (521,fd)

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.

By direction

Credits: Description of Item	1947 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
Bills (3) 10/9/44	1/1	6/30	6	-	141.75	850.50	FAMattson	CF

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

OTHER PERTINENT INFORMATION OR REMARKS:

Pay record closed to 30 June, 1947 by Wm. O. Adams.

1152

6-6

UNITED STATES COAST GUARD



ADDRESS REPLY TO
Comd'r.14CGD(fd)
Honolulu, T.H.
AND REFER TO 521

20 October, 1947

U.S. COAST GUARD HDQTRS.
MAIL & FILES SECTION
RECEIVED OCT 27 1947 (2)

From: Commander, 14CGD(f)
To : Commandant(CPR)

Subj: Statements of pay account; request for

It is requested that this office be furnished with statements of pay account for the below listed personnel for periods designated:

Name	Description		Period
BORNS, Harold W.	(255-493) ETM2/c	S&FSD	2/25/47 to 6/30/47
CLEVELAND, Donald J.	(266-342)AMM2/c	Base Pay & SD	1/1/47 to 6/30/47
DIGRAZIA, Robert J.	(265-146)PhM3/c	S&FSD	1/1/47 to 6/30/47
FEINGOLD, Seymour	(264-015)RM2/c	Base Pay	1/1/47 to 6/30/47
FEINGOLD, Seymour	(264-015)RM2/c	S&FSD	1/1/47 to 6/30/47
HICKS, Jimmie E.	(265-559)F1c	Messman	6/1/47 to 6/30/47
JOHNSON, Stanley A.	(264-754)F1c	Complete transcript	1/1/47 to 6/30/47
JACOBSON, Ralph M.	(105-292)BM1c	Base Pay	10/1/46 to 6/30/47
KEPNER, Benjamin E.	(105-676)CMM	Base Pay	1/1/47 to 6/30/47
MCDOUGAL, Albert A.	(265-204)RM3/c	Base Pay	10/1/46 to 6/30/47
MCDOUGAL, Albert A.	(265-204)RM3/c	S&FSD	10/1/46 to 6/30/47
MCKINLOCK, George J.	(208-567)CBM	Checkage for Public Qtrs.	5/1/46 to 6/30/46
MCKINLOCK, George J.	(208-567)CBM	Checkage for Public Qtrs.	6/1/46 to 6/30/47
WEST, William J.	(263-164)RM3/c	Base Pay	10/29/46 to 6/30/47
WEST, William J.	(263-164)RM3/c	S&FSD	10/29/46 to 6/30/47
BROWN, Joseph	(222-207)BM1c	Checkage for Public qtrs.	1/1/47 to 6/30/47

D.B. SOLLENBERGER,
By direction

File 3-14

UNITED STATES COAST GUARD

Washington 25, D. C.

Address Reply to
THE COMMANDANT (FA-PV)
Refer to File: CG532 CWP 73

15 April, 1947

From: Commandant
To: Commander, 8th CG District

Via:

Subj: BROWN, Joseph (222-207) BM1c; transportation of household effects

Ref: (a)

1. Attention is invited to the items preceded by X below, and appropriate action is requested.

( ) Consignee's certificate of delivery to be accomplished in full
( ) Verify or correct weight of shipment
( ) Verify or correct point of delivery
( ) Verify or correct name of last carrier
( ) Autographic signature to consignee's certificate of delivery
( ) Certificate of issuing officer to be accomplished in full
( ) F.O.B point named in contract required in certificate of issuing officer
( ) Furnish a statement showing why a storage charge of $ was allowed to accrue on the shipment
( ) Insert project number and allotment symbol
( ) Return papers to Headquarters
(X) Forward 3 copies of Form 2658, Auth. 510225 and 3 copies of orders authorizing shipment of household effects from New Orleans, La. to San Francisco, Calif.

U. S. COAST GUARD MAIL ROOM APR 17 1947

H. F. VOLKMAN
By direction

Incl:

VBC 2-16
A-5169 Re: CWP Ltr

(PM)
CG-703

Ind-1
1 April, 1947

To: Surgeon General

Forwarded, approved.

By direction of the Commandant.

T. LeBLANC
Lt. Commander, USCG

262-954 S2c

BRIEF: Ltr. from 14th CGD forwarding vouchers(2) in favor of Harold M. Sexton, M.D., in the cases of FRIEDL, Robert C./amt. of $23.50; BROWN, Joseph (222-207) BM1c, amt. of $11.00.

T. LeBLANC:gmm 1-6

(GR)
CG-640

22 January, 1947

From: Commandant (CS)
To: Joseph Brown (222-207) BMle, USCG

Via: 1. Transportation Section, CG Headquarters, Washington, D. C.
2. Commander, 14th Coast Guard District

Subj: Authority for transportation of dependents and shipment of household effects; request for

1. Authorized. Cite authorization number 510272 in all future claims relative to travel of your dependents and 510235 for household effects.

2. Coast Guard Headquarters does not contemplate transferring Joseph Brown to other duty outside the 14th District within the next six (6) months.

3. He is entitled to transportation of his dependents and shipment of household effects at Government expense from New Orleans, La. to Honolulu, T.H. His dependents and household effects are actually located at 2628 Congress St., New Orleans, La.

J. C. WATKINS,
By direction

8-4

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT PE-A
REFER TO FILE: CG-73

WASHINGTON 25, D. C.

16 January, 1947

MEMORANDUM FOR CHIEF, ALLOTMENT CONTROL SECTION

Subj: BROWN, Joseph (222-207) BM1c; tenure of assignment, information regarding

Referring to your memorandum dated 14 January, 1947 file CG-530, it is not expected that subject man will be transferred to duty outside the 14th Coast Guard District within the next six (6) months.

W C Capron

W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Division

PE-A
CG-73

16 January, 1947

MEMORANDUM FOR CHIEF, ALLOTMENT CONTROL SECTION

Subj: BROWN, Joseph (222-207) BM1c; tenure of assignment, information regarding

Referring to your memorandum dated 14 January, 1947 file CG-530, it is not expected that subject man will be transferred to duty outside the 14th Coast Guard District within the next six (6) months.

W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Division

OFFICE OF COMMANDANT
14th NAVAL DISTRICT, PEARL HARBOR, T. H.
NAVY NUMBER 128 (one two eight)
c/o Fleet Post Office
San Francisco, California

Serial: D-5137

4 December 1946

Endoresement Two on BROWN, Joseph (222-207) BMlc, USCG ltr 25 November, 1946 (CC-486)
To: COMDR 14CGD

1. Returned approved in accordance with authority granted in Bupers dispatch 272100 November, 1945.

By direction of the Chief of Naval Personnel.

J. L. HALL, Jr.

End-3
COMDR, 14CGD
File: CC-486

To: THE COMMANDANT(FS-T)

Forwarded for processing in accordance with Finance and Supply Circular No. 26-46

E. F. LOWRIE
By direction

cc: Com 14
COMDR 14CGD(fs-t)
File
Applicant

UNITED STATES COAST GUARD
Federal Building
Honolulu, T. H.

Address Reply to
DCGO, 14ND (fs-t)
And Refer To CG-486

25 November, 1946

To: DCGO, 14ND

Subj: Transportation of dependents; request for

Ref: (a) Finance and Supply Circular 3-46, 26-46

1. Forwarded herewith is my request for transportation of my dependents to this station.

2. I expect to remain on duty in this area until at least ~~eight (8)~~ six (6) months from date of application.

3. There are quarters available for my dependents at

Cape Kumukahi Light Station
Cape Kumukahi, Hawaii, T. H.

Joseph Brown
Joseph Brown
(222-207) Bmkr, USCG.

Incls:
1. S & A Form 33 (Quadruplicate)
2. Certified copies of orders (Triplicate)

Ind-1
DCGO 14ND
25 November, 1946

To: The Commandant, 14th Naval District

1. Forwarded approved

2. The conditions enumerated in paragraph 2 of Coml4 District Circular Letter 88-45 have been met.

3. It is requested that application be returned to this office in order to be forwarded to the District Coast Guard Officer, 12th Naval District to be processed and ~~forwarded~~ by Coast Guard Finance and Supply Circular 3-46.

4. The DCGO, 12th ND will request assignment of space and sailing instructions from Commandant, 12th Naval District and transmit such instructions to the applicant (together with transportation requests covering transportation to the point of embarkation for dependents legally entitled to transportation).

E. F. LOWRIE
By direction

S. and A. Form 33
(Revised January 1948)

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

(See Art. 2505–3 Navy Travel Instructions)

U. S. [redacted], [redacted], 19[redacted]

FROM: [redacted], U. S. N.

TO: [redacted]

Enclosures: Original and two certified copies of orders of [redacted]

dated [redacted], detaching me from duty at (on) [redacted]
(If change of home yard (port) execute certificate on reverse of this form)

and ordering me to permanent duty at (on) [redacted]

1. It is requested that transportation be furnished the following, who were my dependents on the effective date of above orders:

Name	*Relationship*	*Date of birth of children*	‡*Location of dependents when orders were received*
[redacted]	Wife	-- --	[redacted]
[redacted]	Son	13 Jan., 1934	do
[redacted]	Son	11 Jan., 1937	do

Address of dependents [redacted]

From [redacted] to [redacted] via [redacted]

With stopover at [redacted]
(Name place; as, Chicago, 4 days)

Pullman or stateroom accommodations [redacted]
(As "1 lower berth," "stateroom," etc.)

Approximate time travel is to begin [redacted]

2. I certify that the [redacted] children named above [redacted] my [redacted] [redacted] children
(Legitimate—step—adopted) †

will be [redacted] years of age, respectively, at next birthday, and [redacted] of my household; that said [redacted] are not possessed of property or income adequate for [redacted] support and education; that [redacted] not the beneficiary, or beneficiaries, either directly or through others, of any trust or estate entitling [redacted] to income adequate for [redacted] support and education; that said [redacted] in fact now and at all times solely dependent on me; that in all respects I maintain the [redacted] at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; *and that evidence of the [redacted] dependency upon me and my maintenance of [redacted] has been filed with my pay accounts and is hereby made a part hereof.

3. I further certify in the case of my dependent mother that she is in fact dependent on me for her chief support, that she resided with me as a member of my household while at my last permanent duty station, and that an affidavit of evidence of dependency, filed [redacted], has been accepted by the General Accounting Office for pay purposes. I further certify that there has been no change in the conditions of dependency since last filing of affidavit of dependent mother.

4. I certify that [redacted] is (are) the child (children)
(Stepchild—stepchildren)

of [redacted], who is on this date living, and my lawful wife.
(Name of mother)

5. If transportation is furnished as requested above, to a place other than my new duty station, I hereby waive additional transportation for the dependents named herein.

6. I certify that I have not made application nor submitted claim for transportation for the dependents named in paragraph 1 on this change of station except as follows: [redacted]

7. I hereby authorize the checking of my personal pay account for any excess cost involved due to transportation furnished in excess of that authorized at Government expense; and hereby agree to accept such checkage in lieu of cash payment prior to issuance of transportation requests.

APPROVED: [redacted] Joseph Brown
(Signature of applicant)

[redacted], *U. S. N., Commanding.*

Approval of commanding officer is required in all cases where it is impracticable or impossible for the applicant to attach original orders.

U. S. [redacted], [redacted], 19[redacted]

The transportation requested above has been furnished as described on the reverse hereof.
No Government transportation available.

[redacted], *U. S. N.*
(Signature of issuing officer)

*In the case of officers drawing rental and subsistence allowance with dependents including a wife this clause may be omitted.

†If adopted children of enlisted men attach authenticated copy of adoption papers signed under seal by the clerk of the court having jurisdiction, to be forwarded to the Bureau of Supplies and Accounts. If such copy has been forwarded on a previous change of station reference to such evidence should be furnished.

‡When orders are received while the dependents are temporarily absent from the old station a statement will be furnished showing necessity for dependents returning to the old station prior to proceeding to the new station.

SEE INSTRUCTIONS FOR ISSUING OFFICERS ON REVERSE OF THIS FORM

16—9687-1

NAVCG 2658
U. S. Coast Guard
(July 1943)

HOUSEHOLD EFFECTS SHIPMENT AUTHORIZATION

COMDR 14CGD

25 November, 1946

FROM BROWN, Joseph (222-207) BMle, USCG

To COMMANDANT (PS-T)

1. It is requested that I be granted authority to incur expense during the month of: FISCAL YEAR 19 47, for the preparation for shipment, shipment, and unpacking at destination, of my personal household effects, as indicated below, under permanent change of station orders from COMDR 8th CGD New Orleans to COMDR 14CGD Honolulu, T. H., issued by COMDR 8th CGD, dated 20 October, 1946, file CG-73-531 certified copies attached.

Approx. 3500 Pounds	From: 2626 Congress St., New Orleans To: Honolulu, T. H.	Remarks: HHE TO BE REMOVED PRIOR TO TRANSFER OF DEPENDENT.
Pounds	From: To:	Cite authorization number 510225 in all claims relative to this matter.
Pounds	From: To:	

2. I certify that the above-requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account for all excess costs involved.

Joseph Brown
(Signature)

Ind-1
The Commandant (CB)
22 Jan., 1947

Authorized.

J. C. WATERS, By direction

E. F. LOMIR, By direction,
Authorized ~~Approved~~. COMDR 14CGD.

INSTRUCTIONS

1. No expense for preparation and shipment of household effects will be incurred by officers or enlisted personnel unless request for authority to incur expense therefor has been submitted to and approved by an officer authorized by regulations to approve such requests.

2. This form will be prepared in quadruplicate. The original and two copies of this request and three certified copies of the change of station orders will be forwarded to Headquarters by the approving officer immediately after approval. When a supplemental shipment is authorized, the approving officer will immediately furnish Headquarters an additional copy of this form, as approved and authorized, and a certified copy of the change of station orders.

3. If, for any reason, shipment as authorized on this form is not commenced during the month specified, a supplemental request for authority to incur expense during a subsequent month will be submitted.

4. Under "Remarks," make affirmative notation if prior shipments have been authorized and made under this change of station. If authority had been previously granted covering this shipment in a prior month, indicate month during which expense was to have been incurred.

U. S. GOVERNMENT PRINTING OFFICE 16—36923-1

The Commandant (PE-A) UNITED STATES COAST GUARD
WASHINGTON 25, D.C.

FILE CG-701
531

15 September, 1946

To: Commander, 8th Coast Guard District

Subj: Personnel; orders; transfer; travel

1. Transfer twenty (20) Boatswain's Mates, any class, to Commanding Officer, CG Operating Base, Alameda, California for further transfer to Commander, 14th Coast Guard District for assignment to duty.

2. Travel necessary to the execution of this order will be charged against BO Symbol 051-20, authorization 814844.

3. This order constitutes a permanent change of station, if entitled, from present permanent station to such permanent stations as may be assigned by the Commandant, 14th Coast Guard District.

4. The men selected for this order should be men with long tour of duty within the continental United States, and should be directed to report not later than 11 October, 1946.

/s/ W.C. CARROW
By direction

CC:
CO, CG OpBase, Alameda, Calif.
Coml4CG Dist

CERTIFIED TO BE A TRUE COPY
John D. Roberts
JOHN D. ROBERTS, Ensign, USCG.

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☒ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
Commander, 8th CGDist.(pra)	New Orleans, La.	10-10-46	CG-73-531

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

BROWN, Joseph (222-207) BM1c, USCG TRAVEL ORDER NO. 514844

1. In accordance with H/L 13 Sept., 1946 (PE-A) CG-73-531 { ☒ copy / ☐ certified copy / ☐ original of which is attached

PROCEED TO Alameda, Calif.
REPORT TO CO, CG Opr.Base, that place
FOR further transfer to Commander, 14th Coast Guard District for asdu

2. You will take charge of the no 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
Addressee		BM1c	Yes	Yes	Yes	

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against HQ travel allotment, symbol No. 051-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by 219(5)P&SI and indicated below, is (AUTHORIZED) (~~DIRECTED~~). Auth No. 514844

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE
532,477	FARE	NEW ORLEANS,LA.	ALAMEDA, CALIF.	SP	1	73 18
532,478	PULLMAN	NEW ORLEANS,LA.	ALAMEDA,CALIF.	SP	1	16 20

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

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
1237321	1237330	TEN	TEN

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): CC: Pay
CO, CG Opr.Base,Alameda,Calif.
Comdr,14thCGDist.
Transportation
Files

ISSUED ITEMS AS DESCRIBED ABOVE.

J. T. SANDWICH, LT. (jg) USCG (Signature) Acting CHIEF SUPPLY SECTION, (Title) COMDR. 8TH CG DISTRICT, (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of ..... days and ....4.... 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.) You are hereby granted four (4) days proceed time and four (4) days travel time.

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

From New Orleans, La. (Specific location) To such station as may be assigned by the Comdr, 14th CGDist.

6. DELIVERED AND DEPARTED at 1645 (Time) on 10 October, 1946 (Date)

/s/ L. W. TIBBITS, JR.,
(Signature of commanding officer, transferring unit)
By direction

IND-1.

RECEIVED AT Comdr, 8thCGDist.(prs) Mobile (Place) on 10 Oct., 1946 (Date) at 1645 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

/s/ Joseph Brown
(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.

(Unit) (Place or address) (Time) (Date)

(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

You are directed to report to the CO, CG Operating Base, Alameda, Calif. 2400 (Midnight) 16 October, 1946

CERTIFIED TO BE A TRUE COPY
A. F. WAYNE, Lt.Comdr., USCG

U. S. GOVERNMENT PRINTING OFFICE 16—40026-2

(CS)
CS-549

22 January, 1947

From: Commandant (CS)
To: Joseph Brown (222-207) HMic, USCG

Via: 1. Transportation Section, CG Headquarters, Washington, D. C.
2. Commander, 14th Coast Guard District

Subj: Authority for transportation of dependents and shipment of household effects; request for

1. Authorized. Cite authorization number 519272 in all future claims relative to travel of your dependents and 519225 for household effects.

2. Coast Guard Headquarters does not contemplate transferring Joseph Brown to other duty outside the 14th District within the next six (6) months.

3. He is entitled to transportation of his dependents and shipment of household effects at Government expense from New Orleans, La. to Honolulu, T.H. His dependents and household effects are actually located at 2626 Congress St., New Orleans, La.

J. C. WATERS,
By direction

VIA AIR MAIL

24 January, 1947

Ind-1
Transp. Section CGHQ (PS-T)
Washington, D. C.

1. A letter of instructions has been written to Mrs. Brown regarding the necessary procedure to follow in securing transportation to Honolulu, T. H. and for shipment of household effects. A copy is inclosed for your information.

2. Your complete file has been forwarded to the Commander, 12th Coast Guard District, 630 Sansome Street, San Francisco 26, California for further handling.

M. M. SIAS
By direction

Incl.
Copy of ltr. to Mrs. Brown

TEM:ab Return to Rm 6115 6-2

(PS-T)
CG-531

8 February, 1947

VIA AIR MAIL

Mrs. Josephine Elizabeth Brown
2626 Congress Street
New Orleans, La.

Dear Madam:

We have your letter of 30 January, 1947 requesting rail tickets from New Orleans to San Francisco, and stating you plan to leave New Orleans on 8 February, 1947.

Your attention is invited to our letter of 24 January, 1947. Your complete file has been forwarded to the Commander, 12th Coast Guard District, 630 Sansome Street, San Francisco, California. No reservations will be made for your travel from San Francisco to Honolulu until you advise the 12th Coast Guard District at San Francisco that you have completed all immunization requirements and are ready to travel. When you notify the San Francisco office that you are ready to travel also advise them that transportation requests are desired for your rail travel from New Orleans to San Francisco. The necessary Government transportation requests, which you will present to the ticket office for your rail tickets, will be forwarded to you along with information as to when and where to report at San Francisco for sailing.

It is recommended that you do not leave home and proceed to the port of embarkation until you receive notice when and where to report.

By direction of the Commandant.

Very truly yours,

H. M. SIAS
Lieutenant, USCG
Chief, Transportation Section

(FS-T)
CG-531

24 January, 1947

VIA AIR MAIL

From: The Commandant
To: Commander, 12th Coast Guard District

Subj: Transportation of dependent wife of Joseph Brown, BMlc,USCG, and shipment of household effects; request for

1. Inclosed is a complete file relative to transportation of dependents of Joseph Brown (222-207) BMlc, USCG, to Honolulu, T. H., and for shipment of household effects.

2. Mrs. Brown will advise your office when she and her children will be ready to travel. Upon receipt of this information it is requested that transportation officer complete booking arrangements and contact dependents at 2626 Congress Street, New Orleans, La., advising when and where to report for sailing.

H. M. SIAS
By direction

Incl.
Complete file relative to transp.
of dependents and household effects
of Joseph Brown, BMlc, USCG

TEM:ab
Return to Rm 6115 6-2

(FS-T)
CG-531

24 January, 1947

From: The Commandant (FS-T)
To: Commander, 8th Coast Guard District

Subj: BROWN, Joseph (222-207) BMlc, USCG; household effects; shipment of

1. Inclosed are authorization forms for shipment of household effects of Joseph Brown, BMlc, USCG, from New Orleans, La. to Honolulu, T. H. It is requested that transportation officer contact Mrs. Brown at 2626 Congress Street, New Orleans, La., and make necessary arrangements for packing, crating and shipping of household effects to Pier 41, Naval Supply Depot, San Francisco, California for transhipment to Honolulu, T. H.

2. A copy of letter to Mrs. Brown is inclosed for your information.

H. M. SIAS
By direction

Incl.
1. Authorization Forms for shipment of HHE
2. Copy of ltr. to Mrs. Brown.

TEM:ab
Return to Rm 6115 6-2

(PS-T)
CG-531

24 January, 1947

Mrs. Josephine Elizabeth Brown
2526 Congress Street
New Orleans, La.

Dear Madam:

Authority has been granted for you and your children to travel to Honolulu, T. H. and for shipment of your household effects. However before transportation can be arranged it will be necessary for you to secure certificates showing that you and your children have been immunized against smallpox, typhoid and tetanus within the past year. These certificates are to be kept in your possession and presented to the Port Director at the port of embarkation on date of departure from the United States.

Your file has been forwarded to the 12th Coast Guard District, therefore upon completion of immunization requirements advise the Commander, 12th Coast Guard District, 630 Sansome Street, San Francisco 26, California, that requirements have been made and the date you will be ready to travel. Booking arrangements will be made by that office and you will be advised when and where to report at San Francisco for sailing.

Authorization forms for shipment of your household effects have been forwarded to the 8th Coast Guard District, P. O. Box 282, New Orleans 9, La. Therefore, for shipment of your household effects you are to contact the Transportation Officer at New Orleans. Arrangements will then be made for packing, crating and shipping of your household effects to San Francisco for transhipment to Honolulu, T. H.

Upon request to the 12th Coast Guard District Government Transportation Requests will be forwarded to you to cover rail travel from New Orleans to San Francisco. However this travel may be performed at your own expense and reimbursement will be made at the rate of 4¢ per mile for adults and children over 12 years of age and 2¢ per mile for children under 12 years of age.

By direction of the Commandant.

Very truly yours,

H. M. SIAS
Lieutenant, USCG
Chief, Transportation Section

CC: 1. Comdr., 8th CGD
2. Comdr., 12th CGD
3. Joseph Brown, MMlc, USCG
c/o 14th CGD

TEM:ab
Return to Rm 6115 6-2

NAVCG 2766
(Revised 12-44)

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☒ Routine.
☐ Restricted.
☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
Commander, 8th CGDist.(pra)	New Orleans,La.	10-10-46	CG-73-531

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

BROWN, Joseph (222-207) BM1c, USCG TRAVEL ORDER NO. 514844

1. In accordance with H/L 13 Sept., 1946 (PE-A) CG-73-531 { copy / certified copy / original } of which is attached

PROCEED TO Alameda, Calif.
REPORT TO CO, CG Opr.Base, that place
FOR further transfer to Commander, 14th Coast Guard District for asdu

2. You will take charge of the no 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
Addressee		BM1c	Yes	Yes	Yes	

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against HQ travel allotment, symbol No. 051-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by 219(5)P&SI and indicated below, is (AUTHORIZED) (~~EXECUTED~~) Auth. No. 514844

GOVERNMENT TRANSPORTATION REQUEST.

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE	
532,477	FARE	NEW ORLEANS, LA.	ALAMEDA, CALIF.	SP	1	73	18
532,478	PULLMAN	NEW ORLEANS, LA.	ALAMEDA, CALIF.	SP	1	16	20

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

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS
1237321	1237330	TEN	TEN

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): CC:
Pay
CO, CG Opr.Base,Alameda,Calif.
Comdr,14thCGDist.
Transportation
File

ISSUED ITEMS AS DESCRIBED ABOVE.

J. T. SANDWICH, LT. (jg) USCG (Signature) ACTING CHIEF SUPPLY SECTION, (Title) COMDR. 8TH CG DISTRICT. (Unit)

(OVER)

16—40626-2

4. LEAVE OF ABSENCE in the amount of _____ days and 4 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.) You are hereby granted four (4) days proceed time and four (4) days travel time.

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

From New Orleans, La. (Specific location) To such station as may be assigned by the Comdr, 14th CGDist.

6. DELIVERED AND DEPARTED at 1645 (Time) on 10 October, 1946 (Date)

/s/ L. W. TIBBITS, JR., (Signature of commanding officer, transferring unit)
By direction

IND-1.

RECEIVED AT Comdr, 8thCGDist.(pra) Nola (Place) on 10 Oct., 1946 (Date) at 1645 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

/s/ Joseph Brown
(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.

(Unit) (Place or address) (Time) (Date)

(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

You are directed to report to the CO, CG Operating Base, Alameda, Calif. 2400 (Midnight) 18 October, 1946

CERTIFIED TO BE A TRUE COPY

A. F. WAYNE, Lt.Comdr., USCG

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

The Commandant (PE-A) UNITED STATES COAST GUARD
WASHINGTON 25, D.C.

FILE CG-701
531

13 September, 1946

To: Commander, 8th Coast Guard District

Subj: Personnel; orders; transfer; travel

1. Transfer twenty (20) Boatswain's Mates, any class, to Commanding Officer, CG Operating Base, Alameda, California for further transfer to Commander, 14th Coast Guard District for assignment to duty.

2. Travel necessary to the execution of this order will be charged against RQ Symbol 051-20, authorization 514844.

3. This order constitutes a permanent change of station, if entitled, from present permanent station to such permanent stations as may be assigned by the Commandant, 14th Coast Guard District.

4. The men selected for this order should be men with long tour of duty within the continental United States, and should be directed to report not later than 11 October, 1946.

/s/ W.C. CAPRON
By direction

CC:
CO, CG OpBase, Alameda, Calif.
Com14th Dist

CERTIFIED TO BE A TRUE COPY
John D Roberts
JOHN D. ROBERTS, Ensign, USCG.

S. and A. Form 83
(Revised January 1948)

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS

(See Art. 2505-3 Navy Travel Instructions)

U. S. [redacted], 25 November, 1946

FROM: [redacted], U.S.N.

TO: COMMANDANT (PY) C.G.H.Q., Washington, D. C.

Enclosures: Original and two certified copies of orders of Commander, 8th C. G. District (pra)

dated 10 OCTOBER, 1946, detaching me from duty at (on) [redacted]
(If change of home yard (port) execute certificate on reverse of this form)

and ordering me to permanent duty at (on) [redacted]

1. It is requested that transportation be furnished the following, who were my dependents on the effective date of above orders:

Name	*Relationship*	*Date of birth of children*	‡*Location of dependents when orders were received*
Josephine Elizabeth Brown	Wife	--	New Orleans, La.
Joseph Earl Brown	Son	15 Jan., 1934	do
Richard Herman Brown	Son	11 Jan., 1937	do

Address of dependents 2636 Congress St., New Orleans, La.

From New Orleans, La. to Honolulu, T. H. via San Francisco, Calif.

With stopover at None
(Name place; as, Chicago, 4 days)

Pullman or stateroom accommodations 2 lower berths
(As "1 lower berth," "stateroom," etc.)

Approximate time travel is to begin As soon as possible

2. I certify that the child/children named above is/are my legitimate child/children
(Legitimate—step—adopted) †

will be 10 and 12 years of age, respectively, at next birthday, and is a member/are members of my household; that said child is/children are not possessed of property or income adequate for its/their support and education; that it is/they are not the beneficiary, or beneficiaries, either directly or through others, of any trust or estate entitling it/them to income adequate for its/their support and education; that said child is/children are in fact now and at all times solely dependent on me; that in all respects I maintain the child/children at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; *and that evidence of the child's/children's dependency upon me and my maintenance of it/them has been filed with my pay accounts and is hereby made a part hereof.

3. I further certify in the case of my dependent mother that she is in fact dependent on me for her chief support, that she resided with me as a member of my household while at my last permanent duty station, and that an affidavit of evidence of dependency, filed [redacted], has been accepted by the General Accounting Office for pay purposes. I further certify that there has been no change in the conditions of dependency since last filing of affidavit of dependent mother.

4. I certify that [redacted] is (are) the child (children)
(Stepchild—stepchildren)

of [redacted], who is on this date living, and my lawful wife.
(Name of mother)

5. If transportation is furnished as requested above, to a place other than my new duty station, I hereby waive additional transportation for the dependents named herein.

6. I certify that I have not made application nor submitted claim for transportation for the dependents named in paragraph 1 on this change of station except as follows: None

7. I hereby authorize the checking of my personal pay account for any excess cost involved due to transportation furnished in excess of that authorized at Government expense; and hereby agree to accept such checkage in lieu of cash payment prior to issuance of transportation requests.

APPROVED: [redacted], By direction COMDR [redacted]

Joseph Brown
(Signature of applicant)

U. S. N., Commanding.

Approval of commanding officer is required in all cases where it is impracticable or impossible for the applicant to attach original orders.

U. S. [redacted], [redacted], 19[redacted]

The transportation requested above has been furnished as described on the reverse hereof.
No Government transportation available.

[redacted], U. S. N.
(Signature of issuing officer)

*In the case of officers drawing rental and subsistence allowance with dependents including a wife this clause may be omitted.

†If adopted children of enlisted men attach authenticated copy of adoption papers signed under seal by the clerk of the court having jurisdiction, to be forwarded to the Bureau of Supplies and Accounts. If such copy has been forwarded on a previous change of station reference to such evidence should be furnished.

‡When orders are received while the dependents are temporarily absent from the old station a statement will be furnished showing necessity for dependents returning to the old station prior to proceeding to the new station.

SEE INSTRUCTIONS FOR ISSUING OFFICERS ON REVERSE OF THIS FORM

16—9687-1

Address Reply to
DCGO, 14ND (fs-t)
And Refer To CG-486

UNITED STATES COAST GUARD
Federal Building
Honolulu, T. H.

25 November, 1946

To: DCGO, 14ND

Subj: Transportation of dependents; request for

Ref: (a) Finance and Supply Circular 3-46 26-46

1. Forwarded herewith is my request for transportation of my dependents to this station.

2. I expect to remain on duty in this area until at least ~~eight (8)~~ six (6) months from date of application.

3. There are quarters available for my dependents at

Cape Kumukahi Light Station
Cape Kumukahi, Hawaii, T. H.

Joseph Brown
Joseph Brown
(222-207) BMlc, USCG.

Incls:
1. S & A Form 33 (Quadruplicate)
2. Certified copies of orders (Triplicate)

Ind-1
DCGO 14ND
25 November, 1946

To: The Commandant, 14th Naval District

1. Forwarded approved

2. The conditions enumerated in paragraph 2 of Coml4 District Circular Letter 88-45 have been met.

3. It is requested that application be returned to this office in order to be forwarded to the District Coast Guard Officer, 12th Naval District to be proce[illegible] by Coast Guard Finance and Supply Circular 3-46.

4. The DCGO, 12th ND will request assignment of space and sailing instructions from Commandant, 12th Naval District and transmit such instructions to the applicant (together with transportation requests covering transportation to the point of embarkation for dependents legally entitled to transportation).

E. F. LOWRIE
By direction

OFFICE OF COMMANDANT
14th NAVAL DISTRICT, PEARL HARBOR, T. H.
NAVY NUMBER 128 (one two eight)
c/o Fleet Post Office
San Francisco, California

Serial: D-5137

4 December 1946

Endoresement Two on BROWN, Joseph (222-207) USNR, USCG ltr 25 November, 1946 (CG-486)

To: COMDR 14CGD

1. Returned approved in accordance with authority granted in Bupers dispatch 272100 November, 1945.

By direction of the Chief of Naval Personnel.

J. L. HALL, Jr.

End-3
COMDR, 14CGD
File: CG-486

To: THE COMMANDANT(FS-T)

Forwarded for processing in accordance with Finance and Supply Circular No. 26-46

E. F. LOWRIE
By direction

cc: Com 14
COMDR 14CGD(fs-t)
File
Applicant

3-13

I-8

PE-A
CG-73

16 January, 1947

MEMORANDUM FOR CHIEF, ALLOTMENT CONTROL SECTION

Subj: BROWN, Joseph (222-207) BMlc; tenure of assignment, information regarding

Referring to your memorandum dated 14 January, 1947 file CG-530, it is not expected that subject man will be transferred to duty outside the 14th Coast Guard District within the next six (6) months.

W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Division

AF
AIM: rto ret to 1-8

a 8m

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (n) (Name, surname first) | 222 207 (Service number) | BM1c (Rank or rating) | Cape Kumukahi Light Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

FILED

Place Hilo, T.H., Date January 14, 1947

To: C. G. Moorings
(Coast Guard unit)
Hilo, T.H.
(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
D.U. Tuberculosis		1-14-47	1-14-47

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

Recommend repeat chest x-ray in 3 months

CONDUCT REPORT:

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

Howard M. Sexton MD

A.A. Surgeon U. S. Public Health Service. (part time)

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

BROWN, Joseph (n)	222-207	BMlc	Cape Kumukahi Light 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 Hilo, Hawaii, Date 8 January, 1947, 19

To: Dr. Harold Sexton
Hilo, Hawaii

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, CG Moorings, Hilo, T.H.

Joseph Brown, B.M.1c
(Signature of patient)

H. C. Manion
H. C. Manion, Lt.(jg)
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Hilo, T. H., Date January 14, 19 47

I CERTIFY that I have examined the above-named person and find him suffering from
D. U. Tuberculosis
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at 297 Wainuenue Ave. Hilo, T.H. {*hospital / *office} on January 14, 1947

Harold M Sexton MD
A.A. Surgeon U. S. Public Health Service. (part time)

*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.

10-27156-1

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

DISTRICT
COAST GUARD OFFICE

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER 1946 DEC 9 AM 11:46

BROWN, Joseph (n)	BM1c	222-207
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

Honolulu, T. H.

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 64 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

	Mrs. Josephine Brown	Wife
	Joseph Earl and Richard Herman Brown	Sons
(If none, so state)	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Joseph Brown, B.M1c
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Hilo TH
this 5 **day of** December 46

(SEAL)

N. C. Munson
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

(PE-C)
CG-73

4 September, 1946

To: Commander, 8th CG District (p)

Subj: Brown, Joseph (222-207) BMlc

Ref: (a) Letter from above-named man dated 15 August, 1946, file CG-73, with your first indorsement thereon

1. Reference (a), recommending the above-named man for advancement to chief petty officer in his specialty, has been received at Headquarters.

2. Headquarters is presently compiling an eligibility list of all men reduced in rating in consequence of the personnel reduction program. Future advancements will be made as the needs of the service justify from this eligibility list and in order of standing of each man on the list. Recommendation will be solicited when any list is exhausted. Accordingly, the recommendation submitted in the case of this man has been filed without action.

W C Capron

W. C. CAPRON
By direction

A-1799

U.S. COAST GUARD
MAIL SECTION (2)
RECEIVED SEP 6 1946

BRAHES:jhc
Return to 3-14

3-12

UNITED STATES COAST GUARD

NEW ORLEANS 9, LA

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT (p)
REFER TO FILE: CG-73

3-11

15 August, 1946

To: THE COMMANDANT (PE)

Via: 1. Commander, 8th Coast Guard District (oan)
2. Commander, 8th Coast Guard District (p)

Subj: Advancement in rating to chief boatswain's mate (acting); request for

AUG 19 '46 PM

1. As I was reduced in rating to boatswain's mate, first class, on 1 July, 1946 in accordance with Alcoast 119-46, it is requested I be considered for advancement in rating to that of chief boatswain's mate (acting), which was my rating on 30 June, 1946.

2. My reason for this request is that for the past sixteen (16) months I have been assigned as Officer-in-Charge, Ship Shoal Light Station, which is an isolated station, and have been performing the duties of a chief boatswain's mate. As there are men assigned to this station with the same rating as I have I am of the opinion if I was advanced to the rating of chief boatswain's mate I could carry out the duties as an officer-in-charge of this station with more authority. It is requested that I be given every consideration possible, inasmuch as I am stationed at an isolated station, for advancement to the rating requested.

3. I have been recommended highly for the performance of my duty while at this station and at other stations where I have been assigned, both as a boatswain's mate and a radio beacon operator.

Joseph Brown
B.M.1c. (222-207)
OinC, Ship Shoal Light Station

Ind-1
O COMDR 8 CGD
New Orleans, La.
16 August, 1946

To: The Commandant (PE)

Forwarded approved for HQ's consideration when reappointments are considered.

Lt. Tibbits Jr.
L. W. TIBBITS, JR.
By direction.

UNITED STATES COAST GUARD

NEW ORLEANS 9, LA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT (p)
REFER TO FILE: CG-73



15 August, 1946

To: THE COMMANDANT (PE)

Via: 1. Commander, 8th Coast Guard District (oan)
2. Commander, 8th Coast Guard District (p)

Subj: Advancement in rating to chief boatswain's mate (acting); request for

1. As I was reduced in rating to boatswain's mate, first class, on 1 July, 1946 in accordance with Alcoast 119-46, it is requested I be considered for advancement in rating to that of chief boatswain's mate (acting), which was my rating on 30 June, 1946.

2. My reason for this request is that for the past sixteen (16) months I have been assigned as Officer-in-Charge, Ship Shoal Light Station, which is an isolated station, and have been performing the duties of a chief boatswain's mate. As there are men assigned to this station with the same rating as I have I am of the opinion if I was advanced to the rating of chief boatswain's mate I could carry out the duties as an officer-in-charge of this station with more authority. It is requested that I be given every consideration possible inasmuch as I am stationed at an isolated station for advancement to the rating requested.

3. I have been recommended highly for the performance of my duty while at this station and at other stations where I have been assigned, both as a boatswain's mate and a radio beacon operator.

Joseph Brown
B.M.1c. (222-207)
OinC, Ship Shoal Light Station

Ind-1
O COMDR 8 CGD
New Orleans, La.
16 August, 1946

To: The Commandant (PE)

Forwarded approved for HQ's consideration when reappointments are considered.

L. W. TIBBITS, JR.
By direction.

PE-PL
CG-73

15 August, 1946

3-1 file

To: Comdr. 8 CGD (p)

Subj: BROWN, Joseph (222-207) BMlc; service of

In reply to subject-man's letter of 8 August, 1946, file CG-73, with your indorsement of 8 August, 1946 thereon, you are advised that the records at Headquarters show the following service, prior to BROWN's enlistment in the Coast Guard, which is creditable towards 20 or 30 year retirement in the Coast Guard:

U.S. Army Engineer Corps (Civilian)
15 July, 1929 to 7 September, 1935
23 September, 1935 to 30 June, 1936

Lighthouse Service
3 February, 1937 to 9 October, 1941

The above service is not, however, creditable for longevity pay.

W. C. CAPRON
By direction

U.S. COAST GUARD
MAIL SECTION (2)
RECEIVED AUG 16 1946

WPS:gfh
RETURN TO ~~3-20~~

OFFICE OR DIVISION DESIGNATORS	PE	PcP												
INITIALS OF RESPONSIBLE OFFICERS														
INTRA-OFFICE OR DIVISION INITIALS														

UNITED STATES COAST GUARD

NEW ORLEANS 9, LA

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT (p)
REFER TO FILE: CG-73

3-3
3-10
3-12



8 August, 1946

To: THE COMMANDANT (PE)

Subj: U. S. Engineer Department; service; count on retirement; information on; request for

1. On my enlistment in the U. S. Coast Guard on 10 October, 1941 from the former Lighthouse Service, I was advised that the service I performed in the U. S. Engineer Department and U. S. Lighthouse Service would count on my retirement.

AUG 9 2 46 PM

2. After checking I find that my Lighthouse Service time counts but can find no information on U. S. Engineer Department time counting for retirement. It is requested that I be advised if this time counts.

Joseph Brown
Joseph Brown
B.M.1c., USCG (222-207)

Ind-1
COM 8 CGD (p), Nola
8 Aug., 1946

To: THE COMMANDANT (PE)

Forwarded with the request that this office be informed as to Headquarters' decision in this case.

L. W. Tibbits Jr.
L. W. TIBBITS, Jr.
By direction

Form 252?

BROWN, Joseph | 222-207 | CBM | Opr Base, NOL
(Name, surname first) | (Ser.No.) | (Rank or rating) | (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary
Reserve

Place CG Operating Base, NOLa, Date 6 March, 1946

To: Marine Hospital
(Coast Guard Unit)
New Orleans, La.
(Address)

The above named patient was discharged from (inpatient) (outpatient) treatment as shown below

DIAGNOSIS (By nomenclature name and number)		Period of treatment for sa. condition	
Chronic prostatitis, non-specific	764-190	8 Mar	25 Mar 46
Pulmonary fibrosis due to tuberculosis	360-123.6	8 Mar	25 Mar 46

He (is) (is not) fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.):

10 days sick leave. TO return to ENT OPD for eye refraction.

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) (No) Absent without permission? (Yes) (No)
Guilty of insubordination? (Yes) (No)

Falls B. Hershey
FALLS B. HERSHEY, SA SURG U.S.PUBLIC HEALTH SERVICE)

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 _____ since _____ or _____ (Diagnosis)) 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

(PEA-C)
CG-783
73

7 January, 1946

To: DCGO 8ND

Subj: Advancement of personnel

1. Effective 16 January, 1946, advance the below-named men to the ratings indicated opposite their respective names, provided their conduct and performance of duty since recommended warrant such advancement.

Brown, Joseph (222-207), BM1c to CBM(a)
Yurt, Herman A. (513-159), MoMM1c to CMoMM(a)

2. Report action on Forms 2599, citing this letter as the authority therefor.

E. ZOOLE
By direction

U.S. COAST GUARD
MAIL SECTION (4)
MAILED JAN 9 - 1946

BEABES:crm Ret. to 3-14

3-11

UNITED STATES COAST GUARD



ADDRESS REPLY TO

AND REFER TO

DEC 26 11 06 AM '45
1946 JAN 4
AN F NV PT
AT 08 L 95 OSO SC
AX OP PUB
CM ORD ST
E MED
MIN PA
MV P
PEA-A
JAN 2 '46



Ind-1
CO, CG Operating Base
New Orleans, Louisiana
21 December, 1945

To: The Commandant (PEA)

Via: DCGO 8ND (pea)

Subj: Advancement in rating to Chief Boatswain's Mate; request for

Forwarded; approved. It is felt by this office that Brown is fully qualified for this advancement and in view of the efficiency with which he has performed his duties while attached to this unit, it is recommended that this request be granted.

P. A. SHORT.

Ind-2
DCGO 8ND(pra)
27 December, 1945

To: The Commandant (PEA)

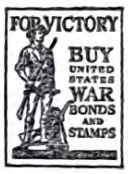
Forwarded approved in accordanee with Paragraph 9, Alcoa st 158-45.

E. A. COFFIN, Jr.
By direction

Provided man is fully qualified. Ch BM 1c to CH BM(a).
1-16-46
PAB

NC4

UNITED STATES COAST GUARD



ADDRESS REPLY TO
SHIP SHOAL
LIGHT STATION
AND REFER TO

File# CG-73

Morgan City, La.

5 December, 1945

To: THE COMMANDANT (PEA)

Via: CO, CG Operating Base, New Orleans, La.
DCGO 8 ND

Subj: Advancement in rating to Chief Boatswain's Mate; request for

1. It is requested that I be advanced in rating from boatswain's mate, first class to chief boatswain's mate.

2. I enlisted in the U. S. Coast Guard from the former Lighthouse Service on 10 October, 1941. Prior to my enlistment in the U. S. Coast Guard I served in the Lighthouse Service four years. Since my enlistment in the Coast Guard I have been stationed at Southwest Pass Rear Range Light Station, Sabine Lifeboat Station, Sabine Pass Light Station, and Ship Shoal Light Station, all in the 8th Naval District. I enlisted in the Coast Guard as a boatswain's mate, second class and was advanced to boatswain's mate, first class on 10 July, 1942.

3. Due to the fact that I intend to remain in the U. S. Coast Guard and as at present I am assigned as Officer-in-Charge, Ship Shoal Light Station and the complement of this station calls for a chief boatswain's mate, it is requested that this request be given favorable consideration.

4. My duties have been Aids to Navigation, Operator of Small Boats, and Operation of Radio Beacons since my entry in the service.

Joseph Brown
B.M.1c. (222-207)
Officer-in-Charge
Ship Shoal Light Station

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

654

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE 28 August 1945

TIME 1530
DATE 27 August 1945

REPORTED FROM: Ship Shoals Light Station, New Orleans, La.
FOR assignment to td, while under going treatment USMH

DUTY CODE NO.

AUTH: Ind-5 CGOB 8-27-45 Amo Lv Absence/F 2519

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

W. D. Edwards Jr.
W. D. EDWARDS, JR.
By direction (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

647

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPR BASE	Ship Shoal L/S	New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-033	16 July, 1945

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)

16 July, 1945: Administratively tr fm CG Group, Grand Isle,La to CG Opr Base, New Orleans, La.

DUTY CODE NO. 30 — AUTH: DCGO8ND/L 7-11-45 (020-601)

W. B. EDWARDS, JR.
By direction (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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Morgan City, La.

Joseph Brown (Name, surname first) | 222-207 (Service number) | BM1c (Rank or rating) | SHIP SHOAL LIGHT STA. (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 New Orleans, La., Date 20 June, 1945

FILED G.M.

To: Medical Officer in Charge
U. S. Marine Hospital
New Orleans, La.

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 Ship Shoal Light Station Morgan City, La.

Joseph Brown BM1c
(Signature of patient)

Tom Nicholich
Cdr., U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place ~~New Orleans, La~~, Date ~~14 July~~, 19 45

I CERTIFY that I have examined the above-named person and find him suffering from

~~Lumbar strain, mild~~
(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 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine {*hospital} on 21 June 45

E. J. FORD, M. D.

E.J.Ford, PA Surg(R) U. S. Public Health Service.

*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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Morgan City, La.

Joseph Brown (Name, surname first) | 222-207 (Service number) | BM1c (Rank or rating) | SHIP SHOAL LIGHT STA. (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 New Orleans, La., Date 20 June, 1945

To: Medical Officer in Charge
U. S. Marine Hospital
New Orleans, La.

FILED

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 Ship Shoal Light Station Morgan City, La.

Joseph Brown BM1c
(Signature of patient)

F. M. Schulich
Adjt., U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place New Orleans, La., Date 14 July, 1945

I CERTIFY that I have examined the above-named person and find him suffering from

Inguinal hernia, mild
(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 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine {*hospital / *office} on 21 June, 1945

E. J. FORD, M. D.

E.J.Ford, PA Surg(R) U. S. Public Health Service.

*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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Morgan City, La.

BROWN, Joseph (Name, surname first) 222-207 (Service number) BMlc (Rank or rating) ~~Ship Shoal Light Sta.~~ (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place New Orleans, La., Date 20 June, 19 45

To: _____ (Coast Guard unit)

_____ (Address)

FILED C. M.

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
~~Lumbar strain, mild~~		~~6/21/45~~	~~6/21/45~~

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

CONDUCT REPORT:

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

E. J. FORD, M. D.

E.J.Ford, PA Surgeon U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Grand Isle, La.	Ship Sheal L/S	Morgan City, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-033	13 July, 1945

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)

1C
~~13~~ July, 1945: Administrativel y transferred fm CG Group, Grand Isle, La. to CG Operating Base, New Orleans, La.

DUTY CODE NO. #30 AUTH: DCir #39-45

Joseph C. Chighizola
JOSEPH C. CHIGHIZOLA, CBM
(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

NAVCG 2658
U. S. Coast Guard
(July 1943)

HOUSEHOLD EFFECTS SHIPMENT AUTHORIZATION

New Orleans, La.

26 June, 1945

FROM BROWN, Joseph (222-207) BMlc USCG

To DCGO, 8ND

1. It is requested that I be granted authority to incur expense during the month of July 19 45, for the preparation for shipment, shipment, and unpacking at destination, of my personal household effects, as indicated below, under permanent change of station orders from Sabine, Texas to Morgan City, La., issued by CG Group, Port Arthur, Texas, dated 30 March, 19 45, file 73-701-531 certified copies attached.

Est. $80.00

4,500 Pounds	From: Sabine, Texas To: New Orleans, La.	Remarks: Shipment #1	
Pounds	From: To:		
Pounds	From: To:	FILE WHC	

2. I certify that the above-requested shipment consists of household or personal effects belonging to me and are not intended, directly or indirectly, for any other person or persons, or for sale.

3. I hereby authorize the checkage of my personal pay account for all excess costs involved.

JOSEPH BROWN (Signature)

Authorized MARION L. MARTIN
By direction, with distance from Sabine, Texas to Morgan City, La. to be at Government expense.

INSTRUCTIONS

1. No expense for preparation and shipment of household effects will be incurred by officers or enlisted personnel unless request for authority to incur expense therefor has been submitted to and approved by an officer authorized by regulations to approve such requests.

2. This form will be prepared in quadruplicate. The original and two copies of this request and three certified copies of the change of station orders will be forwarded to Headquarters by the approving officer immediately after approval. When a supplemental shipment is authorized, the approving officer will immediately furnish Headquarters an additional copy of this form, as approved and authorized, and a certified copy of the change of station orders.

3. If, for any reason, shipment as authorized on this form is not commenced during the month specified, a supplemental request for authority to incur expense during a subsequent month will be submitted.

4. Under "Remarks," make affirmative notation if prior shipments have been authorized and made under this change of station. If authority had been previously granted covering this shipment in a prior month, indicate month during which expense was to have been incurred.

U. S. GOVERNMENT PRINTING OFFICE 16—36923-1

NAVCG 2766

ENLISTED PERSONNEL TRANSFER ORDERS

UNITED STATES COAST GUARD

☐ Routine. ☐ Restricted. ☐ Confidential.

UNIT	PLACE OR ADDRESS	DATE	FILE
U. S. COAST GUARD GROUP	Port Arthur, Texas	3-30-45	73-701-531

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

BROWN, Joseph (222-207) PHM2NT

1. In accordance with DCGOSND letter 2-27-45 file No CG-72-531 { copy / certified copy / original of which is attached

PROCEED TO Morgan City, Louisiana, and upon arrival thereat

REPORT TO Commanding Officer, CG-64006 at that place

FOR transportation from Morgan City, La., to Ship Shoal Light Station

Upon arrival at Ship Shoal Light Station, report to the Commanding Officer, that unit, for assignment to duty.

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

3. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against NODIST travel allotment, symbol 08-20 TRAVEL, ALLOWANCES and/or REIMBURSEMENT IN LIEU THEREOF, as prescribed by ART 219 P&SI and indicated below, is (AUTHORIZED) (DIRECTED).

GOVERNMENT TRANSPORTATION REQUEST: (AUTHORIZATION No. 3832)

T/R NUMBER(S)	SERVICE	FROM—	TO—	VIA—	PERSONS	VALUE

PRIVATELY OWNED CONVEYANCE.

MAKE OF CAR	MODEL AND YEAR	LICENSE No.	STATE
DODGE	Sedan 1938	Y33-174	TEXAS

To obtain gasoline for which you are hereby furnished forms OPA-R-593 serially numbered from A131214 to 131217 for a total of 20 gallons. RETURN UNUSED OR SPOILED FORMS TO ISSUING OFFICE.

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

NUMBERED FROM—	TO—	TOTAL TICKETS	TOTAL MEALS

OTHER (specify): Granted liberty to expire at 0800, 4-2-45 at Morgan City, Louisiana

CC: DCGO, 8ND
FINANCE & ACCOUNTING
PAY OFFICER, PT. ARTHUR, TEXAS
CO, SHIP SHOAL LIGHT STATION, MORGAN CITY, LA.

ISSUED IN THE SECOND DISTRICT AS ABOVE.

E. V. THOMAS, Lt. USCGR (Signature) Executive Officer, (Title) U.S.C.G. GROUP, Pt. Arthur, Texas (Unit)

(OVER)

16—40626-1

4. This order constitutes a PERMANENT CHANGE OF STATION for the within-listed persons entitled thereto—
From Sabine, Texas To Morgan City, Louisiana

5. 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.)

6. DELIVERED AND DEPARTED at 0700 (Time) on 3-30-45 (Date)

ANDREW JOHANSEN, Lieut. Comdr., USCG
(Signature of commanding officer, transferring unit)

IND-1.

RECEIVED AT Port Arthur, Texas (Place) on 3-30-45 (Date) at 0700 (Time) Receipt of enclosures listed in paragraph 2 is acknowledged.

Joseph Brown
(Signature of addressee)

IND-2. **INTERMEDIATE REPORTING**

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

IND-3. **ULTIMATE DESTINATION REPORTING**

REPORTED in accordance with basic orders.

(Unit) (Place or address) (Time) (Date)

(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

Having reported DCGO 8ND, New Orleans, La., liberty is hereby extended until 2400, 2 April, 1945.

L. S. SPEAR, By direction

CERTIFIED TO BE A TRUE COPY

J. E. BEHO, Ens., USCGR (W)

U. S. GOVERNMENT PRINTING OFFICE 16—40626-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Morgan City, La.

BROWN, Joseph (Name, surname first) 222-207 (Service number) BMlc (Rank or rating) Ship Shoal Light Sta. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place New Orleans, La., Date 20 June, 19 45

To: _____ (Coast Guard unit)

_____ (Address)

FILE C. M.

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
Lumbar strain, mild		6/21/45	6/21/45

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

CONDUCT REPORT:

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

E. J. FORD, M. D.

E.J.Ford, PA Surg(R) U. S. Public Health Service.

16—27156-1

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CGroup Grand Isle	Ship Shaol Light Station	Morgan City, La.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 08-033		DATE

TIME 1800
DATE 3 April, 1945

REPORTED FROM: CG GROUP, Port Arthur, Texas
FOR assignment to duty.

DUTY CODE NO. AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

DUTY CODE NO. #30

AUTH: Form 2766
GROUP, Port Arthur
3-30-45

J. R. DOCKERY, Lt.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	08	2	30
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
G.E.O.	

Machine Accounting
Punched _____
Verified _____

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

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

REPORT OF CHANGE IN PERSONNEL

BROWN	Joseph	(n)	222-207	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP		Port Arthur, Texas	30 March, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Sabine Pass Light Station 08-094 Sabine, Texas
(Minor unit)

0700, 30 March, 1945 - Departed this unit this time and date on transfer to report to Commanding Officer, CG-64006, Morgan City, La., for transportation from Morgan City, La., to Ship Shoal Light Station. Upon arrival at Ship Shoal Light Station, to report to the Commanding Officer, that unit, for assignment to duty.

DUTY CODE No.: (3)
AUTHORITY: DCG08/L 3-27-45
file No. CG-73-531

E. V. Thomas
E. V. THOMAS, Lieut. USCGR
(Commanding)

By direction
(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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (Name, surname first) | 222-207 (Service number) | B.M. 2/c (Rank or rating) | CG Group Port Arthur Tex (Unit)

~~*REGULAR~~
~~*SPECIAL~~
~~*TEMPORARY~~
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Relief Station Port Arthur, Texas, Date February 8, 1945

To: Commanding Officer, U. S. Coast Guard
(Coast Guard unit)
Port Arthur, Texas
(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
Examination only.	y00-002	2/6/45	2/6/45

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

CONDUCT REPORT:

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

Charles N. Fiore
Charles N. Fiore
P. A. Surgeon (R) U. S. Public Health Service.
Medical Officer in Temporary Charge
16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
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

BROWN, Joseph (Name, surname first) 222-207 (Service number) BM 1c (Rank or rating) Port Arthur, Texas (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 Port Arthur, Texas, Date 2-6-45, 19

To: Medical Officer In Charge
U, S Public Health Relief Sta.
Port Arthur, Texas

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, Pt Arthur, Tex.

Joseph Brown, B.M.1c
(Signature of patient)
Joseph Brown

E. V. Thomas
E.V. THOMAS LIEUT. U. S. Coast Guard (R)
Executive Officer

RETURN MEDICAL CERTIFICATE

Place U. S. Relief Station Port Arthur, Texas, Date February 8, 19 45

I CERTIFY that I have examined the above-named person and find him suffering from

y00-002Physical examination only.
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U. S. Relief Station Port Arthur, Texas {*~~hospital~~ / *office} on February 6, 1945

Charles N. Fiore
Charles N. Fiore
P. A. Surgeon (R) U. S. Public Health Service.
Medical Officer in Temporary Charge.

*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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILM CH

BROWN, Joseph (Name, surname first) 222-207 (Service number) B.M.1c (Rank or rating) C.G. Group Port Arthur, Texas (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U. S. Relief Station

Place Port Arthur, Texas, Date January 29, 19 45

To: Commanding Officer, U. S. Coast Guard
(Coast Guard unit)

Port Arthur, Texas
(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
Pleurodynia, right upper chest anterior.	370-17x	11/21/44	1/27/45

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

CONDUCT REPORT:

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

Charles N. Flore
Charles N. Flore
P. A. Surgeon (R) U. S. Public Health Service.
Medical Officer in Temporary Charge

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

NO. 2522

FOLLOW INSTRUCTIONS ON BACK

CG Group

BROWN, Joseph (Name, surname first) | 222-207 (Service number) | B.M. 1c (Rank or rating) | Port Arthur, Texas (Unit)

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

*~~REGULAR~~ *SPECIAL *~~RESERVE~~ TEMPORARY (Enlistment status)

Place Port Arthur, Texas, Date 21 November, 1944

To: Medical Officer in Charge
USPHS Relief Station
Port Arthur, Texas

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, Port Arthur, Texas

Joseph Brown (Signature of patient)
Joseph Brown

L. L. McLENDON, LT. (jg) (R)
By direction
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U. S. Relief Station
Place Port Arthur, Texas, Date December 5, 1944

I CERTIFY that I have examined the above-named person and find him suffering from

370-1~~8~~x Pleurodynia, right upper chest anterior.
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U. S. Relief Station Port Arthur, Texas {*~~hospital~~ / *office} on November 21, 1944

Charles N. Fiore
Charles N. Fiore
Ass't Surgeon (R)
Medical Officer in Temporary Charge.
U. S. Public Health Service.

*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—87156-1

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

REPORT OF CHANGE IN PERSONNEL

BROWN	Joseph	- -	222-207	BM1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE	08-097	Galveston, Texas	22 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG DEPOT 08-098
(Minor unit)

1400-19 January, 1945. Dptd. this unit to CG Group, Port Arthur, Texas for resumption of regular duty.

NO POSTING REQUIRED PEA-E-65

17
DUTY CODE No.:
AUTHORITY:
DCGO, 8ND/L 12/28/44 701-531

Jewel Holder
JEWEL HOLDER, Lt. (jg), USCGR(W)
(Commanding)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

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

REPORT OF CHANGE IN PERSONNEL

BROWN	Joseph	- -	222-207	BMlc.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE	08-097	Galveston, Texas	22 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG DEPOT 08-098
(Minor unit)

0800-15 January, 1945. Rptd. this unit from CG Group, Port Arthur, Texas for assign. to temporary duty in connection with a five day training course in Aids to Navigation.

NO POSTING REQUIRED PM E-55

17
DUTY CODE No.:
AUTHORITY:
DCGO, 8ND/L 12/28/44 701-531

JEWEL HOLDER, Lt.(jg), USCGR(W)
(Commanding)

By direction
(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

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

REPORT OF CHANGE IN PERSONNEL

BROWN,	Joseph	(none)	222-207	BMlc
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP		Port Arthur, Texas	20 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Sabine Pass Light Station	08-094	Sabine, Texas
(Minor unit)		

1300, 14 January, 1945 - Departed this unit on TEMPORARY DUTY for Galveston, Texas, to report to CO, CG Operating Base, that place, for a five (5) day training course in Aids to Navigation.

1845, 19 January, 1945 - Reported this unit this time and date for resumption of regular duties, TEMPORARY DUTY mentioned above having been completed.

DUTY CODE No.: (29)
AUTHORITY: DCGO8/L 12-28-44 (701-531)

E. V. Thomas
E. V. THOMAS
(Commanding)

Lieut., USCGR
(Title)

By direction

NO POSTING REQUIRED PEA-E-23

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

UNITED STATES COAST GUARD
Port Arthur, Texas

NEW ORLEANS DISTRICT
U.S. COAST GUARD
NEW ORLEANS, LOUISIANA
Nov 21 11 29 AM '44

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
COMMANDING OFFICER
U. S. COAST GUARD GROUP
AND REFER TO File: 73

3-14

20 November, 1944

To: The Commandant (PEA-15)(R)

Via: DCGO, 8ND (m)

NOV 25 '44 AM

Subj: BROWN, Joseph (222-207) BMlc; submission of Form 2525-B

Reference HQ letter (PEA-15)(R), file CG-73, dated 13 November, 1944, subject named man was not given a physical examination prior to his reenlistment. Article 543 of change number 22, Coast Guard Regulations, states that a man serving in a regular enlistment shall not be required to undergo a physical examination prior to extension of his enlistment.

ANDREW JOHANSEN

Ind-1
DCGO, 8th ND (m)
22 November, 1944

To: The Commandant (PEA-15)(R)

Forwarded for information and files.

W. W. SIMMONS
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PEA-15) (-R) WASHINGTON 25, D. C.
REFER TO FILE: CG-73

13 November, 1944

To: Commanding Officer, CG Group, Port Arthur, Texas.

Subj: BROWN, Joseph (222-207) B.M.1c
Submission of Form 2525-B

1. Voluntary Agreement to Extend Enlistment dated 10-10-44 has been received without the report of physical examination required by Personnel Bulletin No. 103-44.

2. It is requested that Form 2525-B be forwarded to Headquarters.

M. K. HUTCHINSON
By direction

U. S. COAST GUARD
MAIL SECTION (1)
MAILED NOV 14 1944

LA 3-14

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

REPORT OF CHANGE IN PERSONNEL

BROWN	Joseph	(n)	222-207	BMlc
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

U.S. COAST GUARD GROUP		Port Arthur, Texas	10 Oct., 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Sabine Pass Light Station 08-094 Sabine, Texas
(Minor unit)

Extended enlistment 10 October, 1944, for period of three (3) years upon expiration of original enlistment.

DUTY CODE No.: (30)
AUTHORITY:
Personnel Bulletin 103-44

L. L. McLENDON, Lt. (jg) USCGR.
(Commanding)

By direction
(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

FILE
E.T.C.
3-14

UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: 20554-E

GROTON, CONNECTICUT

FILE
J. S. S.

20 June, 1944

To: DCGO, 8th Naval District (pt)

Subj: BROWN, Joseph (222-207) B.M.1c.
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of Meteorology course (97%).

2. A copy of this letter should be placed in subject man's file and proper notation made in his Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:
None

J. D. HARRINGTON

Incl:
Educational Certificate

CC: HQ

Joseph M. Brown
USCGR 222-207
(Graduate)

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

222-207

BROWN, Joseph (222-207) | B.M. 1c | | COTP

(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U. S. Relief Station

Place Port Arthur, Texas, Date June 7, 19 43

To: Commanding Officer, C.O.T.P.Detail,
(Coast Guard unit)

Port Arthur, Texas.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Dental sequestrum (buried root, tooth #20)	613-6x1	6/7/43	6/7/43
Surgical removal of tooth #20	613-12	6/7/43	6/7/43
Suture of gum, tooth #20	615-71	6/7/43	6/7/43

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

Patient referred to Charles N. Fiore, Ass't Surgeon (R), assigned to the Coast Guard at this Port, Sick Bay, Central Hotel, for further treatment.

CONDUCT REPORT:

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

Harry H. East,
A. A. Surgeon, U. S. Public Health Service.
Medical Officer in Charge.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

BROWN, Joseph	222-207	B.M. 1c	COTP
(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 Port Arthur, Texas, Date 7 June, 1943

To: Medical Officer in Charge
U.S.P.H. Relief Station
Port Arthur, Texas

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
Port Arthur, Texas

Joseph Brown
(Signature of patient)

O. S. YANTIS, Ensign
By direction U. S. Coast Guard Reserve

RETURN MEDICAL CERTIFICATE

U. S. Relief Station

Place Port Arthur, Texas, Date June 7, 19 43

I CERTIFY that I have examined the above-named person and find him suffering from #613-6xl Dental sequestrum (buried root, tooth #20); #613-12 Surgical removal of tooth #20; ~~#615-71 Suture of gum, tooth #20.~~
(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 no days absence from duty. He was admitted to {~~*inpatient~~ / *outpatient} treatment at U.S.Relief Station, Port Arthur, Texas {~~*hospital~~ / *office} on June 7, 19 43.

Harry H. East,
A. A. Surgeon, U. S. Public Health Service.
Medical Officer in Charge.

*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

Form 2529
Treasury Department
U. S. Coast Guard

United States Coast Guard

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SABINE LIFEBOAT STATION (Unit) — Sabine, Texas. (Place)

1 October, 1942. (Date)

FROM: BROWN, Joseph (222-207) B.M.1c.
TO: Commandant (via Official channels.)

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, 1920, as amended by the Act of May 22, 1928, as follows:

Josephine Elizabeth Brown. (Full name of wife; if not married, so state)		Sabine, Texas. (Address of wife)
Joseph Earl Brown (Full name of child)	(1-15-1934) (Date of birth)	Sabine, Texas (Address of child)
Richard Herman Brown (Full name of child)	(1-11-1937) (Date of birth)	Sabine, Texas. (Address of child)
(Full name of child)	(Date of birth)	(Address of child)

Married 29 October, 1932 at Buras, Louisiana.
(If married; date and place of marriage)

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:

Crawford Brown (Full nameof relative) — (Brother) (Relation) — 4835 Tchoupitoulas St., New Orleans, La. (Address of relative)

Potential.
(State briefly wherein dependency exists)

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

Estate. (Full name of relative) — (Relation) — (Address of relative)

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me
this 1st day of October, 1942.

Doyle J. Green
DOYLE J. GREEN
(Signature)

CBM (a).
(Rank or title)

Joseph Brown
JOSEPH BROWN.
(Signature)

B.M.1c.
(Rank or title)

N.C.G. No. 2599
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (17)
REC'D JUL 16 1942

REPORT OF CHANGE IN PERSONNEL

BROWN,	Joseph -	-----	(222-207)	B.M.1c (Pro.)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SABINE LIFEBOAT STATION,	Sabine, Texas	10 July, 1942
(Unit)	(Place)	(Date)

Advanced in rating from boatswain's mate second class to that of boatswain's mate, first class (Provisional) effective this date.

AUTHORITY:

DCGO, 8th N. D. letter
7-8-42 (73)

J. M. BARRETT,
(Commanding)

Lieut. U.S.C.G.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			✓

U. S. GOVERNMENT PRINTING OFFICE

FORM 2509

REPORT OF EXAMINATION
(Enlisted Personnel)

Ship or Station SABINE STATION

Place Port Arthur, Texas

Date 3 July, 1942

BROWN, Joseph (222-207) B.M.2c

was examined this day for the rating of Boatswains Mate First Class (PRO) and was found qualified. The following marks were given, (scale of marks 4.0 excellent 3.5 very good; 3.0 good; 2.5 passing; 1.0 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, first class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation, Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with the report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Art. 6001 P. I. (a) to (m) inc.	3.2	Art. 6007 (2) P. I.	
		(a)	3.6
		(b)	3.3
		(c)	3.2
		(d)	3.3
		(e)	3.0
		(f)	3.1
		(g)	3.0

Average Marks 3.21

George S. Lewis
GEORGE S. LEWIS, C. B. M. U.S.C.G.
(Signature and rank of member)

Approved 3 July, 1942
(Date)

(Signature and rank of member)

J. M. BARRETT, Lieut. U.S.C.G.
(Signature and rank of Commanding Officer)

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (222-207) B.M.2c. Sabine Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

U.S.Relief Station
Place Port Arthur, Texas., Date May 14, 1942

To: Commanding Officer, Sabine Station,
(Coast Guard unit)
U.S. Coast Guard, Port Arthur, Texas.
(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
Anti-inoculation for Smallpox	0119	3/16/42	
Antityphoid inoculation	0122	3/16/42	3/30/42

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

CONDUCT REPORT:

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

Harry H. East,
A.A.Surgeon U. S. Public Health Service.
Medical Officer in Charge.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
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

GUARD (23)

RECD JUN 1 1942

BROWN, Joseph (222-207) B.M.2c. Sabine 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 Port Arthur, Texas, Date May 14, 19 42

To: Medical Officer in Charge, U. S. Station,
U. S. Public Health Service
Port Arthur, Texas.

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, Sabine Station, Port Arthur, Texas.

Joseph Brown
(Signature of patient)

J. M. Barrett,
Lieut. (jg)
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Relief Station Port Arthur, Texas, Date May 14, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from ~~and that he was administered~~
0119-Anti-inoculation for Smallpox
0122-Antityphoid inoculation
(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 No days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Relief Station, Port Arthur, Texas. {*hospital / *office} on March 16, 19 42

This form was not received at this office until 5/11/42

Harry H. East,
A.A. Surgeon,
Medical Officer in Charge,
U. S. Public Health Service.

*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

NCG-2622

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (222-207) B.M.2c. Sabine Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
~~*TEMPORARY~~
~~*RESERVE~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U.S. Relief Station, Port Arthur, Texas., Date May 14, 1942

To: Commanding Officer, Sabine Station,
(Coast Guard unit)
U.S. Coast Guard, Port Arthur, Texas.
(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
Antitetanic (tetanus toxoid) inoculation	0121	3/16/42	4/20/42
Blood typing -International (Landsteiner) Classification - Type - A		3/16/42	

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

CONDUCT REPORT:

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

Harry H. East,
A.A.Surgeon, U. S. Public Health Service.
Medical Officer in Charge.
16—27156-1

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

U. S. COAST GUARD (23)
RECD JUN 1 1942

FILE C.M.

BROWN, Joseph (222-207) B.M.2c. Sabine 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 Port Arthur, Texas., Date May 14, 19 42

To: Medical Officer in Charge,
U.S. Public Health Service,
Port Arthur, Texas.

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, Sabine Station, Port Arthur, Texas.

Joseph Brown
(Signature of patient)

J.M. Barrett,
Lieut. (jg) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S. Relief Station,
Place Port Arthur, Texas., Date May 14, 19 42

I CERTIFY that I have examined the above-named person and find him suffering from ~~---~~ was administered
0121- Antitetanic (tetanus toxoid) inoculation
~~Blood typing - International (Landsteiner) Classification~~ - Type - A
(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 No. days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Relief Station, Port Arthur, Texas. {*hospital / *office} on March 16, 19 42

This form was not received at this office until 5/11/42

Harry H. East,
A.A. Surgeon, U. S. Public Health Service.
Medical Officer in Charge,

*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

Form 9626
TREASURY DEPARTMENT
U. S. COAST GUARD
Sept. 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

73
~~53~~ +
539

FILE
WHC

DATE 10 APRIL 1942

FROM COMMANDANT
COAST GUARD HEADQUARTERS

TO (FOR ACTION)
DCGO 8TH NAVDIST

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

102056 BM2c Jacob Brown (222-207)

TEXT

YOUR 081847 TRANSPORTATION HOUSEHOLD EFFECTS AUTHORIZED X NO ACTION ON DEPENDENT TRAVEL AS THIS CHARGEABLE TO DISTRICT OFFICE ON CHANGE WITHIN DISTRICT X CHECKAGE PAY ACCOUNT ACKNOWLEDGED

Ref: Request travel and transportation household effects.

102056 SN 168 NAV.

PERSONNEL
N R S

FORM 961
TREASURY DEPT.

U. S. COAST GUARD

HEADING	DN52 T Z QUAG 081847 QUAH GR 46
FROM	DCGO 8TH NAVDIST
ACTION	COMDT
INFORM	

TEXT

JOSEPH BROWN 222 DASH 207 BM 2ND CLASS REQUESTS AUTHORITY INCUR EXPENSE DURING APRIL FOR TRANSPORTATION DEPENDENTS AND HOUSEHOLD EFFECT FROM LAST PERMANENT STATION BURRWOOD LOUISIANA TO NEW PERMANENT STATION SABINE TEXAS X APPROXIMATELY WEIGHT HOUSEHOLD EFFECTS 3200 POUNDS X CHECKAGE PAY ACCOUNTS AUTHORIZED BY BROWN

4

TOD 1947 8 APRIL 42 TU M

MO

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: DN52 T Z QUAG 081847 QUAH GR 46

FROM: DCGO 8TH NAVDIST

FILE 1WHC

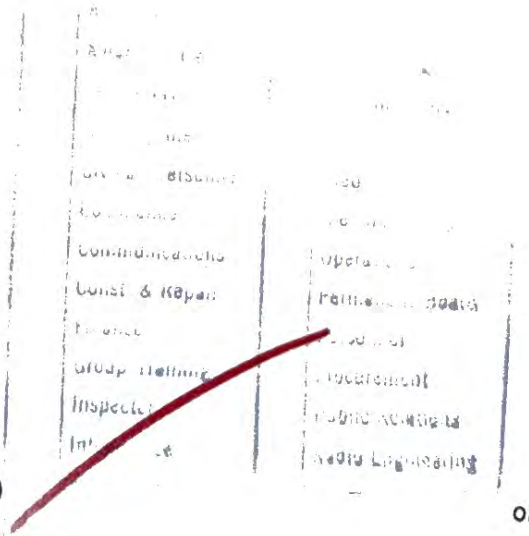
ACTION INFORM: COMDT

TEXT

JOSEPH BROWN 222 DASH 207 BM 2ND CLASS REQUESTS AUTHORITY INCUR EXPENSE DURING APRIL FOR TRANSPORTATION DEPENDENTS AND HOUSEHOLD EFFECT FROM LAST PERMANENT STATION BURRWOOD LOUISIANA TO NEW PERMANENT STATION SABINE TEXAS X APPROXIMATE XX WEIGHT HOUSEHOLD EFFECTS 3200 POUNDS X CHECKAGE PAY ACCOUNTS AUTHORIZED BY BROWN

H.H.E. $150.16

Dep. not authorized as is chargeable to District



TOD 1947 8 APRIL 42 TU M

MO

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

S

Form 2529
Treasury Department
U. S. Coast Guard

HEADQUARTERS COPY

United States Coast Guard

U. S. COAST GUARD (23)
REC'D APR 27 1942

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SABINE LIFEBOAT STATION, (unit) Sabine, Texas. (place)
1 April, 1942 (date)

FROM: BROWN, Joseph (222-207) B.M.2c U.S.C.G.

TO: Commandant (via Commanding Officer.)

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, 1920, as amended by the Act of May 22, 1928, as follows:

Josephine Elizabeth Brown (full name of wife; if not married, so state) (address of wife)
Joseph Earl Brown, son (full name of child; if none, so state) (address of child)
Richard Herman Brown, son (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:

Crawford Brown (full name of relative) (Brother) (relationship) 4835 Tchoupitoulas Street, New Orleans, Louisiana. (address of relative)
Potential (state briefly wherein dependency exists)

3. In the event of the death of the above-named dependent 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)
- - - (state briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of April, 1942.

J. M. BARRETT, (signature)
Lieut. (J.g.) U.S.C.G. (rank or title)

Joseph Brown (signature)
B.M.2c USCG (rank or rating)

73

ADDRESS REPLY TO:
COMMANDER, NEW ORLEANS DISTRICT
AND REFER TO No. 73-75-701

OFFICE OF COMMANDER
NEW ORLEANS DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

NEW ORLEANS, LA.

29 October, 1941.

U. S. COAST GUARD (3)
RECD NOV 3 - 1941

From: Commander, New Orleans District.
To: Commandant.

Subject: BROWN, JOSEPH (222-207) B.M.2c. - SOUTHWEST PASS LIGHT STATION; enlistment record; supporting paper of.

Reference: (a) Commander, New Orleans District letter, 11 October, 1941 (73-75-701).

Inclosure: (A) Documentary evidence of birth, case of subject man.

1. It is requested that inclosure (A) be placed on file with subject-named man's record at Headquarters.

F. J. BIRKETT,
Acting.

CERTIFICATE OF BAPTISM

Joseph Brown
Son of John Brown Father and
Rosalie Buras Mother.
Born March 23 ..1911 was Baptised Aug 22 1911
in Our Lady of Good Harbor church at Buras La.
by the Rev. A Viel

John August
Eugenie Buras
Sponsors were.

Rev Martin Hoeft OFM Pastor.

The Above is a true copy of Certificate of Baptismal
of the above (Joseph Brown)

Wm N. Nelson

Dated Oct 27..1941 Wm N Nelson Notary for Parich Plaquemine
ar Burrwood La. State of Louisiana.

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

REPORT OF CHANGE IN PERSONNEL

BROWN,	Joseph	-	222-207	B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SOUTHWEST PASS LIGHT STATION	Burrwood, Louisiana	10 October, 1941.
(Unit)	(Place)	(Date)

Inducted into the U.S. Coast Guard, this date, by original enlistment in the Regular Enlistment, for a period of three years, in the rating of boatswain's mate, second class. Assigned to duty at Southwest Pass Light Station.

Former position: 2nd Assistant Keeper, Southwest Pass Light Station.
Total Service to date: 11 yrs. 7 mos. 9 days.
Former Salary: $1320 per annum plus $240 per annum for quarters.

Accepted for enlistment: New Orleans, Louisiana.
Entitled to clothing bounty in the amount of $118.95.

AUTHORITY:

Act of 5 August, 1939.
Headquarters' Indorsement (3rd)
Form 2525-B, 3 June, 1941.

D D Hesler (Commanding) Lieutenant, USCG.,
D. D. HESLER,

Personnel Officer, New Orleans District.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE O

Form 2529
Treasury Department,
U.S. Coast Guard.
Revised September 1, 1941.

U. S. COAST GUARD (R)
RECD OCT 13 1941

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

NEW ORLEANS DISTRICT OFFICE (Unit) — New Orleans, Louisiana (Place)

10 October, 1941. (Date)

From: BROWN, Joseph (222-207), B.M.2c.- SOUTHWEST PASS LIGHT STATION

To: Commandant (via Commander, New Orleans District.

Josephine Elizabeth Brown (Full Name of wife) if not married, so state)		P. O. Box 26, Burrwood, Louisiana (Address of wife)
Joseph Earl Brown, son, age 7 yrs. (Full name of child; if none, so state)		Same (Address of Child)
Richard Herman Brown, son, age 4 yrs. (Full name of child; if none, so state)		Same (Address of Child)
- - - (Full name of child; if none, so state)		(Address of child)
Crawford Brown (Full name of relative	Brother (Relationship)	4835 Tchoupitoulas Street, New Orleans, Louisiana (Address of relative)

Potential
(State briefly wherein dependency exists)

None

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

None

Subscribed and sworn to before me
this 10-th day of OCTOBER 19 41

D D Hesler Lieutenant, USCG.,
D. D. HESLER, (Signature)
Personnel Office, New Orleans District.
(Rank or title)

Joseph Brown
(Signature)

B.M.2c., USCG.
(Rank or rating)

DEPT. STOCK FORM 2249
REV. 9-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE

TO:

Date Prepared 10 October, 1941

Name: Brown, Joseph

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	Keeper	Boatswain's Mate, 2c.
Grade	Field (Range $1320-1620)	
Salary	$1320 p.a. plus $240 p.a.Qtrs.	No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New Orleans, La.	New Orleans, La.
Post of Duty	Southwest Pass Lt. Stn., La.	Southwest Pass Lt. Stn., La.
Appropriation	Civilian Employees, U. S.	Pay and allowances, U. S.
Allotment		

FIELD ☒ DEPRTMTL. ☐ FIELD ☒ DEPRTMTL. ☐

EFFECTIVE 10 October, 1941.

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 3-23-1911

LEGAL RESIDENCE: La.

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-16

DATE OF OATH

DATE APPROVED BY THE SECRETARY 10-23-41

BUREAU OR DIVISION PERSONNEL FILES

OCT 31 1941

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 10 October, 1941

Name: Brown, Joseph

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1320-1680) $1320 p.a. plus $240 p.a.Cstra.	Boatswain's Mate, 2c. No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	New Orleans, La. Southwest Pass Lt. Sta., La. Civilian Employees, C. G.	New Orleans, La. Southwest Pass Lt. Sta., La. Pay and allowances, C. G.

EFFECTIVE 10 October, 1941. FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 3-23-1911

LEGAL RESIDENCE: La.

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Heretofore Not 6-20-18

DATE OF OATH

M. R. Wiles,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

OCT 21 1941

U. S. COAST GUARD
OCT 13 1941

Form 93.

NOTICE OF RESIGNATION.

TREASURY DEPARTMENT,
United States Coast Guard,

Office of Commander,
New Orleans District.

New Orleans, Louisiana,
10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

Subject: Resignation of **Joseph Brown.**

Reference: (a) Subject named employee's resignation dated **9 October, 1941.**

Inclosure: (1) Reference (a), in duplicate.

1. Herewith is transmitted the resignation of the following named employee of the former Lighthouse Service:

Name:	**Joseph Brown**
Legal Residence:	**Louisiana**
Position:	**Lighthouse Keeper (2nd Asst.)**
Station:	**Southwest Pass Light Station, La.**
Salary:	**$1320 p.a.**
Effective date:	**Close 9 October, 1941.**

2. The acceptance of this resignation is recommended effective the day prior to the date he accepts military status with the Coast Guard.

3. This employee has not taken leave in excess of the accrued rate.

4. Mr. Brown has no veteran (military) preference under civil service rules and regulations.

E. J. BIRKETT,
Acting

TREASURY DEPARTMENT,
United States Coast Guard.

Place: Southwest Pass Light Station
Date: 9 October, 1941

From: Joseph Brown, Second Asst.Keeper, Southwest Pass Light Station.
To : Commander, New Orleans District.

Subject: Resignation.

1. I hereby tender my resignation as Second Assistant Keeper Southwest Pass Light Sta., and with the former Lighthouse Service for the purpose of accepting military status with the U. S. Coast Guard, this resignation to become effective on the day prior to the date of my commission, appointment, or enlistment in the U. S. Coast Guard. (Effective date close 9 October, 1941).

Joseph Brown
(Signature) Joseph Brown

CP-75 NEW ORLEANS DISTRICT 1st Indorsement New Orleans, Louisiana, 10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

1. Forwarded, approved.

F. J. Birkett
F. J. BIRKETT,
Acting

(To be submitted in triplicate)

Form 93.

NOTICE OF RESIGNATION.

TREASURY DEPARTMENT,
United States Coast Guard,

Office of Commander,
New Orleans District.

New Orleans, Louisiana,
10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

Subject: Resignation of Joseph Brown.

Reference: (a) Subject named employee's resignation dated 9 October, 1941.

Inclosure: (1) Reference (a), in duplicate.

1. Herewith is transmitted the resignation of the following named employee of the former Lighthouse Service:

Name:	Joseph Brown
Legal Residence:	Louisiana
Position:	Lighthouse Keeper (2nd Asst.)
Station:	Southwest Pass Light Station, La.
Salary:	$1320 p.a.
Effective date:	Close 9 October, 1941.

2. The acceptance of this resignation is recommended effective the day prior to the date he accepts military status with the Coast Guard.

3. This employee has not taken leave in excess of the accrued rate.

4. Mr. Brown has no veteran (military) preference under civil service rules and regulations.

F. J. BIRKETT,
Acting

TREASURY DEPARTMENT,
United States Coast Guard.

Place: Southwest Pass Light Station
Date: 9 October, 1941

From: Joseph Brown, Second Asst.Keeper, Southwest Pass Light Station.
To : Commander, New Orleans District.

Subject: Resignation.

1. I hereby tender my resignation as Second Assistant Keeper Southwest Pass Light Sta.,and with the former Lighthouse Service for the purpose of accepting military status with the U. S. Coast Guard, this resignation to become effective on the day prior to the date of my commission, appointment, or enlistment in the U. S. Coast Guard. (Effective date close 9 October, 1941).

Joseph Brown
(Signature) Joseph Brown

- -

CP-75 NEW ORLEANS DISTRICT 1st Indorsement New Orleans, Louisiana, 10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

1. Forwarded, approved.

F. J. BIRKETT,
Acting

Form 93.

NOTICE OF RESIGNATION.

TREASURY DEPARTMENT,
United States Coast Guard,

Office of Commander,
New Orleans District.

New Orleans, Louisiana,
10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

Subject: Resignation of Joseph Brown.

Reference: (a) Subject named employee's resignation dated 9 October, 1941.

Inclosure: (1) Reference (a), in duplicate.

1. Herewith is transmitted the resignation of the following named employee of the former Lighthouse Service:

Name: Joseph Brown
Legal Residence: Louisiana
Position: Lighthouse Keeper (2nd Asst.)
Station: Southwest Pass Light Station, La.
Salary: $1320 p.a.
Effective date: Close 9 October, 1941.

2. The acceptance of this resignation is recommended effective the day prior to the date he accepts military status with the Coast Guard.

3. This employee has not taken leave in excess of the accrued rate.

4. Mr. Brown has no veteran (military) preference under civil service rules and regulations.

F. J. BIRKETT,
Acting

TREASURY DEPARTMENT,
United States Coast Guard.

Place: Southwest Pass Light Station
Date: 9 October, 1941

From: Joseph Brown, Second Asst.Keeper, Southwest Pass Light Station.
To : Commander, New Orleans District.

Subject: Resignation.

1. I hereby tender my resignation as Second Assistant Keeper Southwest Pass Light Sta., and with the former Lighthouse Service for the purpose of accepting military status with the U. S. Coast Guard, this resignation to become effective on the day prior to the date of my commission, appointment, or enlistment in the U. S. Coast Guard. (Effective date close 9 October, 1941).

Joseph Brown
(Signature) Joseph Brown

- -

CP-75 NEW ORLEANS DISTRICT 1st Indorsement New Orleans, Louisiana, 10 October, 1941

From: Commander, New Orleans District.
To : Commandant.

1. Forwarded, approved.

P. J. BIENVENU,
Acting

Form 73
LEC

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La., January 13, 1937
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Probational Appointment

Legal residence, Louisiana

Name, Joseph Brown

Proposed salary, $1560 p.a.

Position, Keeper in the Lighthouse Service

Proposed range, $1560-$1920

Location, S.W.Pass E.Jetty Lts.,& Fog Signal Station, La.

Appropriation, Sals.L.H.Keepers

Effective, January 25, 1937

{ ~~the actual date of entrance on duty~~, or
as soon thereafter as he enters on duty.

Former position, - - - -

Former salary, - - - -

Location, - - - -

Former range, - - - -

Rank on eligible list, 3rd Rating, Asst.LH Kpr. Percentage, 83.00, Other eligibles considered: John W. Chisholm,C; John J. Bubrig,C.

Previous incumbent and his pay, Robert J. Land ($1560 p.a) (L.T.#2070) to be Services terminated, about January 24,1937

Reason, To be promoted

Members of family in Government service, NONE

Date of birth, March 23, 1911

TENTH U. S. CIVIL SERVICE DISTRICT
JAN 13 1937
RECD. NEW ORLEANS, LA.

Remarks:

Selection regular, ~~subject to the action of the U. S. Civil Service Commission~~, , 19.....

E. H. JENNINGS
Secretary, TENTH Civil Service District.

E. S. Lanphier.
Superintendent of Lighthouses

PROBATIONAL

BUREAU OF LIGHTHOUSES
WASHINGTON

JAN 15 1937

Submitted to the Secretary of Commerce, approved.

6

apk

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

DEPARTMENT OF COMMERCE
~~APPOINTMENT DIVISION~~
WASHINGTON

DIVISION OF PERSONNEL

January 21, 1937.

Mr. Joseph Brown,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Keeper

in the Lighthouse Service

at a salary of Fifteen Hundred and Sixty dollars per annum

effective upon entrance on duty.

Nature of appointment: Probationary.

Civil Service authority: Manager, Tenth Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully, EDW. J. GARDNER

Chief, Division of Personnel.
~~Chief of Appointment Division.~~

8
B

Appropriation (unit): Field.

Vice: Robert J. Land.

Legal residence: Louisiana.

JAN 29 1937

U.S. GOVERNMENT PRINTING OFFICE

11—8657

STANDARD FORM NO. 5
(Approved by the President 6/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Lighthouse Service, 8th District (S.W. Pass E. Jetty Lts. & Fog Signal Sta.) Date _____

1. Name in full (Mr., ~~Miss, or Mrs.~~) Brown (Surname) Joseph (Given name) _____ (Middle name)
2. Present address 744 (Number) Seventh (Street) New Orleans (City) La (State)
3. Legal (voting) residence Louisiana 2nd (State and Congressional District) Orleans (County) New Orleans (City or town)
4. Where born Louisiana (State or foreign country) Boothville (City or town) When born March 23, 1911. (Month Day Year)
5. If foreign-born, state whether naturalized or alien _____
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male	Female	Single	Married	Divorced	Widowed	White	Colored	
√			X			√		

7. Number and ages of dependents domiciled with you wife 23 years old 1 son 3 years old
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Engineer Dept 1 Dist New Orleans District	Dredge Barataria	oiler	$75.00	July	15	1929	June	30	1936

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

No
(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

No
(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary
√	None						

Enlisted _____ Discharged _____
Rank _____ Rank _____
Organization _____ Organization _____

Enlisted _____ Discharged _____
Rank _____ Rank _____
Organization _____ Organization _____

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) _____

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Wm. A. Rodrigues Bunkie La.	Truck driver	One year

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 (4) 5 6 7 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs Joseph Brown

Relationship Wife Post office address 7HH Seventh St. Bunkie La.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Joseph Brown
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1936 10—1930

Ent Kpr. 3a
February 3, 1937
Hbm

LIGHTHOUSES
FEB 13 8 25 AM '37

Council of Personnel Administration Form 10A (For: CAF Grades 1-8; CM; CU; SR)

REPORT ON PROBATIONARY APPOINTEE

Preliminary
(Preliminary or Final)

Length of Probation: SIX Months in This Case

For probationers having a six-month probationary period, a preliminary report, recommending continuation of the probational appointment or dismissal, shall be made at the end of the third month of service, and a final report, recommending absolute appointment or dismissal, shall be made at the end of the fifth month. For those having a twelve-month probationary period, the preliminary report shall be made at the end of the sixth month and the final report at the end of the tenth month. Copies of this form should be promptly executed and forwarded to the central office in Washington for the preliminary report, and likewise for the final report.

MAY 6 8 48 AM '37

Commerce
(Department)

Office of Supt. of Lighthouses
Eighth District
(Bureau or Office)

New Orleans, La. May 4, 1937
(Place and Date)

To Commissioner of Lighthouses
(Head of Department or Establishment)

The probationary period of the person named below expires at the close of business on August 2 1937.

Name Joseph Brown

Station SW Pass E.Jetty Lts.& Fog ~~Signal Station, La.~~

Position Keeper in the Lighthouse Service

Grade _____ Salary $1560 p.a.

Date of entrance on duty February 3, 1937

The immediate supervisor submits the following analysis:

On lines below mark employee:
✓ if neither strong nor weak point.
– if weak point.
+ if strong point.

1. Underline the elements which are especially important in the position.
2. Mark nonsupervisory employees on all elements except those in *italics*.
3. Mark supervisory employees on all elements.

In boxes below rate employee:
1 or 2 if Excellent.
3 or 4 if Very Good.
5 or 6 if Good.
7 or 8 if Fair.
9 or 10 if Unsatisfactory.

I. QUALITY OF PERFORMANCE

+ (a) Acceptability of work; thoroughness.
+ (b) General dependability; accuracy.
+ (c) Neatness and orderliness of work.
+ (d) Skill with which the important procedures, instruments, or machines are employed in performing his duties.
_____ (e) *Effectiveness in getting good work done by his unit.*

1

II. PRODUCTIVENESS

Base rating primarily on element (a), if known; otherwise on (b) and (c).

+ (a) Amount of work accomplished.
+ (b) Application of time, interest, and energy to duties; industry.
+ (c) Promptness in completing assignments; speed.
+ (d) _____ (State any other elements of this class considered)
_____ (e) *Effectiveness in securing adequate output from his unit.*

1

III. QUALIFICATIONS SHOWN ON JOB

+ (a) Knowledge of duties and related information.
+ (b) Ability to learn and to profit from experience.
+ (c) Judgment, sense of proportion, common sense.
+ (d) Initiative and resourcefulness.
+ (e) Cooperativeness; ability to work with and for others.
_____ (f) _____ (State any other elements of this class considered)
_____ (g) *Effectiveness in developing and training employees.*
_____ (Custodial only) Ability to perform such physical work as the job requires.

1

Sum of Ratings

3 - 7	Excellent.
8 - 13	Very Good.
14 - 19	Good.
20 - 24	Fair.

Sum of ratings . . . 3

service has been unsatisfactory, and recommendation for dismissal is made on this form at the time of either the preliminary or the final report, a full statement of reasons must be set forth under "Remarks" below. Separations during probation are governed by paragraph (c) of Section 1, Civil Service Rule VII, which reads in part as follows:

"If and when, after full and fair trial, during this [probationary] period, the conduct or capacity of the probationer be not satisfactory to the appointing officer, the probationer shall be so notified in writing, with a full statement of reasons, and this notice shall terminate his service."

Remarks:

Give here a brief statement of the particulars of this employee's conduct which have impressed you, as his immediate supervisor. This report is confidential and may not be disclosed to the employee without the authority of the head of the office or the appointing authority. Good points and faults should be frankly though briefly stated.

is Skillful and very interested in his work

On the whole, I consider the deportment and attitude of this employee toward his work {~~unsatisfactory~~ / satisfactory}.

Characteristics needing special supervisory attention:

Supervisory measures suggested:

Health of employee:

It is accordingly recommended that this employee be {continued probationally in / ~~given absolute appointment to~~ / ~~discharged from~~} the position named above.

(Cross out those that do not apply)

Reviewed and Approved:

E. V. Kauffiner
(Head of Bureau or Office)
Superintendent of Lighthouses

A. E. Buhse, Keeper.
(Signature of Supervisor)

Absolute appointment authorized:

BUREAU OF LIGHTHOUSES - WASHINGTON May 6, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

Chief of Personnel Division

(Probationers should be furnished a copy of this form and an explanation of its purpose on their entrance on duty.)

CHECK GRID, INITIALS, MEMORANDA

ETC., SHOULD GO ON PAPERS

To	For
Commissioner	Information
Deputy Com.	Proper action
A. A.	Approve if no objection
C. C.	Attach papers
Chief Engr.	Rec. & ret. to _____ thru _____
Mar. Eng.	Prepare reply for sig. of _____
Signals	Forward to _____
Radio	Ack. & to _____
Elec. & Mech.	for rec.
Arch. & Str.	To _____ for direct action and report
Nautical	Bulletin
Personnel	Call up w.a.r.
Finance	Call up w.f.r.r.
L. & P.	Call up
Edit clerk	
Examiner	
Files	

This completes your rating as Petty Officer 1st Class in personnel. Well done. Now another perfect score

ersonnel Administration Form 10A (For: CAF Grades 1-8; CM; CU; SP

Final
(Preliminary ~~Final~~) REPORT ON PROBATIONARY APPOINTEE

Length of Probation: SIX Months in This Case

JUL 24 1937

For probationers having a six-month probationary period, a preliminary report, recommending continuation of the probational appointment or dismissal, shall be made at the end of the third month of service, and a final report, recommending absolute appointment or dismissal, shall be made at the end of the fifth month. For those having a twelve-month probationary period, the preliminary report shall be made at the end of the sixth month and the final report at the end of the tenth month. Copies of this form should be promptly executed and forwarded to the central office in Washington for the preliminary report, and likewise for the final report.

COAST GUARDHOUSES
8 31 AM '37

Commerce
(Department)

Office of Supt. of Lighthouses
Eighth District
(Bureau or Office)

New Orleans, La.
(Place and Date)

To Commissioner of Lighthouses
(Head of Department or Establishment)

The probationary period of the person named below expires at the close of business on August 2, 1937

Name Joseph Brown

Station SW Pass ~~E.Jetty Lts.& Fog~~ Signal Station, La.

Position Keeper in the Lighthouse Service

Grade _____ Salary $1560 p.a.

Date of entrance on duty February 3, 1937

The immediate supervisor submits the following analysis:

On lines below mark employee:
✓ if neither strong nor weak point.
– if weak point.
+ if strong point.

1. Underline the elements which are especially important in the position.
2. Mark nonsupervisory employees on all elements except those in *italics*.
3. Mark supervisory employees on all elements.

In boxes below rate employee:
1 or 2 if Excellent.
3 or 4 if Very Good.
5 or 6 if Good.
7 or 8 if Fair.
9 or 10 if Unsatisfactory.

I. QUALITY OF PERFORMANCE

+ (a) Acceptability of work; thoroughness.
+ (b) General dependability; accuracy.
+ (c) Neatness and orderliness of work.
+ (d) Skill with which the important procedures, instruments, or machines are employed in performing his duties.
_____ (e) *Effectiveness in getting good work done by his unit.*

1

II. PRODUCTIVENESS

Base rating primarily on element (a), if known; otherwise on (b) and (c).

+ (a) Amount of work accomplished.
+ (b) Application of time, interest, and energy to duties; industry.
+ (c) Promptness in completing assignments; speed.
+ (d) _____ (State any other elements of this class considered)
_____ (e) *Effectiveness in securing adequate output from his unit.*

1

III. QUALIFICATIONS SHOWN ON JOB

+ (a) Knowledge of duties and related information.
+ (b) Ability to learn and to profit from experience.
+ (c) Judgment, sense of proportion, common sense.
+ (d) Initiative and resourcefulness.
+ (e) Cooperativeness; ability to work with and for others.
_____ (f) _____ (State any other elements of this class considered)
_____ (g) *Effectiveness in developing and training employees.*
_____ (Custodial only) Ability to perform such physical work as the job requires.

1

Sum of Ratings	
3 – 7	Excellent.
8 – 13	Very Good.
14 – 19	Good.
20 – 24	Fair.
25 – 30	Unsatisfactory.

Sum of ratings . . . 3

If service has been unsatisfactory, and recommendation for dismissal is made at the time of either the preliminary or the final report, a full statement of reasons must be set forth under "Remarks" below. Separations during probation are governed by Paragraph (c) of Section 4, Civil Service Rule VII, which reads in part as follows:

"If and when, after full and fair trial, during this [probationary] period, the conduct or capacity of the probationer be not satisfactory to the appointing officer, the probationer shall be so notified in writing, with a full statement of reasons, and this notice shall terminate his service."

Remarks:

Give here a brief statement of the particulars of this employee's conduct which have impressed you, as his immediate supervisor. This report is confidential and may not be disclosed to the employee without the authority of the head of the office or the appointing authority. Good points and faults should be frankly though briefly stated.

is Skillful and very interested in his work.

On the whole, I consider the deportment and attitude of this employee toward his work {~~unsatisfactory~~ / satisfactory}.

Characteristics needing special supervisory attention:

Supervisory measures suggested:

Health of employee:

It is accordingly recommended that this employee be {~~continued probationally in~~ / given absolute appointment to / ~~discharged from~~} the position named above.

(Cross out those that do not apply)

Reviewed and Approved:

E. V. Lanphier

(Head of Bureau or Office)

Superintendent of Lighthouses

A. C. Burke, Keeper

(Signature of Supervisor)

Absolute appointment authorized:

BUREAU OF LIGHTHOUSES - WASHINGTON June 30, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

W. P. Harman,

Administrative Assistant

see

(Probationers should be furnished a copy of this form and an explanation of its purpose on their entrance on duty.)

Form 73
LHC

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th LIGHTHOUSES DISTRICT.

New Orleans, La. (City) AUG 26 8 37 AM '37 August 24 (Date), 1937

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Joseph Brown

Position, Keeper in the Lighthouse Service

Location, Southwest Pass East Jetty Lights and Fog Signal Station, La.

Effective, September 1, 1937

Legal residence, Louisiana

Proposed salary, $1620 p.a.

Proposed range, $1620-$1980

Appropriation, Sals.L.H.Keepers

[1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service

Location, Southwest Pass East Jetty Lights and Fog Signal Station, La.

Former salary, $1560

Former range, $1560-$1920

Rank on eligible list, - - - - Rating, - - - Percentage, - - - - , Other eligibles considered:

Previous incumbent and his pay, Robert J. Land $1620 p.a. (LT.#2069) to be Services terminated, August 31, 1937

Reason, Resigned

Members of family in Government service, NONE

Date of Birth: March 23, 1911

Remarks:

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19----

E. S. Lamplier
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 26 1937

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN
Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

September 3, 1937.

Mr. Joseph Brown,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

W. A. DELONG

Acting Chief, Division of Personnel.

From: $1560 per annum.

To: $1620 per annum.

Service and grade:

Appropriation (unit): Field.

C
8

SEP - 7 1937

FEB 1 5 OH 64 .31
LIGHTHOUSES

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.
1.50

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES
OCT 18 9 00 AM '37

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
October 15, 1937

Commissioner of Lighthouses:

Joseph Brown - Effective date of Change in Pay.

1. Referring to Department letter of September 3, 1937, in the case of Joseph Brown, who was promoted from the position of ~~Second~~ Third Assistant Keeper of Southwest Pass East Jetty Lights and Fog Signal Station, La., with pay at the rate of $1560 per annum, to the position of ~~Third~~ Second Assistant Keeper at the same station, with pay at the rate of $1620 per annum, effective upon entrance on duty:

2. The Bureau is advised that effective date of this change in pay is September 3, 1937.

E. S. LANPHIER
Superintendent of Lighthouses

BUREAU OF LIGHTHOUSES
WASHINGTON October 18, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

C. J. Ludwig, Jr.
Chief Clerk

see

6

ADDRESS ALL COMMUNICATIONS
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

OCT 18 8 55 AM '37

OFFICE OF SUPERINTENDENT, 8TH DISTRICT

October 16, 1937

Commissioner of Lighthouses:

Joseph Brown - Effective date of Change in Pay

1. Referring to letter from this office of October 15 in regard to change in pay in the case of Joseph Brown, it was stated that he was promoted from Second to Third Assistant Keeper which obviously is an error. It is requested that this be corrected to read from Third Assistant to Second Assistant Keeper.

E. S. LANPHIER

Superintendent of Lighthouses

letter of 10/15 noted

LIGHTHOUSES
JAN 5 11 34 AM '38

Form 73
LEC.

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT.

New Orleans, La. (City), January 3 (Date), 1938

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Joseph Brown

Position, Keeper in the Lighthouse Service

Location, Southwest Pass East Jetty Lights and Fog Signal Station, La.

Effective, January 16, 1938 { ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service

Location, Southwest Pass East Jetty Lights and Fog Signal Station, La.

Legal residence, Louisiana

Proposed salary, $1680

Proposed range, $1680-$2040

Appropriation, Sals.L.H.Keepers

Former salary, $1620 per annum

Former range, $1620-$1980

Rank on eligible list, - - - - Rating, - - - - Percentage, - - - - , Other eligibles considered:

Previous incumbent and his pay, James F. Goodson $1680 LL#2036 to be Service terminated, January 15, 1938

Reason, To be transferred to Sabine Pass Light Station, La.

Members of family in Government service, NONE
Date of Birth: March 23, 1911

Remarks:

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19.....

E. S. Lamplier
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

JAN 6 - 1938

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

January 13, 1938.

Mr. Joseph Brown,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

Chief, Division of Personnel.

From: $1620 per annum.

To: $1680 per annum.

Service and grade:

Appropriation (unit): Field.

8
G

JAN 25 1938

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATION TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.
LEC

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
February 18, 1938

CHANGE IN DESIGNATION, PAY, OR STATUS OR EMPLOYEE

Name Joseph Brown

Nature of action Promotion

Effective Date February 1, 1938

	FROM	TO
Position	Second Asst. Keeper	First Asst. Keeper
Pay	$1620 p.a.($1620-$1980)	$1680 p.a. ($1680-$2040)
Station	S.W.Pass E.Jetty Lts. & Fog Signal Station, La.	S.W.Pass E.Jetty Lts.& Fog Signal Station, La.

Remarks: This change is reported in accordance with Department letter dated January 13, 1938.

E. S. LANPHIER
Superintendent of Lighthouses

Form 73
LEC

NOMINATION

LIGHTHOUSES
JUN 8 8 51 AM '38

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT.

New Orleans, La. (City) June 6 (Date), 1938

COMMISSIONER OF LIGHTHOUSES:

Action Recommended, Transfer

Name, Joseph Brown

Position, Keeper in the Lighthouse Service

Location, Southwest Pass L.S., La.

Effective, July 1, 1938 [1] ~~date of entrance on duty~~, or as soon thereafter as he enters on duty.

Legal residence, Louisiana

Proposed salary, $1320 p.a.

Proposed range, $1320-$1680 Prs. $1440

Appropriation, Sals.L.H.Keepers

Former position, Keeper in the Lighthouse Service

Location, S.W.Pass E.Jetty Lts.& Fog Signal Station, La.

Former salary, $1680 p.a.

Former range, $1680-$2040 Prs $1860

Rank on eligible list, - - - - Rating, - - - Percentage, - - - -, Other eligibles considered:

Previous incumbent and his pay, Felix Riegle (LT.#153) $1320 p.a. to be Services terminated, June 30,1938

Reason, To be promoted

Members of immediate family in Government service, NONE

Are they living under the same roof? - - - -

Date of birth, March 23, 1911

Remarks: This transfer was requested by Mr. Brown as per letter attached.

Selection regular, subject to the action of the U. S. Civil Service Commission, ,19---

---
Manager, Civil Service District.

A. M. Zibilich
Asst *Superintendent of Lighthouses.*

BUREAU OF LIGHTHOUSES
WASHINGTON

JUN - 8 1938

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.

11—2314

ADDRESS ALL COMMUNICATIONS
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

MAY 23 1928

EIGHTH DISTRICT
S.W.Pass E.Jetty Lights and
Fog Signal Station, La.
(Station, Depot, or Vessel)

May 19, 1928

Superintendent of Lighthouses,
New Orleans, La.
(Through the Keeper)

In accordance with my request for transfer to Southwest Pass Light Station, I wish to be considered for the position of Second Assistant Keeper, with pay at the rate of $1320 per annum and family quarters.

Respectfully,

Joseph Brown

First Asst. Keeper

Approved and Forwarded:

H. C. Burke

Keeper

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

June 14, 1938.

Mr. Joseph Brown,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

Chief, Division of Personnel.

From: $1680 per annum.

To: $1320 per annum.

Service and grade:

Appropriation (unit): Field.

S
C

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.
LEC

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
August 1, 1938

CHANGE IN DESIGNATION PAY, OR STATUS OF EMPLOYEE

Name Joseph Brown

Nature of action Transfer

Effective Date July 1, 1938

	FROM	TO
Position	First Asst. Keeper	Second Asst. Keeper
Pay	$1680 p.a.($1680-$2040)	$1320 p.a. ($1320-$1680)
Station	S.W.Pass E.Jetty Lts.& Fog Signal Station, La.	Southwest Pass L.S.,La.

Remarks: This change is reported in accordance with Depsrtment letter dated June 14, 1938

E. C. MERRILL
Superintendent of Lighthouses

Form 78
LEC

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

S. COAST GUARD 4
REC'D JUL 14 1939 By

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La., July 12, 1939

Name of vessel, station, or other aid to navigation involved: - - - - -

Date of accident: May 20, 1939

Nature and cause of accident: Slipped while going upstairs and injured shin.

Estimated cost of damage { to property of the Department: $ - - - -
to private property: $ - - - -

What steps have been taken to recover cost of damage to Department property? - - - -

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME.	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Joseph Brown	Second Asst.Keeper, Southwest Pass Light Station, La.	Bruise, middle crest of right tibia.	Yes

Remarks or recommendations:

E. C. Merrill
Superintendent of Lighthouses.

Date .....

Submitted, in duplicate, to the Secretary of Commerce, for his information.

For the Commissioner.

Deputy Commissioner.

11—11418

STANDARD FORM NO. 1
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment: Treas.-Coast Guard-L.H.Service (Southwest Pass LS,La.- 2nd Asst.Kpr.) Date: March 14, 1940

1. Name in full (Mr., Miss or Mrs.): Brown (Surname) Joseph (Given name) none (Middle name)
2. Present address: ---- (Number) Burrwood (Street) La. (City) (State)
3. Legal (voting) residence: Louisiana (State and Congressional District) St. Plaquemine (County) Burrwood La. (City or town)
4. Where born: Louisiana (State or foreign country) Burrwood (City or town) When born: March 23, 1911 (Month Day Year)
5. If foreign-born, state whether naturalized or alien: ----
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
√ Male	Female	Single	√ Married	Divorced	Widowed	√ White	Colored	

7. Number and ages of dependents domiciled with you: Wife 26 and two children 3 & 6 years old
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S. Eng Dept	Dodge Island	Oiler	900	July	15	1929	June	30	1936
U.S.L.H.Service	Jetty P.P.L. La.	3rd asst Keeper	1560	Feb	3	1937	June	30	1938
	S.W.Pass L.S. La.	2nd asst Keeper	1320	July	1	1938	Still on duty		

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

---- (Title) none (Location) ---- (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

---- (Wife, widow, or orphan) none (Name of veteran) ---- (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

√ None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted ---- Discharged ----	Enlisted ---- Discharged ----
Rank ---- Rank ----	Rank ---- Rank ----
Organization ---- Organization ----	Organization ---- Organization ----

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) none

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 (5) 6 7 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs. Joseph Brown

Relationship Wife Post office address Bunkie, La.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Joseph Brown
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form has not been furnished the Dept.

542

New Orleans, La.,
February 3, 1941.

FILE T. La. Bl

From: Commander, New Orleans District.
To : Commandant.

Subject: Medical treatment rendered J. Braun, Second Assistant Keeper, Southwest Pass Lighthouse.

Inclosure: 1. Voucher, Doctor Philip S. Gold, $4.00.

1. Due to the fact that there is no Public Health Service doctor at Burrwood, it was necessary for the subject named man to use the services of Doctor Philip S. Gold, who is a private doctor. The nearest Public Service doctor is at New Orleans, Louisiana.

2. Inclosure 1 is forwarded for Headquarters' consideration.

J. L. AHERN.

HEADQUARTERS. 1st Indorsement. Washington, D.C.
5 February, 1941.

From: Chief Medical Officer. Med-542
To : The Surgeon General, U.S. Public Health Service. 75

1. Forwarded, approved. Subject-named man was in a duty status at the time this expenditure was incurred.

By direction.

CARL MICHEL,
Medical Director.

FEB 5 1941

January 22, 194
Burrwood, La.

U.S. Coast Guard
327 Customhouse
New Orleans, La.

Dear Sir;

For medical services rendered to:

J. Brown-S.W.P. Lighthouse on-12/3/40 — Tonsilitis and Cervical Adenitis
12/6/40
12/15/40

Fee---$3.00

1/16/41 — Nail puncture wound

Fee-----$1.00

Total Fee--------$4.00

Yours truly,

Philip S. Gold M.D.

Philip S. Gold, M.D.

I certify that the above bill is correct and just; that payment therefor has not been received: and that except as otherwise noted all of the articles, materials, and supplies furnished under purchase order No....., if unmanufactured articles, materials, and supplies, have been mined or produced in the United States, and if manufactured articles, materials, and supplies, they have been manufactured in the United States substantially all from article Materials, or supplies mined, produced, or manufactured, as the case may be, in the United States; and that State and local taxes are not included in the amounts billed.

Philip S. Gold M.D.

Payee..Philip S. Gold, M.D. Address..Burrwood, Louisiana.

Per..... Title....M.D.

OCO 22 2207

OCO 22 2207 JONES SAM QM P 0000 624 924
OCO 22 2207 BROWN JOSEPH CG 0 0 038 102

Retired: 10-1-54

Retd 1-21-76 JWR

FILE

1976 JAN 20 15 17

PERSONNEL DIVISION

CZCGJA581
RTTUZYUW RUCLFWA1700 0201700-UUUU--RUEBJGA.
ZNR UUUUU
R 201700Z JAN 76
FM CCGDEIGHT NEW ORLEANS LA
TO RUEBJGA/COMDT COGARD WASHINGTON DC
INFO RUEDEQA/FLEET HOMETOWN NEWS CENTER GREAT LAKES IL
BT
UNCLAS
P TO G-PS
PERSONNEL CASUALTY REPORT
A. BMC JOSEPH (N) BROWN 428 68 9365, USCG (222.207)
B. RETIRED
C. DEATH
D. 1715, 19 JAN 76, OF CANCER, AT OCHSNER FOUNDATION HOSP, NEW ORLEANS LA.
E. O'BRYANT-O'KEEFE FUNERAL HOME, 4811 TELEPHONE RD, PASCAGOULA MS 39567 (601) 762-4311.
F. WIFE, JOSEPHINE BROWN, 1833 JACKSON AVE, PASCAGOULA MS 39567 (601) 762-2340
G. YES
H. - O. N/A
P. MARRIED
BT
#1700

ACTION G-PS G-CCS G-PS
INFO G-P G-FPS G-OF
G-PE G-CSP N R
G-A G-K
G-APA G-L
G-C G-O
G-OP
G-CAS-1

NNNN

CZCGJA581
RTTUZYUW RUCLFWA1700 0201700-UUUU--RUEBJGA.
ZNR UUUUU
R 201700Z JAN 76
FM CCGDEIGHT NEW ORLEANS LA
TO RUEBJGA/COMDT COGARD WASHINGTON DC
INFO RUEDEQA/FLEET HOMETOWN NEWS CENTER GREAT LAKES IL
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PERSONNEL CASUALTY REPORT
A. BMC JOSEPH (N) BROWN 428 68 9365, USCG
B. RETIRED
C. DEATH
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E. O'BRYANT-O'KEEFE FUNERAL HOME, 4811 TELEPHONE RD, PASCAGOULA MS 39567 (601) 762-4311.
F. WIFE, JOSEPHINE BROWN, 1833 JACKSON AVE, PASCAGOULA MS 39567 (601) 762-2340
G. YES
H. - O. N/A
P. MARRIED
BT
#1700

NNNN

ACTION G-PS G-CCS G-PS-
INFO G-P G-FPS G-OF
G-PE G-CSP N R
G-A G-K
G-APA G-L
G-C G-O
G-OP
G-CAS-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3315 (4-52)

SERVICE RECORD SIGNATURES

GENERAL

(*a*) The purpose of signatures in the service record is to show that the entries are made by proper authority as represented by the person signing them. The signing of the service record also keeps the cognizant officers aware of the correctness of record maintenance and helps to guard against erroneous entries. It is therefore incumbent upon commanding officers to assure that service record entries are signed only by authorized personnel. The grade and title of the officer signing is required.

(*b*) Signatures shall be made in permanent black or blue-black ink only, except as shown below in the case of DD Form 214 which shall be signed with indelible pencil.

(*c*) Contents Checked for Accuracy (inside front cover of service record) shall be initialed by the executive officer or personnel officer each time the contents are checked for accuracy. The check for accuracy shall be made by the officer who initials it for the purpose of determining that all entries have been made in accordance with current instructions; that duplicate sheets have been forwarded to other activities as required; and that all pages are filed in proper order. The following items shall be given particular attention: Name, service number, rating, any special designator, leave record, record of emergency data, remarks, special qualifications, qualifications for advancement, training courses, pay status including cumulative years, and completeness of pages. Any discrepancies, other than misfiled material, shall be reported to the Commandant (PE) by letter.

---

1. THE ENLISTMENT CONTRACT.—The signature of the person being enlisted or reenlisted and the signature of the enlisting officer are required on the enlistment contract at the time of enlistment. Both the original and carbon copy must be signed. (See Sec. 12–3–34, Regulations.)

1a. CERTIFICATE OF OBLIGATION (For original enlistment of persons under 26 years of age).—The signatures of the person being enlisted and the recruiting officer are required as indicated and shall appear on both copies.

1b. THE AGREEMENT TO EXTEND ENLISTMENT must be signed, at the time the agreement is made, by the enlisted person and by the commanding officer. The signature of the enlisted person and the commanding officer are required at the time the extension becomes effective. All copies shall be signed.

2. DD FORM 93 (Record of Emergency Data).—The signature of the enlisted person executing the DD Form 93 is required on each of the three completed copies.

3. CLASSIFICATION TRAINING AND RATING SHEET.—The authorizing officer's signature shall be that of the commanding officer, executive officer or personnel officer. Signatures for service school attendance shall be made by the officer at the school who is authorized to sign such entries or in event the service record is maintained at another unit during attendance at a school, by the commanding officer, executive officer or personnel officer thereof upon receipt of official information for the required entries.

4. COURT MEMORANDUM.—The signature of the commanding officer is required on the Court Memorandum. All copies shall be signed.

5. LEAVE RECORD.—The signature of either the commanding officer or executive officer is required after each entry on the Leave Record and the record of deductible time.

6. MARKS.—The signature of the commanding officer is required after each entry of assigned marks; however, commanding officers of large units (whose duties are such that they should not be required to give the time incident to signing service records) may request authorization from Headquarters to designate an appropriate officer to sign such entries. Such authorization shall be in writing.

7. ADMINISTRATIVE REMARKS.—The signature, grade, and title of either the commanding officer, executive officer, or personnel officer, is required after each administrative entry and after the record of transfer and the record of receipt when occurring.

8. MOTOR VEHICLE OPERATOR'S RECORD.—Accident Record and Traffic Violation entries will be entered as occurring and shall be signed by the commanding officer, executive officer, or personnel officer.

9. RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH.—The signature of the enlisted person is required in the space for election of travel at time of discharge or release from active duty as specified by current travel instructions. The signature of the commanding officer or executive officer is required at the time of discharge, transfer from active duty, or death. Original and all copies shall be signed where signature is indicated.

10. DD FORM 214.—The signature of the individual being separated, and the executive officer or personnel officer are required where indicated. These signatures shall be in indelible pencil. The signatures must be legible on all copies.

11. DESERTION SHEET.—The signature of the commanding officer is required after each entry of declaration of desertion, removal of marks of desertion and order to transfer accounts. The signature of the authorized certifying officer is required as acknowledgment of receipt of funds and order to transfer accounts.

12. INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT.—The signature of the commanding officer is required on the original and the two copies to be forwarded to the authorized certifying officer.

U. S. GOVERNMENT PRINTING OFFICE 16—66646-1

DISTRIBUTION SHEET

PAGE	TITLE	NUMBER OF COPIES	DISTRIBUTION INSTRUCTIONS
1	ENLISTMENT CONTRACT	2	Original to Commandant (PE), copy to SR.
1a	CERTIFICATE OF OBLIGATED SERVICE	2	Original to Commandant (PE), copy to SR.
1b	EXTENSION OF ENLISTMENT	4	Original to Commandant (PE), copy to SR, 2 copies to ACO.
2	RECORD OF EMERGENCY DATA (DD FORM 93)	3	Original and 1 to Commandant (PE), copy to SR.
3	CLASSIFICATION TRAINING & RATING SHEET	2	Retain in SR in duplicate. Upon discharge and immediate reenlistment, or transfer to the Reserve, forward duplicate with closed out SR and transfer original to new SR. Upon separation from the service forward duplicate with closed out SR and deliver original to member being separated.
4	COURT MEMORANDUM	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
5	LEAVE RECORD	1	Keep current in SR.
6	MARKS	1	Keep current in SR.
7	ADMINISTRATIVE REMARKS	2	Retain in SR in duplicate. If sheet becomes filled send duplicate to Commandant (PE) and start a new sheet. Upon transfer, when received at ultimate destination, complete and send duplicate to Commandant (PE) and start new sheet.
8	MOTOR VEHICLE OPERATOR'S RECORD		Upon receipt, place in SR and keep current in accordance with existing instructions.
9	RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH	See Chart for Distribution	
10	REPORT OF SEPARATION (DD FORM 214)	8	As indicated at bottom of each copy.
11	DESERTION SHEET	4	All copies to ACO who will sign and complete the disbursing data and return the original and 1 copy to be inserted in SR before it is forwarded to the Commandant (PE).
12	INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
13	VACANT		NOTE: Abbreviations—SR: Service Record. ACO: Authorized Certifying Officer.
14	VACANT		

ACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Trans. to Res., Retired, Deceased	3	1		2
Rel. from Active Duty	4	1	1	2

INACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Deceased, or Retired	1	1		

U. S. GOVERNMENT PRINTING OFFICE 16—66645-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BROWN, Joseph (n)	222-207	BMC(P) - 4/16/52	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - - -	- - - - - - - - -	19	10	53	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
SEC. 12-3-42 A (1), CG Regs.	PASCAGOULA RIV. ENT. LAS, PASCAGOULA, MISS.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
23	3	11	Boothville, Louisiana	M	CAU	Grey	Brown	5'7½"	165

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
-	-	- - - - - - -	- - - - - - - - - - - - - - - - - - - -	-	-	-

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT

YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION

[ ] ENLISTED [X] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
17	10	50	Morgan City, La. Point Au Fer Reef LS.	502 - 10th St., Pascagoula (Jackson) Miss.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (CG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	0	7
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	4	8	7
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	16	8	17

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
-	-	-	-

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
0	0	1

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
PASCAGOULA RIV. ENT LAS PASCAGOULA, MISS.	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE			NONE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
NSLI, $3.32	[X] YES [ ] NO [ ] UNKNOWN	- - - -	- - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$997.00	$10.80	S.R.GRIMM,PCIK,USCG,ACO, 8th CG DISTRICT

AUTHENTICATION

38. REMARKS (Continue on reverse)

REENLISTED ON BOARD 10/20/53

Item 26 - Service outside CONLUS while aboard CG-55003.
PREVIOUSLY PAID MOP

"NO MUSTERING OUT PAYMENT MADE" 10-20-53

S.R.GRIMM,PCIK,USCG,ACO,8TH CG DISTRICT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Wm McElroy

NAME, GRADE AND TITLE (Typed)

W. E. McELROY, LT, USCG
Executive Officer

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER: - - - - - - - -

PERSONAL DATA

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1939	1941	Oiler, US Engineers	U.S. Engineers, New Orleans, La.

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NONSERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	Married	4	- -	- -	- - - -	- - - - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)

502 - 10th St., Pascagoula, Jackson, Mississippi

48. SIGNATURE OF PERSON BEING SEPARATED: Joseph Brown

DD FORM 1 JUL 52 214 — EDITION OF 1 JAN. 50 IS OBSOLETE

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D. C.
MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OQR
TR TO INACTIVE DU FWD TO CMC (CODE DGH).
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D. C.)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, (Ship or station) PASCAGOULA, MISSISSIPPI (Location) On 19 OCTOBER, 1953 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 16 (Day) OCTOBER (Month) 1953 (Year)

Reason EXP OF A THREE (3) YEARS ENLISTMENT & EXT OF THREE (3) DAYS

Type discharge certificate HONORABLE

Authority: SEC. 12-3-42 A (1) CG REGS & SEC. 12-3-32 B (5) (c) CG REGS

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at POINT AU FER REEF LIGHT STATION, MORGAN CITY, LOUISIANA (Place) ON 17 OCTOBER, 1953 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from POINT AU FER REEF LIGHT STATION, MORGAN CITY, LOUISIANA (Place) ON 17 OCTOBER, 1953 (Date)

Home address at time of enlistment, induction, or order to active duty 502 - 10th STREET, PASCAGOULA, MISSISSIPPI

TRAVEL DATA

I hereby elect travel allowance to POINT AU FER REEF LIGHT STATION, MORGAN CITY, LOUISIANA (Location)

Place of ACCEPTANCE FOR ENLISTMENT (See travel instructions)

SIGNATURE Joseph (n) Brown

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for FIFTY-NINE (Words) 59 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 16 years service for pay purposes on 2 FEBRUARY, 1953 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS

RECOMMENDED FOR REENLISTMENT
IDENTIFICATION CARD RETAINED PENDING RECEIPT OF NEW ONE

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
H. F. ROGALL N. F. Rogall	LCDR, USCG, COMMANDING OFFICER	63-54

DISBURSING DATA

Travel allowance credited, $ 10.80 Cash settlement for unused accrued leave (59 days) $ 626.19

NAME OF A. C. O. S.R.GRIMM, PCLK,USCG.

Computation:

DUE AT DISCHARGE, $ 997.00

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BROWN	JOSEPH	(n)	222-207	BMC(P)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

PASCAGOULA RIVER ENTRANCE LIGHT ATTANDANT STATION

10-19-53: Issued Honorable Discharge Certificate, by reason of Expiration of a three (3) year Regular Enlistment and three (3) days extension thereof due to expiration date falling on a holiday. Discharged in the rating of BMC(P). AUTH: Sec. 12-3-42 A (1), CG Regs & Sec. 12-3-32 (B) (c) 5, CG Regs.

"RECOMMENDED FOR REENLISTMENT"

W. E. McELROY, LT, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
BROWN	Joseph	(n)	222-207

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

Coast Guard Base, Mobile, Alabama

9-23-52: Served outside CONUS on or after 27 June 1950 on the CG-55003.

G. R. WAGNER, LT, USCGR
Acting, Commanding Officer

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
12 February 1953	CCGD8/L 1-23-53, GD8/P16-4/MM as amended by CCGD8/L 1-29-53		
RATE	**DATE OF RATE**	**SIGNATURE**	**GRADE AND TITLE**
BMC(P)	4-1-52	H. F. ROGALL,	LT, USCG, Commanding Officer

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
Pascagoula R.E. LA/S Pascagoula, Mississippi	2-16-53	H. F. ROGALL, LT, USCG, GRUCOMDR, MOBILE

NAME (Last)	(First)	(Middle)	SERVICE NO.
BROWN	Joseph	(n)	222-207

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
9-1-52	RCO	BMCP	3.7	3.6	4.0	CG Depot, Mobile, Ala.	A. R. MATTSON, LT, CO
9-1-52	ADAPTABILITY FOR WARRANT GRADE				3.5	CG Depot, Mobile, Ala.	A. R. MATTSON, LT, CO
9-30-52	EQM	BMCP	3.7	3.7	4.0	CG Base, Mobile, Ala.	G. R. WAGNER, LT, USCGR Acting, CO
*9-30-52	RQM	BMCP	3.7	3.63	4.0	CG Base, Mobile, Alab	G. R. WAGNER, LT, USCGR Acting, CO
9-30-52	ADABTABILITY FOR WARRANT GRADE				3.5	CG Base, Mobile, Ala.	G. R. WAGNER, LT, USCGR Acting, CO
*12-31-52	EQM	BMCP	3.7	3.7	4.0	CG BASE, Mobile, Ala.	G.R.WAGNER, LT, USCGR, CO, Act.
12-31-52	ADAPTABILITY FOR WARRANT GRADE				3.5	CG BASE, Mobile, Ala.	G.R.WAGNER, LT, USCGR, CO, Act.
2-12-53	Tran	BMCP	3.7	3.7	4.0	CG BASE, Mobile, Ala.	H. F. ROGALL, LT, USCG, CO
2-12-53	AFWG	BMCP		3.7 AK		CG BASE, Mobile, Ala.	H. F. ROGALL, LT, USCG, CO
*3-31-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Ent. LA/S	H. F. ROGALL, LCDR, USCG, GRUCOMDR, MOBILE
3-31-53	AFWG	BMCP	- - -	- - -	- - 3.7	Pascagoula River Ent. LA/S	H. F. ROGALL, LCDR, USCG, GRUCOMDR, MOBILE
*6-30-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Ent LA/S	H.F. ROGALL, LCDR, GruComdr
6-30-53	AFWG	BMCP	- - -	- - -	- - - 3.7	Pascagoula River Ent. LA/S	H.F. ROGALL, LCDR, GruComdr
*9-30-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Ent. LAS	H.F. ROGALL, LCDR, GruComdr
9-30-53	AFWG	BMCP-	- - -	- - -	- - - 3.7	Pascagoula RE LAS	H.F. ROGALL, LCDR, GruComdr
10-19-53	DISCH	BMC(P) ADAPT FOR WG. . .	3.7	3.7	4.0 3.7	Pascagoula Riv. ENT LAS Pascagoula, Miss.	H.F. ROGALL, LCDR, USCG, GrpComdr.
FINAL AVE. MARK		BMC(P)	3.681	3.568	4.0	Pascagoula Riv. Ent LAS Pascagoula, Miss.	H.F. ROGALL, LCDR, USCG, GrpComdr.
FINAL AVE. FOR AFWG			- - -	- - -	- - - 3.633	Pascagoula Riv. Ent LAS Pascagoula, Miss.	H. F. ROGALL, LCDR, USCG, GrpComdr.

NAME (Last) BROWN, (First) Joseph (Middle) (n) SERVICE NO. 222-207

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 7-15-52 — Credit brought forward from previous record 31 DAYS — AUTHENTICATED BY: G. R. HUNTER, CMACH, CO, Acting

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
							Ala.	
21-8-52	29-8-52	8	ACCREG			23	CG Base, Mobile	G. R. WAGNER, LT, COActi
0800 22 DEC 52	0850 27 DEC 52	4	A			19	CG BASE, Mobile, Ala.	G.R.WAGNER,LT,USCGR,CO,Act
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY LEAVE RATIONS CREDITED ARE NOT IN EXCESS OF LV TAKEN							CG BASE, Mobile, Ala.	H. F. ROGALL, LT, USCG, CO
				30-6-53	30	49	Pascagoula River Ent.LAS	W. E. McELROY, LT, USCG, XO
				BBF 1-7-53		49	Pascagoula River Ent.LAS	W. E. McELROY, LT, USCG, XO
				HD 10-19-53	10	59	Pascagoula Riv.Ent.LAS	W.E.McELROY, LT, USCG, XO
ELECTS TO RECEIVE CONPENSATION IN CASH FOR FIFTY-NINE (59) DAYS UNUSED ACC LV ON DISCH 10/19/53.								W.E.McELROY, LT, USCG, XO

PD $ 626.19 LSL 59 DAYS
BP $ 511.14 S&Q $ 115.05
A.C.O., 8th CG DISTRICT

E-4B-2

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				CG BASE, Mobile, Ala.	H. F. ROGALL, LT, USCG, CO
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				Pascagoula Riv.Ent.LAS	W.E.McELROY, LT, USCG, XO

NAME (Last) BROWN, (First) Joseph (Middle) (n) — SERVICE NO. 222-207

LEAVE RECORD — 10—60741-1 — PAGE 5 — 1

8. LEAVE RECORD (NAME) BROWN, Joseph (n) (SER.NO.) 222-207

ACCRUED LEAVE: Reason & Date	Creditable Service for Leave Purposes		No. of Days Earned	LEAVE TAKEN: Departed Hour	Departed Date	Returned Hour	Returned Date	Type and Reason	No. Days	Bal. Due	Signature and Unit
I.C. 10-17-50 8TH CG DIST., NEW ORLEANS, LA. PAID: $510.98, LSL (58 Dys) H. M. SIAS, LCDR., USCG			BP&L	& Allow. 10/17/50						0	S.L.BROWN,CSCLK, USCG,OCCGD-8, By direction
				1831	10-18-50	0830	10-25-50	COMP LV	6	0	S.L.BROWN,CSCLK, USCG, OCCGD-8 By direction
				0830	11-17-50	0830	11-24-50	COMP LV	6	0	S.L.BROWN, CSCLK., By dir. OCCGD-8
				0030	12-18-50	0830	12-30-50	ADVREG	5	-5	CSCLK., By dir.Pt. Au Fer Reef L/S
				(Used 5 das ADVREG LV & 6 das Compensatory LV)							
ANCR 6-30-51	8	14	22							17	S.L. BROWN CSCLK By dir OCCGD-8
BBF 7-1-51										17	S.L. BROWN CSCLK By dir OCCGD-8
				0030	7/17/51	0830	7/29/51	ACCREG	5	12	S.L. BROWN CSCLK By dir OCCGD8
				(Used 6 days Compensatory Absence)							
				0800	10-26-51	0710	11-16-51	ACCREG	10	2	A. R. MATTSON, LT, CO
				(Used 6 days Compensatory Absence, 4 days proceed time and 1 day travel time enroute)							
ANCR 6-30-52	12	00	30							32	A.R. MATTSON,LT CO
BBF 7-1-52			32							32	A.R. MATTSON,LT CO

(Cont'd)

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE
(INCLUDES AOL, AWOL, EXCESS LEAVE, AND SENTENCE OF CONFINEMENT BY A COAST GUARD COURT)

From (Inclusive Dates)	To	Reason	Months	Days	Signature and Unit

8. LEAVE RECORD

ACCURED LEAVE				LEAVE TAKEN							
Reason and date	Cred. Serv. for leave purposes		No. of days earned	Departed		Returned		Type & Reason	No. of days	Balance Due	Signature and Unit
	Mos.	Days		Hour	Date	Hour	Date				
BALANCE BROUGHT FORWARD FROM OLD LEAVE SHEET 7-1-52										32	A.R.MATTSON LT, CO
				1630	7-2-52	0740	7-4-52	ALREG	1	~~32~~ 31	A.R.MATTSON LT, CO

See New Leave Sheet

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE
(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a CG Court.)

From	To	Reason	Months	Days	Signature & Unit

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
10-17-50	BM1	- - -	- - - - -	- -	/s/ S. L. BROWN, CSCLK, USCG	~~Point Au Fer~~ Reef L/S
11-16-50	BMCAP	- - -	- - - - -	HL 11-6-50 PE-1 H/L 3-25-52	/s/ S. L. BROWN, CSCLK, USCG	~~Point Au Fer~~ Reef L/S
4-1-52	BMCP	- - -	- - - - -	PE-1 MM	/s/ A. R. MATTSON, LT, USCG, CO	~~CG Depot~~ Mobile, Alabama

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

GS4

LANGUAGE QUALIFICATIONS

None

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
BROWN,	Joseph	(n)		222-207		BMCP

NCG 2500-C
(Revised June 1942)

RECORD OF BROWN, Joseph (n) 222-207
(Full name, surname to the left) (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
Pt. Au Fer Reef LS	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.				R. ZAVALET, SCLK, By dir.

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF BROWN, Joseph (n) — 222-207
(Full name, surname to the left) (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
Pt Au Fer Reef LS	10/22/51	R. ZAVALETA SCLK, By dir.	Point Au Fer Reef LS (Reenlisted)	10-17-50	CSCLK, USCG, By dir
			CG Depot, Mobile, Ala.	11-16-51	A. R. MATTSON, CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
Point Au Fer Reef LS	Reenlisted this date in permanent rate of BM1.	10-17-50	S. L. BROWN, CSCLK, USCG, By dir.
Pt. Au Fer Reef LS	CR fm BM1 to BMCA(P) Auth: HL 11-6-50 (PE-1) MM & Art. 561(1) CGRegs.	11-16-50	S. L. BROWN, CSCLK., USCG, By direction A. R. MATTSON, LT, USCG, CO
CG Depot, Mobile, Alabama	CR fm BMCA(P) TO BMC(P) H/L 3-25-52 (PE-1)MM	4-1-52	

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF BROWN, Joseph (n) 222-207

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
10-17-50	BM1	REENLISTED				4.0	S.L.BROWN,CSCLK,USCG, By direction
12031-50	BMCA(P)	3.6	3.5		3.5	4.0	S. L. BROWN, CSCLK, USCG, By dir.
3-31-51	BMCA(P)	3.7	3.6	3.7	3.5	4.0	S. L. BROWN, CSCLK, USCG, By dir.
6-30-51	BMCA(P)	3.5	3.5		3.4	4.0	S.L. BROWN, CSCLK, USCG By dir
9-30-51	BMCA(P)	3.7	3.6		3.3	4.0	R. ZAVALETA, SCLK, USCG, By dir.
10/22/51	BMCA(P)	3.7	3.6		3.3	4.0	R. ZAVALETA, SCLK, USCG. By dir
	Adaptability for warrant grade 3.7						R.ZAVALETA, SCLK, USCG. By dir
12-31-51	BMCA(P)	3.7	3.7		3.5	4.0	A. R. MATTSON, LT, USCG, CO
3-31-52	BMCA(P)	3.7	3.7		3.6	4.0	A. R. MATTSON, LT, USCG, CO
6-30-52	BMC(P)	3.7	3.7		3.5	4.0	A.R. MATTSON, LT, USCG, CO
AVERAGE	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.

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
BROWN, Joseph (n)	222-207	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Josephine Elizabeth Brown

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 502 - 10th Street, Pascagoula, Mississippi

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, street, city, zone, and State)*
Josephine Elizabeth Brown (36)	502- 10th Street, Pascagoula, Miss.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.		x	x		16
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.		x	x		13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Deceased	

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Crawford Raymond Brown (37)

RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: Henry Paul Meyer

RELATIONSHIP: Brother-in-Law

ADDRESS *(Number, street, city, zone, and State)*: 1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Josephine Elizabeth Brown

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 502 - 10th St., Pascagoula, Mississippi

RECEIVE EACH MONTH: 90 % OF MY PAY.

MILITARY ADDRESS: Point Au Fer Reef Light Station
Box 230, Morgan City, Louisiana

DATE SIGNED: 10-17-50

SIGNATURE OF DESIGNATOR: Joseph Brown
Joseph Brown

Sht #2

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE. 16—81480-1

NCG 2500
(Rev. June, 1942)

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF BROWN, Joseph (n) (Full name, surname to left); 222-207 (Service number); $205.80 (Pay per month)

Accepted for enlistment at Point Au Fer Reef LS, Morgan City, La.; BM1 (Rating in which enlisted)

Enlisted at Point Au Fer Reef LS, Morgan City, La.; 17 October, 1950 (Date of enlistment)

Transferred to - - - - -

Occupation Coast Guardsman Citizenship * NB If naturalized, place and date of naturalization - - - - Certificate No. - - -

Date of birth 23 March, 1911 Place of birth Boothville, Louisiana

Home address 502 - 10th Street, (Street and number) Pascagoula (Town) Jackson (County) Mississippi (State)

Married or single Married Name and address of next of kin or legal guardian Josephine

Elizabeth Brown (Relationship) Wife 502 - 10th St., Pascagoula, Mississippi (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 0 (Months) 7 (Days)

First enlisted 10 October, 1941 (Date) at New Orleans, Louisiana (Place) and was

last discharged 16 October, 1950 (Date) from Point Au Fer Reef LS, Morgan City, La. (Unit)

with Honorable (Character) discharge as BM1 (Rate) No. - - -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 39 years 7 months.

Height 5 feet 7½ inches. Weight 165 pounds.

Eyes Brown Sex Male Hair Dark Brown Complexion Ruddy Color Caucasian

Personal characteristics None 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 CSCLK S. L. BROWN of the United States 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.

Second: I oblige and subject myself to serve { THREE (3) years from 17 October, 1950 / ~~during minority~~ until 16 October, 1953 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

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 6 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 6 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, JOSEPH BROWN 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.

Joseph Brown
JOSEPH BROWN
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 17th day of October, A. D. 1950

S. L. Brown
S. L. BROWN, CSCLK, USCG
Chief, Personnel Section, 8th CG District
By direction
(Commanding officer, notary public, or other officer qualified to administer oaths)

EIGHTH COAST GUARD DISTRICT, NEW ORLEANS, LA.
PAID $150.00, REENL. ALLOWANCE 3 Yrs. 10/17/50.
H. M. Sias
H. M. SIAS, LCDR., USCG

Chief, Personnel Sect., 8th CGD
(Title)

Citizenship substantiated and contract perfected.

S. L. Brown
S. L. BROWN

CSCLK
By direction
, U. S. C. G., *Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

under authority of .....

(Signature of man)

(Signature of commanding officer)

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BROWN, Joseph (n)	222-207	BM1 7-10-42	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - -	- - -	16	Oct	50	Discharged

8. REASON AND AUTHORITY FOR SEPARATION: Exp. of enl. and extension thereof. Art. 589(1) CG Regulations

9. PLACE OF SEPARATION: Morgan City, La.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
23	March	11	Boothville, La.	Male	Caucas.	Brown	Brown	5'7½"	165

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X					

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
14	Oct	47	Honolulu, T. H.	Cape Kumukehi LS, Hawai' Island, T. H.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (USCG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	6	0	4
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	9	0	7

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY | MONTH | YEAR | AMOUNT — None

26. FOREIGN AND/OR SEA SERVICE: YEARS: One | MONTHS: 0 | DAYS: 0

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT: Pascagoula River Entrance LS

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
None			

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
$5.62	----	----	----

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$806.78	$96.80	R. W. HIAS, LCDR., USCG, ACO

AUTHENTICATION

38. REMARKS (Continue on reverse): REENLISTING

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: R. L. BROWN, CSCLK, USCG

NAME, GRADE AND TITLE (Typed): Chief, Personnel Section 8th CG District

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: None — CLAIM NUMBER:

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1939	1941	Oiler MP Engineers	U. S. Engineers, New Orleans District

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	4				

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 502 - 10th St., Pascagoula, Jackson, Miss.

48. SIGNATURE OF PERSON BEING SEPARATED: Joseph Brown

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214

ALL SERVICES: AFFIX TO SERVICE RECORD BOOK

Sheet #10

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BROWN, Joseph (n)	BMC(P)	222-207
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
502 10th Street, Pascagoula(Jackson) Miss.	Discharge & Reenlistment	10/5/53

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	CAU	22½		Treasury Department	U. S. Coast Guard

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
3-23-1911	Boothville, Louisiana	Josephine Elizabeth Brown(Wife) 502 10th Street Pascagoula, Miss.

15. EXAMINING FACILITY OR EXAMINER: USPHS Outpatient Clinic, Mobile 16. OTHER INFORMATION
405 Lameuse Street, Biloxi, Mississippi Ala.

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
✓		18. HEAD, FACE, NECK, AND SCALP
✓		19. NOSE
✓		20. SINUSES
✓		21. MOUTH AND THROAT
✓		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
	✓	23. DRUMS (Perforation)
✓		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
✓		25. OPHTHALMOSCOPIC
✓		26. PUPILS (Equality and reaction)
✓		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
✓		28. LUNGS AND CHEST (Include breasts)
✓		29. HEART (Thrust, size, rhythm, sounds)
✓		30. VASCULAR SYSTEM (Varicosities, etc.)
✓		31. ABDOMEN AND VISCERA (Include hernia)
	✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
✓		33. ENDOCRINE SYSTEM
✓		34. G-U SYSTEM
✓		35. UPPER EXTREMITIES (Strength, range of motion)
✓		36. FEET
✓		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
✓		38. SPINE, OTHER MUSCULOSKELETAL
✓		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
✓		40. SKIN, LYMPHATICS
✓		41. NEUROLOGIC (Equilibrium tests under item 78)
✓		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

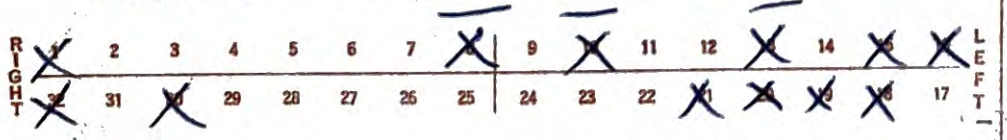
NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

23. Old scar, right drum. No perforation

32. External hemorrhoids

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth /.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures. (6 × 8).—Fixed bridge, brackets to include abutments



REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Calculus

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1018			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	(See note - reverse side)	Negative
Neg.	Neg	Rare w.b.c.		
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
Negative				

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
68"	166 lbs.	Brown	Hazel		98.2

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 140 DIAS. 90	RECUMBENT	SYS. 140 DIAS. 90	STANDING (5 min.)	SYS. 142 DIAS. 96	58. PULSE (*Arm at heart level*) SITTING 76	AFTER EXERCISE 108	2 MIN. AFTER 78	RECUMBENT 84	AFTER STANDING 3 MIN. 80

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S. CX	J-3	CORR. TO BY
LEFT 20/ 20	CORR. TO 20/	BY	S. CX	J-3	CORR. TO BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT LEFT	Normal P.I.P.		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING	71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV 15 /15 SV 15 /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192	
LEFT WV 15 /15 SV 15 /15	RIGHT								
	LEFT								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

46. Comparison of current chest x-ray with films dated 7/11/47 and 4/10/48 show no significant change. Report of pulmonary fibrosis following tuberculosis shows no activity.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

23. Old scar right drum. No perforation.
32. Extennal hemorrhoids.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR discharge and re-enlistment

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN [redacted] SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN F. W. Love, Surgeon SIGNATURE Judius Love

81. TYPED OR PRINTED NAME OF DENTIST [redacted] (*Indicate which*) SIGNATURE W. C. Parker

W. C. Parker, Senior Dental Surgeon

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62285-1

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION
PASCAGOULA, MISSISSIPPI
(Unit)

BROWN, Joseph (n) — 19 OCTOBER, 1953
(Name in full—surname to the left) — (Date)

222-207 — BMC(P)
(Service number) — (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1950	10	17
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE) (Character of discharge)	1953	10	19

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

PD REENLBONUS $360.00
First REENLBONUS PAID
A.G.O. 8th CG DISTRICT

Previous Cred. Service:
(9 Yrs.0 Mos. 7 Da. - Coast Guard)
(4 Yrs.8 Mos. 7 Da. - Lighthouse)
Total:13 8 Mos.14 da.

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	3

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Date 19 OCTOBER, 19 53

H. F. HOGAN,
(Rank) LCDR, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 OCTOBER, 19 53

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI
(Unit and place)

I CERTIFY that the above-named man REENLISTED for a period of SIX (6) years from this date.
(Reenlisted or voluntarily extended his enlistment)

THIS SIX (6) YEAR PERIOD OF SERVICE WILL NOT EXTEND FEDERAL SERVICE BEYOND THIRTY (30) YEARS.

H. F. HOGAN,
(Rank) LCDR, U. S. C. G.
Commanding officer.

16—20908-1

P
29 January 1953
GD8/P16-4/MM

From: Commander, 8th CG District
To: BROWN, Joseph (n) (222-207) BMC(P), USCG
Via: Commanding Officer, CG Base, Mobile, Alabama

Subj: Orders; transfer; travel; amendment to

Ref: (a) C8CGD/L 1-23-53, file GD8/P16-4/MM, Order No. 081808

Reference (a) is hereby amended to be effective 12 February 1953 in lieu of 2 February 1953.

R. ZAVALETA
By direction

CC: OinC, Pascagoula River Entrance LAS
Commander, Group Mobile
Pay
oan
File

P
13 February 1953
CDS/P16-3/MM

From: Commander, 8th CG District
To: BROWN, Joseph (n) (222-207) BMC(P), USCG
Via: Officer in Charge, Pascagoula River Entrance Light Attendant Station

Subj: Orders; transfer; travel; amendment to

Ref: (a) CSCGD/L 1-23-53 CDS/P16-4/MM, Order No. 081808 as amended

Reference (a) is hereby amended in that you will report to Pascagoula River Entrance Light Attendant Station, for assignment to duty as Officer in Charge, relieving William G. Browder (civilian).

R. ZAVALETA
By direction

CC: Commander, Group Mobile
Pay
can
cc
File

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
CG BASE, Mobile, Alabama	P. O. BOX 270	12 December, 1952

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207) BMC(P)	Commanding Officer	DIRECT

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY	☐ REENLISTMENT ☐ RECRUIT
-4-	22 December 1952		

ADDRESS ON LEAVE WILL BE 502 10th St. Pascagoula, Mississippi

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Joseph Brown

Ind.-1 Unit: CG BASE, Mobile, Ala. Date 12 December 1952

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period -31-
Number days' leave used during current accounting period -1-	Date of expiration of current enlistment 16 October 1953

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, Mobile, Ala. Date 12 December 1952

☒ Returned, GRANTED -4- days.

☐ ADVANCE PLEASURE (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because ☒ ACCRUED

G. R. Wagner

G. R. WAGNER, LT, USCGR, CO, Acting
(Signature, rank, and title)

Ind.-4 Unit: CG BASE, Mobile, Ala. Date 22 December 1952

Departed at 0800, this date. This leave expires before 0900, 27 December 195

at THIS UNIT and is subject to the instructions on the reverse

G. R. Wagner

G. R. WAGNER, LT, USCGR, CO, Ac
(Signature, rank, and title)

Ind.-5 Unit: CG BASE, Mobile, Alabama Date 12-27-52

Reported at 0850, this date, having used Four (4) days' leave

G. R. Wagner

G. R. WAGNER, LT, USCGR,
(Signature, rank, an

16—40220-3

(Over)

Standard Form No. 1034a—Revised
Form prescribed by
Comptroller General, U. S.
September 1950
(Gen. Reg. No. 51, Supp. No. 11)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. 414-793

Bu. Vou. No. 08-4704-53

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

Voucher prepared at NEW ORLEANS, LOUISIANA 10-1-52
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.* ____

To JOSEPH BROWN
(Payee)

502 10th Street Mobile, Alabama
(Address) (City) (State)

PAID BY

PAUL D. BANNING
Chief Disbursing Officer
Treasury Department
Div. of Disbursement
Symbol No. 1378
(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
		FOR ADDITIONAL PAYMENT FOR LUMP SUM MUSTERING OUT PAYMENT (See Attached Certificate, S&A 550)				100	00
		Previously paid MOP under act of 1952 on Bu.Vou.No. 08-2737-53 dated 8/14/52 in the amount of $200.00; Entitled to additional $100.00, see attached statement.					
		Use continuation sheet(s) if necessary			Total	100	00

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Shipped from ____ to ____ Weight ____ Government B/L No. ____

(Payee must NOT use this space)

Differences ____

SEE ATTACHED CERTIFICATE

Account verified; correct for 100 00

(Signature or initials) cmg

Contract No. ____ Date ____ Req. No. ____ Date ____ Invoice Rec'd. ____

100.00

M. C. REDFORD, CPCLK, USCG
Chief, Pay & Audit Section
1 October, 1952

MEMORANDUM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201			100.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
08-13			08-999900		1210	100.00

Paid by { Check No. 191375 dated OCT 7 1952, 19____, for $____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $____, on ____, 19____. }

METHOD OF OR

1025

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (a) Advertising by circular letters sent to ..... dealers.
   (b) And by notices posted in public places Yes ☐ No ☐.

   (If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with .....
5. Without advertising, it being impracticable to secure competition because of .....

.....

.....

.....

.....

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services i... proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and a... less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of adv... award of contract. (See General Regulations No. 51, as amended.)

69-16—22000-2 U. S. GOVERNMENT PRINTING OFFICE

active duty) (or 90 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: since 6/26/50

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. 1952

(Sign original only)

A. R. MATTSON, LT, USCG

(Name and signature of officer authorized to sign in accordance with article 8044(B) 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. 1952

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

Joseph Brown

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

902 (Number) 10th Street (Street)

Mobile, (City) Alabama (State)

(Zone)

DISBURSING OFFICER'S PAYMENT DATA

$200.00 Paid $100.00 on 08-2737-53 (Public voucher) (Check number) 8-11-52 (Date)

PAUL D. BATTING, CDO Symbol 1378

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

16—30039-1

MUSTERING OUT PAYMENT DIVISION DATA

NOTE - This is a supplemental MOP certificate to cover service outside continental U. S. only, omitted on initial MOP cert.

QUADRUPLICATE

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Coast Guard Depot
Mobile, Alabama
REFER TO FILE

28 August 1952
P22

From: Commanding Officer, CG Depot, Mobile, Alabama
To: BROWN, Joseph (n) (222-207) BMCP, USCG

Subj: Safety Board, member; appointment of

1. In accordance with instructions contained in District Safety Circular No. 4-50, you are designated as a member of the Safety Board consisting of CMACH G. R. HUNTER as senior member, GREEN, Frederick E. (217-564) MMCP, BROWN, William M. (101-396) ENC, GLASS, James L. (216-012) ETC, TAYLOR, William C. (259-627) DCCP, and yourself as additional member.

2. In the performance of your duty on the Safety Board you will be guided by the instructions contained in the District Safety Circular No. 4-50, a copy thereof being provided herewith.

3. It cannot be too strongly emphasized that, because of the nature of the work performed at the Depot, personnel are constantly exposed to the danger of injury. It will be your responsibility in conjunction with that of the senior member to see that all tools and equipment used are in serviceable condition and that all personnel observe the safety rules and the dictates of common sense, thus reducing the chance of an accident to a minimum.

4. The junior member of the Board TAYLOR, William C. DCCP, is further charged with the responsibility of keeping all fire-fighting equipment in first class condition. This includes weighing CO2 extinguishers, charging same and foam extinguishers when required. Fire pumps and engines will be kept in good operating condition by Depot mechanics under GREEN, MMCP, supervision in conjunction with that of the senior member.

A. R. MATTSON

Copy to:
GREEN, MMCP
BROWN, ENC
GLASS, ETC
TAYLOR, DCCP
CMACH HUNTER
CCGD8
file

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2516 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Depot	P.O. Box 270, Mobile, Alabama	20 August, 1952

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (n) (222-207) BMCP	Commanding Officer	DIRECT

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
Eight (8)	0800, 21 August, 1952	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 502, 10th St. Pascagoula, Miss. Phone 860-M

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Joseph Brown

Ind.-1 Unit: CG Depot, Mobile, Alabama Date 20 August, 1952

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period 31
Number days' leave used during current accounting period 0	Date of expiration of current enlistment 16 October, 1953

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Depot, Mobile, Alabama Date 20 August, 1952

☒ Returned, GRANTED 8 days.

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☒ ACCRUED Leave.
(Reason for leave).

A. R. MATTSON, LT, USCG
Commanding (Signature, rank, and title)

Ind.-4 Unit: CG Depot, Mobile, Alabama Date 21 August, 1952

Departed at 0800, this date. This leave expires before 0900, 30 August, 1952

at THIS UNIT and is subject to the instructions on the reverse hereof.

A. R. MATTSON, LT, USCG
Commanding (Signature, rank, and title)

Ind.-5 Unit: CG Depot, Mobile, Alabama Date 29 August, 1952

Reported at 1700, this date, having used 8 days' leave.

1700 W.C. Taylor, Q.D

G. R. WAGNER, LT, USCG
Acting (Signature, rank, and title)

16—40220-3

(Over)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

D740

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Coast Guard Depot	Mobile, Alabama	2 July, 1952

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207) BMC	Commanding Officer	Direct

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
1	0800, 3 July, 1952	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 502 10th St., Pascagoula, Mississippi

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

Joseph Brown
SIGNATURE OF APPLICANT

Ind.-1 Unit: CG Depot, Mobile, Alabama Date 2 July, 1952

Date current leave accounting period began 7-1-52	Balance brought forward beginning of present accounting period 32
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 10-16-53

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Depot, Mobile, Ala. Date 2 July, 1952

☒ Returned, GRANTED 1 days.

☐ Returned, NOT GRANTED, because ☐ ADVANCE ☒ ACCRUED Leave.
(Reason for leave)

A. R. MATTSON, LT, USCG
(Signature, rank, and title)

Ind.-4 Unit: CG Depot, Mobile, Alabama Date 3 July, 1952

Departed at 1630, this date. This leave expires before 0900, 4 July, 1952

at THIS UNIT and is subject to the instructions on the reverse hereof.

A. R. MATTSON, LT, USCG
(Signature, rank, and title)

Ind.-5 Unit: CG Depot, Mobile, Alabama Date 4 July, 1952

Reported at 0740, this date, having used 1 days' leave.

A. R. MATTSON, LT, USCG
(Signature, rank, and title)
Commanding Officer

16—40220-3

(Over)

311-52

BROWN, Joseph (n) 222-207 BMC(P)

Coast Guard Depot Mobile, Alabama

08-660180 4-3-52

xXxx BMCA(P) BMC(Provisional) 1 April, 1952

H/L 3-25-52, (PE-1) MM

A. R. MATTSON

Standard Form No. 1012a—Revised
Form prescribed by
Comptroller General, U. S.
November 7, 1950
General Regulations No. 88

TRAVEL VOUCHER

D. O. Vou. No. 1372

Bu. Vou. No. 414-08-8505

U. S. TREASURY DEPARTMENT COAST GUARD
(Department, bureau, or establishment)

Payee's name JOSEPH BROWN

Mailing address CG DEPOT
MOBILE, ALABAMA

SAME
(Official duty station)

(Residence—For use by Postal Service employees only)

PAID BY
PAUL D. BANNING
Chief Disbursing Officer
Treasury Department
Div. of Disbursement
Symbol No. 1378

Travel and other expenses in the discharge of official duty from (0800) 10/26/51 (Date) to (0710) 11/16/51 (Date) under authority No. 080919 dated 10/2/51 copy of which is attached, or has been previously furnished. I have a travel advance of $ _____ to which $ _____ of this voucher should be applied.

7 December, 1951

JOSEPH BROWN (222-207) MEMORANDUM

	DOLLARS	Cents
AMOUNT CLAIMED →	13	20
(For Administrative Use) Differences:		
APPROVED:		
20X0201. jrm	13	20
Total verified correct for charge to appropriation(s) (initials)		
Applied to travel advance (appropriation symbol)		
NET AMOUNT TO TRAVELER	13	20

The next previous voucher paid under the same travel authority was:

D. O. Vou. No. _____, paid _____ (Month—year) by _____ (Insert name and symbol of disbursing officer)

7 December, 1951 MEMORANDUM M. C. REDFORD, CPCLK, USCG

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

Appropriation, Limitation, or Project Symbol	Appropriation Title (Optional)	Limitation or Project (Amount)	Appropriation (Amount)
20X0201.			13.20

Allotment Symbol	Amount	Obligations Liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
08-20.52			08-200510		0211	13.20

Paid by Check No. 142528

Dated 12-20-51

MEMORANDUM

16—63078-1

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

WHEN TYPED
USE SINGLE SPACE

1. Departed from official duty station _____ (Date) _____ (Hour)

2. Temporary duty station on last day of next preceding voucher period was _____;

date of arrival at such temporary duty station _____.

(Fill in 1 and 2 above only when dates are prior to period covered by this voucher)

DATE 19 51	DESCRIPTION (Include all information required by current regulations; if speedometer readings are used to compute distances, show beginning and ending readings in this column)	NUMBER OF MILES @ 6 cents per mile	AMOUNT CLAIMED: MILEAGE	SUBSISTENCE	OTHER
	Reimbursement for mileage at 6¢ per mile incident to permanent change of station as follows:				
	Departed Morgan City, La. (0800) 10/26/51 Arrived ~~Mobile, Ala. (0710) 11/16/51~~				
	No government subsistence or quarters available or furnished, enroute. All travel performed via own expense.				
	Entitled to reimbursement for mileage at 6¢ per mile from Morgan City, La. to Mobile, Alabama 220 Miles.	220	13.20		
	Grand total to face of voucher → (Subtotals, to be carried forward if necessary)	220	13 20		

TRANSPORTATION OBTAINED WITH GOVERNMENT TRANSPORTATION REQUESTS

(Not to be claimed by traveler)

TRANSPORTATION REQUEST NUMBER	AGENT'S VALUATION OF TICKET	INITIALS OF CARRIER ISSUING TICKET	MODE AND CLASS OF SERVICE†	DATE ISSUED	POINTS OF TRAVEL: FROM—	TO—

[redacted] drawing room; CP, compartment; BR, bedroom; [redacted] duplex single room; RM, roomette; DRM, duplex [redacted] UB, upper berth; LB–UB, lower and upper berth; [redacted]

[redacted] ticketing office

Ind-1
Pt. AuFer Reef L/S
Morgan City, Louisiana

26 October, 1951
P16-4/MM

From: Officer-in-Charge, Point AuFer Reef L/S
To: BROWN, Joseph (222-207) BMCA(P), USCG

1. In accordance with verbal authority from OCSCGD, basic orders are amended in that you are authorized ten (10) days' leave, Six (6) days' compensatory leave, four (4) days' proceed time and one (1) day's travel time erroute.

2. Delivered and departed at 0800 this date.

3. LEAVE ADDRESS: 502 10th St., Pascagoula, Miss. EDA, 2400, 11-16-51.

Joseph Brown, BMCA(P)
OinC

CC: CO CG Depot, Mobile, Alabama
can file

Ind-2
CO, CG Depot
Mobile, Alabama

16 November, 1951
P16-4/MM

Reported this unit 0710 this date in accordance with basic orders, all travel performed by privately owned conveyance. Dependents travel completed this time and date.

A. R. [illegible]

P
2 October, 1951
GDS/P16-4/MM

ORDER NO. 080919

From: Commander, 8th CG District
To: BROWN, Joseph (222-207) BMCA(P), USCG
Via: Officer-in-Charge, Point Au Fer Reef Light Station

Subj: Orders; transfer; travel

1. Effective on or about 1 November, 1951, proceed and report to the Commanding Officer, CG Depot, Mobile, Alabama, for assignment to duty.

2. Travel is authorized and is required by the public interests chargeable against the 8th CG District travel allotment symbol 08-20, 08-300510, 0211. Reimbursement will be in accordance with paragraphs 4150 - 4154, JTR. Estimated cost of travel: $15.00

3. This order constitutes a permanent change of station for you from Morgan City, Louisiana, to Mobile, Alabama.

4. Health record will be carried. Service record will be forwarded.

5. CG Depot, Mobile, Alabama, will be the next accountable reporting unit.

6. You are authorized ten (10) days' leave, four (4) days' proceed time and necessary travel time enroute.

7. By indorsement hereon, CinC will indicate time and date of departure, leave address, EDA and forward copies both to this office and your destination.

R. ZAVALETA
By direction

CC: CO, CG Depot, Mobile, Ala.
accounting (2)
pay
e
can
file



10 December, 1951
date

To: BROWN, Joseph (222-207) BMCA(P), USCG
CG DEPOT
MOBILE, ALABAMA

The attached travel order No. 080919 and/or covering voucher is returned for correction or completion as follows:

The inclosed forms for dependents travel are returned herewith, inasmuch as travel was not performed. If at a later date your dependents perform travel from Pascagoula, Miss. to Mobile, Ala., you may resubmit for reimbursement. (If and when claim is resubmitted attach original and 3 certified copies of orders along with the inclosed forms.) Payment for your travel can be expected in the near future.

When corrected or completed as indicated above, return to settlement to:

COMMANDER (F)
8th COAST GUARD DISTRICT
P.O. BOX 282
NEW ORLEANS 9, LA

Incls:

jrw

EIGHTH COAST GUARD DISTRICT
CUSTOMHOUSE
NEW ORLEANS, LOUISIANA

MEMORANDUM

Date 30 November, 1951

To: BROWN, Joseph (222-207) BMCA(P), USCG
CG DEPOT
MOBILE, ALABAMA

Subj: Reimbursement claim, completion of; T.O. # 080919.

Ref: (a) Travel Regulations.

1. Ret[illegible] for correction or completion as to items indicated by (X)

(x) Signature on attached S.F. 1012.

( ) Original and three certified copies of orders with all indorsements required.

( ) Complete and return the attached Certificate of Traveler as indicated.

( ) Complete the attached Certificate of Installation Commander.

(X) Complete the attached Form 2663a, in triplicate, to be executed in case of dependent Children, DATE OF BIRTH as well as NAME and SEX must be shown, if children are over 5 Years of age.

(X) The following information is necessary to submit claim for reimbursement of dependents travel:

LOCATION OF DEPENDENT WHEN ORDERS RECEIVED Pascagoula, Miss.

THEY DEPARTED FROM THAT PLACE ON: ? Remained in Pascagoula, Miss.
(Hour) (Date)

COMPLETED TRAVEL: ?
(Place) (Hour) (Date)

NAME OF WIFE: Josephine E. Brown

NAMES OF CHILDREN (if over 5 yrs), SEX, and DATE OF BIRTH
(If Children are step-children or adopted please make notation)

Joseph Earl Brown	Male	15 January, 1934
Richard Herman Brown	Male	11 January, 1937

(X) The attached forms are returned herewith to you in order that payment for the travel of both you and your dependents can be made on the same claim. Complete the attached Certificate of Dependency only in the event that your children are between the ages of 5 - 21.

WHEN COMPLETED AS INDICATED ABOVE, RETURN FOR SETTLEMENT TO:

jrm

COMMANDER (F)
8th COAST GUARD DISTRICT
P.O. BOX 282
NEW ORLEANS 9, LOUISIANA

NCG 2663-A
COAST GUARD
Form approved by Comptroller General U. S.
(March 20, 1930)

CERTIFICATE OF DEPENDENCY

To accompany Applications for Transportation Requests and Vouchers for Reimbursement of Transportation of Dependent Children

(SUBMIT IN DUPLICATE)

Date: 3 December, 1951

I, BROWN, Joseph (222-207) BMC, certify that

Joseph Earl Brown

Richard Herman Brown

is (are) my Legitimate (Legitimate, step, adopted) child (children), will be 18 and 15 years of age (respectively) at next birthday, and is (are) member(s) of my household; that said child (children) is (are) not possessed of property or income adequate for its (their) support and education; that it is (they are) not the beneficiary (beneficiaries) either directly or through others of any trust or estate entitling it (them) to income adequate for its (their) support and education; that said child (children) is (are) in fact now and at all times solely dependent on me; that in all respects I maintain the child (children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; (*) and that evidence of the child's (children's) dependency upon me and my maintenance of it (them) has been filed with my pay accounts and is hereby made a part hereof.

Joseph Brown
(Signature)

Rank or Rating BMC

(*) In the case of officers drawing rental and subsistence allowances with dependents, including a wife, this clause is not applicable.

NOTE.—GIVE DATES OF BIRTH OF CHILDREN.

U. S. GOVERNMENT PRINTING OFFICE 16—28562-1

NCG 2663 A
COAST GUARD
Form approved by Comptroller General U. S.
(March 20, 1930)

CERTIFICATE OF DEPENDENCY

To accompany Applications for Transportation Requests and Vouchers for Reimbursement of Transportation of Dependent Children

(SUBMIT IN DUPLICATE)

Date: 3 December, 1951

I, BROWN, Joseph (222-207) BMC, certify that

Joseph Earl Brown

Richard Herman Brown

is (are) my Legitimate (Legitimate, step, adopted) child (children), will be 18 and 15 years of age (respectively) at next birthday, and is (are) member(s) of my household; that said child (children) is (are) not possessed of property or income adequate for its (their) support and education; that it is (they are) not the beneficiary (beneficiaries) either directly or through others of any trust or estate entitling it (them) to income adequate for its (their) support and education; that said child (children) is (are) in fact now and at all times solely dependent on me; that in all respects I maintain the child (children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; (*) and that evidence of the child's (children's) dependency upon me and my maintenance of it (them) has been filed with my pay accounts and is hereby made a part hereof.

Joseph Brown
(Signature)

Rank or Rating BMC

(*) In the case of officers drawing rental and subsistence allowances with dependents, including a wife, this clause is not applicable.

NOTE.—GIVE DATES OF BIRTH OF CHILDREN.

U. S. GOVERNMENT PRINTING OFFICE 16—28562-1

NCG 2662-A
COAST GUARD
Form approved by Comptroller General U. S.
(March 20, 1930)

CERTIFICATE OF DEPENDENCY

To accompany Applications for Transportation Requests and Vouchers for Reimbursement of Transportation of Dependent Children

(SUBMIT IN DUPLICATE)

Date: 3 December, 1951

I, BROWN, Joseph (222-207) BMC, certify that

Joseph Earl Brown

Richard Herman Brown

is (are) my Legitimate (Legitimate, step, adopted) child (children), will be 18 and 15 years of age (respectively) at next birthday, and is (are) member(s) of my household; that said child (children) is (are) not possessed of property or income adequate for its (their) support and education; that it is (they are) not the beneficiary (beneficiaries) either directly or through others of any trust or estate entitling it (them) to income adequate for its (their) support and education; that said child (children) is (are) in fact now and at all times solely dependent on me; that in all respects I maintain the child (children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; (*) and that evidence of the child's (children's) dependency upon me and my maintenance of it (them) has been filed with my pay accounts and is hereby made a part hereof.

Joseph Brown

Joseph Brown
(Signature)

Rank or Rating BMC

(*) In the case of officers drawing rental and subsistence allowances with dependents, including a wife, this clause is not applicable.

NOTE.—GIVE DATES OF BIRTH OF CHILDREN.

U. S. GOVERNMENT PRINTING OFFICE 16—28562-1

Date 7 December, 1951

Voucher in the amount of $ 13.20, for travel and/or temporary duty
Mileage at 6¢ per mile from Morgan City, La. to Mobile, Ala. 220 Miles.
(

certified for payment in the DEC 20 1951 accounts of Paul D.

Banning, Symbol No. 1378, D.O. Voucher No. 414- 13702.

Auth. Certifying Officer, 8 CGD

5112

Ind-1
Pt. AuFer Reef L/S
Morgan City, Louisiana

26 October, 1951
P16-4/MM

From: Officer-in-Charge, Point AuFer Reef L/S
To: BROWN, Joseph (222-207) BMCA(P), USCG

1. In accordance with verbal authority from OC8CGD, basic orders are amended in that you are authorized ten (10) days' leave, Six (6) days' compensatory leave, four (4) days' proceed time and one (1) day's travel time enroute.

2. Delivered and departed at 0800 this date.

3. LEAVE ADDRESS: 502 10th St., Pascagoula, Miss. EDA, 2400, 11-16-51.

Joseph Brown 0710
Joseph Brown, BMCA(P)
OinC

CC: CO CG Depot, Mobile, Alabama
oan
file

Ind-2
CO, CG Depot
Mobile, Alabama

16 November, 1951
P16-4/MM

Reported this unit 0710 this date in accordance with basic orders. All travel performed by privately owned conveyance. Dependants travel completed this time and date.

A. R. MATTSON

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
8TH COAST GUARD DISTRICT
P. O. BOX 282
NEW ORLEANS 9, LA.

p
2 October, 1951
GD8/P16-4/MM

ORDER NO. 080919

From: Commander, 8th CG District
To: BROWN, Joseph (222-207) BMCA(P), USCG
Via: Officer-in-Charge, Point Au Fer Reef Light Station

Subj: Orders; transfer; travel

1. Effective on or about 1 November, 1951, proceed and report to the Commanding Officer, CG Depot, Mobile, Alabama, for assignment to duty.

2. Travel is authorized and is required by the public interests chargeable against the 8th CG District travel allotment symbol 08-20, 08-300510, 0211. Reimbursement will be in accordance with paragraphs 4150 - 4154, JTR. Estimated cost of travel: $15.00

3. This order constitutes a permanent change of station for you from Morgan City, Louisiana, to Mobile, Alabama.

4. Health record will be carried. Service record will be forwarded.

5. CG Depot, Mobile, Alabama, will be the next accountable reporting unit.

6. You are authorized ten (10) days' leave, four (4) days' proceed time and necessary travel time enroute.

7. By indorsement hereon, OinC will indicate time and date of departure, leave address, EDA and forward copies both to this office and your destination.

R. ZAVALETA
By direction

CC: CO, CG Depot, Mobile, Ala.
accounting (2)
pay
e
oan
file

148-52

BROWN, Joseph 222-207 EMCA(P)

Coast Guard Depot Mobile, Alabama

08-660180 11-16-51

0710
11-16-51 asdu

Point AuFer Reef Light Station

CCGD8/L, 10-2-51, GD8/P16-4/MM

S/R

A. R. MATTSON

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

D-330510

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230, Morgan City, La.	6 July, 1951

FROM (REQUESTER):	TO	VIA:
Brown, Joseph (222-20?) BMCA(P)	OCCGD-8 (pmp)	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Five (5) days Annual, and Six (6) days COMPENSATORY ABSENCE

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11	0	17 July, 1951			

REASON FOR REQUEST:

My address on leave will be: 502, 10th, St. Pascagoula, Miss
I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown, BMCA(P)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 6 July, 1951
Leave record indicates balance of 17 days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because) ~~XXXX

12 30-50

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230, Morgan City, La DATE: 27 February, 1951

FROM: Brown, Joseph, (222-207) BMCA-P TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

1951 FEB 27 PM 1 01

NO. OF DAYS ABSENCE REQUESTED ~~10~~ 7 DATE TO DEPART 8 March, 1951

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM ~~MDR~~ 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BMCA-P
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED ~~XXXXXX~~ APPROVED
FORWARDED ____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BMCA-P
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

28 February, 1951
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 8 March, 1951
UNIT: Point Au Fer Reef Light Station
Departed at 0030 (time) this date. This leave of absence will expire before
0900, 16 March, 1951 (time and date) at this unit.

Joseph Brown
Joseph Brown, BMCA-P
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 16 March, 1951
UNIT: Pt. Au Fer Reef LS
Repoted at 0800 (time) this date, having taken 7 Days COMPENSATORY
ABSENCE.

S.L. BROWN, CSCLK., USCG
for (Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

DD OK
R

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (n) (Name, surname first) 222-207 (Service number) BMC (Rank or rating) Point AuFer (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL O[illegible] THE U. S. COAST GUARD

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Morgan City, La., Date 1-3-51, 19

To: Medical Officer in Charge
USMH, New Orleans, La.

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 Officer in Charge
Point AuFer Reef L/Sta
Morgan City, La.

Joseph Brown (Signature of patient)

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, New Orleans, La., Date 1-16-51, 19

I CERTIFY that I have examined the above-named person and find him suffering from

Gastroenteritis due to unknown cause (601-930)
(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 _____ days absence from duty. He was admitted to {*outpatient} treatment at U.S. Marine Hospital {*hospital / *office} on 1-3-51, 19

S.M. Williams
Sr. Asst. Surg. U. S. Public Health Service.

*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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

BROWN, Joseph (n) (Name, surname first) 222-207 (Service number) BMC (Rank or rating) Point Au Fer Reef L/S (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Morgan City, La., Date 1-3-51, 19

To: Medical Officer in Charge
(Coast Guard unit)

USMH, New Orleans, La.
(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
Gastroenteritis due to unknown cause	(601-930)	1-3-51	1-16-51

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

To return to O.P. Clinic for G. I. Series in six to eight weeks.

CONDUCT REPORT:

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

S.M. Williams
U. S. Public Health Service.
Sr. Asst. Surg.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

BROWN, Joseph (Name, surname first) | 222-207 (Service number) | BMC(L) (Rank or rating) | Coast Guard L/S Morgan City. La. (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 Morgan City, La., Date 3-19-51, 19

To: Medical Officer in Charge
U.S.Marine Hospital
New Orleans, La.

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 Officer in Charge
Coast Guard L/S
Morgan City, La.

Joseph Brown
(Signature of patient)

F.J.Graff, HMC.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH. New Orleans, La., Date 3-22-51, 19

I CERTIFY that I have examined the above-named person and find him suffering from
OBSERVATION STOMACH, (600-001)
(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.} x 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.} x Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} x If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 8 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S.Marine Hospital {*hospital / *office} on 3-19-51, 19

R.A.Welsh.
Asst. Surg. (R)
U. S. Public Health Service.

*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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Coast Guard L/S
Morgan City, La.

BROWN, Joseph	222-207	BMC (L)	
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH. New Orleans, La., Date 3-22-51, 19

To: Officer in Charge
Coast Guard Light Station
P.O.Box 230
Morgan City, La. (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
Observation stomach	600-001	3-19-51	3-22-51

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

CONDUCT REPORT:

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

R.A.Welsh R. A. Welsh

Asst. Surg. (R) U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 19 , has been
(Diagnosis)

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

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

APPLICATION FOR LEAVE OF ABSENCE

D° 300510

11-24

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230, Morgan City, La	3 December, 1950

FROM (REQUESTER):	TO	VIA:
Brown, Joseph (222-207) BMC	OCCGD-8 (pmp)	Officer in Charge

THE FOLLOWING LEAVE IS REQUESTED: Six Days COMPENSATORY ABSENCE and Five (5) days Annual

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
11		18 December, 1950			

REASON FOR REQUEST:

My address on leave will be: 502, 10th, St. Pascagoula, Miss

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, BMC
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 3 December, 1950

Leave record indicates balance of 0 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Joseph Brown
Joseph Brown, BMC
Officer in Charge ~~COMMANDING—EXECUTIVE—PERSONNEL OFFICER~~

Ind.-2 Unit: OCCGD-8(p), New Orleans, La. Date: 5 December, 1950

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

S. L. BROWN, CSCLK., USCG
By direction ~~DCGO-FORCES COMOR~~—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Point Au Fer Reef Light Station Date: 18 December, 1950

Departed at 0030 this date. This leave of absence will expire before 0900, 30 December, 1950, at this station and is subject to the special instructions indicated on reverse hereof.

Joseph Brown
Joseph Brown, BMCA
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Date: 12/30/50

Reported at 0830 this date, having taken (5) days' leave

DDE RRR
510 Jump
5R Jump

Joseph Brown
COMMANDING—EXE

16—40220-2

[OVER]

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230, Morgan City, La DATE: 8 November, 1950

FROM: BROWN, JOSEPH. (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 17 November, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED ~~XXXXXX~~ APPROVED
FORWARDED ~~XXXX~~ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

13 November, 1950
S. D. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 17 November, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0830 this date. This leave of absence will expire before
~~0900~~ 0900, 24 November, 1950 at this unit.
(time and date)

Joseph Brown
Joseph Brown, BMC-A
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 24 November, 1950
UNIT:
Repoted at 0830 this date, having taken Six (6) Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown
Joseph Brown, BMC-A
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

DDoK PER

SR Jw B

NAVCG-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Au Fer Reef Light Station
(Unit)

BROWN, Joseph (n) — 16 October, 1950
(Name in full—surname to the left) (Date)

222-207 — BM1
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1947	10	14			
Enlistment extended (for ____ years from)						
Date of discharge (Honorable) (Character of discharge)	1950	10	16			
Total time of last enlistment period				3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

CREDITABLE SERVICE PRIOR EXP. THIS ENLISTMENT	6	0	4
LIGHTHOUSE SERVICE	4	8	7
CREDITED 3 YEARS REENLISTMENT ALLOWANCE ON 10-14-47			

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	3
TOTAL CREDITABLE SERVICE	13	8	14

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

S. L. BROWN

Date 16 October, 1950 (Rank) CSCLK, U. S. C. G.
Commanding officer. By dir.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 17 October, 1950 — Point Au Fer Reef LS, Morgan City, La.
(Unit and place)

I CERTIFY that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three(3) years from this date. and at this period of service will not tend the active Federal service ond 30 years.

S. L. BROWN

(Rank) CSCLK, U. S. C. G.
Commanding officer. By dir.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

STATEMENT OF CREDITABLE SERVICE. Refer to file:
United States Coast Guard
14th Coast Guard District
Honolulu, T.H.

12 October, 1947

From: Commander, 14th Coast Guard District (p)
To: Chief, Disbursing Section

Subj: BROWN, Joseph (222-207) BMlc

Statement of Service of

1. The following is a statement of the service of the above named man for the purpose of computing pay:
(To and including 13 October, 1947)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of duty because (Inclusive dates)	
		From	To	From	To	From	To
10-10-41							
10-10-44							
En.Sv. 3 yrs and D.O.W.							
	10-13-47 HD						
10-14-47							
Now serving							

	Yrs.	Mos.	Days
Coast Guard Service	6	0	4
Navy Service			
Other Service	0	0	0
Total Service	6	0	4

Completed 6 years 9 October, 1947

G. W. GIRDLER, Lieutenant, USCG
A. F. WAYNE, Lt.Comdr., USCG
By direction



New Orleans 9, La.

Commander, 8th CG District
Custom House, Box 30E

10 October, 1950
73-702-851

ORDER No. 000570

From: Commander, 8th CG District
To: BROWN, Joseph (222-237) Mst, USCG
Via: Officer in Charge, Point Au Fer Reef Light Station

Subj: Orders; temporary additional duty; travel

1. Timing your departure to arrive prior 0800, 10 October, 1950, you are directed to proceed and report to the Commander, 8th CG District, New Orleans, Louisiana, for temporary additional duty in connection with official business of the U.S. Coast Guard. Temporary additional duty will be of one (1) day's duration. Upon completion of temporary additional duty, you will return to your regular station and duties.

2. Travel necessary to the execution hereof is required by the public interests and is chargeable against the 8th CG District travel allotment symbol 00-20, 08-500510, 0212. Travel may be performed at own expense subject to reimbursement at the rate prescribed by Article 438, PAMMSI, if so desired. Funds authorized herein limited to $13.00.

3. Allowances for subsistence and quarters as prescribed by Article 438, PAMMSI, applicable this case.

4. Health record will be carried.

5. No proceed time allowed under these orders.

6. By indorsement hereon, CO will indicate time and date of departure and type of transportation furnished/not furnished.

S. L. BROWN
By direction

CC: accounting (2)
e
e (Cdr. Hutson)
file

ATEMENT AND RECEIPT FOR MEDALS
REASURY DEPARTMENT
S. COAST GUARD
-2927 (Rev. 4-48)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
WORLD WAR II VICTORY MEDAL
AND
AREA CAMPAIGN MEDALS

DISTRIBUTION UNIT
Name: _____
Address: _____

INSTRUCTIONS

Return this form to Commandant (PMM), U.S.Coast Guard, Washington 25, D. C. Typewrite or print in ink.

A. GENERAL DATA

NAME (Last)	(First)	(Middle)
BROWN,	Joseph	(n)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
232-207	BM1	Cape Kumukahi LightStation, T.

HOME ADDRESS (Give Number, Street, City, Zone No., and State only if separated from the service)

INDICATE STATUS BY CHECK MARK AND UNDERSCORE ABBREVIATION APPLICABLE

- [X] Active duty USCG, [redacted]
- [ ] Officer - (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)
- [ ] Deceased - Ex-USCG, USCGR, USCGR(T) or USPHS

B. STATEMENT OF ELIGIBILITY

Fill in this statement if you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)
- [X] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

Joseph Brown
Joseph Brown
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S.CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [X] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [X] World War II Victory Medal (No Clasp)
- [X] American Campaign Medal
- [ ] European-African-Middle Eastern Campaign Medal
- [ ] Asiatic-Pacific Campaign Medal

23 Sept., 1948

Joseph Brown
Joseph Brown
(Recipient sign here)
(Do not sign unless awards are actually received)

AMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. 5. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO. 845,572

F.C.C. NEW / F.C.C. PREVIOUS	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 979,561	(Number ↑)
		SERVICE NO. 222-207	SERVICEMAN'S NAME (Last, first, middle) BROWN, Joseph	RATE BM1	PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	X X X	88	P	11-43	Josephine E. Brown Sabine, Texas.	Wife			A					
X X X				1-50										X X X
	X X X				Joseph E. Brown	Son	1-34		A					
X X X														X X X
	X X X				Richard H. Brown	Son	1-37		A					
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
	X X X													
X X X														X X X
		TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED						TOTAL RETROACTIVE AMOUNT	

DISCONTINUANCE

REMARKS

FA Amount $100. No lump sum checkage .

Entitlement ceased 1-50.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 4 February, 1950

128 Chief, FA Section

BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 979,561

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

☐ SUPERSEDING

☐ SUPPLEMENTAL

☐

BROWN, Joseph — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(222-207) — SERVICE NUMBER

B.M.1c. — RATING

NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
Josephine E. Brown, Sabine, Texas.	Wife		
Joseph E. Brown, Same.	Son	1	34
Richard H. Brown, Same.	Son	1	37

BUREAU OF PERSONNEL COPY

UTED BY	REVIEWED BY
E OF APPLICATION	
E REPORTING R ACTIVE DUTY	
ONTH OF FIRST REGULAR AYMENT CLASS A	Nov., 1943
ONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
NITIAL PAYMENT AUTHOR- IZED FOR MONTH OF	None
BLOCK NUMBER	

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

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

None

DATE 14 January, 1944

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.

Chief, Military Morale Section

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 10 NO [illegible] 19[illegible]

I. I, BROWN, (Last name) Joseph (First name) - - - (Middle name) B.M.1c (Rating) U. S. COAST GUARD (Organization)

CG STATION, Sabine, Texas (Ship or station) (222-207) (Service or serial number) 10/10/41 (Date of enlistment) 10/10/41 (Date of reporting for active duty)

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. BROWN, (Last name) Josephine (First name) Elizabeth (Middle name) (wife) (Relationship) (Month, day, year of birth if minor)
   - - - (Number and street or R. F. D.) Sabine, (City or post office) Texas (State)
2. BROWN, (Last name) Joseph (First name) Earl (Middle name) (son) (Relationship) ~~2/15/34~~ 5-34 (Month, day, year of birth if minor)
   - - - (Number and street or R. F. D.) Sabine, (City or post office) Texas (State) 1-11-37
3. BROWN, (Last name) Richard (First name) Herman (Middle name) (son) (Relationship) 2/11/34 (Month, day, year of birth if minor)
   - - - (Number and street or R. F. D.) Sabine, (City or post office) Texas (State)
4. NO OTHERS (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)

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

Josephine Elizabeth Brown (Name) - - - (Number and street or R. F. D.) Sabine, (City or post office) Texas (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 29 October, 1932 at Buras, Louisiana

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

father, mother, husband or wife; person s , step-brother, 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. N-O-N-E

(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 This application used in view of the fact that this station has not yet been supplied with revised forms NAV PERS 668

Subscribed and sworn to before me, this 16th day of November, 19 43

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

Joseph Brown
(Signature)

O. S. YANTIS,
(Signature)

Ensign, USCGR
(Title)

16—29368-2

ALLOWANCE FILE CHARGE SHEET
STATES COAST GUARD
9730

Return auth to Pers file dept
man discharged.

AUTHORIZATION NO. _____

BROWN	Joseph	D	550-490	C SP(PS)
LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NO.	RATING

OF FIRST PAYMENT _____ AMOUNT CHECKED $22 _____ $27 _____

APPROVED _____ DATE _____

FILE CHARGE SHEET

ED COMMISSIONED OFFICER _____ APPOINTED WARRANT OFFICER _____

NCY NO LONGER EXISTS _____ DIVORCED _____

GED 9-17-45 DESERTION _____

ECEASED _____ ALLOTTER DECEASED _____

SS "A" DEPENDENT _____ CHANGE OF PAYEE _____

SS "B" DEPENDENT _____ DROP CLASS "B" DEPENDENT _____

OF ADDRESS _____ INVESTIGATION _____

SIONAL INQUIRY _____ MAILGRAM _____

ROM _____ AUTHORIZATION _____ APPLICATION _____

FOR:

POMEROY ___	CONSORTI ___	TURNER ___
FESTO ___	FRIEDMAN ___	DAVIS ___
THOMPSON ___	SPILLER ___	SCHWALM ___
McKINNEY ___	PRELI ___	
TOWLE ___	SIMPSON ___	

BY _____

Class A $[illegible].00

Effective Dec. 1951
Ret. Jan. 1950

[illegible]

[illegible]

[illegible]

SS No lump sum claimage.

B 4,997 swl

S. E. PRICE
Chief, PA Section

FAA
Month first payment 11 .3
PA amount $[illegible]
Name of payee: Josephine E. [illegible]
Lump sum claimage PA None
Entitlement ceased - 1 Jn

[illegible]
A. G. Auditor for Chief, Navy 1/16
(Signature of Accountable Certifying Officer)

[illegible], PHS A.S. HOSPITAL, New Orleans, La.

[illegible]

[illegible]
WASHINGTON 25, D. C.

4 February, 1952
(DATE)

Receipt of the above notification is hereby acknowledged. Monthly allowance payments will be terminated after payment for the month of January, 1952
Rem. Cont. $[illegible]

Chief, Military Morale Division

swl

(222-207) BM1, USCG

(NAME) (SERVICE NO.) (RATING)

To: COMMANDANT (PMM), COAST GUARD HEADQUARTERS, WASHINGTON 25, D. C.

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of JANUARY, 1950

( ) * Checkage is being continued as required by regulations pending notification to stop.

1/5/50
DATE OF CHANGE IN STATUS

88 - CAREER COMPENSATION ACT OF 1949
NAME OF CHANGE IN STATUS

* Mark applicable status of checkage with "X"

Govt. Contribution $78.00
FAA
Month first payment 11/43
FA amount $100.00
Name of payee: Josephine E. BROWN
Lump sum checkage FA NONE
Entitlement ceased - 1/50

M. C. REDFORD, PAY CLERK, USCG 1378
(Signature of Authorized Certifying Officer.

CDR., 8th C.G. DISTRICT, New Orleans, La.

CG HEADQUARTERS
WASHINGTON 25, D. C.

4 February, 1950
(DATE)

Receipt of the above notification is hereby acknowledged. Family allowance payments will be terminated after payment for the month of: January, 1950
Gov. Cont. $78

Chief, Military Morale Division

rwl

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

Enl. as BM1 & Immd. Adv. to BMC(P), rating held on Discharge.

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
222-207	BROWN	Joseph	(n)	BM1	GS-4

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Boothville,	Louisiana	23	3	1911	CATHOLIC	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	502 - 10th Street	Pascagoula	Jackson	Mississippi

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
20	10	53	[ ] FIRST ENLISTMENT [X] REENLISTMENT	SIX (6) YRS.	- -	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Pascagoula,	Mississippi	Pascagoula River Entrance Light Attendant Sta.	Pascagoula	Miss.

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
- - -

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, JOSEPH BROWN do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

I

Signature in own handwriting (surname to right) Joseph Brown JOSEPH BROWN

Subscribed and sworn to before me this 20TH day of OCTOBER, A. D. 19 53 Citizenship substantiated and contract perfected.

Signature and Grade H. F. ROGALL, LCDR, USCG Official Title COMMANDING OFFICER

PD REENLBONUS $ 360.00
First REENLBONUS PAID
A.P.O. [illegible] USCG DISTRICT

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

U. S. GOVERNMENT PRINTING OFFICE 16—66721-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
BROWN, Joseph (n)	222-207	BMC(P)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable)	RELATIONSHIP (If friend, so state)
Josephine Elizabeth Brown	Wife

ADDRESS (Number, street, city, and State)
502 - 10th Street, Pascagoula, Mississippi

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (First name, middle name, last name) (If none, or if deceased or divorced, so state)	ADDRESS (Number, street, city, and State)
Josephine Elizabeth Brown (39)	502 - 10th Street, Pascagoula, Mississippi

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (Number, street, city, and State)	MARRIED OR SINGLE	SEX	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.	Single		19
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.	Single		16
	(Continue on reverse side)			

8. NAME OF FATHER (or male guardian) (First name, middle name, last name)	ADDRESS (Number, street, city, and State)
Deceased	

9. NAME OF MOTHER (or female guardian) (First name, middle name, last name)	ADDRESS (Number, street, city, and State)
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (See instruction 4 on reverse side of form)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Crawform Raymond Brown (40)	Brother

ADDRESS (Number, street, city, and State)
720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (Other than spouse or child)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Henry Paul Meyer	Brother-in-Law

ADDRESS (Number, street, city, and State)
1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
-	- (Continue on reverse side)	-

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT—

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Josephine Elizabeth Brown	Wife
ADDRESS (Number, street, city, and State): 502 - 10th St., Pascagoula, Mississippi	RECEIVE EACH MONTH: 90 % OF MY PAY

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Pascagoula River Entrance Light Attendant Station General Delivery, Pascagoula, Mississippi	10-19-53	Joseph (n) Brown

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50; NME FORM 93 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601 PAGES 7 AND 8; AND NCG 2529, WHICH ARE OBSOLETE.

CORD OF EMERGE[illegible] DATA FOR THE ARMED FORCES [illegible] THE UNITED STATES

RMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Joseph (n)	222-207	BMC(P)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

ME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *with permanent is advisable)*	RELATIONSHIP *(If friend, so state)*
Josephine Elizabeth Brown	Wife

Number, street, city, and State)

502 - 10th Street, Pascagoula, Mississippi

PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT RABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

OUSE *(First name, middle name, last name) (If none, or if deceased or divorced, state)*	ADDRESS *(Number, street, city, and State)*
Josephine Elizabeth Brown (39)	502 - 10th Street, Pascagoula, Mississippi

CHILDREN FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, and State)*	MARRIED OR SINGLE	SEX	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.	Single		19
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.	Single		16
	(Continue on reverse side)			

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, and State)*
Deceased	

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, and State)*
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Crawform Raymond Brown (40)	Brother

ADDRESS *(Number, street, city, and State)*

720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Henry Paul Meyer	Brother-in-Law

ADDRESS *(Number, street, city, and State)*

1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
-	-	-
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT—

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Josephine Elizabeth Brown	Wife
ADDRESS *(Number, street, city, and State)* 502 - 10th St., Pascagoula, Mississippi	RECEIVE EACH MONTH 90 % OF MY PAY

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Pascagoula River Entrance Light Attendant Station General Delivery, Pascagoula, Mississippi	10-19-53	Joseph (n) Brown

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50; NME FORM 93 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601 PAGES 7 AND 8; AND NCG 2529, WHICH ARE OBSOLETE.

LOYALTY CERTIFICATE FOR PERSONNEL OF ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to .....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Joseph (n) Brown	222-207	REENLISTMENT
Station to Which Certification Submitted	**Typed Name and Grade of Witnessing Officer**	
U. S. COAST GUARD BASE, MOBILE, ALABAMA	H. F. ROGALL, LCDR, USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete. 16—63338-1

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

[redacted]:
[redacted]oon Society
[redacted]panese Association (*Beikoku Chuo Nipponjin Kai*)
[redacted]panese Association of Southern California
[redacted]oon Butoku Kai (*Military Virtue Society of Japan*
[redacted]ilitary Art Society of Japan*)
[redacted]a Kai, also known as Nokubei Heieki Gimusha Kai, [redacted]bei Nihonjin, Heiyaku Gimusha Kai, and Zaibei [redacted]imusha Kai (*Japanese residing in America Military [redacted]inscripts Association*)
[redacted] Kai (*Imperial Japanese Reservists*)
[redacted]aru Kai (*Rising Sun Flag Society—a group of Japa[redacted]ese war veterans*)
[redacted]bei Zaigo Shoke Dan (*North American Reserve Offi[redacted]cers Association*)
[redacted]inese Association of America
[redacted]anese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
[redacted]anese Overseas Convention, Tokyo, Japan, 1940
[redacted]panese Protective Association (*Recruiting Organization*)
[redacted]syoku Iin Kai (*Current Affairs Association*)
[redacted]ibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:
American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsge-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:
Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
[redacted]w Committee for Publications
[redacted]h American Committee to Aid Spanish Democracy
[redacted]h American Spanish Aid Committee
[redacted]o School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":
American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE
Joseph (n) Brown

SIGNATURE OF WITNESSING OFFICER
H. F. ROGALL, LCDR, USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
8TH COAST GUARD DISTRICT
P. O. BOX 262
NEW ORLEANS, LA.
CG BASE, Box 270
Mobile, Alabama

22 October, 1953
P20-2/MM

From: Commanding Officer, CG BASE, Mobile, Alabama
To: Commandant (PE)

Subj: Old Service Record; forwarding of

1. Forwarded herewith are closed out service record and reenlistment papers of the below listed man who was discharged 19 October and reenlisted 20 October, 1953:

BROWN, Joseph (n) (222-207) BMC(P)

W. E. McELROY

Encl: Old Service Record &
Reenlistment papers

xxxxxxxxxx
xxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxx
CG BASE, Box 270
Mobile, Alabama

22 October, 1953
P20-2/MM

From: Commanding Officer, CG BASE, Mobile, Alabama
To: Commandant (PE)

Subj: Old Service Record; forwarding of

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BROWN, Joseph (n) (222-207) BMC(P)

W. E. McELROY

Encl: Old Service Record &
Reenlistment papers

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF BROWN, Joseph (n) (Full name, surname to left); 222-207 (Service number); $205.80 (Pay per month)

Accepted for enlistment at Point Au Fer Reef LS, Morgan City, La.; BM1 (Rating in which enlisted)

Enlisted at Point Au Fer Reef LS, Morgan City, La.; 17 October, 1950 (Date of enlistment)

Transferred to - - - - -

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization - - - - Certificate No. - - -

Date of birth 23 March, 1911 Place of birth Boothville, Louisiana

Home address 502 - 10th Street, (Street and number) Pascagoula (Town) Jackson (County) Mississippi (State)

Married or single Married Name and address of next of kin or legal guardian Josephine Elizabeth Brown Wife 502 - 10th St., Pascagoula, Mississippi (Relationship) (Address)

Continuous Service Certificate - - - (Number) Previous service { Coast Guard / ~~Reserve~~ } 9 (Years) 0 (Months) 7 (Days)

First enlisted 10 October, 1941 (Date) at New Orleans, Louisiana (Place) and was last discharged 16 October, 1950 (Date) from Point Au Fer Reef LS, Morgan City, La. (Unit)

with Honorable (Character) discharge as BM1 (Rate) No. - - -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 39 years 7 months.

Height 5 feet 7½ inches. Weight 165 pounds.

Eyes Brown Sex Male Hair Dark Brown Complexion Ruddy Color Caucasian

Personal characteristics None 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 CSCLK S. L. BROWN of the United States 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.

Second: I oblige and subject myself to serve { THREE (3) years from 17 October, 1950 / ~~during minority~~ until 16 October, 1953 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

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 6 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 6 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, JOSEPH BROWN, 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.

Joseph Brown

JOSEPH BROWN

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 17th day of October, A. D. 1950

EIGHTH COAST GUARD DISTRICT, NEW ORLEANS, LA.
PAID: $150.00, REENL. ALLOWANCE 3 Yrs. 10/17/50.

H. M. Sias

H. M. SIAS, LCDR., USCG

S. L. Brown

S. L. BROWN, CSCLK, USCG
Chief, Personnel Section, 8th CG District
By direction
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief, Personnel Sect., 8th CGD
(Title)

Citizenship substantiated and contract perfected.

S. L. Brown

S. L. BROWN

CSCLK, *U. S. C. G., Enlisting Officer.*
By direction

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

under authority of .....

(Signature of man)

(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. PLACE AND DATE OF EXAMINATION
BROWN, Joseph (n)	New Orleans, La. 18 October, 1950

3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION		
23 March, 1911	39	222-207	ReEnlistment in the U.S.C.G.		
7. SERVICE, DEPARTMENT, OR AGENCY	**8. COMPONENT AND BRANCH**	**9. ORGANIZATION**	**10. GRADE, RATING, OR POSITION**		
Treasury	8th CGD	U.S.C.G.	BM1		
11. SEX	**12. RACE**	**13. HOME ADDRESS** (*Street, or RFD number, city, zone, State*)			
Male	White	502 10th Street, Pascagoula, Mississippi.			
14. PLACE OF BIRTH		**15. OTHER DATA**			
Boothville, La.					

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☒
67½ INS.	163 LBS.			XXXXX		Normal	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 15/15
LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT			N.F.A.			
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒
C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/ 20 CORR. TO 20/ BY
LEFT 20/ 20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED A.O.C. Plates 1940

H. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIVERGENCE	PRISM CONVERGENCE
		N.F.A.			

I. RED LENS—N. S. A. ☐ N.F.A.

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐ N.F.A.

K. DEPTH PERCEPTION
TEST USED
SCORE N.F.A.

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐
LEFT—N. S. A. ☒ N.F.S.

M. ACCOMMODATION—RIGHT LEFT N.F.A.

N. NIGHT VISION
TEST USED
SCORE N.F.A.

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

UR	X	N	F	F	F	N	F	F	F	X	N	F	F	X	X	N	UL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
LR	X	F	X	F	F	N	N	N	N	N	N	X	X	X	X	N	LL
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

MILD MALOCCLUSION—N. S. A. ☒
PERIODONTOCLASIA—N. S. A. ☐
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
DENTALLY QUALIFIED

CLASS: MUTILATED

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	B. P.: S.	. D.	RECUMBENT: PULSE	B. P.: S.	. D.
88	142	100			
STANDING (*3 min.*): PULSE	B. P.: S.	. D.	SITTING: PULSE AFTER EXERCISE	: 2 MIN. AFTER	
			108	90	

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
INSP: 39
EXP: 36½

29. CHEST—N. S. A. ☒ NOT DONE ☐ X-RAY
35 m/m Chest Plate
Results: Negative.

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

WAIST: 35

34. HERNIA. *(If present describe location, size, shape, reducibility) (Complete or incomplete)*

NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES

N. S. A. [X] Hemorrhoids tags

36. VENEREAL DISEASE	37. ENDOCRINE SYSTEM
NONE [X]	N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [X]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

N.F.A.

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE

D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

TEST USED SCORE

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS SP. GR.	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Wass & Kahn Results: Negative	1.018	Neg.	Neg.	
	MICROSCOPIC: N.S.F.			D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

1. Hemorrhoid Tags.

N.S.F.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR ~~IS NOT~~ (*Strike out one*) QUALIFIED FOR ReEnlistment in the U.S.C.G.

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN B. L. Newell	NAME TYPED OR PRINTED B.L. NEWELL, Sr. Surg., (R), U.S.P.H.S.
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED
46. SIGNATURE OF DENTIST OR ~~PHYSICIAN SPECIALIST~~ Philip H. McCaul	NAME TYPED OR PRINTED PHILIP H. McCAUL, DENT. SURG. ,USPHS(R)
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED / DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
BROWN, Joseph (n)	222-207	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Josephine Elizabeth Brown

RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 502 - 10th Street, Pascagoula, Mississippi

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Josephine Elizabeth Brown (36)

ADDRESS *(Number, street, city, zone, and State)*: 502- 10th Street, Pascagoula, Miss.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.		x	x		16
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.		x	x		13

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Deceased

ADDRESS *(Number, street, city, zone, and State)*:

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME: Crawford Raymond Brown (37)

RELATIONSHIP: Brother

ADDRESS *(Number, street, city, zone, and State)*: 720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME: Henry Paul Meyer

RELATIONSHIP: Brother-in-Law

ADDRESS *(Number, street, city, zone, and State)*: 1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME: Josephine Elizabeth Brown

RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 502 - 10th St., Pascagoula, Mississippi

RECEIVE EACH MONTH: 90 % OF MY PAY.

MILITARY ADDRESS: Point Au Fer Reef Light Station
Box 230, Morgan City, Louisiana

DATE SIGNED: 10-17-50

SIGNATURE OF DESIGNATOR: Joseph Brown

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48, NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

"I have read the attached list of organizations, associations, movements, groups, and combinations of persons, and of those listed I am or have been a member of; am or have been employed by; have attended or been present at formal or informal meetings or gatherings of; have attended, been present at, or engaged in, organizational or social activities of or sponsored by; have sold, given away, or distributed written, printed, or otherwise recorded matter published by; or have in any other manner been identified or associated with; the following:

"I have further read or had explained to me, and fully understand the matter copied above, constituting a description of present or past conduct or association deemed by the Commandant of the Coast Guard to constitute sufficient grounds for rejecting applicants for membership in the Coast Guard. I have engaged in conduct or associations of or similar to the nature of those set forth only to the following extent:

"I understand that false representation concerning, or failure fully to disclose (in the absence of an express claim of privilege), any detail of association with, or activities in connection with, any of the organizations,, associations, movements, groups, or combinations listed on the attached sheet which I have initialed, or any detail of present or past conduct or associations of or similar to the character of those copied above shall constitute grounds for bringing me to trial before a general court-martial with possible consequent conviction and imprisonment, or for subsequently separating me from the Coast Guard under conditions other than honorable with or without any precedent court-martial procedure. I further understand that even though I am not accepted for enlistment or appointment in the Coast Guard, I may be subject to civil prosecution for false certification in any of the foregoing respects. Fully appreciating the foregoing, I hereby certify that the statements above constitute a correct and full disclosure (to the extent that privilege has not been expressly claimed) of all my present and past connections of any nature with any one or more of the groups named on the attached list, and of any and all conduct or associations of or similar to the character of those set forth above, in which I am now engaging or have at any time engaged.

"Given under my hand this 17th day October, 1950.

" Joseph Brown
JOSEPH BROWN "

nduct or associations which may be considered as establishing reasonable is for separation of personnel of any component of the Coast Guard and for tion of persons seeking to be enlisted or appointed in any component of the st Guard shall include, but are not limited to, one or more of the following:

a. Sabotage, espoinage, or attempts or preparations therefor, or intimate and sympathetic association with or voluntary assistance to persons whom the subject of the investigation has reasonable cause to believe may be spies or saboteurs.

b. Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

c. Advocacy of revolution or by force or violence to alter the existing constitutional form of government of the United States, advocacy of revolution or by force or violence to bring about economic, political, or social change.

d. Intentional unauthorized disclosure to any person, under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

e. Acting, attempting to act, or knowlingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

f. Membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons,

(1) Which practices, seeks to practice, or advocates:

(a) Denial, by force, violence, or intimidation, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State governments.

(b) Alteration, through or with the aid of force, violence, or intimidation, of the existing form of government of the United States or territory subject to its jurisdiction or of the existing economic, social or political order within it.

(2) Which is disclosed by investigation or designated by the Attorney General to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

CONSOLIDATED LIST OF ORGANIZATIONS PREVIOUSLY DESIGNATED AS WITHIN EXECUTIVE ORDER NO. 9835 BY LETTERS OF 24 NOVEMBER, 1947, 27 MAY, 1948 AND 21 APRIL, 1949 ACCORDING TO THE CLASSIFICATIONS OF SECTION 3, PART III OF THE EXECUTIVE ORDER

Totalitarian

Black Dragon Society
Central Japanese Association (Beikoku Chuo Nipponjin Kai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibel Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)
Hinode Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society--a group of Japanese War Veterans)
Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)
Japanese Association of America
Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku lin Kai (Current Affairs Association)
Kibei Seinen Kai (Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan)
Nanka Teikoku Gunyudan (Imperial Military Friends Group of Southern California War Veterans)
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (Patriotic Society, or Cherry Association--composed of veterans of Russo-Japanese War)
Shinto Temples
Sokoku Kai (Fatherland Society)
Suiko Sha (Reserve Officers Association of Los Angeles)

Fascist

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (Reichsdeutsche Vereinigung)
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
Citizens Protective League

Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U.S.A., Inc. (Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America)
Friends of the New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser-Kameradschaft)
Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)
Lictor Society (Italian Black Shirts)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Illinois
Action Committee to Free Spain Now
American League Against War and Fascism
American Association for Reconstruction in Yugoslavia, Inc.
American Committee for European Workers' Relief
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Committee for Protection of Foreign Born
American Council for a Democratic Greece
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute, (of San Francisco)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
California Labor School, Inc., 216 Market Street, San Francisco, California
Central Council of American Women of Croatian Descent, aka Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder

Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
Civil Rights Congress and its affiliates
Comite Coordinador Pro Republica Espanola
Committee to Aid the Fighting South
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Arkansas
Communist Party, U.S.A.
Communist Political Association
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council of American Affairs
Council for Pan-American Democracy
Dennis Defense Committee
Detroit Youth Assembly
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
International Labor Defense
International Workers Order, including People's Radio Foundation, Inc.
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Labor Research Association, Inc.
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
People's Educational Association
People's Institute of Applied Religion
People's Radio Foundation, Inc.
Philadelphia School of Social Science and Art

JB

Photo League (New York City)
Progressive German-Americans, aka Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Massachusetts
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Southern Negro Youth Congress
Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America
United Spanish Aid Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, Including Socialist Youth League **
Young Communist League

Subversive:

Communist Party, U.S.A.
Communist Political Association
German-American Bund
Socialist Workers Party
Workers Party **
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party

IN PER

Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States
Silver Shirt Legion of America

La.

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U.S.A.
Communist Political Association
Industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Party **
Young Communist League

**Name change to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name, "Independent Socialist League," announced by Attorney General under date of 26 September, 1949.

REPORT OF CHANGE IN PERSONN

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 72

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
	Point Au Fer Reef LS	Morgan City, La.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	08-300510	10-17-50

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 10-17-50: Reenlisted in the USCG(Reg) this date for a period of three (3) years in the permanent rating of Boatswain's Mate, first class. Entitled to enlistment bonus in accordance with Pay and Supply Instructions. AUTH: Art. 556, CG Regulations.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S. L. BROWN, CSCLK, USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL						
RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL

NAVCG-2511 A
Form approved by Comptroller General, U. S. January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Au Fer Reef Light Station
(Unit)

BROWN, Joseph (n)
(Name in full—surname to the left)

16 October, 1950
(Date)

222-207
(Service number)

BM1
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	10	14
Enlistment extended (for ..... years from)			
Date of discharge (Honorable) (Character of discharge)	1950	10	16

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE				NONE			NONE	

CREDITABLE SERVICE PRIOR EXP. THIS ENLISTMENT	6	0	4
LIGHTHOUSE SERVICE	4	8	7
CREDITED 3 YEARS REENLISTMENT ALLOWANCE ON 10-14-47			

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	3
TOTAL CREDITABLE SERVICE	13	8	14

I certify that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

S. L. BROWN

Date 16 October, 1950

(Rank) CSCLK, U. S. C. G.
Commanding officer. By dir.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 17 October, 1950

Point Au Fer Reef LS, Morgan City, La.
(Unit and place)

I certify that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three(3) years from this date and that this period of service will not extend the active Federal service beyond 30 years.

S. L. BROWN

(Rank) CSCLK, U. S. C. G.
Commanding officer. By dir.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

UNITED STATES COAST GUARD
New Orleans, La.

Address reply to:
Commander
8th CG District
New Orleans, La.

08

REGISTERED MAIL
23 October, 1950
File: pmp 73

From: Commander, Eighth Coast Guard District
To: Commandant (PE-PR)

Subj: **BROWN, Joseph (n) (222-207) BM1;**
records, forwarding of

Service record, original enlistment contract and supporting papers case of subject man who was discharged and reenlisted on **17 October, 1950** are forwarded herewith for Headquarters custody.

S. L. BROWN
By direction

Incl: 1. SR subj man
2. Enl. Contract (original)
3. Other supporting papers

UNITED STATES COAST GUARD
New Orleans, La.

Address reply to:
Commander
8th CG District
New Orleans, La.

REGISTERED MAIL

23 October, 1950

From: Commander, Eighth Coast Guard District
To: Commandant (PE-PR)

Subj:
[redacted], Joseph (n) (222-207) BM1;

Service record, original enlistment contract and supporting papers case of subject man who was discharged and reenlisted on 17 October, 1950 are forwarded herewith for Headquarters custody.

By direction

Incl: 1. SR subj man
2. Enl. Contract (original)
3. Other supporting papers

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (11-47)

Name BROWN, Joseph (n)	Service No. 222-207	Rating BM1
Unit Point Au Fer Reef LS	Location MorganCity, La.	Date reported 1-9-50
FINAL AVERAGE EFFICIENCY MARKS	Proficiency in rating 3.51	Conduct 4.0

Deductible time while attached: [X] None [ ] Entered in absence from duty article of record

Disposition of identification credentials: [ ] Surrendered [X] Not Surrendered (Explanation below)

STATEMENTS OF DISCHARGEE

Explanation of non-surrender of identification credentials

Reenlisting following day.

Place to which travel allowance is elected

Port of Entry: Wilmington, Calif.

Receipt of the following is acknowledged

- [X] Honorable Discharge Button
- [X] Honorable Service Button
- [X] Honorable Service Emblems
- [ ] Satisfactory Service Card No.
- [ ] Information relative to rights and benefits as a veteran

Address subsequent to discharge

502 - 10th Street
Pascagoula, Miss.

Signature of dischargee

Joseph Brown

Remarks

Reenlisting

DISCHARGE

Date	Type of discharge
10-16-50	Honorable

Reason: Exp. of enl & extension thereof.

Authority: Art. 589(1) CG Regulations

MUSTERING OUT PAY

[ ] Entitled [X] Not Entitled

Amount paid	Voucher No.	Check No.

TRAVEL ALLOWANCE AND PAY

Paid TA from	To
Morgan City, La.	Wilmington, Calif.

Total TA	Total TA & pay (in full to date of discharge)
$95.80	$606.78

Check No.	Name of pay officer
	H. M. SIAS, LCDR., USCG

CREDITABLE SERVICE THIS ENLISTMENT

Years	Months	Days
3	0	3

REENLISTMENT RECOMMENDATION

[X] Recommended [ ] Not Recommended

Certified to be correct upon termination of service

S. L. BROWN, CSCLK, USCG
Chief, Personnel Section
8th CG District, By dir.

COMMANDING OFFICER

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
BROWN, Joseph (n)	222-207	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*) — RELATIONSHIP (*If friend, so state*)

Josephine Elizabeth Brown — Wife

ADDRESS (*Number, street, city, zone, and State*)

502 - 10th Street, Pascagoula, Mississippi

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*) — ADDRESS (*Number, street, city, zone, and State*)

Josephine Elizabeth Brown (36) — 502- 10th Street, Pascagoula, Miss.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.		x	x		16
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.		x	x		13

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Deceased

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*) — ADDRESS (*Number, street, city, zone, and State*)

Deceased

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Crawford Raymond Brown (37) — Brother

ADDRESS (*Number, street, city, zone, and State*)

720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Henry Paul Meyer — Brother-in-Law

ADDRESS (*Number, street, city, zone, and State*)

1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(*Continue on reverse side*)	

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Josephine Elizabeth Brown — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

502 - 10th St., Pascagoula, Mississippi — 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Point Au Fer Reef Light Station Box 230, Morgan City, Louisiana	10-17-50	Joseph Brown

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. PLACE AND DATE OF EXAMINATION	
BROWN, Joseph (n)			New Orleans, La. 18 October, 1950	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION	
23 March, 1911	39	222-207	ReEnlistment in the U.S.C.G.	
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION	10. GRADE, RATING, OR POSITION
Treasury		8th CGD	U.S.C.G.	BM1
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)		
Male	White	502 10th Street, Pascagoula, Mississippi.		
14. PLACE OF BIRTH		15. OTHER DATA		
Boothville, La.				

16. RATING OR SPECIALTY (*Time in this capacity*) TOTAL LAST 6 MONTHS

17. MEASUREMENTS		18. BUILD (*Including frame and figure*)				19. TEMP.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	MEDIUM	SLENDER	HEAVY	OBESE		N. S. A. ☒
67½ INS.	163 LBS.			XXXX		Normal.	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A. ☒

22. HEAD, FACE, AND NECK—N. S. A. ☒

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. ☒

24. EARS—A. CANALS, EXT. EARS—N. S. A. ☒
B. DRUMS—NO PERFORATION ☒ N. S. A. ☒

C. HEARING (*Whispered and spoken voice at 16 ft.*)
RIGHT WV 15/15: SV 15/15
LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT			N.F.A.			
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. ☒ LEFT EYE—N. S. A. ☒
B. PUPILS—EQUAL ☒ NORMAL TO ACCOMMODATION ☒ TO LIGHT ☒

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. ☒

D. DISTANT VISION
RIGHT 20/ 20 CORR. TO 20/ BY
LEFT 20/ 20 CORR. TO 20/ BY

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
S. C CX
S. C CX

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. ☒ TEST USED A.O.C. Plates 1940

H. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIVERGENCE	PRISM CONVERGENCE
		N.F.A.			

I. RED LENS—N. S. A. ☐
N.F.A.

J. FIELD OF VISION—RIGHT—N. S. A. ☐ LEFT—N. S. A. ☐
N.F.A.

K. DEPTH PERCEPTION
TEST USED
SCORE N.F.A.

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. ☐
LEFT—N. S. A. ☐
N.F.A.

M. ACCOMMODATION—RIGHT LEFT
N.F.A.

N. NIGHT VISION
TEST USED
SCORE N.F.A.

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	X	N	F	F	F	N	F	F	UL	F	X	N	F	F	X	X	N	
LR	X	F	X	F	F	N	N	N	LL	N	N	N	X	X	X	X	N	

MILD — MALOCCLUSION—N. S. A. ☒
PERIODONTOCLASIA—N. S. A. ☐
GINGIVITIS—N. S. A. ☒

REMARKS AND DISQUALIFYING DENTAL DEFECTS
DENTALLY QUALIFIED

CLASS: MULTILATED

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	88	B. P.: S.	142	. D.	100
STANDING (*3 min.*): PULSE		B. P.: S.		. D.	
RECUMBENT: PULSE		B. P.: S.		. D.	
SITTING: PULSE AFTER EXERCISE	108	: 2 MIN. AFTER	90		

28. LUNGS—N. S. A. ☒ CHEST—N. S. A. ☒ (*Include breasts for females*)
INSP: 39
EXP: 36½

29. CHEST—N. S. A. ☒ NOT DONE ☐ X-RAY
35 m/m Chest Plate
Results: Negative.

30. HEART—N. S. A. ☒

31. EKG—N. S. A. ☐ NOT DONE ☒

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. ☒

B. VARICOSE VEINS—NONE ☒

16—54662-1

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [X] B. SPLEEN—N. S. A. [X] C. MASSES—NONE [X]

WAIST: 35

34. HERNIA. *(If present describe location, size, shape, reducibility)* *(Complete or incomplete)*

NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES

N. S. A. [ ] Hemorrhoids tags

36. VENEREAL DISEASE

NONE [X]

37. ENDOCRINE SYSTEM

N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] *(Include prostate exam. if indicated)* PELVIC—N. S. A. [X] VAGINAL DONE [ ] OR RECTAL DONE [X]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL *(Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.)* B. PSYCHIATRIC AND PERSONALITY. *(Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)*

N.P.A.

TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [ ] *(If answer is yes, explain and cite recommendations under Item No. 42)*

A. NEUROLOGICAL—N. S. A. [ ] B. PSYCHIATRIC—N. S. A. [ ] C. PSYCHOLOGICAL TESTING TEST USED SCORE

41. LABORATORY TESTS—A. SEROLOGY *(Specify test used—Result)*

Wass & Kahn
Results: Negative

B. URINALYSIS SP. GR. 1.018 ALBUMIN Neg. SUGAR Neg.

MICROSCOPIC N.S.F.

C. BLOOD TYPE AND CLASSIFICATION USED

D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

1. Hemorrhoid Tags.

N.S.F.

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR [redacted] *(Strike out one)* QUALIFIED FOR ReEnlistment in the U.S.C.G.

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN B. L. Newell NAME TYPED OR PRINTED B.L. NEWELL, Sr. Surg., (R), U.S.P.H.S.

45. SIGNATURE OF PHYSICIAN NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN *(Indicate which)* Philip H. McCaul NAME TYPED OR PRINTED PHILIP H. McCAUL, DENT. SURG. ,USPHS(R)

47. SIGNATURE OF REVIEWING OFFICER NAME TYPED OR PRINTED DATE

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

ORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Brown, Joseph. (n)	222-207	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*)

Josephine Elizabeth. Brown

RELATIONSHIP (*If friend, so state*): WIFE

ADDRESS (*Number, street, city, zone, and State*)

502, 10th, St. Pascagoula, Miss

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW ALSO WILL BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Crawford Raymond Brown	720, Lyons, St. New Orleans, La

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Joseph Earl. Brown	502, 10th, Pascagoula, Miss		x	x		16
Richard Herman. Brown	502, 10th, Pascagoula, Miss		x	x		13

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR OF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. (*See instruction 4 on reverse side of form*)

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Henry Paul. Meyer	Brother in Law

ADDRESS (*Number, street, city, zone, and State*)

1509, N. Rocheblave, St. New Orleans, La

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. (*Other than spouse or child*)

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Frank William. Meyer	Brother in Law

ADDRESS (*Number, street, city, zone, and State*)

Burrwood, La.

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. (*The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.*)

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

(*Continue on reverse side*)

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Mrs. Josephine Elizabeth. Brown	Wife

ADDRESS (*Number, street, city, zone, and State*)

502, 10th, St Pascagoula, Miss

RECEIVE EACH MONTH: 90 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Point Au Fer Reef Light Station Box 230, Morgan City, La	9/1/50	Joseph Brown, BM1

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

NAVCG-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Point Au Fer Reef Light Station
(Unit)

BROWN, Joseph (n)
(Name in full—surname to the left)

16 October, 1950
(Date)

222-207
(Service number)

BM1
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1947	10	14
Enlistment extended (for ____ years from)			
Date of discharge (Honorable) (Character of discharge)	1950	10	16

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE				NONE			NONE	

	Years	Months	Days
CREDITABLE SERVICE PRIOR EXP. THIS ENLISTMENT	6	0	4
LIGHTHOUSE SERVICE	4	8	7
CREDITED 3 YEARS REENLISTMENT ALLOWANCE ON 10-14-47			
Total Absence (0 days)			
Creditable time served during last enlistment period	3	0	3
~~TOTAL CREDITABLE SERVICE~~	13	8	14

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

S. L. BROWN

Date 16 October, 1950

(Rank) OSCLK, U. S. C. G.
Commanding officer. By dir.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 17 October, 1950

Point Au Fer Reef LS, Morgan City, La.
(Unit and place)

I CERTIFY that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of three(3) years from this date, and that this period of service will not extend the active Federal service beyond 30 years.

S. L. BROWN

(Rank) OSCLK, U. S. C. G.
Commanding officer. By dir.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-2

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 71

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
BROWN, Joseph (n)	222-207	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
	Point Au Fer Reef LS	Morgan City, La.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	08-300510	10-16-50

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 10-16-50: Enlistment extended for three (3) days due to holidays. AUTH: Art. 591(5)(c) CG Regs. Discharged from the USCG(Reg) this date by reason of expiration of enlistment and extension thereof. Issued honorable discharge. Previously paid MOP. AUTH: Art. 589(1) CG Regs.

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S. L. BROWN, CSCLK, USCG
By dir. (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-8 U. S. GOVERNMENT PRINTING OFFICE

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME: BROWN, Joseph (n)
2. SERVICE NUMBER: 222-207
3. GRADE—RATE—RANK AND DATE OF APPOINTMENT: BM1 7-10-42
4. COMPONENT AND BRANCH OR CLASS: USCG
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: - - - ; RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: - - -
6. EFFECTIVE DATE OF SEPARATION: DAY 16 MONTH Oct YEAR 50
7. TYPE OF SEPARATION: Discharged
8. REASON AND AUTHORITY FOR SEPARATION: Exp. of enl. and extension thereof. Art. 589(1) CG Regulations
9. PLACE OF SEPARATION: Morgan City, La.
10. DATE OF BIRTH: DAY 23 MONTH March YEAR 11
11. PLACE OF BIRTH (City and State): Boothville, La.
12. DESCRIPTION: SEX Male; RACE Caucas.; COLOR HAIR Brown; COLOR EYES Brown; HEIGHT 5'7½"; WEIGHT 165

SELECTIVE SERVICE DATA

13. REGISTERED: YES ; NO X ; SELECTIVE SERVICE NUMBER
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)
15. INDUCTED: DAY MONTH YEAR
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES ; NO X ; COMPONENT AND BRANCH OR CLASS
COGNIZANT DISTRICT OR AREA COMMAND

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY
18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1c
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 14 MONTH Oct YEAR 47 PLACE (City and State) Honolulu, T. H.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): Cape Kumukahi LS, Hawaii Islane, T. H.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (USCG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	6	0	4
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES			
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	9	0	7

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY MONTH NONE YEAR AMOUNT
26. FOREIGN AND/OR SEA SERVICE: YEARS ONE MONTHS 0 DAYS 0
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE
28. MOST SIGNIFICANT DUTY ASSIGNMENT: Pascagoula River Entrance LS
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
None			

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER, IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I. $3.32; U. S. G. L. I. —
33. MONTH ALLOTMENT DISCONTINUED: —
34. MONTH NEXT PREMIUM DUE: —
35. TOTAL PAYMENT UPON SEPARATION: $606.78
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: $95.80
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: H. M. SIAS, LCDR., USCG, ACO

AUTHENTICATION

38. REMARKS (Continue on reverse): REENLISTING
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: S. L. Brown
S. L. BROWN, CSCLK, USCG
NAME, GRADE AND TITLE (Typed): Chief, Personnel Section 8th CG District

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: None
CLAIM NUMBER
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM 1929 TO 1941
42. MAIN CIVILIAN OCCUPATION: Oiler, US Engineers
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: U. S. Engineers, New Orleans District
44. UNITED STATES CITIZEN: ☒ YES ☐ NO
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR 4; HIGH SCHOOL —; COLLEGE —; DEGREE(S); MAJOR COURSE OR FIELD
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 502 - 10th St., Pascagoula, Jackson, Miss.
48. SIGNATURE OF PERSON BEING SEPARATED: Joseph Brown
Joseph Brown

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

UNITED STATES COAST GUARD
New Orleans 9, La.

Address Reply To:
Commander, Eighth
CG District (pmp)

5 May, 1950
File: 73

From: Commander, 8th CG District
To: Officer in Charge, Point Au Fer Reef L/S
Subj: Petty Officer Rating Certificates; D D Form 216 CG; forwarding of

Subject certificate in the case of the following named man is forwarded herewith for delivery:

BROWN, Joseph (222-207) BM1

M. GARFIELD
By direction

Incl:
Subj Certificate

NOTE: A copy of this letter of delivery will be placed in the Service Record of each individual

LTO

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Sta ADDRESS: Box 230 Morgan City,La DATE: 28 March,1950

FROM: Brown,Joseph. (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 7 April,1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th,St. Pascagoula, Miss
Phone No. 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown,BM1
(Signature of applicant)

IND-1 UNIT: [redacted]

FORWARDED XX APPROVED
FORWARDED ___ NOT APPROVED

Joseph Brown
Joseph Brown
Signature of Officer in Charge

---

29 March, 1950

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

S.L. BROWN
S.L. BROWN, CSCLK.,USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 7 April,1950
UNIT: Point Au Fer Reef Light Station
Departed at 1100 (time) this date. This leave of absence will expire before
0900 14 April,1950 (time and date) at this unit.

Joseph Brown
Joseph Brown,BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 14 April 1950
UNIT:
Repoted at 0830 (time) this date, having taken SIX (6) Days COMPENSATORY
ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

PD-RER

SR Inb

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City,La DATE: 3 March,1950

FROM: Joseph Brown(222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED six (6) DATE TO DEPART 10 March,1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT:

FORWARDED X APPROVED
FORWARDED ____ NOT APPROVED

Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

6 March, 1950
S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 10 March,1950
UNIT: Point Au Fer Reef L/S Morgan City,La.
Departed at 0800 (time) this date. This leave of absence will expire before
0900, 17 March,1950 (time and date) at this unit.

George R. Beck
George R. Beck, EN3
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 17 March,1950
UNIT: Point Au Fer Reef L/S
Repoted at 0800 (time) this date, having taken Six (6) Days COMPENSATORY ABSENCE.

George R. Beck
George R. Beck, EN3
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

SERVICE RECORD ENTRY
MUSTER ROLL ENTRY

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE ////////////

ENLISTMENT OF BROWN, Joseph (Full name, surname to left); 222-207 (Service number); $148.50 (Pay per month)

Accepted for enlistment at Honolulu, T. H.; BM1c (Rating in which enlisted)

Enlisted at Office, Commander, 14th CG District, Honolulu, T. H.; 14 October, 1947 (Date of enlistment)

Transferred to Cape Kumukahi Light Station, Hawaii Island, T. H.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization - Certificate No. -

Date of birth 23 March, 1911 Place of birth Boothville, Louisiana

Home address Cape Kumukahi Light Station, Hawaii Island, T. H. (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian

Josephine E. Brown - Wife - Cape Kumukahi Light Station, Hawaii Island, T. H. (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 4 (Days)

First enlisted 10 October, 1941 (Date) at New Orleans, Louisiana (Place) and was last discharged 13 October, 1947 (Date) from Off.Comdr14thCGD, Honolulu, T. H. (Unit)

with Honorable (Character) discharge as BM1c (Rate) No. -

Previous Navy service - (Years) - (Months) - (Days) Previous Marine Corps service - (Years) - (Months) - (Days)

Previous Army service - (Years) - (Months) - (Days) Age 36 years 7 months.

Height 5 feet 7½ inches. Weight 165 pounds.

Eyes Brown Sex Male Hair Dk.Brown Complexion Ruddy Color White

Personal characteristics None 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 J. W. RYSSY of the United States 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.

Second: I oblige and subject myself to serve { THREE (3) years from 14 October, 1947 / ////////// until 13 October, 1950 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

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 6 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 6 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, Joseph Brown 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.

Joseph Brown

Joseph Brown
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 14th day of October, A. D. 1947

J. W. RYSSY, Captain, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief of Staff
(Title)

Citizenship substantiated and contract perfected.

J. W. RYSSY

Captain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

Point Au Fer Reef Light Station (Unit) Morgan City, La. (Place) 16 October, 1950 (Date)

Enlistment extended until 16 October, 1950 by reason of

holidays

under authority of Art. 591(5)(c) CG Regulations

Joseph Brown
(Signature of man)

S. L. BROWN, CSCLK, USCG
By direction
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
CAPE Kumukahi Lt. Sta. Hono.	SEP 2 1 1948	O.R. Snead Comdr. USCG	Cape Kumukahi Lt.Sta.,Hono.	10-15-47	Lieut.(jg), By dir.
Pascagoula River Ent. St. Station	[illegible]	Mayfield Comdr. USCG	Pascagoula River Ent. L/S	10-14-48	M Mayfield Comdr. USCG
Pascagoula Riv. LAS	1-4-50	CSCLK., USCG By direction	Point Au Fer Reef L/S	1-9-50	CSCLK., USCG By direction

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9670-2

RECORD OF BROWN, Joseph 222-207

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
12-31-47	BM1c	3.5	3.5	3.2	3.3	4.0	Cdr. 14CGD Lt(jg) By dir
3-31-48	BM1c	3.5	3.5	3.2	3.3	4.0	Cape Kumukahi Light Station Lt(jg) by dir
6-30-48	BM1	3.5	3.5	3.2	3.3	4.0	Cape Kumukahi Lt. Station O R Smeder LCDR O. R. SMEDER, By dir.
9-21-48	BM1	3.5	3.5	3.2	3.3	4.0	Cape Kumukahi Lt. Station O R Smeder LCDR O. R. SMEDER, By dir.
9-30-48	BM1	Less Than One Month				4.0	SCLK, USCG. By Dir.
12-31-48	BM1	3.5	3.5	3.5	3.5	4.0	SCLK, USCG, By Dir.
3-31-49	BM1	3.5	3.5		3.5	4.0	SCLK, USCG, By dir.
6-30-49	BM1	3.5	3.5		3.5	4.0	SCLK, USCG, By dir.
9-30-49	BM1	3.5	3.5		3.5	4.0	SCLK, USCG, By dir.
12-31-49	BM1	3.5	3.5		3.5	4.0	CSCLK., USCG By Dir.
1-4-50	BM1	3.5	3.5		3.5	4.0	CSCLK., USCG By Dir.
3-31-50	BM1	3.6	3.6		3.6	4.0	S.L.BROWN, CSCLK., USCG, By direction
6-30-50	BM1	3.5	3.5		3.5	4.0	S.L.BROWN, CSCLK, USCG, OCCGD8, By dir.
9-30-50	BM1	3.5	3.5		3.5	4.0	S.L.BROWN, CSCLK, USCG, OCCGD8, By dir.
10-16-50	BM1	3.5	3.5		3.5	4.0	S.L.BROWN, CSCLK, USCG, OCCGD8, By dir.
AVERAGE	X X X X	3.51				4.0	

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.

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
COMDR. 14CGD		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			O.R. Smedberg
Pascagoula Riv. LAS	NO	DEDUCTIBEL TIME WHILE ATTACHED TO THIS		UNIT.	CSCLK., USCG By Dir.

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

8. LEAVE ACCOUNT (NAME) BROWN, Joseph (n) (SER.NO.) 222-207

ACCRUED LEAVE				LEAVE TAKEN							
REASON AND DATE	CREDITABLE SERVICE FOR LEAVE PURPOSES		NO. OF DAYS EARNED	DEPARTED		RETURNED		TYPE AND REASON	NO. DAYS	BAL. DUE	SIGNATURE AND UNIT
	MOS.	DAYS		HOUR	DATE	HOUR	DATE				
BROUGHT FORWARD FROM OLD LEAVE SHEET on 28 AUGUST, 1950										49	S.L.BROWN, CSCLK., By dir. CCCGD-8
				0015	8-19-50	0800	8-26-50	COMP LV	6	49	S.L.BROWN, CSCLK.USCG By dir. CCCGD-8
				0015	9-18-50	0830	9-25-50	COMP LV	6	49	S.L.BROWN, CSCLK By dir. CCCGD-8
Disch. 10-16-50	3	16	9							58	S.L.BROWN, CSCLK, By dir. CCCGD-8

Elects and is entitled to cash compensation for fifty-eight (58) days unused accrued leave.

S. L. BROWN, CSCLK, USCG

EIGHTH COAST GUARD DISTRICT, NEW ORLEANS, LA.
PAID: LSL (58 Dys) BP&L & Allow $510.98, 10/17/50.

H. M. SIAS, LCDR., USCG

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE
(INCLUDES AOL, AWOL, EXCESS LEAVE, AND SENTENCE OF CONFINEMENT BY A COAST GUARD COURT)

FROM (INCLUSIVE DATES)	TO	REASON	MONTHS	DAYS	SIGNATURE AND UNIT

8. LEAVE RECORD (NAME) BROWN, Joseph (SER.NO.) 222-207

ACCRUED LEAVE				LEAVE TAKEN							
REASON & DATE	CREDITABLE SERVICE FOR LEAVE PURPOSES		NO. OF DAYS EARNED	DEPARTED HOUR	DEPARTED DATE	RETURNED HOUR	RETURNED DATE	TYPE AND REASON	NO. DAYS	BAL. DUE	SIGNATURE AND UNIT
BROUGHT FORWARD FROM OLD LEAVE SHEET											
7-1-49										46	/s/S. L. BROWN S.L.BROWN,CSCLK. USCG By dir. OCCGD-8
					12-22-49		12-28-49	ACCREG	7	39	/s/ S. L. BROWN S. L.BROWN,CSCLK USCG By dir. OCCGD-8
				1200	2-8-50	0600	2-15-50	COMP.LV.	7	39	CSCLK., USCG By dir.OCCGD-8
				0800	3-10-50	0800	3-17-50	COMP.LV	6	39	CSCLK., USCG By dir.OCCGD-8
				1100	4-7-50	0830	4-14-50	COMP LV	6	39	CSCLK., USCG By dir,OCCGD-8
				0800	5-5-50	0800	5-12-50	COMP LV	6	39	CSCLK., USCG By dir. OCCGD08
				1630	5-24-50	0700	5-26-50	EM	1	38	CSCLK., USCG By dir. OCCGD-8
				0800	6-5-50	thru 2400 prior	6-24-60	ACCREG	19	19	S. L. BROWN,CSCLK USCG, By directic
				0000	6-25-50	thru 2400	6-30-50	COMP ABS.	6	19	OCCGD-8
ANCR 6-30-50	12	0	30							49	CSCLK., USCG By dir. OCCGD-8
BBF 7-1-50										49	CSCLK., USCG By dir. OCCGD-8
				prior 0000	7-1-50	0800	7-1-50	COMP ABS	0	49	CSCLK., USCG By dir. OCCGD-8
				0800	7-20-50	0800	7-27-50	COMP LV	6	49	S.L.BROWN,CSCLK By dir OCCGD-8

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE
(INCLUDES AOL, AWOL, EXCESS LEAVE, AND SENTENCE OF CONFINEMENT BY A COAST GUARD COURT)

FROM (INCLUSIVE DATES)	TO	REASON	MONTHS	DAYS	SIGNATURE AND UNIT

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Stati ADDRESS: Box 230, Morgan City, La DATE: 12 September, 1950

FROM: Brown, Joseph (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 18 September, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

BROWN - COMPLY WITH INSTRUCTIONS IN NOTE ATTACHED. JRB

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXXXX APPROVED
FORWARDED ____ ~~NOT APPROVED~~

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - ~~NOT GRANTED~~

13 September, 1950
S. L. BROWN, OSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 18 September, 1950
UNIT: Pt. Au Fer Reef Light Station
Departed at 0015 (time) this date. This leave of absence will expire before
0900, 25 September, 1950 (time and date) at this unit.

Joseph Brown
Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 25 September, 1950
UNIT: Point Au Fer Reef L/S Morgan City, La
Repoted at 0830 (time) this date, having taken Six (6) Days COMPENSATORY ABSENCE.

Joseph Brown
Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

DD RER

SR RER

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La DATE: 8 August, 1950

FROM: Brown, Joseph, (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED SIX (6) DATE TO DEPART 19 August, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss
Phone 860-M

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED XXX APPROVED
FORWARDED ____ DISAPPROVED

Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp) 11 August, 1950
RETURNED: GRANTED - DISAPPROVED

S/ L. BROWN, CSCLK., USCG.
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 19 August, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0800 this date. This leave of absence will expire before
(time)
0800, 26 August, 1950 at this unit.
(time and date)

Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 26 August
UNIT: Point Au Fer Reef Light Station
Repoted at 0800 this date, having taken Six (6) Days COMPENSATORY
(time)
ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4

DD ORDER

SRIMB

V + 8

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City,La DATE: 12 July,1950

FROM: Brown, Joseph(222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 20 July,1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM ~~HER~~ 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef L/S

FORWARDED ~~XXXXX~~ APPROVED
~~FORWARDED~~ ____ ~~NOT APPROVED~~

Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp) 13 July, 1950
RETURNED: GRANTED - ~~NOT GRANTED~~

S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 20 July,1950
UNIT: Point Au Fer Reef L/S Morgan City, La
Departed at 0800 (time) this date. This leave of absence will expire before
0800, 27 July,1950 (time and date) at this unit.

Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 27 July,1950
UNIT: Point Au Fer Reef Light Station, Morgan City, La.
Repoted at 0800 (time) this date, having taken Six (6) Days COMPENSATORY ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT UPON COMPLETION OF IND-4

DDotRR

SR-Jun3

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Point Au Fer Reef L/S	Box 230 Morgan City, La.	19 May,1950

FROM (REQUESTER):	TO	VIA:
Brown Joseph(222-207) BM1	OCCGD-8 (pmp)	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Six days COMPENSATORY ABSENCE and Nineteen (19) Annual

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
25		5 June,1950	7	11	10 October,1950

REASON FOR REQUEST: If this leave is not granted I will lose 19 days. I lost 28 days annual leave during my time overseas. My other reason is to comolete dental treatment.

My address on leave will be: 502, 10th,St. Pascagoula,Miss . Phone 860-M

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown,BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Point Au Fer Reef L/S Date: 19 May,1950

Leave record indicates balance of ~~78~~ 39 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Joseph Brown,BM1
OinC COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: OCCGD-8(pmp), NOLa. Date: 23 May, 1950

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

S. L. BROWN, CSCLK., USCG
By direction DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Point Au Fer Reef L/S Date: 5 June,1950

Departed at 0800 this date. This leave of absence will expire before 0900, 1 July,1950, at Morgan City,La. and is subject to the special instructions indicated on reverse hereof.

Joseph Brown,BM1
O in C COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Morgan City,La Date: 1 July,1950

Reported at 0800 this date, having taken 19 days' leave and 00 days' TT.

DD OK R&R
SR 510

Joseph Brown, BM1
Officer in Charge
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2 [OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Pt. Au Fer Reef LS	Morgan City, La.	24 May, 1950

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207)BM1	OCCGD-8(pmp)	Officer-in-Charge

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
5	0	24 May, 1950			

REASON FOR REQUEST:

Emergency (Wife Ill)

My address on leave will be: 5513 Wildair St. New Orleans, La. VI-7103

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Pt. Au Fer Reef LS, Morgan City, La. Date: 24 May, 1950
Leave record indicates balance of 39 days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

Joseph Brown
Officer-in-Charge
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: OCCGD-8(pmp), NOLa. Date: 24 May, 1950
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

S. L. BROWN, CSCLK., USCG
By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Pt. Au Fer Reef LS, Morgan City, La. Date: 24 May, 1950
Departed at 1630 this date. This leave of absence will expire before 0900, 30 May, 1950, at this unit and is subject to the special instructions indicated on reverse hereof.

S. L. BROWN, CSCLK., USCG
By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Point Au Fer Reef L/S Date: 26 May. 1950
Reported at 0700 this date, having taken 1 days' leave and 00 days' TT.

Joseph Brown, B.M.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-3



APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef L/S ADDRESS: Box 230 Morgan City, La. DATE: 25 April, 1950

FROM: BROWN, JOSEPH, (222-207) BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED Six (6) DATE TO DEPART 5 May, 1950

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502, 10th, St. Pascagoula, Miss

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown, BM1
(Signature of applicant)

IND-1 UNIT: Point Au Fer Reef Light Station

FORWARDED XXX APPROVED
FORWARDED ____ NOT APPROVED

Joseph Brown
Joseph Brown, BM1
Signature of Officer in Charge

IND-2 (To be filled in by OCCGD-8(pmp) 25 April, 1950
RETURNED: GRANTED - NOT GRANTED

AD S. L. BROWN, CSCLK., USCG
By direction

IND-3 (To be filled in by OinC when man departs) DATE: 5 May, 1950
UNIT: Point Au Fer Reef Light Station
Departed at 0800 (time) this date. This leave of absence will expire before
0900 12 May, 1950 (time and date) at this unit.

Joseph Brown
Joseph Brown, BM1
Officer in Charge

Ind-4 (To be filled in by OinC when man returns) DATE: 12 May, 1950
UNIT: Point Au Fer Reef L/S
Repoted at 0800 (time) this date, having taken Six (6) Days COMPENSATORY ABSENCE.

Joseph Brown, BM1
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR, 8TH CG DISTRICT UPON COMPLETION OF IND-4

MUSTER ROLL ENTRY RER

[redacted]

[redacted]

SERVICE RECORD ENTRY

Misc

APPLICATION FOR COMPENSATORY ABSENCE

UNIT: Point Au Fer Reef Light Sta. ADDRESS: Morgan City, La. DATE: 2-8-50

FROM: BROWN, Joseph 222-207 BM1 TO: OCCGD-8(pmp) VIA: O-in-C
NAME SERVICE NUMBER RATE

NO. OF DAYS ABSENCE REQUESTED six (6) DATE TO DEPART 1200/2-18-50

ADDRESS WHILE ON COMPENSATORY ABSENCE: 502 10th St. Pascagoula, Miss.

I WILL IMMEDIATELY INFORM CDR 8TH CG DISTRICT OF ANY CHANGE IN ADDRESS WHILE ABSENT.

Joseph Brown
Joseph Brown
(Signature of applicant)

IND-1 UNIT: Pt. Au Fer Reef LS, Morgan City, La. 8 February, 1950

FORWARDED X APPROVED
FORWARDED ____ NOT APPROVED

S. L. BROWN, CSCLK., USCG
By direction
~~Signature of Officer in Charge~~

IND-2 (To be filled in by OCCGD-8(pmp)
RETURNED: GRANTED - NOT GRANTED

8 February, 1950
S. L. BROWN, CSCLK., USCG
By direction

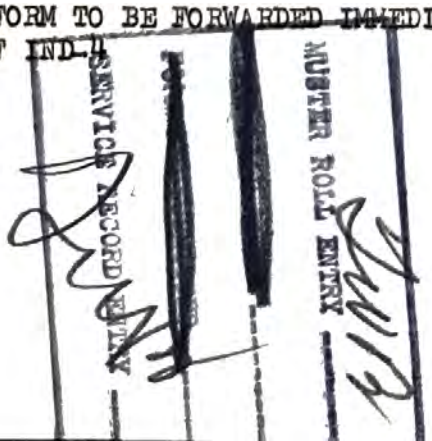
IND-3 (To be filled in by OinC when man departs) DATE: 8 February, 1950
UNIT: Pt. Au Fer Reef LS, Morgan City, La.
Departed at _____ this date. This leave of absence will expire before
(time)
0900/2-15-50 at this unit.
(time and date)

S. L. BROWN, CSCLK., USCG, By direction
~~Officer in Charge~~

Ind-4 (To be filled in by OinC when man returns) DATE: 15 February, 1950
UNIT: Point Au Fer Reef L/S
Repoted at 0600 this date, having taken SIX Days COMPENSATORY
(time)
ABSENCE.

George R. Beck
George R. Beck, EN3
(Officer in Charge)

ORIGINAL OF THIS FORM TO BE FORWARDED IMMEDIATELY TO CDR., 8TH CG DISTRICT
UPON COMPLETION OF IND-4



RECORD OF BROWN, Joseph SERVICE NO. 222-207

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	AUTH. NO.	NO. DAYS	
IC	10-14-47	0						0	O R Smeder Lt Comdr., By dir
ANNCR	6/30/48	21	- - -	- - -	- - -	- - -	- - -	21	O R Smeder LCDR O. R. SMEDER, By dir
BBF	7/1/48	21	- - -	- - -	- - -	- - -	- - -	21	O R Smeder LCDR O. R. SMEDER, By dir
			10-9-48	10-13-48	ACC REG	5	0	16	Comdr. USCG-
ANCR	6-30-49	30						46	S.L. BROWN, SCLK, USCG OCCGD-8 By dir.
BBF	7-1-49	46						46	S.L. BROWN, SCLK, USCG OCCGD-8 By dir.
			12-22-49	12-28-49	ACC	7		39	CSCLK, USCG, OCCGD-8 By direction

See Rev Sheet

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM.	TO	REASON	NO. DAYS	CO's SIGNATURE AND UNIT

U. S. COAST GUARD
(Family Allowance)

S. V. NO._____

NOTICE OF CONTINUATION OF FAMILY ALLOWANCE BENEFITS

BROWN,	Joseph	(n)	222-207	BM1
(Surname)	(First Name)	(Middle Initial)	(Service No.)	(Rating)

Commander, 8th CG District	New Orleans, Louisiana	9 November, 1949
(UNIT)	(Place)	(Date)

From: AUTHORIZED CERTIFYING OFFICER
To: FIELD BRANCH, BuSandA, Cleveland, Ohio

1. I certify that the pay of the individual whose name appears above has been computed and that he is entitled to continue receiving family allowance benefits under the Career Compensation Act of 1949.

O.D. BROWN, Pay Clerk, USCG
(Name) (Rank)
Authorized Certifying Officer

NOTICE OF ENLISTMENT CONTRACTED PRIOR 1 JULY, 1946

(If the individual concerned is serving in an enlistment or an extension of enlistment effective prior to 1 July, 1946, the following certificate will be signed by the Commanding Officer. If this portion does not apply, it will be left blank, and the words "DOES NOT APPLY" inserted over space provided for Commanding Officer's signature).

I CERTIFY THAT THE ENLISTMENT OF THE ABOVE NAMED MAN WAS CONTRACTED PRIOR TO 1 JULY, 1946.

"DOES NOT APPLY"
(Commanding Officer)

Distribution
Original to Field Branch, Allotment Div.,
BuS&A, Cleveland Ohio
1 copy to Commandant (PMM), U.S.C.G.
1 copy filed as sub-voucher
1 copy retained by Auth. Cert. Officer
1 copy placed in service record.

BROWN, Joseph (n)	222-207	BM1
ComdrlAthCGD	Cape Kumukahi Lt. Station	Hawaii, T.H.
	14-021	23 Sept., 1948

0830
21 Sept., 1948 ASDU. ComdrEth CGD

H/L (PE-A) 5/25/48 (CG 73-531).

SERVICE RECORD

O. R. SNEDER
By direction.

BROWN, Joseph	222-207	BM1
Cdr.14thCGD	Cape Kumukahi Light Station	Hawaii, T.H.
	14-021	11 May, 1948

1200
8 May, 1948

ATD, Kailua Light Station
Resumption regular duty.

Cdr.14thCGD/L 5/1/48 (CG 73-531).

SERVICE RECORD

WM. S. BISHOP, Lieut (jg) USCG
By direction.

BROWN, Joseph 222-207 BM1

Cdr.14thCGD Kailua Light Station Hawaii, T.H.

14-021 11 May, 1948

1130
8 May, 1948 Cape Kumukahi Light Station
Resumption of regular duty, having been PTD.

Cdr.14thCGD/L 5/1/48 (CG 73-531)

SERVICE RECORD

WM. S. BISHOP, Lieut (jg) USCG
By direction.

BROWN, Joseph	222-207	BM1	
Cdr.14thCGD	KAilua Light Station	Hawaii, T.H.	
	14-021	11 May, 1948	
1350 4 May, 1948	Cape Kumukahi Light Station Temporary duty		

Cdr.14thCGD/L 5/1/48 CG 73-531).

SERVICE RECORD

WM. S. BISHOP, Lieut (jg) USCG
By direction.

BROWN, Joseph 222-207 EM1

Cdr.14thCGD Cape Kumukahi Lt. Station Hawaii, T.H.

14-021 11 May, 1948

1300
4 May, 1948 ATD, Kailua Light Station
Temp. duty.

Cdr.14thCGD/L 5/3/48 (CG 73-531).

SERVICE RECORD

WM. S. BISHOP, Lieut (jg) USCG
By direction.

BROWN Joseph (n) 222-207 BMlc

Cape Kumukahi Lt. Sta. Hawaii Is., T.H.

14-023 23 October, 1947

1300
15 October, 1947 Commander, 14th CG District, Honolulu, T.H.
resumption of regular duties.

30-F Comdr.,14CGD/D 110232Z (undated)

A. F. WAYNE, Lieutenant Commander, USCG
By direction

SERVICE RECORD
W.H.C.

BROWN, Joseph, (n) 222-207 B Mlc
Commander, 14th CG District Honolulu, T.H.
14-001 23 October, 1947

0700
15 October, 1947 Cape Kumukahi Light Station, Hawaii Is., T.H.
resumption of regular duties

Comdr.,14CGD/D 110232Z (undated)

A. F. WAYNE, Lieutenant Commander, USCG
By direction

SERVICE RECORD
W.7.C.

BROWN, Joseph 222-207 Wlc

COMDR 14 CGD (Transit Group) Honolulu, T. H.

14-001 14 October, 47

14 October, 1947:- Reenlisted in Regular Establishment of U. S. Coast Guard for a period of three (3) years as a boatswain's mate, first class.

Credit 3 years Reenlistment Allowance.

18-F PB 103-44
ALCOAST 27-47

G. W. GIRDLER, Lieutenant, USCG
By direction

BROWN, Joseph, (n) 222-207 BM1c

Commander, 14th CG District Honolulu, T.H.

14-001 23 October, 1947

2000
11 October, 1947 Cape Kumukahi Light Station, Hawaii Is., T.H. temporary duty.

18-F Comdr.,14CGD/D 110232Z (undated)

A. F. WAYNE, Lieutenant Commander, USCG
By direction

SERVICE RECORD

W.F.K.

Last no. issued in September -1

BROWN, Joseph (n) 222-207 BMlc

Cape Kumukahi Lt. Sta. Hawaii Is., T.H.

14-023 23 October, 1947

1735
11 October, 1947 Commander, 14th CG District, Honolulu, T.H.
temporary duty.

Comdr.,14CGD/D 110232Z (undated)

A. F. WAYNE, Lieutenant Commander, USCG
By direction

SERVICE RECORD

WFK

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Commander, 14th CG District (Unit) — Honolulu, T. H. (Place)

14 October, 1947 (Date)

FROM: BROWN, Joseph (222-207) BMlc

TO: COMMANDANT (via Commander, 14th CG District)

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:

Josephine Elizabeth Brown (Full name of wife; if not married, so state)	Cape Kumukahi Lt. Sta., Hawaii Is., T.H. (Address of wife)
Joseph Earl Brown (Full name of child; if none, so state)	Same as above (Address of child)
Richard Herman Brown (Full name of child; if none, so state)	Same as above (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:

Crawford Brown (Full name of relative)	Brother (Relationship)	4835 Tchoupitoulas Street New Orleans, Louisiana (Address of relative)

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:

None (Full name of relative)	(Relationship)	(Address of relative)

(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 to before me this 14th day of October, 1947

G. W. GINDLER
(Signature)

Lieutenant, USCG
(Rank or title)

Joseph Brown
Joseph Brown
(Signature)

222-207 BMlc
(Rank or rating)

16—25758-1

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Commander, 14th CG District, Honolulu, T. H.
(Unit)

BROWN, Joseph
(Name in full—surname to the left)

13 October, 1947
(Date)

222-207
(Service number)

Boatswain's mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	10	10
Enlistment extended (for 3 years from)	1944	10	10
Date of discharge (Honorable) (Character of discharge)	1947	10	13

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	6	0	4

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period	6	0	4

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

G. W. GIEDLER

Date 13 October, 1947

(Rank) Lieutenant, U. S. C. G.
By direction
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 14 October, 1947

Commander, 14th CG District, Honolulu, T. H.
(Unit and place)

I CERTIFY that the above-named man Reenlisted for a period of Three (3) years from this date.
(Reenlisted or voluntarily extended his enlistment)

G. W. GIEDLER

(Rank) Lieutenant, U. S. C. G.
By direction
Commanding officer.

16—20908-1

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

CODED NO. 17 '65

RE-ENLISTMENT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

ENLISTMENT OF BROWN, Joseph (Full name, surname to left); 222-207 (Service number); $148.50 (Pay per month)

Accepted for enlistment at Honolulu, T. H.; BM1c (Rating in which enlisted)

Enlisted at Office, Commander, 14th CG District, Honolulu, T. H.; 14 October, 1947 (Date of enlistment)

Transferred to Cape Kumukahi Light Station, Hawaii Island, T. H.

Occupation Coast Guardsman Citizenship* NB If naturalized, place and date of naturalization - Certificate No. -

Date of birth 23 March, 1911 Place of birth Boothville, Louisiana

Home address Cape Kumukahi Light Station, Hawaii Island, T. H. (Street and number) (Town) (County) (State)

Married or single Married Name and address of next of kin or legal guardian Josephine E. Brown - Wife - Cape Kumukahi Light Station, Hawaii Island, T. H. (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 4 (Days)

First enlisted 10 October, 1941 (Date) at New Orleans, Louisiana (Place) and was last discharged 13 October, 1947 (Date) from Off.Comdr14thCGD, Honolulu, T. H. (Unit) with Honorable (Character) discharge as BM1c (Rate) No. -

Previous Navy service - (Years) - (Months) - (Days) Previous Marine Corps service - (Years) - (Months) - (Days)

Previous Army service - (Years) - (Months) - (Days) Age 36 years 7 months.

Height 5 feet 7½ inches. Weight 165 pounds.

Eyes Brown Sex Male Hair Dk.Brown Complexion Ruddy Color White

Personal characteristics None 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 J. W. RYSSY of the United States 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.

Second: I oblige and subject myself to serve { THREE (3) years from 14 October, 1947 / ~~during minority~~ until 13 October, 1950 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

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 6 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 6 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, Joseph Brown 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.

Joseph Brown
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 14th day of October, A. D. 1947

J. W. RYSSY, Captain, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief of Staff
(Title)

Citizenship substantiated and contract perfected.

J. W. RYSSY

Captain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ____ by reason of

under authority of ____

(Signature of man)

16—8430-2 U. S. GOVERNMENT PRINTING OFFICE

...RST GUARD
...NNEL
...599 (REV. 6-45)

No. _____

SURNAME, FIRST NAME, INITIAL		SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph		222-207	BM1c
MAJOR UNIT NAME	MINOR UNIT NAME		LOCATION
COMDR 14 CGD (Transit Group)			Honolulu, T. H.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.		DATE
14-001			14 October, 1947

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)

14 October, 1947:- Reenlisted in Regular Establishment of U. S. Coast Guard for a period of three (3) years as a boatswain's mate, first class.

Credit 3 years Reenlistment Allowance.

DUTY CODE NO. 18-F AUTH: PB 103-44 ALCOAST 27-47

C. W. GIBBLER, Lieutenant, USCG
By direction (Commanding)

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
	CODED NO. 17

Machine Accounting
Punched _____
Verified _____

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

ANGE IN PERSONNEL
ES COAST GUARD
(REV. 6-45)

No.

NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	EM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
COMDR 14 CGD (Transit Group)		Honolulu, T. H.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
14-001		13 October, 1947

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)

13 October, 1947:- Discharged from Regular Establishment of U. S. Coast Guard by reason of expiration of enlistment and authorized extensions thereof. Issued Honorable Discharge Certificate.
Entitled to mileage. PAFE - New Orleans, La.
POD - Honolulu, T. H.

Entitled to MOP.

DUTY CODE NO.
18-F

AUTH:
Art. 589 (1), CG Regs.

G. W. GIRDLER, Lieutenant, USCG
By direction (Commanding)

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Commander, 14th CG District, Honolulu, T. H.
(Unit)

BROWN, Joseph
(Name in full—surname to the left)

13 October, 1947
(Date)

222-207
(Service number)

Boatswain's mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	10	10
Enlistment extended (for 3 years from)	1944	10	10
Date of discharge (Honorable) (Character of discharge)	1947	10	13

Total time of last enlistment period	NUMBER OF— Years	Months	Days
	6	0	4

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period	6	0	4

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

G. W. GIRDLER

Date 13 October, 19 47

(Rank) Lieutenant By direction, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 14 October, 19 47

Commander, 14th CG District, Honolulu, T. H.
(Unit and place)

I CERTIFY that the above-named man Reenlisted for
(Reenlisted or voluntarily extended his enlistment)

a period of Three (3) years from this date.

G. W. GIRDLER

(Rank) Lieutenant By direction, U. S. C. G.
Commanding officer.

16—20908-1

CREDITABLE SER[redacted]
United States Coast Guard
14th Coast Guard District
Honolulu, T.H.

Refer to file:

From: Commander, 14th Coast Guard District (p)
To: Chief, Disbursing Section

14 October, 1947

Subj: BROWN, Joseph (222-207) BMlc

Statement of Service of

1. The following is a statement of the service of the above named man for the purpose of computing pay:
(To and including 13 October, 1947)

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of duty because (Inclusive dates)	
	From--- To---	From---	To---	From---	To---	From---	To---
10-10-41							
10-10-44							
En.Ex. 3 yrs and D.O.W.							
	10-13-47 HD						
10-14-47							
Now serving							

	Yrs.	Mos.	Days
Coast Guard Service----------	6	0	4
Navy Service----------			
Other Service----------	0	0	0
Total Service----------	6	0	4

Completed 6 years 9 October, 1947

G. W. GIRDLER, Lieutenant, USCG
A. P. AINS, Lt.Comdr., USCG
By direction

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Commander, 14th CG District (Unit) — Honolulu, T. H. (Place)

14 October, 1947 (Date)

FROM: BROWN, Joseph (222-207) BM1c

TO: COMMANDANT (via Commander, 14th CG District)

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:

Josephine Elizabeth Brown (Full name of wife; if not married, so state)	Cape Kumukahi Lt. Sta., Hawaii Is., T.H. (Address of wife)
Joseph Earl Brown (Full name of child; if none, so state)	Same as above (Address of child)
Richard Herman Brown (Full name of child; if none, so state) CODED NO. 17	Same as above (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:

Crawford Brown (Full name of relative)	Brother (Relationship)	4835 Tchoupitoulas Street New Orleans, Louisiana (Address of relative)

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:

None (Full name of relative)	(Relationship)	(Address of relative)

(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 to before me this 14th day of October, 19 47

H. W. GIRDLER (Signature)

Lieutenant, USCG (Rank or title)

Joseph Brown (Signature)

222-207 BM1c (Rank or rating)

16—25758-1

Form 2500-A

TREASURY DEPARTMENT

U. S. Coast Guard

File in Brown's Service Record - A.D.J.

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

"I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six (6) months after the date of termination of the war or national emergency."

U.S.C.G. GROUP (Unit)

PORT ARTHUR, TEXAS (Place)

10 OCTOBER, 1944 (Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Joseph Brown (Name of Applicant), 222-207 (Service No.), B.M.1c. (Rating), having, on 10 October, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year 0, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 year 0 from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is Expiration of enlistment

Joseph Brown

(Signature of Applicant)

Tip of right forefinger

Voluntarily agreed and subscribed to before me this 10 day of Oct., A.D., 1944

ANDREW JOHANSEN, Lieutenant Commander,

(Signature of Commanding Officer) U.S.C.G.

U.S.C.G. GROUP (Unit) PORT ARTHUR, TEXAS (Place) 10 October, 1944 (Date)

APPROVED ANDREW JOHANSEN, Lieutenant Commander, U.S.C.G.

(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C., (Date)

Physically qualified for extension.

(Chief Medical Officer)

COMMANDING OFFICER
U.S. COAST GUARD GROUP
Port Arthur, Texas
10 October, 1944

U.S.C.G. HEADQUARTERS, Washington, D.C.

10 October, 1944 (Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

ANDREW JOHANSEN, Lieutenant Commander, U.S.C.G.

Commanding (Chief, Enlisted Personnel Section)

Returned. The application for extension is disapproved.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

AUTHORITY:
Act of 5 August, 1939
Hdqtrs 3rd Indorsement
Form 2525-B, 6-3-41

REENLISTMENT of BROWN, Joseph (Full name, surname to left) 222-207 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard Cutter / Station STAFF, NEW ORLEANS DISTRICT, District, New Orleans, Louisiana (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at New Orleans, Louisiana (Place)

1. I, JOSEPH BROWN (Full name), this 10-th day of OCTOBER, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: NEVER

2. I was born in Boothville, Louisiana, on 23 March, 1911 Citizenship [a] N.B.

If naturalized, place and date of naturalization - - - Certificate No. - 9 -

If intentions declared, place and date of declaration - - -

Home address P. O. Box 26, Burrwood, Louisiana

Full name and address of the following: Josephine Elizabeth Brown, P.O.Box 26, Burrwood, La. (Wife, if any)

Joseph Earl Brown, son, age 7 yrs.; Richard Herman Brown, son, age 4. Address same as above. (Children under 21 years of age. Specify ages of children)

Deceased. (Mother, if living) Widowed?

Crawford Brown, Brother, 4035 Tchoupitoulas St., New Orleans, La. (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

NEVER (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on - - -, 19....., from Cutter Station - - - (Strike out one)

with - - - (Kind of discharge) discharge, herewith submitted, serial No. - - -

9. I agree to and with the United States of America, represented by D. D. HESLER, Lieutenant (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station 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 lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by D. D. HESLER, Lieutenant (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said JOSEPH BROWN (Name of person enlisting) who has hereunto signed his

[a] Citizenship: Use expressions "NB" for native-born: "NZ" for naturalized; "AD" for alien, intentions declared: "A" for alien; "NPI" for native of Philippine Islands: "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of War or National Emergency declared by the President to exist. Such additional time not to exceed beyond SIX months after the date of termination of the War or National Emergency.

Joseph Brown
JOSEPH BROWN
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By D D Hesler D. D. HESLER, Lieut., USCG.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

D D Hesler
D. D. HESLER,
Lieutenant, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, JOSEPH BROWN, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly 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 and Regulations for the government of the United States Coast Guard.

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

Joseph Brown
JOSEPH BROWN
(Signature of enlisted person)

Subscribed and sworn to before me this 10-th day of OCTOBER, A. D. 19 41

D D Hesler
D. D. HESLER, Lieutenant, USCG.,
By direction.
(Comdg. officer, officer in charge or authorized person)

12. DESCRIPTIVE LIST

Age 30 years 4 months. Height 5 feet 7-1/2 inches. Weight 152 pounds. Eyes Brown

Hair Dk. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

ENLISTMENT EFFECTED PURSUANT TO THE ACT OF 5 AUGUST, 1939.

10—8420

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

SERVICE RECORD

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
S.W.Pass L.S.	2/10/42	W.B.Harlowe Lt(jg)	SABINE STA.	2-17-42	W.B.Harlowe Lt.(jg)
CGGROUP,PtArthurTx	3-30-45	E. L. Thomas	Ship Shoal L/S	4-3-45	J. R. Dooling Lt
Ship Shoal	JUL 16 1945	W. Lanagan Jr. (R)	C.G. BASE, New Orleans, La.	JUL 16 1945	W. Lanagan Jr. (R)
CG Base,Nola	8-1-46	Lt. By Dir.	* ShipShoal Lt. Sta.	8-1-46	Lt. By Dir.
Ship Shoal Lt. Sta.	10-10-46	* See attached form 2599 No. 306 of 14 Aug. '46 Lt. USCG. By dir.			
10-10-46 Rptd O. Cdr. 8 CG Dist. Dptd 10-10-46 Attached less than 48 hrs. No marks assigned. No Deductible time. No breach of discipline.					Lt. USCG. By dir.
C. G. BASE, ALAMEDA	OCT 20 1946	J. R. Gray XO By Dir.	C. G. BASE, ALAMEDA	OCT 18 1946	J. R. Gray XO By Dir.
Rptd Comdr 14 CGD 11-2-46. Dptd 11-2-46. Attached less than 48 hours. No marks assigned. No deductible time. No breach of discipline.					Lt. COMDR BY DIR.
CGC WALNUT	11-27-46	J. Halyer Lt.(jg) CO.	CGC WALNUT	11-4-46	J. Roberts Ens. CO.
MOORINGS, Hilo Hawaii	11-29-46	Lt. By dir	MOORINGS, Hilo Hawaii	11-27-46	Lt. By dir
Cape Kumukahi LtSta, Hawaii Is	10-11-47	Lt. By dir	Cape Kumukahi LtSta, Hawaii Is	11-29-46	Lt. By dir
			COMDR 14 CGD	10-11-47	Lt. By dir
			Discharged 10-13-47 by reason of expiration of enlistment and extensions thereof. Issued Honorable Discharge Certificate.		Lt., By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature	
SABINE STATION	Cr. to B.M. 1c	7-10-42	J. D. Coffin	Ensign (R)
C. G. BASE, New Orleans, La.	LAST PERMANENT RATING	Bm 1/c	W. B. Lanagan Jr.	Lieut(R)
C. G. BASE, New Orleans, La.	Cr to CBM(AA) 7-7-46 (PER-C) CBC 783-73	JAN 1 0 1948	W. B. Lanagan Jr.	Lieut(R)
CGOB New Orleans, La.	Reduced in rating to BM1c, his perm rating. Auth: ALCOAST 119-46	7-1-46	Roy Robinson	Lt.Comdr.

2—13678

RECORD OF BROWN, Joseph 222-207

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

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Seaman-ship	Adaptability for war-rant grade	Vessel or station	Signature
9-30-46	3.5	4.0		3.3				Comdr. USCG-By dir.
10-10-46		4.0	LESS THAN ONE MONTH					Comdr. USCG-By dir.
OCT 30 1946		4.0					C. G. BASE, ALAMEDA	By Dir.
11-27-46m	LESS THAN ONE MONTH						CGC WALNUT	Lt.(jg)CO.
12-31-46	3.6	4.0		3.5	3.6	3.0	Kumukahi Lt. Sta	Lt.(jg)
3-31-47	3.6	4.0		3.5	3.6	3.0	Kumukahi Lt. Sta	Lt.(jg)
6-30-47	3.6	4.0		3.5	3.6	3.2	Kumukahi Lt. Sta	Lt.(jg)
9-30-47	3.6	4.0		3.5	3.6		Kumukahi LtSta	LtBydir
10-11-47	LESS THAN ONE MONTH					4.0	Kumukahi LtSta	LtBydir
10-13-47	3.6	4.0		3.5	3.6		COMDR 14 CGD	LtBydir
Average								

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 2—13675

Record of BROWN, Joseph 222-207

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

3. EFFICIENCY MARKS

Date	Rate	Prof. in rating	Seamanship	Mechanical ability	Ability leader men	Special Qualifications or Special Detail	Conduct	Signature
12-31-41	B.M.2c.	3.5	3.5		3.5		4.0	Comdr. SCCO, 8th N.D. By direction.
2/10/42	B.M.2c.	3.5	3.5		3.5		4.0	Comdr. By direction
3-31-42	B.M.2c	3.5	3.5	3.2	3.5		4.0	Lt(jg)
6-30-42	B.M.2c	3.5	3.5	3.3	3.5		4.0	Lt.
9-30-42	B.M. 1c	3.5	3.5	3.3	3.5		4.0	Lt.
12-31-42	B.M. 1c	3.5	3.5	3.3	3.5		4.0	Lt.
3-31-43	B.M.1c	3.5	3.5	--	3.5		4.0	Lt.
6-30-43	B.M.1c	3.5	3.6	--	3.5		4.0	Lt.
9-30-43	B.M.1c.	3.5	3.6	-	3.5		4.0	Lt.
12-31-43	B.M. 1c	3.5	3.6	-	3.5		4.0	Lt.
3-31-44	B.M. 1c	3.5	3.6		3.5		4.0	Lt.Comdr
6-30-44	B.M.1c	3.5	3.9		3.4		4.0	LtComdr
9-30-44	BM1c	3.5	3.5		3.0		4.0	LtComdr
12-31-44	BM1/c	3.5	3.5		3.0		4.0	LtComdr
3-30-45	BM1c	3.5	3.5		3.1		4.0	LtComdr
6-30-45	BM1c	3.5	3.5		3.1		4.0	Lt.
7-13-45	BM1C	LESS THAN ONE MONTH				Det C.G. Grand Isle Sta	4.0	CMDR
9-16-45	BM1C	LESS THAN ONE MONTH				Grand Isle Sta.	4.0	CMDR
		Administrative Change						
SEP 30 1945	BM1/c	3.5	3.5	—	3.1	C. G. BASE, New Orleans, La.	4.0	
DEC 31 1945	BM1/c	3.5	3.5	—	3.3	C. G. BASE, New Orleans, La.	4.0	CMDR
3/31/46	BM1c	3.5	3.5		3.3	CG UprBase, NOLA	4.0	LtCom, CO By Dir
6/30/46	BM1c	3.5	3.5		3.3	"	4.0	LtCom, CO
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF BROWN, Joseph 222-207
(Full name, surname to the left) (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
U.S.COAST GUARD GROUP, Pt.Arthur, Texas.	10/9/44	Entitled to Good Conduct Award. 10/10/41 to 10/9/44 AUTH: PB #86-44	Lt. (jg)
COMDR 14 CGD	10-13-47	Has served outside continental limits of United States	LtBydir
COMDR 14 CGD	10-13-47	Entitled American Defense Medal	LtBydir
COMDR 14 CGD	10-13-47	Entitled American Area Campaign Ribbon	LtBydir
COMDR 14 CGD	10-13-47	Entitled World War II Victory Medal	LtBydir
COMDR 14 CGD	10-13-47	Entitled Good Conduct Bar for period 10-10-44 to 10-9-47	LtBydir

2—13678

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
CG GROUP, PT ARTHUR, TEX.	6-20-44	Successfully completed course in Meteorology with final grade of 97%	E. J. Flowers Lieut. (R)
CGGRP, PortArthur, Texas	1-25-45	Successfully completed course in aids to navigation with final mark of 3.6.	E. J. Flowers Lt.(R)

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
SABINE STATION, Sabine, Tex	2-17-42	8-3-43	Active	E. J. Flowers Lt.(R)
SabinePassLt.Sta.SabineTx	8-3-43	3-30-45	Active	E. J. Flowers Lt.(R)
Ship Shoal	4-3-45			W D Parvin as Lieut (R)
c. g. BASE, New Orleans, La.	3-25-45	4-4-45	10 days al (5)	B O Williams Lt. By dir.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF BROWN, Joseph SERVICE NO. 222-207

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	CO's SIGNATURE AND INITIALS
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	
IC	9-1-46	36						36	a.f.Wayne Lt. Comdr., By dir
			3-20-47	3-23-47	ACC	3		33	a.f.Wayne Lt. Comdr., By dir
ANCR	6-30-47	25						58	a.f.Wayne Lt. Comdr., By dir
BBF	7-1-47	58						58	a.f.Wayne Lt. Comdr., By dir
DIS	10-12-47	9						* 67	a.f.Wayne Lt. Comdr., By dir

Paid Sixty days Lv-Qrtrs-Subs in the amount of $414.00 on check No. 28,419 by B.J. Farmer, CPC., USCG Symbol 18-492 on 14 Nov., 1947 - Office of Commander, 14CGD B. J. Farmer CPC., USCG

* Excess over 60 to be dropped

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO's SIGNATURE AND INIT

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
				Compensatory Leave		
* Southwest Pass Light Station	ORIGINAL	ENLISTMENT	10-10-41	30	-	D.D. Harlan Lieut.
S. W. PASSS	10-10-41	10-25-41	15	4 11	19	D.D. Harlan Lieut.
S.W. PASS	11-13-41	11-15-41	1	1	18	D.D. Harlan Lieut.
S.W.PASS	1-8-42	1-13-42	4	4	18	D.D. Harlan Lieut.
COP, Port Arthur, T.	10-10-42		CREDIT	30		J.E. Taylor Ens.(R)
COP, Port Arthur, T.	3-16-43	3-27-43	10	20		J.E. Taylor Ens.(R)
COTP, Pt. Arthur, Tex	4-16-43	4-22-43	5	15		J.E. Taylor Ens (R)
Sabine L.B. Station	8-17-43	9-2-43	15	-	- - - - -	[illegible] Lt.(jg)R
SabPassLightStat.	10/10/43	3rd YEAR	CREDIT	30	- - - -	[illegible] Lt.(jg)
SabPassLightStat.	12/21/43	12/27/43	5	25	- - - -	[illegible] Lt.(jg)
CGSta, PtArthur, Texas	7-4-44	7-10-44	5	20		[illegible] Lt.(jg)R
CG GROUP, PtArthur, Tx.	C R E D I T	EXT. ENLIST.	10/10/44	30	30	[illegible] Lt.(jg)R
PtArthur, Texas	10-19-44	10-25-44	5	25	30	[illegible] Lt(jg)(R)
CGGrp, PtArthur, Texas	12-22-44	12-28-44	5	20	-30	E.J. Thomas Lt.(R)
C. G. BASE, New Orleans, La.	8-29-45	9-6-45	7	13	30	W.W. Edwards Lieut(R)
C. G. BASE, New Orleans, La.	10-10-45	Credit		30	30	W.W. Edwards Lieut(R)
C. G. BASE, New Orleans, La.	10-10-45	10-14-45	2 & 2tt	28	30	W.W. Edwards Lieut(R)
C. G. BASE, New Orleans, La.	12-11-45	12-13-45	2	26	30	W.W. Edwards Lieut(R)
C. G. BASE, New Orleans, La.	12-12-45	1-13-46	-30-	26	0	W.W. Edwards Lieut (R)
C. G. BASE, New Orleans, La.	2-6-46	2-7-46	-2-	24	0	R.O. Williams Lieut (R) By dir
C. G. BASE, New Orleans, La.	5-17-46	5-29-46	-2-	22	0	R.O. Williams
C. G. BASE, New Orleans, La.	6-27-46	6-30-46	-2-	20	0	[illegible] Lt Comdr.
C. G. BASE, New Orleans, La.	7-19-46	7-22-46	-2-	16	0	[illegible] Lt. By dir.
Ship Vessel Lt. Cdr.	7-1-46	8/6/46	6(60 MP) 30	16	0	[illegible] Lt. By dir.
	Accrued leave as of 1 Sept. 1946: 36 days					
	10-10-46	CREDIT		30	0	W.C. Manson Ens.
Cape Kumukahi Lt.	3-19-47	3-23-47	3	27	0	W.C. Manson Lt.(jg)

* Compensatory leave accrues at the rate of 2 days per month not to exceed a period of two months

2—13678

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (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
S.W.West Pass L.S.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					W.B. Harbeson Lt(jg)
CGGRP, PtArthurTex.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					E.C. Thomas Lt.(R)
Grand Isle La.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT				adm Charge	CMDR.
New Orleans La.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					USCG dir.
C.G. BASE, ALAMEDA	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					XO
CGC WALNUT	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					LtBydir
CG MOORINGS, Hilo	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					LtBydir
CAPE KUMUKAHI Lt.Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					LtBydir
COMDR 14 CGD	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					LtBydir

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG GROUP, Pt.Arthur, Texas	10/10/44	Voluntarily extended enlistment for a period of three (3) years upon expiration of present term of enlistment. CHARACTER OF DISCHARGE OTHERWISE ENTITLED TO: HONORABLE.	P.F. Lindon Lt.(jg)
[illegible]	15-[illegible]	15-[illegible] 2 50	

PE-E 65

12. ON DISCHARGE

Date 13 October, 1947 Place Honolulu, T. H. Serial No. -

Kind of discharge Honorable Authority for Article 589 (1), CG Regulations

Discharged on account of Expiration of 4 term enlistment and authorized extensions thereof

Is [illegible] recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE G. A. GIRDLER, Lieutenant, USCG
By direction

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

222-207

BROWN, Joseph
(Full name, surname to the left

service number

L E A V E R E C O R D

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE NO DAYS	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.		FROM	TO	REASON	NO. DAYS	
IC	9/1/46	36						36					E. A. Griffin Comdr.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF BROWN, Joseph 222-207
(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:

6 0

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

222-207 (File or service No.) | BROWN, (Surname) | Joseph (First name) | (n) (Initial) | BMlc, USCG (Rank or rating and branch of service)

13 October, 1947 (Date discharged or released from active duty) | Off. COMDR 14 CG DISTRICT, Honolulu, T. H. (Activity from which discharged) | 60 days or more (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 Yes

(Sign original only)

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.

G. W. GIRDLER, Lieutenant, USCG
By direction
(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? Yes (Enter Yes or No)

Joseph Brown
JOSEPH BROWN
(Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:
(Omit address if service is LESS than 60 days)

(Number) (Street)

(City) (Zone) (State)

LUMP SUM DISBURSING OFFICER'S PAYMENT DATA

Paid $300.00 on ##### (Public voucher) 425-1142 (Check number) 26,695 (Date) 14 October, 1947

F.A. WATTSON, CPC., USCG SYMB.16-492
(Type name and symbol No. of disbursing officer making initial payment)

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

By direction of Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF BROWN, Joseph (Full name, surname to the left) 222-207 (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:

6 (Years) 0 (Months) 4 (Days)

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 141.75

The within-named man has been furnished travel allowance amounting to $ 99.80 at the rate of $.05 cents per mile from Wilmington, Cal. to New Orleans Louisiana and paid $ PR NOT CLOSED in full to date of discharge. Name of pay officer B. J. Framer, C.P.C., USCG

Address subsequent to discharge will be:

\- Street,

\- City, \- State.

HAS SIGNIFIED INTENTION {To / Not} REENLIST NEXT DAY.

Certified to be correct upon termination of service 13 October, 19 47

G. K. GIRDLER, Lieutenant, USCG
By direction *Commanding Officer—Officer in Charge.*

U. S. GOVERNMENT PRINTING OFFICE 16—9676

BROWN, Joseph 222-207 BM1c

COMDR 14 CGD (Transit Group) Honolulu, T. H.

14-001 13 October, 1947

13 October, 1947:- Discharged from Regular Establishment of U. S. Coast Guard by reason of expiration of enlistment and authorized extensions thereof. Issued Honorable Discharge Certificate.
Entitled to mileage. PAFE - New Orleans, La.
POD - Honolulu, T. H.

Entitled to MCP.

18-F Art. 589 (1), CG Regs. G. W. GIRDLER, Lieutenant, USCG
By direction

BROWN, Joseph (n) 222-207 BM1c

Cape Kumukahi Light Station Hawaii Is., T.H.

14-023 29 September, 1947

1615/13 Picked up for administrative purposes while attached to Cape Kumukahi Light Station; jurisdiction of that unit having been tr. to Commander, 14th CG District.
AUTH: Comdr.,14CGD(p) ltr. dtd. 11 September, 1947 CG-73.

30-F

G. W. GIRDLER, Lieutenant, USCG
By direction

SERVICE RECORD

W3K

RECORD OF BROWN, Joseph 222-207
(Full name, surname to the left) (Ser. No.)

COMPENSATORY LEAVE ACCOUNT - Entitled to six days per month while attached to light stations, not accumulative for more than 12 days at any one time.

UNIT	DATE			
	Departed	Returned	No. days	Signature
CG Oper. Base, NOLa	10-3-45	10-10-45	6	W.D. Edwards Jr. Lt.(R)
C. G. BASE, New Orleans, La.	12-4-45	12-11-45	6	W.D. Edwards Jr. Lieut(R) By dir
C. G. BASE, New Orleans, La.	1-27-46	2-5-46	6	W.D. Edwards Jr. Lieut(R) By dir
C. G. BASE, New Orleans, La.	5-19-46	5-26-46	6	P.O. Williams Lt. By dir.
C. G. BASE, New Orleans, La.	6-21-46	6-27-46	-6-	Roy Robinson Lt. Comdr.
C. G. BASE, New Orleans, La.	7-13-46	7-19-46	-6-	Roy Robinson Lt. By dir.

Note: Only the compensatory leave shall be entered on this sheet, the annual leave will be entered on the regular form Article 9, Sheet 5 of the Service Record. Should a man have six days compensatory leave and 2 days annual leave, the 6 days will be taken from this sheet and the 2 days annual leave from the regular leave account.

APPLICATION FOR LEAVE OF ABSEN
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Cape Kumukahi Light Station	Kapoho, Hawaii, T.H.	18 March, 1947

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (n) (222-207) BM1c	CO, CG Moorings, Hilo, Hawaii	.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
6	0	19 March, 1947	4	0	10 October, 1947

REASON FOR REQUEST:

Meet dependents at Honolulu, T.H. and arrange for transportation to Hilo, Hawaii

My address on leave will be: _____

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, BM1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Moorings, Hilo, Hawaii Date: 18 March, 1947
Leave record indicates balance of 30 days' annual and 0 days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

H C Manion
H. C. MANION, Lt.(jg)
COMMANDING ~~EXECUTIVE OFFICER~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Moorings, Hilo, Hawaii Date: 19 March, 1947
Departed at 0830 this date. This leave of absence will expire before 1200, 26 March, 1947, at CG Moorings, Hilo, Hawaii, and is subject to the special instructions indicated on reverse hereof.

H. C. Manion
H. C. MANION, Lt.(jg)
COMMANDING ~~EXECUTIVE OFFICER~~

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

Signature and rank Title

Ind.-6 Unit: CG Moorings, Hilo, Hawaii Date: 23 March, 1947
Reported at 1500 this date, having taken 3 days' leave and 0 days' TT.

H C Manion
H. C. MANION, Lt.(jg)
COMMANDING ~~EXECUTIVE OFFICER~~

16—40220-2

[OVER]

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

BROWN, Joseph (n) | BMlc | 222-207
(Name—Surname to left) | (Rank or rating 31 Aug. 1946) | (Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 64 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Mrs. Josephine Brown
Joseph Earl and Richard Herman Brown (Name of dependent) | Wife
Sons (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | (Name of dependent) | (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Joseph Brown BMlc
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Hilo, T.H.
this 5 day of December 46

(SEAL)

W. C. Manion
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

H. C. Manion

H. C. Manion, Lieut. (jg) — (*Signature of Commanding Officer*)

CG Moorings, Hilo, Hawaii — (*Unit*)

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)

(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, Hilo, Hawaii	Cape Kumukahi Light Station	Hawaii, T.H.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 29 November, 1946

TIME 0830
DATE 29 November, 1946

REPORTED FROM: CG Moorings, Hilo, Hawaii
FOR Assignment to duty.

DUTY CODE NO.

AUTH: Comdr 14th CG District (p) letter 22 November, 1946 File 73-531

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: H. C. Manion, Ensign
(*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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Moorings, Hilo, Hawaii		Hilo, Hawaii, T.H.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 29 November, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 0745

DATE 29 November, 1946

TRANSFERRED TO: Cape Kumukahi Light Station, Hawaii, T.H.

FOR Assignment to duty.

AUTH: Commander, 14th CG District (p) letter dated 22 November, 1946 File 73-531

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: H. C. Hanlon, Ensign

(*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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Moorings, Hilo, Hawaii, T.H.		Hilo, Hawaii

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE: 29 November, 1946

TIME 1430
DATE 27 November, 1946

REPORTED FROM: CGC Walnut
FOR Transportation to Cape Kumukahi for duty

DUTY CODE NO.

AUTH: Commander, 14th CG District letter 22 November, 1946 File 73-531

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: H. C. Manion, Ensign
(*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

UNITED STATES COAST GUARD
Honolulu, T.H.

ADDRESS REPLY TO
Comdr14thCGD(p)
AND REFER TO CG-73
531

RECEIVED
MAR 22 1947
EXECUTIVE OFFICE

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

19 March, 1947

From: Commander, 14th Coast Guard District
To: BROWN, Joseph (222-207) BM1c

Via: Commanding Officer, CG Group, Hilo, Hawaii

Subj: Orders; amendment; designation of permanent station

Orders issued you by Commander, 14th Coast Guard District letter dated 22 November, 1946, file CG-73-531 and directing transfer from CGC WALNUT to Cape Kumukahi Light Station, Hawaii Island, T.H., are amended in that this order constitutes a permanent change of station for you from Honolulu, T.H., home port of CGC WALNUT, to Cape Kumukahi Light Station, Hawaii Island, T.H.

A. F. WAYNE
By direction

...gs, Hilo, Hawaii, T.H.
...vember, 1946

1. Reported at 1430 this date.

H. C. Manion

H. C. Manion, Ensign
Commanding Officer

Ind-3
CG Moorings, Hilo, Hawaii, T.H.
29 November, 1946

1. Departed from this unit at 0745 this date.

H. C. Manion

H. C. Manion, Ensign
Commanding Officer

Ind-4
Cape Kumukahi Light Station, Hawaii, T.H.
29 November, 1946

1. Reported this unit at 0830 this date.

H. C. Manion

H. C. Manion, Ensign
Commanding Officer

Ind-5
CG Moorings,
Hilo, Hawaii

22 March, 1947

1. The following information is added by authority of Commander, 14th Coast Guard District (p) letter dated 19 March, 1947, file CG-73-531-533: Issued Government transportation request NCG 26,375 for dependent wife, Josephine E., and dependent children, Joseph E., age 13, and Richard H., age 10, for three fares from Honolulu, T.H. to Hilo, Hawaii, via Hawaiian Airlines, Ltd.

H. C. Manion

H. C. MANION, Lt.(jg)
Commanding Officer

UNITED STATES COAST GUARD
FEDERAL BUILDING
HONOLULU, T.H.

Address reply to
Comdr., 14th CGD(p)
Refer to file: CG-73
531

22 November, 1946

To: BROWN, Joseph (222-207) BM1c

Via: Commanding Officer, CGC WALNUT

Subj: Orders; transfer, travel

1. Upon receipt hereof, and in accordance with Article 710, CG Regulations, you are detached from further duty on board/at the CGC WALNUT. You are directed to proceed and report to the Commanding Officer, CG Group, Hilo, Hawaii, for assignment to duty. at Cape Kumukahi Light Station, Hawaii Island, T.H.

2. Travel necessary to the execution hereof will be performed via Government conveyance.

3. No expense is indicated and none authorized.

4. You are directed to carry your service and health records on transfer. Your pay account will continue to be maintained at the District Pay Office.

5. The foregoing transfer is to be effected upon arrival of the CGC WALNUT at Hawaii Island, T.H. on or about 27 November, 1946.

A. F. WAYNE
By direction

CC: CG Group, Hilo, Hawaii
Pay
Mail
Kardex
File

Ind-1
CGC WALNUT
27 November, 1946

1. Delivered and departed at 1430, this date:

JOHN D. ROBERTS, Lt.(jg), USCG.
Commanding Officer

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. _____

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
14th CGD		

TIME
DATE 1540
11-4-46

REPORTED FROM: Comdr. 14th CGD
FOR assignment to duty.

DUTY CODE NO. (75-S)

AUTH: Comdr. 14th CGD(p)ltr. 11-4-46.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. (75-S)

AUTH: JOHN D. ROBERTS, Ensign, USCG.
(Commanding)

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 10—40355-2

UNITED STATES COAST GUARD
FEDERAL BUILDING
HONOLULU, T.H.

Address reply to
Comdr., 14th CGD(p)
Refer to file: 73
531

4 November, 1946

To: BROWN, Joseph (222-207) BM1c - PRESENT

Subj: Orders; transfer; travel

1. Upon receipt hereof, and in accordance with Article 710, CG Regulations, you are detached from further duty at this office (Transit Group). Proceed and report to the Commanding Officer, CGC WALNUT, for assignment to duty.

2. Travel necessary to the execution hereof will be performed via Government conveyance.

3. No expense is indicated and none authorized.

4. You are handed herewith your service and health records for safe delivery to proper authority upon reporting to destination. Your pay account will be maintained at the District Pay Office.

5. Departed at 1400, this date.

A. F. WAYNE
By direction

CC: WALNUT
Pay
Mail
Kardex
Muster Roll
Files

Ind-1
CGC WALNUT (W-252)
4 November, 1946

1. Reported aboard this unit at 1640, this date.

JOHN D. ROBERTS, Ensign, USCG.
Commanding Officer

UNITED STATES COAST GUARD
FEDERAL BUILDING
HONOLULU, T.H.

Address reply to
Comdr., 14th CGD(p)
Refer to file: 73
531

4 November, 1946

To: BROWN, Joseph (222-207) BM1c - PRESENT

Subj: Orders: transfer; travel

1. Upon receipt hereof, and in accordance with Article 710, CG Regulations, you are detached from further duty at this office (Transit Group). Proceed and report to the Commanding Officer, CGC WALNUT, for assignment to duty.

2. Travel necessary to the execution hereof will be performed via Government conveyance.

3. No expense is indicated and none authorized.

4. You are handed herewith your service and health records for safe delivery to proper authority upon reporting to destination. Your pay account will be maintained at the District Pay Office.

5. Departed at 1400, this date.

A. F. WAYNE
By direction

CC: WALNUT
Pay
Mail
Kardex
Muster Roll
Files

Ind-1
CGC WALNUT (W-252)
4 November, 1946

1. Reported aboard this unit at 1640, this date.

JOHN D. ROBERTS, Ensign, USCG.
Commanding Officer

...r CHANGE IN PERSONNEL
...D STATES COAST GUARD
...VCG-2599 (REV. 6-44)

306

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Ship Shoal Light Station		Morgan, City, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 08-033

DATE: 14 August, 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): 1 August 1946

Unit to which the above-named man assigned detached from jurisdiction of the CG Operating Base, New Orleans, La. and established as separate unit. Service record corrected accordingly. Records carried at Office, Comdr., 8th CG District for administrative purposes.

DUTY CODE NO. 2X 30

Dist AUTH: 31-46

L. W. TIBBITS, JR., Lieut., USCG
Ass't Pers. Officer, 8th CG Dist.
(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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE		New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-011	1 July, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME
DATE

TRANSFERRED TO:
FOR

AUTH: RATING REDUCED IN COMPLIANCE WITH ALCOAST 119

CHANGED IN ~~RATE~~ {RANK / RATING} FROM CBM TO BMlc EFFECTIVE 1 July, 1946

DUTY CODE NO. 04-D AUTH: ALCOAST 119-46

OTHER CHANGES (SPECIFY)

Temporary rating held on 30 June, 1946 CBM - Originally advanced to that rate 1-7-46

Permanent rating as of 1 July, 1946 BMlc

DUTY CODE NO.

AUTH: ROY ROBINSON, Lt. Comdr., USCG.
(*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

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City, La.	2 July,1946

FROM (REQUESTER):	TO	VIA:
Brown, Joseph. (222-207) C.B.M.	CO, CG Operating Base, N.O.La.	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		13 July,1946			

REASON FOR REQUEST:

Six days compensatory and two days annual leave.

My address on leave will be: 2626 Congress, St, New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, C.B.M.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, Nola Date: 13 July, 1946
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

B.S. Dean
Ens. BERT S. DEAN By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, Nola Date: 13 July, 1946
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

B.S. Dean
Ens. BERT S. DEAN By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Operating Base, Nola Date: 13 July, 1946
Departed at 1000 this date. This leave of absence will expire before Noon
22 July, 1946, at Ship Shoal Light Sta. and is subject to the special instructions indicated on reverse hereof.

B.S. Dean
Ens. BERT S. DEAN By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

UNITED STATES COAST GUARD
New Orleans,9, La.

Address Reply To
Commanding Officer
CG Operating Base
Refer To File; CG-73

~~12 June, 1946~~

To: OinC, Ship Shoal Light Station

Subj: Brown, J. (222-207) CBM
permanent rating; establishment of

You are requested to advise the subject named man that his permanent rating has been established as ~~Duke~~ in accordance with current instructions. It is suggested that the original of this letter be given to the man and the copy retained for files at your unit.

R. O. WILLIAMS
Personnel Officer
By direction of the
Commanding Officer

No. 46

APPLICATION FOR LEAVE OF ABSEN

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City, La	8 June, 1946
FROM (REQUESTER):	**TO**	**VIA:**
Brown, Joseph(222-207) C.B.M.	CO, CG OPERATING BASE, NOLa	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	0	21 June, 1946			

REASON FOR REQUEST:

Six days compensatory and two dys annual leave.

My address on leave will be: 6207 Waldo, Drive, New Orleans, La. or Burrwood, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown, C.B.M. (a)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date:

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

.....
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG OPERATING BASE Date: 13 June, 1946

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. O. WILLIAMS
By direction
BCCO, FORCE COMDR. COMMANDING OFFICER.
Personnel

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

.....
COMMANDANT.

Ind.-4 Unit: CG OPERATING BASE Date: 21 June, 1946

Departed at ..... this date. This leave of absence will expire before noon 30 June, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

R. O. WILLIAMS
By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

.....
Signature and rank

.....
Title

Ind.-6 Unit: Date:

Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

.....
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Sheal Light Station	Morgan City, La.	8 June, 1946

FROM (REQUESTER):	TO	VIA:
Brown Joseph,(222-207)C.B.M.	CO,CG Operating Base, N.O.La.	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	0	21 June, 1946			

REASON FOR REQUEST:

Six days Compensatory and two days annual leave

My address on leave will be: 6207 Waldo, Drive, New Orleans, La. or Burrwood, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, C.B.M. (a)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date:

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

..... COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG OPERATING BASE Date: 13 June, 1946

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. O. Williams
R. O. WILLIAMS
By direction Personnel OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

..... COMMANDANT.

Ind.-4 Unit: CG OPERATING BASE Date: 21 June, 1946

Departed at 1400 this date. This leave of absence will expire before Noon 30 June, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

R. O. Williams
R. O. WILLIAMS
By direction PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

....
Signature and rank Title

Ind.-6 Unit: Ship Ship Sheal Light Sta, Morgan City La. Date: 30 June, 1946

Reported at 1100 this date, having taken 8 days' leave and ..... days' TT.

C H Dyer Brute
COMMANDING—~~EXECUTIVE—PERSONNEL~~ OFFICER.
acting

16—40220-2 [OVER]

CHANGE IN PERSONNEL
ATES COAST GUARD
(REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph C.	222-207	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	SHIP SHOAL LIGHT STATION	New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 08-011

DATE: 27 May, 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)

1200 5-26-46
ENTERED
INDEX KB
MUSTER KB
COMPLEMENT KB
RECORD KB

Rptd fm 6 dys Compensatory lv and 2 dys annual lv and NO dys TT, having Dptd at 0800 5-17-46

DUTY CODE NO.
AUTH:

R. O. WILLIAMS
By direction
(*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

CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
599 (REV. 6-44)

NAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph C.	222-207	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	SHIP SHOAL LIGHT STATION	New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 08-011

DATE: 27 May, 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)

1200 5-26-46 Rptd fm 6 dys Compensatory lv and 2 dys annual lv and NO dys TT, having Dptd at 0800 5-17-46

ENTERED
INDEX
MUSTER
CONFIDENT
RECORD

DUTY CODE NO.
AUTH:

R. O. WILLIAMS
By direction
(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

...-44) ... GUARD ... FORCE

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
FROM (REQUESTER): Ship Sheal Light Station	Morgan City, La.	May 4 April, 1946
Brown, Joseph, (222-207) C.B.M.	TO CO, CG Operating Base, N.O.La.	VIA: Offical Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	2	May 17 April, 1946			

REASON FOR REQUEST: Six days compensatory and two days annual leave.

My address on leave will be: 6207 Waldo, Drive. New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown, C.B.M. (a)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946
Departed at ..... this date. This leave of absence will expire before NOON
26 May, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Ship Sheal Light Sta Date: 5/26/46
Reported at 1200 this date, having taken 8 days' leave and 2 days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City, La.	May 4 April, 1946

FROM (REQUESTER):	TO	VIA:
Brown, Joseph, (222-207) C.B.M.	CO, CG Operating Base, N.O.La.	Offical Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		May 17 April, 1946			

REASON FOR REQUEST:

Six days compensatory and two days annual leave.

My address on leave will be: 6207 Waldo, Drive. New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown, C.B.M. (a)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. O. WILLIAMS, LIEUT., USCG
DO—COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Operating Base, New Orleans, La. Date: 17 May, 1946

Departed at ..... this date. This leave of absence will expire before noon 26 May, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank — Title

Ind.-6 Unit: Date:

Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

MEMO

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	CBN

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT — DATE 30 April, 1946

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

CHANGED IN {RANK / RATING} FROM _____ TO _____

DUTY CODE NO. — AUTH:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD EFFECTIVE

OTHER CHANGES (SPECIFY)

1030 30 April, 1946: Reported from 6 days compensatory and 7 days annual leave having departed 0800 21 April, 1946.

DUTY CODE NO. — AUTH: Art 1936 (3) Regs

R. O. WILLIAMS
By direction (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

LEAVE OF ABSENCE
T GUARD

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

	ADDRESS	DATE
Light Station	Morgan City, La.	9 April, 1946

R):	TO	VIA:
seph, (222-207) C.B.M.	CO. CG Operating Base, N.O.La.	Offical Channels

OWING LEAVE IS REQUESTED:

AYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
0	21 April, 1946			

R REQUEST:

Six days Compensatory leave.

ess on leave will be: 6207 Waldo, Drive. New Orleans, La.

mediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, C.B.M. (a)
(Signature of applicant)

INDORSEMENTS

nd.-1 Unit: CG Operating Base, New Orleans, La. Date: 10 April, 1946

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, New Orleans, La. Date: 10 April, 1946

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Operating Base, New Orleansw La. Date: 21 April, 1946

Departed at 0800 this date. This leave of absence will expire before noon 30 April, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

R. O. Williams
R. O. WILLIAMS, LIEUT., USCG
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Opr Base. New Orls Date: 4/30/46

Reported at 1030 this date, having taken 8 days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 4 April, 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:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

OTHER CHANGES (SPECIFY)

0930 4 April, 1946: Reported from 10 days "absence on account of sickness" having departed 1400 25 March, 1946

DUTY CODE NO.
AUTH: Art 3006 (1) Regs

R. O. WILLIAMS
By direction (Commanding)

UNITED STATES COAST GUARD
New Orleans, La.

ADDRESS REPLY TO
CO, CG Operating Base

AND REFER TO
CG-73

25 March, 1946

To: BROWN, Joseph (222-207) CBM

Subj: Absence on account of sickness

1. Under authority granted by Article 3006 (1) Coast Guard Regulations, you are hereby placed in the status of "absence on account of sickness" for a period of ten (10) days. Upon completion of this absence, you will report tothe CG Operating Base, Room 107, Custom House, New Orleans, La. and resume your regular duties. This period expires prion to noon 4 April, 1946.

2. In the event that you leave the immediate vicinity of New Orleans, La. you will inform your commanding Officer of your whereabouts.

3. You gave your address as that of:

6207 Waldo Drive
New Orleans, La.

4. Departed this office at 1400 this date.

R. O. Williams
R. O. WILLIAMS
By direction

CC:
HQ
Personnel
File

Reported 0930
4-4-46

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT — DATE

TIME — REPORTED FROM:
DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

1400 25 March, 1946: Departed on 10 days "absence on account of sickness".

DUTY CODE NO. — AUTH: Art 3006 (1.) Regs

R. O. WILLIAMS
By direction (Commanding)

cc: Ship Shoal Light Station

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

New Orleans, La.

O, CG Operating Base

CG-73

25 March, 1946

To: BROWN, Joseph (222-207) CBM

Subj: Absence on account of sickness

1. Under authority granted by Article 3006 (1) Coast Guard Regulations, you are hereby placed in the status of "absence on account of sickness" for a period of ten (10) days. Upon completion of this absence, you will report tothe CG Operating Base, Room 107, Custom House, New Orleans, La. and resume your regular duties. This period expires prion to noon 4 April, 1946.

2. In the event that you leave the immediate vicinity of New Orleans, La. you will inform your commanding Officer of your whereabouts.

3. You gave your address as that of:

6207 Waldo Drive
New Orleans, La.

4. Departed this office at 1400 this date.

946-46

R. O. WILLIAMS
By direction

CC:
HQ
Personnel
File

1918
AGENCY
HEALTH SERVICE

CERTIFICATE OF DISCHARGE

No. 91355

From U. S. Marine Hosp (Marine hospital or relief station) At Noza

25 Mar, 1946

THIS IS TO CERTIFY that BROWN (Surname) Joseph (First) (Middle)

was treated in the hosp (Hospital or dispensary) as a hosp (Hospital or out-) patient

from 8 Mar (Date of admission), 19 46 to 25 Mar (Date of discharge), 19 46

Class of beneficiary CG Condition on discharge improved

Reason for discharge NFHN 10 d leave to obtain eye refraction

Certified service on last vessel 8 Mar '46 Name of vessel USCG OP Base

DESCRIPTION

Nativity
Date of birth
Color
Complexion
Height
Eyes
Hair

MAR 25 1946

REMARKS:

TEN (10) DAYS SICK LEAVE.

Falls B Hershey
FALLS B. HERSHEY SA Surgeon.

(Signature of patient)

NOTE.—Retain copy for station files.

U. S. GOVERNMENT PRINTING OFFICE 16—11896

He (~~is~~ / is not) fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.): 10 days sick leave. TO return to EENT OPD for eye refraction.

CONDUCT REPORT:

Did the patient cooperate in his treatment? (Yes) (~~No~~) Absent without permission? (~~Yes~~) (No)

Guilty of insubordination? (~~Yes~~) (No)

Falls B Hershey
FALLS B. HERSHEY, SA SURG U.S. PUBLIC HEALTH SERVICE)

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 _____ since _____.

or (Diagnosis))

has been transferred this date _____, 19 , to the U. S. Marine Hospital for further treatment.

at _____

_____ U. S. PUBLIC HEALTH SERVICE

Strike out words not applicable

m 252?

BROWN, Joseph (Name, surname first) 222-207 (Ser.No.) CBM (Rank or rating) Opr Base, NOLa (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary Place CG Operating Base, NOLa, Date 6 March, 1946
Reserve

To: Marine Hospital
(Coast Guard Unit)
New Orleans, La.
(Address)

The above named patient was discharged from (inpatient) treatment as shown below

DIAGNOSIS (By nomenclature name and number)	CODE No.	Period of treatment for ea. condition	
Chronic prostatitis, non-specific	764-190	8 Mar	25 Mar 46
Pulmonary fibrosis due to tuberculosis	360-123.6	8 Mar	25 Mar 46

He (~~is~~) (is not) fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.):

10 days sick leave. TO return to EENT OPD for eye refraction.

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) (~~No~~) Absent without permission? (~~Yes~~) (No)
Guilty of insubordination? (~~Yes~~) (No)

Falls B Hershey
FALLS B. HERSHEY, SA SURG U.S.PUBLIC HEALTH SERVICE)

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 _____ since _____.
or (Diagnosis))
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

New Orleans, La.

CO, CG Operating Base

CG-73

25 March, 1946

To: BROWN, Joseph (222-207) CBM

Subj: Absence on account of sickness

1. Under authority granted by Article 3006 (1) Coast Guard Regulations, you are hereby placed in the status of "absence on account of sickness" for a period of ten (10) days. Upon completion of this absence, you will report tothe CG Operating Base, Room 107, Custom House, New Orleans, La. and resume your regular duties. This period expires prion to noon 4 April, 1946.

2. In the event that you leave the immediate vicinity of New Orleans, La. you will inform your commanding Officer of your whereabouts.

3. You gave your address as that of:

6207 Waldo Drive
New Orleans, La.

4. Departed this office at 1400 this date.

R. O. WILLIAMS
By direction

CC:
HQ
Personnel
File

N. C. G.-2655

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 25 March, 1946 UNIT CG OPR BASE, NOLa.

FROM CO, CG OPR BASE

TO (FOR ACTION)

OFFICER-IN-CHARGE
SHIP SHOAL LT STA,
MORGAN CITY, La.

TO (FOR INFORMATION)

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

J BROWN CEM WILL RETURN SHIP SHOAL LT STA 5 APRIL, 1946 FOR RESUMPTION OF REGULAR DUTIES.

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

U. S. GOVERNMENT PRINTING OFFICE 16—20710-1

U. S. COAST GUARD

OFFICIAL DISPATCH

DATE 25 MARCH 1946

INCOMING HEADING

251500 QUBT GR 24 BT

TEXT

QUEST YOU RETURN J BROWN CBM TO RESUME COMMAND OF THIS UNIT OR
MAN WITH RADIO BEACON EXPERIENCE X NEXT LIBERTY BOAT ARRIVE THIS
NIT 29 MARCH X ADVISE

TOR NNUT 1625 DGE TO GM/VIA FONE/FM GRAND ISLE/
TOD QUBT 1627 BY HAND GM TO BBW
TYPE GM

A:P
I:OC
C:QUBT S

46

OPERATOR'S RECORD

TIME:

INITIALS OF "ACTION" OFFICER

FROM

SHIP SHOAL LIGHT STA /LA/

TO (FOR ACTION)

CG OPERATING BASE NRLNS

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

U. S. GOVERNMENT PRINTING OFFICE 16—20203-1

U. S. COAST GUARD

TRANSMIT

OFFICIAL DISPATCH

DATE 8 March, 1946 UNIT CG OPR BASE, NO La.

FROM
CO, CG OPR BASE

TO (FOR ACTION)
OFFICER-IN-CHARGE,
SHIP SHOAL LT STA, Morgan City, La.

TO (FOR INFORMATION)

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

FORWARD HEALTH RECORD FOR JOSEPH BROWN (222-207) CBM TO THIS OFFICE IMMEDIATELY

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

U. S. GOVERNMENT PRINTING OFFICE 16—20710-1

Form 2522

BROWN, Joseph (222-207) CBM Ship Shoal Lt. Station
(Name, surname) (Ser. No.) (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~~

Place NewOrleans, La. Date 6 March, 1946, 19

To: Medical Officer in Charge

U. S. Marine Hospital, New Orleans, La.

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:

Joseph Brown
(Signature of patient)

R. O. Williams
Lieut. U.S.C.G.

RETURN MEDICAL CERTIFICATE

Place USMH, NOLA Date 8 Mar 46, 19

I certify that I have examined the above-named person and find him suffering from U/o TBC
(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 alcohol, liquor or habit-forming drug ~~(No)~~ Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) Treatment will require approximately * days of absence from duty. He was admitted to (Hospital) (Office) (Inpatient) (Outpatient) treatment as on 8 Mar 46, 19

M. A. DIAMOND SURG U.S. Public Health Service

* Indeterminate

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

APPLICATION

Regular
~~Emergency~~
~~Routine~~

Place New Orleans, La. Date 6 March, 1946, 19

To: Medical Officer in Charge

U. S. Marine Hospital, New Orleans, La.

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:

R. O. Williams
Lieut. U.S.C.G.

Joseph Brown
(Signature of patient)

RETURN MEDICAL CERTIFICATE

Place USMH, NOLA Date 8 Mar 46, 19

I certify that I have examined the above-named person and find him suffering

U/e TBC
(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 alcohol, liquor or habit-forming drug ~~(Yes)~~ (No). Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) (More) Treatment will require approximately * days of absence from duty. He was admitted to (inpatient) (outpatient) treatment as (Hospital) (Office) on 8 Mar 46, 19

M. A. DIAMOND SURG U.S. Public Health Service

* Indeterminate

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



Form 2522

BROWN, Joseph (222-207) CBM Ship Shoal Lt. Station
(Name, surname first) (Ser. No.) (Rank or rating) (Unit)

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

Regular
~~Temporary~~
~~Reserve~~ Place New Orleans, La. Date 6 March, 1946, 19

To: Medical Officer in Charge

U. S. Marine Hospital, New Orleans, La.

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:

Joseph Brown R. Q. Williams
(Signature of patient) Lieut. U.S.C.G.

RETURN MEDICAL CERTIFICATE

Place _____ Date _____, 19

I certify that I have examined the above-named person and find him suffering

_____
(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 alcohol, liquor or habit-forming drug? (Yes) (No) Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) (More) Treatment will require approximately ____ days of absence from duty. He was admitted to (inpatient) (outpatient) treatment as _____ (Hospital) (Office) on _____, 19

_____
U.S. Public Health Service

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)

WITNESS: _____
(Patient's signature)

_____
(Signature of medical officer)
U.S. Public Health Service.

Strike out words not applicable

COPY

COPY

UNITED STATES COAST GUARD
Washington 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PEA-C)
Refer to file CG-783-73
AND REFER TO

7 January, 1946

To: DCGO 8ND

Subj: Advancement of personnel

1. Effective 16 January, 1946, advance the below-named men to the ratings indicated opposite their respective names, provided their conduct and performance of duty since recommended warrant such advancement.

Brown, Joseph (222-207) BMlc to CBM(a)
Yurt, Herman A. (513-159), MoMMlc to CMoMM(a)

2. Report action on Forms 2599, citing this letter as the authority therefor.

/s/ E. Zoole
E. ZOOLE
By direction

Ind-1
DCGO, 8ND (pra)
14 January, 1946

To: OinC, COTP Office, New Orleans, La.

Via: CO, CG Operating Base, New Orleans, La.

Forwarded for compliance.

/s/ H. C. Young
H. C. YOUNG
By direction

Ind-2
CO, CG Oper Base, NOLa
16 January, 1946

To: OinC, COTP Office, New Orleans, La.
OinC, Ship Shoal Light Station

Forwarded.

P. A. SHORT

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

249

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Light Station	New Orleans, La.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE 16 January, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN ~~RANK~~ {RATING} FROM BM1c TO CBM(a) EFFECTIVE 16 January, 1946

DUTY CODE NO.
AUTH: HQ/L 1-7-46 (PEA-C) CG-783-73

OTHER CHANGES (SPECIFY)



DUTY CODE NO.
AUTH:

W. D. EDWARDS, JR.
By direction (*Commanding*)

CC: Ship Shoal Lt. Stn.

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 17 December, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

1205 12 December, 1945 Departed on 30 days' reenlistment leave.

1100 13 January, 1946 Reported from 30 days' reenlistment leave.

DUTY CODE NO. AUTH:

Art. 1936(3) Regs.

W. D. Edwards, Jr.

W. D. EDWARDS, JR.

By direction *(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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Light Station	New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 14 December, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1125 13 December, 1945 Reported from 6 days' comp. lv and 2 days' al., having departed at 1100 12-4-45.

DUTY CODE NO.
AUTH: Art. 1936(3) Regs.

W. D. EDWARDS, JR.
By direction (Commanding)

CC: Ship Shoal Lt. Stn.

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

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG-2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG Operating Base, NOLa.	New Orleans, La.	12 December, 1945

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph BMlc. (222-207)	CO, CG Operating Base, NOLa.	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
30		13 December, 1945			

REASON FOR REQUEST:

Reenlistment Leave

My address on leave will be: 6207 Waldo Drive, New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown BMlc.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa. Date: 12 December, 1945
Leave record indicates balance of 28 days' annual and 30 days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)
W. D. Edwards Jr.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, NOLa. Date: 12 December, 1945
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
W. D. Edwards
W. D. EDWARDS, JR. DCGO-THIRD COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.
COMMANDANT.

Ind.-4 Unit: CG Operating Base, NOLa. Date: 12 December, 1945
Departed at 1205 this date. This leave of absence will expire before noon
13 January, 1945, at CG Operating Base, NOLa. and is subject to the special instructions
indicated on reverse hereof.
W. D. Edwards
W. D. EDWARDS, JR. COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon,
Authority:
Signature and rank Title

Ind.-6 Unit: Ship Sheal Light Sta Date: 13 January, 1946
Reported at 1100 this date, having taken 30 days' leave and 00 days' TT.
L. J. Pelletier, BM1c
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
(acting)

16—40220-1

[OVER]

R LEAVE OF ABSE
OAST GUARD
A)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

	ADDRESS	DATE
ting Base, NOLa.	New Orleans, La.	12 December, 1945

TER):	TO	VIA:
Joseph BMlc. (222-207)	CO, CG Operating Base, NOLa.	Official Channels

OWING LEAVE IS REQUESTED:

DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
	13 December, 1945			

R REQUEST:

Reenlistment Leave

ess on leave will be: 6207 Waldo Drive, New Orleans, La.

mediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown BMlc.
(Signature of applicant)

INDORSEMENTS

-1 Unit: CG Operating Base, NOLa. Date: 12 December, 1946

ave record indicates balance of 28 days' annual and 30 days' Reenlistment Leave due.

rwarded ☒ APPROVED ☐ NOT APPROVED (because)

eturned ☐ GRANTED ☐ NOT GRANTED (because)

W. D. Edwards
W. D. EDWARDS, JR.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, NOLa. Date: 12 December, 1945

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. D. Edwards
W. D. EDWARDS, JR.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Operating Base, NOLa. Date: 12 December, 1945

Departed at 1205 this date. This leave of absence will expire before noon 13 January, 1945, at CG Operating Base, NOLa. and is subject to the special instructions indicated on reverse hereof.

W. D. Edwards
W. D. EDWARDS, JR.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank — Title

Ind.-6 Unit: Date:

Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL

16—40220-1

[OVER]

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Light Station	New Orleans, La.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 14 February, 1946

TIME
DATE
REPORTED FROM:
FOR

ENTERED
INDEX 9K
MUSTER
COMPLEMENT
RECORD 9K

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH.

OTHER CHANGES (SPECIFY)

1130 7 February, 1946 Reported from 6 days compensatory leave and 2 days annual leave having departed 1230 29 January, 1946.

DUTY CODE NO.
AUTH: Art 1936 (3) Regs

W. H. Edwards Jr
W. D. EDWARDS, JR.
By direction (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

ON FOR LEAVE OF ABSE
ATES COAST GUARD
(REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

AT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City, Louisiana	14 January, 1946.

FROM (REQUESTER):	TO	VIA:
Brown,Joesph(222-207) B.M.1c	CO,C.G. Operating Base,N.O.La.	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	NO. OF DAYS LEAVE DURING FISCAL YEAR	NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	0	~~29~~ 28 January, 1946.			

REASON FOR REQUEST:

Six Compensatory and Two days annual leave.

My address on leave will be: 6207 Waldo Drive New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joesph Brown B.M. 1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date: 14-Jan-46

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded [X] APPROVED [ ] NOT APPROVED (because)

Returned [ ] GRANTED [ ] NOT GRANTED (because)

Joesph Brown B.M. 1c

COMMANDING EXECUTIVE PERSONNEL OFFICER.

Ind.-2 Unit: CG Opr Base, NOLa. Date: 15 January, 1946

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

Returned [X] GRANTED [ ] NOT GRANTED (because)

W. D. Edwards Jr

W. D. EDWARDS, JR.

By direction DCSO-FORCE COMDR.-COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Ship Shoal Light Stn. Date: ~~29~~ 28 January, 1946

Departed at 1230 this date. This leave of absence will expire before noon 7 February, 1946, at this unit and is subject to the special instructions indicated on reverse hereof.

COMMANDING--EXECUTIVE--PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Ship Shoal Light Sta, Morgan City,La. Date: 7 February,1946

Reported at 1130 this date, having taken 8 days' leave and 00 days' TT.

Thomas W. Mowles Cox.

Thomas W. Mowles, Cox.

COMMANDING EXECUTIVE PERSONNEL OFFICER.

(Acting)

16—40220-1

[OVER]

NEW ORLEANS DISTRICT
U.S. COAST GUARD
NEW ORLEANS, LOUISIANA
JAN 12 9 17 AM '46

ADDRESS REPLY TO
THE COMMANDANT (PEA-C)
REFER TO FILE: CG-783
73

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

AN F NV PT
ACP IOF OSO SC
BP L OP FU
AX MED ORD S
CM MIN PA T
E MV P

7 January, 1946

To: DCGO 8ND

Subj: Advancement of personnel

1. Effective 16 January, 1946, advance the below-named men to the ratings indicated opposite their respective names, provided their conduct and performance of duty since recommended warrant such advancement.

Brown, Joseph (222-207), BM1c to CBM(a) Ship Aloud Fl. Station
Yurt, Herman A. (513-159), MoMM1c to CMoMM(a) 38442, COTP, NOLa

2. Report action on Forms 2599, citing this letter as the authority therefor.

7841-HL
7551-HL

E. ZOOLE
By direction

Ind-1
DCGO, 8ND (pra)
14 January, 1946

To: OINC, COTP Office, New Orleans, La.

Via: CO, CG Operating Base, New Orleans, La.

Forwarded for compliance.

H. C. YOUNG
By direction

Ind-2
CG Opr Base, NOLa.
15 January, 1946

To: OinC, COTP Office, New Orleans, La.

Forwarded.

P. A. SHORT

(PEA-C)
CG-783
73

7 January, 1946

To: DCGO SND

Subj: Advancement of personnel

1. Effective 16 January, 1946, advance the below-named men to the ratings indicated opposite their respective names, provided their conduct and performance of duty since recommended warrant such advancement.

Brown, Joseph (222-207) BM1c to CBM(a)
Yurt, Herman A. (513-159) MoMM1c to CMoMM(a)

2. Report action on Forms 2599, citing this letter as the authority therefor.

E. ZOOLE
By direction

Ind-1
DCGO, SND (pra)
14 January, 1946

To: CINC, COTP Office, New Orleans, La.

Via: CO, CG Operating Base, New Orleans, La.

Forwarded for compliance.

H. C. YOUNG
By direction

Ind-2
CG Opr Base, NOLa.
15 January, 1946

To: CinC, COTP Office, New Orleans, La.

Forwarded.

P. A. SHORT

Form 2522

BROWN, Joseph _____ 222-207 _____ BMlc _____ CG Opr Base, NOLa.
(Name, surname first) (Ser. No.) (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~~

Place CG Opr Base, NOLa. Date 5 December, 1945

To: Medical Officer-in-Charge

U. S. Marine Hospital, New Orleans, La.

Sir: You are requested to examine the above-named ~~(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:

CO, CG Operating Base, 107 Custom House, New Orleans, La.

Joseph Brown
(Signature of patient)

W. D. EDWARDS, Jr.
Lieut., U.S.C.G.R.

RETURN MEDICAL CERTIFICATE

Place USMH, NOLA Date 1-3-46, 19

I certify that I have examined the above-named person and find him suffering

Chronic otitis media, right ear.
(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 alcohol, liquor or habit-forming drug? (Yes) (No) Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) (More) Treatment will require approximately ____ days of absence from duty. He was admitted to (Hospital) (Office) (inpatient) (outpatient) treatment as _____ on 12-5-45, 19

H.V. STROUPE, SR. SURG. R U.S. Public Health Service

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)

WITNESS:

(Patient's signature)

(Signature of medical officer)
U.S. Public Health Service.

Strike out words not applicable

2522

Joseph ——— 222-207 ——— BM1c ——— CG Opr Base, NOLa.
e, surname first) (Ser. No.) (Rank or rating) (Unit)

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

egular
pecial Temporary
eserve

Place CG Opr Base, NOLa. Date 5 December, 1945

: Medical Officer-in-Charge

U. S. Marine Hospital, New Orleans, La.
Officer

Sir: You are requested to examine the above-named (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:

CO, CG Operating Base, 167 Custom House, New Orleans, La.

Joseph Brown
(Signature of patient)

W. D. EDWARDS, JR. C.G. R.
Lieut.,

RETURN MEDICAL CERTIFICATE

Place USMH, NOLA Date 1-3-46, 19

I certify that I have examined the above-named person and find him suffering

Chronic otitis media, right ear.
(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 alcohol, liquor or habit-forming drug? (Yes) (No) Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) (More) Treatment will require approximately ___ days of absence from duty. He was admitted to (inpatient) (outpatient) treatment as _____ (Hospital) (Office) on 12-5-45, 19

H.V. STROUPE, SR. SURG. R
U.S. Public Health Service

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)

WITNESS: (Patient's signature)

(Signature of medical officer)
U.S. Public Health Service.

Strike out words not applicable

Form 2523

BROWN, Joseph | 222-207 | BMlc | CG Opr Base, NOLa.
(Name, surname first) | (Ser.No.) | (Rank or rating) | (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary
Reserve

Place USMH, NOLA, Date 1-3-46, 19

To: _____
(Coast Guard Unit)

_____
(Address)

The above-named patient was discharged from (inpatient) (outpatient) treatment as shown below.

DIAGNOSIS (By nomenclature name and number	DIAGNOSIS	Period of treatment for ea. condition
Chronic otitis media, right ear		12-5-45 12-6-45

He (is) fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.): _____

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) (No) Absent without permission? (Yes) (No)
Guilty of insubordination? (Yes) (No)

H.V. STROUPE, SR. SURG. R U.S.PUBLIC HEALTH SERVICE)

NOTICE OF MEDICAL TRANSFER

_____, who has been under (inpatient) (outpatient)
(Patient's name, service number, rank or rating, and unit)
treatment at _____ (office) (hospital) at _____
or _____ since _____.
(Diagnosis))
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

Form 252?

BROWN, Joseph | 222-207 | BMle | CG Opr Base, NOLa.

(Name, surname first) (Ser.No.) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary Place USMH, NOLA, Date 1-3-46, 19
Reserve

To: _____
(Coast Guard Unit)

_____
(Address)

The above-named patient was discharged from (inpatient) (outpatient) treatment as shown belo

DIAGNOSIS (By nomenclature name and number	DIAGNOSIS	Period of treatment for ea. conditio	
Chronic otitis media, right ear		12-5-45	12-6-45

He (is) fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.): _____

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) (No) Absent without permission? (Yes) (No)
Guilty of insubordination? (Yes) (No)

H.V. STROUPE, SR. SURG. U.S.PUBLIC HEALTH SERVICE)

NOTICE OF MEDICAL TRANSFER

_____, who has been under (inpatient) (outpatient)
(Patient's name, service number, rank or rating, and unit)
treatment at _____ (office) (hospital) at _____
or _____ (Diagnosis)) since _____.
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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE: 17 December, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

1205 12 December, 1945 Departed on 30 days' reenlistment leave.

DUTY CODE NO.

AUTH: Art. 1936(3) Regs.

W. D. EDWARDS, JR.
By direction (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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Light Station	New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE 19 October, 1945

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:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

OTHER CHANGES (SPECIFY)

1130 14 October, 1945 Reported from 6 days comp. leave, 2 days annual leave, and 2 days tt, having departed at 1100 3 October, 1945.

DUTY CODE NO. AUTH: Art. 1936(3) Regs.

W. D. EDWARDS, JR.
By direction (Commanding)

CC: Ship Shoal Light Station.

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE: 17 Sept., 1945

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:

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

OTHER CHANGES (SPECIFY)

0930, 6 Sept., 1945 Rptd fm 7 days al having deptd 0800, 29 August, 1945

DUTY CODE NO.
AUTH: Art. 1936(3) Regs.

C. W. Oliver
C. W. OLIVER
By direction (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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Memo Copy

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Lt. Sta.	New Orleans, La.
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE: 17 August 194 5

TIME
DATE
REPORTED FROM:
FOR
DUTY CODE NO.
AUTH:

ENTERED
INDEX JJM
MUSTER

TIME
DATE
TRANSFERRED TO:
FOR
AUTH:

COMPLEMENT
RECORD

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

1415 17 August 1945 Departed on eight days, 6 compensatory leave and 2 days annual leave.

1200 26 August 1945 Reported fm six days compensatory leave and 2 days annual leave.

DUTY CODE NO. AUTH: Art 1936 (3) Regs

W. D. EDWARDS, JR.
By direction (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—40365-1

Ind-1
CO, CG Operating Base
New Orleans, Louisiana
21 December, 1945

To: The Commandant (PEA)

Via: DCGO 8ND (pea)

Subj: Advancement in rating to Chief Boatswain's Mate; request for

Forwarded; approved. It is felt by this office that Brown is fully qualified for this advancement and in view of the efficiency with which he has performed his duties while attached to this unit, it is recommended that this request be granted.

P. A. SHORT.

Morgan City, La.

[illegible]
ST YI N

00-72

December, 1945

To: THE COMMANDANT (PSA)

Via: CO, CG Operating Base, New Orleans, La.
DCGO 8 ND

Subj: Advancement in rating to Chief Boatswain's Mate; request for

1. It is requested that I be advanced in rating from boatswain's mate, first class to chief boatswain's mate.

2. I enlisted in the U. S. Coast Guard from the former Lighthouse Service on 10 October, 1941. Prior to my enlistment in the U. S. Coast Guard I served in the Lighthouse Service four years. Since my enlistment in the Coast Guard I have been stationed at Southwest Pass Rear Range Light Station, Sabine Lifeboat Station, Sabine Pass Light Station, and Ship Shoal Light Station, all in the 8th Naval District. I enlisted in the Coast Guard as a boatswain's mate, second class and was advanced to boatswain's mate, first class on 10 July, 1942.

3. Due to the fact that I intend to remain in the U. S. Coast Guard and as at present I am assigned as Officer-in-Charge, Ship Shoal Light Station and the complement of this station calls for a chief boatswain's mate, it is requested that this request be given favorable consideration.

4. My duties have been Aids to Navigation, Operator of Small Boats, and Operation of Radio Beacons since my entry in the service.

Joseph Brown
B.M.1c. (223-207)

Officer-in-Charge
Ship Shoal Light Station

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City, La.	21 November, 1945

FROM (REQUESTER):	TO	VIA:
Brown, Joseph, B.M.1/c(222-207)	C.O.CG Operating Base,N.O.La.	Offical Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	NO. OF DAYS LEAVE DURING FISCAL YEAR	NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	0	3 December, 1945			

REASON FOR REQUEST:

Six days compensatory and two days annual leave.

My address on leave will be: 6207 Waldo, Drive. New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, B.M.1/c.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date:

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Opr Base, NOLa. Date: 26 November, 1945

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. D. EDWARDS, JR.
By direction

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Ship Shoal Lt. Stn. Date: 4 December, 1945

Departed at ..... this date. This leave of absence will expire before noon 12 December, 1945, at Ship Shoal Lt. Stn. and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at 1175 this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

MEMO

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Lt. Station	New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE: 13 November, 1945

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)

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

1130 8 November, 1945 Reported from 6 days' comp. lv and 2 days al, having departed at 1100 29 October, 1945.

DUTY CODE NO.
AUTH: Art. 1936(3) Regs.

W. D. Edwards
W. D. EDWARDS, JR.
By direction (Commanding)

CC: Ship Shoal Lt. Station

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

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Sheal Light Station	Morgan City, La.	17 October, 1945

FROM (REQUESTER):	TO	VIA:
Brown Joseph(222-207)B.M.1c.	C.O.CG Operating Base,N.O.La.	Orfical Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	NO. OF DAYS LEAVE DURING FISCAL YEAR	NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		30 October,1945			

REASON FOR REQUEST:

Six compensatory and two days annual leave.

My address on leave will be: 6207 Waldo,Drive, New Orleans,La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown, B.M.1c.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa Date: 19 October, 1945
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

W. D. EDWARDS, JR., Lieut., USCGR
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, NOLa Date: 19 October, 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. D. EDWARDS, JR., Lieut., USCGR
By direction

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Ship Sheal Light Station Date: 29 October, 1945
Departed at ..... this date. This leave of absence will expire before noon 8 November, 1945, at Ship Sheal Light Station and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Ship Sheal Light Station Date: 8 November,1945
Reported at 1130 this date, having taken 8 days' leave and ..... days' TT.

Thomas W. Mowles, Cox
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
(ACTING)

16—40220-1 [OVER]

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Sheal Light Station	Morgan City,La.	21 September,1945

FROM (REQUESTER):	TO	VIA:
Brown,Joseph. (222-207) B.M.1c.	C.O.CG Operating Base,N.O.La.	Offical Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	NO. OF DAYS LEAVE DURING FISCAL YEAR	NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	2	3 October,1945			

REASON FOR REQUEST:

Six days compensatory and two days annual leave.

My address on leave will be: 6207 Waldo,Drive. New Orleans,La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown,B.M.1c.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa Date: 24 Sept., 1945
Leave record indicates balance of 30 days' annual and 30 days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

W. D. Edwards
W. D. EDWARDS, JR., Lieut., USCGR
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, NOLa Date: 24 Sept., 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. D. Edwards
W. D. EDWARDS, JR., Lieut., USCGR
By direction

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Ship Sheal Light Station Date: 3 October, 1945
Departed at 1100 this date. This leave of absence will expire before noon 14 October, 1945, at Ship Sheal Light Station and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Ship Sheal Light Station Date: 14 October,1945
Reported at 1130 this date, having taken ..... days' leave and ..... days' TT.

Joseph Brown B.M.1c
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

Form NAVCG-2525D

MEDICAL HISTORY

Page

Surname BROWN, Joseph Service No.

Christian name-s

STATE NAME OF PLACE	DATE EACH NEW ENTRY
U. S. MARINE HOSPITAL New Orleans, La. Out-Patient Department	SEP 8 1945

From: 8/23/45 To: 8/28/45

Diagnosis:
No disease.

SUMMARY:

Two year history of intermittent epigastric pain, burning, after meals and on an emty stomach--relieved by amphogel.
GI Series: Esophagus, stomach and duodenum--no evidence of pathology. Incidentally, there are slight signs of avitaminosis. Avitaminosis was not substantiated on further study.

H. V. STROUPE
SR. SURGEON R USPHS

16—25658-2

207) BM1c CG Operating Base, NOLa
er.No.) (Rank or rating) (Unit)

ICAL CERTIFICATE

rine Hospital, NOLA, Date 8 September, 1945

(inpatient)
arged from (outpatient) treatment as shown belo

	Period of treatment for ea. conditio
	8/23/45 8/28/45

ecommendations as to sick leave, further treat

tment? (Yes) (No) Absent without permission? (Yes) (No)

. SURG.-R. U.S.PUBLIC HEALTH SERVICE)

DICAL TRANSFER

, who has been under (inpatient) (outpatient)
or rating, and unit)
(office) (hospital) at
since .

, 19 , to the U. S. Marine Hospital
for further treatment.

U. S. PUBLIC HEALTH SERVICE

Strike out words not applicable

Form 252?

BROWN, Joseph (222-207) BMlc CG Operating Base, NOLa
(Name, surname first) (Ser.No.) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary Place US Marine Hospital, NOLA, Date 8 September, 1945
Reserve

To: _____
(Coast Guard Unit)

_____
(Address)

The above named patient was discharged from (inpatient) treatment as shown belo
(outpatient)

DIAGNOSIS (By nomenclature name and number	DIAGNOSIS	Period of treatment for ea. conditio	
No disease		8/23/45	8/28/45

He (is) fit for duty. Remarks (Recommendations as to sick leave, further treat
(is not)
ment, etc.): _____

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) Absent without permission? (No)
Guilty of insubordination? (No)

H. V. STROUPE, SR. SURG. R. U.S.PUBLIC HEALTH SERVICE)

NOTICE OF MEDICAL TRANSFER

_____, who has been under (inpatient) (outpatient)
(Patient's name, service number, rank or rating, and unit)
treatment at _____ (office) (hospital) at _____
or _____ since _____.
(Diagnosis))
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

Form 2522

BROWN, Joseph (222-207) EMlc CG Operating Base, NOLa
(Name, surname first) (Ser.No.) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Regular
Special Temporary Place US Marine Hospital, NOLA, Date 8 September, 1945
Reserve

To: _____
(Coast Guard Unit)

_____
(Address)

The above named patient was discharged from (~~in~~outpatient) treatment as shown bel

FINAL DIAGNOSIS (By nomenclature name and number)	DISPOSITION	Period of treatment for ea. conditio	
		8/23/45	8/28/45
No disease			

He (is) (~~is~~) fit for duty. Remarks (Recommendations as to sick leave, further treat ment, etc.): _____

CONDUCT REPORT:
Did the patient cooperate in his treatment? (Yes) (~~No~~) Absent without permission? (~~Yes~~) (No)
Guilty of insubordination? (~~Yes~~) (No)

H. V. STROUPE, SR. SURG. R. U.S.PUBLIC HEALTH SERVICE)

NOTICE OF MEDICAL TRANSFER

_____, who has been under (inpatient) (outpatient)
(Patient's name, service number, rank or rating, and unit)
treatment at _____ (Office) (Hospital) at _____
or _____ (Diagnosis)) since _____.
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

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

SHIP SHOAL LIGHT STATION

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG Operating Base	New Orleans, La.	17 August, 1945

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207)BM1c	CO, CG Operating Base, NOLa	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		17 August, 1945	----	0	10 October, 1946

REASON FOR REQUEST:

6 days compensatory leave and 2 days annual leave.

My address on leave will be: 6207 Waldo Drive, New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Leave record indicates balance of 30 days' annual and 0 days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

E. S. MAUNSELL, Lt.(jg) USCGR
By direction

Ind.-2 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

E. S. MAUNSELL, Lt.(jg), USCGR
By direction

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

176-46

COMMANDANT.

Ind.-4 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Departed at 1416 this date. This leave of absence will expire before noon.
26 August, 1945, at Ship Shoal Light Station and is subject to the special instructions indicated on reverse hereof.

E. S. MAUNSELL, Lt.(jg) USCGR
By direction

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:
Ind-5
27 August 1945
Signature and rank temporary Title

Ind.-6 Unit: Date:
Rptd this office 1530 this date and assgn to duty with this office while undergoing outpatient treatment at USMH, NOLa. To be placed on Quarters and Subsistence.
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

W. D. EDWARDS, JR.
By direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

Form 2522

BROWN, Joseph (222-207) BMlc CG Operating Base, NOLa
(Name, surname first) (Ser. No.) (Rank or rating) (Unit)

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

Regular

CG Operating Base
Place New Orleans, La. Date 20 August, 1945, 19

To: MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
NEW ORLEANS, LA.

Sir: You are requested to examine the above-named (enlisted man) of the U.S. Coast Guard, attached to the above-named unit, and furnish him such treatment as ma be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to: CO, CG Operating Base, 107 Custom House Bldg., New Orleans, La.

Joseph Brown B.M1c
(Signature of patient)

W. D. EDWARDS, JR.
Lieutenant(R) U.S.C.G.

RETURN MEDICAL CERTIFICATE

Place NOLA Date 8-25-45, 19

I certify that I have examined the above-named person and find him suffering possible peptic ulcer
(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) Fit for duty (Yes) 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 alcohol, liquor or habit-forming drug? (Yes) Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) Treatment will require approximately 0 days of absence from duty. He was admitted to (inpatient) (outpatient) treatment as U.S. Marine (Hospital) on 8-23-45, 19

A.L. Loebel, ASS'T SURG. Public Health Service

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)

WITNESS: _____
(Patient's signature)

_____
(Signature of medical officer)
U.S. Public Health Service.

Strike out words not applicable

m 2522

BROWN, Joseph (222-207) BMlc CG Operating Base, NOLa
(Name, surname first) (Ser. No.) (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~~ Place CG Operating Base New Orleans, La. Date 20 August, 1945, 19

To: MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
NEW ORLEANS, LA.

Sir: You are requested to examine the above-named (~~enlisted man~~) Officer 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:

CO, CG Operating Base, 107 Custom House Bldg., New Orleans, La.

Joseph Brown, B. M1c
Joseph Brown W. H. Howard, Jr.
(Signature of patient) Lieutenant(R) U.S.C.G.

RETURN MEDICAL CERTIFICATE

Place NOLA Date 8-25-45, 19

I certify that I have examined the above-named person and find him suffering

possible peptic ulcer
(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 alcohol, liquor or habit-forming drug? (~~Yes~~) (No) Absent from duty on account of the direct effect of a venereal disease (due to own misconduct? (Yes) If "yes", did the initial symptoms appear less or more than one year ago? (Less) (More) Treatment will require approximately 0 days of absence from duty. He was admitted to (inpatient) (outpatient) treatment as U.S. Marine (Hospital) (Office) on 8-23-45, 19

A.L. Loebel
A.L. Loebel, ASST SURG U.S. Public Health Service

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)

WITNESS: _____ (Patient's signature)

_____ (Signature of medical officer)
_____ U.S. Public Health Service.

Strike out words not applicable

N.C.G.

U. S. COAST GUARD

OFFICIAL DISPATCH

CG Opr Base
New Orleans, La.

UNIT CG OPR BASE, NEW ORLEANS, LA.

CG OPR BASE, NEW ORLEANS, LA.

TO

31 August 1945

CGHQ, SOUTH PASS RANGE REAR LIGHT STATION

To: BROWN, Joseph (222-207) BMlc

Subj: Leave; t ermination of

TO (FOR INFORMATION)

Leave granted you by this offide will be terminated 4 September, 1945. Report to the CG Opr Base not later than 0800, for a five-day training course in Aids to Navigation.

PLAIN
ENCRYPT
URGENT
PRIORITY
ROUTINE
DEFERRED
MAILGRAM
ACKNOWLEDGE

URGENT
PRIORITY
ROUTINE
DEFERRED
MAILGRAM
ACKNOWLEDGE

W. D. EDWARDS, JR.
By direction

MAIL TO

TELEPHONE TO

MESSENGER TO

Outgoing Heading

TEXT

TRANSFER ONE MAN TO CG OPR BASE, NEW ORLEANS, LA. TO REPORT NOT LATER THAN 0800, 4 SEPT 1945 FOR TEMP DUTY FOR FIVE DAY TRAINING IN AIDS TO NAVIGATION. UPON COMPLETION OF TEMP DUTY MAN WILL RETURN TO HIS REGULAR STATION.

INITIALS OF RELEASING OFFICER

OPERATOR'S RECORD

TIME RELEASED

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 31 AUGUST 1945

UNIT CG ORR BASE, NEW ORLEANS, LA.

FROM

CG OPR BASE, NEW ORLEANS, LA.

TO (FOR ACTION)

OINC, SOUTH PASS RANGE REAR LIGHT STATION

TO (FOR INFORMATION)

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

TEXT

TRANSFER ONE MAN TO CG OPR BASE, NEW ORLEANS, LA. TO REPORT NOT LATER THAN 0600, 4 SEPT 1945 FOR TEMP DUTY FOR FIVE DAY TRAINING IN AIDS TO NAVIGATION. UPON COMPLETION OF TEMP DUTY MAN WILL RETURN TO HIS REGULAR STATION.

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

16—20710-1

COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 31 AUGUST 1945

FROM UNIT CG OPR BASE, NEW ORLEANS, LA.

TO (FOR ACTION) CG OPR BASE, NEW ORLEANS, LA.

OINC, SOUTHWEST PASS EAST JETTY FOG SIGNAL STATION

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

OUTGOING HEADING

TEXT

TRANSFER ONE MAN TO CG OPR BASE NEW ORLEANS, LA NOT LATER THAN 0800, 4 SEPTEMBER 1945 FOR TEMP DUTY FOR FIVE DAY TRAINING IN AIDS TO NAVIGATION. UPON COMPLETION OF TEMP DUTY MAN WILL RETURN TO HIS REGULAR STATION.

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED

16—20710-1

COAST GUARD

OFFICIAL DISPATCH

UNITED STATES COAST GUARD
NEW ORLEANS 9, LA.

TRANSMIT

DISTRICT COAST GUARD OFFICER
Eighth Coast Guard District

FROM 31 AUGUST 1945 (pt)

UNIT CG OPR BASE, NEW ORLEANS, LA.

TO (FOR ACTION) CG OPR BASE, NEW ORLEANS, LA.

28 August, 1945

OINC, HEAD OF PASSES WEST JETTY LIGHT STATION

To: Commanding Officer, CG Operating Base, New Orleans, La.

Subj: Personnel; orders; temporary duty; travel; amendment to

TO (FOR INFORMATION)

My letter 18 August, 1945, File 701-521 (pt), is amended in that men selected from the below named units for Aids to Navigation training report on 4 September, 1945, in lieu of 3 September, 1945:

Southwest Pass East Jetty Fog Signal Station
Head of Passes West Jetty Light Station
South Pass Range Rear Light Station
Ship Shoal Light Station

MAIL TO

TELEPHONE TO

MESSENGER TO

	PLAIN
	ENCRYPT
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

OUTGOING HEADING

E. A. [illegible], JR.
By direction

TEXT

CC: Dist.Off.(cms)
CO, CG Repair Base, NCTA
Comdr. A. M. Tomlich

TRANSFER ONE MAN TO CG OPR BASE, NEW ORLEANS, LA. TO REPORT NOT LATER THAN 0800, 4 SEPT 1945 FOR TEMP DUTY FOR FIVE DAY TRAINING IN AIDS TO NAVIGATION. UPON COMPLETION OF TEMP DUTY MAN WILL RETURN TO HIS REGULAR STATION.

INITIALS OF "RELEASING" OFFICER

OPERATOR'S RECORD

TIME RELEASED _____

16—20710-1

UNITED STATES COAST GUARD
NEW ORLEANS 9, LA

...GUARD OFFICER
...L DISTRICT (pt)
...: 701
531

28 August, 1945

To: Commanding Officer, CG Operating Base, New Orleans, La.

Subj: Personnel; orders; temporary duty; travel; amendment to

My letter 18 August, 1945, File 701-531 (pt), is amended in that men selected from the below named units for Aids to Navigation training will report on 4 September, 1945, in lieu of 3 September, 1945:

Southwest Pass East Jetty Fog Signal Station
Head of Passes West Jetty Light Station
South Pass Range Rear Light Station
Ship Shoal Light Station

E. A. COFFIN, JR.
By direction

CC: Dist.Off.(oss)
CO, CG Repair Base, NOLA
Comdr. A. M. Zibilich
Files

...TATES COAST GUARD
NEW ORLEANS 9, LA

...COAST GUARD OFFICER
...GHTH NAVAL DISTRICT (pt)
REFER TO FILE: 701
531

18 August, 1945

To: Commanding Officer, CG Operating Base, New Orleans, La.

Subj: Personnel; orders; temporary duty; travel; amendment to

My letter of 28 July, 1945, File 701-531 (pt) is amended in that men selected from the below named units for Aids to Navigation training will report on 3 September, 1945, in lieu of 20 August, 1945:

Southwest Pass East Jetty Fog Signal Station
Head of Passes West Jetty Light Station
South Pass Range Rear Light Station
Ship Shoal Light Station

E. A. COFFIN, JR.
By direction

CC: Dist.Off.(oss)
Dist.Off.(Finance)
CO, CG Repair Base, NOLA
Comdr. A. M. Zibilich
Files

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

654

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	EM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011		New Orleans, La.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 28 August 1945

TIME 1530
DATE 27 August 1945

REPORTED FROM: Ship Shoals Light Station, New Orleans, La.
FOR assignment to td, while under going treatment USMH

DUTY CODE NO.

AUTH: Ind-5 CGOB 8-27-45 App Lv Absence/F 2519

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

ENTERED
INDEX 3gm.
MUSTER
COMPLEMENT
RECORD

DUTY CODE NO.

AUTH:

W. D. EDWARDS, JR.
By direction (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

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS: NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG Operating Base	New Orleans, La.	29 August, 1945

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207) BM1c USCG	CO, CG Operating Base, NOLa	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
7		29 August, 1945	-----	10	10 October, 1947

REASON FOR REQUEST:

Annual leave.

My address on leave will be: 6207 Waldo Drive, New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa Date: 29 August, 1945
Leave record indicates balance of 20 days' annual and 0 days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

W. D. EDWARDS, JR., Lieut., USCGR
~~COMMANDING EXECUTIVE~~ PERSONNEL OFFICER.

Ind.-2 Unit: CG Operating Base, NOLa Date: 29 August, 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. D. EDWARDS, JR., Lieut., USCGR
By direction
~~BASE FORCE COMMANDING OFFICER~~

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Operating Base, NOLa Date: 29 August, 1945
Departed at 0800 this date. This leave of absence will expire before noon 6 September, 1945, at New Orleans, La. and is subject to the special instructions indicated on reverse hereof.

W. D. EDWARDS, JR., Lieut., USCGR
~~COMMANDING EXECUTIVE~~ PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: CG Opr Base, Nola Date: 9/6/45
Reported at 0930 this date, having taken 7 days' leave and 0 days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1 [OVER]

0930

Form 1918
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

CERTIFICATE OF DISCHARGE

No. _____

From U. S. M. H. (Marine hospital or relief station) At N. O., La.

8/28, 19 45

THIS IS TO CERTIFY that Brown (Surname) Joseph (First) (Middle)

was treated in the dispensary (Hospital or dispensary) as a out (Hospital or out-) patient

from 8/23/45 (Date of admission), 19____ to 8/28/45 (Date of discharge), 19____

Class of beneficiary U.S.C.G. Condition on discharge Unchanged

Reason for discharge N.F.T.N.

Certified service on last vessel _____ Name of vessel _____

DESCRIPTION
Nativity
Date of birth
Color
Complexion
Height
Eyes
Hair

REMARKS: Fit for duty

Dr. Lobel for Dr. A. St. Clair
Surgeon.

(Signature of patient)

NOTE.—Retain copy for station files.

U. S. GOVERNMENT PRINTING OFFICE 16—11886

APPLICATION FOR LEAVE OF ABSE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

SHIP SHOAL LIGHT STATION

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG Operating Base	New Orleans, La.	17 August, 1945

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (222-207)BM1c	CO, CG Operating Base, NOLa	Official Channels

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8		17 August, 1945	----	0	10 October, 1946

REASON FOR REQUEST:

6 days compensatory leave and 2 days annual leave.

My address on leave will be: 6207 Waldo Drive, New Orleans, La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown 99
Joseph Brown
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Leave record indicates balance of 30 days' annual and 0 days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

E. S. MAUNSELL, Lt.(jg) USCGR
By direction [redacted]

Ind.-2 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

E. S. Maunsell
E. S. MAUNSELL, Lt.(jg), USCGR
By direction [redacted]

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG Operating Base, NOLa Date: 17 August, 1945
Departed at 1415 this date. This leave of absence will expire before noon 26 August, 1945, at Ship Shoal Light Station and is subject to the special instructions indicated on reverse hereof.

E. S. MAUNSELL, Lt.(jg) USCGR
By direction [redacted]

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' T

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1 [OVER]

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Memo Copy

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE 08-011	Ship Shoal Lt. Sta.	New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT

DATE: 17 August 194 5

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

ENTERED
INDEX Mct
MUSTER
COMPLEMENT
RECORD

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1415 17 August 1945 Departed on eight days, 6 compensatory leave and 2 days annual leave.

DUTY CODE NO.
AUTH: Art 1936 (3) Regs

W. D. EDWARDS, JR.
By direction (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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Grand Isle, La.	Ship Shoal L/S	Morgan City, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-033	13 July, 1945

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)

16 July, 1945: Administrativel y transferred fm CG Group, Grand Isle, La. to CG Operating Base, New Orleans, La.

DUTY CODE NO. #30 AUTH: DCir #39-45

Joseph C. Chighizola
JOSEPH C. CHIGHIZOLA, CBM
(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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
BROWN, Joseph	222-207	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPR BASE	Ship Shoal L/S	New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT: 08-033

DATE: 16 July, 1945

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)

ENTERED
INDEX
MUSTER
COMPLEMENT
RECORD

16 July, 1945: Administratively tr fm CG Group, Grand Isle, La to CG Opr Base, New Orleans, La.

DUTY CODE NO. 30

AUTH: DCGO8ND/L 7-11-45 (020-601)

W. D. EDWARDS, Jr.
By direction
(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

APPLICATION FOR LEAVE OF ABSE Rel
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
Ship Shoal Light Station	Morgan City,La.	16 June,1945

FROM (REQUESTER):	TO	VIA:
Brown Joseph, (222-207) B.M.1c.	D.C.G.O. 8th Naval District	C.O.CG Group Grand Isle,LA

THE FOLLOWING LEAVE IS REQUESTED: 2 days annual, 6 days compensatory

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	NO. OF DAYS LEAVE DURING FISCAL YEAR	NO. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
8	0	15 July, 45			

REASON FOR REQUEST:

Shore leave.

My address on leave will be: 4835 Tchoupitoulas,St. New Orleans,La.

I will immediately inform my commanding officer of any change in address while on leave.

Joseph Brown
Joseph Brown, B.M.1c.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Date:

Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG GROUP, Grand Isle, La. Date: 3 July, 1945

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

J R Dockery
J. R. DOCKERY, Lt.
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG GROUP, Grand Isle, La. Date: 3 July, 1945

Departed at 1800R 14 July this date. This leave of absence will expire before noon 8 days after departure, at Morgan City, La. and is subject to the special instructions indicated on reverse hereof.

J R Dockery
J. R. DOCKERY, Lt.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Date: 23 July, 1945

Reported at Ship Shoal Lt Sta this date, having taken 8 days' leave and ..... days' TT.

Joseph Brown
COMMANDING—~~EXECUTIVE—~~PERSONNEL OFFICER.

16—40220-1

[OVER]

SERVICE RECORD WORK SHEET

INCOMING

1. Article 1 (Date Reported) _____
2. Article 2 (Enter last perm. rating) _____
3. Article 8 (when assign to Bks or Barges) _____
4. Sea Duty Card Made _____
5. Longevity Card Made & _____
6. Article 1 checked for correctness _____
7. Article 2 checked for correctness _____
8. Article 3 checked for corredtness _____
9. Article 5 checked for correctness _____
10. Article 6 checked for correctness _____
11. Article 7 checked for correctness _____
12. Article 8 checked for correctness _____
13. Article 9 checked for correctness _____
14. Article 10 checked for correctness _____
15. Article 11 checked for correctness _____
16. Information Index Card Made _____

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

S R.

REPORT OF CHANGE IN PERSONNEL

BROWN (Surname) Joseph (First name) (n) (Middle initial) 222-207 (Service No.) BM1c (Rank or rating)

CG GROUP (Major unit) (Unit Item No. or vessel's assigned district) Port Arthur, Texas (Place) 30 March, 1945 (Date)

Sabine Pass Light Station (Minor unit) 08-694 Sabine, Texas

0700, 30 March, 1945 - Departed this unit this time and date on transfer to report to Commanding Officer, CG-64006, Morgan City, La., for transportation from Morgan City, La., to Ship Shoal Light Station. Upon arrival at Ship Shoal Light Station, to report to the Commanding Officer, that unit, for assignment to duty.

DUTY CODE No.: (39)
AUTHORITY: DCGC2/L 3-27-45
file No. CG-73-531

E. V. THOMAS, Lieut. USCGR (Commanding)

By direction (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—29504-2

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

ER

(1121)

REPORT OF CHANGE IN PERSONNEL

BROWN,	Joseph	(none)	222-207	BMlc
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG GROUP		Port Arthur, Texas	20 January, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Sabine Pass Light Station	08-094	Sabine, Texas
(Minor unit)		

1300, 14 January, 1945 - Departed this unit on TEMPORARY DUTY for Galveston, Texas, to report to CO, CG Operating Base, that place, for a five (5) day training course in Aids to Navigation.

1845, 19 January, 1945 - Reported this unit this time and date for resumption of regula duties, TEMPORARY DUTY mentioned above having been completed.

DUTY CODE No.: (29)
AUTHORITY: DCGOS/L 12-28-44 (701-531)

E. V. THOMAS
(Commanding)

Lieut., USCGR
(Title)

By direction

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

UNITED STATES COAST GUARD INSTITUTE

ADDRESS REPLY TO
DIRECTOR (PT)
REFER TO FILE: 20554-E

GROTON, CONNECTICUT

20 June, 1944

To: DCGO, 8th Naval District (pt)

Subj: BROWN, Joseph (222-207) B.M.1c.
Completion of course; issue of educational certificate

1. The CG Institute takes pleasure in transmitting a certificate for the completion of Meteorology course (97%).

2. A copy of this letter should be placed in subject man's file and proper notation made in his Service Record and Continuous Service Certificate.

3. It is requested that the below listed textbooks issued for the course be returned to the CG Institute without delay:
None

J. D. HARRINGTON

Incl:
Educational Certificate

CC: HQ

Ind-1
ODCGO, 8th NavDist (pt)
10 July, 1944

To: BROWN, Joseph (222-207) B. M. 1c. Asbine Pass, L/S, Sabine, Texas

Forwarded, with pleasure.

J. E. Flick
By Direction

File in Service Record

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT U.S. COAST GUARD GROUP ADDRESS PORT ARTHUR, TEXAS DATE 10/10/44

BROWN, Joseph (SURNAME, FIRST NAME, INITIAL) 222-207 (SERVICE NUMBER) B.M.1c. (RATE)

has completed a continuous period of three years' active service on 10/9/44 with no mark in conduct 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 in lieu of issue of actual award at this time.

ANDREW JOHANSEN, Lieutenant Commander, USCG.,
Commanding Officer.

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

To be filed in SERVICE RECORD

REPORT OF CHANGE IN PERSONNEL

BROWN	Joseph	(n)	222-207	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

U.S. COAST GUARD GROUP		Port Arthur, Texas	10 Oct., 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

Sabine Pass Light Station 08-094 Sabine, Texas
(Minor unit)

Extended enlistment 10 October, 1944, for period of three (3) years upon expiration of original enlistment.

DUTY CODE No.: (30)
AUTHORITY:
Personnel Bulletin 103-44

L. L. McLENDON, Lt. (jg) USCGR
(Commanding)

By direction
(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

File in Brown's Service Record - R.O.J

N. C. G.-2511A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

U. S. COAST GUARD GROUP, PORT ARTHUR, TEXAS
(Unit)

BROWN, Joseph
(Name in full—surname to the left)

10 October, 1944
(Date)

222-207
(Service number)

Boatswain's Mate, first class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	10	10
Enlistment extended (for 3 years from)	1944	10	10
Date of discharge (.....) (Character of discharge)			

NUMBER OF—		
Years	Months	Days
3	0	0

Total time of last enlistment period

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

ANDREW JOHANSEN, Lieutenant Commander,

Date 10 October, 1944. (Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 10 October, 1944 U. S. COAST GUARD GROUP, PORT ARTHUR, TEXAS
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE (3) years from this date.

ANDREW JOHANSEN,

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

73-783-522

UNITED STATES COAST GUARD

CG STATION
Sabine, Texas
UNIT

Port Arthur, Texas
Place

16 November, 1943
Date

From: BROWN, Joseph (222-207) B.M.1c
To: Commandant.
Via: 1. Commanding Officer, CG STATION, Sabine, Texas.
2. Pay Officer, Port Arthur, Texas.

Subject: Application for Family Allowances under Servicemen's Dependents Allowance Act of 1942 (Act approved June 23, 1942 - Public No. 625 Congress).

Reference: (a) Finance Circular No. 87-42, 8 July, 1942.

1. Application for Family Allowances for the below listed dependent(s) is made herewith: (Give name, address, relationship; also the date of birth of all minor dependents for whom the allowance is claimed)

(Married 29 October, 1932 at Buras, Louisiana)
Josephine Elizabeth Brown (wife) Sabine, Texas

Joseph Earl Brown (son -born 2/15/34) AS ABOVE/

Richard Herman Brown (son--born 2/11/34) AS ABOVE

NO OTHERS

2. It is requested the dependents allowance be made payable to Josephine Elizabeth Brown of Sabine, Texas claimed for
name and address
Josephine Elizabeth Brown---Josph Earl Brown--Richard Herman Bro
give dependents name

Subscribed and sworn to before me this 16th day of November, 1943.

x Joseph Brown
Joseph Brown
(Signature)

O. S. YANTIS, Ensign, USCGR
name and rank

73-783-522 1st Indorsement CG STATION, Sabine, Texas 16 November, 1943

1. Forwarded. The above application has been examined and found complete as to requirements of paragraph (5) of reference (a).

J. M. BARRETT, Lt., USCG
Commanding Officer.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

SABINE STATION (Unit) — Sabine, Texas (Place)

1 October, 1943 (Date)

FROM: BROWN, Joseph (222-207) B.M.1c

TO: COMMANDANT (via COAST GUARD SECTION OFFICER, PORT ARTHUR, TEXAS)

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:

Elizabeth

Josephine B. Brown (Full name of wife; if not married, so state) — Sabine, Texas (Address of wife)

Joseph Earl Brown, born 2-15-34. (Full name of child; if none, so state) — Sabine, Texas (Address of child)

Richard Herman Brown, born 2-11-37. (Full name of child; if none, so state) — Sabine, Texas (Address of child)

Married, 10-29-32, Buras, La. (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:

Crawford Brown (Full name of relative) — Brother (Relationship) — 4835 Tchoupitoulas Street, New Orleans, La. (Address of relative)

Not dependent. (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:

None. (Full name of relative) — (Relationship) — (Address of relative)

(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 to before me this 20 day of October, 19 43.

O. S. YANTIS, Ensign, USCGR (Signature)

(Rank or title)

Joseph Brown (Signature)

B.M.1c (Rank or rating)

16—25758-1

Form 2529
Treasury Department
U. S. Coast Guard

United States Coast Guard

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(Unit) SABINE STATION

(Place) Sabine, Texas (Sabine Lifeboat Station)

(Date) 1 April, 1943

FROM: BROWN, Joseph (322-20) B.M.1c., SABINE STATION

TO: Commandant (via)

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, 1920, as amended by the Act of May 22, 1928, as follows:

(Full name of wife; if not married, so state) Josephine Elizabeth Brown — (Address of wife) Box Sabine, Texas

(Full name of child) (Date of birth) Joseph Earl Brown Born: 1-15-34 — (Address of child) Sabine, Texas

(Full name of child) (Date of birth) Richard Norman Brown Born: 1-11-37 — (Address of child) Sabine, Texas

(Full name of child) (Date of birth) No others — (Address of child)

(If married, date and place of marriage) 29 October, 1932, at Burrwood, Louisiana

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) Crawford Raymond Brown — (Relation) Brother — (Address of relative) [illegible] Bienville Street, New Orleans, Louisiana

(State briefly wherein dependency exists) Not dependent

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

(Full name of relative) James Thomas Ray — (Relation) Half-Brother — (Address of relative) [illegible] Bienville Street, New Orleans, Louisiana

(State briefly wherein dependency exists) Not dependent

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

Subscribed and sworn to before me this 1st day of April, 1943.

L. L. [illegible] (Signature)

[illegible] (Rank or title)

Joseph Brown (Signature)

Joseph Brown

B.M. 1c., USCG. (Rank or title)

Form 2529
Treasury Department,
U.S. Coast Guard.
Revised September 1, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

NEW ORLEANS DISTRICT OFFICE (Unit) — New Orleans, Louisiana (Place)

10 October, 1941. (Date)

From: BROWN, Joseph (222-207) B.M.2c. - SOUTHWEST PASS LIGHT STATION.

To: Commandant (via COmmander, New Orleans District.

Josephine Elizabeth Brown (Full Name of wife) if not married, so state)	P. O. Box 26, Burrwood, Louisiana (Address of wife)
Joseph Earl Brown, son, age 7 yrs. (Full name of child; if none, so state)	Same (Address of Child)
Richard Herman Brown, son, age 4 yrs. (Full name of child; if none, so state)	Same (Address of Child)
- - - (Full name of child; if none, so state)	(Address of child)

Crawford Brown (Full name of relative	Brother (Relationship)	4835 Tchoupitoulas Street, New Orleans, Louisiana (Address of relative)

Potential
(State briefly wherein dependency exists)

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

Subscribed and sworn to before me this 10-th day of OCTOBER 19 41

D. D. HESLER, Lieutenant, USCG., (Signature)

Personnel Office, New Orleans District. (Rank or title)

Joseph Brown (Signature)

B.M.2c., USCG. (Rank or rating)

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard Reserve.

BROWN, Joseph (Name in full) | 222-207 (Service number) | B.M.2c. (Rank or Rate)

(a) Grammar School: Four years. (Number of years attended & grade completed)

(b) High School: None (Number of years attended & grade completed, graduated)

(c) Colleges: None (Number of years attended, special studies pursued, or completed, and degrees received, if any)

Have you had experience in any of the following crafts or professions? If so, indicate in the parenthesis after each of the foll owing the number of years served at each, including up to the present date:

Aviation rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
C arpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (General).	( )	Engineer, Steam	(7 yrs.
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Patern-Maker	( )
Photographer (aviation)	( )	Photographer (general)	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

None

Set forth briefly, yet clearly below any previousexperience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

(Sign your name before releasing) — Joseph Brown (Signature)

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

(1)-Ⓡ NAME (PRINT CLEARLY) BROWN, JOSEPH "NONE" (LAST) (FIRST) (MIDDLE) | SERVICE NUMBER 222-207 | HEIGHT FT. 5 IN. 8 | WEIGHT LBS. 158 | RACE W

(2) HOME ADDRESS SABINE, TEXAS

(3) BIRTHPLACE BOOTHVILLE, LA. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH 23 MAR, 1911 HOW LONG IN U. S. 32 YEARS

(5) CITIZEN ✓ L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS MARRIED (7)-Ⓣ NUMBER OF DEPENDENTS THREE

(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	4	✓		BOOTHVILLE, LA.		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY	—					
POST GRADUATE	-					
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS 4 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	SPANISH R	SPANISH W	FRENCH (L-24) S	FRENCH R	FRENCH W	GERMAN (L-25) S	GERMAN R	GERMAN W	OTHER LANGUAGES (L-26) S	OTHER R	OTHER W	OTHER S	OTHER R	OTHER W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION 8TH NAVAL DATE 10-10-41

(12)-Ⓡ BRANCH OF SERVICE | REGULAR ✓ | RESERVE G | RESERVE S | RESERVE T | RESERVE W

(13)-Ⓣ MAIN OCCUPATION LIGHT HOUSE KEEPER | YEARS AT IT 4 | WKLY. WAGE $37.50
D. O. T. CODE 5-61.340
JUST WHAT DID YOU DO? TENDED TO THE OPERATION AND MAINT. OF LIGHTHOUSE & ITS EQUIPMENT.

LAST DATE OF EMPLOYMENT OCTOBER, 1941
EMPLOYER U. S. LIGHTHOUSE SERVICE (FIRM NAME)
ADDRESS OF EMPLOYER NEW ORLEANS, LA.
DEPT., SHOP OR BRANCH LIGHTHOUSE KIND OF BUSINESS GOV. SER.

(14)-Ⓣ SECOND BEST OCCUPATION | YEARS AT IT | WKLY. WAGE $
D. O. T. CODE
JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE				
GRADE —SCORE	(15)-Ⓡ 46	(16)-Ⓡ 50	(17)-Ⓡ 56				

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. —
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)
NONE							

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS: NO SEA EXP- LIMITED
SMALL BOAT EXP-

HOBBY- HUNTING & FISHING

(23) NEXT OF KIN

NAME MRS. JOSEPHINE BROWN (W)

ADDRESS

CITY SABINE STATE TEXAS

(24)- ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
10-15-43	SABINE LIGHT STATION	BM-1/C	LIGHTHOUSE

From compensation of BROWN, Joseph (222-207) BM1c

APPLICATION FOR ALLOTMENT

SHORE UNITS, CTP PORT ARTHUR, TEXAS 89

PAYABLE TO

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month APRIL, 194 44

Last payment: Month _____, 194 ____

Monthly allotment in the amount SIX DOLLARS TWENTY FIVE CENTS ($ 6.25) Dollars.
(Words) (Figures)

Number of months INDEFINITE
(Words) (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

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

Joseph Brown

Joseph Brown

Rank or rating BM1c, U. S. C. G.

6 MARCH, 1944, 194

Approved, allotment granted.

M. BARRETT, Lieut.Comdr.USCG.

Commanding PORT ARTHUR, TEXAS

D.C.G.O. _____ *District.*

Witnessed and registered 6 MAR., 194 4

A. P. DI VENUTI, Ensign, USCGR

Pay Officer, PORT ARTHUR, TEXAS

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

DO NOT FOLD -- MAIL FLAT

(Over)

16

Delivery of War Bonds to persons outside the continental United States or to ships temporarily suspended.

It is requested that, beginning 1 APRIL, 1944, monthly deductions of $ 25.00 be made so that United States War Bonds of $ [illegible] denomination may be issued in the name of

Joseph NMI BROWN

(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "c/o U. S. Coast Guard, Washington, D. C."

Sabine, Texas

(State your Address)

You may name either a co-owner or a beneficiary, but not both.

Co-owner Mr. / Mrs. / Miss _____

(Given name, in full) (Middle name or initial) (Last name)

Address _____

Beneficiary Mr. / Mrs. Mrs. Josephine E. BROWN / Miss _____

(Given name, in full) (Middle name or initial) (Last name)

Address Sabine, Texas

Either co-owner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

_____ Hold at Treasury Department. _____ Hold at Federal Reserve Bank of _____

Mail bonds to me at Sabine, Texas

(Not to be filled in if bonds are to be held in safekeeping)

Signature of purchaser Joseph Brown

Joseph Brown BMlc Sabine Pass Light Station

Name Rank or Rating Station

OK

~~DISTRICT DETAIL, LIGHT STATIONS~~ SABINE STA 3-1 2 H

From compensation of—

JOSEPH BROWN,

B

PAYABLE TO—

Name TREASURER OF THE UNITED STATES

Street and number

Post office WASHINGTON, D. C. State

APPLICATION FOR ALLOTMENT

Monthly allotment in the amount of—

TWO DOLLARS EIGHTH EIGHT (Words) ($ 2.88 (Figures)) Dollars.

2.88

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

Name

Reason for allotment PAYMENT OF NATIONAL SERVICE LIFE INSURANCE PREMIUMS

First payment: Month JANUARY, 1942, 19

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

Joseph Brown

JOSEPH BROWN

Rank or rating B.M.2c, U. S. C. G.

JANUARY, 1942, 19

Approved, allotment granted.

F. J. BINKETT Commender, U.S.C.G.

Commanding Senior Coast Guard Officer, 8th Naval District, ACTING

Witnessed and registered 9th Jan. 19 42

Pay Clerk.

NEW ORLEANS DISTRICT.

Pay officer,

Form 2528.—Revised Nov. 7, 1939 16—12642
TREASURY DEPARTMENT
U. S. COAST GUARD
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.					

N S L Z

* Allotter or member immediate family

U. S. GOVERNMENT PRINTING OFFICE

FOR INFORMATION OF PAY OFFICER

(FA-AR)
CG-522

20 January,1944

. Josephine E. Brown

. Sabine, Texas

RECEIVED
FEB - 8 1944
CAPTAIN OF PORT
PORT ARTHUR, TEXAS

Subj: Allotment: BROWN,Joseph (222-207) B. M. 1c., COTP, Port Arthur, Texas.

Amount and month of first payment: $40.00 - December 1943

You are informed that a monthly allotment in your favor has been authorized by the person named above. Check in the amount given herein will be mailed you on the last day of each month. In communicating with this office relative to this allotment, be sure to state the name of the person making the allotment. Any change of address should be promptly reported to the Allotment Disbursing Officer, Coast Guard Headquarters, Washington 25, D. C.

Very truly yours,

C. L. HERNDON
Lieutenant, USCG
Allotment Disbursing Officer

ACKNOWLEDGMENT

This signifies that Form 2528, registered by the above named has been received and allotment started.

Allotment Disbursing Officer.
Division of Finance

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

CODED
NO. 1

"I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist, such additional time not to extend beyond six (6) months after the date of termination of the war or national emergency."

U.S.C.G. GROUP (Unit)
PORT ARTHUR, TEXAS (Place)
10 OCTOBER, 1944 (Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Joseph Brown (Name of Applicant), 222-207 (Service No.), B.M.1c. (Rating), having, on 10 October, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is Expiration of enlistment.

Joseph Brown
(Signature of Applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 10 day of Oct., A.D., 1944

ANDREW JOHANSEN, Lieutenant Commander, U.S.C.G.
(Signature of Commanding Officer)

U.S.C.G. GROUP (Unit) PORT ARTHUR, TEXAS (Place) 10 October, 1944 (Date)

APPROVED ANDREW JOHANSEN, Lieutenant Commander, U.S.C.G.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. (Date)

Physically qualified for extension.

(Chief Medical Officer)

COMMANDING OFFICER
U.S. COAST GUARD GROUP
Port Arthur, Texas
10 October, 1944

10 October, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

ANDREW JOHANSEN, Lieutenant Commander, U.S.C.G.
Commanding

Returned. The application for extension is disapproved.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

UNITED STATES COAST GUARD

ATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

U. S. COAST GUARD GROUP, PORT ARTHUR, TEXAS
(Unit)

(Name in full—surname to the left) 10 October, 1944
(Date)

Boatswain's Mate, first class
(Rating on discharge)

	Year	Month	Day
ent (for 3 years)	1941	10	10
ed (for 3 years from)	1944	10	10
e (.....) (Character of discharge)			
st enlistment period			

NUMBER OF—		
Years	Months	Days
3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Without Leave		Absent Due to Own Misconduct			Absent Due to Confinement		
To—	Days	From—	To—	Days	From—	To—	Days
O N E		N O N E			N O N E		

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Andrew Johansen,
ANDREW JOHANSEN, Lieutenant Commander,

Date 10 October, 1944

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 10 October, 1944

U. S. COAST GUARD GROUP, PORT ARTHUR, TEXAS
(Unit and place)

I CERTIFY that the above-named man voluntarily extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE (3) years from this date.

Andrew Johansen,
ANDREW JOHANSEN,

(Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908 1

1 of BROWN, Joseph 222-207

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

3. EFFICIENCY MARKS

Rate	Prof. in rating	Seaman-ship	Mechanical ability	Ability leader men	Special Qualifications or Special Detail	Conduct	Signature
							F.J.BIRKETT
B.M.2c.	3.5	3.5	--	3.5		4.0	Comdr
B.M.2c.	3.5	3.5	--	3.5		4.0	F.J.BIRKETT Comdr
BM2/c	3.5	3.5	3.2	3.5		4.0	J.M.BARRETT,LTj
BM2/c	3.5	3.5	3.3	3.5		4.0	J.M.BARRETT,LT.
BM1/c	3.5	3.5	3.3	3.5		4.0	J.M.BARRETT,LT.
BM1/c	3.5	3.5	3.3	3.5		4.0	J.M.BARRETT,LT.
BM1/c	3.5	3.5	--	3.5		4.0	J.M.BARRETT,LT.
BM1/c	3.5	3.6	--	3.5		4.0	J.M.BARRETT,LT.
BM1/c	3.5	3.6	--	3.5		4.0	J.M.BARRETT,LT.
43 BM1/c	3.5	3.6	--	3.5		4.0	J.M.BARRETT,LT.
44 BM1/c	3.5	3.6	--	3.5		4.0	J.M.BARRETT,LT.
44 BM1/c	3.5	3.0	--	3.4		4.0	A.JOHANSEN,LtCo
Average							

CERTIFIED TO BE A TRUE COPY

L. L. MCLENDON, Lt.(jg) USCGR

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 completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

REMARKS:

BROWN
Joseph

CERTIFICATE

I } certify that { XXX / I } have personally made this physical examination and find that BROWN, Joseph

He is physically qualified for (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 Regular enlistment

on account of defective vision and chest expansion not minimum.

H. V. Stroupe
Surgeon, U.S. Public Health Service.

A. A.

1st INDORSEMENT

28 May, 1941
(Date)

Place New Orleans, La.

From: Commander, New Orleans District.

To: Commandant.

(Keeper, Southwest Pass Light Station)

1. Forwarded for action. Present status:

For Induction - BM2c - Reg. Enl.

Comdr. USCG

F. J. BIRKETT
Commanding—Dist. Comdr.-Of. in Chg.

Acting.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington.

MAY 31 1941
(Date)

The findings of the certificate are not approved

Recommended

By direction of the Medical Director:

By direction of the Surgeon General:

T. LEBLANC
Medical Director, U.S. Public Health Service.

BM2c

CHIEF PHARMACIST.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.

To: Commander, New Orleans District.

1.

Enlistment Auth. R.E. BM 2c.

Insert this copy in health record.

By direction,

By direction

U.S. GOVERNMENT PRINTING OFFICE 2—10141

Form No. 2525 B
TREASURY DEPARTMENT
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

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

Name BROWN, Joseph (Surname first) Service Number _____

Age: Years 30 Months - Color White

For: Regular Enlistment.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 2c.

Place New Orleans, La. Date 23 May, 1941.

Personal Medical History T & A as child. No other illness.

Vision: R.E. 20/ 40 L.E. 20/ 25 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Ishihara

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

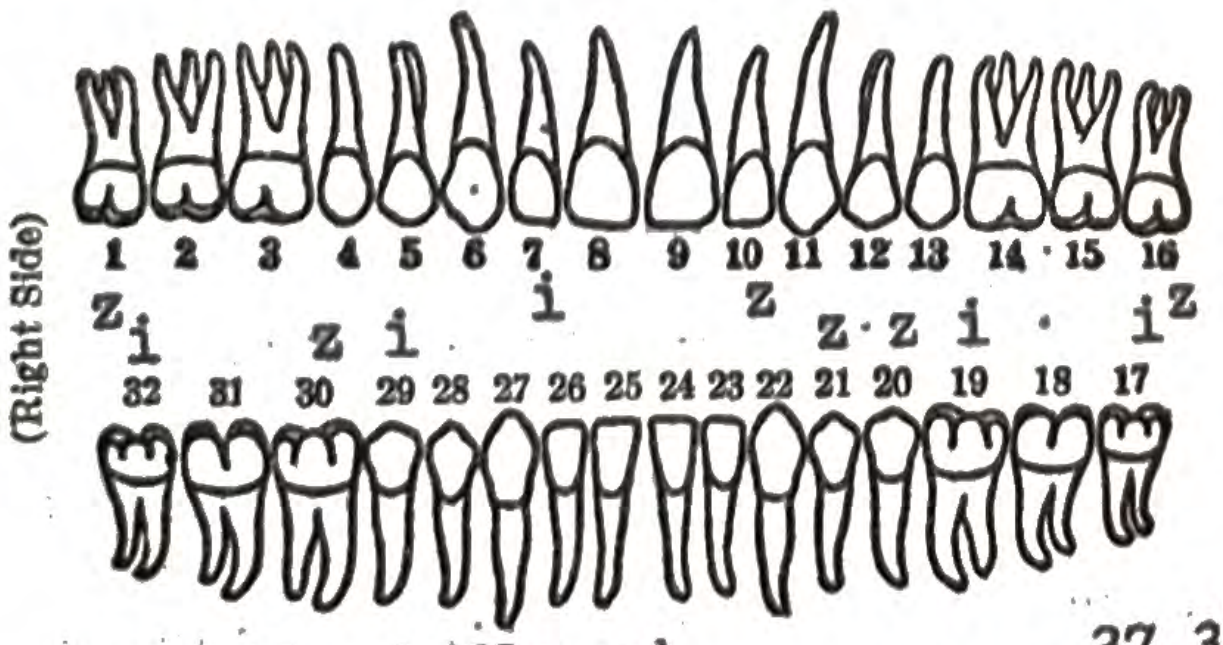
Eyes, eyelids, and reflexes Normal

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, "T".)



Gums Slightly inflamed. Temperature 37.3° C.

Height 67½ inches. Weight (stripped) 152 Lbs. Obesity No

Skin Clear

Lymph. glands Normal

Chest: Inspiration 39" Expiration 36½"

Heart and blood vessels Normal

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 84, after exercise 120, after 2 min. 90

Lungs Clear.

Abdomen and pelvis Small hemorrhoidal tags present

Genito-urinary organs Normal

Spine and extremities Normal

and mental conditions Normal

Sugar None Albumin None

PR5-73

From: Commandant.
To:

Subject:

provisional rating made permanent.

Reference: (a) Personnel Bulletin 17-39.

1. The provisional rating of the above-named man as is made permanent effective this date. However, his present rating will remain provisional until such time as it is made permanent by Headquarters.

By direction,

F. E. ALLISON,
Assistant Chief, Detail Section.

AUTHORITY:
Act of 5 August, 1939
Hdqtrs 3rd Indorsement
Form 2525-R 5-7-40

Form 2500
TREASURY DEPARTMENT
U.S. Coast Guard

ENLISTMENT CONTRACT

BRUNN, Joseph — 222-207 — B.M.2c. — 13 1941
(Name in full) (Service number) (Rank or Rate)

(a) Grammar School: Four years.
(Number of years attended & grade completed)

(b) High School: None
(Number of years attended & grade completed, graduated)

(c) Colleges: None
(Number of years attended, special studies pursued, or completed, and degrees received, if any)

Have you had experience in any of the following crafts or professions? If so, indicate in the parenthesis after each of the foll owing the number of years served at each, including up to the present date:

Aviation rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
C arpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (General)	( )	Engineer, Steam	(7 yrs.
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Patern-Maker	( )
Photographer (aviation)	( )	Photographer (general)	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

None

Set forth briefly, yet clearly below any previousexperience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

Use reverse side of this form when necessary.

(Sign your name before releasing) Joseph Brunn (Signature)

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

AUTHORITY:
Act of 5 August, 1939
Hdqtrs 3rd Indorsement
Form 2525-B, 6-3-41

U S COAST GUARD (B)
RECD OCT 13 1941

ENLISTMENT CONTRACT

REENLISTMENT of BROWN, Joseph (Full name, surname to left) 222-207 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard Cutter / Station 7777/ STAFF, NEW ORLEANS DISTRICT District, New Orleans, Louisiana (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at New Orleans, Louisiana (Place)

1. I, JOSEPH BROWN (Full name), this 10-th day of OCTOBER, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: NEVER

2. I was born in Boothville, Louisiana, on 23 March, 1911 Citizenship [a] N.B.

If naturalized, place and date of naturalization - - - Certificate No. - - -

If intentions declared, place and date of declaration - - -

Home address P. O. Box 26, Burrwood, Louisiana

Full name and address of the following: Josephine Elizabeth Brown, P.O.Box 26, Burrwood, La. (Wife, if any)
Joseph Earl Brown, son, age 7 yrs.; Richard Herman Brown, son, age 4. Address same as above. (Children under 21 years of age. Specify ages of children)

Deceased. (Mother, if living) Widowed?

Crawford Brown, Brother, 4835 Tchoupitoulas St., New Orleans, La. (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

NEVER (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on - - -, 19....., from Cutter Station - - - (Strike out one) with - - - (Kind of discharge) discharge, herewith submitted, serial No. - - -

9. I agree to and with the United States of America, represented by D. D. HESLER, Lieutenant (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station 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 lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by D. D. HESLER, Lieutenant (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said JOSEPH BROWN (Name of person enlisting) who has hereunto signed his

[a] Citizenship: Use expressions "NB" for native-born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for natives of Philippine Islands; "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard. I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of War or National Emergency declared by the President to exist. Such additional time not to exceed beyond SIX months after the date of termination of the War or National Emergency.

Joseph Brown
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By D. D. Hesler
D. D. HESLER, Lieut., USCG.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

D. D. Hesler
D. D. HESLER,
Lieutenant, *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, JOSEPH BROWN (Full name), 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 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 and Regulations for the government of the United States Coast Guard.

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

Joseph Brown
JOSEPH BROWN
(Signature of enlisted person)

Subscribed and sworn to before me this 10-th day of OCTOBER, A. D. 19 41

D. D. Hesler
D. D. HESLER, Lieutenant, USCG.,
By direction.
(Comdg. officer, office)

12. DESCRIPTIVE LIST

Age 30 years 4 months. Height 5 feet 7-1/2 inches. Weight 152 pounds. Eyes Brown

Hair Dk. Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

ENLISTMENT EFFECTED PURSUANT TO THE ACT OF 5 AUGUST, 1939.

U. S. COAST GUARD (R)
RECD OCT 13 1941

ENT
rd

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired B.M. 2c

WARNING

If you have ever been in the Coast Guard, Army Navy, or Marine Corps and deny such service, 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.

Never

New Orleans La.
(Place)

10 October 1941
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 30 years 4 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 Joseph Braun

Date of birth March 23, 1911

Place of birth Baathsville La. Citizenship U.S.

Home address Burnside La.

Are you married? Yes Number and relationship of persons dependent on you for support? 3 Wife & two Children

Are your parents living? No Are your parents dependent on you for support? No

Are you prepared to support your dependents on service pay? Yes

Name and address of next of kin Leonard Braun Son (Brother) 1483 Johnsville Ave

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. Lighthouse Service					

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime No

Joseph Braun
New Orleans La.

(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):

Common School 4th Grade

Have you ever served in the U.S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No.

If so, state which

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? Yes

When did you apply? 5/23/41 Where? New Orleans, La.

Were you accepted or rejected? Accepted 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) Joseph Brown

Accepted or rejected _____ Cause of rejection _____

Date _____

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.

_____

U.S.C.G.

...SS OF APPLICANT

Coast Guard Recruiting Station New Orleans, La.
(place)

10 October 1941
(date)

om:
:
U. S. Coast Guard Recruiting Officer
(name) Mr. W. J. Braun, Jr. (address) Custom House, New Orleans, La.

he man whose name appears below states he was ~~(employed)~~ ~~(discharged)~~ under your
urisdiction in the former Light Hiuse Service ~~(employ)~~ ~~(charge)~~
SOUTHWEST PASS LIGHT STATION (place) Burrwood, La.
(as)
(in ~~grade~~) 2nd Assistant Keeper

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

D. D. HESLER, Lieut., U.S.C.G.
(Recruiting officer)

(Name of applicant) Joseph Brown
(filled in by recruiting officer)

Are you related to the applicant? No.

Was the applicant ever in your (employ) ~~(charge)~~

Yes	when	from 2/3 1937 to Present
	where?	S.W.Pass E.Jetty Asst. Lighthouse Keeper &S.W.Pass Lt.Sta.

What was his (~~weekly~~ wage per annum
(~~scholastic record~~) Present wage per annum $1560.

Why did he (leave)
(quit) Still employed.

How do you rate his:

	CHECK ONE		
	good	average	poor
Trustworthiness.....	✓		
General intelligence.....	✓		
Ability	✓		
His skill as a Keeper	✓		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars ---
What was his reputation and standing when in your (employ) Good
(~~charge~~)

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars --- No evidence

The above statement and answers ~~are in my own handwriting~~ (have been dictated and carefully read by me.)

Note:- If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

W.J.BRAUN Jr.
(Signature of reference)

11 October, 1941
(date)

Custom House, New Orleans, La.
(post office address)

APPLICANT

Coast Guard Recruiting Station New Orleans, La.
(place)

10 October 193X 41
(date)

U. S. Coast Guard Recruiting Officer
(name) Radio Elect. J. W. Havlicek (address) Custom House, New Orleans, La.

The man whose name appears below states he was (employed) (~~employed~~) by you at (SOUTHWEST PASS LIGHT STATION) (~~SOUTHWEST PASS LIGHT STATION~~) under your jurisdiction in the Former Light Service
(as) (place) Burrwood, La.
(in ~~charge~~) 2nd Assistant Keeper

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

D. D. HESLER, Lieutenant, USCG.
(Recruiting officer)

(Name of applicant) Joseph Brown
(filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ) (~~charge~~)

Yes	when	from 2/3 1937 to PRESENT
	where?	S.W.Pass E.Jettys &S.W.Pass Light Sta. Asst. Lighthouse Keeper.

What was his (~~weekly~~ wage per annum ~~last or present record~~)
Why did he (leave) (quit) Present wage per annum $1560
Still employed

How do you rate his:

	CHECK ONE		
	good	average	poor
Trustworthiness.....	✓		
General intelligence.....	✓		
Ability	✓		
His skill as a Keeper.	✓		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars ---
What was his reputation and standing when in your (employ) (~~charge~~) Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect o duty, or moral unfitness? If so, state particulars --- No evidence.

The above statement and answers ~~are in my handwriting~~ (have been dictated an fully read by me.)

Note:- If the statement and answers are dictated, strike out the statement abo they are in the handwriting of the signer.

J. W. Havlicek.
(Signature of reference)

11 October, 1941, ~~193~~ Custom House, New Orleans, La.
(date) (post office address)

APPLICANT

Coast Guard Recruiting Station New Orleans, La.
(place)

U. S. COAST GUARD - FRT
RECD OCT 13 1941

U. S. Coast Guard Recruiting Officer 10 October 1941
(name) Lt. R. M. Freeman (address) Custom House, New Orleans, La. (date)

The man whose name appears below states he was (~~employed~~ ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~) under your jurisdiction in the former Light House Servie(taught) (School)
(as) SOUTHWEST PASS LIGHT STATION (place) Burrwood, La.
(~~employed~~ graded) 2nd assistant Keeper.

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information accurately.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

D. D. HESLER, Lieut., U.S.C.G.
(Recruiting officer)

(Name of applicant) Joseph Brown
(filled in by recruiting officer)

Are you related to the applicant? No.

Was the applicant ever in your (employ) (~~charge~~)

Yes	when	from 2/3 1937 to Present
	where?	S.W.Pass E.Jetty as & S.W.Pass Lt.Sta. Asst.Lighthouse Keeper.

What was his (~~weekly~~ wage per annum (~~school record~~)

Why did he (leave) (quit) Present wage per annum $1560
Still employed.

How do you rate his:

	CHECK ONE		
	good	average	poor
Trustworthiness.....	✓		
General intelligence.....	✓		
Ability	✓		
His skill as a Keeper	✓		

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so state particulars ---
What was his reputation and standing when in your (employ) (~~charge~~) Good.

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars ---- No evidence

The above statement and answers ~~are true and correctly recorded~~ (have been dictated and carefully read by me.)

Note:- If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

R. M. Freeman Lt(jg) USCG
(Signature of reference)

11 October, 1941 Custom House, New Orleans, La.
(date) (post office address)

U.S. COAST GUARD BASE
213 Post Office Bldg.
Mobile, Alabama

REFERENCE INQUIRY

10 October, 1941.
(Date)

(Please complete neatly and return as soon as practicable)

Mr. W. J. Braun, Jr.
Custom House,
New Orleans, La.

U S COAST GUARD
RECD OCT 13 1941

Dear Sir:

Joseph Brown has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

D. D. HESLER, Lieutenant, USCG.,
Recruiting Officer.

1. Approximately how long have you known him? Since February 3,1937.
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Conscientious.
4. Is he addicted to the use of liquor or other habit forming drugs?..... No.
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No evidence.
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... No military service.
7. Is he; married Yes Industrious Yes Trustworthy: Yes Are you relatived to him?...No.....

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

11 October, 1941.
(Date)

(Name) W. J. BRAUN, Jr.
Address: Custom House, New Orleans, La.

213 Post Office Bldg.
Mobile, Alabama

REFERENCE INQUIRY

10 October, 1941.
(Date)

U. S. COAST GUARD (R)
RECD OCT 13 1941

(Please complete neatly and return as soon as practicable)
Radio Electrician J. W. Havlicek
Custom House
New Orleans, La.

Dear Sir:

Joseph Brown has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

D D Hesler
D. D. HESLER, Lieut., U.S.C.G.,
Enlisting Officer.

1. Approximately how long have you known him? Since February 3, 1937.
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Conscientious.
4. Is he addicted to the use of liquor or other habit forming drugs?..... No.
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No evidence.
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... No military service.
7. Is he; married Yes Industrious Yes Trustworthy: Yes Are you relatived to him?..... No

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

J.W.Havlicek
J.W.HAVLICEK (Name) Radio Elect.USCG
Address: Custom House, New Orleans, La.

11 October, 1941.
(Date)

U.S. COAST GUARD BASE
213 Post Office Bldg.
Mobile, Alabama

REFERENCE INQUIRY

10 October, 1941
(Date)

(Please complete neatly and return as soon as practicable)
Lieutenant (j.g.) R. M. Freeman
Custom House
New Orleans, La.

U S COAST GUARD (8)
RECT OCT 13 [illegible]

Dear Sir:

Joseph Brown has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

D D Hesler
D. D. HESLER, Lieut., U.S.C.G.,
Enlisting Officer.

1. Approximately how long have you known him? Since Sept. 1,1938.
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Conscientious
4. Is he addicted to the use of liquor or other habit forming drugs?..... No.
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No evidence.
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... No military service
7. Is he; married Yes Industrious Yes Trustworthy: Yes Are you relatived to him?...No.....

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed)..

R. M. Freeman
(Name) R.M. FREEMAN, LT. (j.g.) USCG

11 October, 1941.
(Date)

Address: Custom House, New Orleans, La.

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
626 Huron Road
Cleveland 15, Ohio

PE-3
6 September 1955

IN REPLYING REFER TO:
DIST.DIR:CLE:COL:DAR
MILITARY:
CODE:1461:VK:ea

August 29, 1955

Your Ref: DIST.DIR:CLE:COL:DAR
MILITARY:
CODE:1461:VK:ea

U. S. Treasury Department
Internal Revenue Service
District Director
626 Huron Road
Cleveland 15, Ohio

Attention: Harry X. Robinson, Chief, Collection Division

Commandant, U. S. Coast Guard
Washington 25, D. C.

Gentlemen:

Reference is made to your letter dated 29 August 1955, relative to John W. Brown.

The files at Coast Guard Headquarters indicate that John William Carter Brown (275-575), stewardsman, is now attached to the U. S. Coast Guard Air Station, St. Petersburg 3, Florida.

Last known address is 2777 East 73rd Street, Cleveland, Ohio.

Very truly yours,

No other information is available at this time.

When replying, please forward to the attention of the Military Accounts Section.

B. A. SHAW
Chief, Administration Section
Enlisted Personnel Division
By direction of the Commandant

H. X. ROBINSON
Chief, Collection Division

By Virginia V. Kramer
Military Accounts Section

mailed 9/7/55 96

DCR-43
Rev. 3/13/55

ORB am Corres: JC return to 3-13

B

P-1

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
626 Huron Road
Cleveland 15, Ohio

REFER TO:
E:COL:DAR

VK:ea

August 29, 1955

Commandant, U. S. Coast Guard
Washington 25, D. C.

Gentlemen:

This office respectfully requests you to search your records for information regarding the last-known address of the person listed below:

John W. Brown, (275-575) Coast Guard Cutter, SWEETGUM (WAGL-309) Mayport, Florida, the taxpayer's home address is 2777 East 73rd Street, Cleveland, Ohio.

No other information is available at this time.

When replying, please forward to the attention of the Military Accounts Section.

Very truly yours,

HARRY X. ROBINSON
Chief, Collection Division

By Virginia V. Kasmo
Military Accounts Section

DAR-43
Rev. 1/11/55

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
30 August 1954
AUTH: [redacted]

From: Commandant
To: [redacted], Joseph (222-207)BMC, United States Coast Guard
Via: Commander, Eighth CG District (y)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as [redacted]. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued to you by the unit effecting separation from active duty in accordance with Personnel Circular No. 38-53, as amended.

3. You will immediately notify the COMMANDANT (FP-4) of your mailing address and you will thereafter notify the COMMANDANT (FP-4) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment symbol No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at Government expense only if completed within one year from date of retirement.

5. Your commanding officer will endorse this order to indicate place, time and date of delivery, time and date of your detachment and departure, and your last permanent duty station. You will endorse this order to show place, time and date of receipt. You will then retain this order until arrival at your home of selection, at which time you will make a final endorsement indicating place, time and date of arrival at your permanent home, and mode of travel utilized. When the latter endorsement has been completed, this order should be forwarded to the COMMANDANT (FP-5) for settlement of travel expenses.

[redacted]
By direction

Encl:
(1) Instructions relative to retirement
(2) Form CG-2533, in duplicate

6413 Treasury CGHQ Wash., D.C.

-BROWN-
Joseph

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
CG BASE, Box 270
Mobile, Alabama

5 October 1954
P20-2

From: Group Commander, Mobile, Alabama
To: Commandant (PE)

Subj: BROWN, Joseph (n) (222-207) BMC, USCG; records forwarding of

1. Service and Health Records in case of subject-named man who was retired on 1 October 1954, are forwarded herewith.

H. F. ROGAIL

Encl:
(1) Service Record
(2) Health Record

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION
PASCAGOULA, MISSISSIPPI
(Unit)

BROWN, Joseph (n) — 1 OCTOBER 1954
(Name in full—surname to the left) (Date)

222-207 — BMC
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 6 years)	1953	10	20
Enlistment extended (for ____ years from)			
Date of ~~discharge~~ (RETIREMENT) (Character of ~~discharge~~)	1954	10	1
Total time of last enlistment period			

NUMBER OF—		
Years	Months	Days
00	11	12

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Previous Cred. Service:
12 Yrs. 0 Mos. 10 Days - Coast Guard
4 Yrs. 8 Mos. 7 Days - Lighthouse
Total 16 Yrs. 8 Mos. 17 Days

Total Absence (00 days)	00	00	00
Creditable time served during last enlistment period	00	11	12

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

H. F. ROGALL

Date 1 OCTOBER, 1954 (Rank) Lieutenant Commander, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date ____, 19____ ____
(Unit and place)

I CERTIFY that the above-named man ____ for
(Reenlisted or voluntarily extended his enlistment)
a period of ____ years from this date.

____
(Rank) ____, U. S. C. G.
Commanding officer.

16—20008-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV.12-49)

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Pascagoula River Ent LAS	Gen, Del, Pascagoula, Miss	17 August, 1954

FROM (REQUESTER):	TO	VIA:
BROWN, Joseph (n) (222-207) BMC	CO, Mobile, Group, Mobile, Ala	Official Channels

THE FOLLOWING LEAVE IS REQUESTED: Nine (9) days

NUMBER OF DAYS	TO DEPART	REASON:
9	26 August, 1954	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE % Mr. Vaughn Smith, Raleigh Hotel, Washington, D.C.

To Be Checked By Officers Only
- ☐ I am not a member of any court or board.
- ☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Joseph Brown, BMC

Ind.-1 Unit: CG BASE, Mobile, Alabama Date 18 August 1954

Date current leave accounting period began 7-1-54	Balance brought forward beginning of present accounting period 21
Number days' leave used during current accounting period 00	Date of expiration of current enlistment 19 October 1959

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

W. E. McELROY, LT, USCG, XO
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, Mobile, Alabama Date 18 August 1954

☒ Returned, GRANTED NINE (9) days.
☒ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

H. F. ROGALL, LCDR, USCG, GruComdr.
(Signature, rank, and title)

Ind.-4 Unit: Pascagoula River Ent. LAS Date 26 August 1954

Departed at 0600, this date. This leave expires before 0800, 5 September 1954

at THIS UNIT and is subject to the instructions on the reverse hereof.

J. BROWN, BMC, USCG, QinC
(Signature, rank, and title)

Ind.-5 Unit: Pascagoula River Ent, LAS Date 4 September, 1954

Reported at 2200, this date, having used Nine (9) days' leave.

Joseph Brown, BMC
(Signature, rank, and title)

16—40220-3

(Over)

Pascagoula

STATEMENT OF PAY ACCOUNT

MEMBER BROWN, JOSEPH (N) (222-207) BMC

PAY ACCOUNT OPENED 1 Jan. 1954

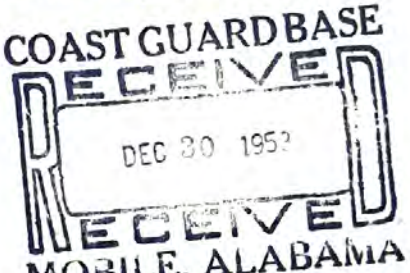
CREDITS:		
	BP&L (16) 2/2/53	$259.90
	BAQ (W)(LC-2)	96.90
	BAS	2.57
	BMA	
	SMA	7.20
	S&FSD	
	COMRATS	
	AVIA	
DEBITS:		
	ALLOTMENTS	
	NSLI	3.32
	"Q"	176.90
	BOND	18.75
	WITHHOLDING TAX (WITH 4 EXEMPTIONS)	6.80

D. SPRATLING
Chief Pay Clerk, USCG
Authorized Certifying Officer

UNITED STATES COAST GUARD

Address reply to:
Commander, 8th CG District
Custom House
New Orleans, La.

P
28 December, 1953
GDS/P17-2/MM



From: Commander, 8th Coast Guard District
To: Commander, CG Group, Mobile, Alabama

Subj: Personnel; permanent appointments

Ref: (a) Comdt's ltr (PE-1) of 21 December, 1953, MM

1. Under the authority of reference (a), the provisional rate of the below-named man is hereby made permanent, effective 1 January 1954, with seniority in rate from the date indicated, provided his/their conduct and performance of duty since date of advancement has/have been satisfactory. If advancement is not justified, the Commander, 8th CG District (p) will be notified immediately.

BROWN, Joseph (222-207) BMC(P) - 1-16-46

(Pascagoula LAS)

2. Make necessary entries in service records and on personnel reports showing permanent appointments, citing this letter and reference (a) as the authority therefor.

3. Enclosed herewith is a Certificate of Appointment in the case of the above named man/men. The Certificate for any man not considered qualified for permanent appointment will be returned to the Commander, 8th CG District (p).

R. ZAVALETA
By direction

Encls:
1. Certificate of Appointment
2. Certified copy of reference (a)

QQ
510

Address Reply to
COMMANDANT
U.S. Coast Guard
Headquarters
Washington 25, D. C.

PE-1
21 December 1953
MM

From: Commandant
To: Commander, Eighth CG District (p)

Subj: Personnel; permanent appointment

1. The provisional ratings of the below named men are hereby made permanent, effective 1 January 1954, with seniority in rating from the dates indicated, provided their conduct and performance of duty since date of recommendation have been satisfactory. Certificates of Appointment are enclosed for delivery to below named men. If permanent appointments are not justified, the enclosed certificates will be returned to the Commandant (PE) for cancellation.

BROWN, Joseph (222-207) BMC(P) - 1-16-46
ROWLAND, William H. (227-002) BMC(P) - 4-16-45
WILLIS, Otis L. (211-123) BMLC(P) - 5-8-43

2. Make necessary entries in service records and on personnel diaries showing issuance of permanent appointments, citing this letter as the authority therefor.

/s/ K. O. A. ZITTEL
K. O. A. ZITTEL
By direction

Encl: (1) 3-Certificates of Appointment

CERTIFIED TO BE A TRUE COPY

R. ZAVALETA., SCLK, USCG

19 November 1953
P17-2/MM

XXXXXXXXX
XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXX
CG BASE, Box 270
Mobile, Alabama

From: Commanding Officer, CG BASE, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: BROWN, Joseph (n) (222-207) BMC(P); recommendation for permenant appointment

Ref: (a) Article 5-c-31(b) Personnel Manual
(b) Article 5-c-30(b) Personnel Manual
(c) HQ ltr dtd 11-3-53 (PE-1) file P17-2/MM

1. In accordance with reference (c) the subject man has the following qualifications for permenant appointment.

(1) He is a leading person of strong character.
(2) He is capable of directing the work of a forse under him and planning details for it's best employment.
(3) He is capable of performing the required duties of his rate both ashore and afloat.
(4) He is capable of maintaining discipline.
(5) He has no mark below 3.5 in proficiency in rate or below 4.0 in conduct during the year immediately preceeding.
(6) He is recommended for permenant appointment as a Boatswains Mate Chief.

H. F. ROGAIL

UNITED STATES COAST GUARD

Address reply to:
Commanding Officer
CG BASE, Mobile, Ala.

19 October, 1953
P16-4/MM

ORDER NO. 080949

From: Commander, Group Mobile, CG BASE, Mobile, Alabama
To: BROWN, Joseph (n) (222-207), BMC(P), USCG - Pascagoula Riv. Ent. LAS

Subj: Orders; temporary additional duty; travel

Ref: (a) CCGD8 MSG 192008Z (OCT'53)

1. Effective 20 October 1953, proceed and report to the Commander, 8th CG District, New Orleans, La. for temporary additional duty of approximately one (1) days' duration in connection with official business of the U. S. Coast Guard. Upon completion of this temporary additional duty, you will return to Pascagoula, Mississippi and resume your regular status.

2. Travel authorized. Travel is required by the public interests, chargeable against the 8th CG District Travel allotment symbol 08-20 08-999000 0212. Reimbursement will be in accordance with paragraph 4200 - 4209, JTR. Estimated cost of travel: $19.00.

3. No delay enroute, other than necessary travel time authorized.

4. By endorsement hereon, indicate time and date of departure, forwarding copies to this office and Commander, 8th CG District (p).

H. F. ROGALL

CC: Accounting (2)
Pay
CCGD8(p)
file

- -

FIRST ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/MM of 19 October, 1953

20 October, 1953
P16-4/MM

Pascagoula River Entrance LAS
Pascagoula, Miss.

1. Departed this unit at 0500, this date, in compliance with basic orders.

JOSEPH BROWN

UNITED STATES COAST GUARD

ly to:
Officer
Mobile, Ala.

19 October, 1953
P16-4/MM

080949

Commander, Group Mobile, CG BASE, Mobile, Alabama
BROWN, Joseph (n) (222-207), BMC(P), USCG - Pascagoula Riv. Ent. LAS

Orders; temporary additional duty; travel

(a) CCGD8 MSG 192008Z (OCT'53)

Effective 20 October 1953, proceed and report to the Commander, 8th CG District, Orleans, La. for temporary additional duty of approximately one (1) days' duration connection with official business of the U. S. Coast Guard. Upon completion of is temporary additional duty, you will return to Pascagoula, Mississippi and resume ur regular status.

Travel authorized. Travel is required by the public interests, chargeable against the 8th CG District Travel allotment symbol 08-20 08-999000 0212. Reimbursement will be in accordance with paragraph 4200 - 4209, JTR. Estimated cost of travel: $19.00.

3. No delay enroute, other than necessary travel time authorized.

4. By endorsement hereon, indicate time and date of departure, forwarding copies to this office and Commander, 8th CG District (p).

H. F. ROGALL

CC: Accounting (2)
Pay
CCGD8(p)
file

FIRST ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/MM of 19 October, 1953

20 October, 1953
P16-4/MM

Pascagoula River Entrance LAS
Pascagoula, Miss.

1. Departed this unit at 0900, this date, in compliance with basic orders.

JOSEPH BROWN

UNITED STATES COAST GUARD

ly to:
Officer
Mobile, Ala.

080949

19 October, 1953
P16-4/MM

Commander, Group Mobile, CG BASE, Mobile, Alabama
BROWN, Joseph (n) (222-207), BMC(P), USCG - Pascagoula Riv. Ent. LAS

Orders; temporary additional duty; travel

(a) CCGD8 MSG 192008Z (OCT'53)

Effective 20 October 1953, proceed and report to the Commander, 8th CG District, Orleans, La. for temporary additional duty of approximately one (1) days' duration in connection with official business of the U. S. Coast Guard. Upon completion of this temporary additional duty, you will return to Pascagoula, Mississippi and resume your regular status.

2. Travel authorized. Travel is required by the public interests, chargeable against the 8th CG District Travel allotment symbol 08-20 08-999000 0212. Reimbursement will be in accordance with paragraph 4200 - 4209, JTR. Estimated cost of travel: $19.00.

3. No delay enroute, other than necessary travel time authorized.

4. By endorsement hereon, indicate time and date of departure, forwarding copies to this office and Commander, 8th CG District (p).

H. F. ROGALL

CC: Accounting (2)
Pay
CCGD8(p)
file

FIRST ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/MM of 19 October, 1953

20 October, 1953
P16-4/MM

Pascagoula River Entrance LAS
Pascagoula, Miss.

1. Departed this unit at 0900, this date, in compliance with basic orders.

JOSEPH BROWN

SECOND ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/H
19 October, 1953

20 October, 1953
P16-4/HH

Commander, 8th CG District
New Orleans, Louisiana

1. Arrived this unit at 0800, this date, in compliance with basic orders.

2. Departed this unit at 1700, this date, in compliance with basic orders.

JOSEPH BROWN

THIRD ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/H
19 October, 1953

20 October, 1953

1. Rptd this unit at 2000, this date for resumption regular status.

2. Travel performed via privately owned conveyance at own expense.

3. No government quarters or subsistence available or furnished.

JOSEPH BROWN
QinC Pascagoulia Riv. Sht. LAS

SECOND ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/MM
19 October, 1953

20 October, 1953
P16-4/MM

Commander, 8th CG District
New Orleans, Louisiana

1. Arrived this unit at 0800, this date, in compliance with basic orders.

2. Departed this unit at 1700, this date, in compliance with basic orders.

JOSEPH BROWN

THIRD ENDORSEMENT to COMDR, GROUP MOBILE ltr P16-4/MM
19 October, 1953

20 October, 1953

1. Rptd this unit at 2000, this date for resumption regular status.

2. Travel performed via privately owned conveyance at own expense.

3. No government quarters or subsistence available or furnished.

JOSEPH BROWN
OinC Pascagoulia Riv. Ent. LAS

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to .....," describing the specific part of any conduct, membership, or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation, or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

(*a*) Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

(*b*) Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

(*c*) Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

(*d*) Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or nonpublic character.

(*e*) Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I certify, as regards the standards of conduct, that:

1. I have read the instructions on the use of this form and I understand them.

2. I have read the provisions applying to the standards of conduct and I understand them.

3. If I have engaged in any such conduct, I have so indicated by describing in the statement below the nature thereof.

4. If I have not engaged in any such conduct, I have so indicated by writing "None" or "None to my knowledge" in the statement below.

5. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

6. I understand the meaning of the statements made in the certifications above.

Statement as to certification of conduct (*Attach additional sheets if necessary for a full, detailed statement*):

NONE

Typed Full Name of Person Making Certification	Service No. (*If any*)	Status for Which Being Considered (*e. g., Com O, WO, Enl, ROTC affiliation, etc.*)
Joseph (n) Brown	222-207	REENLISTMENT
Station to Which Certification Submitted	**Typed Name and Grade of Witnessing Officer**	
U. S. COAST GUARD BASE, MOBILE, ALABAMA	H. F. ROGALL, LCDR, USCG	

DD FORM 1 APR 50 98 Replaces NME Form 98, 1 Oct 48, which is obsolete. 16—63338-1

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice, or advocates either:

(*a*) Denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State Governments when such denial is attempted by force, violence, or intimidation, or

(*b*) Alteration of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social, or political order within it when such alteration is through or with the aid of force, violence, or intimidation.

2. Which is disclosed by investigation, or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy, or nonadvocacy of any of the tenets set forth in 1 (*a*) and 1 (*b*) above.

I certify, as regards membership in or association with certain organizations, that:

1. I have read the instructions on the use of this form and understand them.

2. I have read the provisions applying to membership in or association with certain organizations and I understand them.

3. I have read, and so signified by signing, the attached list of organizations, associations, movements, groups, and combinations of persons listed on this form.

4. I have entered in the table below the name(s) of the organization(s) shown on the attached list with which I am or have been associated in any of the following respects:

(*a*) I am or have been a member.

(*b*) I am or have been employed.

(*c*) I have attended or been present at formal or informal meetings or gatherings.

(*d*) I have attended, been present at, or engaged in, organizational or social activities or activities which they sponsored.

(*e*) I have sold, given away, or distributed written, printed, or otherwise recorded matter published by them.

(*f*) I have been identified or associated in some other manner.

5. If I have had no such associations, I have so indicated by writing "None" or "None to my knowledge" in the table below.

6. I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.

7. I understand the meaning of the statements made in the certifications above.

Name of Organization	Currently a Member		Formerly a Member		Dates of Membership		Location of Membership
	Yes	No	Yes	No	From—	To—	

Statement as to certification of membership in or association with certain organizations. (*For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.*)

NONE

Given under my hand this 19th day of OCTOBER, 19 53

Signature of Witnessing Officer

H. F. ROGALL, LCDR, USCG

Signature of Person Making Certification

Joseph (n) Brown

U. S. GOVERNMENT PRINTING OFFICE 16—63335-

Consolidated List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

Totalitarian:

Black Dragon Society
Central Japanese Association (*Beikoku Chuo Nipponjin Kai*)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (*Military Virtue Society of Japan or Military Art Society of Japan*)
Heimuska Kai, also known as Nokubei Heieki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Hemusha Kai (*Japanese residing in America Military Conscripts Association*)
Hinode Kai (*Imperial Japanese Reservists*)
Hinomaru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
Hokubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsige-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a policy of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

NONE

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Joseph (n) Brown

SIGNATURE OF WITNESSING OFFICER

H. F. ROGALL, LCDR, USCG

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION
PASCAGOULA, MISSISSIPPI
(Unit)

BROWN, Joseph (n) — 19 OCTOBER, 1953
(Name in full—surname to the left) — (Date)

222-207 — BMC(P)
(Service number) — (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1950	10	17
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE) (Character of discharge)	1953	10	19

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	3

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

PD REENLBONUS $ 360.00
First REENLBONUS PAID
A.C.O., 8TH CG DISTRICT

Previous Cred. Service:
(9 Yrs.0 Mos. 7 Da. - Coast Guard)
(4 Yrs.6 Mos. 7 Da. - Lighthouse)
Total: 13 6 Mos. 14 da.

TOTAL ABSENCE (0 days)

Creditable time served during last enlistment period	3	0	3

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

H. F. HOGAIL,

Date 19 OCTOBER, 19 53 — (Rank) LCDR, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 20 OCTOBER, 19 53 — PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of SIX (6) years from this date.
THIS SIX (6) YEAR PERIOD OF SERVICE WILL NOT EXTEND FEDERAL SERVICE BEYOND THIRTY (30) YEARS.

H. F. HOGAIL,

(Rank) LCDR, U. S. C. G.
Commanding officer.

16—20908-1

Form 2511

[redacted] COAST GUARD
UNITED STATES COAST GUARD
Mobile, Alabama

4 February 1953

From: Commanding Officer, CG BASE, Mobile, Ala.
To: District Pay Officer, 8th CG District

Subj: Statement of service for longevity pay 4 February 1953
BROWN, Joseph (n) (222-207) BMC(P), USCG

The following is a statement of service to and including _____
in the case of _____

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Incl. dates)		Nonperformance of duty because of (Incl. dates)	
USCG		From	To	From	To	From	To
10-10-41			NONE		NONE		NONE
Enl. Ext. 3 years from							
10-10-44	10-13-47 (HD)		NONE		NONE		NONE
10-14-47	10-16-50 (HD)		NONE		NONE		NONE
10-17-50							
Now serving							

	Y.	Mo.	Da.
Coast Guard Service Lighthouse service	4	8	7
Army Service			
Navy Service	16	0	2
Other			
Total 16			

2 February 1953

Completed _____ years creditable service for pay purposes on _____

W. E. McELROY, LT, USCG

G. R. WAGNER, LT, USCGR

UNITED STATES COAST GUARD
MOBILE, ALABAMA

Address Reply to:
Commanding Officer

8 May, 1952

From: BROWN, Joseph (n) (222-207) BMC, USCG
To: Veterans Administration, National Service Life Accounts Division, Washington 25, D. C.
Via: (1) Commanding Officer,
(2) Commander, 8th CG District (f)

Subj: Payment of future dividends declared on my National Service Life Insurance.

1. I elect to have paid in cash any future dividends declared on my National Service Life Insurance. It is requested that the check be mailed to me at: 502 10th Street, Pascagoula, Mississippi.

2. Information submitted for identification purposes:

(a) Date of Birth: 23 March, 1911

(b) Insurance numbers, if available: V-14146654 (old No. FN1018244)

Joseph Brown
(Signature of insured)

Ind-1 8 May, 1952

From: Commanding Officer, CG Depot, Mobile, Alabama
To: Veterans Administration, National Service Life Accounts Division, Washington 25, D. C.
Via: Commander, 8th CG District (f)

Forwarded.

A. R. MATTSON

Ind-2

From: Commander, 8th CG District
To: Veterans Administration, National Service Life Accounts Division, Washington 25, D. C.

1. Forwarded. It is hereby certified that this application for the payment of future dividends was placed in the proper military channels on the date given above.

2. Subject named man(has) or (has not) an allotment in effect for the payment of National Service Life Insurance premiums.

(Signature: Auth. Certifying Officer)

UNITED STATES COAST GUARD

Address Reply to:
Commander,
8th CG District
P.O. Box 282
New Orleans, La.

P
31 March, 1952.
GD8/P17-2/MM

From: Commander, 8th CG District.
To: Commander, Group Mobile

Subj: Personnel; advancement in rating

Ref: (a) H/L (PE-1) file MM dated 25 March, 1952, file MM

1. In accordance with reference (a), certified copy attached, you are hereby authorized to advance the below-named man/men to the rating(s) indicated:

BROWN, Joseph (222-207) CR fm BMCA(P) to BMC (Provisional)
(This man attached Depot, Mobile)

2. This/These advancements will be effective 1 April, 1952.

3. Report action on Form CG 2599, Form CG 3040, Form NAV 510 and make appropriate entry in the service record(s) of the man/men concerned. When submitting Form 2599 spell out the word provisional.

R. ZAVALETA,
By direction

Incl: Certified copy of ref. (a)

S/R

Mobile, Alabama

Commanding Officer
Coast Guard Depot

14 March, 1952
F17-2

From: Commanding Officer, CG Depot, Mobile, Alabama
To: Commandant (PE)
Via: Commander, 8th CG District (p)

Subj: BROWN, Joseph (n) (222-207) EMCA(P), USCG; recommendation for permanent appointment

Ref: (a) Personnel Manual, paragraph 5-C-30

1. The subject named man, having completed one (1) year of probationary service 15 November, 1951, is recommended for permanent appointment to EMC.

2. In compliance with reference (a), you are advised that:

(1) He is a leading person of strong character.

(2) He is capable of directing the work of a force under him and planning details for its best employment.

(3) He is capable of performing the required duties of his rate both ashore and afloat.

(4) He is capable of maintaining discipline.

(5) He has had no mark less than 3.5 in proficiency in rating and 4.0 in conduct during his probationary year.

(6) In view of the above, BROWN is highly recommended for permanent appointment in his rate.

A. B. MATTSON

S/R

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3, MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 14 March, 1951.

From: Commandant.

To: Commanding Officer, Point Au Fer Reef Light Station
VIA: Commander, 8th CG District (p)
SUBJECT: BROWN, Joseph (222-207) BMCA(p), USCG.

Statement of service of.

REF: Ur ltr dtd 3-5-51.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
4 years	8 months 7 days	Lighthouse service for pay purposes.					
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext. 3	Years from						
10-10-44	10-13-47 H D	NONE		NONE		NONE	
10-14-47	10-16-50 H D	NONE		NONE		NONE	
10-17-50							
Now serving							

B. A. Shaw
B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

3-2511 (Revised)
by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PE-3, MM

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

14 March, 1951.

om: Commandant.

o: Commanding Officer, Point Au Fer Reef Light Station
VIA: Commander, 8th CG District (p)
SUBJECT: BROWN, Joseph (222-207) BMCA(p), USCG.

Statement of service of.

REF: Ltr dtd 3-5-51.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
4 years	8 months 7 days	Lighthouse service for pay purposes.					
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
10-10-44	10-13-47 H D	NONE		NONE		NONE	
10-14-47	10-16-50 H D	NONE		NONE		NONE	
10-17-50							
Now serving							

CERTIFIED TO BE A TRUE COPY:

B. A. SHAW
By direction

S. L. BROWN, CSCLK, USCG

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Form 2511

STATEMENT OF CREDITABLE SERVICE
UNITED STATES COAST GUARD
New Orleans 9, La.

From: Commander, 8th CG District (p)
To: Disbursing Officer, 8th CG District

22 March, 1951

Subj: Statement of service for longevity pay

The following is a statement of service to and including 22 March, 1951 in the case of BROWN, Joseph (222-207) BMCA(p) USCG

Entered Service	Service Not Credited	Absent without Leave (Inclusive Dates) From	To	Absent Due to Own Misconduct (Inclusive Dates) From	To	Non-performance of Duty because of (Inclusive Dates) From	To
U.S.C.G.							
10-10-41		NONE		NONE		NONE	
Enl. Ext. 3	years from						
10-10-44	10-13-47 HD	NONE		NONE		NONE	
10-14-47	10-16-50 HD	NONE		NONE		NONE	
10-17-50							
Now serving							

	Yrs	Mos	Das
Coast Guard Service....	9	5	13
Army Service.....	0	0	00
Navy Service.....	0	0	00
Other Lighthouse service	4	6	7
TOTAL.....	14	1	20

S. L. BROWN
By Direction

Completed 14 years creditable service for pay purposes on 2-2-51.

ENLISTED MEN'S QUESTIONNAIRE
(Revised 7-48)

NAME: BROWN, Joseph Ser. No. 222-207 Rate: BM1

PRESENT STATION: ~~PASCAGOULA RIVER ENTRANCE LT STATION~~ POINT AUX FER

LEGAL ADDRESS: 2907 St. Thomas Street (Number and Street) New Orleans, La. (City) Louisiana (State)

NUMBER OF DEPENDENTS: Wife & 2
(State as wife and 1; brother, sister, mother, father, etc.)

PRESENT ADDRESS OF DEPENDENTS: 2907 St. Thomas Street (Number and Street) New Orleans, (City) Louisiana (State)

COAST GUARD HISTORY:

Date of Original Enlistment in Coast Guard: 10-10-41 As: BM2
Date of Last Reenlistment in Coast Guard: 10-14-47 As: BM1
for period of THREE(3) years in ~~XXX~~ REG (Cross out one)
Your intnetnions toward the Coast Guard as a career: Intend to make the CG my career.

Total Coast Guard Service: 7 years ____ months ____ Days
Total Sea Duty in Coast Guard: (Approx.) 2 years (overseas)
Total Service for Pay Purposes: 7 years ____ months ____ days

TYPE OF DUTY PREFERRED: Light Station
(Cutters, small boats, tenders, light stations, etc.)

TO WHAT PARTICULAR UNIT OR LOACLITY WOULD YOU LIKE TO BE ASSIGNED TO DUTY IN THE EIGHTH COAST GUARD DISTRICT?

First Choice: Pascagoula River Entrance Light Station
Second Choice: No preference
Third Choice: ____

DESCRIBE NATURE OF PREVIOUS DUTIES IN COAST GUARD (IN FULL): Aids to navigation duty at light stations.

ARE YOU SATISFIED WITH YOUR PRESENT ASSIGNMENT? (YES) (~~NO~~) (Cross out one)
WOULD YOU LIKE TO BE TRANSFERRED FROM THIS DISTRICT? (~~YES~~) (NO) (Cross out one

To what District or locality would you like to be transferred if transfer from this district is necessary: CCGD 14th

ARE YOU PHYSICALLY QUALIFIED FOR GENERAL DUTY? YES. If not, indicate why:
(Present treatment for what sickness, etc.) ____

HAVE YOU EVER APPLIED FOR RETIREMENT? NO. If so, when? ____

Any other information which you think might be helpful and useful in determining future assignments: ____

CAN YOU EXECUTE ROUTINE REPORTS REQUIRED BY COAST GUARD IN YOUR RATING? YES
If not, indicate what training you are receiving toward this purpose: ____

FOR MACHINIST'S MATES:

Are you qualified on gasoline and/or deisel engines? _____

Are you a competent ship's electrician? _____

Can you do and supervise major repairs? _____

Can you operate a lather? _____

Are you a qualified EN? _____

FOR ENGINEMEN:

Are you a competent electrician on gasoline and deisel equipment? _____

Can you do and supervise repairs on gas and/or deisel engines? _____

Have you specialized in one or the other? (Which) _____

Are you a qualified MM? _____

Can you operate a lathe? _____

EDUCATION: Grade School: 4 years. Graduate: No

High School: _____ years. Graduate: _____

College: _____ years. Graduate: _____ Degree: _____

ANY VOCATIONAL, TECHNICAL OR TRADE SCHOOLS: None. Years: _____

Coast Guard Institute Course being taken at present: None

C.G. Institute Courses completed, if any: None

SERVICE TRAINING SCHOOLS:

Training School attended (If none, so state): None

_____ Graduate: _____ Rated: _____

PRIOR HISTORY: Military (X) Civilian ( ) (Prior to entry in the Coast Guard)

If any military or naval service AT ALL, check Military (above) and answer following:

Organization: Lighthouse Date of Enlist: 2-3-37 Date of Discharge: Inducted in CG

Type of Discharge: _____ Rating upon discharge: 10-10-41

Any special training while in above organization: _____

LIST TRAINING SCHOOL DESIRED: None

Qualifications for this training: _____

REPORTED T IS DISTRICT: 10-6-48 FROM: CCGD FOURTEEN

Date of advancement to present permanet rating: 6-43

Were you ever Officer-in-Charge of a Unit or Vessel? YES (Yes or No)

If yes, state where, when, and what type unit or vessel): Ship Shoal Light Station, 8thDi: 4-3-45 to 10-46.

Have you ever grounded or damaged a ship or vessel? NO (Yes or No)

If yes, state circumstances involved: _____

DO YOU HAVE ANY HOBBIES: (LIST): Fishing

I hereby certifyt that the above information is correct to the best of my knowledge:

Date: 7 October, 1948 SIGNATURE: JOSEPH BROWN

DATE OF BIRTH: 23 March, 1911

ARE YOU PHYSICALLY QUALIFIED FOR SEA DUTY: YES

Date 7 October, 1950
Unit Point Au Fer Reef Light Station
Location Box 230, Morgan City, La

From: Brown, Joseph. (222-207) BM1
To: Commandant (PHM)

Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & place of marriage; ~~divorce~~, etc; date birth of children, custodianship; other date.
Josephine Elizabeth BROWN 502, 10th, St. Pascagoula, Miss	Wife	29 October, 1932 at Buras, La.
Joseph Earl BROWN 502, 10, St Pascagoula, Miss	Son	15 January, 1934
Richard Herman BROWN 502, 10th, St Pascagoula, Miss	Son	11 January, 1937

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependant as defined in existing l-

3. I fur-

Date 7 October, 1950
Unit Point Au Fer Reef Light Station
Location Box 230, Morgan City, La

From: Brown, Joseph. (222-207) BM1
To: Commandant (PMM)

Via: 1. Commanding Officer
2. Authorized Certifying Officer

Subj: Application for payment of basic allowance for quarters

1. I do hereby apply for basic allowance for quarters under the Dependents Assistance Act of 1950, on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

Name and address of dependent (Include full given name).	Relationship	Remarks-Such as date & place of marriage; ~~divorce~~, etc; date birth of children, custodianship; other date.
Josephine Elizabeth BROWN 502, 10th, St. Pascagoula, Miss	Wife	29 October, 1932 at Buras, La.
Joseph Earl BROWN 502, 10, St Pascagoula, Miss	Son	15 January, 1934
Richard Herman BROWN 502, 10th, St Pascagoula, Miss	Son	11 January, 1937

2. I hereby consent to checkage against my pay for any basic allowance for quarters paid on account of any relative later determined not to be a dependent as defined in existing laws and regulations.

3. I further certify that my dependents ARE NOT (insert "are" or "are not") in occupancy of public quarters (except for brief visits in quarters assigned to another member), and that the above-named dependents are not members of the armed forces on active duty.

4. Following are full named and addresses of each allottee, amount to be allotted to each, and month of first payment:

Allottees:	Month, 1st Payment	Amount
~~Josephine Elizabeth Brown~~ 502, 10th, St. Pascagoula, Miss	November, 1950	$165.00
		$
		$
	Total Allotments . . .	$165.00

Date on or after 1 Aug. from which Basic Allowance for Quarters Claimed for each dependent 1 August

Joseph Brown
~~Joseph Brown, BM1~~ (Name of Member)

Ind-1
~~OCCG10-8~~
New Orleans, La. 18 October, 1950

From: Commander, 8th CG District
To: Commandant (PMM)
Via: ACO

Forwarded.

S.L. BROWN
By direction

UNITED STATES COAST GUARD



ADDRESS REPLY TO

THE COMMANDANT PE-PL WASHINGTON 25, D.C.
AND REFER TO CG-73

15 August, 1946

To: Comdr. 8 CGD (p)

Subj: BROWN, Joseph (222-207) BM1c; service of

In reply to subject-man's letter of 8 August, 1946, file CG-73, with your indorsement of 8 August, 1946 thereon, you are advised that the records at Headquarters show the following service, prior to BROWN's enlistment in the Coast Guard, which is creditable towards 20 or 30 year retirement in the Coast Guard:

U.S. Army Engineer Corps (Civilian)
15 July, 1929 to 7 September, 1935
23 September, 1935 to 30 June, 1936

41-10-9
37-2-3
4 8 7

Lighthouse Service
3 February, 1937 to 9 October, 1941

9 0 7
13 8 14

The above service is not, however, creditable for longevity pay.

41 10 9
37 2 3
4 8 6 7

205.80

W. C. CAPRON
By direction

Ind-1
COM 8 CGD (p), Nola
19 August, 1946

To: Officer-in-Charge, Ship Shoal Light Station, Morgan City, La.

Forwarded for information of subject man.

L. W. TIBBITS, Jr.
By direction

CERTIFIED TO BE A TRUE AND CORRECT COPY.

H. C. Manion

H. C. Manion, Lt.(jg)
Commanding Officer
CG Moorings, Hilo, Hawaii

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BROWN, Joseph (n)	222-207	BMC-1/1/54	USCG

5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION — DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - - - - - -	- - - - - - - - - - - - - - - - - -	1	October	1954	RETIRED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
HL PE-1, dtd 8-30-54, AUTH: 513381	Pascagoula River Entrance Light Attendant Station, Pascagoula, Mississippi

10. DATE OF BIRTH — DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION — SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
23	March	1911	Boothville, Louisiana	Male	CAU	Grey	Brown	67½"	165

SELECTIVE SERVICE DATA

13. REGISTERED — YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED — DAY	MONTH	YEAR
	X	- - - - - - - - - -	- -	- -	- - - -	- -

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT — YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	- -	- -

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [ ] ENLISTED [X] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BMC(P)

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE — DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
20	Oct.	53	Pascagoula, Mississippi	502 10th Street, Pascagoula, Jackson, Miss.

SERVICE DATA

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	12	00	10
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	00	11	12
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	04	08	07
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	17	07	29

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
-	- - - -	- - - -	- - - - -

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
- - - -	- - - -	- - -

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

ENTITLED TO NATIONAL DEFENSE SERVICE MEDAL.

28. MOST SIGNIFICANT DUTY ASSIGNMENT

PASCAGOULA RIV. ENT. LAS
PASCAGOULA, MISSISSIPPI

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)

- - - - - - - - - NONE - - - - - - - - - -

30. SERVICE SCHOOLS OR COLLEGES. COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE NONE	X X X X	X X X X	NONE

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951 — YES	NO	UNKNOWN	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
INDEMNITY	X				

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$4.26	$0.00	U.S. SONNTAG, CHPCLK, USCG, ACO SYMBOL 1378

AUTHENTICATION

38. REMARKS (Continue on reverse)

NOT ENTITLED TO MOP. X X X X
X X X X X X X X
X X X X X X X

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

H. F. Hogall

NAME, GRADE AND TITLE (Typed)

H. F. HOGALL, LCDR, USCG
Commanding Officer

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. — CLAIM NUMBER

41. DATES OF LAST CIVILIAN EMPLOYMENT — FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1929	1941	Oiler, U.S. Engineers	U.S. Engineers, New Orleans, Louisiana

44. UNITED STATES CITIZEN — YES	NO	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed) — GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE(S)	MAJOR COURSE OR FIELD
X		Married	4	- - -	- - -	- - - - - - - - - -	- - - - - - - - - - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State): 922 Jackson St., Pascagoula, Jackson, Mississippi

48. SIGNATURE OF PERSON BEING SEPARATED: Joseph Brown

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JUL 52 214 — EDITION OF 1 JAN 50 IS OBSOLETE.

HEADQUARTERS COPY (ARMY & AIR FORCE — ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D. C.
MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OQR
TR TO INACTIVE DU FWD TO CMC (CODE DGH).
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D. C.)

2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

PASCAGOULA RIV. ENT. LAS, PASCAGOULA, MISS. (Ship or station) (Location) On 1 OCTOBER 1954 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 19 OCTOBER 1959 (Day) (Month) (Year)

Reason Over Twenty (20) Yrs. Service **Type discharge certificate** NONE

Authority: HL PE-1, dtd 8-30-54 - AUTH: 513381

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Pascagoula Riv. Ent. LAS, Pascagoula, Miss. (Place) ON 20 OCTOBER 1953 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from PASCAGOULA, MISSISSIPPI (Place) ON 20 OCTOBER 1953 (Date)

Home address at time of enlistment, induction, or order to active duty 502 - 10th Street, Pascagoula, Jackson, Mississippi

TRAVEL DATA

I hereby elect travel allowance to (Contingent upon performance of travel) (Location)

Place of Selection of retirement home (See travel instructions)

SIGNATURE Joseph Brown
Joseph Brown

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for TWENTY (Words) 20 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 16 years service for pay purposes on 2 February 1953 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

AVERAGE:	PIR	CONDUCT
	3.7	4.0

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
H. F. ROGALL	LCDR, USCG - Commanding Officer	55-55

DISBURSING DATA

Travel allowance credited, $ 0.00 Cash settlement for unused accrued leave (20 days) $ 212.27

NAME OF A. C. O. W.B.SONNTAG, CHPCLK,USCG

Computation: NOT ENTITLED TO MOP

DUE AT DISCHARGE, $ 4.26

PERSONAL FUNDS, $ ____

GRATUITY CREDITED, $ ____

Ship or station PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BROWN	Joseph	(n)	(222-207)	BMC

Edition of 4-52 may be used

16—66654-2

ARTMENT
GUARD
ev. 8-53)
OVED BY
GENERAL, U.S.
15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

ASCAGOULA RIV. ENT. LAS, PASCAGOULA, MISS On 1 OCTOBER 1954 the below-named individual was
(Ship or station) (Location) (Date)

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 19 OCTOBER 1959 (Day) (Month) (Year)

Reason Over Twenty (20) Yrs. Service **Type discharge certificate** NONE

Authority: HL PE-1, dtd 8-30-54 - AUTH: 513381

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Pascagoula Riv. Ent. LAS, Pascagoula, Miss. (Place) ON 20 OCTOBER 1953 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from PASCAGOULA, MISSISSIPPI (Place) ON 20 OCTOBER 1953 (Date)

Home address at time of enlistment, induction, or order to active duty 502 - 10th Street, Pascagoula, Jackson, Mississippi

TRAVEL DATA

I hereby elect travel allowance to (Contingent upon performance of travel) (Location)

Place of Selection of retirement home (See travel instructions)

SIGNATURE Joseph Brown

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for TWENTY (Words) 20 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 16 years service for pay purposes on 2 February 1953 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS

AVERAGE:	PIR	CONDUCT
	3.7	4.0

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
H. F. ROGAIL	LCDR, USCG - Commanding Officer	55-55

DISBURSING DATA

Travel allowance credited, $ 0.00 Cash settlement for unused accrued leave (20 days) $ 212.27

NAME OF A. C. O. W.B.SONNTAG, CHPCLK,USCG

Computation: NOT ENTITLED TO MOP

DUE AT DISCHARGE, $ 4.26

PERSONAL FUNDS, $ ____

GRATUITY CREDITED, $ ____

Ship or station PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BROWN	Joseph	(n)	(222-207)	BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI

1 OCTOBER 1954: Retired from the USCG and placed on the inactive retired list of the United States Coast Guard pursuant to the provisions of Title 14, US Code, Section 355. Auth: HL PE-1, dtd 30 August 1954. AUTH: 513381

Retired in rating of BMC. Served 0 Yrs., 11 Mos., & 12 Days on present Six (6) Yr. enlistment. Total Creditable Service, this enlistment: 0 Yrs., 11 Mos., & 12 Days. Total creditable service for retirement purposes to and including date of retirement 24 Yrs., 7 Mos., 15 Days. Total creditable service for pay purposes to and including date of retirement on 1 October 1954: 17 Yrs., 7 Mos., & 29 Days.

ENTITLED TO NATIONAL DEFENSE SERVICE MEDAL.

NOT ENTITLED TO MOP.

ADDRESS SUBSEQUENT TO RETIREMENT:

922 Jackson St.
Pascagoula, Mississippi

SURRENDERED ARMED FORCES I.D. CARD # 20284

W. E. McELROY, LT, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
BROWN	Joseph	(n)	222-207

ADMINISTRATIVE REMARKS

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 10/20/53(Reenl) Following entries transcribed from previous record. Credit brought forward from previous record DAYS

AUTHENTICATED BY

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
				BBF 1-7-53		49	Pascagoula Riv.Ent.LAS	/s/ W.E.McELROY,LT,USCG,XO
				HD 10-19-53	10	59	Pascagoula Riv.Ent.LAS	/s/ W.E.McELROY,LT,USCG,XO
ELECTS TO RECEIVE COMPENSATION IN CASH FOR FIFTY-NINE (59) DAYS UNUSED ACC LV ON DISCH 10/19/53.								W.E.McELROY,LT,USCG,XO
				ANCR 30 JUN '54	21	21	Pascagoula Riv.Ent. LAS.	M.S. SQUIRES,LT,USCG,XO
				BBF 1 JUL '54		21	Pascagoula Riv.Ent. LAS.	M.S. SQUIRES,LT,USCG,XO
27 AUG '54	4 SEPT '54	9	A			12	Pascagoula Riv.Ent. LAS	W. E. McELROY,LT,USCG,XO
				RETIRED 1 OCT '54	7½	20	Pascagoula Riv.Ent. LAS	W. E. McELROY,LT,USCG,XO
ELECTS TO RECEIVE COMPENSATION IN CASH FOR TWENTY (20) DAYS UNUSED ACC LV ON RETIREMENT IN ACCORDANCE WITH ART. 2B01239 COMPTROLLER MANUAL.							Pascagoula Riv.Ent. LAS	W. E. McELROY,LT,USCG,XO

PD $ 626.19 LSL 59 DAYS
BP $ 511.14 S&Q $ 115.05
A.C.O., 8th CG DISTRICT

PD $ 212.27 LSL 20 DAYS
BP $ 173.27 S&Q $ 39.00
A.C.O., 8th CG DISTRICT

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE
NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.				Pascagoula Riv.Ent. LAS	W. E. McELROY,LT,USCG,XO

NAME (Last) BROWN (First) Joseph (Middle) (n) SERVICE NO. 222-207

LEAVE RECORD 16—60741-1 PAGE 5 1

DISTRIBUTION SHEET

PAGE	TITLE	NUMBER OF COPIES	DISTRIBUTION INSTRUCTIONS
1	ENLISTMENT CONTRACT	2	Original to Commandant (PE), copy to SR.
1a	CERTIFICATE OF OBLIGATED SERVICE	2	Original to Commandant (PE), copy to SR.
1b	EXTENSION OF ENLISTMENT	4	Original to Commandant (PE), copy to SR, 2 copies to ACO.
2	RECORD OF EMERGENCY DATA (DD FORM 93)	3	Original and 1 to Commandant (PE), copy to SR.
3	CLASSIFICATION TRAINING & RATING SHEET	2	Retain in SR in duplicate. Upon discharge and immediate reenlistment, or transfer to the Reserve, forward duplicate with closed out SR and transfer original to new SR. Upon separation from the service forward duplicate with closed out SR and deliver original to member being separated:
4	COURT MEMORANDUM	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
5	LEAVE RECORD	1	Keep current in SR.
6	MARKS	1	Keep current in SR.
7	ADMINISTRATIVE REMARKS	2	Retain in SR in duplicate. If sheet becomes filled send duplicate to Commandant (PE) and start a new sheet. Upon transfer, when received at ultimate destination, complete and send duplicate to Commandant (PE) and start new sheet.
8	MOTOR VEHICLE OPERATOR'S RECORD		Upon receipt, place in SR and keep current in accordance with existing instructions.
9	RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH	See Chart for Distribution	
10	REPORT OF SEPARATION (DD FORM 214)	8	As indicated at bottom of each copy.
11	DESERTION SHEET	4	All copies to ACO who will sign and complete the disbursing data and return the original and 1 copy to be inserted in SR before it is forwarded to the Commandant (PE).
12	INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT	4	Original to SR, copy to Commandant (PE), 2 copies to ACO.
13	VACANT		NOTE: Abbreviations—SR: Service Record. ACO: Authorized Certifying Officer.
14	VACANT		

ACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Trans. to Res., Retired, Deceased	3	1	----------	2
Rel. from Active Duty	4	1	1	2

INACTIVE DUTY PERS.	COPIES	SR	COMMANDANT (PE)	ACO
Disch., Deceased, or Retired	1	1	----------	------

U. S. GOVERNMENT PRINTING OFFICE 16—66645-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3315 (4-52)

SERVICE RECORD SIGNATURES

GENERAL

(*a*) The purpose of signatures in the service record is to show that the entries are made by proper authority as represented by the person signing them. The signing of the service record also keeps the cognizant officers aware of the correctness of record maintenance and helps to guard against erroneous entries. It is therefore incumbent upon commanding officers to assure that service record entries are signed only by authorized personnel. The grade and title of the officer signing is required.

(*b*) Signatures shall be made in permanent black or blue-black ink only, except as shown below in the case of DD Form 214 which shall be signed with indelible pencil.

(*c*) Contents Checked for Accuracy (inside front cover of service record) shall be initialed by the executive officer or personnel officer each time the contents are checked for accuracy. The check for accuracy shall be made by the officer who initials it for the purpose of determining that all entries have been made in accordance with current instructions; that duplicate sheets have been forwarded to other activities as required; and that all pages are filed in proper order. The following items shall be given particular attention: Name, service number, rating, any special designator, leave record, record of emergency data, remarks, special qualifications, qualifications for advancement, training courses, pay status including cumulative years, and completeness of pages. Any discrepancies, other than misfiled material, shall be reported to the Commandant (PE) by letter.

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1. THE ENLISTMENT CONTRACT.—The signature of the person being enlisted or reenlisted and the signature of the enlisting officer are required on the enlistment contract at the time of enlistment. Both the original and carbon copy must be signed. (See Sec. 12–3–34, Regulations.)

1a. CERTIFICATE OF OBLIGATION (For original enlistment of persons under 26 years of age).—The signatures of the person being enlisted and the recruiting officer are required as indicated and shall appear on both copies.

1b. THE AGREEMENT TO EXTEND ENLISTMENT must be signed, at the time the agreement is made, by the enlisted person and by the commanding officer. The signature of the enlisted person and the commanding officer are required at the time the extension becomes effective. All copies shall be signed.

2. DD FORM 93 (Record of Emergency Data).—The signature of the enlisted person executing the DD Form 93 is required on each of the three completed copies.

3. CLASSIFICATION TRAINING AND RATING SHEET.—The authorizing officer's signature shall be that of the commanding officer, executive officer or personnel officer. Signatures for service school attendance shall be made by the officer at the school who is authorized to sign such entries or in event the service record is maintained at another unit during attendance at a school, by the commanding officer, executive officer or personnel officer thereof upon receipt of official information for the required entries.

4. COURT MEMORANDUM.—The signature of the commanding officer is required on the Court Memorandum. All copies shall be signed.

5. LEAVE RECORD.—The signature of either the commanding officer or executive officer is required after each entry on the Leave Record and the record of deductible time.

6. MARKS.—The signature of the commanding officer is required after each entry of assigned marks; however, commanding officers of large units (whose duties are such that they should not be required to give the time incident to signing service records) may request authorization from Headquarters to designate an appropriate officer to sign such entries. Such authorization shall be in writing.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (4-52)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, (Ship or station) PASCAGOULA, MISSISSIPPI (Location) On 19 OCTOBER, 1953 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 16 (Day) OCTOBER (Month) 1953 (Year)

Reason EXP OF A THREE (3) YEARS ENLISTMENT & EXT OF THREE (3) DAYS

Type discharge certificate HONORABLE

Authority: SEC. 12-3-42 A (1) CG REGS & SEC. 12-3-32 B (5) (c) CG REGS

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at POINT AU FER REEF LIGHT STATION, (Place) MORGAN CITY, LOUISIANA ON 17 OCTOBER, 1953 (Date)

[X] Accepted for enlistment at [ ] Ordered to active duty from POINT AU FER REEF LIGHT STATION, (Place) MORGAN CITY, LOUISIANA ON 17 OCTOBER, 1953 (Date)

Home address at time of enlistment, induction, or order to active duty 502 - 10th STREET, PASCAGOULA, MISSISSIPPI

TRAVEL DATA

I hereby elect travel allowance to POINT AU FER REEF LIGHT STATION, MORGAN CITY, LOUISIANA (Location)

Place of ACCEPTANCE FOR ENLISTMENT (See travel instructions)

SIGNATURE Joseph (n) Brown

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for FIFTY-NINE (Words) 59 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 16 years service for pay purposes on 2 FEBRUARY, 1953 Payment of discharge gratuity [ ] Is directed [ ] Is not directed

REMARKS

RECOMMENDED FOR REENLISTMENT
IDENTIFICATION CARD RETAINED PENDING RECEIPT OF NEW ONE

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
H. F. ROGALL N. F. Rogall	LCDR, USCG, COMMANDING OFFICER	63-54

DISBURSING DATA

Travel allowance credited, $ 10.80 Cash settlement for unused accrued leave (59 days) $ 626.19

NAME OF A. C. O. S.R.GRIMM, PCLK,USCG.

Computation:

DUE AT DISCHARGE, $ 997.00

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
BROWN	JOSEPH	(n)	222-207	BMC(P)

16—66654-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

SEPARATION DATA

1. LAST NAME – FIRST NAME – MIDDLE NAME	2. SERVICE NUMBER	3. GRADE – RATE – RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
BROWN, Joseph (n)	222-207	EMC(P) - 4/16/52	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - - -	- - - - - - - - -	19	10	53	DISCHARGED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
SEC. 12-3-42 A (1), CG Regs.	PASCAGOULA RIV. ENT. LAS, PASCAGOULA, MISS.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
23	3	11	Boothville, Louisiana	M	CAU	Grey	Brown	5'7½"	165

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
-	-	- - - - - -	- - - - - - - - - - - - - - - - - - - -	-	-	-

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X		

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [ ] ENLISTED [X] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE – RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: EM1

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
17	10	50	Morgan City, La. Point Au Fer Reef LS.	502 - 10th St., Pascagoula (Jackson) Miss.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (CG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	9	0	7
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	3
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	4	8	7
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	16	8	17

25. ENLISTMENT ALLOWANCE PAID OR EXTENSION OF ENLISTMENT, IF ANY: DAY	MONTH	YEAR	AMOUNT
-	-	-	-

26. FOREIGN AND/OR SEA SERVICE: YEARS	MONTHS	DAYS
0	0	1

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
PASCAGOULA RIV. ENT LAS PASCAGOULA, MISS.	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE			NONE

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver – premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
NSLI, $3.32	[X] YES [ ] NO [ ] UNKNOWN	- - - - - - - - - -	- - - - - - - - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$297.60	$30.80	S.R.GRIM,PCIK,USCG,ACO,8TH CG DISTRICT

AUTHENTICATION

38. REMARKS (Continue on reverse)

REENLISTED ON BOARD 10/20/53

Item 26 - Service outside CONUS while aboard CG-55003.
PREVIOUSLY PAID MOP

~~NO MUSTERING OUT PAYMENT MADE~~, 10-20-53.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)

W. E. McELROY, LT, USCG
Executive Officer

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: S.R.GRIM,PCIK,USCG,ACO,8TH CG DISTRICT — CLAIM NUMBER: - - - - - - - -

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
1939	1941	Oiler-US Engineers	U.S. Engineers, New Orleans, La.

44. U.S. CITIZEN: YES	NO	45. MARITAL STATUS	46. NONMILITARY EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X]	[ ]	Married	4	-	-	- - - - -	- - - - - - - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State)	48. SIGNATURE OF PERSON BEING SEPARATED
502 - 10th St., Pascagoula, Jackson, Mississippi	

DD FORM 1 JUL 52 214 EDITION OF 1 JAN 50 IS OBSOLETE.

ARMY & AIR FORCE: IF INDIVIDUAL ENTERED ACTIVE MILITARY SERVICE FROM NAT'L GUARD OR AIR NAT'L GUARD, FORWARD TO ADJUTANT GENERAL OF STATE FROM WHICH ENTERED.
ARMY: IF INDIVIDUAL ENTERED FROM RESERVE, FORWARD TO CHIEF, MILITARY DISTRICT FROM WHICH ENTERED.
ALL OTHER: (EXCEPT AIR FORCE) AFFIX TO SERVICE RECORD BOOK.
AIR FORCE: TO HQ ARMY AREA IN WHICH SERVICEMAN'S HOME IS LOCATED.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI

10-20-53: Reenlisted in the USCG in rating of BM1(P) and immediately advanced to BMC(P), rating held on date of discharge 10-19-53. Enl. for a period of six (6) years.

Retained at Pascagoula River Entrance Light Attendant Station, Pascagoula, Miss. Reported 2/16/53.

W. E. McELROY, LT, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (4-52)

ADMINISTRATIVE REMARKS

SHIP OR STATION

PASCAGOULA RIVER ENTRANCE LIGHT ATTENDANT STATION, PASCAGOULA, MISSISSIPPI

10-20-53: Reenlisted in the USCG in rating of BM1(P) and immediately advanced to BMC(P), rating held on date of discharge 10-19-53. Enl. for a period of six (6) years.

Retained at Pascagoula River Entrance Light Attendant Station, Pascagoula, Miss. Reported 2/16/53.

Wm McElroy
W. E. McELROY, LT, USCG
Executive Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

FOR USE OF INTERMEDIATE REPORTING STATIONS FOR REMARKS (If necessary):

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
* 12-31-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
*3-31-54	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
*3-31-54	ADWG	BMCP	- - -	- - -	- -	3.7 Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
*6-30-54	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
*9-30-54	EQM	BMC	3.7	3.7	4.0	Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
*9-30-54	ADWG	BMC	- - -	- - -	- - -	3.7 Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr
10-1-54	RET.	BMC	3.7	3.7	4.0	Pascagoula River Entrance LAS	H.F. ROGALL, LCDR, GruComdr

NAME (Last) BROWN (First) Joseph (Middle) (n) SERVICE NO. 222-207

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
10-17-50	R E E N L I S T E D				4.0	Point Au Fer Reef L/S	/s/ S. L. BROWN,CSCLK,USCG BY DIRECTION
12-31-50	EQM	BMCA(P)	3.6	3.5	4.0	Point Au Fer Reef L/S	/s/ S. L. BROWN,CSCLK,USCG BY DIRECTION
3-31-51	EQM	BMCA(P)	3.7	3.5	4.0	Point Au Fer Reef L/S	/s/ S. L. BROWN,CSCLK,USCG BY DIRECTION
6-30-51	EQM	BMCA(P)	3.5	3.4	4.0	Point Au Fer Reef L/S	/s/ S. L. BROWN,CSCLK,USCG BY DIRECTION
9-30-51	EQM	BMCA(P)	3.7	3.3	4.0	Point Au Fer Reef L/S	/s/ R.ZAVALETA,SCIK,USCG BY DIRECTION
10-22-51		BMCA(P)	3.7	3.3	4.0	Point Au Fer Reef L/S	/s/ R.ZAVALETA,SCIK,USCG, BY DIRECTION
		ADAPTABLILTY FOR WARRANT GRADE			(3.7)	Point Au Fer Reef L/S	/s/ R.ZAVALETA,SCIK,USCG BY DIRECTION
12-31-51	EQM	BMCA(P)	3.7	3.5	4.0	CG Depot, Mobile, Ala.	/s/ A. R. MATTSON,LT,USCG,CO
3-31-52	EQM	BMCA(P)	3.7	3.5	4.0	CG Depot, Mobile, Ala.	/s/A.R.MATTSON,LT,USCG,CO
6-30-52	EQM	BMC(P)	3.7	3.5	4.0	CG Depot, Mobile, Ala.	/s/A.R.MATTSON,LT,USCG,CO
9-1-52	RCO	BMCP	3.7	3.6	4.0	CG Depot, Mobile, Ala.	/s/ A. R. MATTSON,LT,USCG, CO
9-1-52	ADAPTABILLTY FOR WARRANT GRADE 3.5					CG BASE, MOBILE, ALA.	/s/A. R. MATTSON,LT,USCG,CO
9-30-52	EQM	BMCP	3.7	3.7	4.0	CG BASE, MOBILE, Ala.	/s/ G.R.WAGNER,LT,USCGR,CO Acting
*9-30-52	RQM	BMCP	3.7	3.63	4.0	CG BASE, MOBILE, ALA.	/s/G.R.WAGNER,LT,USCGR,CO Acting
	ADAPTABILITY FOR WARRANT GRADE-- 3.5						
*12-31-52	EQM	BMCP	3.7	3.7	4.0	CG BASE, MOBILE, ALA.	/s/H. F. ROGALL,LT,USCG,CO
	ADAPTABILITY FOR WARRANT GRADE -- 3.5						
2-12-53	TRANS.	BMCP	3.7	3.7	4.0	CG BASE, MOBILE, ALA.	/s/H. F. ROGALL,LT,USCG,CO
	ADAPTABILITY FOR WARRANT GRADE - 3.7						
*3-31-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula River Ent. Lt. Attend. Station	/s/H. F. ROGALL,LCDR,USCG GRUCOMDR
	ADAPTABILITY FOR WARRANT GRADE - 3.7						
*6-30-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula RE LAS	/s/H. F. ROGALL,LCDR,USCG, GRUCOMDR
	ADAPTABILITY FOR WARRANT GRADE - 3.7						
*9-30-53	EQM	BMCP	3.7	3.7	4.0	Pascagoula RE LAS	/s/ H. F. ROGALL,LCDR,USCG, GRUCOMDR
	ADAPTABILITY FOR WARRANT GRADE - 3.7						
~~10-19-53~~	DISCH.	BMC(P)	3.7	3.7	4.0	Pascagoula RE LAS	/s/ H.F.ROGALL,LCDR,USCG GRPCOMDR.
	ADAPT. FOR WG.... 3.7						
	(BROUGHT FORWARD FROM OLD ENLISTMENT RECORD)						
	CERTIFIED TO BE A TRUE AND CORRECT COPY						
						W. E. MC ELROY, LT, USCG	

NAME (Last) BROWN (First) JOSEPH (Middle) (n) SERVICE NO. 222-207

MARKS

PAGE 6 1

16—66052-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
1/1/54	BMC	(to rank fm 1-16-46)	HL (PE-1)	dtd 12/21/53,MM	Wm McElroy W.E. McELROY, LT XO.	Pascagoula ~~RIV ENT LAS~~

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
BROWN,	Joseph	(n)		222-207		BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
1/1/54	BMC (to rank fm 1-16-46)		HL (PE-1)	dtd 12/21/53,MM	W.E. McELROY, LT - XO.	Pascagoula RIV ENT LAS

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PL	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
BROWN,	Joseph	(n)		222-207		BMC

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
10-17-50	BM1	- - -	- - - -	- -	/s/ S. L. BROWN, CSCLK, USCG	Point Au Fer Reef L/S
11-16-50	BMCAP	- - -	- - - -	HL 11-6-50 PE-1 H/L 3-25-52	/s/ S. L. BROWN, CSCLK, USCG	Point Au Fer Reef L/S
4-1-52	BMCP	- - -	- - - -	PE-1 MM	/s/ A. R. MATTSON, LT, USCG, CO	CG Depot Mobile, Alabama

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED

GS4

LANGUAGE QUALIFICATIONS

None

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
BROWN,	Joseph	(n)		222-207		BMCP

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
BROWN, Joseph (n)	222-207	BMC(P)	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*	RELATIONSHIP *(If friend, so state)*
Josephine Elizabeth Brown	Wife

ADDRESS *(Number, street, city, and State)*
502 - 10th Street, Pascagoula, Mississippi

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, street, city, and State)*
Josephine Elizabeth Brown (39)	502 - 10th Street, Pascagoula, Mississippi

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, and State)*	MARRIED OR SINGLE	SEX	AGE
Joseph Earl Brown	502 - 10th St., Pascagoula, Miss.	Single		19
Richard Herman Brown	502 - 10th St., Pascagoula, Miss.	Single		16
	(Continue on reverse side)			

8. NAME OF FATHER *(or male guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, and State)*
Deceased	

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*	ADDRESS *(Number, street, city, and State)*
Deceased	

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS' GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Crawform Raymond Brown (40)	Brother

ADDRESS *(Number, street, city, and State)*
720 Lyons Street, New Orleans, Louisiana

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE-NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Henry Paul Meyer	Brother-in-Law

ADDRESS *(Number, street, city, and State)*
1509 N. Rocheblave St., New Orleans, Louisiana

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
-	- *(Continue on reverse side)*	-

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT—

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Josephine Elizabeth Brown	Wife
ADDRESS *(Number, street, city, and State)* 502 - 10th St., Pascagoula, Mississippi	RECEIVE EACH MONTH 90 % OF MY PAY

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Pascagoula River Entrance Light Attendant Station General Delivery, Pascagoula, Mississippi	10-19-53	Joseph (n) Brown

DD FORM 1 JUL 50 93 REPLACES DD FORM 93, 1 JAN 50; NME FORM 93 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601 PAGES 7 AND 8; AND NCG 2529, WHICH ARE OBSOLETE.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

Enl. as BM1 & Immd. Adv. to BMC(P), rating held on Discharge.

ENLISTMENT CONTRACT U. S. COAST GUARD

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
222-207	BROWN	Joseph	(n)	BM1	GS-4

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Boothville,	Louisiana	23	3	1911	CATHOLIC	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	502 - 10th Street	Pascagoula	Jackson	Mississippi

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
20	10	53	[ ] FIRST ENLISTMENT [X] REENLISTMENT	SIX (6) YRS.	- -	[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Pascagoula,	Mississippi	Pascagoula River Entrance Light Attendant Sta.	Pascagoula	Miss.

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
- - - - - -	- - - -

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
17	10	50	U.S. COAST GUARD	19	10	53	HONORABLE	16 YRS. 8 MOS. 17 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
16 YRS. 8 MOS.	-	-	-	- - - - - - - - - - - - - - -	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
M	CAU	Grey	Brown	5' 7½"	165	Ruddy

29. MARKS AND SCARS

None

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

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 LCDR H. F. ROGALL of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard 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.

Second: I oblige and subject myself to serve { SIX years from 20 OCTOBER, 1953 / ~~during emergency~~ until 19 OCTOBER, 1959 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above 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 and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; 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 reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by 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 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: 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 Enlistment: I, JOSEPH BROWN do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; 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 and regulations governing the Coast Guard including the Uniform Code of Military Justice.

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

Signature in own handwriting (surname to right) Joseph Brown JOSEPH BROWN

Subscribed and sworn to before me this 20TH day of OCTOBER, A. D. 19 53 Citizenship substantiated and contract perfected.

Signature and Grade H. F. ROGALL, LCDR, USCG Official Title COMMANDING OFFICER

PD REENLBONUS $360.00
First REENLBONUS PAID
A.C.G. 8TH CG DISTRICT

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

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