Walter O. Brown.

Mr. Walter O. Brown.

LEGAL RESIDENCE
R. I.

STATUS

DESIGNATION	SALARY	BUREAU OR OFFICE	DATE OF EFFECT OF ACTION AUTHORIZED
Keeper (Rob.) Sakonnet Lt. Sta. etc. R. I.	780	L. H.	August 11, 1919
RESIGNED CLOSE OF		Feb 15, 1920	

11—1248

Form 73

JHG

NOMINATION

5

LIGHT AUG 21 HOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, 3rd DISTRICT.
CHIEF CLERK

Tompkinsville, N. Y. (City.) August 12, 1919 (Date.), 191

THE COMMISSIONER OF LIGHTHOUSES:
(Thr. Sec'y 2nd C. S. Dist.)

1919 AUG 22 AM 9 02

Action recommended, Probationary appointment.

Name, Walter O. Brown — Legal residence, Rhode Island

Position, Keeper — Salary, $780 per annum

Location, Sakonnet Light Station and Sakonnet Breakwater Light, R. I. — Appropriation, Salaries, Keepers of Lighthouses

Effective August 11, 1919 — {the actual date of entrance on duty, xx xxxx

CERTIFICATE OF PROBATIONARY APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 23, 1919.

Mr. Walter O. Brown,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office and to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, Keeper in the Lighthouse Service at a salary of Seven Hundred and Eighty dollars per annum, effective on the date on which you entered upon duty in the above-mentioned position. (August 11, 1919)

By selection from certificate of eligibles (No. .....) issued by the Assistant Secretary of the Second Civil Service District.

By direction of the Secretary:

Respectfully,

CARDED

(SIGNED) CLIFFORD HASTINGS
Chief of Appointment Division.

M
C

Appropriation: Salaries, Keepers of Lighthouses.

Vice: George L. Yates.

Legal Residence: Rhode Island.
Third District.

(See reverse side.)

APPOINTMENT DIVISION ENTERED AUG 2 1919 DEPT. OF COMMERCE

C. S. REPORT DATA ENTERED

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

5

LIGHT SEP 6 1919 HOUSES

APPOINTMENTS SEP 6 1919

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

I, Walter O. Brown

do solemnly [1] swear (See below) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter: So HELP ME GOD.

1919 SEP 5 PM 4 09

Walter O Brown
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] first day of September, A. D. 1919.

(Affix official seal here)

[4] (Name) John P. Taylor.

(Official title) Notary Public.

My commission expires June 30. 1920.

	Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present	Keeper	$780 p.a.	Sakonnet Light Station, R.I.
Former [5]			

(The above should be filled in by the district officer before sending to appointee)

Office of Lighthouse Inspector, 3rd District

Tompkinsville, N.Y. (Address) Sept 3, 1919 (Date)

The above-named appointee entered upon duty on August 11, 1919 (Date)

FOR AND IN THE ABSENCE OF THE SUPERINTENDENT

1st Asst Supt 3rd L.H. District
(Signature, followed by title)

CARDED

U. S. REPORT DATA ENTERED

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.
[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, a chief clerk in the office of a lighthouse inspector or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk, except in the case of chief clerks in the offices of lighthouse inspectors and other employees in the Lighthouse Service designated by them, who are not required to have a seal.
[5] Give this information in all cases where new oath is required.
Failure to fill out this oath properly will result in its return for correction.

11—044

DEPARTMENT OF COMMERCE

PERSONAL QUESTION SHEET

RECEIVED SEP 1919 TOMKINSVILLE, KY.
LIGHT HOUSES OCT 25 1919

(To be furnished for each person appointed in the service of the Department immediately upon entrance on duty. The statement should be signed by the appointee or employee. If unable to write, he may sign by mark in the presence of one witness.)

1. What is your full name? (State whether Mr., Miss, or Mrs., and spell out names in full, including middle name or names. Example: Mr. John Richard Roe. If name itself is merely a letter, it should be so stated.)

Walter Otis Brown

2. How do you intend to write your name on the pay roll? (This should agree with signature to your oath of office.) Walter O. Brown

3. Bureau or Service, place, and district in which employed:

Light House Service (Bureau or Service.) Sakonnet Light Station (Place (city, town, station, or vessel).) 3rd District (District.)

1919 OCT 27 PM 12 03

4. Position to which appointed Assistant Keeper

5. Compensation $780 Seven hundread and eighty

6. Appropriation from which paid Salaries Keepers of Light Houses

7. In what manner did the employee enter the service? (Examples: "From stenography and typewriting examination, ——, 191—;" or "Without examination;" or "By reinstatement;" or "By transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

Local Civil Service Exam Aug 9, 1919

8. What is your present legal (voting) residence? (Give city or town, State or Territory, county, and Congressional district.)

Little Compton (City or town.) R.I. (State or Territory.) Newport (County.) 1st Providence (Congressional district.)

9. When the legal residence given in answer to question 8 differs from that given in the certificate of appointment, the discrepancy should be explained.

10. What is your race? (Answer "white," "colored," or "Mongolian.") White

11. Where were you born? Little Compton R.I.

12. When were you born? October (Month.) Twenty seventh (Day.) 1877 (Year.)

13. If foreign born, state when and where naturalization papers were taken out

14. What is your marital condition? married

15. Give name and address of person whom you would like to have notified in case of accident.

Mrs Walter O Brown (Name.)

Little Compton (City or town.) Rhode Island (State or Territory.) (Number and street.)

16. Are there any members of your family, besides yourself, in the civil service of the United States? No

(If answer is "Yes," give in blank spaces below the information called for by the headings.)

Name.	Post-office address.	Position and department or office in which employed.	Relationship.	Married or single.
		Position		
		Department or office		
		Position		
		Department or office		
		Position		
		Department or office		

17. Have you any physical disabilities? (If so, describe briefly. If you have defective eyesight, state whether corrected by glasses.)

Slight Hernia Due from Operation for Appendix

18. Have you ever held any other position in the civil service of the United States? (If so, give below the Department and Bureau or Service in which you served, the position held, the salary you received, and the dates of your appointment and separation from the service.)

Department.	Bureau or Service.	Position.	Salary.	Appointed.	Separated.
No					

19. Do you hold any State or municipal office? (If so, state name of such office and compensation attached.)

No

20. Were you in the military or naval service of the United States during any war? (If so, give the information called for by the blanks below.) No

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.

21. If you served in the military or naval service of the United States other than during war time, indicate such service in the spaces below.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

22. Are you the widow or orphan of an honorably discharged soldier or sailor? No (If answer is "Yes," give the information called for by the blanks below.)

Relationship (widow or orphan) .....

Name under which soldier or sailor rendered service .....

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.

23. What was your occupation prior to entering the United States civil service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 18, 19, 20, and 21.)

Fishing

24. What education have you received? (Indicate the grades of schools you have attended, and, in case you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1900; Columbia University, LL. B., 1903.)

Public School also Book Keeping and other Studies at Night Schools

25. What special qualifications have you—educational, professional, technical, mechanical, etc.? (Examples: Qualified as "Lawyer," or "Civil engineer," or "Translator," or "Interpreter," or "Draftsman," or "Carpenter.")

No

26. What, if any, civil-service examinations have you passed? (Give names and dates as near as you recollect.)

as stated

27. Were the answers to the foregoing questions written by you? (If not, state the name and address of the person who wrote them for you.)

Yes

Date, September 1, 1919

Witness (in case signature is by mark):

(Signature) Walter O. Brown

P. O. Address: Little Compton
City or town.

Number and street.

Rhode Island
State or Territory.

(If appointee is to be employed in the field, this form should be reviewed and approved by the proper field officer and need not be signed by an official of the Bureau. If appointee is to serve in the District of Columbia, the form should be reviewed and approved by the proper Bureau officer. When forwarding this form, no letter of transmittal is required.)

Reviewed, approved, and forwarded Oct 24 1919

FOR AND IN THE ABSENCE OF THE SUPERINTENDENT

(Signature)

(Official title) 1st Asst Superintendent

FEB 6 1920 9 31 AM

Form 93

NOTICE OF RESIGNATION OR DEATH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHT FEB 6 1920 HOUSE

OFFICE OF LIGHTHOUSE INSPECTOR, Third DISTRICT.

Tompkinsville, N. Y. Feb. 4, 1920

THE COMMISSIONER OF LIGHTHOUSES:

Herewith is transmitted the resignation of the following-named employee: 1920 FEB 9 PM 1 58

Name, Walter O. Brown Position, Keeper APPOINTMENTS

Legal residence, Rhode Island Station, Sakonnet Lt.Sta., and Sakonnet Breakwater Light, R. I.

Salary, $780.00 per annum 1920 FEB 9 PM 4 42

The acceptance of this resignation is recommended effective at the close of February 15, 1920

This employee has not taken leave in excess of the accrued rate.

Remarks:

JOS 2/10/20

ACTION TAKEN FEB 13 1920 DEPARTMENT OF COMMERCE

J. J. Yates

BUREAU OF LIGHTHOUSES

WASHINGTON

FEB -6 1920

Submitted to the Secretary of Commerce, approved.

11—4023

1920 FEB 7 PM 3 27

Conway

Acting Commissioner

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Sakonnet Light Station
(Station, Depot, or Vessel)

January 31, 1920



Superintendant.

Please accept my resignation on February 15 1920
As there is a position open for me with more money on February 17

Respectively
Walter O. Brown
assistant

John J. Morrissey
Keeper

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

February 10, 1920.

Mr. Walter O. Brown,

Through the Commissioner of Lighthouses.

Sir:

The Department is in receipt of your resignation from the position designated below, and has accepted the same, upon recommendation of the Bureau, to take effect at the close of business on February 15, 1920.

Bureau ..... Lighthouse Service.

Station ..... Sakonnet Lt. Sta., and Sakonnet Breakwater Light, R. I.

Position ..... Keeper.

Salary ..... $760. p.a.

By direction of the Secretary:

Respectfully,

CARDED

(SIGNED) H. M. CROSS

Acting Chief of Appointment Division.

Third District

APPOINTMENT DIVISION ENTERED FEB 12 1920 DEPT. OF COMMERCE

U. S. REPORT DATA ENTERED

S
C



DEPARTMENT OF COMMERCE

PERSONAL QUESTION SHEET

(To be furnished for each person appointed in the service of the Department immediately upon entrance on duty. The statement should be signed by the appointee or employee. If unable to write, he may sign by mark in the presence of one witness.)

1. What is your full name? (State whether Mr., Miss, or Mrs., and spell out names in full, including middle name or names. Example: Mr. John Richard Roe. If name itself is merely a letter, it should be so stated.)

Walter Otis Brown

2. How do you intend to write your name on the pay roll? (This should agree with signature to your oath of office.) Walter O. Brown

3. Bureau or Service, place, and district in which employed:

Light House Service (Bureau or Service.) Sakonnet Light Station (Place (city, town, station, or vessel).) 3rd District (District.)

4. Position to which appointed Assistant Keeper

5. Compensation $780. seven hundred and eighty

6. Appropriation from which paid Salaries Keepers of Light Houses

7. In what manner did the employee enter the service? (Examples: "From stenography and typewriting examination, ——, 191—;" or "Without examination;" or "By reinstatement;" or "By transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

Grad Civil Service Exam Aug 9/19

8. What is your present legal (voting) residence? (Give city or town, State or Territory, county, and Congressional district.)

Little Compton (City or town.) R.I. (State or Territory.) Newport (County.) Providence 1st (Congressional district.)

9. When the legal residence given in answer to question 8 differs from that given in the certificate of appointment, the discrepancy should be explained.

—

10. What is your race? (Answer "white," "colored," or "Mongolian.") White

11. Where were you born? Little Compton R.I.

12. When were you born? October (Month.) Twenty Seventh (Day.) 1877 (Year.)

13. If foreign born, state when and where naturalization papers were taken out —

14. What is your marital condition? married

15. Give name and address of person whom you would like to have notified in case of accident.

Mrs Walter O Brown (Name.)

Little Compton (City or town.) Rhode Island (State or Territory.)

16. Are there any members of your family, besides yourself, in the civil service of the United States? No

(If answer is "Yes," give in blank spaces below the information called for by the headings.)

Name.	Post-office address.	Position and department or office in which employed.	Relationship.	Married or single.
		Position		
		Department or office		
		Position		
		Department or office		
		Position		
		Department or office		

17. Have you any physical disabilities? (If so, describe briefly. If you have defective eyesight, state whether corrected by glasses.)

Slight Hernia Due from Operation for Appendix

18. Have you ever held any other position in the civil service of the United States? (If so, give below the Department and Bureau or Service in which you served, the position held, the salary you received, and the dates of your appointment and separation from the service.)

Department.	Bureau or Service.	Position.	Salary.	Appointed.	Separated.
No					

19. Do you hold any State or municipal office? (If so, state name of such office and compensation attached.)

No

20. Were you in the military or naval service of the United States during any war? (If so, give the information called for by the blanks below.) No

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.

21. If you served in the military or naval service of the United States other than during war time, indicate such service in the spaces below.

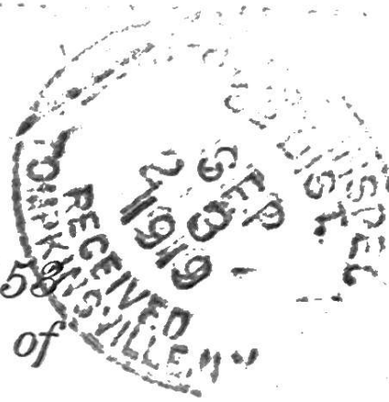
Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

22. Are you the widow or orphan of an honorably discharged soldier or sailor? No (If answer is "Yes," give the information called for by the blanks below.)

Relationship (widow or orphan)

Name under which soldier or sailor rendered service

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.



I acknowledge receipt of a copy of Department Circular No. 258 (second edition), of September 22, 1914, relating to political activity of officeholders, and fully understand its purport.

Walter C. Brown
(Name.)

Assistant Keeper
(Position.)

Light House Service
(Bureau, Office, or Service.)

Date, Sept 1 1919

11—3914

(This acknowledgment should be forwarded to, and filed in, the bureau or office to which appointee is assigned.)

26. What, if any, civil-service examinations have you passed? (Give names and dates as near as you recollect.)

No

23. What was your occupation prior to entering the United States civil service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 18, 19, 20, and 21.)

Fishing

24. What education have you received? (Indicate the grades of schools you have attended, and, in case you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1900; Columbia University, LL. B., 1903.)

Public School also Book Keeping and other Studies at Night Schools

25. What special qualifications have you—educational, professional, technical, mechanical, etc.? (Examples: Qualified as "Lawyer," or "Civil engineer," or "Translator," or "Interpreter," or "Draftsman," or "Carpenter.")

No

26. What, if any, civil-service examinations have you passed? (Give names and dates as near as you recollect.)

as stated

27. Were the answers to the foregoing questions written by you? (If not, state the name and address of the person who wrote them for you.)

Yes

Date, September 1, 1919

Witness (in case signature is by mark):

(Signature) Walter O Brown

P. O. Address: Little Compton
City or town.

Number and street.

Rhode Island
State or Territory.

(If appointee is to be employed in the field, this form should be reviewed and approved by the proper field officer and need not be signed by an official of the Bureau. If appointee is to serve in the District of Columbia, the form should be reviewed and approved by the proper Bureau officer. When forwarding this form, no letter of transmittal is required.)

Reviewed, approved, and forwarded Oct 24, 191 9

FOR AND IN THE ABSENCE
OF THE SUPERINTENDENT

(Signature)

(Official title) Superintendent

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

JHG

3-105

GENERAL DEPOT
OFFICE OF INSPECTOR, 3D DISTRICT
TOMPKINSVILLE, N. Y.

Aug. 26,1919

Walter O. Brown, Asst.Keeper,
Through the Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Enclosed is Form 206 "Record of Physical Examination of Light-Keeper or Assistant Light Keeper", addressed to the United States Public Health Service, requesting that you be given a physical examination, for the purpose of determining whether or not you are entitled to medical relief without charge at hospitals and other stations of the Public Health Service, pursuant to the Act of Congress, approved August 28,1916. A copy of the provision contained in said Act is quoted in District Circular Letter No.187, dated May 21,1917.

Under the terms thereof it will be necessary for you to submit to said examination and be found physically qualified before you will be entitled to the benefits provided for by the Act of August 28,1916. As said benefits will be solely to your personal advantage it is to your interest to give this matter attention at the earliest opportunity.

After you have been given a physical examination by the medical officer designated on attached Form 206, said Form 206 will be returned to you by the medical officer. You will then send it to this office so that it may be recorded, after which it will be returned to you. The original copy of Form 206 will then be your property, and you are directed to preserve it and keep it in your possession for future reference.

The Assistant Keeper is to sign Form 206 where marked "A", and the keeper to sign where marked "B".

J. T. YATES

Superintendent

1st post

9/23

Note this morn.
disqualified a/c hernia

JHP 76.

Invite Brown's attn to statement
of Dr that hernia can possibly
cured by operation

JHP

FILE No. 8

RECORD OF PHYSICAL EXAMINATION OF LIGHT KEEPER OR ASSISTANT LIGHT KEEPER

IN CONNECTION WITH MEDICAL RELIEF BY THE PUBLIC HEALTH SERVICE

JHC

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, 3rd DISTRICT,

PLACE, Tompkinsville, N. Y.

DATE, Aug. 26, 1919, 191

To the MEDICAL OFFICER IN CHARGE,
U. S. Public Health Service,
Providence, R. I.

SIR:

Please examine Walter O. Brown, Asst. Keeper, Sakonnet Lt. Sta.

nativity, United States; age, 41; height, 5 feet, 2 inches;

weight, 210 pounds; color of hair, Brown; color of eyes, Blue

distinguishing marks, None

as to eyesight, hearing, and physical condition.

When the examination has been completed the findings should be recorded on this blank and the blank returned to the applicant.

Respectfully,

For and in the absence of the Supt.

W. J. Lawton,
Chief Clerk, 3d L.H. Dist. *Lighthouse Inspector.*

A

(Signature of applicant:) Walter O. Brown

(To be signed in the presence of the officer issuing this blank or witnessed by a designated employee of the Lighthouse Service.)

B

Witnessed by John J. Morrissey, Keeper, Sakonnet Lt. Sta.

U. S. PUBLIC HEALTH SERVICE

PLACE, Providence, R. I.

DATE, Sept. 20, 1919, 191

To LIGHTHOUSE INSPECTOR,

SIR: This certifies that I have this day examined the eyesight, hearing, and physical condition of Walter O. Brown, and find him physically {disqualified / ~~qualified~~*} in accordance with rules approved by the Secretary of the Treasury and the Secretary of Commerce, respecting the treatment by the Public Health Service of light keepers and assistant light keepers of the Lighthouse Service pursuant to the Act of Congress approved August 28, 1916.

He is disqualified for the reasons shown on page 3.

H. G. Ebert

Surgeon, U. S. Public Health Service.

* If qualified, strike out the word "disqualified" and the paragraph following.

11—5000

PORT OF PHYSICAL EXAMINATION

U. S. PUBLIC HEALTH SERVICE

PLACE, Providence, R. I.

DATE, Sept. 20, 1919, 191

Name of applicant, Walter O. Brown

Eyes: Color, Blue; exophthalmus, No

chronic inflammation, No; other anbormality, None

Eyelids: Ptosis, No; condition of conjunctiva on eversion, Normal

other conditions, None

Eyesight:

Vision of right eye, without glasses, 20/20; with glasses,

Vision of left eye, without glasses, 20/20; with glasses,

Is applicant partially or wholly color-blind? No

If color-blind, state which color he confuses

Were candidate's eyes tested with lantern, woolen skeins, or both? skeins

Ears:

Abnormalities, None; shape, Normal

Position, Normal; condition of drums Normal

Evidence of mastoid disease, No

Hearing: (When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard: Right ear, 30 feet; left ear, 30 feet.

Distance whispered speech can be heard: Right ear, 15 feet; left ear, 15 feet.

Lungs: Negative

Heart: Negative

Defects noted which, in the opinion of the medical examiner, will not materially interfere with the discharge of the duties of light keeper or assistant light keeper:

11—5099

Reasons for certification of disqualification:

Ventral hernia, through scar of old operation. (Probable curable by operation.)

SEAL

PLACE FOR SEAL OF THE U. S. PUBLIC HEALTH SERVICE.

(Signature of applicant:) Walter O. Brown

(To be signed in the presence of the medical examiner.)

11—5099

REGULATIONS FOR MAKING PHYSICAL EXAMINATIONS

APPROVED BY THE SECRETARY OF THE TREASURY AND THE SECRETARY OF COMMERCE, EFFECTIVE JANUARY 31, 1917

1. Due care will be taken to determine that the person examined is the person named in the blank.

2. Applicants will be examined stripped.

3. Certificates of qualification will not be issued to applicants who have not been successfully vaccinated against smallpox within five years, unless the applicant has had the disease or has two well-marked vaccination scars. Applicants who do not comply with this requirement shall be vaccinated, if willing, by the medical officers of the Public Health Service making the examination. If the applicant has not had typhoid fever or has not been inoculated against it, he should be advised to be so inoculated.

4. Due note should be taken of tumors, ulcers, varicose veins, chronic swellings of the extremities, chronic inflammation and severe deformities of the eyes, eyelids, nose, ears, teeth, palate, fauces, enlargements of the liver and spleen, glandular enlargements, chronic diseases of the heart and lungs, and mental aberration, but the examiner will not certify as disqualified applicants suffering from minor defects which would not materially interfere with the discharge of the duties of keeper or assistant keeper.

5. Applicants suffering from defects which would cause certification as disqualified, but which are curable, should be advised to take proper treatment, and when cured, return for reexamination.

6. Eyesight and color sense will be tested in accordance with paragraph XV, pages 134, 135, Regulations, U. S. Public Health Service, 1913.

7. Hearing will be tested as follows:

(*a*) Place the applicant at one end of the room with the ear to be tested toward the other end of the room; have the applicant insert his moistened index finger into the other ear. The examining surgeon should approach within a few feet of the applicant and pronounce words or phrases and direct the applicant to repeat what he has heard. The surgeon should then gradually recede from the applicant until he ceases to repeat correctly what is spoken to him, and the distance entered on the examination record. The applicant should then face about and the other ear should be similarly tested and recorded.

(*b*) The above technique should be carried out in testing whispered speech, the examiner using residual air in whispering.

(*c*) An applicant must be able to hear conversational speech 20 feet and whispered speech 10 feet.

8. Upon the completion of the examination the result thereof, and in the case of certification of disqualification the reason therefor, will be recorded in the book prepared for the purpose. (Record of Medical Inspection of Seamen, P. H. S. 1956).

9. Any one of the following defects will be sufficient for certification as disqualified, viz: Defective vision (see paragraph 6), color blindness, defective hearing (see paragraph 7), epilepsy, insanity, severe chronic cardiac affections, hernia, fistula in ano, severe varicose veins, gonorrhea, active syphilis, tuberculosis, or any chronic defect which will materially interfere with the discharge of the duties of a keeper or assistant keeper.

ACT OF AUGUST 28, 1916.

"Sec. 5. That hereafter light keepers and assistant light keepers of the Lighthouse Service shall be entitled to medical relief without charge at hospitals and other stations of the Public Health Service under the rules and regulations governing the care of seamen of the merchant marine: *Provided*, That this benefit shall not apply to any keeper or assistant keeper who receives an original appointment after the passage of this Act, unless the applicant passes a physical examination in accordance with the rules approved by the Secretary of Commerce and the Secretary of the Treasury."

Physical examinations will be made at first, second, and third class relief stations of the Public Health Service, at quarantine stations except the following: Alexandria, Va.; Newbern, N. C.; Darien, Ga.; Brunswick, Ga.; Bocagrande, Fla.; St. Andrew, Fla.; St. Joseph, Fla.; Port Inglis, Fla.; Pascagoula, Miss.; Redondo, Cal.; Santa Barbara, Cal.; Port Harford, Cal.; Monterey, Cal.; Fort Bragg, Cal.; Coos Bay, Oreg., and at all immigration stations. In the Hawaiian Islands examinations will be made only at the port of Honolulu. Physical examinations can not be made at quarantine stations when ships or persons are undergoing quarantine.

COMMUNICATIONS TO
INSPECTOR
TOMPKINSVILLE, N. Y.

JHG

DEPARTMENT OF COMMERC
LIGHTHOUSE SERVICE

GENERAL DEPOT
OFFICE OF INSPECTOR, 3D DISTRICT
TOMPKINSVILLE, N. Y.

Aug. 20. 1919

John J. Morrissey, ...keeper

Sakonnet .....Light Station

Little Compton R. I. Aug 23-19

Furnish the information called for below in reg to Assistant Keeper. Walter O. Brown, and return this sht to this office.

Be careful to see that the information given is curate;-

Born in (Country or State)....R. I.....

Age.....41.....

Height.....6....feet..2.....inches.

Weight..210...pounds

Color of hair...Brown.....

Color of eyes....Blue.....

Distinguishing marks.....None.....

J.T.YATES

Superintendent

Returned to Superintendent, the information required having ben inserd above.

John J. Morrissey Keeper

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

THIRD DISTRICT

LIGHT-HOUSE INSPECTOR 2ND DIST. SEP 20 1919 RECEIVED TOMPKINSVILLE

Sakonnet Lot Sta.
(Station, Depot, or Vessel)

Sept. 17, 1919

Superintendant

I sent in my oath of office the first (1) of September and have not received my Check up to date for August

Respectfully

Assistant Keeper Walter O. Brown

John F. Morrissey
Keeper

F COPY

7030

JHG

Walter O. Brown, Asst.Keeper,
Through the Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Sept. 24,1919

70

SUBJECT: Record of physical examination.

1. Form 206, Record of your physical examination, is returned herewith, a copy of same having been made for the files of this office. Your attention is invited to statement of examining physician on page 3 to the effect that the hernia which disqualifies you from obtaining free medical treatment from the Public Health Service, is probably curable by operation.

J. T. YATES.

Form 76

SHORE LIBERTY OR LEAVE OF ABSENCE OF KEEPERS

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

REQUEST

Sakonnet Lt Sta Nov 16, 1919
(Station.)

LIGHTHOUSE INSPECTOR, 3 DISTRICT:

I respectfully request that I be granted Forty Six days of shore liberty or leave, from Oct 4 to Nov 18, inclusive, 1919. I have had 15 days shore liberty or leave to date during this calendar year.

This application for shore liberty or leave is made in accordance with regulations governing this subject for this class station and with the understanding that I furnish, if required, at my own expense, a substitute competent in all respects to perform my duties and who will be satisfactory to you.

The name and address of the substitute I propose to furnish follow:

James O. Morrissey (Name.) Little Compton R I (P. O. Address.)

If leave is granted, my address during absence will be as follows, and any change will be reported to the keeper in charge of the station:

Little Compton (Street or R. D. Route.) Rhode Island (City.) (State.)

Forwarded. Approval recommended.
Proposed substitute is considered satisfactory and competent.

John J. Morrissey
Keeper in charge.

Walter O. Brown
(Applicant's signature.)

Asst Keeper
(Title.)

AUTHORITY

OFFICE OF INSPECTOR, 3rd DISTRICT, Nov. 22, 1919, 191

The above application for shore liberty or leave is hereby approved for 46 days, from Oct. 4th to Nov. 18th, inclusive, 191 9.

Substitute must be furnished during this absence.
(Insert "must" or "need not.")

J. T. YATES.
Inspector, Supt. 3rd *Lighthouse District.*

FINAL REPORT

Absence begun: At 6 A. M. Oct 4, 1919.
(State nearest hour.)

Returned to duty: At 9 A. M. Nov. 18 1919.
(State nearest hour.)

Period of absence: forty six days.

Period charged: forty six days.

Walter O. Brown
(Applicant's signature.)

Asst Keeper
(Title.)

Certified correct and forwarded.

John J. Morrissey
Keeper in charge.

11—832

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OCT 8 1919
RECEIVED
TOMPKINSVILLE, N.Y.

THIRD DISTRICT

Sakonnet Light Station
(Station, Depot, or Vessel)

October 3, 1919

Supritendant.

I have seen my Doctor to day in regard to hernia and he advised me to have an operation right away Keeper advised me to go to morrow

Respectfully
Walter C. Brown asst Keeper

John J. Morrissey
Keeper

FILE COPY

JHG

John J. Morrissey, Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Oct. 8,1919

SUBJECT: Leave of absence, Asst.Keeper Brown.
REFERENCE: His letter Oct. 3,1919.

1. The two copies of Form 76 forwarded to this office by Assistant Keeper Brown with his letter of Oct.3rd, requesting leave of absence from Oct.4th to 24th, are returned herewith. Have Brown sign both copies of Form 76, and forward the duplicate copy to this office by return mail. Retain the original copy at the station until Brown returns to duty, when the FINAL REPORT at bottom should be filled out and form returned to this office.

J. T. YATE

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Sakonnet Lt. Sta.
(Station, Depot, or Vessel)

October 13, 1919

Per.

Superintendent

Subject leave of absence Asst. Keeper Brown
Reference your letter of October 8; 2 forms 7/6

Received the above October 11, 1919
and forwarded to Asst. at Truesdale
Hospital Fall River Mass. to avoid
mistakes I told his Friend to have
him forward both forms to the
Office and the duplicate would be
sent back to the Station later

Respectfully
John J. Morrissey
Keeper

DR. FREDERICK R. BARNES
151 ROCK STREET
FALL RIVER, MASSACHUSETTS

Oct. 24, 1916

To whom it may concern:

This is to certify that Mr. Walter Brown was operated in the Truesdale Hospital Oct. 9, 16 for strangulated hernia. He will not be able to perform his usual duties for about six weeks from the time of operation.

F R Barnes

FILE COPY

JHG

John J. Morrissey, Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Oct. 31,1919

SUBJECT: Leave of absence, Asst.Keeper Brown.
REFERENCE: Our letter Oct.8, your letter Oct.13th.

1. The two copies of Form 76 forwarded to this office by Asst.Keeper Brown, requesting leave of absence from Oct.4th to 24th, and returned to you for signature of Brown on Oct.8,1919, have not yet been returned to this office. You are directed to have these forms properly signed by Brown and forward same to this office by early mail. Advise this office by return mail if Brown has as yet returned to duty. If he has not yet returned to duty, find out and advise this office as to the probable date on which he will return.

J. T. YATES.

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

THIRD DISTRICT

LIGHTHOUSE SERVICE 3RD DIST. NOV. 6 1919 TOMPKINSVILLE, N.Y.

Le Bonnet Ldg. Sta.
(Station, Depot, or Vessel)

November 4., 1919

Superintendent

Reference your letter of October 31.
Subject Leave of absence Asst. Keeper Brown

I have seen Brown and he said he would report for duty on or about Nov 20-
Enclosed you will find Doctors statement.
Brown told me he signed the two copies of form 76 at the hospital and gave them to his friend to mail.
James D. Morrissey Substitute for Brown will be on Duty, until he Brown returns to Station
I will then have two copies of form 76. mailed to office

Respectfully
John J. Morrissey
Keeper

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
TOMPKINSVILLE, N.Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

THIRD DISTRICT

Sakonnet Lt. Sta.
(Station, Depot, or Vessel)

January 8, 1920

~~February~~ 7 20

Superintendent

Asst. Walter O Brown received a message to day saying that his family were very Ill

He wont be able to come back before the fifteenth please send a man as soon as possible. As Brown intended going on the fifteenth

Respectfully
John J. Morrissey
Keeper

FILE COPY

JHG

John J. Morrissey, Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Jan. 9,1920

SUBJECT: Probation of Walter O. Brown.

1. The probationary period of employment of Walter O.Brown, assistant keeper of Sakonnet Light Station, will expire on February 10,1920. Advise this office by return mail if his services have been satisfactory, and whether or not, in your opinion, he is a suitable and competent man to receive a permanent appointment in his present position. If you do not consider him competent, state fully in what respects he is incompetent.

J. T. YATES.

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

La Bonnet Lt. Sta.
(Station, Depot, or Vessel)

January 17, 1920

Superintendent

Reference your letter of Jan. 9-1920
Subject Probation Walter O. Brown

His services has been satisfactory in every way.
He is a suitable and competent man for the position as Asst. Keeper.

Respectfully
John J. Morrissey
Keeper

FILE COPY

3910

Brown

COPY

DEPARTMENT OF COMMERCE
Lighthouse Service

Sakonnet Light Station,

Jan. 31,1920

Superintendent

Please accept my resignation on Feb.15,1920.

As there is a position open for me with more money on February 17.

Respectfully,

Walter O. Brown

Assistant

John J. Morrissey,
Keeper

FILE COPY

JHG

Walter O. Brown, Asst.Keeper,
Through the Keeper,
Sakonnet Light Station,
Little Compton, R. I.

Feb. 4,1920

75

SUBJECT: Resignation.
REFERENCE: Your letter Jan.31,1920.

1. Your letter dated January 31,1920 resigning your position as Assistant Keeper of Sakonnet Light Station, R.I., has been received and forwarded to Washington, with recommendation that same be accepted, effective at the close of February 15,1920.

J. T. YATES.

Form 93

NOTICE OF RESIGNATION OR DEATH

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, Third DISTRICT,

Tompkinsville, N. Y. Feb. 4, 1920, 191

THE COMMISSIONER OF LIGHTHOUSES:

Herewith is transmitted the resignation of the following-named employee:

75

Name, Walter O. Brown — Position, Keeper

Legal residence, Rhode Island — Station, Sakonnet Lt. Sta., and Sakonnet Breakwater Light, R. I.

Salary, $780.00 per annum

The acceptance of this resignation is recommended effective at the close of February 15, 1920

This employee has not taken leave in excess of the accrued rate.

Remarks:

VC 1/A
Miss JP

J. T. YATES.

.....

BUREAU OF LIGHTHOUSES

WASHINGTON

Submitted to the Secretary of Commerce, approved.

11—4623

TC: 75

Housekeeper Walter Brun
Sakonnet Light to be absent 7 days
from 7 Feb 8 - 4 PM.
Hold payment til leave is
straightened out. CCL

FEB 14 [illegible] 55 AM

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHT
FEB 14 1920
HOUSES

February 10, 1920.

M. Walter O. Brown,

Through the Commissioner of Lighthouses.

Sir:

The Department is in receipt of your resignation from the position designated below, and has accepted the same, upon recommendation of the Bureau, to take effect at the close of business on February 15, 1920.

Bureau.....Lighthouse Service.

Station.....Sakonnet Lt. Sta., and Sakonnet Breakwater Light, R. I.

Position.....Keeper.

Salary.....$780. p.a.

By direction of the Secretary:

Respectfully,

(SIGNED) H. M. CROSS

Acting Chief of Appointment Division.

Third District.

S
C

Feb. 11,1920

Voucher Clerk;

Walter G.Brown, assistant keeper, Sakonnet Lt.Sta.,resigned close Feb. 15th. Do not pay him any salary for February until matter of leave of absence is settled.

1st Asst.

Feb. 11,1920

Voucher Clerk;

76

Walter G.Brown, assistant keeper, Sakonnet Lt.Sta., resigned close Feb. 15th. Do not pay him any salary for February until matter of leave of absence is settled.

1st Asst.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Sh Bonnet Lt Sta
(Station, Depot, or Vessel)

Feb. 21., 1920

To Superintendent

Subject leave of absence
Asst. Walter O. Brown
Left Station February 8. 4 P. M.
absent 7. days
Respectfully

John J. Morrissey
Keeper

VC Pay to date 8th Feb
Oct 7/25

Form 73 JHG

1850

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, 3rd DISTRICT.

Tompkinsville, N. Y. (City.) August 12, 1919 (Date.) 191

THE COMMISSIONER OF LIGHTHOUSES:
(Thr. Sec'y 2nd C. S. Dist.)

Action recommended, Probationary appointment.

Name, Walter O. Brown — Legal residence, Rhode Island

Position, Keeper — Salary, $780 per annum

ation, Sakonnet Light Station and Sakonnet Breakwater Light, R. I. — Appropriation, Salaries, Keepers of Lighthouses

Effective August 11, 1919 { the actual date of entrance on duty, as hereafter as he enters on duty.

Former position, — Former salary,

Location,

Rank on eligible list, 1 Rating, Keeper Percentage, 78.2, Other eligibles considered: None

Previous incumbent, George L. Yates — Services terminated, August 8, 1919

Reason, Resigned

Assignment to duty on August 11, 1919 was necessary for the reason that it was not practicable to permit this position to remain vacant until appointment certificate could be obtained.

Members of family in Government Service, None.

Remarks: No employee of District desired transfer to this position. There are no quarters for families of keepers at this station. Nos. 1 to 9 on eligible list will accept appointment only to certain specified stations.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 191

J. T. YATES.

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

[1] Strike out the clause which does not apply.

11—2314.

CERTIFICATE OF PROBATIONARY APPOINTMENT

LIGHT
AUG 26 1919
HOUSES

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 23, 1919.

Mr. Walter O. Brown,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office and to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, Keeper in the Lighthouse Service at a salary of Seven Hundred and Eighty dollars per annum, effective on the date on which you entered upon duty in the above-mentioned position. (August 11, 1919)

By selection from certificate of eligibles (No. .....) issued by the Assistant Secretary of the Second Civil Service District.

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS
Chief of Appointment Division.

M
C

Appropriation: Salaries, Keepers of Lighthouses.

Vice: George L. Yates,

Legal Residence: Rhode Island.

Third District.

(See reverse side.)

11—6080

ADDRESS ALL
LIGHTHOUSE INSPECTOR
TOMPKINSVILLE, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Sakonnet Lgt. Sta,
(Station, Depot, or Vessel)

August 11, 1919.

Superintendent

Asst. Keeper

Walter A. Brown arrived at Station for duty at 9 A. M, Aug. 11, 1919.

Respectfully
John J. Morrissey Keeper

E O D Aug 11-1919

FILE COPY

JHG

Aug. 4,1919

Walter O. Brown,

Sakonnet Point, R. I.

SUBJECT: Position of assistant keeper at Sakonnet Lt.Sta.
REFERENCE: Your letter Aug.1,1919.

1. You are advised you have been selected for the position of assistant keeper of Sakonnet Light Station, and in accordance therewith are hereby directed to enter on duty in that position on August 9,1919, or the earliest possible date thereafter. Transportation will be at your own expense. Show this letter to the keeper of the station, which will be his authority for assigning you to duty. The keeper's name and address are John J. Morrissey, Little Compton, R. I.

For and in the absence of the Superintendent.

F. W. Ockenfels

1st Asst.Supt.

Copy forwarded to keeper of Sakonnet Lt.Sta., for his information.
Report to this office promptly by letter the date on which Brown enters on duty as assistant keeper of Sakonnet Lt.Sta.
For and in the absence of the Superintendent.

F. W. Ockenfels

1st Asst.Supt.

Dear Sir.

If I am selected for this position I would like two weeks notice if it was possible so that I could give Captain Irving I. Wilcox that I am now teaching for a chance to get a man but if it is not possible to give me that much time I will be ready at the time you state

Very Respectively Yours

Walter O. Brown

Dakonnet Point

RI



reasons for declining the position regarded we are so

JHG

LETTER TO ELIGIBLES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



It is important that this letter be answered promptly

Walter C. Brown,
Sakonnet Point, R. I.

OFFICE OF LIGHTHOUSE INSPECTOR, 3rd DIST.

Tompkinsville, N. Y., July 29, 1919. 191

SIR: You are hereby informed that you are being considered for the position of
(State position, location, and whether station is ashore or afloat.)
Assistant keeper of Sakonnet Light Station, located off shore at the mouth of the Sakonnet River, R. I.

Salary: **$780.00** per annum.

Quarters: **are provided for keepers. (See attached Note A)**
(State whether or not quarters are provided by the Government for the families of keepers at this station, or if quarters can be rented by appointee in the vicinity.)
Total monthly pay is $98.50, which consists of base pay at the rate of $780 per annum, a ration allowance of 45 cents per day which is paid in cash at the end of each month, and a temporary increase of $20.00 per month for the period up to June 30, ~~1920~~ 1920.

Fuel: **6 tons of coal and 1 cord of wood per year for the two keepers.**
(State allowance of fuel for domestic purposes, if authorized.)

Rations: **Allowance 45 cents per day. (See attached Note B)**
(State facts concerning rations for this position.)

This position is also offered to other eligibles, any one of whom may be selected, although all may indicate willingness to accept this position.

Read carefully the Instructions to Eligibles on the other side before returning this letter.

You will, therefore, please advise this office in this connection by answering the questions below and returning this communication at the earliest date practicable.

Respectfully,

J. T. YATES

The following questions should be filled in by applicant:

Are you willing to accept this position if it is offered you? Yes

3-14

NOTICE TO ELIGIBLES

NOTE A - Keepers must provide their own furniture except ~~stoves~~ kitchen range, bedding, kitchen utensils and dishes. No quarters are provided for families of keepers at this station, but family quarters can probably be rented at ~~- - - -