'26 APR 17 AM 8:43:28

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

Date: 04/17/2026

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
Chandler, John, T.		1889 VA

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: 1957

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-0007302327

CMRS Search Request Number(s): CG-S-00283678 39

Attendant Signature:

Remarks:

28 MAY 19 AM 11:42:36

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:

PS-1
P6-2
SN 101-929
7 January 1958

Mrs. Cordie R. Chandler
Wachapreague, Virginia

My dear Mrs. Chandler:

Information has been received at Coast Guard Headquarters of the death of your husband, John Thomas Chandler, Boatswain's Mate, first class, United States Coast Guard, Retired. It is realized that in time of your bereavement consideration of financial matters concerning your husband's estate is difficult and trying. However, experience indicates it is best to handle these matters as expeditiously as possible.

At the time of death there was due your husband retired pay for the period 1 - 29 December 1957. Retired pay ceases at the death of a retired member and eligible dependents surviving are compensated by Laws which are administered by the Veterans Administration. Veterans Administration Form No. VB 8-534, "Application for Dependency and Indemnity Compensation or Death Pension by Widow or Child" and Veterans Administration Form No. VB 8-530, "Application for Burial Allowance" are enclosed to aid you in making application for the Veterans Administration death benefits that may be available to you. It is requested that a certified copy of the certificate of death, issued as proof of your husband's death and a certified copy of the public record of your marriage be forwarded to complete our records. It is also requested that an itemized funeral bill be forwarded to substantiate your application for the burial allowance.

Three Forms No. SF-1174, "Claim of Designated Beneficiary for Unpaid Pay and Allowances of Deceased Member of the Uniformed Services" are enclosed to aid you in making application for the final retired pay. These forms are to be completed in the presence of two witnesses. The original and one copy of the claim with a copy of this letter should be returned to Commandant (PS-1).

If you have any uncashed retired pay checks in your possession, these should be forwarded to Coast Guard Headquarters with the completed Forms SF-1174 for inclusion with the claim for the final retired pay due. Any other uncashed Government checks should be returned to the issuing agency.

Public Law 569, 84th Congress, entitled Dependents' Medical Care Act provided medical treatment in medical facilities of the uniformed services for the unremarried widows and dependent children of deceased military personnel.

Three Forms DD-1172, "Application for Dependents' Authorization for Medical Care Card" are enclosed so that you may make application for medical care benefits. It is requested that you return to Commandant (PS-1) the original and one copy of the application. Upon receipt of these applications, they will be processed at Coast Guard Headquarters and then returned to you so that you may be issued a DD Form 1173, "Uniformed Services Identification and Privilege Card".

When the enclosed forms have been completed, return them to Commandant (PS-1) in the enclosed pre-addressed envelope.

Sincerely yours,

R. R. CURRY
Captain, U. S. Coast Guard
Chief, Special Services Division
By direction of the Commandant

Encl:(1) Form No. VB 8-534
(2) Form No. VB 8-530
(3) Form No. SF-1174
(4) Form No. DD-1172
(5) Envelope

LCPauls:lcp7 Jan 58

mjm

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)*
CHANDLER, John T.	☐ ACTIVE DUTY ☒ RETIRED	BMlc	USCG	101-929	

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.

PE-88

DD FORM 1 SEP 56 1171

☐ 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

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
. COAST GUARD	Wachapreague, Va.
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
OCG 1957	John T Chandler

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)*
,865	21 OCT 1957	INDEFINITE

20. ORGANIZATION OF ISSUING OFFICER	
, CHINCOTEAGUE, VA.	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
HT JR, LT, USNR	F S Wright Jr

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

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)*
CHANDLER, John T.	☐ ACTIVE DUTY ☒ RETIRED	BM1c	USCG	101-929	

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.

☐ 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

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
U.S. COAST GUARD	Wachapreague, Va.
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
21 OCG 1957	John T Chandler

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

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16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
N 0,928,865	21 OCT 1957	INDEFINITE

20. ORGANIZATION OF ISSUING OFFICER	
U. S. NAS, CHINCOTEAGUE, VA.	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
T. S. WRIGHT JR, LT, USNR	T S Wright Jr

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9885 (Rev. 4-54)

REPORT OF DEATH OF SERVICE PERSONNEL

From: Commandant, U. S. Coast Guard
Special Services Division

To: Veterans Administration
Washington, D. C.

NAME	SERVICE NUMBER	GRADE OR RATE
CHANDLER, John Thomas	101-929	BMlc, Retired E-6

DATE OF BIRTH	PLACE OF BIRTH
15 February 1891	Cashville, Virginia

CITIZENSHIP *(Check and Complete)*

		CERTIFICATE NUMBER	PLACE NATURALIZED
X	NATIVE OF U. S.		
	NATURALIZED	DATE	

MILITARY SERVICE DATA *(Check and Complete)*

		PLACE OF ENLISTMENT OR REENLISTMENT
	ENLISTMENT	Retired 1 July 1947 - Physical Disability
	REENLISTMENT	

PRIOR SERVICE

NAME OF SERVICE	FROM *(Date)*	TO *(Date)*
USCG - Wachapreague, Virginia	1 April 1925	1 July 1947, Ret.

HOME ADDRESS AT TIME OF ENLISTMENT, REENLISTMENT OR RETIREMENT	DATE
Not Available	1 July 1947

DATE OF DEATH	PLACE OF DEATH
29 December 1957	Wachapreague, Virginia

CAUSE OF DEATH	NAME AND ADDRESS OF NEXT OF KIN
Natural Causes	Mrs. Cordie R. Chandler (widow) Wachapreague, Virginia

ALLOTMENT FOR SUPPORT OF DEPENDENTS PAYABLE TO	RELATIONSHIP	AMOUNT OF ALLOTMENT	MONTH OF LAST PAYMENT
Not Applicable	----	----	---

INSURANCE DATA

TYPE OF INSURANCE	AMOUNT OF ALLOTMENT	MONTH OF LAST PAYMENT	BENEFICIARY INDEMNITY UNDER PUBLIC LAW 23, 82ND CONGRESS
USGLI	$7.96	Nov. 1957	Not Applicable

REMARKS
Determination as to settlement of final retired pay has not been made.
Basic Rate of Active Duty Pay: $288.60 per month
Over 22 years of service

FEB 8

DATE	TYPED NAME AND GRADE	SIGNATURE *(By direction of the Commandant)*
9 January 1958	R. R. CURRY, CAPTAIN, USCG	

5820 Treasury CGHQ Wash., D.C.

MJM.

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9964 (Rev. 3-55)

SUPPLEMENTAL

REPORT OF DEATH

OF PERSONS OTHER THAN THOSE CARRIED AS MISSING

File 3-13 LS

To: Chief, Payment and Claims Division.

DATE 20 January 1958

NAME	SERVICE NO.	GRADE OR RATING
CHANDLER, John Thomas	101-929	BM1, Retired
DATE OF RECEIPT OF EVIDENCE OF DEATH	**ESTABLISHED DATE OF DEATH**	
2 January 1958	29 December 1957	

Information concerning death of the above-listed person has been received reporting established date of death as herein set forth.

Chief, Special Services Division

(Over)

UNITED STATES COAST GUARD

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

PE-3

Dear Sir:

In reply to your recent request, there is enclosed a Certificate in Lieu of Discharge for

Very truly yours,

By direction of the Commandant

Encl:
(1) Certificate in Lieu of Discharge

5311 Treasury CGHQ Wash., D.C.

FILE 3-13

CHANDLER, John Thomas (101-929) BM1, Retired

3-13-58

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

Registration District No. 5 | State File No. | Registered No. 62

1. PLACE OF DEATH
a. COUNTY: Accomack | MAGISTERIAL DISTRICT: Pungoteague
b. CITY OR TOWN: Wachapreague | ☐ Inside ☐ Outside Corporate Limits
c. HOSPITAL OR INSTITUTION | d. LENGTH OF STAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Virginia | b. COUNTY: Accomack
c. CITY OR TOWN: Wachapreague | ☐ Inside ☐ Outside Corporate Limits
d. STREET ADDRESS (If rural, give mailing address)

3. NAME OF DECEASED (Type or Print): a. (First) John | b. (Middle) Thomas | c. (Last) Chandler

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1957

5. SEX: M

6. COLOR OR RACE: W

7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 2-15-1884

9. AGE (In years last birthday): 73 | IF UNDER 1 YR. Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat Guardsman

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Chandler

14. MOTHER'S MAIDEN NAME: Kate Custis

15. NAME OF HUSBAND OR WIFE OF DECEASED: Cordie Chandler

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: Cordie Chandler Wachapreague, Va

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Embolus & Brain — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Failure — 1½ day
DUE TO (c) Coronary Occlusion — 1½ day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR COUNTY)** (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** While at Work ☐ Not While at Work ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 15, 1955 *to* Dec. 29, 1957, *that I last saw the deceased alive on* Dec. 29, 1957, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Belle D. Fearo M.D. | **23b. ADDRESS**: Accomac Va | **23c. DATE SIGNED**: Jan 1-1958

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 12-31-57 | **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Holly | **24d. LOCATION** (City, town, or county) (State): Onancock, Va

DATE REC'D BY LOCAL REG.: Jan. 2-58 | REGISTRAR'S SIGNATURE: Mrs. Harold L. Turner | **25. FUNERAL DIRECTOR'S SIGNATURE**: Carlisle M. Williams | ADDRESS: Onancock, Va

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

I certify that this is a true copy
of the death certificate filed with
the Local Registrar of Vital Statistics
for Registration District No 5
County of Accomac, Virginia

Jan - 9 - 1958

Mrs. Harold L. Turner
Local Registrar

We attended and witnessed the Marriage of Cordie R. Mears to John Thomas Chandler, Date April 14, 1904

Ceremony performed by, Rev. Jordan (deceased)

Home of A. Mears, Onley, Virginia, Parent of Cordie R. Mears

Witness, Charlie H. Taylor Address, Harrington Harborough Va.

Witness, Mamie J. Thornton Address, Harborough Va

CARLISLE WILLIAMS

EVELYN WILLIAMS

Onancock, Va., JAN 10 1958 19____

Mrs. Sadie R. Chandler

Wachapreague, Va.

To Williams Funeral Home, Dr.

TELEPHONE SUnset 7-2340

Dec. 31	For Complete funeral services of Mr. John D. Chandler	$575.00

U. S. COAST GUARD
JAN 16 1958
PERSONNEL
SPECIAL SERVICES

3-13
Files

3-12



UNITED STATES COAST GUARD
Fifth Coast Guard District
Willis Wharf, Virginia

ADDRESS REPLY TO
Little Machipongo LBS

AND REFER TO CG-706

JUL 1 '46 AM

20 June, 1946

To: COMMANDANT

Via: COMMANDER, Fifth Coast Guard District

Subj: Retirement; request for

Subject to the provisions of the 20 year retirement plan and for the consideration of the retirement board, I request my name be placed on the eligible list for retirement, having completed twenty one years service.

Retirement

Php 7/1/46

John T. Chandler

John T. Chandler
(101-929) BMlc.

Ind-1
Comdr., 5th CG District(pra)
26 June, 1946

To: The Commandant

Forwarded, for Headquarters consideration.

J. R. Stewart

J. R. STEWART
By direction

Fifth Coast Guard District
Willis Wharf, Virginia

Little Machipongo LBS

CG-706

20 June, 1946

To: COMMANDANT

Via: COMMANDER, Fifth Coast Guard District

Subj: Retirement; request for

Subject to the provisions of the 20 year retirement plan and for the consideration of the retirement board, I request my name be placed on the eligible list for retirement, having completed twenty one years service.

John T. Chandler

John T. Chandler
(101-929) BMlc.

Ind-1
Comdr., 5th CG District(pra)
26 June, 1946

To: The Commandant

Forwarded, for Headquarters consideration.

J. R. STEWART
By direction

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

COAST GUARD
NORFOLK DISTRICT
OFFICE
CG Metomkin Inlet
Life Boat Sta.
Accomac, Va.

CHANDLER, John Thomas (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | CG Metomkin Inlet Life Boat Sta. (Unit)

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

1947 FEB 13 AM 8:37

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place USMH, Norfolk Va., Date 1-27-47, 19

FILE
T. LeB

To: Medical Officer In Charge. U/S.M.H.
Norfolk Va.

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 Metomkin Inlet Life Boat Sta, Accomac Va.

(Signature of patient)

Everett S. Winstead
Everett S. Winstead. PhM2c U. S. Coast Guard. Rep.

RETURN MEDICAL CERTIFICATE

Place USMH, Norfolk Va., Date 1-27-47, 19

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

Medical Observation Y00-001
(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.} 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 USMH, Norfolk Va. {*hospital / *office} on 1-27-47, 19

W. C. Robertson
W. C. Robertson. 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

HGS (PM)

Chandler, John Thomas (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | CG Matomkin Inlet Life Boat Sta. (Unit) Accomoc, Va.

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

FILE

Place USMH, Norfolk Va., Date 3-28-47 T. LeB, 19

To: Commanding Officer, CG Matomkin Inlet Life Boat Sta.
(Coast Guard unit)

Accomoc, Va.
(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
Degenerative Joint disease, Multiple due to un-		1-27-47	
known cause, Osteo-Arthiritis, lumbo-Sacral Spine.	240-912	1-27-47	3-28-47

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

Be brought before a Medical Retiring Board. Indefinite sick leave until recommendation is acted on.

CONDUCT REPORT:

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

George E. Gillespie

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

Metomkin Inlet LB.

CHANDLER, JOHN T. (Name, surname first) | 101-929 (Service number) | BM1c. (Rank or rating) | Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

FILED
J. LeB
COAST GUARD
NORFOLK DISTRICT
OFFICE SERVICES

Place Nassawadox, Va. Date 24 January, 1947

To: Metomkin Inlet LB. Station
(Coast Guard unit)

Accomac, Va.
(Address)

1947 JAN 3 AM 8:25

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
Osteo Arthritis, lower lumbar Spine		Jan 1.	Jan 24

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.}

W. J. Stringer
Asst. S.
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

CHANDLER, JOHN T. (Name, surname first) 101-929 (Service number) BM1c. (Rank or rating) Metomkin Inlet LB. Station (Unit)

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

FILE J. LeB

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Accomac, Va., Date 1 January, 19 47

To: A. A. Surgeon, W. J. Sturgis

Nassawadox, Va.

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 Metomkin Inlet LB. Station, Accomac, Va.

John T Chandler
JOHN T. CHANDLER, BM1c.
(Signature of patient)

John T Chandler
JOHN T. CHANDLER
BM1c. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va, Date 1 January, 19 47

I CERTIFY that I have examined the above-named person and find him suffering from Osteo Arthritis, lower lumbar Spine

(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 _____ {*hospital / *office} on _____, 19

W. J. Sturgis
A. A. S. 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-2502

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c. (Rank or rating) | Metomkin Inlet Sta. (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 21 October, 19 46

To: Metomkin Inlet LB. Station
(Coast Guard unit)

Accomac, Va.
(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
Osteo-arthritis of spine	240-912	Oct. 19.	Oct 21.

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.}

D. F. Sluyter

D.A.S. 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 _____
(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

CHANDLER, John T.	101-929	BMlc	Metomkin Inlet Sta.
(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

FILE J. LeB

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Accomac, Virginia., Date 19 October, 1946

To: Dr. W. J. Sturgis

Nassawdox, Va.

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 John T. Chandler

John T. Chandler
(Signature of patient)

Marvin A. Tarr, BMlc.
Officer in Charge, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawdox, Va., Date 19 October, 19 46

I CERTIFY that I have examined the above-named person and find him suffering from 740-912 Osteo arthritis L Spine

(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 _____ {*hospital / *office} on 19 October, 19 46

W. J. Sturgis
A. A. S.
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

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME CHANDLER (Surname) John (First) T (Initial)

SERVICE NUMBER 101-929 Retired RANK OR RATE BMlc

RETIREMENT DATE 7-1-47 REASON FOR RETIREMENT Physical Disability

HAS INDIVIDUAL EVER HELD RANK OR RATE HIGHER THAN THAT NOW HELD ON RETIRED LIST? YES ☐ NO ☒

ON ENLISTED 20-YEAR RETIREMENTS EFFECTED PRIOR 1 OCTOBER, 1949 INDICATE WHETHER 10% FOR GOOD CONDUCT AUTHORIZED: YES ☐ NO ☐

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MO.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MO.	DAYS
COAST GUARD	22	3	0	22	3	0
LIGHTHOUSE						
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE.	22	3	0	22	3	0
EFFECTIVE DATE OF RETIREMENT						

SIGNATURE: F. V. HEILNER

DATE 5-19-50

FILE
B.A.Sw

29 October, 1951
PE-3, MR.

From: Commandant.
To: BMlc John T. Chandler (101-929), USCG, Retired, Wachapreague, Virginia.

Subj: Acknowledgment of receipt of Retired Identification Card No. 05713.

1. Retired Identification Card No. 05713 was issued to you on 19 April, 1951. There is no record at Coast Guard Headquarters to show that receipt of same has been acknowledged.

2. It is therefore requested that you acknowledge receipt of Retired Identification Card No. 05713 by signing indorsement provided below.

3. A self-addressed envelope is inclosed for your convenience.

B. A. SHAW,
By direction.

Incl:
Self-addressed envelope.

Ind. 1.

To: Commandant (PE-3)

1. Receipt of Retired Identification Card No. 05713 is hereby acknowledged.

_____
(Signature).

SHAW:eb; return to 3-13

File
2-17-47
LWS

March 6 · 1944

Machapreague Va
addchange 3-8-44

Dear Sir Would
like to have my check
Sent to Machapreague
Va instead of Deltaville
Va I have Move Back
home the Name of
person is my Husband
John J Chandler (1037881)
B.M.1.C 5th N D

will thank you verry
much yours Truly

Mrs Cordie R Chandler
by J T Chandler

January. 6. 1948

Sta 6-1

Dear Sir

I would like To
No if my check
has ben mail out I
have not got it yet the
other Retired men her has
got theirs pleas advice
will Thank you Verry
much yours Truly

John T Chandler
retired
Wachapreague
Va

1/12/48

Paid on P.O. No. 436-16349
Jan 8, 1948 Check # 16-390 amount
of $127.23.

C C Gordon

Probably rec'd after
mailing ——.

File Closed

U. S. COAST GUARD

John T Chandler

Wachapreague Va

OFFICIAL BUSINESS



Commandant C-P-E-P-R-I

U S Coast Guard

STA 3 13·1300 E ST N W

Washington 25 D C

april 13 1961

FILED
B.I.S.

Dear Sir
I have lost my identification
card and if I find it I will
send it back to you I
have look for it But I have
lost I am Sorrow
yours Truely
J T Chandler

CHANDLER,
JOHN T.
BMI (RETIRED)

FROM:
TO: Commandant

05713 FILE B.A.S.

Subject: Armed Forces Identification Card, application for

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

....., USCG (Ret)

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE
Chandler	John	Thomas	101929	BM1/c

Date of Birth Feb 15 Weight 130 lbs Height 5 ft 6 inches

Color Hair Black Color Eyes Blue Blood Type O (Optional)

SIGNATURE John Thomas Chandler

GPO DSO 3-257

File 2-13

OA-C652 (3.51)

REQUEST FOR VERIFICATION OF MILITARY SERVICE

DATE 2/7/56

THRU: Social Security Admin. District Office
1400 Pennsylvania Ave., Northwest
Washington 25, D. C.

TO: Commandant (PMM) U. S. Coast Guard
Washington 25, D. C.

FROM: Social Security Administration Field Office

112 E. Market St.
Salisbury, Md.

I

LAST NAME - FIRST NAME - MIDDLE NAME	SERVICE NUMBER	LAST GRADE
Chandler, John Thomas	101-929	Boatswain's Mate

DATE OF ENTRY INTO SERVICE	DATE OF SEPARATION	PLACE OF SEPARATION
4/1/25	6/30/47 or 7/1/47	

DATE OF BIRTH	DATE OF DEATH	REMARKS:
2/15/? (84,85,or 86)		

In connection with a claim for Social Security benefits under Public Law 734, 81st Congress, it is requested that the information checked below concerning the above-named individual be furnished to the Social Security Administration. If the individual had more than one period of service, please give the information checked below for each period of service.

James G. Wareham
MANAGER

II The following information has been extracted from the records on file in this office.

LAST NAME - FIRST NAME - MIDDLE NAME	SERVICE NUMBER	LAST GRADE
CHANDLER, John Thomas	101-929	BM1c

1 DATE OF ENTRY INTO ACTIVE SERVICE	2 DATE OF SEPARATION	3 CHARACTER OF SEPARATION*
1 April 1925	1 July 1947	Retired - Honorable

4 *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY. ☐ YES ☐ NO

5 GIVE A MEANS OF ENTRY FOR EACH PERIOD OF SERVICE *(Railroad cases only)*

☐ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

REMARKS

2/14/56

*IF CHARACTER OF SEPARATION WAS NEITHER HONORABLE, UNDER HONORABLE CONDITIONS, NOR DISHONORABLE, INDICATE WHETHER GIVEN FOR ONE OF THE FOLLOWING REASONS.

☐ DESERTION.

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

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

☐ BAD CONDUCT AS THE RESULT OF A GENERAL OR SPECIAL COURT-MARTIAL

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

☐ OTHER

RETURN TO: (ADDRESS OF PARALLEL FIELD OFFICE)

SIGNATURE: B. V. BALL, LCDR, USCGR
RANK:
TITLE: Special Services Division
BY: By direction of the Commandant
DATE: 13 February 1956

MJM:hdh return to room 2111 sta 2--4

File 3-13

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES AS TO RETIREMENT OF VETERAN

In connection with an application for social security benefits based at least in part on military or naval service in the Armed Forces of the United States during the period September 16, 1940, through June 30, 1955, of the veteran described below, please complete this form and return one copy immediately to the Social Security Administration at the address shown. Please see reverse of this form for further instructions.

DISTRICT OFFICE ADDRESS
112 E. Market St.
Salisbury, Md.

12-6-55
(Date)

Name of Veteran			Social Security Account No.
John Thomas Chandler			
Branch of Service	**Serial No.**	**Rate or Rank**	**Date of Birth**
Coast Guard	101-929	Boatswain's Mate	2-15-85
Date of Death	**Period(s) of Military or Naval Service**		
	1925 - 6/30/47		

Certification by Uniformed Service

If a determination is still pending, check here ☐ and return the form. Please fill in items 1 and 2 of the duplicate copy of this form when the pending (or any subsequent) determination is made and forward it to the Social Security Administration.

ANSWER ITEMS 1 AND 2 Coast Guard

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

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

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

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

   (d) Was active service after July 24, 1947, and before July 1, 1955, necessary to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☐ No

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

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

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

   (c) Was this multiple increased because of active service occurring after July 24, 1947, and before July 1, 1955? . . . . . ☐ Yes ☐ No

REMARKS:

RECEIVED DEC 1 - 1955 SOCIAL SECURITY BENEFITS SECTION U.S. COAST GUARD

U. S. Coast Guard
(Organization)

19 December 1955
(Date)

B. V. BALL, (Signature) LCDR, USCGR
Speciall Services Division
By direction of the Commandant (Title)

Form OA-C654
(1-54)

16—69983-2

MJM:hdh return to room 2111 sta 2--4

FILE 3-13

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES AS TO RETIREMENT OF VETERAN

In connection with an application for social security benefits based at least in part on military or naval service in the Armed Forces of the United States during the period September 16, 1940, through June 30, 1955, of the veteran described below, please complete this form and return one copy immediately to the Social Security Administration at the address shown. Please see reverse of this form for further instructions.

DISTRICT OFFICE ADDRESS

7/20/55
(Date)

Name of Veteran		Social Security Account No.	
John Thomas Chandler		None	
Branch of Service	**Serial No.**	**Rate or Rank**	**Date of Birth**
Coast Guard	101-929	Boatswain's Mate	2-15-85
Date of Death	**Period(s) of Military or Naval Service**		
	1925 - 6/30/47		

Certification by Uniformed Service

If a determination is still pending, check here ☐ and return the form. Please fill in items 1 and 2 of the duplicate copy of this form when the pending (or any subsequent) determination is made and forward it to the Social Security Administration.

ANSWER ITEMS 1 AND 2

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

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

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

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

   (*d*) Was active service after July 24, 1947, and before July 1, 1955, necessary to establish eligibility to receive retirement or retainer pay? . . . . . ☐ Yes ☒ No

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

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

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

   (*c*) Was this multiple increased because of active service occurring after July 24, 1947, and before July 1, 1955? . . . . . ☐ Yes ☐ No

REMARKS:

U. S. COAST GUARD
(Organization)

9 August 1955
(Date)

B. V. BALL (Signature) LCDR, USCGR
Special Services Division
By direction of the Commandant
(Title)

Form OA-C654
(1-54)

16-60983-2

PE-70

MJM:hdh return to room 2111 sta 2-4

UNITED STATES COAST GUARD

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

29 October, 1951
FILE: PE-3, MR.

From: Commandant.
To: BMlc John T. Chandler (101-929), USCG, Retired, Wachapreague, Virginia.

Subj: Acknowledgment of receipt of Retired Identification Card No. 05713.

1. Retired Identification Card No. 05713.was issued to you on 19 April, 1951. There is no record at Coast Guard Headquarters to show that receipt of same has been acknowledged.

2. It is therefore requested that you acknowledge receipt of Retired Identification Card No. 05713 by signing indorsement provided below.

3. A self-addressed envelope is inclosed for your convenience.

B. A. Shaw
B. A. SHAW,
By direction.

Incl:
Self-addressed envelope.

Ind. 1.

To: Commandant (PE-3)

1. Receipt of Retired Identification Card No. 05713 is hereby acknowledged. yes I Recvied the Card 05713

this is ~~the~~ to Receipt
That I have sent

BMlc John T Chandler
(Signature).

RE-EVALUATION OF PHYSICAL DISABILITY UPON RETIREMENT

1. Name: CHANDLER, John T. 101-929

2. Retired rank or rating: BM1c

3. Retirement date: 7/1/47

4. Retired for: Osteoarthritis of lumbosacral spine Code No. 5003 40 %

(a)

(b)

(c)

(d)

(e)

(f)

5. Was disability(s)	YES	NO
(a) Incurred while entitled to receive basic pay?	XX	
*(b) The proximate result of performance of active duty; or incurred in line of duty (if during war or other national emergency)?		
(c) Due to intentional misconduct?		XX
(d) Due to wilful neglect?		XX
(e) Incurred while on unauthorized absence?		XX

6. Total combined percentage of physical disability(s) in accordance with current Schedule for Rating Disabilities of Veterans' Administration. 40 %

* Applicable only if less than (8) years active service.

GERARD A. HEARN
PHAR, USCG

JOHN J. WALSH
LTJG, USPHS

THEODORE LE BLANC
LCDR, USCG

B 5645 M

RE-EVALUATION OF PHYSICAL DISABILITY UPON RETIREMENT

1. Name: CHANDLER, John T. 101-929
2. Retired rank or rating: BM1c
3. Retirement date: 7/1/47
4. Retired for: Osteoarthritis of lumbosacral spine — Code No. 5003 — % 40

(a)

(b)

(c)

(d)

(e)

(f)

	YES	NO
5. Was disability(s)		
(a) Incurred while entitled to receive basic pay?	XX	
*(b) The proximate result of performance of active duty; or incurred in line of duty (if during war or other national emergency)?		
(c) Due to intentional misconduct?		XX
(d) Due to wilful neglect?		XX
(e) Incurred while on unauthorized absence?		XX

6. Total combined percentage of physical disability(s) in accordance with current Schedule for Rating Disabilities of Veterans' Administration. 40 %

* Applicable only if less than (8) years active service.

GERARD A. HEARN
PHAR, USCG

JOHN J. WALSH
LTJG, USPHS

THEODORE LE BLANC
LCDR, USCG

B 5645

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME CHANDLER (Surname) John (First) T (Initial)

SERVICE NUMBER 101-929 Retired RANK OR RATE Bt1c

RETIREMENT DATE 7-1-47 REASON FOR RETIREMENT Physical Disability

HAS INDIVIDUAL EVER HELD RANK OR RATE HIGHER THAN THAT NOW HELD ON RETIRED LIST? YES ☐ NO ☒

ON ENLISTED 20-YEAR RETIREMENTS EFFECTED PRIOR 1 OCTOBER, 1949 INDICATE WHETHER 10% FOR GOOD CONDUCT AUTHORIZED: YES ☐ NO ☐

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS.	MO.	DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS.	MO.	DAYS
COAST GUARD	22	3	0	22	3	0
LIGHTHOUSE						
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	22	3	0	22	3	0

SIGNATURE: F. V. HELMER

DATE 5-19-50

B 5647

(PE-C)
CG-73
706

23 May, 1947

From: Commandant
To: Commander, Fifth Coast Guard District

Subj: CHANDLER, John Thomas (101-929) BM1c; leave

1. The proceedings of the retiring board held in the case of above-named man have been received at Headquarters and are being processed through the required channels. Pending final action on the proceedings, Chandler will be continued in an active duty status and assigned duties commensurate with his physical condition.

2. As eventual retirement is probable, every effort will be made to permit this man to take the leave to his credit while he is still in an active duty status. Any unused leave remaining to his credit will be carried forward as a credit to any period of active duty performed subsequent to the effective date of retirement.

3. If retirement is subsequently directed and the effective date falls within a period of authorized leave, Chandler need not be required to return to his station. In this case, the retirement and travel orders addressed to him will be indorsed and forwarded to him at his leave address.

W.C. CAPRON
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED MAY 26 1947

BEABES:me Return to 3-13

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-4) WASHINGTON 25, D. C.
REFER TO FILE: CG-73

UNITED STATES COAST GUARD

1 July, 1947

3-13
FILE

MEMORANDUM FOR CHIEF, PAY & AUDIT SECTION

Subj: CHANDLER, John Thomas (101-929) BM1c
statement of creditable service

On the effective date of retirement, 1 July, 1947, the above named man had the following creditable service:

	Years	Months	Days
Coast Guard Service (active)	22	3	0
Coast Guard Service (inactive)			
Navy Service (active)			
Navy Service (inactive)			
Army Service (active)			
Army Service (inactive)			
Marine Corps Service (active)			
Marine Corps Service (inactive)			
Lighthouse Service			
National Guard			
Other Service (specify)			

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

Return to 3-13

A-5092
Ehee

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

No. 00417

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5th CG DISTRICT		Norfolk, Va.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
05-001		28 March, 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)

3-28-47: While Ah, USMH, Norfolk, Va., records picked up this office from Little Machipongo Inlet Lifeboat Station, for administrative purposes.

EXAMINED PLATE

DUTY CODE NO. 18-D AUTH: Art 710 Regs

F. A. MAIER
(Commanding)
By direction dcg-g-42

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		05	2	

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
	258	005	

RECORDS	
Posting	Coding
PLM-E 44	CODED NO. 4

MACHINE ACCOUNTING
Punched
Verified

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

(PE-C)
CG-73
706

15 April, 1947

From: Commandant
To: Captain Norman C. Manyon, USCG, President, Coast Guard Retiring Board, Fifth Coast Guard District, Norfolk Virginia

Subj: CHANDLER, John Thomas (101-929)BM1c; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Chandler has been instructed to present himself before the retiring board of which you are president at such time and place as shall be indicated in instructions issued by you. Return inclosure (2) with report of the board in this case to Headquarters (PE-C).

W.C. CAPRON
By direction

Incls
1. Copy of Headquarters letter dated 15 April, 1947 CG-73-706 (PE-C), to Chandler
2. Medical record of Chandler

U. S. COAST GUARD
MAIL SECTION
FILED APR 17 1947

BEABES:me Return to 3-13

ORR

(PE-C)
CG-73
706

15 April, 1947

From: Commandant
To: CHANDLER, John Thomas (101-929)BMlc, United States Coast Guard
(Metomkin Lifeboat Station)
Via: Commander, Fifth Coast Guard District

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Norman C. Manyon, USCG, present yourself before the retiring board of which that officer is president to be convened at such time and place as shall be indicated in said instructions.

2. Upon completion of your examination and when excused by the president from attendance upon the board if further hospitalization is necessary report to the Medical Officer in Charge, U.S. Marine Hospital, Norfolk, Va., for hospitalization and await orders. If further hospitalization is not necessary you will report to the Commander, Fifth Coast Guard District, for such action as may be indicated in your case with reference to resumption of your former status.

3. If your retirement is directed you will be entitled to travel to your permanent home. Travel may be performed at own expense if desired and you will be entitled, in lieu of government transportation by the shortest usually traveled route, to payment upon completion of your travel, of a money allowance for the same distance regardless of the mode of travel. Government Transportation Requests may be obtained and used whenever available in order to procure transportation at lowest first-class rate. Written authority must be obtained from your unit before any travel is performed.

W.C. CAPRON
By direction

CC: USMH, Norfolk, Va.

U. S. COAST GUARD
MAIL SECTION
MAILED APR 17 1947

BEABES:me Return to 3-13

ORR

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICIAL DISPATCH

TRANSMIT

DATE 23 APRIL 1947

FROM
COMMANDANT

3-13

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
X	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)
CCGD FIVE

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

242Ø32

TEXT

PE TO PMP X REFUR 231907 AUTHORIZED

CHANDLER, John Thomas (101-929)BM1c

Reference:
pmp to pe x cg retiring board recommends indefinite sick leave for chandler john t 101 929 bm1c until board is acted on x advise

W.C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Div.
INITIALS OF RELEASING OFFICER

TOD— 242Ø32 # 68 EM
OPERATOR'S RECORD

OFFICE OF ORIGIN:
M.M. BEABES, Chief, Correspondence Section
Return to 3-13

TIME RELEASED:

ORR

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 10—23739-1

U. S. COAST GUARD

PE

HEADING

WN134

ME 860

DEFERRED

FROM ACTION INFORM

QQQ D D

WNJC V MFJC NR 20 D

FM COMDR 5TH CG DIST NORVA 231907Z

TO COMDT CG HQTRS WASH DC

3-11

TEXT

PMP TO PE X CG RETIRING BOARD RECOMMENDS INDEFINITE SICK LEAVE FOR CHANDLER JOHN T 101 929 BM1C UNTIL BOARD IS ACTED ON X ADVISE

1910/23 APR JH 231907Z 101 929 BM1C

97 APR 23 15 24

PEA-A

OPERATOR'S RECORD AND DATE

FB

OFFICIAL INITIALS

$

NCG 9626
UNITED STATES COAST GUARD

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 31 MARCH 1947

FROM

COMMANDANT PE A

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

CCGD FIVE

NIGHT LETTER

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

312218

TEXT

REUR 281901 X AUTH TO GRANT INDEFINITE SICK LEAVE TO CHANDLER JOHN T 101 929 BM1C UNTIL RETIRING BOARD IS CONVENED X

Ref....281901z....pmp to pe x bms recommends indefinite sick leave for chandler john t 101 929 bm1c until retiring board is convened x

312218 #81 MO/RS

TOD— F. V. HELMER Lieut. Comdr., USCG

OFFICE OF ORIGIN: PEA 3-11

W. C. CAPRON, Comdr., USCG
Chief, Enlisted Personnel Div.
INITIALS OF RELEASING OFFICER:

OPERATOR'S RECORD

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23739-1

FORM NAVCG-9619

U. S. COAST GUARD

PE

3-11

WN33

HEADING

MF BS5

D D D

FROM ACTION INFORM

WNJC V MFJC NR 13 D

FM COMDR 5TH CG DIST 281901Z

TO COMDT CG WASHN

DEFERRED

PEA-A

TEXT

PMP TO PE X BMS RECOMMENDS INDEFINITE SICK LEAVE FOR CHANDLER JOHN T 101 929 BM1C UNTIL RETIRING BOARD IS CONVENED X DIAGNOSIS DEGENERATIVE JOINT DISEASE MULTIPLE DUE TO UNKNOWN CAUSE OSTEOARTHRITIS LUMBO-SACRAL SPINE X ADVISE

n/l ccs D 4 five

reur 281901 X auth to grant indefinite sick leave to Chandler John T 101 929 BM1c until Retiring Board is convened X

1912/28 MAR HR 281901Z 101 929

OPERATOR'S RECORD AND DATE

EC

OFFICIAL INITIALS

FORM NAVCG-9619

U. S. COAST GUARD

PE

WN83

HEADING

MF B65

D D D

FROM

WNJC V MFJC NR 13 D

~~FM COMDR 5TH CG DIST 2819217~~

TO COMDT CG WASHN

INFORM

ACTION

TEXT

PMP TO PE X BMS RECOMMENDS INDEFINITE SICK LEAVE FOR CHANDLER JOHN T 101 929 BM1C UNTIL RETIRING BOARD IS CONVENED X DIAGNOSIS DEGENERATIVE JOINT DISEASE MULTIPLE DUE TO UNKNOWN CAUSE OSTEOARTHRITIS LUMBO-SACRAL SPINE X ADVISE

4

1912/28 MAR HR 2819217 101 929

OPERATOR'S RECORD AND DATE

EC

OFFICIAL INITIALS

$

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 00071

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5TH CG DISTRICT		Norfolk, Va.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
05-001		3 July, 1947

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

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

PEA-E 16

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

0900, 6-30-47: Accrued annual leave terminated and detached from all duties previously assigned prior to retirement.

DUTY CODE NO. 18-D AUTH: H/L (PE-C), 6-30-47 CG-73-706

F. A. MAIER
By direction

dfm-

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. 10

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BM1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Little Machipongo Inlet LB Station	Metomkin Inlet LB Station.	Willis Wharf, Va.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
05-127	05-123	28 March, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1700
DATE 28 March, 1947

TRANSFERRED TO: Commander, Fifth Coast Guard District, Norfolk, Va.
FOR Adminstrative purpose while in Marine Hospital.

AUTH: C5CGD Order No. 430-47

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

10 POSTING REQUIRED PEA-

DUTY CODE NO.

AUTH:

W. C. Thornes
W. C. THORNES
(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
PEA-E 5	

Machine Accounting
Punched
Verified

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

CG—3888 (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

CHANDLER, John T	BMlc.	101-929
(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 120 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:

	Cordie Rogers Chandler	Wife
(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.

John T Chandler
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Escanaba, Mich., this 7th day of November, 1946.

(SEAL)

Josephine B. Bagwell
(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.

W. C. Thornes — Group, Parramore

W. C. THORNES, Bos'n USCG — Wachapreague, Virginia

(Signature of Commanding Officer) — *(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)*

W. B. SONNTAG

(Signature of authorized certifying officer)

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

Parramore

RECORD OF LEAVE ACCRUED

Date of entry Service	1 April, 1924
Active service for which leave accrued	8 September, 1939
Leave earned	25
Leave taken	
Leave credit 1 July, 1940	25
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1941	55
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1942	85
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1943	115
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1944	145
Leave taken	40
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1945	135
Leave taken	30
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1946	135
Leave taken	5
Leave earned fiscal year (July & August, 1946)	5
Leave accrued on 31 August, 1946	135

Leave to be credited on 1 September, 1946	60
Leave for which entitled to compensation	60
TOTAL	120

Nov. 7, 1946 (date). I certify that the above statement is true and correct to be best of my knowledge. John T Chandler

JOHN T. CHANDLER, BM1c (sign) (101-929)

Sworn to before me this 7th day of November 1946.

Josephine B Bagwell

Commissioned officer or Notary public

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

CG Hog Island LBS
Hog Island, Va.
(Unit)

CHANDLER, John T. (Name, surname first) 101-929 (Service number) BMlc (Rank or rating)

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place USMH Norfolk, Virginia, Date 4-18-46, 19

To: Commanding Officer
(Coast Guard unit)
USCG Hog Island Lifeboat Station
Hog Island, Virginia
(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
Osteo Arthritis of spine	240-912	4-15-46	4-18-46

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

The patient is being discharged this date ~~with~~ with the above diagnosis and the recommendation of fit for duty.

CONDUCT REPORT:

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

Esta R. Allen

ESTA R. ALLEN, 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

6 FILE

CG Hog Island LBS

CHANDLER, John T. (Name, surname first) 101-929 (Service number) Pilo (Rank or rating) Hog Island, Va. (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 USMH NORFOLK, VIRGINIA, Date ~~XXXXX~~ 4-15-46, 19

To: Medical Officer In Charge
U.S. Marine Hospital
Norfolk, Virginia

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, USCG Hog Island LBS
Hog Island, Va.

John T Chandler (Signature of patient) Ernie E. Mc Leod CPhM U. S. Coast Guard.
CG Representative

RETURN MEDICAL CERTIFICATE

Place USMH NORFOLK, VIRGINIA, Date 4-16-46, 19

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

Medical Observation Y00-002
(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 21 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USMH Norfolk, Va. {*hospital / *~~office~~} on 4-15-46 at 1345, 19

S. GELLER U. S. Public Health Service.
S.A. Surgeon

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

WORK SHEET FOR ENTITLEMENT OF MUSTERING OUT PAY

John | J | Chandler | 101-929 | 3/C M/C
First Name | Middle Initial | Surname | Service No. | Rate

Honorable | Re-Enlist
Kind of Discharge | Reason for Discharge

Date of Discharge or Release from active duty 44 45 YR. | 4 MO. | 24 DAY

Date of enlistment or date reporting for active duty if subsequent to 6 December, 1941 - otherwise use 1941-12-6 as date 41 YR. | 12 MO. | 7 DAY

Total time served on active duty
NOTE (if less than 60 days enter days only) 3 YRS. | 4 MOS. | 18 DAYS

If person served on vessel or in 10th, 14th or 17th N.D.
Note whichever applicable None shown.

Was person discharged to go to Academy? No
Yes or No

Was person discharged to accept Commission? No
Yes or No

Was person discharged to accept employment? No
Yes or No

O.K. $200.00

Was total time under Student training program? No
Yes or No

Was person issued Dishonorable, Bad Conduct or Undesirable Discharge? No
Yes or No

NOTE: If person was discharged with DISHONORABLE, BAD CONDUCT, UNDESIRABLE DISCHARGE or SPECIAL ORDER DISCHARGE by reason of own request to accept employment, for purpose of entering Service Academy, or whose total service was as student under training program, stamp work sheet and all copies of FORM NAVSANDA - FB/679K in space at center right side under ACCT. NO. with appropriate notation.

6580

C.E.M. 7-8-46
Initials of person preparing sheet

Initials of person checking for accuracy

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | Hog Island LB (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawodox, Va., Date 7 December, 19 45

To: Hog Isl nd LB Station
(Coast Guard unit)

Willis Wharf, Va.
(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
Lumbago & arthritis (left hip)		Nov. 10	Dec 7.

RECEIVED U.S. 5ND MAR 5 - 19.. MEDICAL OFFICE

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

Absence from duty from 11-10-45 to 12-7-45, due to sickness. Further treatment is needed

CONDUCT REPORT:

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

W J Sturgis
A A S
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.

19—27156-1

NCG-2522

FILE

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | Hog Island LBS (Unit)

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

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE X
(Enlistment status)

Place Willis Wharf, Va., Date 10 November, 19 45

REC'D U.S.C.G. 5ND
MAR 5 - 1946
MEDICAL OFFICE

To: Dr. W. J. Sturgis
Nassawodox, Va.

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 Hog Island LB Station

John T. Chandler
JOHN T. CHANDLER
(Signature of patient)

Vernon C. Sterling
VERNON C. STERLING
QinC U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawodox, Va, Date 10 November, 19 46

I CERTIFY that I have examined the above-named person and find him suffering from 207
Lumbago and arthritis (right hip).
(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 _____ {*hospital / *office} on 10 November, 19 46

W. J. Sturgis
P.A.S. 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 Medical

FILE
C. M.

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | Hog Island LBS (Unit)

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

*REGULAR
~~RESERVE~~
~~TEMPORARY~~
~~RETIRED~~
(Enlistment status)

Place Willis Wharf, Va., Date 21 February, 1946

To: Dr. W. J. Sturgis
Nassawadox, Va.

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 Hog Island LB Station

John T. Chandler
JOHN T. CHANDLER
(Signature of patient)

W.G. WATSON
CBM U. S. Coast Guard.

REC'D D. C. G. 5ND MAR 5 - 1946 MEDICAL OFFICE

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 21 February, 1946

I CERTIFY that I have examined the above-named person and find him suffering from 010-168 Influenza
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at ~~*hospital~~ / *office on 21 February, 1946

W. J. Sturgis
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

FILE

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | Hog Island LBS (Unit)

*REGULAR
*~~RESERVE~~
*~~TEMPORARY~~
*~~RESERVE~~ (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 27 February, 1946

RECD. U.S. COAST GUARD MAR 5 - 1946 MEDICAL OFFICE

To: Hog Island LB Station (Coast Guard unit)
Willis Wharf, Va. (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
Influenza	010-168	Feb 21	Feb 27.

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

Further treatment is needed.

CONDUCT REPORT:

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

W. J. Sturges
D. A. S. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

Chandler, John T. 101-929 BM1c Hog Island
(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *~~hospital~~} at for Influenza (Diagnosis) since Feb 21 1946, has been transferred this date Feb 27, 1946, to the U. S. Marine Hospital at Norfolk, Va for further treatment.

W. J. Sturges
D. A. S. U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FILE

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | BM1c (Rank or rating) | Willis Wharf, Va. Hog Isl.LBSta. (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 USMH, Norfolk, Va., Date 2-28-46, 19

1946 MAR 11 AM 8:50

To: Medical Officer In Charge
U. S. Marine Hospital
Norfolk, Va.

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 C.O. Hog Isl.LBSta. Willis Wharf, Va.

John T Chandler
(Signature of patient)

Ernie E. McLeod, CPhM
Ernie E. Mc Leod, CPhM
C. G. Representative. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Norfolk, Va., Date 2-29-46, 19

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

Grippe, 010-168
(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 10 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USMH, Norfolk, Va. {*hospital / *~~office~~} on 2-28-46 at 1040, 19

REG'D. U. S. COAST GUARD
MAR 12 1946
MEDICAL OFFICE

Jesse J. Geiler
S. GEILER
S. A. SURGEON (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

FILED

CHANDLER, John T.	101-929	BM1c	WillisWharf, Va. HogIsl.LBSta.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH, Norfolk, Va., Date 4-1-46, 19

To: C.O. Hog Isl.LBSta. Willis Wharf, Va.
(Coast Guard unit)

(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
Influenza	010-168		
Acute frontal sinusitis	322-100	2-28-46	4-1-46
~~Acute maxillary sinusitis~~	~~321-100~~		

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

The patient is being discharged this date with the above diagnosis and the recommendation for 2 weeks sick leave. To report to this hospital 15 April, 1946 for check-up.

CONDUCT REPORT:

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

Esta R Allen

ESTA R. ALLEN
SURGEON ---------- *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.

RECD R.O. 5TH APR 1946 MEDICAL OFFICE

---------- *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)

00443

SURNAME, FIRST NAME, INITIAL			SERVICE No.	PRESENT RANK OR RATING
CHANDLER,	John	T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-001)	10 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:

OTHER CHANGES (SPECIFY)

1400, 9 October, 1945: Reported from Ah, USMH, Norfolk, Va.(NOT MISC), having been admitted that hospital from HOGG ISLAND LIFEBOAT STATION.

1445, 9 October, 1945: Departed AL(S)30 to expire prior noon 9 November, 1945 at USMH, Norfolk, Va.

NO POSTING REQUIRED PFA-F.(6)

DUTY CODE NO.
18-D

AUTH:
Art.3002(1)Regs.
~~PB 107-44~~

D. E. SPINNEY
(Commanding)
By direction

rmd-M-94

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

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (oan)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73
706

21 April, 1947

To: Senior Assistant Surgeon Leland C. Burrill, U. S. Public Health Service,
Assistant Surgeon (R) George E. Gillespie, U. S. Public Health Service.

Subj: Examination of John Thomas Chandler (101-929) BM1c, U. S. Coast Guard
medical members of retiring board

1. You will make a careful examination into the past and present physical and mental condition of CHANDLER, John T. (101-929) BM1c, USCG,

whose case has been referred to this board for examination, and report as to his capacity to perform the duties appropriate to his rating.

2. Besides a personal examination you will examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and you will also endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and will report the results in writing, which will be in the form of a sworn statement. The report shall fully cover the matters required by Article 958, Coast Guard Courts and Boards.

NORMAN C. MANYON
Captain, U. S. Coast Guard
President, Coast Guard Retiring Board.

Certified to be a true copy:

Joseph R. Scullion

JOSEPH R. SCULLION,
Lieutenant Commander, U. S. COAST GUARD,
Recorder.

"8"

Ind-1
Comdr., 5th CG District (pmp) 1-16 31 March, 1947

To: The Commandant (PM)

Subj: CHANDLER, John Thomas (101-929) BM1c; Report of Medical Survey

Forwarded, approved, the recommendation of the Board of Medical Survey concurred with. There is no disciplinary action pending.

T. A. SHANLEY

APR 4 - '47 AM



"2"

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT (PE-C)
REFER TO FILE: CG-73 706

WASHINGTON 25, D. C.

15 April, 1947

From: Commandant
To: CHANDLER, John Thomas (101-929)BM1c, United States Coast Guard (Metomkin Lifeboat Station)
Via: Commander, Fifth Coast Guard District

Subj: Examination before retiring board

1. Upon receipt of instructions from Captain Norman C. Manyon, USCG, present yourself before the retiring board of which that officer is president to be convened at such time and place as shall be indicated in said instructions.

2. Upon completion of your examination and when excused by the president from attendance upon the board if further hospitalization is necessary report to the Medical Officer in Charge, U.S. Marine Hospital, Norfolk, Va., for hospitalization and await orders. If further hospitalization is not necessary you will report to the Commander, Fifth Coast Guard District, for such action as may be indicated in your case with reference to resumption of your former status.

3. If your retirement is directed you will be entitled to travel to your permanent home. Travel may be performed at own expense if desired and you will be entitled, in lieu of government transportation by the shortest usually traveled route, to payment upon completion of your travel, of a money allowance for the same distance regardless of the mode of travel. Government Transportation Requests may be obtained and used whenever available in order to procure transportation at lowest first-class rate. Written authority must be obtained from your unit before any travel is performed.

W.C. CAPRON
By direction

CC: USMH, Norfolk, Va.

CERTIFIED TO BE A TRUE COPY

Joseph R. Scullion

JOSEPH R. SCULLION
Lieutenant Commander, U. S. Coast Guard,
Recorder.

"B"

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Death — See Orig.

2. SEPARATION FORMS ON FILE: ☐ YES ☐ NO

3. DATA REQUESTED: ☐ SERVICE ☒ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
Veterans Benefits Office
Munitions Bldg.
Washington 25, D. C.

5B. ORIGINATING UNIT
Claims Service
Sec. II 3072-212B

6. CLAIM NO.
XC-20 672 088

7. INSURANCE NO.

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served)
CHANDLER, John Thomas

9. ALL SERVICE NOS.
101 929

10. DATE OF BIRTH	11. PLACE OF BIRTH	12. DATE OF DEATH
2-15-91	Cashville, Virginia	12-29-57

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	4-1-25	7-1-47		
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.				
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

Please furnish entire medical record series covering all periods of service to include examination at date of retirement.

22. DATE: FEB 7 1958

23. SIGNATURE AND TITLE OF VA OFFICIAL: E. E. JOHNSTON, Director

ENDORSEMENT - VERIFICATION BY SERVICE DEPARTMENT (Check applicable box(es))

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT ☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT, EXCEPT:

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS		33P	CLINICAL RECORDS			SERVICE INFORMATION		
PHYSICAL EXAMINATIONS AT ENTRANCE		2P	X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL CARDS				7 1958	T. LE BLANC, CDR., USCG. ASST, CHIEF MEDICAL DIVISION
			OTHER RECORDS		2MS			

V A FORM 3101 JUL 1957 — SUPERSEDES VA FORM 3101, NOV 1945; VA FORM 3101-1, NOV 1945; AND VA FORM 3102, JAN 1946; WHICH WILL NOT BE USED.

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PE-C) WASHINGTON 25, D. C.
REFER TO FILE: CG-73-706
AUTH: 519291

RETIRED 30 June, 1947

From: Commandant
To: Boatswain's Mate, first class, John Thomas Chandler (101-929),USCG

Via: Commander, Fifth Coast Guard District

Subj: Retirement; travel

1. On 23 June, 1947, the President of the United States approved the proceedings and finding of facts of the retiring board in your case. You are incapacitated for active service in the Coast Guard by reason of physical disability, your incapacity is permanent, and is the result of an incident of service.

2. In accordance with the provisions of U.S.C., title 14, Sec. 169, and U.S.C., title 5, Sec. 47a. you will be placed on the retired list on 1 July, 1947.

3. Effective 30 June, 1947, you are detached from all duties previously assigned you and will proceed to your home, completing all travel under this order within one year from that date. Selection of your permanent home may be made any time within the one year period. However, once you notify Headquarters of your arrival at your permanent home, action is final and no further designation may be made.

4. This order constitutes a permanent change of station for you from your present permanent station to your home of selection. Travel expenses incident to the execution of this order are chargeable to Headquarters allotment No. 051-20 under the authorization number indicated above.

5. The officer having custody of your pay record is hereby directed to forward it unclosed to the Commandant (FA-P) immediately after your detachment on 30 June, 1947. On detachment, you will immediately notify the Commandant (FA-P) of your mailing address and you will thereafter notify the Commandant (FA-P) of any change in that address. Your service and health records will be forwarded to the Commandant (PE-C) on the effective date of your retirement.

6. Your Commanding Officer will indorse this order to indicate place, time and date of delivery, and time and date of your detachment and departure. You will indorse this order to show place time and date of receipt; place selected by you as your permanent home after retirement, and the time and date of arrival at your permanent home.

J. W. FARLEY
Admiral, U. S. Coast Guard

Incls
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

BEABES:me Return to 3-12
A6322

No. 8006

3/12

SHEET: RETIRING BOARD
TREASURY DEPARTMENT
U. S. COAST GUARD
CG-9959 (Rev. 10-46)

21 May, 1947

CASE OF (Name)	SERVICE NUMBER	RANK, RATE
CHANDLER, John Thomas	(101-929)	BMlc, USCG

FINDINGS OF BOARD

The above-named man is incapacitated for active service in the U. S. Coast Guard by reason of osteoarthritis of the lumbo-sacral spine; that his incapacity is permanent; is the result of an incident of service; and is not the result of his own vicious practices.

COMMENTS BY LEGAL DIVISION

PROCEEDINGS

Are in due form and technically correct.

FINDINGS

There is evidence in the record to support the findings.

K. L. Hamm
(Signature, Chief Counsel)

OPINION OF MEDICAL DIRECTOR

CHECK

(1.) DISABILITY EXISTED PRIOR TO ORIGINAL ENTRY IN THE COAST GUARD ☐ YES ☑ NO
(2.) INCAPACITY CONSIDERED DUE TO HIS OWN VICIOUS HABITS ☐ YES ☑ NO
(3.) DISABILITY IS CONSIDERED PERMANENT ☑ YES ☐ NO

Paul M Stewart
(Signature, Medical Director)

COMMENTS BY PERSONNEL

		YEARS	MONTHS	DAYS
AGE		56	3	12
SERVICE	COAST GUARD	22	1	26
	NAVY			
	ARMY			
	OTHER			
	TOTAL	22	1	26

DEPENDENTS: 4.

5-26-47

RECOMMENDATION

that the Proceedings and Findings be approved in the case of John Thomas CHANDLER (101-929), Boatswain's Mate, first class, and that he BE RETIRED

R E Wood
(Signature, Chief Personnel Officer)

RECOMMENDATIONS OF COMMANDANT

TO: Secretary of the Treasury

1. FORWARDED. It is recommended that the Proceedings and Findings be approved, that the subject man named above be retired, and that this record be presented to the President during the month of June, 1947

A 1984

MAY 29 1947

Merlin O'Neill
(Signature of Commandant)

MERLIN O'NEILL
Rear Admiral, U. S. Coast Guard
Acting Commandant

RECORD OF PROCEEDINGS OF THE COAST GUARD RETIRING BOARD

CONVENED AT

U. S. Marine Hospital, Norfolk, Virginia, 23 April, 1947

IN THE CASE OF

CHANDLER, John Thomas (101-929) Boatswain's Mate, first class, USCG

TREASURY DEPARTMENT
U. S. COAST GUARD
OFFICE OF THE CHIEF COUNSEL

JUN 24 1947

The record of proceedings of the Coast Guard Retiring Board in the case of CHANDLER, John Thomas (101-929) BMlc, USCG, was transmitted to the Secretary of the Treasury and by him laid before the President for his approval or disapproval, or orders in the case, with the recommendation that the findings of the board be approved and that John Thomas Chandler (101-929) Boatswain's Mate, first class, U. S. Coast Guard, be retired from active service and placed on the retired list, in conformity with the provisions of 14 U. S. Code 169.

On JUN 23 1947, the President approved the proceedings and findings of the Coast Guard Retiring Board and the recommendations of the Secretary of the Treasury in this case

K. R. Harrison

Chief Counsel, U. S. Coast Guard

U. S. Marine Hospital,
Norfolk, Virginia
23 April, 1947

The board met at 11:10 a.m.

Present:
Captain Norman C. Manyon, U. S. Coast Guard, president;
Captain Morris G. Jory, U. S. Coast Guard, member;
Lieutenant Commander Joseph R. Scullion, U. S. Coast Guard, member and recorder;
Senior Assistant Surgeon Leland C. Burrill, U. S. Public Health Service, member;
Assistant Surgeon (R) George E. Gillespie, U. S. Public Health Service, member.

Milton M. Midgette, yeoman, first class, U. S. Coast Guard, entered as reporter and was duly sworn.

The board decided to sit with open doors.

John Thomas Chandler (101-929) boatswain's mate, first class, U. S. Coast Guard, the party under examination, entered and stated that he did not desire counsel.

The recorder read the precept and implementing letter, copies hereto prefixed, marked "A", and "A1".

The recorder informed the board and the party under examination that Senior Assistant Surgeon Leland C. Burrill, U. S. Public Health Service, and Assistant Surgeon George E. Gillespie, U. S. Public Health Service, were designated in writing on 21 April, 1947, by Senior Surgeon B. Oliver Lewis, U. S. Public Health Service, Acting Medical Officer in Charge, U. S. Marine Hospital, Norfolk, Virginia, to act as the senior medical member and the junior medical member, respectively, of the board convened in this case, original prefixed marked "A2".

The recorder read the order to the party under examination, copy hereto prefixed, marked "B".

The party under examination was informed of his rights.

The party under examination stated that he did not object to any member.

The board and the recorder were duly sworn.

No witnesses not otherwise connected with the inquiry were present.

A letter appended, marked "C", was received from Headquarters, transmitting the papers named therein, which are appended marked "1" to "7". Those marked "1" ro "3" inclusive were read by the recorder.

The medical members were directed to examine into the past and present physical and mental condition of John T. Chandler (101-929), boatswain's mate, first class, U. S. Coast Guard, letter of instruction appended marked "8".

The medical members stated that the past and present physical and mental condition of the party under examination, had been examined.

The party under examination was asked by the president whether he wished to be retired and replied in the affirmative.

The party under examination was duly sworn as a witness.

Examined by the recorder:

1. Q. State the nature of your disability.
   A. It is my legs and back. I can't do any work and I'm not any good. I have places that breaks out on me all over my body and trouble around my heart.

2. Q. Do you suffer from pains in the back?
   A. Yes sir, all the time. I'm never clear of it.

3. Q. Do you know what causes this?
   A. It came from a capsized boat drill. I always tried to walk the boat back but this time I slipped and she caught me in the back. From that day on I've always had it and that's been twelve years ago.

4. Q. During this twelve years, have you been on duty?
   A. Part of the time, yes sir.

5. Q. Where have you been on duty?
   A. Part of the time in light houses and part of the time at Coast Guard Stations. I have been back to the station about one year.

6. Q. What particular part of your duty have you found it difficult to perform?
   A. Practically all of it and I can't climb steps.

7. Q. Do you desire to say anything further concerning your case?
   A. No sir.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as the party under examination.

The medical members submitted a report, which was sworn to, read, and appended, marked "9".

Assistant Surgeon (R) George E. Gillespie, U. S. Public Health Service, junior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. From what cause does Chandler's disability proceed?
   A. From osteoarthritis of the lumbo-sacral spine.

2. Q. Is the disability permanent?
   A. Yes.

3. Q. State the facts and reasons on which your conclusion as to this permanency is based.
   A. There are positive X-Ray findings that show bony changes of an irreversible nature.

4. Q. Is Chandler's disability such as to incapacitate him for active service?
   A. Yes.

5. Q. State the facts and reasons for your conclusion, including recourse to medical stimulants which would be necessary in order to keep Chandler in a condition in which he could be depended upon to perform duty in the immediate future.
   A. I do not believe that there are any medications that would make Chandler fit for active duty. Certain medications might relieve his pain but their effect would be only transitory. Such medications would include heavy doses of salicylates or narcotics such as kodine or morphine.

6. Q. Have all reasonable measures for the amelioration of the disabling conditions been tried?
A. Yes sir.

7. Q. What were such measures and what results were obtained?
A. This patient was hospitalized for two months during which time he was examined by the Orthropedic Consultant and the medical and surgical staff. It was their opinion that he was in a poor state of nutrition and general health, as well as having positive findings of arthritis. Our treatment was directed toward improving all of these conditions. He received a high caloric, high vit-vitamin diet, disthermy and massage for his back, salicylates and ertron orally and ample rest in bed. Following two months of such treatment his general condition appeared improved, however, there was no improvement in back symptons. A kidney infection which was found present, was cleared up without improving the back symptons.

8. Q. Is his disability the results of an incident of service?
A. Yes.

9. Q. Was there any information before the medical members of the board which would lead you to believe that his condition might be due to vicious practices of his own?
A. There were none.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as a member.

Senior Assistant Surgeon Leland C. Burrill, U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Having heard the testimony of the junior medical member of the board, do you concur?
A. I do.

2. Q. Is there anything further you would like to add to his testimony?
A. No sir.

Neither the board, the recorder, nor the party under examination desired further to examine this witness; the witness resumed his seat as a member.

Neither the board, the recorder, nor the party under examination desired to call any more witnesses.

John T. Chandler (101-929) boatswain's mate, first class, U. S. Coast Guard, the party under examination, desired to make no statement.

John T. Chandler (101-929) boatswain's mate, first class, U. S. Coast Guard, the party under examination, desired to make no argument.

The inquiry was finished, the party thereto withdrawing, having been informed that he would receive due notification when he might regard himself as discharged from further attendance before the board.

After full and mature deliberation the board finds as follows:

FINDING OF FACTS

That John T. Chandler (101-929) boatswain's mate, first class, U. S. Coast Guard, is incapacitated for active service in the U. S. Coast Guard by reason of osteoarthritis of the lumbo-sacral spine; that his incapacity is permanent; is the result of an incident of service and is not the result of his own vicious practices.

Norman C. Manyon
NORMAN C. MANYON,
Captain, U. S. Coast Guard, President

Morris G. Jory
MORRIS G. JORY,
Captain, U. S. Coast Guard, Member

Joseph R. Scullion
JOSEPH R. SCULLION,
Lieutenant Commander, U. S. Coast Guard,
Member and Recorder

Leland C. Burrill
LELAND C. BURRILL,
Senior Assistant Surgeon, U. S. Public
Health Service, Member

George E. Gillespie
GEORGE E. GILLESPIE,
Assistant Surgeon, (R), U. S. Public Health Service,
Member.

The board then at 11:45 a.m., adjourned to await the action of the convening authority.

Norman C. Manyon

NORMAN C. MANYON,
Captain, U. S. Coast Guard, President

Joseph R. Scullion

JOSEPH R. SCULLION,
Lieutenant Commander, U. S. Coast Guard, Member
and Recorder.

U. S. MARINE HOSPITAL
Norfolk, Va.

21 April, 1947

To: Captain Norman C. Manyon, President, Coast guard Retiring Board,
Fifth CG District, Norfolk, Va.

Subj: Medical Officers to act on Retiring Board.

1. S.A. Surgeon Leland BURRILL, Senior Member and Assistant Surgeon George GILLESPIE, Junior Member are appointed members of the Coast Guard Retiring Board to convene 23 April, 1947 in the case of CHANDLER, John T. (101-929) BM1c, USCG.

B. Oliver LEWIS.
Senior Surgeon,
Acting Medical Officer in Charge.

"A2"

COAST GUARD
NORFOLK DISTRICT
OFFICE SERVICES

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PE-C) WASHINGTON 25, D. C.
REFER TO FILE: CG-73
706

1947 APR 18 AM 7:51

15 April, 1947

From: Commandant
To: Captain Norman C. Manyon, USCG, President, Coast Guard Retiring Board, Fifth Coast Guard District, Norfolk Virginia

Subj: CHANDLER, John Thomas (101-929)BM1c; examination before retiring board

There are inclosed such papers from the medical record of above-named man as are considered of interest to the board. Chandler has been instructed to present himself before the retiring board of which you are president at such time and place as shall be indicated in instructions issued by you. Return inclosure (2) with report of the board in this case to Headquarters (PE-C).

W.C. CARRON
By direction

Incls
1. Copy of Headquarters letter dated 15 April, 1947 CG-73-706 (PE-C), to Chandler
2. Medical record of Chandler

"C"

3-17

Ind-2
Washington, D. C.
8 April, 1947

From: The Surgeon General, U. S. Public Health Service
To : The Commandant, U. S. Coast Guard

Returned with the recommendation that John T. Chandler (101-929) BM1c, be brought before a retiring board.

By direction.

Paul M. Stewart
PAUL M. STEWART
Rear Admiral, USPHS

CHANDLER, John Thomas (101-929)BM1c

DATE: 4-10-47
AGE: 56 Yrs. 1 Mo. 26 Das.
SERVICE: 22 Yrs. 0 Mos. 10 Das. CG
(Regular Enlistment)

ORR
WCC

10 April, 1947
APPROVED

R E Wood
Asst Chief, Office of Personnel

"1"

5/21
OE
RM

Case No. 8006

RECORD OF PROCEEDINGS

of a

COAST GUARD RETIRING BOARD

convened at

U. S. MARINE HOSPITAL, NO. 82

Norfolk, Virginia

Wednesday, 23 April, 1947
(date)

Case of

John Thomas Chandler (101-929), BM1c., U. S. Coast Guard

COURTS AND BOARDS SECTION
Received 5-15-47

Navmed—M
(1944)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Norfolk, Virginia (Name of hospital, ship, or station where survey is held) Date 28 March, 1947

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name CHANDLER, John Thomas (In full, surname first) Number 101-929 (File or service No.) Rank or rate B.M. 1/c

Born: Place Onancock, Virginia (Name of place and State or county) Date 15 February, 1888

Enlisted or appointed: Date 31 March, 1922 Place Wachapreague, Virginia

Reported for active duty, USNR: Date 1 April, 1922 Place Wachapreague, Virginia

Total service: ~~Navy~~ U.S.C.G. 24yr.11mon.27da. Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from Metomkin Lifeboat Sta., Accomac, Virginia Date 27 January, 1947

Diagnosis Degenerative joint disease, multiple, due to unknown cause, osteoarthritis, lumbo-sacral spine - 240-912 (From navy nomenclature under which carried on sick list) Key letter _____ Specialty letter _____

Summary of case history:

This patient entered the hospital complaining of pain and soreness in the back and hips. He stated that he had been troubled with this same symptom intermittantly for about ten years. Reference to his health record shows that he first complained of this symptom in 1936 and that he has frequently complained of it at intervals since that time. This pain in the low back region has become progressively worse in the past few years and especially so in recent months. Strenuous activity such as climbing make it worse. At times the patient feels fairly well, but when he is required to do heavy work or climb, his pain returns. There is some radiation of the pain down both legs. However, it is located in the back for the most part.

Physical examination revealed a slender man of frail build. He was somewhat poorly nourished and appeared underweight (weight 110 pounds; height 66 inches). Examination of the back showed limitation of motion in all directions. The site of pain on attempting these motions was sharply localized to the lumbo-sacral region. X-ray examination revealed hypertrophic lipping of the lumbar spine and arthritic changes in the articular facets of L-5 and S-1. The patient also had pyuria which responded well to sulfathiazole. Intravenous urograms failed to reveal significant kidney disease. Following eight weeks of hospitalization during wish to submit a statement in rebuttal. If discharged into his custody, he will not constitute a menance to himself or to the public and is not likely to become a public charge.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? _____ (Yes or No)

Present condition Unfit for duty Probable future duration Permanent

Recommendation: It is recommended that he be brought before a Retiring Board and that indefinite sick leave be granted until such time as the Retiring Board is convened.

Leland C Burrill George E. Gillespie

_____, U. S. N. Senior Member of Board.

Leland C. Burrill, ~~U.S.N.~~ Asst. Surgeon, USPHS. Member.

George E. Gillespie, ~~U.S.N.~~ Asst. Surgeon, USPHS. Member.

"30"

10—11583-2

Navmed—M
(1944)

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Place U. S. Marine Hospital, Norfolk, Virginia (Name of hospital, ship, or station where survey is held) Date 28 March, 1947

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

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The patient has been informed of the Board's findings and does not

ORIGIN: _____ (Is or is not) the result of his own misconduct and _____ (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? _____ (Yes or No) If "Yes," was condition aggravated by service? _____ (Yes or No)

Present condition _____ Probable future duration _____

Recommendation:

16—11583-2

_____, U. S. N. *Senior Member of Board.*

_____, U. S. N. *Member.*

_____, U. S. N. *Member.*

Navmed—M
(1944)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Norfolk, Virginia (Name of hospital, ship, or station where survey is held) Date 28 March, 1947

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Recommendation: It is recommended that he be brought before a Retiring Board and that indefinite sick leave be granted until such time as the Retiring Board is convened.

Leland C. Burrill George E. Gillespie

, U. S. N. Leland C. Burrill, U.S.N. George E. Gillespie, U.S.N.

16—11583-2 *Senior Member of Board.* Asst. Surgeon, USPHS *Member.* Asst. Surgeon, USPHS *Member.*

"3 (3)"

Navmed—M
(1944)

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The patient has been informed of the Board's findings and does not

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Existed prior to appointment or enlistment? _____ (Yes or No) If "Yes," was condition aggravated by service? _____ (Yes or No)

Present condition _____ Probable future duration _____

Recommendation:

_____, U. S. N. *Senior Member of Board.*

_____, U. S. N. *Member.*

_____, U. S. N. *Member.*

16—11583-2

HEALTH RECORD

32

CHANDLER, John Thomas 101-929 BMlc.

(Name) (Service No.) (Rating) (Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
AT HOME(CON.PHY)	La grippe	12-15-25	12-17-25	IP
ACCOMAC VA	Muscular rheumatism	1-21-28	1-26-28	IP
ACCOMAC VA	Influenza	1-23-29	1-31-29	IP
ACCOMAC VA	Urticaria	5- 1-29	5- 6-29	IP
ACCOMAC VA	Smallpox vaccination	5- 6-29		
	Typhoid inoculation		5-28-29	OP
ACCOMAC VA	Influenza	10-20-30	10-20-30	IP
ACCOMAC VA	Fracture right thumb	5- 3-32	5-23-32	OP
KELLER VA	Neuritis (intercostal); nephritis	12- 5-32		
	parenchymatous, acute		12-16-32	IP
KELLER VA	Neuritis, intercostal; pyelitis	12-21-32	1-14-33	OP
NASSAWADOX VA	Rheumatism acute	2- 7-33	2-11-33	OP
MH NORFOLK VA	Malnutrition (cause undetermined)	2-12-33	4- 1-33	IP
NASSAWADOX VA	Malnutrition (cause undetermined	4-19-33	4-25-33	OP
MH NORFOLK VA	Neurasthenia malnutrition(prob.vol)	4-25-33	9-13-33	IP
MH NORFOLK VA	Inoculation and vaccination	9- 2-33	9-30-33	OP
OCEAN CITY MD	Tuberculosis	1- 4-34	1- 8-34	OP
MH BALTIMORE MD	Malnutrition under observation	1- 8-34		
	tuberculosis		1-20-34	IP
OCEAN CITY MD	Bronchitis	3-15-34	3-15-34	OP
OCEAN CITY MD	Bronchitis	4-22-34	4-22-34	OP
OCEAN CITY MD	Bronchitis	5-31-34	6-11-34	OP
MH BALTIMORE MD	Malnutrition	6-12-34	7-12-34	IP
OCEAN CITY MD	Laryngitis with tonsillitis	10-18-34	10-22-34	OP
OCEAN CITY MD	Bronchitis	1- 6-35	1- 6-35	OP
NASSAWADOX VA	Hemmorhage slight, hemoptosis	8-14-35	8-16-35	OP
MH NORFOLK VA	Under obs. for pulmonary TB (not	8-16-35		
	confirmed) astigmatism, bilateral		8-27-35	IP
OCEAN CITY MD	Bronchitis	8-29-35	9-23-35	OP
MH NORFOLK VA	Under observation for pulmonary	3- 4-36		
	tuberculosis, changed to: no			
	disease		4-23-36	IP
AT HOME,NASSAWADOX,	Contusion over lower lumbar region	12- 7-36		
VA.	and left hip		12-11-36	IP
NASSAWADOX VA	Lumbago	6-24-38	6-24-38	OP
NASSAWADOX VA	Cyst, retention, with inflammation	8-23-38	9-13-38	OP
NASSAWADOX VA	Smallpox vaccination	9- 2-38	9- 2-38	OP
NASSAWADOX VA	Influenza	10-23-38	11- 3-38	IP
NASSAWADOX VA	Influenza; Otitis media acute,	1- 4-39		
(AT HOME)	purulent; pneumonia lobular		2- 7-39	IP
NASSAWADOX VA	Common cold	4-10-39	4-15-39	OP
NASSAWADOX VA	Neuralgia, right intercostal	11-21-39	11-29-39	IP
NASSAWADOX VA	Myalgia	5-28-40	6-13-40	IP
NASSAWADOX VA	Lumbago	10-27-44	11- 7-44	OP

"4"

HEALTH RECORD

33

CHANDLER, John Thomas | 101-929 | BM1c. |

(Name) | (Service No.) | (Rating) | (Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
NASSAWADOX VA	Lumbago	5- 9-45	5-17-45	OP
MH NORFOLK VA	Possible malignancy of lower lip	5-22-45		
	Epithelioma (carcinoma) basal cell of skin		5-23-45	IP
NASSAWADOX VA	Lumbago and arthritis (left hip)	11-10-45	12- 7-45	OP
NASSAWADOX VA	Influenza	2-21-46	2-27-46	OP
NH NORFOLK VA	Influenza, acute frontal sinusitis;acute maxillary sinusitis	2-28-46	4- 1-46	IP
MH NORFOLK VA	Osteo arthritis of spine	4-15-46	4-18-46	IP
MH NORFOLK VA	Degenerative joint disease, multiple, due to unknown cause, osteoarthritis, lumbo-sacral spine	1-27-47	3-28-47	IP
AT HOME	Sick leave	3-28-47	Remaining	IP

CERTIFIED TO BE A TRUE TRANSCRIPT
OF THE MEDICAL HISTORY IN THIS CASE.

T. LE BLANC
Lt. Commander, USCG

"5"

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2502-B

34

RECORD OF PHYSICAL EXAMINATION, U. S. COAST GUARD

FOR SPECIAL TEMPORARY ENLISTMENT

Ascomac Va. (Place) March 30 1925 (Date)

Name John Thomas Chandler Age, 34 years, 1 months.
Examined for Seaman (Rating), Standard "B" examination
Citizenship Natural born Married or single married
Have you ever had any of the following: Unconsciousness, convulsions, gonorrhea, syphilis, sore on penis, blood spitting?
State which no
Have any of your family been insane or suffered from any nervous ailment? no

Have you ever had any disease, acquired or inherited, which you have not mentioned to the examining physician? no
Have you served a previous enlistment in the Coast Guard or Navy? no
If so, for what were you discharged?
Do you have headaches? no. Have you been rejected by any service for physical reason? no
Have you been discharged from any service for physical reason? no. Are you willing to be vaccinated against smallpox and typhoid and have your dental work done at your own expense? yes

U.S.C.G. RECD APR 3 1925 RECRUITING AND ALLOTMENT

John Thomas Chandler
(Signature of applicant)

EXAMINATION

Height, 66 inches; weight, stripped, 135 pounds. General appearance Healthy

Complexion Ruddy Hair Brown Skin disease no Scars no
Glands negative Eyelids no defects
Eyes, acuity good Color vision good
Ears negative Hearing R 20/20 L 20/20 Nose negative
Teeth (2 missing in lower right jaw molars) (2 in left molars) Gums negative
Tonsils negative Goiter no
Chest well developed - no defects
Lungs normal
Heart normal
Pulse rate 74 Temperature 98 Abdomen no defects
Liver negative Spleen not found
Hernia no Varicocele no Genitalia negative
Hemorrhoids no Fistula no Spine negative
Patellar reflexes, equal, exaggerated, diminished equal
Rhombergs sign no Light reaction on pupil good
Extremities no defects

Muscular development good Gait no defects
Urine: Albumen no, sugar no, Sp. gr. 1018, reaction acid
Has he been vaccinated against smallpox in four years? no
Has he been vaccinated against typhoid in four years? no
Do you consider him mentally sound? yes
Remarks:

I certify that I have carefully examined the above applicant and believe that he is *{fit / ~~not fit~~} for duty in the Coast Guard for one year.

* Strike out one.

J. H. Ayres
Surgeon, U. S. Public Health Service.

7

Government Printing Office
2—5441

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502.—Ed. 30,000—Feb., 1924.

Tompkins Inlet Station

35

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Accomac Va — March 28-1927
(Cutter, relief station, or other place where examination was held) (Date)

STATEMENT OF APPLICANT

Name John Thomas Chandler Age 36 years 1 months.

Examined for Surfman
(State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer)

Character of examination (state whether for Standard "A" or "B") A

Nativity Native born Married or single married

Have you ever had any of the following diseases?

Spells of unconsciousness no

Convulsions no

Gonorrhea no

Sore on penis no

Have you ever raised or spat up blood? no

When were you last treated by a physician, and for what ailment? Influenza — 1925 — Prompt recovery after three days

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

no

Have you ever had any disease (inherited or acquired) which you have not mentioned to the examining physician? no

If so, explain in detail

Have you ever served a previous enlistment in the Coast Guard? yes

If so, for what were you discharged? Not discharged — re-enlisting

Have you ever been convicted of a felony, or imprisoned, under a sentence of court, in a reformatory, jail, or penitentiary? If so, give a full statement no

Do you have headaches? If so, how often? no

Have you ever been rejected, on account of physical reasons, for enlistment in the Coast Guard or other military service? no

If so, state cause:

Have you ever been discharged from the Coast Guard or other military service for physical disability? no If so, state circumstances and nature of disability

2—3850

11/6"

6/4/25 6/21/25 36

Are you willing to be vaccinated against smallpox and typhoid fever? yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

John Thomas Chandler
(Signature of applicant)

WITNESS TO SIGNATURE:

J. H. Ayres
Contract, *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Height (without shoes) 5 feet 6 inches. Weight, stripped, 138 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? ✓ Is he under weight? no

General appearance: Healthy

Complexion: Ruddy

Skin: Diseases no

Scars (give exact location, condition, and cause) no

Is there any weakness of abdominal wall, resulting from scar? no

Distinguishing marks none

Hair: Color Dark brown Thick yes Thin no Bald no

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Describe abnormalities, if any) Negative

Face: (Describe abnormalities, if any) Negative

2—3850

37
C Chandler

Eyes: (Describe abnormalities, if any) None

Eyelids: (Describe abnormalities, if any) None

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/20; left eye, 20/20; with glasses, right eye, ~; left eye, ~

Is applicant color blind? No

Were eyes tested with lantern, woolen skeins, or both? Woolen skeins

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease No Condition of drums Good

Hearing: Can applicant hear conversational speech 30 feet, with right ear Yes, left ear Yes

Can applicant hear whispered speech 15 feet, with right ear Yes, left ear Yes

Nose: Deflection of septum No Polypi No

Chronic nasal catarrh No

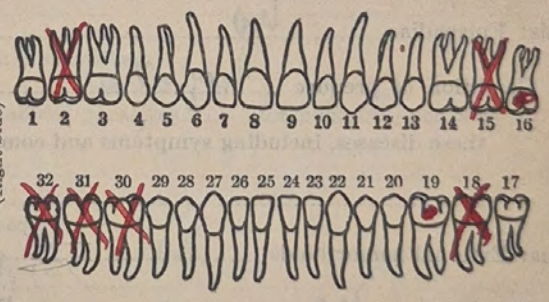
Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridge work.)

N.A. 18-2-32-31-30-17

Advised that missing teeth be replaced.

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

19-16 very small cavities



Does applicant wear a plate? No

Palate: Cleft No Perforated No Other conditions None

Fauces: Condition of tonsils Negative Does condition of tonsils interfere with speech or swallowing? No

Pharynx Negative Is applicant a mouth-breather? No

Neck: Goiter No Other conditions None

Chest: Inspection Normal Respiratory rate 17

Measurement—Inspiration 36 inches. Expiration 34 inches.

Lungs, palpation Normal

Percussion Normal

Auscultation Normal

Heart, palpation Normal

Percussion Normal

Auscultation Normal

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CERTIFICATE

To be used in case of Standard "A" examination

I certify on honor that I have carefully examined John Thomas Chandler at the request of George H Brawley, U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

* ~~That he is not fit for duty in the U. S. Coast Guard for the following reasons~~:

J H Ayres
Surgeon, U. S. Public Health Service.

Continued

CERTIFICATE

To be used in case of Standard "B" examination

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* That he is physically sound.
* That he is not fit for duty for the following reasons:
* That he is not physically sound, but is fit for duty; his physical defects are:
* That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state)

.....
Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, APR 11 1927
(Date)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant.

E. P. Clark
Assistant Chief, Division of Operations
(Title)

* Strike out the statement not applicable.

2—3850

38
Chandler

Pulse rate 70

Temperature 98

Heart, blood pressure: Systolic 124 Diastolic 70

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise normal

Abdomen: Circumference at umbilicus 30 Tenderness no

Other abnormalities none

Liver, percussion normal Palpation normal

Spleen, percussion not found Palpation not found

Inguinal rings (large or small) small Hernia no

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with ocomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions none Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce negative Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions none

Spine: Tenderness no Curvature no

Reflexes: Patellar good Pupillary—Reaction to light good

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures none

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) no

Other conditions, including evidence of old fractures, dislocations, and contractures none

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39
Chandler

Muscles: Muscular development Fairly good

Coordination of muscular movements Good

Muscles: Romberg No Joint movements Good

Defects of gait No Agility Good

Habit spasms No Chorea No

Urine (chemical examination of urine should always be made):

Color Straw Sp. gr. 1020

Albumen No Sugar No

Shreds No

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites Hæmoglobin, per cent

Other conditions

Has applicant been successfully vaccinated against smallpox within four years? Yes

Against typhoid fever within four years? Yes

Has the applicant aphasia? No

Do you consider the applicant mentally sound? Yes

Does the applicant stammer? No

Is there any evidence of excessive use of tobacco or alcohol? No

Is there any evidence of drug addiction? No

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction

2—3850

Chandler 41

APR 16 1927

U. S. PUBLIC HEALTH SERVICE, WASHINGTON ..... (Date)

RESPECTFULLY RETURNED to the Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is ..... approved.*

By direction of the Surgeon General.

C

Provided cavities are filled in teeth Nos. 16 & 19

By direction of the Surgeon General

W. W. King

W. W. King
Surgeon, USPHS

.....

..... (Title)

* State reason if finding is "not approved."

GOVERNMENT PRINTING OFFICE 2—3850

73

Third Indorsement. U. S. COAST GUARD
Metomkin Inlet Station REC'D APR 16 1927
14. April, 1927 ANS'D By

From; Officer in charge, Metomkin Inlet Station.
To; District Commander, Sixth District.

Subject; Surfman John T. Chandler, Metomkin Inlet Station.

Reference; (a) 1st Indorsement,(dated 11. April 1927)
(b) 2nd Indorsement,(dated 12. April 1927)

Inclosure; (1) Reference (a)
(2) Reference (b)
(3) Form 2502 examination of subject.

1. In compliance with reference (b) you are advised that the subject has been before the contract physitian, and he has complied with paragraph (1) of reference (a).

2. You are also informed that Surfman John T. Chandler. has agree to have the missing teeth replaced,

3. The dentist informed me that he would begin the work on the 20th April 1927.

G.H. Bromley.
G.H.Bromley.

- -

4th indorsement.
Office of the Distfict Commander,6th District.
Lewes Delaware. 15 April, 1927

From: District Commander.
To: Commandant.

1. Returned; instructions contained in first indorsement having been complied with.

John W. Hudson.
John W. Hudson,
By Direction.

ND INDORSEMENT.

Office of the District Commander, 6th District
Lewes, Delaware.
12 April, 1927

From: District Commander, Sixth District.
To: Officer in charge, Metomkin Inlet Station.

Subject: Surfman John T. Chandler, Metomkin Inlet Station.

Reference: (a) 1st Indorsement, (dated 11 April, 1927)

Inclosure: (1) Reference (a)
(2) Form 2502 examination of subject.

1. You are requseted to have the contract physician fill in the questions where indicated by red pencil check mark as noted in the first indorsement.

2. Expedite this matter; and forward by indorsement.

3. Return papers.

John W. Hudson.

John W. Hudson,
By Direction.

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 11 April, 1927.

1st Indorsement.

U. S. COAST GUARD
REC'D APR 16 1927
ANS'D By

From: Commandant.
To: Commander 6th District.
Subject: John T. Chandler, Surfman, Metonkin Inlet Station.

Inclosure: Record of Physical Examination of above-named.

1. Returned. Please have the above-named take same to the medical officer making the examination, if practicable, in order that the questions checked in red may be answered. If it is not practicable to reach the medical officer who made the examination, the record should be taken to the nearest medical officer qualified and authorized to make physical examinations for enlistment in the Coast Guard.

2. If the above-named has been transferred, forward inclosure to the commanding officer of the unit to which transferred, for compliance with paragraph 1.

3. When the record has been completed it should be returned, with this indorsement, to Coast Guard Headquarters.

4. It is requested that this matter be expedited in order that it may be ascertained whether the above-named man is to be retained in the Service.

C. P. Clark

C. P. CLARK,
By direction.

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

U. S. Marine Hospital, Norfolk, Virginia

IN REPLYING, ADDRESS THE

22 April, 1947

From: Senior Assistant Surgeon L. C. Burrill and Assistant Surgeon (R) G. E. Gillespie, U. S. Public Health Service

To: President, Coast Guard Retiring Board

Subj: CHANDLER, John Thomas (101-929) Boatswain Mate, 1/c, U. S. Coast Guard; examination of

1. We have carefully and separately examined BM1c John Thomas Chandler, U. S. Coast Guard, as to his past and present physical and mental conditions, together with the records pertaining to his case, and report as follows:

2. BM1c John Thomas Chandler is 59 years, 2 months, and 7 days old, and has been 25 years and 22 days in the U. S. Coast Guard.

3. He was admitted to the U. S. Marine Hospital, Norfolk, Virginia on January 27, 1947.

4. This patient complained of pain and soreness in the back and hips which he stated had been troubling him intermittantly for about ten years. He first complained of this symptom in 1936 and has frequently complained of it at intervals since that time. This pain in the low back region has become progressively worse in the past few years and especially so in recent months. Strenuous activity such as climbing make it worse. At times the patient feels fairly well, but when he is required to do heavy work or climb, his pain returns. There is some radiation of the pain down both legs. However, it is located in the back for the most part.

5. Physical examination of the back showed limitation of motion in all directions. The site of pain on attempting these motions was sharply localized to the lumbo-sacral region. X-ray examination revealed hypertrophic lipping of the lumbar spine and arthritic changes in the articular facets of L-5 and S-1. The patient also had pyuria which responded well to sulfathiazole. Following eight weeks of hospitalization during which time all therapeutic measures were tried, the patient showed little clinical improvement.

6. We believe BM1c John Thomas Chandler to be suffering from osteoarthritis of the lumbo-sacral spine.

7. We consider this condition to be permanent and progressive and BM1c John Thomas Chandler to be incapacitated for active service in the U. S. Coast Guard. We believe that this incapacity is a result of an incident of service and is not the result of his own misconduct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF APRIL, 1947.

Joseph R. Scullion

JOSEPH R. SCULLION,
Lieutenant Commander, US. Coast Guard,
Recorder

Leland C. Burrill

LELAND C. BURRILL, S. A. Surgeon

George E. Gillespie

GEORGE E. GILLESPIE, Asst. Surgeon (R)

"9"



INSTRUCTIONS

to be assigned upon discharge, even though the period is less than one

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters for the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include interunit transfer.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 16—9077-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PE-C) WASHINGTON 25, D. C.
REFER TO FILE: CG-73-706
AUTH: 519291

30 June, 1947

From: Commandant
To: Boatswain's Mate, first class, John Thomas Chandler (101-929),USCG

Via: Commander, Fifth Coast Guard District

Subj: Retirement; travel

1. On 23 June, 1947, the President of the United States approved the proceedings and finding of facts of the retiring board in your case. You are incapacitated for active service in the Coast Guard by reason of physical disability, your incapacity is permanent, and is the result of an incident of service.

2. In accordance with the provisions of U.S.C., title 14, Sec. 169, and U.S.C., title 5, Sec. 47a. you will be placed on the retired list on 1 July, 1947.

3. Effective 30 June, 1947, you are detached from all duties previously assigned you and will proceed to your home, completing all travel under this order within one year from that date. Selection of your permanent home may be made any time within the one year period. However, once you notify Headquarters of your arrival at your permanent home, action is final and no further designation may be made.

4. This order constitutes a permanent change of station for you from your present permanent station to your home of selection. Travel expenses incident to the execution of this order are chargeable to Headquarters allotment No. 051-20 under the authorization number indicated above.

5. The officer having custody of your pay record is hereby directed to forward it unclosed to the Commandant (FA-P) immediately after your detachment on 30 June, 1947. On detachment, you will immediately notify the Commandant (FA-P) of your mailing address and you will thereafter notify the Commandant (FA-P) of any change in that address. Your service and health records will be forwarded to the Commandant (PE-C) on the effective date of your retirement.

6. Your Commanding Officer will indorse this order to indicate place, time and date of delivery, and time and date of your detachment and departure. You will indorse this order to show place time and date of receipt; place selected by you as your permanent home after retirement, and the time and date of arrival at your permanent home.

Incls
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

BEABES:me Return to 3-12
A6322

-C HANDLER-

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.		

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICES, 5TH CG DISTRICT	101-929	BMlc

UNIT TO WHICH ASSIGNED (IF DIFFERENT)

DATE: Norfolk, Va.

05-001

3 July, 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)

7-1-47: Placed on the retired list of the USCG.

DUTY CODE NO. 18-D

AUTH: H/L (PE-C), 6-30-47 CG-73-706

F. A. MAIER
(Commanding)
By direction
dfm-

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CHANDLER, John T.		

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5TH CG DISTRICT	101-929	BMlc

UNIT (IF NOT AT USUAL STATION OR VESSEL ASSIGNED) | DATE: Norfolk, Va.

05-001 | 3 July, 1947

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)

0900, 6-30-47: Accrued annual leave terminated and detached from all duties previously assigned prior to retirement.

DUTY CODE NO. | AUTH:

18-D | H/L (PE-C), 6-30-47 CG-73-706

F. A. MAIER
(Commanding)
By direction

dfm-

Ind-1
Comdr., 5th CG District (pmp) 31 March, 1947

To: The Commandant (PM)

Subj: CHANDLER, John Thomas (101-929) MMlc; Report of Medical Survey

Forwarded, approved, the recommendation of the Board of Medical Survey concurred with. There is no disciplinary action pending.

T. A. SHANLEY

trp

...1—M
...44)

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Norfolk, Virginia Date 28 March, 1947
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name CHANDLER, John Thomas Number 101-929 Rank or rate B.M. 1/c
(In full, surname first) (File or service No.)

Born: Place Onancock, Virginia Date 15 February, 1888
(Name of place and State or county)

Enlisted or appointed: Date 31 March, 1922 Place Machaprasgus, Virginia

Reported for active duty, USNR: Date 1 April, 1922 Place Machaprasgus, Virginia

Total service: Navy 24yr.11mon.27da. Marine Corps Army

PRESENT HISTORY OF CASE

Admitted from Metomkin Lifeboat Sta., Accomac, Virginia Date 27 January, 1947

Diagnosis Degenerative joint disease, multiple, due to unknown cause, osteoarthritis, lumbo-sacral spine - 240-912 Key letter Specialty letter
(Navy or tentative; under which carried on sick list)

Summary of case history:

This patient entered the hospital complaining of pain and soreness in the back and hips. He stated that he had been troubled with this same symptom intermittantly for about ten years. Reference to his health record shows that he first complained of this symptom in 1936 and that he has frequently complained of it at intervals since that time. This pain in the low back region has become progressively worse in the past few years and especially so in recent months. Strenuous activity such as climbing make it worse. At times the patient feels fairly well, but when he is required to do heavy work or climb, his pain returns. There is some radiation of the pain down both legs. However, it is located in the back for the most part.

Physical examination revealed a slender man of frail build. He was somewhat poorly nourished and appeared underweight (weight 110 pounds; height 66 inches). Examination of the back showed limitation of motion in all directions. The site of pain on attempting these motions was sharply localized to the lumbosacral region. X-ray examination revealed hypertrophic lipping of the lumbar spine and arthritic changes in the articular facets of L-5 and S-1. The patient also had pyuria which responded well to sulfathiazole. Intravenous urograms failed to reveal significant kidney disease. Following eight weeks of hospitalization [illegible] wish to submit a statement in rebuttal. If discharged into his custody, he will not constitute a menace to himself or to the public and is not likely to become a public charge.

ORIGIN: Is not (Is or is not) the result of his own misconduct and was (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? (Yes or No)

Present condition Unfit for duty Probable future duration Permanent

Recommendation: It is recommended that he be brought before a Retiring Board and that indefinite sick leave be granted until such time as the Retiring Board is convened.

Leland C. Burrill, U. S. N. — *Senior Member of Board.*

George E. Gillespie, U. S. N. — *Member.*

Leland C. Burrill, Asst. Surgeon, USPHS.

George E. Gillespie, Asst. Surgeon, USPHS.

16—11583-2

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5th CG DISTRICT		Norfolk, Va.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-001	28 March, 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)

3-28-47: While Ah, USMH, Norfolk, Va., records picked up this office from Little Machipongo Inlet Lifeboat Station, for administrative purposes.

DUTY CODE NO. 18-D AUTH: Art 710 Regs

F. A. MAIER
By direction dcg-g-42

COPY 2599
SERVICE RECORD

UNITED STATES COAST GUARD
LITTLE MACHIPONGO INLET LB STATION
WILLIS WHARF, VA.

ADDRESS REPLY TO
CO.

AND REFER TO
File CG-73

Order No. 430-47

28 March, 1947

From: CO, Little Machipongo Inlet LB Station.
To : CHANDLER, John T. (101-929) EM1c.

Subj: Transfer, orders, for administrative purpose.

1. In accordnance with Commander Fifth Coast Guard District Order No. 430-47, you are transferred to Commander, Fifth Coast Guard District for administrative purpose while absent U.S. Marine Hospital, Norfolk, Va.,

2. No trsvel is indicated and none is authorized.

3. This order sonstitutes a permanent change of station from Metomkin Inlet LB Station to such permanent station as may be assigned if you return to duty.

4. Your service records are transferred to Commander, Fifth Coast Guard District, for adminstrative purpose.

5. This order is effective as of 1700, this date.

W. C. Thornes

W. C. THORNES.

U. S. COAST GUARD

OFFICIAL DISPATCH

UNIT LITTLE MACHIPONGO INLET LB. STATION DATE 3-28-47

INCOMING HEADING

TEXT

EFFECT 28 MARCH 1947 EFFECT THE ADMINSTRATIVE TRANSFER OF, CHANDLER JOHN T. (101-929) B.M.1c TO THIS OFFICE FOR ADMINSTRATIVE PURPOSES WHILE ABSENT U.S.M.H. NORFOLK, VA. X DROP MAN FROM ROLLS OF YOUR UNIT NO TRAVEL AUTHORIZED X FORWARD SERVICE RECKORD YO THIS OFFICE X THIS ORDER CONSTITUTES A PERMANENT CHANGE OF STATION FROM METOMKIN INLET LB. STATION TO SUCH PERMANENT STATION AS MAY BE ASSIGNED IF MAN RETURNS TO DUTY X THIS IS NORFOLK DISTRICT ORDER NO. 430-47

WCT TIME: 1700

OPERATOR'S RECORD INITIALS OF "ACTION" OFFICER

FROM

COMMANDER FIFTH COAST GUARD DISTRICT

TO (FOR ACTION)

COAST GUARD GROUP MACHIPONGO

	URGENT
	PRIORITY
X	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

"ACTION" OFFICER INITIAL AND RETURN ORIGINAL TO RADIOROOM, RETAINING COPY

16—20203-1

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
Metomkin Inlet LB. Station	Accomac, Va.	19 December, 1946

FROM (REQUESTER):	TO	VIA:
CHANDLER, John T.(101-929)BM1c.	Commander,5th C.G.District	Commanding Officer GROUP PARRAMORE

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
15		1 January, 1947			4/26/47

REASON FOR REQUEST:

Accrued leave

My address on leave will be: Wachapreague, Va.

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

JOHN T. CHANDLER
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Group Parramore Date: 21 December, 1946

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

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

Returned [ ] GRANTED [ ] NOT GRANTED (because)

W. C. Thornes
W. C. THORNES, Bos'n
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Comdr., 5th CG Dist. (oss) Date: 24 December, 1946

Forwarded [ ] APPROVED [ ] NOT APPROVED (because)

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

I. E. ESKRIDGE, Captain, USCG
Chief of Staff ~~USCGC CGC COMDT'S COMMANDING OFFICER'S~~

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

Returned [ ] GRANTED [ ] NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Metomkin Inlet LB. Station Date: 1 January, 1947

Depart ed at 1300 this date. This leave of absence will expire before 0900 17 January, 1947, at Metomkin Inlet LB. Station and is subject to the special instructions indicated on reverse hereof.

Marvin A. Tarr
MARVIN A. TARR, BM1c.
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—40220-1

[OVER]

NCO-PHS

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (101-929) B.M.1c Parramore Sta., Wachapreague, Va.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*EMERGENCY
*CONTRACT
(Contract work)

FINAL MEDICAL CERTIFICATE

Place Hog Island LB Station Willis Wharf, Va., Date 25 January, 1946

To: CO, CG STA., WACHAPREAGUE, VA.

CHANDLER, John T., 101-929, BM1c CO, Group, Parramore OinC, Hog Island LBS

(Address)

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

10 no 31 January, 1946 — 15 4-25-46

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION From	To
Annual leave. Wachapreague, Va.			
Sambago	207	Oct. 27.	Nov. 7.
	JOHN T. CHANDLER		
Hog Island LB Station	25 January, 1946		
15	20		
x			

VERNON C. STERLING
OinC xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

He {*is / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.): CO, Group, Parramore 27 January, 1946

Recieve from Duty from 10-27-44 to 11-7-44, Date to

xq JOHN T. MAPP
xxxxxxxxxxxxxx

CONDUCT REPORT:

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

Hog Island LB Station 31 January, 1946
Willis Wharf, Va., 1130
noon, 2-11-46 Willis Wharf, Va.

W. D. Phipps
R. A. S. U. S. Public Health Service

VERNON C. STERLING
OinCxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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
(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.

CHANDLER, John T. (101-929) B.M.1c
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

*REGULAR
*SPECIAL
*EMERGENCY
*RESERVE
(Enlistment status)

Place In Transit to Richmond, Va., Date Nov. 7, 19 44

To: CG, CG STA., WACHAPREAGUE, VA.
(Coast Guard unit)

(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
Lumbago	207	Oct. 27.	Nov. 7.

He {*is / *~~is~~ not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Absent from duty from 10-27-44 to 11-7-44, due to illness

CONDUCT REPORT:

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

W. J. Shriver
A A S 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

CHANDLER, John T. (Service number) (Rank or rating)
(Name, surname first)

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

~~REGULAR~~ ~~TEMPORARY~~ RESERVE (Enlistment status) Place In Transit to CG STA., WACHAPREAGUE, VIRGINIA, Date 27 October, 1944

To: Dr. W. A. STURGIS,
Nassawadox, Virginia

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 Commadning Officer, Coast Guard Station, Wachapreague, Virginia

John T Chandler
John T. Chandler
(Signature of patient)

William B Turlington
WILLIAM B. TURLINGTON
By Direction U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va, Date 27 October, 19 44

I CERTIFY that I have examined the above-named person and find him suffering from 207 Lumbago
(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 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at _____ {*hospital / *office} on 27 October, 19 44

W A Sturgis
W. A. Sturgis
Lt. (jg) 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

510

Hog Island LB Station Willis Wharf, Va. 2 January, 1946

CHANDLER, John T.,,101-929, BM1c CO, Group, Parramore OinC, Hog Island LBS

5 4 January, 1946 10 ---- 4-25-46

Annual leave.

Wachapreague, Va.

JOHN T. CHANDLER

Hog Island LB Station 2 January, 1946
20 10

x

VERNON C. STERLING
OinCxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

CO, Group, Parramore 3 January, 1946

x

JOHN T. MAPP
By directionvvvvvvvvvvvvv

Hog Island LB Station 4 January, 1946
1130
noon, 1-10-46 Willis Wharf, Va.

VERNON C. STERLING
OinC xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Hog Island LB Station Willis Wharf, Va. 3 August, 1945

CHANDLER, John T.,101-929,BM1c CO, Group, Parramore OinC, Hog Island LBS

5 7 August, 1945 5 - - - - 4-25-46

Annual leave.

Wachapreague, Va.

JOHN T. CHANDLER

Hog Island LB Station
25
3 August, 1945
10

x

ROLAND F. ANNIS
OinC xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

CO, Group, Parramore 4 August, 1945

x

JOHN T. MAPP
xxxxxxxxxxxxxx

Hog Island LB Station
1130
7 August, 1945

noon, 13 Aug., 1945 Willis Wharf, Va.

ROLAND F. ANNIS

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Unit Metomkin Inlet LB. Station

Date 23 September, 1946

From: CHANDLER, John T.(101-929)BMlc.
To: COMMANDING OFFICER, Group Parramore, Wachapreague, Va.
Via: OFFICER IN CHARGE, Metomkin Inlet Lifeboat, Station

Subject: Leave of absence.

1. I request 10 (Ten) days' leave of absence to depart 25 September, 1946
2. My reason for the above request is Annual leave

[a]3. I have had 5 days' leave of absence during my current ~~enlistment~~ during the current fiscal year.

John T Chandler
John T. Chandler, BMlc.
(Signature)

73-Metomkin Inlet LB. Station

1st Endorsement

Accomac, Va.
25, September, 1946

[a]Leave account certified correct.
Forwarded, approved.
[b]~~Forwarded, disapproved~~

Completed

Bestrel
James F. Harmon
James F. Harmon, BMlc.
Commanding—Executive Officer.

73-Group Parramore

2d Endorsement

Wachapreague, Va.
25, September, 1946

[a]~~Forwarded, approved~~
Returned, granted.
~~Returned, not granted~~ Due to return before Noon 6 October, 1946

[b]Forwarded, disapproved No extension granted unless verified by ARC.

W. C. Thornes
W. C. THORNES Bos'n
District Commander—Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date) _____

[a]1. Returned, granted.
2. Returned, not granted _____

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

_____
Commandant.

[OVER]

16—8556-1

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Unit Little Machipongo Inlet Lifesta.

Date 2 August, 1946

From: JOHN T. CHANDLER (101-929) BM1c.
To: CO Group Parramore, Wachapreague, Va.
Via: Oin Chg. Little Machipongo Inlet Lifesta.

Subject: Leave of absence.

1. I request Five (5) days' leave of absence to depart 7 August, 1946

2. My reason for the above request is Annual Leave.

3. My address will be as follows: Wachapreague Va.

---

[a]3. I have had None days' leave of absence during my current enlistment—~~during the current fiscal~~ year.

John T Chandler

John T. Chandler
(Signature)

---

73 - Little Machipongo Life Station
2 August, 1946

1st Endorsement

Willis Wharf, Va.

[a]Leave account certified correct.
Forwarded, approved.
[b]~~Forwarded, disapproved~~

Preston R. Tittermary
Preston R. Tittermary
Commanding—Executive Officer.

73- GROUP PARRAMORE
4 August, 1946

2d Endorsement

WACHAPREAGUE, VA.

[a]Forwarded, approved.
Returned, granted.
Returned, not granted Due to return before noon 13 August, 1946

[b]Forwarded, disapproved

John T. Mapp.
District Commander—Commanding.

3d Endorsement

Coast Guard Headquarters,
Washington, D. C., (Date)

[a]1. Returned, granted.
2. Returned, not granted

---

[a] Strike out phrases not applicable.
[b] State reasons for disapproval.

Commandant.

[OVER]

16—8556-1

E IN PERSONNE
T GUARD

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	PhM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-001	1 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:

OTHER CHANGES (SPECIFY)

1215, 4-1-46, reported from Ah, USMH, Norfolk, Va. (Not Misc) having been admitted that hospital from Hog Island Lifeboat Station, Willis Wharf, Va.

1230, 4-1-46, departed Al(S) 14 to expire prior noon 15 April, 1946 at DISTRICT OFFICE, Norfolk, Va., 5th CG DISTRICT.

DUTY CODE No. LXX 16-D AUTH: Art 710 Regs

D. F. SHINNEX
(Commanding)
By direction exp-4-15-87

COPY 2599
SERVICE RECORD

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(Roq Island Inlet LB. Station)
GROUP, PARRAMORE (Unit)

Wachapreague, Virginia (Place)

1 July, 1946 (Date)

FROM:
CHANDLER, John T, (101-929) B.M.1c

To: COMMANDANT (via Fifth Coast Guard 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:

Cordie R. Chandler (Full name of wife; if not married, so state) — Wachapreague, Virginia. (Address of wife)

(Full name of child; if none, so state) — (Address of child)

(Full name of child; if none, so state) — (Address of child)

(Full name of child; if none, so state) — (Address of child)

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

Virginia R. Chandler (Full name of relative) — Daughter (Relationship) — Cape Charles, Virginia. (Address of relative)

Parental (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:

Dixie Chandler (Full name of relative) — (Relationship) — Greenbush, Virginia. (Address of relative)

Parental (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

1st day of July, 19 46

JOHN T. (Signature)

Commanding Officer (Rank or title)

John T. Chandler

B. (Rate or rating)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(METOMKIN INLET LB. STATION) GROUP, PARRAMORE
(Unit)

WACHAPREAGUE, VIRGINIA
(Place)

1 January, 1947
(Date)

FROM: CHANDLER, JOHN T. (101-929) B.M.1c.

TO: COMMANDANT (via Fifth Coast Guard 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:

CORDIE R. CHANDLER — (Full name of wife; if not married, so state)
WACHAPREAGUE, VIRGINIA. — (Address of wife)

(Full name of child; if none, so state) — (Address of child)

(Full name of child; if none, so state) — (Address of child)

(Full name of child; if none, so state) — (Address of child)

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

VIRGINIA R. NOTTINGHAM — (Full name of relative)
DAUGHTER — (Relationship)
CAPE CHARLES, VIRGINIA. — (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:

DIXIE CHANDLER — (Full name of relative)
SON — (Relationship)
GREENBUSH, VIRGINIA. — (Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1st day of JANUARY, 1947

JOHN T. CHANDLER
(Signature)

W. C. THORNES
(Signature)

B.M.1c.
(Rank or rating)

Bos'n Commanding Officer
(Rank or title)

16—25758-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES ~~COAST GUARD~~
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
(05-001)		10 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:

OTHER CHANGES (SPECIFY)

1400, 9 October, 1945: Reported from Ah, USMH, Norfolk, Va.(NOT MISC), having been admitted that hospital from HOGG ISLAND LIGEBOAT STATION.

1445, 9 October, 1945: Departed AL(S)30 to expire prior noon 9 November, 1945 at USMH, Norfolk, Va.

DUTY CODE NO.
18-D

AUTH:
Art.3002(1)Regs.
~~PB 107-44~~

D. E. SPINNEY
(Commanding)
By direction
rmd-M-94

COPY 2599
SERVICE

UNITED STATES DEPARTMENT OF COMMERCE
WEATHER BUREAU
New York, New York

Regional Office No. 1 **March 15, 1945**

Commanding Officer
Hog Island Coast Guard Station
Willis Wharf, Va.
(Through District C. G. Officer)

Subject: Certificate of Authority for
John T. Chandler Bmic

Dear Sir:

The meteorological Service Test of **John T. Chandler** completed **3/10/45**, has been graded **84** %. Certificate of Authority No. **2248** has been issued and is enclosed herewith.

Grading of the test shows that further study of the references given below is essential:

The instructions on the back of the certificate should be read by the observer and the certificate signed in the appropriate place both on the front and on the back sides.

Very truly yours,

W. J. Hoxom,
Regional Director.

Encl.

AAl:Mo

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

FIFTH NAVAL DISTRICT GROUP, PARRAMORE, VA. (Unit)

Wachapreague, Va. (Place)

1 April, 1945 (Date)

FROM: CHANDLER, John T. (101-929) EM1c

TO: COMMANDANT (via DCGO, 5ND)

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:

Cordie R. Chandler (Full name of wife; if not married, so state)	Wachapreague, Va. (Address of wife)
Virginia R. Nottingham (Full name of child; if none, so state)	Cape Charles, Va. (Address of child)
Dixie T. Chandler (Full name of child; if none, so state)	Green Bush, Va. (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:

Billy R. Chandler (Full name of relative)	(Relationship)	Wachapreague, Va. (Address of relative)

(State briefly wherein dependency exists)

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

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

(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

1st day of April, 1945

JOHN T. MAPP (Signature)

CHM (Rank or title)

John T. Chandler

JOHN T. CHANDLER (Signature)

EM1c (Rank or rating)

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

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

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

REPORT OF CHANGE IN PAY STATUS

CHANDLER,	John	T.	101-929	BM 1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, PARRAMORE	Wachapreague, Virginia	19 April, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:
Completed a three year period of net service and will be credited with increased pay on the following statement of service:

Enlisted	Discharged	A.W.L.	Sick, misconduct	N. P. D. I.
4-1-25	3-31-27 H D	None	None	None
4-1-27	3-31-28 H D	None	None	None
4-1-28	3-31-29 H D	None	None	None
4-1-29	3-31-30 H D	None	None	None
4-1-30	3-31-31 H D	None	None	None

AUTHORITY:
Art 111(1) P & S I

JOHN T. MAPP
(Commanding)

Commanding Officer
(Title)

---

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

(Date) .....

(Pay officer) .....

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

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

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

REPORT OF CHANGE IN PAY STATUS

CHANDLER,	John	T.	101-929	BM 1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, PARRAMORE	Wachapreague, Virginia	19 April, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Enlisted	Discharged	A.W.L.	Sick, Misconduct	N. P. D. I.
4/1/31	3-31-32 H D	None	None	None
4-1-32	3-31-34 H D	None	None	None
4-1-34	4-24-36 H DH	None	None	None
4-25-36	4-24-39 H D	None	None	None
4-25-39	4-25-42 H D	None	None	None
4-25-42 EE	4-24-45 H D	None	None	None
4-24-45	Now serving	None	None	None

AUTHORITY:
Art 111 (1) P & S I

JOHN T. MAPP
(Commanding)

Commanding Officer
(Title)

---

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

(Date)

(Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534689

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

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

REPORT OF CHANGE IN PAY STATUS

CHANDLER,	John	T.	101-929	BM 1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, PARRAMORE,	Wauhapreague, Virginia	19 April, 1946
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Completed 21 years (creditable service) 3/31/46
Now Serving

AUTHORITY:
Art 111 (1) P & S I

JOHN T. MAPP
(Commanding)

Commanding Officer
(Title)

---

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

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE: 1943 O - 534689

CHANDLER, John T. 101-929 BMlc

GROUP, PARRAMORE, VA. Wachapreague, Va. 25 April, 1945

Enlisted (3)	4/25/39
AWL	None
Sick, misc.	None
N.P.D.I.	None
Completed (17 years)	3/31/42
EE (3)	4/25/42
Completed (18 years creditable service)	3/31/43
Now serving	

Art 111 (1) P&SI

JOHN T. MAPP, CBM, USCG

Commanding Officer

CHANDLER, John T. 1101-929 BMlc

Hog Island Lifeboat Station (05-044)
GROUP, PARRAMORE, VA. Wachapreague, Va. 25 April, 1945

Enlisted (2)	4/1/34
AWL	None
Sick, misc	None
N.P.D.I. (1)	None
Completed (eleven years)	3/31/36
RE	3/31/36
Discharge, Honorable	4/24/36
Enlisted (3)	4/25/36
AWL	None
Sick, misc.	None
N.P.D.I.	None
Completed (14 years)	3/31/39
Discharge, honorable	4/24/39

CHANDLER, John T. 101-929 EM1c

Hog Island Lifeboat Station (05-044)
GROUP, PARRAMORE, VA. Wachapreague, Va. 25 April, 1945

N.P.D.I. (1)	
Completsd (six years)	None
Discharge, Honorable	3/31/31
Enlisted (1)	3/31/31
AWL	4/1/31
Sick, misc.	None
N.P.D.I.	None
Completed (seven years)	None
Discharge, Honorable	3/31/32
Enlisted (2)	3/31/32
AWL	4/1/32
Sick, misc.	None
N.P.D.I.	None
Completed (nine years)	None
Discharge, Honorable	3/31/34
	3/31/34

CHANDLER, John T. 101-929

Hog Island Lifeboat Station (05-044) BMlc
GROUP, PARRAMORE, VA.
Wachapreague, Va.

25 April, 1945

Enlisted (1)	
AWL	4/1/28
Sick, misc.	None
N.P.D.I.	None
Completed (four years)	None
Discharge, Honorable	
Enlisted (1)	3/31/29
AWL	3/31/29
Sick, misc.	4/1/29
N.P.D.I.	None
Completed (five years)	None
Discharge, Honorable	
Enlisted (1)	3/31/30
AWL	3/31/30
Sick, misc.	4/1/30
	None
	None

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 April, 1941.

APR 14 1941

From: Commandant.
To: Commander, NORFOLK DISTRICT.

Subject: CHANDLER, John Thomas (101-929) Surfman: Statement of service of. (Broadwater Sta.)

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 11 April, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
4-1-25	3-31-27 / H D	None		None		None	
4-1-27	3-31-28 / H D	None		None		None	
4-1-28	3-31-29 / H D	None		None		None	
4-1-29	3-31-30 / H D	None		None		None	
4-1-30	3-31-31 / H D	None		None		None	
4-1-31	3-31-32 / H D	None		None		None	
4-1-32	3-31-34 / H D	None		None		None	
4-1-34	4-24-36 / H D	None		None		None	
4-25-36	4-24-39 / H D	None		None		None	
4-25-39		None		None		None	
Now serving							

THIS COPY TO BE pasted on inside cover of continuous service certificate if one has been issued. If continuous service certificate has not been issued this copy will be affixed to next discharge issued man concerned after receipt hereof.

	Yrs.	Mos.	Days
Total C. G. service	16	0	11
Navy service			
Other service			
Total	16	0	11

Completed 16 years service 31 March, 1941.

By direction:

F. E. Allison

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

CHANDLER, John T. 101-829 BMlc

GROUP, PARRAMORE, VA. Hog Island Lifeboat Station Willis Wharf, Va.

(05-044) 25 April, 1945

25 April, 1945

This date, reenlisted for a period of four (4) years at the rating of BMlc.

29 D Per. Sul. 103-44 JOHN T. MAPP

Copy 75th Service Record

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

RE ENLISTMENT[a] of CHANDLER, John Thomas (101-929) as B.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station HOG ISLAND, 5 Nav District, Willis Wharf, Va.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Willis Wharf, Va.
(Place)

1. I, John Thomas Chandler, this 25th day of April, 1945, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia, on 15 February, 1891 Citizenship[b] NB

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade U.S. COAST GUARD Home address Wachapreague, Virginia

Full name and address of the following: Cardie R. Chandler, Wachapreague, Virginia
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)
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 24 April, 1945, from ~~Cutter~~ Station Hog Island
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A 84282
(Kind of discharge)

9. I agree to and with the United States of America, represented by R. L. HAYNIE, Jr. Lt (jg) (R), United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 FOUR 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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of FOUR 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R. L. HAYNIE, Jr. Lt(jg)R, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

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.

John Thomas Chandler

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R. L. HAYNIE, Jr. Lt. (jg) USCGR
(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.

R. L. HAYNIE, Jr.

Lt. (jg) (R), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of April A. D. 19 45

R. L. HAYNIE, Jr.

Lt. (jg) USCGR
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 54 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Gr. 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.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
	Reenlisted	GROUP, PARRAMORE, VA.	
		s/ John T. Mapp	4-25-45
GROUP PARRAMORE	1-23-47	LITTLE MACHIPONGO INLET	1-23-47
		Dist. Off., 5th CGD	3-28-47
Dist. Off., 5th CGD T. A. MAIER, Lt. (jg) By Dir.	7-1-47	T. A. MAIER, Lt. (jg) By Dir.	

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

Record of CHANDLER, John Thomas 101-929
(Full name, surname to left) (Service No.)

3. EFFICIENCY MARKS.

Date	Rate	Prof. in rating.	Seamanship	Mechanical ability	Ability to lead men	Special Qualifications or Special Detail	CONDUCT.	Signature
6-30-45	B.M.1c.	3.5	3.3	3.2	3.4	GROUP, PARRAMORE, VA.	4.0	John T. Mapp CBM
9-30-45	BM 1c	3.5	3.3	3.2	3.4	GROUP, PARRAMORE.	4.0	John T. Mapp CBM
12-31-45	BM 1c	3.5	3.3	3.2	3.4	GROUP, PARRAMORE	4.0	s/ John T. Mapp CBM
3-31-46	BM 1c	3.5	3.3	3.2	3.4	GROUP, PARRAMORE	4.0	s/ John T. Mapp CBM
6-30-46	BM1c	3.5	3.3	3.2	3.4	GROUP, PARRAMORE	4.9	John T. Mapp CBM
9-30-46	BM1c	3.5	3.4	3.3	3.4	GROUP, PARRAMORE	4.0	W C. Thames Bos'n
12-31-46	BM1c	3.5	3.4	3.3	3.4	GROUP, PARRAMORE	4.0	/s/ W C. Thames Boatswain
3-28-47	Bm 1/c	3.5	3.4	3.3	3.4	LITTLE MACHIPONGO INLET	4.0	W. C. Thames Bos'n
MAR 31 1947	BM1c	LESS THAN ONE MONTH				Dist. Off., 5th CGD	4.0	F. A. MAIER, Lt. (G) By Dir.
6-30-47	BM 1/c	AL	Entire	Period		Dist. Off., 5th CGD	4.0	F. A. MAIER, Lt. (G) By Dir.
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 completeness of the marks.

4. SWIMMING QUALIFICATIONS.

Unit	Date of qualification	Signature

RECORD OF ....CHANDLER, John T. BM1c 101-929
(Full name, surname to the left) (Service number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
LC	9-1-46	60	9-24-46	10-5-46	A1	10		50					s/W. C. Thomas By
			1-2-47	1-16-47	al	15		35					s/W. C. Thomas By
			5-28-47	6-30-47	Req	34							F. A. MAIER, Lt. (jg) By Dlt.
AN-CR	7-1-47	25						26					F. A. MAIER, Lt. (jg) By Dlt.

512

RECORD OF LEAVE ACCRUED

Date of entry Service	1 April, 1924
Active service for which leave accrued	8 September, 1939
Leave earned	25
Leave taken	
Leave credit 1 July, 1940	25
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1941	55
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1942	85
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1943	115
Leave taken	
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1944	145
Leave taken	40
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1945	135
Leave taken	30
Absences	
Leave earned fiscal year	30
Leave credit 1 July, 1946	135
Leave taken	5
Leave earned fiscal year (July & August, 1946)	5
Leave accrued on 31 August, 1946	135

Leave to be credited on 1 September, 1946	60
Leave for which entitled to compensation	60
TOTAL	120

Nov 7, 1946 (date). I certify that the above statement is true and correct to the best of my knowledge.

John T. Chandler

JOHN T. CHANDLER, BM1c (sign) (101-929)

Sworn to before me this 7th day of November 1946.

Josephine B. Bagwell

Commissioned officer or notary public

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

CHANDLER, John T (Name—Surname to left) | BMlc. (Rank or rating 31 Aug. 1946) | 101-929 (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 120 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) | Cordie Rogers Chandler (Name of dependent) | Wife (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.

John T. Chandler
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Oconee, Ga.
this 7th day of November, 1946.

(SEAL)

Josephine B. Bagwell
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
Hog Island LB Sta.	4-25-45	CREDIT - REEN		30	30	s/ John T. Mapp CBM
GROUP, PARRAMORE, VA	5-15-45	5-21-45	5	25	30	John T. Mapp CBM
GROUP, APARRAMORE, VA	8-7-45	8-13-45	5	20	30	John T. Mapp CBM
GROUP, PARRAMORE	1-4-46	1-10-46	5	15	30	s/ John T. Mapp. CBM
GROUP PARRAMORE	1-31-46	2-11-45	10	5	30-	s/ John T. Mapp CBM
GROUP, PARRAMORE	CREDIT	4-25-46	--------	30	30	John T. Mapp. CBM
GROUP, PARRAMORE	8-7-46	8-13-46	5	25	30	John T. Mapp. CBM
GROUP, PARRAMORE	9-25-46	10-6-46	10	15		W. C. Harris Bos'n

2—13678

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Non-Authorized Leave While ATTACHED To This UNIT					W. C. Thomas Boatswain
Dist. Off., 5th COD		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			F. A. MAIER, Lt. (jg) By Dir.

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

Date ____, 193 Place ____ Serial No. ____

Kind of discharge ____ Authority for ____

Discharged on account of ____

Is ____ recommended for reenlistment. Rating best qualified to fill ____
(If "not", so state)

13. ON DESERTION

____, 193 ____ ____
(Date) (Unit) (Place)

2—13678

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet Station	4-20-27	Awarded Honorable Discharge Button
Wachapreague Station	5-28-32	Awarded Service Certificate No. 923
Wachapreague Station	10-20-32	Awarded Good Conduct Medal
Hog Island Station	1-20-39	Awarded one bar for good conduct medal
Hog Island Station	4-24-45	Awarded Honorable Discharge Button
		Has served outside continental United States or Alaska on Motor Lifeboat No.36372 John T. Chandler

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Hog Island LB Station	3-15-45	Awarded Certificate of Authority to Take Synoptic Observations Cert. No. 2248	s/ John T. Mapp

8. DETAILS

Ship or station	Date From—	Date To—	Duty	Signature of executive officer or District Commander
Hog Island LB Station	4-25-45	6-22-45	General	s/ John T. Mapp
GROUP, PARRAMORE, VA.	6-22-45	7-6-45	AL(s)	John T. Mapp
Hog Island LB Station	7-6-45	6-15-46	General	John T. Mapp
LITTLE MACHIPONGO	6-15-46	8-14-46	General	John T. Mapp
METOMKIN INLET	8-14-46	3-28-47	General.	W.C. Tubbs Boss

2—13678

RECORD OF CHANDLER, John Thomas 101-929
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

7-1-47, 193 Physical Disability H/L (PE-C) 6-30-47 73-706
(Date) (Cause) (Authority)

By Dir.

15. ON DEATH

, 193 ____ ____ ____
(Date) (Place) (Cause) (Place of burial

____ ____
or disposition of remains) (Disposition of effects)

Was death incident to service? ____

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

____ ____ ____
(Yrs.) (Mos.) (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ____, 193

____
Commanding Officer—District Commander.

2—13678

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

HOG ISLAND LIFEBOAT STATION (Unit) — Willis Wharf, Virginia (Place)

25 April, 1945 (Date)

FROM: CHANDLER, John Thomas (101-929) SM1c

TO: COMMANDANT (via DCSO, 5th Naval 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:

Cardie Rodgers Chandler (Full name of wife; if not married, so state)	Wachapreague, Virginia (Address of wife)
Virginia R. Nottingham (Full name of child; if none, so state)	Cape Charles, Virginia (Address of child)
Dixie T. Chandler (Full name of child; if none, so state)	Green Bush, Virginia (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:

Billy R. Chandler (Full name of relative)	(Relationship)	Wachapreague, Virginia (Address of relative)

(State briefly wherein dependency exists)

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

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

(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.

John T Chandler

Subscribed and sworn to before me this 25th day of April, 1945

JOHN T. MAPP (Signature)

CBM, USCG (Rank or title)

John T. Chandler (Signature)

SM1c (Rank or rating)

16—25758-1

Form #23
DCGO, 5ND(f)
(Tentative)

UNITED STATES COAST GUARD
POST OFFICE BOX #540
NORFOLK, 1, VIRGINIA

Name CHANDLER, John T. Service No. 101-929

Rank or Rate B.M.1-c Station Hog Island Lifesta, Willis Wharf, Va.

The essential features of National Service Life Insurance have been explained to me and I do not desire to make application at this time for the following reasons: I have additional insurance outside.

Amount of Government or National Service Life Insurance now being carried $ 3,000.00.

John T Chandler
JOHN T. CHANDLER
Signature

Witness:
Vernon C Sterling
VERNON C. STERLING
Insurance Officer

2-12-45
Date

INSTRUCTIONS:

This form must be completed and signed in duplicate by each officer and enlisted person of the U.S.Coast Guard, 5ND, REGARDLESS OF THE AMOUNT OF INSURANCE NOW IN FORCE.

In the case of an officer, both original and duplicate must be mailed to the Insurance Officer, DCGO, 5ND, P.O.Box #540, Norfolk, 1, Va.

In the case of an enlisted person, the original must be filed in the Serviceman's jacket and the duplicate only must be mailed to the Insurance Officer, DCGO, 5ND, P.O.Box #540, Norfolk, 1, Va.

See District Personnel Circular No. 2-45 for additional details.

CHANDLER, John T. 101-929 BMlc

Hog Island Lifeboat Station (05-44)
GROUP, PARRAMORE, Wachapreague, Va. 7 November, 1944

1600, 7 November, 1944 - This hour, this date reported for duty from STINGRAY POINT LIGHT STATION via UPPER CEDAR POINT LIGHT STATION for TD.

DUTY CODE NO. 29 D
DCGO 5ND/L 10-19-44 (pra) (73-531) Order No. 464-44

WILLIAM B. TURLINGTON, CBM

By direction

CB Group
Personnel

CHANDLER John T. 101-929 BM1c

UPPER CEDAR POINT
LIGHT STATION
ROUTE 3 (05-127) Owens, Va. 28 October, 1944

1900 - 25 October, 1944: Temporary duty terminated and transferred to Stingray Point Light Station, Grimstead Va for resumption of regular duty.

30-D

Art 710 Regs.

D. E. SPINNEY

By direction

mrm-e-50

COPY 2599
SERVICE RECORD

18 October 1944

UNITED STATES COAST GUARD
FIFTH NAVAL DISTRICT
POST OFFICE BOX 540
NORFOLK, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER
REFER TO FILE:

From: Stingray Point Light Station
To: Keeper Upper Cedar Point Light Station

ORIG QUAN
ACTION TO NNWA
NUM 191835
GROUP 40
BT TEXT
FOR CHANDLER JOHN.T. CHANDLER BM 1/c
101-929 PROCEED IMMEDIATELY
TO UPPER CEDAR POINT LIGHT
STATION FOR TEMPORARY DUTY
OF APPROXIMATELY FIVE DAYS
UPON COMPLETION RETURN TO
REGULAR STATION X TRAVEL
BY PRIVATE AUTOMOBILE
AUTHORIZED X TRAVEL
CHARGEABLE 0520.
BT 191835

DEPARTED THIS UNIT OCT. 19 19:45 G.C.T.

F.R. Lewis Keeper

Oct 19. 1944

arrived at Mathuis point on Oct. 20. 1944 could not get on Board of station on accont of Strom arrieved at Mathuis point at 12:30 P M 20. 1944 Got on Board of station at 1130 AM oct 21. 1944 the Boat did not come in until the 21 of oct 1944 J T Chandler

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

(pra)

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER
FIFTH NAVAL DISTRICT
REFER TO FILE:

Order No. 464-44

19 October, 1944

To: Keeper - Stingray Point Light Station

Subj: CHANDLER, John T. (101-929), BM1c; orders; transfer; travel.

1. Transfer the above-named man to the US Coast Guard Group, Parramore, Virginia, directing him to report to the Commanding Officer for assignment to duty.

2. Travel will be charged against Norfolk District Symbol No. 05-20.

3. This order constitutes a permanent change of station.

M. J. FELSEN,
By direction.

CC: Group, Parramore, Va.

CHANDLER, John T. 101-929 BMlc

STINGRAY POINT LIGHT STATION (05-148) Grimstead, Va. 25 October, 1944

1945 - 19 October, 1944: Tr to UPPER CEDAR POINT LIGHT STATION, Route 3 Owens, Va. fr temporary duty.

30-D

Art. 710 Regs.

D. E. SPINNEY

By direction

vc-m-19

COPY 2599
SERVICE REC

CHANDLER, John T. 101-929 BM1c

UPPER CEDAR POINT LIGHT STATION (05-127) Route 3 Owens, Va.

25 October, 1944

1200 - 21 October, 1944: Rptd fm STINGRAY POINT LIGHT STATION fr temporary duty.

30-D

Art. 710 Regs.

D. E. SPINNEY

By direction

vc-m-19

COPY 2599
SERVICE RECORD

From compensation of—

JOHN T. CHANDLER

PAYABLE TO—

Name Treasurer of the United States

Street and Number

Post Office Washington State D.C.

APPLICATION FOR ALLOTMENT Light Station 63

Monthly allotment in the amount of— 7.96

Seven and 96/100 (Words) ($7.96 (Figures)) Dollars.

If payable to a Bank, Business Institution, or Individual, for credit of*—

Name John T. Chandler

Reason for allotment Payment of monthly premium on Government life insurance

First payment: Month August, 19 39

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

John T. Chandler

John T. Chandler

Rank or rating Surfman., U. S. C. G.

5 August, 19 39

Approved, allotment granted.

L. T. Jones, Chief Bos'n(L)

By direction

Commanding

Dist. Comdr. Norfolk District.

Witnessed and registered 5 August, 19 39

L. T. Jones, Chief Bos'n(L)

Norfolk District

Officer in charge, Station.

Form 2528.—Revised July 1934
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.			fill in Feb		
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

FOR INFORMATION OF PAY OFFICER

(FA-AR)

CG-522

10 December, 1943

Cordie R. Chandler
Deltaville
Virginia

Subj: Allotment: CHANDLER, John T. (103-881), BMlc, 5th N.D.

Amount and month of first payment: $40.00 November 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.

16

APPLICATION FOR ISSUE OR REISSUE OF
IDENTIFICATION TAGS IDENTIFICATION CARD (N.Nav.546)

Chandler	John	T.	101-929	BM 1C	Stingray Point Light Sta
Surname	First	Initial	Ser. No.	Rank or Rate	Unit

(Print or type)

It is requested that I be (issued)(reissued) the identification item(s) checked below:

		Hair	COLOR-Eyes	Wt.	Date birth
X	IDENTIFICATION CARD (Form N.Nav.546)	Black	Blue	145	2/15/26

X IDENTIFICATION TAGS (2). In this connection, the following information, as taken from my health and service records, is furnished:
Blood type_____ Date Tetanus Imm. completed_____
Religious designation (optional)_____

I hereby certify that: (cross out ONE of the two following)

I have not previously been issued an (IDENTIFICATION CARD) (TAG)

-or-

~~I have been issued an (IDENTIFICATION CARD) (TAG) and request REISSUE due to: (loss, mutilation, change status, etc. GIVE DETAILS such as date and place of loss, etc.):~~

I understand that the possession of more than one card (form N.Nav.546) or the possession of a mutilated card or one belonging to any other than myself is a serious offense.

John T Chandler
Signature of applicant

Unit DCGO 5ND Photo Lab Date 17 October 1944

To: DCGO, 5th ND ~~(Rec'ds & Assign. Officer)~~

Forwarded, approved.

Signature of responsible officer

Date 17 Oct, 1944

Unit preparing Card or Tag
(CARD) ~~(TAG)~~ is being prepared by this facility and will be FORWARDED to unit.

By Gok

I hereby acknowledge receipt of identification CARD and/or TAG. Date 11-17-44

Signature John T Chandler

Entered on Service Record by_____

(over)

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

ENLISTMENT CONTRACT

CODED
NO. 6
MAY 12 1945
PEA-E
37

REENLISTMENT[a] of CHANDLER, John Thomas (101-929) as R.M.1c.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter / Station HOG ISLAND, 5 Nav District, Willis Wharf, Va.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Willis Wharf, Va.
(Place)

1. I, John Thomas Chandler, this 25th day of April, 1945, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia, on 15 February, 1891 Citizenship[b] NB

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade U.S. COAST GUARD Home address Wachapreague, Virginia

Full name and address of the following: Cardie R. Chandler, Wachapreague, Virginia
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 24 April, 1945, from ~~Cutter~~ Station Hog Island
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A 84282
(Kind of discharge)

9. I agree to and with the United States of America, represented by R. L. HAYNIE, Jr. Lt (jg) (R) United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 FOUR 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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of FOUR 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by R. L. HAYNIE, Jr. Lt(jg)R, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1934

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.

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By R. L. HAYNIE, Jr. Lt. (jg) USCGR
(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.

R. L. HAYNIE, Jr.

Lt. (jg) (R), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler, 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of April, A. D. 19 45

R. L. HAYNIE, Jr.

Lt. (jg) USCGR
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 54 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Gr. 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.

2—7931

ENLISTMENT CONTRACT

UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)
OF CHANGE IN PE

SURNAME. FIRST N
CHANDLER
MAJOR

NO
CODED

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, PARRAMORE, VA.	Hog Island Lifeboat Station	Willis Wharf, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-044)	25 April, 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)

25 April, 1945

This date, reenlisted for a period of four (4) years at the rating of BMlc.

DUTY CODE NO. 29 D
AUTH: Per. Bul. 103-44

John T. Mapp
JOHN T. MAPP
(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
PER-E 37	CODED NO. 6

Machine Accounting
Punched _____
Verified _____

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

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

HOG ISLAND LIFEBOAT STATION (Unit) — Willis Wharf, Virginia (Place)

25 April, 1945 (Date)

FROM: CHANDLER, John Thomas (101-929) BM1c

To: COMMANDANT (via DCGO, 5th Naval 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:

Cardie Redgers Chandler (Full name of wife; if not married, so state)	Wachapreague, Virginia (Address of wife)
Virginia R. Nottingham (Full name of child; if none, so state)	Cape Charles, Virginia (Address of child)
Dixie T. Chandler (Full name of child; if none, so state)	Green Bush, Virginia (Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED NO. 6

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:

Billy R. Chandler (Full name of relative)	(Relationship)	Wachapreague, Virginia (Address of relative)

(State briefly wherein dependency exists)

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

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

(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.

John T Chandler

Subscribed and sworn to before me this

25th day of April, 19 45

JOHN T. MAPP (Signature)

CBM, USCG (Rank or title)

John T. Chandler (Signature)

BM1c (Rank or rating)

16—25758-1

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

CHANDLER
(Surname)

John T.
(Given name-s)

Surfman
(Rank or rate)

101-929
(Service number)

INSTRUCTIONS

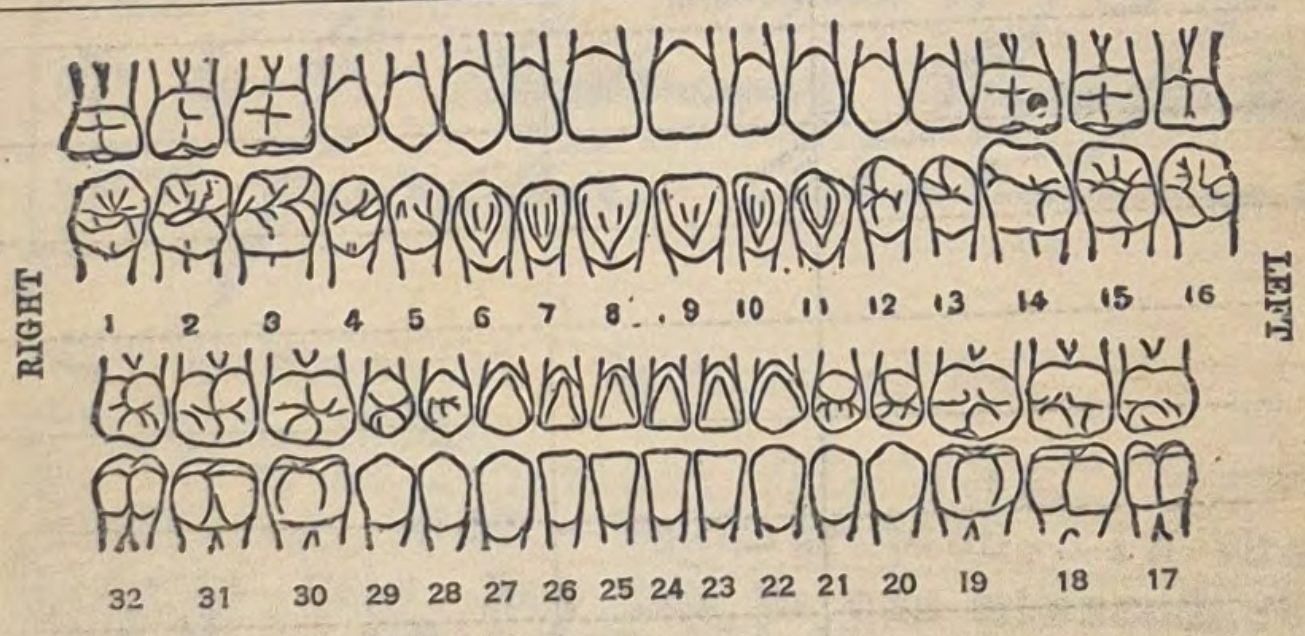
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

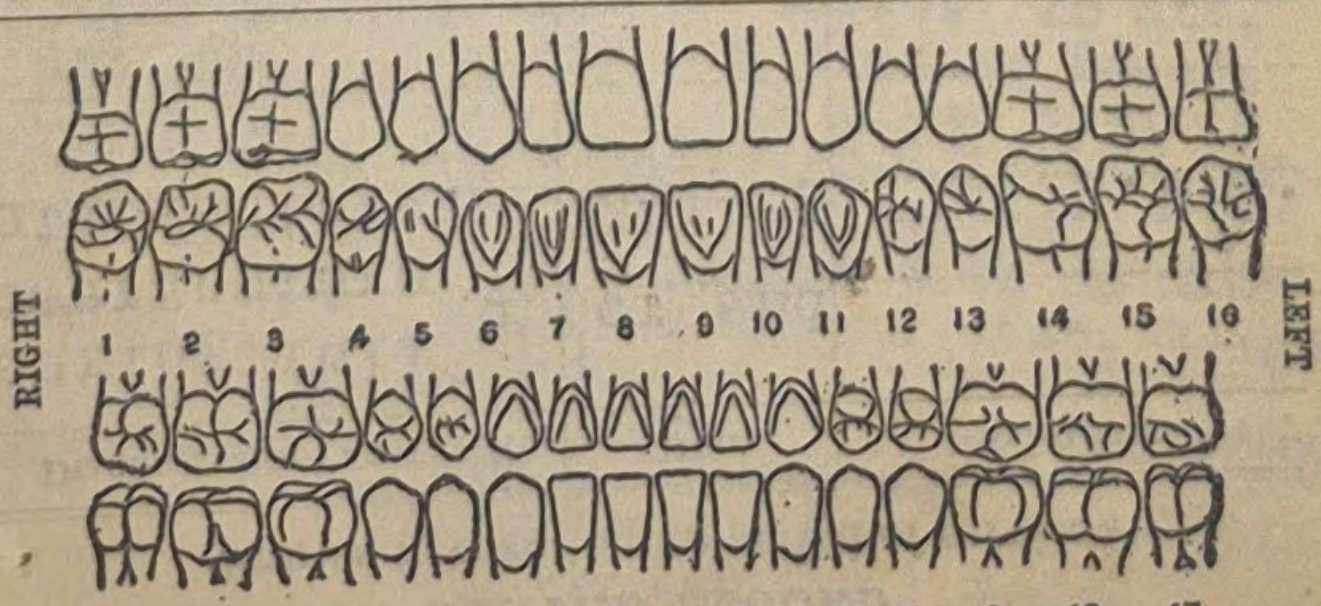
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: _____

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
Wearing full and upper and lowerdenture satisfactory.	3-4-36	R.L.R.

2—16140

U. S. GOVERNMENT PRINTING OFFICE: 1933

2—16143

U. A. ABBOTT,
P. A. Surgeon, USPHS.

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

U. S. Coast Guard

MEDICAL HISTORY

JUL 14 1934

Office of

Page 2

Surname CHANDLER Service No. 101-929

Christian name–s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Ocean City Md	March 16/34
Bronchitis	Pneumonia
Ocean City Md	March 22/34
Bronchitis	Pneumonia
Ocean City Md	May 31/34
Bronchitis	4 Visits
Transferred June 11/34	
to U. S. Marine Hospital	
for further treatment.	

Marine Hospital, Baltimore, Md.,
12 June, 1934.

Admitted as inpatient this date.
Diagnosis: 0953 - Malnutrition. In the line of duty. Not due to own misconduct.
Weight on admission 114 lbs.

6/12/34: Urinalysis - Negative. RBC 4,120,000 WBC 9,000 Hb 80%. Kahn - Neg.

Sputum examinations for TB on 6/14/34; 6/15/34; 6/16/34; 6/18/34; 6/19/34; 6/21/34; 6/22/34; 6/25/34; & 6/26/34 were all Negative.

X-Ray of Chest 6/13/34: " The lungs are clear. Heart and aorta normal in size. "

6/17/34: Basal Metabolism Test.

6/22/34: Thyroid extract given b. i. d.

6/24/34: Gaining slowly in weight. No complaints.

Continued improvement daily with no complaints.

7/12/34: Summary of case: Admitted for observation for loss of weight, TB etc. Lungs clear. No organic disease found. Had quite low BMR and was given thyroid extract which apparently stimulated appetite. Gained 12½ lbs. in hospital. A year ago gained much weight with no medication, only rest and forced diet. Weight at discharge 126½ lbs.

7/12/34: DISCHARGED THIS DATE - IMPROVED.

G. A. Abbott.

2—16143

G. A. ABBOTT,
P. A. Surgeon, USPHS.

orm 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page 2

urname Chandler Service No. ----------

hristian name-s John V.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Ocean City Md	March 15/34
Bronchitis	One week
Ocean City Md	April 22/34
Bronchitis	One week
Ocean City Md	May 31/34
Bronchitis 4 Days	
Transferred to Va. V. Norfolk	
Hospital Baltimore Md	
for further treatment.	
Ocean City Md	June 26
Bronchitis	Fifty
attack severe	
Laryngo- Pharyngo	
Tracheitis	
Catarrh	

Clinical record number 33247.
U.S. MARINE HOSPITAL, Norfolk, Virginia.
16 August, 1935:
~~Diagnosis,~~ Under observation for pulmonary tuberculosis,(Not confirmed) # 1791.
Astigmatism, bilateral. # 0156.
Not misconduct:
CHIEF COMPLAINT;
My head is always aching if I take my glasses off it relieves me..

~~FAMILY HISTORY:~~
Married, Wife living and well.

2—16143

Father age 72, living and well.
Mother dead c ause cancer uterus,

Chandler 4

4 brothers living and well;
One brother dead, age 17, cause drowned.
No familial disease history.

PAST HISTORY:
Measles, Whooping cough, Chicken pox.
Pneumonia 1919. Influenza in 1919.

HABITS:
Alcohol, Denies, One package in 3 days.
Drugs. Denies.

INJURIES: Fracture of right thumb.
No operations.

VENEREAL, Denies.

PRESENT HISTORY:
For the past several years patient has been having headaches in crown of head worse in afternoon following work in the morning, Before several years ago had occasionally sick headache but since present illness began headaches have been more often. Recently has been having 2 Or 3 headaches per week usually lasting all day long. Does not think it is caused by eyes through he thinks taking off his glasses eases his headaches, "Near sight" has been leaving him but since required glasses for sight is also leaving him.
3 weeks ago spit up blood, streaked sputum, believes came from chest, twice since then he has coughed up blood streaked sputum no trouble with throat.
has two or three dull pains in left chest at lower costal border which radrated to the sternum, Came on while lying around not made worse by eating, coughing, or taking exercise.
Complains of weakness in legs, Feels like there in no strength though he knows ther e is strength. Lost about 11 pounds in past 2 months, feels weak all over for 2 and a half years.
Seeses spots and lights before his eyes. earily in morning, and late in the afternoon and when working hard, No vomiting
Appetite fair, Bowels regular, Shortness of breath when walkes up stains.

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page 4

Surname CHANDLER Service No. 101-929

Christian name-s John T, (Surfman)

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Coughs but not every day.

G.U. No pain or burning, Married 27 years Has two children grown, Self supporting, Nothing for entertain ment, Has been in ~~The Coast Guard~~ eleven years, Has a pleasant job and likes the other employes Does not want to leave the service.

PHYSICAL EXAMINATION:

~~Patient well developed,~~ slightly under-nourished white male of about 45 years of age, Cooperative and of average intelligence, one gets the impression that he exaggerates his complaints.

Head well developed. Eyes, Pupils react to L & A equal. Slight subconjunctival right hemorrhage, Ears and Nose, Negative. ~~Pharynx injected and rough with lymph-~~ oid tissue. Neck, Thyroid not palpable. No abnormal pulsations.

Heart, Apex heart not seen, Heart not enlarged on palpation or percussion, ~~sounds distant and indestinct, No mur-~~ murs heard. Blood pressure 140/ 86/

Abdomen, soft no abnormal masses or tenderness. Genatilia, No scars, lesions. or discharge. Rectal, Prostate slight ~~enlarged, No tenderness, or nodules felt.~~ Reflexes: Activelo

SPECIAL EXAMINATIONS:

8-17-35:

~~Routine urinalysis.~~

Acid reaction, Amber color, Sp Gr.1.030/ Albumin negative, Sugar negative.

8-17-35:

Examination of feces, OVA none found.

8-19-35;

~~Examination of blood;~~

Wasserman and Kahn negative, ~~through out.~~

8-20-35:

Examination of sputum. Beg for tubercle bacilli.

Chandler 6

8-21-35:
Examination of sputum, Negative for Tubercle bacilli.
8-22-35:
Examination of sputum. Negative for T Tubercle bacilli.
8-23-35:
Examination of sputum, negative for tubercle bacilli.
8-17-35:
X-Ray of chest. Observation for T. B. Examination of the chest P-A position The apices and the costophrenic angles are clear. The trachea is in the mid-line. The cardiovascular shadows are within normal limits.
Imp: No X-Ray evidence of active lung pathology.

Patient admitted for pulmonary tuberculosis. Physical examination included X-Ray and laboratory examinations of sputum failed to show any evidence of pulmonary disease. Heart is not enlarged but aortic second sound slightly accentuated. Urine indicated no renal pathology. He complains chiefly of headaches, which are believed due to his astigmatism and he has been furnished with RF for glasses to relieve same. He is able to return to duty with recommendation that he be re-examined in six months In veiw of history.
27 August, 1935:
Discharged.
Condition. Improved.
Prognosis, Good.
Disability, None,
Fit for duty.
Treatment.
No further treatment needed at this time,

G. M. KUNKEL.
A. A. Surgeon.

APPROVED:

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

F. C. SMITH.
MEDICAL DIRECTOR IN CHARGE.

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname CHANDLER Service No. 101-929

Christian name-s John T.

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S.MARINE HOSPITAL, NORFOLK, Va.
Clinical record number 34759.
Diagnosis;
Under observation for pulmonary
~~tuberculosis,~~ # 1791.
Changed to :- No disease. # 1142.
Not due to own misconduct:

CHIEF COMPLAINT:
~~Came in for diagnosis of T.B.C.~~

FAMILY HISTORY:
See previous admittance.

~~PAST HISTORY:~~
See previous admittance.

HABITS:
See previous admittance.

INJURIES:
See previous admittance.

OPERATIONS:
~~See previous admittance.~~

VENEREAL: Denies.

PRESENT HISTORY:
~~Has had a cough for four years.~~
off and on, lately has not been
coughing much. Took cough medicine
~~last two weeks. He expectorated~~
some blood last July 1935, about
~~a cup ful, none since then. before~~
July had several hemotysis first
one was about 3 years ago.
~~First started loosing weight about~~
3 years ago, Highest weight was
~~135 pounds, lowest weight was 98~~
~~pounds about three years ago.~~
This winter has had less colds
than any he can remember.

Chandler

Has been gaining weight since last discharged from the hospital. No night sweats since then, Appetite fair, no pain in chest. No shortness of breath when setting around, shortness of breath when working.

PHYSICAL EXAMINATION:
Well developed, slightly under weight adult of about 46 years of age, 65¾ inches tall.
Weight 117 pounds.
Eyes: Negative, Pupils equal and react to L&A. normally.
Ears Nose and Throat: Negative.
Deviation of nasal septum/
Wears upper and lower dental dentures.
Chest: Asthenic type, good motion, Resonant impounded right upper. Breath sounds are of good quality, Scattered rales in right upper chest.
Heart: Not enlarged, sounds are good quanity, Tone regular, No murmurs heard. Blood pressure 120/90.
Abdomen: Flat, no tenderness or rigidity, spleen and liver not felt.
Extremities: Negative.
Genitalia: Normal male.
Reflexes: Normal.
Impression: Observation for pulmonary tuberculosis.

SPECIAL EXAMINATIONS:
3-4-36: Routine urinalysis.
Amber color. Acid reaction.
Sp Gr. 1.032. Albumin: Faint trac
Sugar: Negative.
Micro Findings: Pus cells 5-15 per field. Few epithelia.
Mucus. Bacteria.
3-4-36:
Wasserman and Kahn negative;
Cholesternized negative.

U.S. GOVERNMENT PRINTING OFFICE 16-10143

Cont next sheet

Form 2525-D—TREASURY DEPARTMENT—Coast Guard

MEDICAL HISTORY

Surname CHANDLER Service No. 101-929

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

3-5-36: Blood count.
Red corpuscles 4,950,000.
White corpuscles. 12,750.
Hemoglobin 96 %.
~~Small Lymps. 28 %. Large Lymps~~
Eosinophiles 1 %.
Neutrophiles 69 % (stabs 12 %).
Monocytes 2%.
Mild shift to the left(Sch).
~~3-5-36: Tubercle bacilli, Neg.~~
3-6-36: Positive , Few bacilli.
Seen.
3-9-36: Positive, Few bacilli
seen.
~~3-10-36: Tubercle bacilli, Neg.~~
3-11-36: Positive. Bacilli few
seen.
3-12-36: Bacilli none seen.
3-13-36: Tubercle bacilli none
~~seen, Frequent streptococci.~~
3-17-36: Tubercle bacilli, Neg.
3-24-36: Tubercle bacilli. Neg.
3-23-36: Tubercle bacilli. Neg.
3-25-36: Tubercle bacilli. Neg.
~~3-26-36: Tubercle bacilli. Neg.~~
3-27-36: Tubercle bacilli. Neg.
3-28-36: Tubercle bacilli. Neg.
4-1-36: Tubercle bacilli. Neg/
4-2-36: Tubercle bacilli. Neg.
~~4-3-36: Tubercle bacilli. Neg.~~
4-6-36: Tubercle bacilli, Neg.
4-7-36: Tubercle bacilli. Neg.
4-8-36: Tubercle bacilli. Neg.
4-9-36: Tubercle bacilli. Neg.
~~4-10-36: Tubercle bacilli. Neg.~~
4-13-36. Tubercle bacilli. Neg.
4-14-36: Tubercle bacilli. Neg.
~~4-15-36: Tubercle bacilli. Neg.~~
4-16-36: Tubercle bacilli. Neg.
~~4-17-36: Tubercle bacilli. Neg.~~
~~4-20-36: Tubercle bacilli. Neg.~~
4-21-36: Tubercle bacilli. Neg.
4-23-36: Tubercle bacilli. Neg.

4-22-36: Tubercle bacilli, Neg.
3-5-36: X-Ray of chest.
Findings: P-A film of the chest: The apices and the costo-phrenic angles are clear. Trachea is in midline. Impression: There has been no change in the X-Ray findings since the last study 8-17-35. No evidence of pathology. The difference in heart size in the two films is probably due to various time in cycle to exposures were made.
3-5--36: Sedimentation time 20 min
4-2-36: Sedimentation time 15 min.

PROGRESS NOTES:
3-4-36:
History and physical examination complete. Patient under weight does not appear very sick. Exam. shows no definite findings: To have x-ray of chest, complete blood count, Sedimentation.
3-6-36:
Patient coughs and expectories a little sputum, which is negative X-ray exam shows no evidence of tuberculosis, However sedimentation seems to indicate some activity.
3-8-36:
One positive sputum examination. Temperature normal.
3-11-36:
Had another positive sputum today.
3-13-36:
Sputum positive today, Re-Examination of lungs show no evidence of active tuberculosis,
3-18-36:
To have 24 hour conenstrated sputum specimen, sent to laboratory for guinea pig inovulation.
3-22-36:
Obtain certified specimen of sputum by having patient expectorate in laboratory in special sputum cup.

Cont next sheet

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname CHANDLER. Service No. 101-929

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

3-31-36:
Certified sputumens have been negative.

4-1-36:
Tuberculin test 1-50000 not diatinctily positive and grade or Plus ninus.

4-4-36:
Patient sputum continues to be negative, with spme doubt of the ones that were positive, More certified sputums to be examinatio

4-10-36:
Patient feels well, given pass. Patient hasno temperature.

Patient has been under observatio on for pulmonary tuberculosis as a hospital patient since March 4th 1936. He has also previously observed for tuberculosis in August 1936. and diagnosis was not confirmed. At this hospital- ization there is no clinical or other evidence to show that he has pulmonary tuberculosis. Repeated sputa examinations, X-ray examinations, blood sedimentation tests and tuberculin test are all negative. Patient has had twenty certfied sputum tests, and they were all negative.

23 rd April, 1936:
Discharged.
Condition, Recovered.
Prognosis, is good.
Disability, none fit for duty.

2—16143

Continued next page.

ony

Chandler

He is considered fit for duty and further hospitalization not indicated. No disability present. There were twenty certified negative sputum tests in the Laboratory.

G. M. KUNKEL.
P. A. Surgeon.

APPROVED:

F. C. SMITH.
MEDICAL DIRECTOR IN CHARGE.

Nassawadox, Va. Dec 7, 1936
Contusion over lower lumbar region and left hip. Had due to miscarriage. Routine treatment.
Dec. 10, 1936: Discharged to duty. Improved.
W. J. Sturgis
Asst Surgeon U.S.P.H.S.

24 June, 1938 Hog Island Sta
Broadwater, Va

Reported to me that he was suffering with pains in the back, Sent him to a Surgeon W. J. Sturgis this date

Harry V Merritt
Officer in Charge
actg.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form 2525-D—TREASURY DEPARTMENT—Coast Guard

MEDICAL HISTORY

Surname CHANDLER Service No. 101929

Christian name–s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Nassawadox, Va 24 June, 1938
Lumbago.
Not due to misconduct
Treatment: Salicylates
Remained on duty
W. D. Stuart
Asst Surgeon USPHS.

Nassawadox, Va 23 August 1938
Inflammation of a
Retention Cyst.
Aug 31, 1938: Incision,
Contents removed & packed
with a strip of Gauze.
Wound dressed Sept. 2
4, 7, 10, & 13,
Sept 13, 1938: Wound
practically healed.
Remained on duty.
W. D. Stuart
Asst Surgeon USPHS

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

23 October, 1938

11:30 A.M. this date, Suffering with a Cold, Reported for Medical treatment from U.S. Surgeon W. J. Sturgis

Harry W. Merritt.

Narragansett, R.I. 23 October, 1938

Influenza, A. Severe type.
Not due to misconduct.
Treatment: Confinement to bed, large quantities of fluid, acetylsalicylic acid, Codein Coughs syrup, Etc.
Nose sprayed & Chlorstine inhaled.
Nov. 3, 1938: To duty.
Very much improved
W. J. Sturgis
Passed Asst Surgeon U.S.P.H.S.

Broadwater, Va. 4 JANUARY, 1939

Complaining with head and ear hurting sent to W.J.Sturgis, A.A.Surgeon for medical treatment.

Harry W. Merritt
HARRY W. MERRITT
ACTING

Charles

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname CHANDLER Service No. 101-929

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Nassawadox, Va Jan. 4, 1939
Influenza, otitis
media, acute purulent
& ruptured drum
(spontaneously).
Pneumonia, lobular
following influenza
not due to Pneumococcus.
Patient was too sick
to be transferred to
hospital so was
treated at home.
Treatment: Ear
syringed & sterile
Dakin solution.
Sulfonilamide &
Sodium bicarbonate;
Stimulants. Etc.
Feb. 7, 1939: To duty.
Practically well.
D. Stiles
Surgeon U.S.P.H.S.
10 April, 1939 suffering
with a cold sent to A.G.
Surgeon for Medical Treatment
Claud V. Merrell.

Nassawadox Va. 10 April 1939

Common Cold.

Not due to misconduct.

Routine treatment.

Returned to duty

W. J. Sturgis

Asst Surgeon U.S.P.H.S.

Broadwater, Va. 21 Nov. 1939.

Patient complained with

soreness in right side, and

sent to Dr W. J. Sturgis

for treatment.

W. J. Matthews.

Surgeon in Charge

Nassawadox, Va. Nov. 21, 1939

Neuralgia, right intercostal

Not due to Misconduct

Routine treatment.

Returned to duty

W. J. Sturgis

Asst Surgeon, U S P H S

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname Chandler Service No. 101-929

Christian name–s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Nashworks, Ia. May 28, 1940
Myalgia, mm lower back
+ right hip. Not due to
mis conduct. Patient remained
in bed until May 31, 1940
Pain became worse + he
was given rest in bed,
beginning May 31. 5P.
Diagnosis: Hot applications,
Infra red lamp. Acetyl-
salicylic acid, Sodium
salicylate
June 13, 1940: To duty:
Complains only of slight
pain.

W. J. Sturgis
Asst. Surgeon U.S.P.H.S.

Chandler Page 18

Broadwater Sta.

6/13/40.

absent from duty from 5/31/40
to 6/13/40 Sick at home by
auth. A.A. Surgeon W.J. Sturgis
Nassawadox Va.

William D Matthews
Officer in Charge.

Nassawadox, Va 27 October, 1944
Lumbago. Treatment 6
Services:
Treatment: Acetylsalicylic
acid & Sodium
Salicylate.
Nov. 7, 1944: No duty.
W J Sturgis
A Surgeon, U.S.P.H.S.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form NCG-2525D

MEDICAL HISTORY

Page 19

Surname Chandler 101- Service No. 9 2 9

Christian name–s John T

STATE	NAME OF PLACE	DATE EACH NEW ENTRY

Nassawadox, Va. 21 May 1945

Lesion on lower lip which is suspicious of malignancy. Incident to service. Transferred to The U.S. Marine Hospital, Norfolk, Va. for treatment

W. J. Stuart
Asst Surgeon, U.S.P.H.S.

Form NCG-2525D

MEDICAL HISTORY

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Surname Chandler 101 - Service No. 929

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Nassawadox, Va. 9 May 1945
207 Lumbago.
Incident to Service.
Treatment: Acetylsalicylic
acid & Sodium
salicylate.
Remained on duty.
W. J. Stuart
A.A. Surgeon, U.S.P.H.S.

Nassawadox, Va. 1 June 1946
Osteo Arthritis of
Spine 240-912
Incident to Service
Treatment: Acetylsalicylic
acid, Sodium
salicylate, Aspirin
& Codeine
Remained on duty
W. J. Stuart
A.A. Surgeon U.S.P.H.S.

16—25658-1

C Chandler

Nassawadox, Va 19 October 1946

Received authority & Home
Incident to service
Treatment: Schedules -
Sodium acid & Tums
Remained on duty

W Chandler
Address USDHS

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

Form NCG-2525D

MEDICAL HISTORY

Surname CHANDLER Service No. 101-929

Christian name-s John T. BM/c

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U. S. MARINE HOSPITAL
NORFOLK, VA.
~~DATE ADMITTED:~~ 5-22-45
TIME ADMITTED: 1355

DIAGNOSIS: Epidermoid Carcinoma of the lower lip 027-881

VENEREAL: Denied

CHIEF COMPLAINT: "Pain in left hip and buttocks".

PRESENT DISEASE: Have had this pain off and on for 5 years, lasts 2-3 weeks when it comes upon him, when it happens it forces knees up, the head is thrown back. Pain occasionally runs down back and thighs. Severe pain on coughing and sneezing during an attack.

EXAMINATION: There is a lesion about 26M in length on lower lip, right side, somwehat tender, not indurated. Tender and enlarted gland om left upper portion of neck. Remainder of physical examination unremarkable.

LABORATORY: Urine: Negative 5-23-45
Kahn and Eagle: Negative 5-25-45

Hgb. 15.8 grams, white corpuscles 16300

SUMMARY: Two weeks sick leave recommended. To outpatient in one week. Biosy of lower lip performed 5-28-45. Also had cauterization of lower lip on 5-28-45. Given routine care and made an uneventful recovery.

Chandler Page 23

HOSPITALIZED: 29 days

DISCHARGED: 6-21-45

Ralph E. Porter

RALPH E. PORTER, Medical Director
Medical Officer In Charge

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

Form NCG-2525D

MEDICAL HISTORY

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Surname Chandler, J. G. 101-9.2.7 Service No.

Christian name-s John G.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Nassawadox, Va	10 November 1944

Lumbago and arthritis, left hip. Incident to service. Treatment: Infra red rays, acetyl-salicylic acid, Sodium salicylate Tr. ss & Cod liver oil. Dec. 7, 1945: 90 daily. Improved. Further treatment is needed.

W. J. Sturges
Asst Surgeon U.S.P.H.S.

16—25658-1

Form NCG-2525D

MEDICAL HISTORY

Surname Chandler 101-6227 Service No.

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Nassawadox, Va.	21 February 1946

Influenza. Incident to service. Patient has been confined to bed at his home since Feb 21, 1946. Feb. 28, 1946. Transferred to the U.S. Marine Hospital Norfolk, Va.; for further treatment

Asst Surgeon U.S.P.H.S.

16—25653-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname CHANDLER Service No. HM1c 101-929

Christian name-s John T.

STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. MARINE HOSPITAL
NORFOLK, VIRGINIA
DATE ADMITTED: 2-28-46
TIME ADMITTED: at 1040

DIAGNOSIS: Influenza, 010-168; acute frontal sinusitis; 322-100; acute maxillary sinusitis, 321-100
NOT DUE TO OWN MISCONDUCT.

VENEREAL: Denies

CHIEF COMPLAINT: Run down, ache all over, bad cold.

PRESENT DISEASE: Onset of present illness was one month ago with ache (frontal and rt. maxillary region); Stuffy nose; cough; sore throat.

EXAMINATION: Nose & throat inflamed.
Epigastric tenderness to deep palpation
Remainder of examination, unremarkable.

LABORATORY:
Urine, neg. 2-28-46
Kahn & Eagle, neg. 2-28-46
Hgb. 13.7
White Corpuscles, 10,000

SUMMARY: Pt was admitted to this hospital with the above diagnoses. Has had diathermices to sinus areas. Temperature is normal now. He is being discharged this date condition improved, but he will not be fit for duty for 2 weeks. 2 weeks sick leave recommended and to report to this hospital on 15 April for checkup.

HOSPITALIZED: 34 days

Chauder 27

DISCHARGED: 4-1-46

Ralph E. Porter

RALPH E. PORTER, Medical Director
Medical Officer In Charge.

Form NAVCG-2525D

MEDICAL HISTORY

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Surname CHANDLER Service No. 101-929

Christian name-s John T.

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. MARINE HOSPITAL
NORFOLK, VIRGINIA
DATE ADMITTED: 4-15-46
TIME ADMITTED: 1345

DIAGNOSIS: Osteo Arthritis of Spine
240-912
NOT DUE TO OWN MISCONDUCT

VENEREAL: Denies

CHIEF COMPLAINT: "Rundown, ache all over,

PRESENT DISEASE: Osteo Arthritis of spine.

EXAMINATION: Osteo Arthrits of Spine. Physical examination is otherwise unremarkable.

LABORATORY: Urine, Neg. 4-16-46
Kahn and Eagle, Neg. 4-16-46
Hgb. 14.4 WBC 12,300 4-16-46

SUMMARY: Pt. was admitted for eye refraction and osteo arthritis of spine. Eye Refration;: OD/ 0.50-/0.50 x180-20/20; 05./0.25-/0.75x180-20/20 Near Add /2.50-14/14. Patient has been given routine treatment and has made an uneventful recovery. He is being discharged this date with the above diagnosis and recommendation of fit for duty.

HOSPITALIZED: 3 days.
DISCHARGED: 4-18-46

Ralph E. Porter, Medical Director
Medical Officer In Charge.

Ralph E. Porter

16—25958-2

Form NCG-2525D

MEDICAL HISTORY

Page 29

Surname Chandler, Service No. IOI-929

Christian name-s John T.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Nassawadox, Va. I January, I947

Diagnosis: Osteo Arthritis of lumbosacral region.

Incident to service.

Chief Complaint: He has been complaining of pain over the lumbosacral region since October I9, I946, and has made a number of visits to my office.

Treatment: Acetylsalicylic acid, Sodium Salicylate, coliver oil, tonics, vitamins and Infra-red rays. W. J. Sturgis

W.J.Sturgis

A.A.Surgeon, USPHS.,

Nassawadox, Va. 27 January, I947

Transferred to U.S.Marine Hospital, Norfolk, Virginia, for further treatment. W J Sturgis

W.J.Sturgis

16—25658-1

Form NAVCG-2525D

MEDICAL HISTORY

Page 30

Surname CHANDLER, Service No. 101-929

Christian name-s John Thomas.

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. MARINE HOSPITAL
Norfolk, Va.
~~Date Admitted: 1-27-47~~

Diagnosis: Degenerative joint Disease Multiplet due to unknown cause, Osteo-Arthritis, Lumbo-Sacral Spine. 240-912

Not due to own misconduct. Incident to Serivce.

"REPORT OF MEDICAL SURVEY.": This patient entered the hospital complaining of pain and soreness in the back and hips. He stated that he had been troubled with this same symptom intermittantly for about ten years. Reference to his health record shows that he first complained of this symptom in 1936 and that he has frequently complained of gressively worse in the past few years and especially so in recent months. Strenuous activity such as climbing make it worse. At times the patient feels fairly well, but when he is required to do heavy work or climb, his pain returns. There is some radiation of the pain down both legs. However, it is located in the back for the most part.

Physical examination revealed a slender man of frail build. He was somewhat poorly nourished and appeared underweight (weight 110 pounds; height 66 inches.). Examination of the back showed limitation of motion in all directions. The site of pain on attempting these motions was sharply localized to the lumbo-sacral region. X-ray examination revealed hypertrophic lipping of the lumbar spine and arthritic changes in the articular facets of L-5 and S-1. The patient also had pyuria

J. C Chandler Page 21

which responded well to sulfathiazole. Intravenous urograms failed to reveal significant kidney disease. Following eight weeks of hospitalization during ~~which time all therapeutic measures have~~ been tried, the patient has shown little clinical improvement.

The patient has been informed of the Board's findings and does not wish to ~~submit a statement in rebuttal.~~ If discharged into his custody, he will not constitute a menance to himself or to the public and is not likely to become a public charge.

~~DISCHARGED:~~ ~~3-28-47~~

HOSPITALIZED: 61 days

~~RECOMMENDATIONS:~~ That he be brought before a Retiring Board and that indefinite sick leave be granted until ~~such time as the Retiring Board is con-~~ vened.

Ralph E. Porter

~~Ralph E. PORTER, Medical Director~~
Medical Officer-in-charge

16—25658-1

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name CHANDLER, John T.
(Surname first)

Rank or rating Surfman Service number 101-929

SMALLPOX VACCINATION

Number of prior scars ~~two~~ one

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
9/2/33	Taken from service record		
9/2/38	W J Sturges	F	W. J. Sturges

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
9/30/33	Taken from service record.		

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Exempted over 45 years of age. See Service Record.

W. J. Sturges
(Signature of medical officer)

2—16142

Form No. 2525E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name CHANDLER, John T.

Rating ..... Service Number 101-929

Place ..... Date .....

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

.....

.....

.....

Other defects noted .....

.....

.....

In my opinion those numbered ..... are incident of service.

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

To be Filled In Only When Physical Examination is Required by Article 154 (1) Regulations.

.....
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

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

That I have the following defect(s) .....

.....

.....

.....

To be Filled In Only When Physical Examination is Required by Article 154 (1) Regulations

.....

.....
Asst or Acting, U.S. Coast Guard.

Service terminated .....
(Date)

At .....
(Place)

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

.....

....., Custodial Officer.
(Rank)

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
NORTH BEACH Station	1-26-34	
Sixth District.		
Received at District		
Office.	1-6-34	
USMH-Norfolk, Virginia.	8-16-35	8-27-35
NORTH BEACH STATION	8-27-35	3-4-36
USMH-Norfolk, Virginia	3-4-36	4-23-36
North Beach	4-24-36	4-18-38
Hog I sland Station	4-18-38	[illegible]
Group, Parramore	11-7-44	
USMH, Norfolk, Va.	5-22-45	6-21-45
USMH, Norfolk, Va.	2-28-46	4-1-46
USMH, Norfolk, Va.	4-15-46	4-18-46
USMH, Norfolk, Va.	1-27-47	3-28-47

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16144

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

(Stingray Point Light Station)
FIFTH NAVAL DISTRICT
U.S.C.G. _____
Deltaville, Virginia
_____
24 April, 1942. (Place)
_____
(Date)

Pursuant to the act of January 30, 1937 (50 Stat. 547) John Thomas Chandler 101-929 regulations prescribed thereunder, I, _____ (Name of Applicant) _____ (Service No.), _____ (Rating), having, on 25 April, 1939 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of _____ year _____ from the date of expiration thereof, subject to all the provisions of said contract of enlistment in accordance with ALCOAST 83, 1941 and ALCOAST 2, 1942. My reason for making this agreement is _____

John Thomas Chandler

NAVSANDA-F3/679K 10-45

AUTHORIZATION FOR MUSTERING OUT PAYMENT

Serial Number 100 00

1. CHANDLER (Surname) John (First Name) T (Initial) 101-929 (File or Service No.) BMlc USCG (Rank or Rating & Branch of Service)

_____ (Number) _____ (Street)

_____ (City) (Zone) (State)

2. Honorable (Character of Discharge) 24 April 1945 (Date of Discharge or Release from Active Duty)

3. Statement of Service: Indicate which is applicable
( ) Less than 60 days active service
(X) 60 days or more active service within continental limits of U.S.
( ) 60 days or more active service with service outside continental limits of U.S. or in Alaska

"Entitlement to lump sum payment"

Certified correct as to the information contained hereon and that the veteran was discharged or released from active duty under conditions entitled the veteran to M. O. P.

M. K. HUTCHINSON
Lieutenant, USCG
Enlisted Assignments Division

FEB 12 1946

MUSTERING OUT PAYMENT DIV. DATA

Acct. No.

FBR-P

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

(Stingray Point Light Station)
FIFTH NAVAL DISTRICT

U.S.C.G. Deltaville, Virginia

24 April, 1942. (Place)

(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and regulations prescribed thereunder, I, John Thomas Chandler, 103-929, 3rd Class, having, on

(Name of Applicant) (Service No.) (Rating)

25 April, 1939, enlisted in the U. S. Coast Guard under a contract of enlistment for a

(Date)

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 in accordance with the Act of June 23, 1941 and subject to the provisions of the Act of August 27, 1941. My reason for making this agreement is

John Thomas Chandler

John Thomas Chandler

(Signature of applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24 day of April, A.D., 19

C. J. SULLIVAN, Lieut.Comdr.

(Signature of Commanding Officer)

U.S.C.G. FIFTH NAVAL DISTRICT Norfolk, Va. 24 April,

(Date)

(Place)

APPROVED C. J. SULLIVAN, Lieut.Comdr.

(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.

(Date)

Physically qualified for extension.

(Chief Medical Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.

(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.

(Chief, Enlisted Personnel Section)

Returned. The application for extension is disapproved.

(Chief, Enlisted Personnel Section)

cate will become first page of service record. See Art. 4261 P. I.)

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

Re- ENLISTMENT[a] of CHANDLER, John Thomas. (101-929) as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station HOG ISLAND, SIXTH District, Broadwater, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Broadwater, Virginia.
(Place)

1. I, John Thomas Chandler, this 25 day of April, 19 39, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia, on 15 February, 891 Citizenship[b] NB.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman, U.S.Coast Guard. Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R.Chandler, Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 24 April, 39, from ~~Cutter~~ Station Hog Island with Honorable discharge, herewith submitted, serial No. A-56698
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by William G.Matthews, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 tem-

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

Re- ENLISTMENT[a] of CHANDLER, John Thomas. (101-929) as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station HOG ISLAND, SIXTH District, Broadwater, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Broadwater, Virginia.
(Place)

1. I, John Thomas Chandler, this 25 day of April, 19 39, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia, on 15 February 891 Citizenship[b] NB.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman, U.S.Coast Guard. Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R.Chandler, Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 24 April, 19 39, from ~~Cutter~~ Station Hog Island
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-56698
(Kind of discharge)

9. I agree to and with the United States of America, represented by William C.Matthews, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by William C.Matthews, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

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.

John Thomas Chandler
JOHN THOMAS CHANDLER
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By William S Matthews
WILLIAM S. MATTHEWS, C.B.M.(L).
(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.

William S Matthews.
WILLIAM S. MATTHEWS,
C.B.M.(L)., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

Subscribed and sworn to before me this 25th. day of April, A. D. 39.

G. A. Mister
C.A.Mister,
Ch.Boa'n (L).
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 48 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Dark 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.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF CHANDLER, John Thomas 101-929
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
~~NORFOLK DISTRICT~~	~~3-1-41~~	~~STINGRAY LB. STATION~~	~~3-1-41~~
~~Stingary Pt Light Station~~	~~10-26-44~~	~~CG Group Parramore Sta~~	~~11-7-44~~
	4-24-45	Discharged with Honorable Discharge by reason of expiration of enlistment and extension thereof. s/ John T. Mapp.	
CG STA, Willis Wharf, Va.	1-6-43	DCGO, 5ND, NorVa.	1-6-43
DCGO, 5ND, NorVa.	1-6-43	NEWPORT NEWS M G LT STA, Newport News, Va. (DCGO 5ND)	1-7-43
NEWPORT NEWS MG LT STA, Newport News, Va. (DCGO 5ND)	8-21-43	STINGRAY PT LT STA, Grimstead, Va. (DCGO 5ND)	8-22-43
STINGRAY PT LT STA, Grimstead, Va. (DCGO 5ND)	10-26-44	CG Group, Parramore, Va.	11-7-44

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
Stingray Point Lt. Sta.	CR. B.M.1c. Auth: Per.Bul 35-41	8-1-41 s/ [illegible]

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RECORD OF CHANDLER, John Thomas 101-929

(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	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-39	3.2	4.0	4.0	3.0	4.0	Hog Island Station	
9-30-39	3.2	4.0	4.0	2.5	4.0	Hog Island Station	
12-31-39	3.2	4.0	4.0	3.0	3.9	Hog Island Station	
3-31-40	3.2	4.0	4.0	3.0	4.0	Hog Island Station	
6-30-40	3.2	4.0	4.0	3.0	3.5	Hog Island Station	
9-30-40	3.2	4.0	4.0	3.0	3.5	Hog Island Unit	
12/31/40	3.2	4.0	4.0	3.0	3.9	Broadwater Station	
	LESS THAN ONE MONTH					Broadwater	
3-31-41	3.2	4.0	4.0	3.0	4.0	BROAD WATER STA NORFOLK DISTRICT WILLIS WHARF, VA.	s/
		Personnel Bulletin 22-41					
			S.ship		M.A.		
6-30-41	3.2	4.0	3.0	3.0		BROADWATER STA NORFOLK DISTRICT	s/
9-30-41	3.2	4.0	3.0	3.0		BROADWATER STA Willis wharf, Va NORFOLK DISTRICT	s/
12-31-41	3.2	4.0	3.0	3.0		BROADWATER STA Willis wharf, Va NORFOLK DISTRICT	s/
3-31-42	3.2	4.0	3.0	3.0		DCGO 5th ND, CG STA Willis wharf, Va	s/
6-30-42	3.2	4.0	3.0	3.0		DCGO 5th ND, CG STA Willis wharf, Va	s/
9-30-42	3.2	4.0	3.0	3.0		DCGO 5th ND, CG STA Willis wharf, Va	
12-31-42	3.2	4.0	3.0	3.0		DCGO 5th ND, CG STA Willis wharf, Va	
* 3-31-43	3.2	4.0	3.0	3.0		NEWPORT NEWS CG LT STA DCGO 5th ND (DCGO5ND)	
* 6-30-43	3.2	4.0	3.0	3.0		NEWPORT NEWS CG LT STA DCGO 5th ND (DCGO5ND)	
SEP 30 1943	3.5	4.0	3.5	3.5		STINGRAY PT LT STA (DCGO5ND)	
DEC 31 1943	3.6	4.0	3.2	3.6	3.2	STINGRAY PT LT STA (DCGO5ND)	
MAR 31 1944	3.5	4.0	3.3	3.3		Stingray Point Light Station (DCGO5ND)	
6-30-44	3.5	4.0	3.3	3.4		Stingray Point Light Station (DCGO5ND)	
9-30-44	3.5	4.0	3.3	3.4		Stingray Pt Light Sta (DCGO5ND)	
10-26-44						Stingray Pt. Light Sta (DCGO5ND)	
AVERAGES		LESS THAN ONE MONTH					

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 20 July, 1925, Wachapreague C.G. Station

(Date and place)

2—13678

Record of CHANDLER, John T. 101-929
(Full name, surname to left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Prof. in rating.	Seaman-ship	Mechanical ability.	Ability leader men	Special Qualifications or Special Detail	Conduct	Signature
12-31-44	BM1c.	3.5	3.3	3.2	3.4	GROUP, PARRAMORE, VA.	4.0	John T. Mapp
3-31-45	BM1c.	3.5	3.3	3.2	3.4	GROUP, PARRAMORE, VA.	4.0	John T. Mapp
4-24-45	BM1c.	3.5	3.3	3.2	3.4	GROUP, PARRAMORE, VA.	4.0	John T. Mapp
* 1-6-43	BM1C	3.5	3.3	3.2	3.4	CG STA, Willis Wharf, Va.	4.0	John T. Mapp
* 1-6-43	BM1C	LESS THAN ONE MONTH				DCGO SND	4.0	
		3.29	3.15	3.2	3.12			
Average		3.29	3.15	3.2	3.12		4.0	John T. Mapp

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

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet Station	4-20-27	Awarded honorable discharge button.
Waccapreague Station	5-28-32	Awarded service certificate No. 933.
Wachapreague Station	10-20-32	Awarded Good Conduct medal.
Hog Island Station	1-20-39	Awarded one bar for good conduct medal.

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

8. DETAILS

Ship or station	Date From—	Date To—	Duty	Signature of executive officer or District Commander
HOG ISLAND LB STA, Va.	4-25-39	1-6-43	General	John T. Mapp.
* Hog Island LB Station	11-7-44	4-24-45	General	s/ John T. Mapp.
WICOMICO LT STA (DCGO 5ND)	1-15-41	3-1-41	ptd	
STINGRAY PT LT STA(DCGO 5ND)	3-1-41	5-1-42	ptd	
PAGES ROCK LT STA(DCGO 5ND)	5-14-42	8-19-42	ptd	
WASHINGTON LT HOUSE DEPOT, Washington, N.C. (DCGO 5ND)	9-5-42	9-19-42	ptd	
DCGO, 5ND, NorVa.	9-22-42	9-22-42	ptd	
OLD PLANTATION FLATS LT STA (DCGO 5ND)	9-22-42	10-26-42	ptd	
DCGO, 5ND, NorVa.	11-5-42	11-5-42	ptd	
DEEP WATER SHOAL LT STA (DCGO 5ND)	11-5-42	12-20-42	ptd	
DCGO, 5ND, NorVa.	12-21-42	12-22-42	ptd	
NEWPORT NEWS MIDDLE GROUND LT STA (DCGO 5ND)	1-7-43	6-1-43	ptd	
UPPER CEDAR PT LT STA (DCGO 5ND)	10-21-44	10-25-44	ptd	
* Hog Island LB Station	10-26-44	11-7-44	Al(s)	John T. Mapp

2—13678

RECORD OF CHANDLER, John Thomas 101-929
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
Hog Island Station	4-25-39		XX	30	10	
Hog Island S tation.	6/10/39.	6/14/39	03	27	10	
Hog Island Sta.	12-12-39.	12-23-39.	10	17	10	
HOG ISLAND STA	12-29-39	1-2-40	03	14	10	
Hog Island Station	2/8/40 -	2/14/40	05	09	10	
Hog Island Station	3/29/40	4/8/40	09	00	10	
HOG ISLAND STATION	4/25/40		--	30	10	
Hog Island Station	11-5-40	11-16-40	10	20	10	
Group, Parramore	Credit 4-25-44			30	30	
GROUP, PARRAMORE, VA	12/29/44	1/9/45	10	20	30	
GROUP, PARRAMORE, VA	2-5-45	2-16-45	10	10	30	
GROUP, PARRAMORE, VA	3-26-45	4-6-45	10	0	30	

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
~~Sturgis Pt Lt Sta.~~				~~NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT~~	
~~CG GROUP, PARRAMORE, VA.~~				~~NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT~~	
CG STA, Willis Wharf,				Va. NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT	
DCGO, 5ND, NorVa.				NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT	
NEWPORT NEWS MG LT STA,					
Newport News, Va. (DCGO				5ND) NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT	
STINGRAY PT LT STA					
Grimstead, Va. (DCGO 5ND)				NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT	
CG GROUP, Parramore, Va.				NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT	

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

DCGO, 5ND 24 April, 1942 Voluntarily agreed to extend enlistment for a period of three (3) years and further extension as may be necessary in accordance with Alcoast 83, 1941 and Alcoast 2, 1941.

/s/ C. J. SULLIVAN
Lieut. Comdr. USCG

PEA-E 37

CODED MAY 12 1945 NO. 6

12. ON DISCHARGE

Date 24 April, 1945, 193 Place Hog Island LB Station Serial No. A-84282

Kind of discharge Honorable Authority for ~~Expiration of enlistment and extension of~~ ART. 589, REGS.

Discharged on account of ~~EXPIRATION OF ENLISTMENT AND EXTENSION THEREOF.~~ RE 1Q

Is _____ recommended for reenlistment. Rating best qualified to fill Boatswain's Mate, first class
(If "not", so state)

13. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

14. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

15. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____
(Disposition of effects)

Was death incident to service? _____

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

6 (Yrs.) 0 (Mos.) 0 (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

2—13678

RECORD OF CHANDLER, John Thomas (Full name, surname to the left) 101-929 (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 148.20

The within-named man has been furnished travel allowance amounting to $ - - -

at the rate of - - cents per mile from - - - - - - - to - - - - - - - - and paid $ 111.86 in full to date of discharge. Name of pay officer JACOB LEVIN, Lieutenant

Address subsequent to discharge will be:

_____ Street,

Wachapreague, City, Virginia State.

Certified to be correct upon termination of service 24th APRIL, 1945

John T. Mapp

JOHN T. MAPP

Commanding Officer—~~Officer in Charge~~

U. S. GOVERNMENT PRINTING OFFICE 2—13678

C C
O O
P P
Y

CHANDLER John T. 101-929 BM1c

STINGRAY POINT
LIGHT STATION (05-148) Grimstead, Va. 28 October, 1944

1200 - 26 October, 1944: Rptd from Upper Cedar Point Light Station Owens, Va. for resumption of regular duty.

1500 - 26 October, 1944: Transferred to CG Group, Parramore, Va. for assignment to duty.

30-D

Art 710 Regs.

D. E. SPINNEY

By direction

mrm-e-50

COPY 2599
SERVICE RECORD CODE
OF 2599
SERVICE RECORD

C C
O O
P PO
Y

CHANDLER John T. 101-929 BM1c

UPPER CEDAR POINT
LIGHT STATION
ROUTE 3 (95-127) Owens, Va. 28 October, 1944

1900 - 25 October, 1944: Temporary duty terminated and transferred to Stingray Point Light Station, Grimstead, Va. for resumption of regular duty.

30-D

Art 710 Regs.

D. E. SPINNEY

By direction

mrm-e-50

COPY 2599
SERVICE RECORD COPY
OF 2599
SERVICE RECORD

C C
O O
P P
Y

CHANDLER, John T. 101-929 BM1c

STINGRAY POINT LIGHT STATION (05-148 Grimstead, Va. 25 October, 1944

1945 - 19 October, 1944: Tr to UPPER CEDAR POINT LIGHT STATION, Route 3 Owens, Va. fr temporary duty.

30-D

Art. 710 Regs.

D. E. SPINNEY

By direction

vc-m-19

SERVICE RECORD COPY
COPY 2599

101-929

EMlc

CHANDLER, John T.

GROUP, FARRAMORE, VA.

(05-044)

Hog Island Lifeboat Station Willis Wharf, Va.

24 April, 1945

24 April, 1945

Discharged with Honorable Discharge

29 D Per. Bul. 103-44 JOHN T. MAPP

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER (pra)
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73

3-13

8 August, 1945

To: The Commandant (PEA-E-37)

Subj: CHANDLER, John T. (101-929) BM1c; service record; correction of

1. The service record of the subject-named man has been completed in accordance with HQ letter of 4 July, 1945 (PEA-E-37) CG-73, and is forwarded herewith.

2. The necessary corrections to the Muster Rolls are listed in a separate letter to HQ, dated 21 July, 1945 (pra) CG-73-7010.

D. E. SPINNEY
By direction

Incl: (1) Service Record of the subject-named man.

(PEA-E-37)
CG-73

4 July, 1945

To: DCGO, 5ND

Subj: CHANDLER, John T. (101-929) BMlc; correction of records

1. The inclosed service record of subject man, who was discharged by reason of expiration of enlistment and extension thereof on 24 April, 1945, at CG Group, Parramore, Virginia, is returned for the following reasons:

(a) Article 1 indicates that Chandler was attached to the District Office, Norfolk, Virginia from the time of enlistment until 1 March, 1941. However, his enlistment contract shows that he was attached to Hog Island Lifeboat Station at the time.

(b) Muster rolls for Hog Island Lifeboat Station report that Chandler was Atd from that unit to Wicomico Light Station from 15 January, 1941 through the month of April, 1942, and shows him reporting from Stingray Point Light Station on 4 May, 1942. The 5th Naval District Light Station's muster roll reports Chandler attached to Wicomico Light Station from 15 January, 1941 to 1 March, 1941, at which time he was transferred to Stingray Point Light Station.

(c) Also, Article 1 indicates that Chandler was attached to Stingray Point Light Station from 1 March, 1941 to 26 October, 1944. However, muster rolls report that for the period from 1 May, 1942 to 21 August, 1943, he was attached to various units, with no indication that he was present temporary duty from Stingray Point Light Station. The 5th Naval District muster rolls report that Chandler was transferred from Stingray Point Light Station on 1 May, 1942; was attached to Pages Rock Light Station from 14 May, 1942 to 5 September, 1942; and was attached to Washington Light Station from 5 September, 1942 to 19 September, 1942. Hog Island Station muster rolls report that Chandler reported to that unit on 19 August, 1942 from Pages Rock Light Station and was transferred to the District Office, Norfolk, Virginia on 5 September, 1942 and reported back to the lifeboat station on 26 October, 1942. The District Office muster roll indicates that he reported to that unit on 22 September, 1942 from temporary duty at Wade Point Light Station and was immediately transferred to Old Plantation Flats Light Station for temporary duty. He is not reported on the District Office roll for October, 1942.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

[redacted] (Unit) [redacted] (Place)

[redacted] (Date)

FROM: [redacted]

To: COMMANDANT (via [redacted])

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:

[redacted] (Full name of wife; if not married, so state) [redacted] (Address of wife)

[redacted] (Full name of child; if none, so state) [redacted] (Address of child)

[redacted] (Full name of child; if none, so state) [redacted] (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:

[redacted] (Full name of relative) (Relationship) [redacted] (Address of relative)

(State briefly wherein dependency exists)

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

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

(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.

John T Chandler

Subscribed and sworn to before me this

[redacted] day of [redacted], 19[redacted]

[redacted] (Signature)

[redacted] (Signature)

[redacted] (Rank or title)

[redacted] (Rank or rating)

16—25758-1

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

Wells Wharf, Sta (NA)

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

(Stingray Point Light Station)
U.S.C.G. FIFTH NAVAL DISTRICT
(Unit)
Deltaville, Virginia
(Place)
24 April, 1942.
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, John Thomas Chandler (Name of Applicant) 101-929 (Service No.), B.M.1c. (Rating), having, on 25 April, 1939 (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 in accordance with ALCOAST 83, 1941 and ALCOAST 2, 1942.

John Thomas Chandler
(Signature of Applicant)



Tip of right forefinger

Voluntarily agreed and subscribed to before me this 24 day of April, A.D., 1942

C. J. SULLIVAN, Lieut.Comdr.
(Signature of Commanding Officer)

U.S.C.G. FIFTH NAVAL DISTRICT (Unit), Norfolk, Va. (Place), 24 April, 1942. (Date)

APPROVED C. J. SULLIVAN, Lieut.Comdr.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C. (Date)

Physically qualified for extension.

(Chief Medical Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.

30 April, 1942
(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.

F. E. ALLISON,
(Chief, Enlisted Personnel Section)
Assistant Chief Detail 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 2511-A
TREASURY DEPARTMENT
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

(STINGRAY POINT LIGHT STATION)
FIFTH NAVAL DISTRICT
(Unit)

CHANDLER, John Thomas
(Name in full—surname to the left)

24 April, 1942
(Date)

101-929
(Service number)

B.M.1c.
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1939	4	25
Enlistment extended (for 3 years from)	1942	4	24
Date of discharge (_____) (Character of discharge)			

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	3	0	0

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.

C. J. SULLIVAN.

Date 24 April, 19 42

(Rank) Lieut.Comdr., U. S. C. G.
Commanding officer.

REENLISTMENT

Date 25 April, 19 42

STINGRAY POINT LIGHT STATION, Deltaville, Va.
(Unit and place)

I CERTIFY that the above-named man ~~re~~voluntarily agreed to extend enlistment at this unit and on this date for a period of 3 years in ~~the~~ rating of ~~xxxxxxx~~ and further extension as may be necessary due to war in the rating of B.M.1c.

C. J. SULLIVAN.

(Rank) Lieut.Comdr., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D APR 29 1939
ANS

Re- ENLISTMENT[a] of CHANDLER, John Thomas. (101-929) as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station HOG ISLAND, SIXTH District, Broadwater, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Broadwater, Virginia.
(Place)

1. I, John Thomas Chandler, this 25 day of April, 1939, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia, on 15 February, 1891 Citizenship[b] NB.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman, U.S.Coast Guard. Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R.Chandler, Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue~~
(If "not," so state)
~~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 24 April, 1939, from ~~Cutter~~ Station Hog Island
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-56698
(Kind of discharge)

9. I agree to and with the United States of America, represented by William G.Matthews, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by William G.Matthews, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

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.

John Thomas Chandler
JOHN THOMAS CHANDLER
(Signature of enlisted person)

UNITED STATES OF AMERICA

By William G. Matthews
WILLIAM G. MATTHEWS, C.B.M. (L),
(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.

William G. Matthews
WILLIAM G. MATTHEWS,
C.B.M.(L)., U. S. C. G., *Enlisting Officer.*

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11. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of April, A. D. 1939.

C.A. Mister
C.A.Mister,
Ch.Bos'n (L).
(Comdg. officer, officer in charge of a unit, or notary public)

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12. DESCRIPTIVE LIST

Age 48 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Dark Brown Complexion Ruddy Color White Married Yes.

Distinguishing marks None.

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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.

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1937

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. Coast Guard
Rec'd. APR 26 1939
Office of
Commander, Sixth District.

HOG ISLAND STATION (Unit) ..... Broadwater, Virginia. (Place)

25 April, 1939 (Date)

FROM: CHANDLER, John Thomas (101-929) Surfman.

TO: COMMANDANT (via Commander, Sixth 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:

Cordie Rodgers Chandler (Full name of wife; if not married, so state)	Wachapreague, Virginia. (Address of wife)
Virginia R. Nettingham (Full name of child; if none, so state)	Cape Charles, Virginia. (Address of child)
Dixie T. Chandler (Full name of child; if none, so state)	Green Bush, Virginia. (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: William G. Matthews
WILLIAM G. MATTHEWS
Rank C.B.M.(L)

SIGNED: John Thomas Chandler
JOHN THOMAS CHANDLER
Rank or Rating Surfman.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 15, 1933

STATEMENT OF CREDITABLE SERVICE

Sixth District
(Unit)

CHANDLER, John Thomas
(Name in full—surname to the left)

26 April, 1939
(Date)

101-929
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years)	1936 (Year)	4 (Month)	25 (Day)			
Date of discharge (Honorable) (Character of discharge)	1939 (Year)	4 (Month)	24 (Day)			
Total time of last enlistment period				3	0	0

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			Total			Total		

Total absence (no 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.

F. E. Allison

F. E. ALLISON

(Rank) District Commander, U.S.C.G.
Commanding officer.

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

Re-ENLISTMENT[a] of CHANDLER, John Thomas. (101-929) as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station NORTH BEACH, SIXTH District, Ocean City, Maryland.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Ocean City, Maryland.
(Place)

1. I, John Thomas Chandler., this 25 day of April, 19 36, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia., on 15 February, 1891 Citizenship[b] U.S.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman, U.S.Coast Guard. Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R.Chandler, Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue-~~
(If "not," so state)
~~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 24 April, 1936 from ~~Cutter~~ Station North Beach
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-15299
(Kind of discharge)

9. I agree to and with the United States of America, represented by C. A. Mister, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by C. A. Mister, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler. who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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.

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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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Mister
C. A. MISTER, BOATSWAIN (L).
(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.

C. A. Mister
C. A. MISTER,
BOATSWAIN (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler, (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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of April, A. D. 19 36.

C. A. Mister
C. A. MISTER,
BOATSWAIN (L).
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Dark 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.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

(5)

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
North Beach Station	4-18-38	HOG ISLAND STATION	4-18-38

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF CHANDLER, John Thomas. (101-929)
(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	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-36	3.0	4.0	4.0	2.8	4.0	North Beach	C. A. Minter
9-30-36	3.0	4.0	4.0	2.8	4.0	North Beach	C. A. Minter
12-31-36	3.0	4.0	4.0	2.8	3.9	North Beach	A. J. Swenson
3-31-37	3.0	4.0	4.0	2.8	4.0	North Beach	A. J. Swenson
6-30-37	3.2	4.0	4.0	3.0	4.0	North Beach Station	William Larson
9-30-37	3.2	4.0	4.0	3.0	4.0	North Beach Station	William Larson
12-31-37	3.2	4.0	4.0	3.0	4.0	North Beach Station	William Larson
3-31-38	3.2	4.0	4.0	3.0	4.0	North Beach Station	William Larson
4-18-38	"Less than one month"					North Beach Station	William Larson
6-30-38	3.2	4.0	4.0	3.2	3.8	HOG ISLAND STATION	William T. Matthews
9-30-38	3.2	4.0	4.0	3.0	3.9	Hog Island Station	William T. Matthews
12-31-38	3.2	4.0	4.0	3.0	3.3	Hog Island Station	William T. Matthews
3-31-39	3.2	4.0	4.0	3.0	3.0	Hog Island Station	William T. Matthews
4-24-39	3.2	4.0	4.0	4.0	3.0	Hog Island Station.	William T. Matthews
AVERAGES	3.13	4.0	4.0	2.95	3.83	HOG ISLAND STATION	William T. Matthews

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 20 July, 1925. Nashapreague U.S. Station.
(Date and place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet Station.	4/20/27	Awarded Honorable Discharge Button.
Wachapreague Station.	5/25/32	Continued Service Certificate No.923, issued.
Wachapreague Station.	10/20/32	Good Conduct Medal issued.
Hog Island Station	1-20-39	One Bar for Good Conduct Medal issued

RECORD OF CHANDLER, John Thomas, (101-929)
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

15. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

3 (Yrs.) 0 (Mos.) 0 (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (Service No.)

18. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 72.00

The within-named man has been furnished travel allowance amounting to $ 4.25

at the rate of 5 cents per mile from Willis Wharf,Va.,(pod) to

Ocean City, Md.,(pafe and paid $49.85 in full to date of discharge. Name of

pay officer F.E.Allison, Dist. Comdr.

Address subsequent to discharge will be:

Street,

Wachapreague City, Virginia. State.

Certified to be correct upon termination of service 24 April, 193 9.

William G. Matthews.

WILLIAM G. MATTHEWS.

~~Commanding Officer~~—*Officer in Charge.*

U.S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (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 sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
North Beach Sta.	"NO	UNAUTHORIZED	ABSENCE WHILE ATTACHED		
	TO	THIS UNIT"			William Larsen
Hog Island Sta.	"NO	UNAUTHORIZED	ABSENCE WHILE ATTACHED		William J. Matthews
	TO	THIS UNIT"			

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

Date 24 April, 193 9 Place Broadwater, Virginia. Serial No. A-56698.
Kind of discharge Honorable Authority for Article 461 (a) Personnel Instructions.
Discharged on account of Expiration of Enlistment
Is _____ recommended for reenlistment. Rating best qualified to fill Surfman
(If "not", so state)

13. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF CHANDLER, John Thomas. (101-929)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
						C. A. Mister
North Beach	4 - 25 - 36.		xx	30	10	C. A. Mister
North Beach Sta	6-13-36	6-19-36	05	25	10	C. A. Mister
North Beach Sta	8-17-36	8-23-36	05	20	10	C. A. Mister
North Beach Sta	4-	25-37	xx	30	10	William Larson
North Beach Sta.	8-3-37	8-14-37	10	20	10	William Larson
North Beach Sta.	11-1-37	11-12-37	10	10	10	William Larson
North Beach Sta.	2-13-38	2-19-38	05	05	10	William Larson
North Beach Sta.	4-11-38	4-17-38	05	00	10	William Larson
Hog Island Sta.						
Hog Island Sta.	4-25-38		~~30~~ XX	30	10	William E Matthews
HOG ISLAND STA	5-20-38	5-26-38	05	25	10	William E Matthews
HOG ISLAND STA	6-15-38	6-21-38	05	20	10	William E Matthews
Hog Island Sta.	9-13-38	9-19-38	05	15	10	William E Matthews
Hog Island Sta.	3-3-~~39~~	3-14-39	10	05	10	William E Matthews
Hog Island Station	4-15-39	4-24-39	08	00	07	William E Matthews

2—13678

U. S. COAST GUARD (10)
REC'D MAY 4 - 19 By
ANS'D

5/5/36

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

Re-ENLISTMENT[a] of CHANDLER, John Thomas. (101-929) as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station NORTH BEACH SIXTH District, Ocean City, Maryland.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Ocean City, Maryland.
(Place)

1. I, John Thomas Chandler., this 25 day of April, 19 36., desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia., on 15 February, 1891 Citizenship[b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman, U.S.Coast Guard. Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R.Chandler, Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 21 years of age. Specify ages of children)

.....

Deceased.
(Mother, if living) Widowed? .....

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 24 April, 19 36, from ~~Cutter~~ Station North Beach
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A-115299
(Kind of discharge)

9. I agree to and with the United States of America, represented by C. A. Mister, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by C. A. Mister, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas Chandler, who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE: 1932

Boston
Date 5-6-36

MAY 4 - 1936

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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. A. Mister
C. A. MISTER, BOATSWAIN (L).
(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.

C. A. Mister
C. A. MISTER,
BOATSWAIN (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler, (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.

John Thomas Chandler
JOHN THOMAS CHANDLER,
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of April, A. D. 1936.

C. A. Mister
C. A. MISTER,
BOATSWAIN (L).
(Commanding officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years 2 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Dark 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.

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

U. S. COAST GUARD
REC'D MAY 2 1936
NORFOLK DIVISION

SIXTH DISTRICT
(Unit)

CHANDLER, John Thomas
(Name in full—surname to the left)

30 April, 1936.
(Date)

101-929
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 2 years)	1934 (Year)	4 (Month)	1 (Day)			
Date of discharge (Honorable (Character of discharge))	1936 (Year)	4 (Month)	24 (Day)			
Total time of last enlistment period				2	0	24

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 NONE			Total NONE			Total NONE		

Total absence (NONE days)

Creditable time served during last enlistment period	2	0	24

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.

C. J. Sullivan

C. J. SULLIVAN, Dist. Comdr.

(Rank) Commander, Sixth District., U.S.C.G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16278

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Rec'd. APR 30 1936 Office Commander, Sixth District

NORTH BEACH STATION, (Unit) Ocean City, Maryland. (Place)

25 April, 1936. (Date)

FROM: CHANDLER, John Thomas (101-929) Surfman.

TO: COMMANDANT (via Commander, Sixth 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:

Cordie Rodgers Chandler, (Full name of wife; if not married, so state)	Wachapreague, Virginia. (Address of wife)
Virginia R.Nottingham, (Full name of child; if none, so state)	Cape Charles, Virginia. (Address of child)
Dixie T.Chandler, (Full name of child; if none, so state)	Green Rush, Virginia. (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: C. A. MISTER, Rank BOATSWAIN (1).

SIGNED: John Thomas Chandler, John Thomas Chandler, Rank or Rating Surfman.

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TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1] ~~Re-~~ ENLISTMENT of Chandler, John Thomas (101-929) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station North Beach Sixth District, Berlin, Maryland.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, ~~John~~ John Thomas Chandler, this 1 day of April, 1934, ~~192~~, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Virginia., on 15 February, 1891 Citizenship [2] U.S.

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Surfman U. S. Coast Guard Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R. Chandler, Wachapreague, Virginia.
(Wife, if any)

(Children under 18 years of age) ____

____ Widowed? ____
(Mother, if living)

(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 have ____ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)
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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on 31 March, 1934, from ~~Cutter~~ Station North Beach
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 239711
(Kind of discharge)

7. I agree to and with the United States of America, represented by Henry E. Richardson, United States
(Name of enlisting officer)
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 Two YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry E. Richardson United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)
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.

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Henry E. Richardson
(Signature and title of enlisting officer)
Henry E. Richardson

8. 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.

Henry E. Richardson
Henry E. Richardson
Boatswain (L) U. S. C. G., *Enlisting Officer.*

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[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, 1934, A. D. 192

Henry E. Richardson
Henry E. Richardson
Boatswain (L)
(Coast Guard officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

_____
(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 43 years 1 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue

Hair Dark Brown. Complexion Ruddy. Color White. Married Yes

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

_____

_____, *U. S. P. H. S.*

---

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF CHANDLER, John Thomas, (101-929)
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet Station	4/20/27	Awarded Honorable Discharge Button.
Wachapreague Station.	5-28-32	Continuous Service Certificate No.923, issued.
Wachapreague Station	10/20/32	Good Conduct Medal, issued.

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF CHANDLER, John Thomas (101-929)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date..... Nature of waiver.....

..... Authority.....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

9-2-33 ✓ (Date last vaccinated against smallpox)

9-30-33 ✓ (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

RECORD OF CHANDLER, John Thomas (101-929)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
4-1-34							
6-30-34	2.5	2.5	4.0	2.5	3.0	North Beach Station	Henry E Richardson
9-30-34	2.8	4.0	4.0	2.5	3.0	North Beach Station	Henry E. Richardson
12-31-34	2.8	4.0	4.0	2.5	3.0	North Beach Station	Henry E. Richardson
3-31-35	3.0	4.0	4.0	2.5	4.0	North Beach Station	Samuel L Guillen
6-30-35	3.0	4.0	4.0	2.8	3.0	North Beach Station	C. A. Mister
9-30-35	3.0	4.0	4.0	2.8	3.0	North Beach Station	C. A. Mister
12-31-35	3.0	4.0	4.0,	2.8	3.0	North Beach Station	C. A. Mister
3-31-36	3.0	4.0	4.0	2.8	3.0	North Beach Station	C. A. Mister
4-24-36	3.0	4.0	4.0	2.8	2.9	North Beach Station	C. A. Mister
Averages	2.9	3.83	4.0	2.66	3.1	North Beach Station	C. A. Mister

*See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 20 July, 1925 at Wachapreague Coast Guard Station.

(Date and place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF CHANDLER, John Thomas (101-929)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Dept.	Date Retd.	Number of days	Balance Anl.	Balance Reen.	Signature of executive officer or District Commander
North Beach.		4-1-34		30	20	Henry E. Richardson
North Beach	9-3-34	9-9-34	5 ✓	25	20	Henry E. Richardson
North Beach	11-9-34	11-15-34	5 ✓	20	20	Henry E. Richardson
North Beach	12-30-34	1-5-35	5 ✓	15	20	Henry E. Richardson
North Beach	1-23-35	1-29-35	5 ✓	10	20	C. A. Mister
North Beach	3-26-35	4-1-35	5 ✓	5	20	C. A. Mister
North Beach		4-1-35	- -	30	20	C. A. Mister
North Beach	8-10-35	8-15-35	4 ✓	26	20	C. A. Mister
North Beach	9-27-35	10-3-35	5 ✓	21	20	C. A. Mister
North Beach	11-9-35	11-15-35	5 ✓	16	20	C. A. Mister
North Beach	12-29-35	12-31-35	1 ✓	15	20	C. A. Mister
North Beach	2-2-36	2-13-36	10 ✓	5	20	C. A. Mister

(a) Monthly rate of pay when discharged $69.00
I hereby certify that the within named man has been furnished travel allowance amounting to $0.40 at the rate of .05 cents per mile from Berlin, Md. (PAFE) to North Beach Sta. Ocean City, Md (POD) and paid $55.20 in full to date of discharge.
Name of Pay Officer. C. J. SULLIVAN. Dist. Comdr.

John Thomas Chandler
John Thomas Chandler.
(Signature of man)

C.A. Mister
C.A. Mister. U.S. Coast Guard.
Officer in Charge.

(b) My address subsequent to discharge will be:

Wachapreague, Virginia.

John Thomas Chandler
John Thomas Chandler. Signature.

RECORD OF CHANDLER, John Thomas (101-929)

(Full name, surname to the left)

12. 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 sentence of imprisonment, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
North Beach Station.	No unauthorized absence while attached to this unit.				C. A. Mister

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

Enlistment extended 24 days from 31 March, 1936 to 24 April, 1936 awaiting completion of hospitalization at U. S. Marine Hospital, Norfolk, Virginia., not due to own misconduct "Auth" Art.,463 (d) Personnel Instructions.

C. A. Mister Bos'n (L).
Officer in Charge.

14. ON DISCHARGE

Date 24 April, 1936 Place North Beach Station, Ocean City, Maryland. Serial No. A45299

Kind of discharge Honorable Authority for Art.,461 (a) Personnel Instructions.

Discharged on account of Expiration of enlistment and extension thereof.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state)

15. ON DESERTION

_____, 193 _____ (Place)

RECORD OF CHANDLER, John Thomas (101-929)
(Full name, surname to the left)

16. ON RETIREMENT

....., 193 ....
(Date) (Cause) (Authority)

17. ON DEATH

....., 193 ....
(Date) (Place) (Cause) (Place of burial

....
or disposition of remains) (Disposition of effects)

Was death incident to service? .....

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

2 (Yrs.) 0 (Mos.) 24 (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 193

.....
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 24 April, 193 6.

Ira Andrews.
IRA ANDREWS,
Commanding Officer—District Commander.
By Direction

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D APR 10 1934
ANS'D

[1] Re-ENLISTMENT of Chandler, John Thomas (101-929) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station North Beach, Sixth District, Berlin, Maryland.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler, this 1 day of April, 1934., 192* , desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in ~~Accomac Co.~~ Va. Cashville, Virginia, on 15 February, 1891 Citizenship [2] N.B.

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Surfman U. S. Coast Guard Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R. Chandler, Wachapreague, Virginia.
(Wife, if any)

(Children under 18 years of age)

Widowed?
(Mother, if living)

(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 have ____ had previous service under the United States in the Coast Guard, ~~[illegible]~~
(If "not" so state)
~~[illegible]~~, 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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on 31 March, 19 34, from ~~Cutter~~ Station North Beach
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A39711
(Kind of discharge)

7. I agree to and with the United States of America, represented by Henry E. Richardson, United States
(Name of enlisting officer)
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 Two YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry E. Richardson, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)
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.

NOTED
APR 16
P & A

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Henry E. Richardson
Henry E. Richardson (enlisting officer)

8. 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.

Date APR 12 1934

Henry E. Richardson
Boatswain (L) U. S. C. G., Enlisting Officer.

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[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, John Thomas Chandler, (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.

1934 APR 10 PM 2:21

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, 1934, A. D. 192

U.S. COAST GUARD
PAY & ALLOWANCES OFFICE
HEADQUARTERS

Henry E. Richardson
Henry E. Richardson
Boatswain (L)
(Commanding officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

Age 43 years 1 months. Height 5 feet 6 inches. Weight 130 pounds. Eyes Blue.

Hair Dark Brown. Complexion Ruddy. Color White. Married Yes.

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

A.E.H.

RE-ENLISTMENT[a] of CHANDLER John. Thomas (101-909) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th. District, Wachapreague, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Wachapreague C.G. Station.
(Place)

1. I, John Thomas. Chandler, this 1 day of April, 1932, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Cashville, Va., on February 15, 1891 Citizenship[b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman U.S. Coast Guard Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R. Chandler Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 16 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 31 March, 1932, from ~~Cutter~~ Station Wachapreague
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A28665
(Kind of discharge)

9. I agree to and with the United States of America, represented by Harry M. Derrickson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 Two YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Harry M. Derrickson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas. Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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 Porto Rico.

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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.

John Thomas Chandler

John Thomas. Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Harry M. Derrickson, C. B. M. (L) "A"
(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.

Harry M. Derrickson
Harry M. Derrickson
C. B. M. (L) "A", U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas. Chandler, 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.

John Thomas Chandler
John Thomas. Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, A. D. 1932.

Harry M. Derrickson
Harry M. Derrickson
C. B. M. (L) "A"
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 41 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF CHANDLER JOHN. THOMAS (101-929).
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date..... Nature of waiver.....

..... Authority.....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

~~6/3/29~~ E.A. 9-2-33 ~~6/12/29~~ E.A. 9-30-33
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Wachapreague Station (6)	9-21-33	North Beach Station	9-21-33

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF CHANDLER JOHN. THOMAS (101-929).

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good conduct medal	~~Vessel~~ or station	Signature of ~~commanding officer~~ or officer in charge of a unit
4/1/32					Health	Wachapreague	
6/30/32	3.3	4.0	4.0	3.0	3.5	Wachapreague	Harry M. Derrickson
9/30/32	3.3	4.0	4.0	3.0	4.0	Wachapreague	Harry M. Derrickson
12/31/32	3.3	4.0	4.0	3.0	3.5	Wachapreague	Harry M. Derrickson
3/31/33	3.3	4.0	4.0	3.0	3.0	Wachapreague	Harry M. Derrickson
5/31/33	3.3	4.0	4.0	3.0	3.0	Wachapreague	Harry M. Derrickson
6/11/33	Less than one ~~year~~ Month					Wachapreague	Harry M. Derrickson
9/21/33	3.3	4.0	4.0	3.0	2.8	Wachapreague	Harry M. Derrickson Acting
9-30-33	Less than one month					North Beach	Henry E. Richardson
12-31-33	3.2	4.0	4.0	2.4	4.0	North Beach	C. D. Kalfoglou
3/31/34	3.2	4.0	4.0	3.5	3.5	North Beach	Henry E. Richardson
Averages	3.27	4.0	4.0	2.86	3.41	North Beach	Henry E. Richardson

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 20 July, 1925, Wachapreague C.G. Station.

(Date and place)

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RECORD OF CHANDLAR JOHN. THOMAS (101-929).
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Matomkin Inlet	4/20/27	Awarded Honorable Discharge Button.
Wachapreague	5/28/32	Continuous Service Certificate No.923, issued.
Wachapreague	10/20/32	Good Conduct Medal, issued.

RECORD OF CHANDLER JOHN, THOMAS (101-929).
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

RECORD OF CHANDLER JOHN THOMAS (101-929).
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Wachapreague	4/1/32		40	
Wachapreague	6/4/32	5	35	Harry M. Derrickson
Wachapreague	8/2/32	10	25	Harry M. Derrickson
Wachapreague	9/8/32	3	22	Harry M. Derrickson
Wachapreague	11/9/32	7	15	Harry M. Derrickson
Wachapreague	1/30/33	9	6	Harry M. Derrickson
NORTH BEACH (6)	4-1-33	- -	40	
NORTH BEACH (6)	10-27-33	15	25	Henry E. Richardson
	Dep Ret		Anl Reen	
			15 16	
North Beach Station 2/24/34	3/1	4	11 16	Henry E. Richardson
North Beach Station 3/24/34	3/30	8	3 16	Henry E. Richardson

RECORD OF CHANDLER JOHN THOMAS (101-929).

(Full name, surname to the left)

12. 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 sentence of imprisonment, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 31 March, 193 34 Place North Beach COast Guard Station Serial No. 239711

Kind of discharge Honorable Authority for Article 4272 (a) Personnel Instructions.

Discharged on account of Expiration of full term of enlistment

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman

(If "not," so state)

15. ON DESERTION

_____, 193 _____ _____

(Date) (Unit) (Place)

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RECORD OF CHANDLER JOHN THOMAS (101-929).
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

Two	no	no
(Yrs.)	(Mos.)	(Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 March, _____, 1934.

C. J. Sullivan
C. J. SULLIVAN *Commanding Officer—District Commander.*

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D APR 9 1932 By

4/6/32 RR

Re- ENLISTMENT [a] of CHANDLER John. Thomas (101-929) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Wachapreague, 6th. District, Wachapreague, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Wachapreague C.G. Station.
(Place)

1. I, John Thomas. Chandler, this 1 day of April, 19 32, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Onancock Cashville, Va., on February 15, 1891 Citizenship [b] N.B.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman U.S. Coast Guard Home address Wachapreague, Virginia.

Full name and address of the following: Cardie R. Chandler Wachapreague, Virginia.
(Wife, if any)

.....
(Children under 16 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 31 March, 19 32, from Cutter Station Wachapreague
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A28665
(Kind of discharge)

9. I agree to and with the United States of America, represented by Harry M. Derrickson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 Two YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Harry M. Derrickson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas. Chandler who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] 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 Porto Rico.

APR 5 1932

2—7931



RECEIVED
APR 8 1932
Sixth District
U.S.C.G.
Lewes, Del.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 7 April, 1932.

First Indorsement.

U. S. COAST GUARD
REC'D APR 9 1932 By

From: Commandant.
To : Commander, Sixth District.

Subject: CHANDLER, John Thomas (101-929) Surfman - correction of enlistment contract. (Wachapreague Station).

Inclosure: (1) Enlistment contract, dated 1 April, 1932.

1. Returned. It is requested that Inclosure (1) be corrected to show service number 101-929, as shown by the records at Headquarters.

2. Return this indorsement with inclosed papers.

C. P. Clark

C. P. CLARK.
By direction.

73
Office of Commander, Sixth District.

Second Indorsement,

Lewes, Delaware.
8 April, 1932.

From: Commander, Sixth District.
To: Commandant.

1. Inclosure has been completed and same is returned herewith as directed above.

C. J. Sullivan

C. J. SULLIVAN.

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.

John Thomas Chandler

John Thomas. Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Harry M. Derrickson C. B. M. (L)"A"
(Signature and rank of enlisting officer)

NOTED
Hak
P & A 16
Date 4/5/32

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.

Harry M. Derrickson

Harry M. Derrickson
C. B. M. (L)"A" U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

I, John Thomas. Chandler, 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.

John Thomas Chandler

John Thomas. Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, A. D. 19 32.

Harry M. Derrickson

Harry M. Derrickson
C. B. M. (L)"A"
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 41 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

Re-ENLISTMENT[a] of Chandler, John, Thomas, (101-929) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th District, Wachapreague, Virginia,
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Wachapreague, C. G. Station.
(Place)

1. I, John Thomas Chandler, this 1 day of April, 19 31, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va., on February 15, 1891 Citizenship[b] Native born

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman U.S. Coast Guard Home address Wachapreague, Virginia,

Full name and address of the following: Cardie R. Chandler. " " .
(Wife, if any)

.....
(Children under 16 years of age. Specify ages of children)

.....

..... Widowed? .....
(Mother, if living)

.....
(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

.....
and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 March 31, 19 31, from ~~Cutter~~ Station Wachapreague, Station
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A 21715
(Kind of discharge)

9. I agree to and with the United States of America, represented by Warren B. Cobb., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 One YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Warren B. Cobb., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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 Porto Rico.

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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.

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Warren B. Cobb Boatswain(L) (a)
(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.

Warren B. Cobb
Boatswain(L) (a), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler., 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, A. D. 19 31.

Warren B Cobb Boatswain (L) (a)
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 40 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF Chandler, John, Thomas, (101-929)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ---- Nature of waiver ----

---- Authority ----

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

6-3-29 (Date last vaccinated against smallpox) ---- 6-12-29 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF: Chandler, John, Thomas, (101-929)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	~~Professional knowledge~~ Health	~~Vessel~~ or station	Signature of ~~commanding officer or~~ officer in charge of a unit
6/30/31	3.5	4.0	4.0	3.0	~~4.0~~	Wachapreague, Sta.	George B. Bromley
9/30/31	3.5	4.0	4.0	3.0	~~4.0~~	Wachapreague, Sta.	George B. Bromley
12/31/31	3.5	4.0	4.0	3.0	4.0	Wachapreague	Harry M. Derrickson
3/31/32	3.5	4.0	4.0	3.0	4.0	Wachapreague	Harry M. Derrickson
Averages	3.5	4.0	4.0	3.0	4.0	Wachapreague	Harry M. Derrickson

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 20, 1925, Wachapreague, C.G. Station.

(Date and place)

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RECORD OF Chandler, John, Thomas. (101-929)
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metompkin Inlet Station	4-20-27	Awarded Honorable Discharge Button.

RECORD OF Chandler, John, Thomas, (101-929)

(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

~~XEDIX~~or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Wachapreague, Station,	4/1/31	40		
Wachapreague, Station,	5/14/31	3	37	George H. Bromley.
Wachapreague, Station	5/25/31	3	34	George H. Bromley.
Wachapreague, Station,	7/22/31	4	30	George H. Bromley.
Wachapreague, Station,	8/23/31	3	27	George H. Bromley.
Wachapreague, Station,	10/7/31	5	22	George H. Bromley.
Wachapreague	11/18/31	5	17	Harry M. Derrickson
Wachapreague	1/13/32	5	12	Harry M. Derrickson
Wachapreague	2/15/32	7	5	Harry M. Derrickson
Wachapreague	3/8/32	5	0	Harry M. Derrickson

RECORD OF Chandler, John, Thomas, (101-929)

(Full name, surname to the left)

12. 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 sentence of imprisonment, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 31 March, 1932 Place Wachapreague Station Serial No. A28665

Kind of discharge Honorable Authority for Article 4272 (a) Personnel Instructions

Discharged on account of Expiration of term of enlistment.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state)

15. ON DESERTION

_____, 193 _____ _____
(Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF Chandler, John, Thomas. (101-929)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

1 0 0
(Yrs.) (Mos.) (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193 _____

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 March, _____, 193 2.

_____
Commanding Officer—District Commander.

2—13678

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1929

ENLISTMENT CONTRACT

Re-ENLISTMENT[a] of Chandler, John, Thomas, (101-929) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th District, Wachapreague, Virginia,
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Wachapreague, C. G. Station.
(Place)

1. I, John Thomas Chandler, this 1 day of April, 19 31, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va., on February 15, 1891 Citizenship[b] Native born

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Surfman U.S.Coast Guard Home address Wachapreague, Virginia,

Full name and address of the following: Cordie R. Chandler, " "
(Wife, if any)

(Children under 16 years of age. Specify ages of children)

(Mother, if living) Widowed? .....

(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 by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein .....
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have ..... 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.
(If "not," so state)

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 March 31, 19 31, from ~~Cutter~~ Station Wachapreague, Station with Honorable discharge, herewith submitted, serial No. A 21718
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Warren B. Cobb., United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

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 One YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Warren B. Cobb., United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."
[b] 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 Porto Rico.

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APR 10 1931

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.

NOTE

4/9/31

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Warren B. Cobb Boatswain(L) (a)
(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.

Warren B. Cobb

Boatswain(L) (a), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, John Thomas Chandler., 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, A. D. 19 31.

Warren B. Cobb Boatswain (L) (a)

(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 40 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark 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.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

ENLISTMENT CONTRACT

[1] Re-ENLISTMENT of Chandler, John, Thomas 101-929 as Surfman,
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Wachapreague, 6th District, Wachapreague Virginia,
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler 101-929 this 1 day of April, 1930 desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va, on February 15, 1891 Citizenship [2] Native born,
If naturalized, place and date of naturalization ____ Certificate number ____
If intentions declared, place and date of declaration ____
Occupation Surfman U.S.Coast Guard Home address Wachapreague, Virginia,
Full name and address of the following: Cordie R. Chandler " "
(Wife, if any)
Dixie L. Chandler " "
(Children under 16 years of age)
____
____ Widowed? ____
(Mother, if living)
____
(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 have ____ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)
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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1930, from Cutter Station Wachapreague Station
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A14833
(Kind of discharge)

7. I agree to and with the United States of America, represented by Henry W. Cobb, United States
(Name of enlisting officer)
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 One YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry W. Cobb United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)
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.

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Henry W. Cobb Boatswain, (L)
(Signature and rank of enlisting officer)

8. 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.

Henry W. Cobb

9. OATH OF ALLEGIANCE

I, John Thomas, Chandler 101-929, 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April A. D. 1930,.

Henry H. Cobb Boatswain, (L)

Wachapreague C.G. Station,.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. DESCRIPTIVE LIST

Age 39 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark brown Complexion Ruddy Color White Married Yes,.

Distinguishing marks None,.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF Chandler, John, Thomas, (101-929)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

..... Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

6-3-29 ✓ 6-12-29 ✓

(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF Chandler, John, Thomas, (101-929)
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
3-31-30	35	4	4	33	Yes	Wachapreague, Sta.	Captain J. Phillips
6-30-30	35	4	4	33	"	"	Captain J. Phillips
9-30-30	35	4	4	33	"	"	Captain J. Phillips
12-31-30	35	4	4	33	"	"	Captain J. Phillips
3-31-31	35	4	4	33	"	"	Captain J. Phillips
Averages	35	4	4	33	Yes	Wachapreague, Sta.	Captain J. Phillips

*See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 20, 1925, Wachapreague, V.C.G. Station,
(Date and place)

2—13678

RECORD OF Chandler, John, Thomas 101-929
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

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

Ship or station	Date	Remarks
Hetompkin Inlet	4-20-27	Awarded Honorable Discharge Button, ✓

RECORD OF 101-929

Chandler, John, Thomas (Name, last, first, middle)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF Chandler, John, Thomas 101-929
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station		Date	Number of days	Balance	Signature of executive officer or District Commander
				40	Tappan T Phillips
Wachapreague, Station		4-16-30	2	38	Tappan T Phillips
"	"	6-7-30	5	33	Tappan T Phillips
"	"	7-29-30	4	29	Tappan T Phillips
"	"	11-10-30	13	16	Tappan T Phillips
"	"	2-13-31	10	6	Tappan T Phillips
"	"	3-17-31	6	0	Tappan T Phillips

RECORD OF Chandler, John, Thomas 101-929

(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 3/31/31, 1931. Place Wachapreague, Station. Serial No. 221715

Kind of discharge Honorable Authority for Art. 428 (a) Regulations.

Discharged on account of Expiration of term of Enlistment.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Chandler, John, Thomas 101-929
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	4-1-30 (Date)	5	0	0 ✓
Discharged	3-31-30 (Date)			
Enlisted	4-1-30 (Date)			

	Yrs.	Mos.	Days
(2) Total service, current enlistment	1	0	0

	Yrs.	Mos.	days.
A. W. O. L.			
Sick misconduct			
N. P. D. I.			
A. L. W. P.			
Other absence for which no pay accrued			
(3) Total deductions			
(4) Net service, current enlistment (basis for enlistment allowance) (2–3)	1	0	0
Total service to date of discharge (basis for longevity) (1+4)	6	0	0 ✓

2—13678

RECORD OF Chandler, John, Thomas, (101-929)
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service March 31, 1921.

James A. Irwin

Commanding Officer—District Commander.

2—13678

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

ENLISTMENT CONTRACT

Mate
4/7/30

Re- **ENLISTMENT** of Chandler, John, Thomas 101 929 as Surfman,.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th District, Wachapreague Virginia,.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler, this 1 day of April, 1930, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va., on February 15, 1891 Citizenship Native born,
If naturalized, place and date of naturalization ..... Certificate number .....
If intentions declared, place and date of declaration .....
Occupation Surfman U. S. Coast Guard Home address Wachapreague, Virginia,.
Full name and address of the following: Cordie R. Chandler " "
(Wife, if any)
Dixie L. Chandler " "
(Children under 16 years of age)
.....
..... Widowed? .....
(Mother, if living)
.....
(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 have ..... 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.
(If "not" so state)

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1930, from ~~Cutter~~ Station Wachapreague Station
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 114835
(Kind of discharge)

7. I agree to and with the United States of America, represented by Henry W. Cobb, United States
(Name of enlisting officer)
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 One YEAR 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 by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry W. Cobb United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)
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.

PAY AND ALLOTMENT OFFICE U.S. COAST GUARD POSTED

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Henry W. Cobb Boatswain, (L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the

9. OATH OF ALLEGIANCE

I, John Thomas, Chandler, 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1 day of April, A. D. 1930,.

Henry H. Cobb Boatswain,(L)

Wachapreague C.G.Station,.
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

X

Age 39 years 1 months. Height 5 feet 6 inches. Weight 144 pounds. Eyes Blue

Hair Dark brown Complexion Ruddy Color White Married Yes,.

Distinguishing marks None,.

2—7931 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1] RE-ENLISTMENT of Chandler, John, Thomas (Full name, surname to left) as Surfman, (Rating)

U. S. Coast Guard Cutter Station Pachapreague, (Draw line through designation not applying), 6th District, Pachapreague, Virginia, (Location of vessel, or P. O. address of station)

1. I, John, Thomas, Chandler (In full blank), this 1, day of April, 192 , desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va., on February 15, 1 891 Citizenship [2] Native born;
If naturalized, place and date of naturalization ____ Certificate number ____
If intentions declared, place and date of declaration ____
Occupation Surfman, Home address Pachapreague, Virginia,
Full name and address of the following: Cordie R. Chandler (Wife, if any) "
Virginia, R. Chandler (Children under 18 years of age) "
Maxie L. Chandler "
____ Widowed? ____
(Mother, if living)
____
(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 have ____ (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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 19 25 from Cutter Station Pachapreague Station (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A10139

7. I agree to and with the United States of America, represented by Henry V. Cobb (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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR , 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry V. Cobb (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the John Thomas Chandler (Name of person enlisting) who has hereunto signed his 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

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Henry V. Cobb
(Signature and rank of enlisting officer) Boatswain, (L)

8. 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.

Henry V. Cobb
Boatswain, (L) U. S. C. G., *Enlisting Officer.*

2—7931

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, ---------John Thomas Chandler---------, 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1929.

Henry W. Cobb Boatswain, (L),
Wachaprogue U.S. Station,
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 24 years 1 months. Height 5 feet 6 inches. Weight 142 pounds. Eyes Blue.

Hair Dark brown. Complexion Ruddy. Color White. Married Yes.

Distinguishing marks None.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

---, *U. S. P. H. S.*

---

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF Chandler John, Thomas,
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

..... Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

~~6-4-25.~~ 5/25/29 & 6/5/29 failed. good scar from previous vaccination.
(Date last vaccinated against smallpox)

~~6-27-25,~~ 6/12/29
(Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

RECORD OF Chandler John, Thomas,.

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-29	3.5	4	4	3	Yes	Wachapreague	Harvey W. Cobb
9-30-29	3.5	4	4	3	Yes	"	Harvey W. Cobb
12-31-29	3.5	4	4	3	Yes	"	Harvey W. Cobb
3-31-30	3.4	4	4	3	Yes	"	Harvey W. Cobb
Averages	3.4	4	4	3	Yes	"	Harvey W. Cobb

* See Circular Letter 83, August 29, 1928

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 20, 1925 At Wachapreague C.G. Station,

(Date and place)

2—13678

RECORD OF Chandler John, Thomas.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metompkin Inlet	1-20-27	awarded Honorable Discharge Button.

RECORD OF Chandler John, Thomas,
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Wachapreague	=	=	40	Henry W. Babb
"	6-7-29	5	35	Henry W. Babb
"	7-12-29	5	30	Henry W. Babb
"	1-28-29	10	20	Henry W. Babb
"	1-29-30	10	10	Henry W. Babb
"	2-20-30	10	0	Henry W. Babb

RECORD OF Chandler John, Thomas,
(Full name, surname to the left)

12. 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 sentence of imprisonment, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date March 31, 1928 Place Unclaimed League Island Serial No. A 148225
Kind of discharge Honorable Authority for Art. C-4288-Regulations
Discharged on account of Expiration of term of Enlistment.
Is ____ recommended for reenlistment. Rating best qualified to fill Fireman.
(If "not," so state)

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Chandler John, Thomas,
(Full name, surname to the left)

16. ON RETIREMENT

....., 192 ....
(Date) (Cause) (Authority)

17. ON DEATH

....., 192 ....
(Date) (Place) (Cause) (Place of burial

....
or disposition of remains) (Disposition of effects)

Was death incident to service? .....

.....

18. RECORD OF SERVICE

Previous Coast Guard and Navy service to date of current enlistment, furnished by Headquarters letter Office Reference
(Date)

1 (Yrs.) 0 (Mos.) 0 (Days)

Net service to date of discharge (basis for longevity) 5 (Yrs.) 0 (Mos.) 0 (Days)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

.....
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 March, 1930, 192

S. F. McLouis Acting
Commanding Officer—District Commander.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

4-11-29

[1] Re ENLISTMENT of Chandler, John, Thomas as Surfman,
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th District, Wachapreague, Virginia,.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John, Thomas, Chandler, this 1, day of April, 192 9, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Va., on February 15, 1891 Citizenship [2] Native born,

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation Surfman, Home address Wachapreague, Virginia,.

Full name and address of the following: Cordie R. Chandler " "
Virginia, R. Chandler (Wife, if any) " "
Dixie L. Chandler (Children under 18 years of age) " "

..... Widowed? .....
(Mother, if living)

.....
(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 have ..... 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.
(If "not" so state)

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1929, from ~~Cutter~~ Station Wachapreague Station
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A10139
(Kind of discharge)

7. I agree to and with the United States of America, represented by Henry W. Cobb, United States
(Name of enlisting officer)
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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry W. Cobb, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas, Chandler who has hereunto signed his
(Name of person enlisting)
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.

PAY AND ALLOTMENT
OFFICE
U.S. COAST GUARD
POSTED

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Henry W. Cobb Boatswain, (L)
(Signature and rank of enlisting officer)

8. 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.

4-11-29

Henry W. Cobb
Boatswain, (L), U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, John Thomas, Chandler, 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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1929,

Henry H. Cobb Boatswain, (L),
Wachapreague C.G. Station,
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

_____
(Signature of enlisted person)

11. MEDICAL CERTIFICATE

Age 38 years 1 months. Height 5 feet 6 inches. Weight 142 pounds. Eyes Blue.

Hair Dark brown. Complexion Ruddy. Color White. Married Yes.

Distinguishing marks None.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

_____, U. S. P. H. S.

4 Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Wachapreague C.G.Station, Place Wachapreague, Va, Date April 1, 1929,.

Chandler,John Thomas, Surfman,.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

John T. Chandler Surfman, Honorable Discharged 3-31-29 from One Year regular enlistment,.
Re-enlisted 4-1-29 for One Year regular enlistment,.

Disciplinary action:

Authority:
Article 428-A-Regulations,.
Article 322-A-Regulations,.

Henry W Cobb
(Signature)

Boatswain,(L),.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	A	✓	✓	HB

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

(6)

ENLISTMENT CONTRACT

Re
[1] ENLISTMENT of Chandler John Thomas. as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Metomkin Inlet, 6th District, Accomac, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler (Full name), this 1st day of April, 1928, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County Virginia on February 15, 1891. Citizenship [2] Native born
If naturalized, place and date of naturalization ____ Certificate number ____
If intentions declared, place and date of declaration ____
Occupation Surfman Home address Wachapreague, Virginia.
Full name and address of the following: Cordie R. Chandler, Wachapreague, Virginia. (Wife, if any)
Virginia R. Chandler, Wachapreague, Virginia. (Children under 18 years of age)
Dixie L. Chandler, Wachapreague, Virginia.
____ Widowed? ____ (Mother, if living)
____ (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 have ____ (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.

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1928, from ~~Cutter~~ Station Metomkin Inlet (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A 24579.

7. I agree to and with the United States of America, represented by George H. Bromley (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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by George H. Bromley (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the John Thomas Chandler (Name of person enlisting) who has hereunto signed his 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

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By George H. Bromley, Boatswain, (L).
(Signature and rank of enlisting officer)

8. 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.

George H. Bromley,
Boatswain, (L)., U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1928.

George H. Bromley
Boatswain (L) Metomkin Inlet Station
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 27 37 years 1 months. Height 5 feet 6 inches. Weight 138 pounds. Eyes Blue.

Hair Dark Brown Complexion Ruddy Color White Married Yes

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

---

1 Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date..... Nature of waiver.....

..... Authority.....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

6/4/25. (Date last vaccinated against smallpox)

6/21/25. (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
~~Vessel~~ or station	Date	Vessel or station	Date
Wetomkin Inlet	8/15/28	Woelsapreague Station 8	8-15-28

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
April 1, 1926.							
June 30, 1926	3.1	4	4	25	No	Metompkin Inlet	H. H. Bromley.
Sept 30, 1926	3.5	4	4	25	"	Wachapreague	H. W. Cobb
December 31, 1926	3.5	4	4	26	"	"	H. W. Cobb
March 31, 1926	3.5	4	4	26	"	"	H. W. Cobb
Averages	3.4	4	4	25	No	Wachapreague	H. W. Cobb

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 20, 1925 At Wachapreague, C.G. Station.
(Date and place)

2—13678

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet	4/20/27	Awarded Honorable Discharge Button.

2—1307S

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

~~Ship or~~ station	Date	Number of days	Balance 40	Signature of executive officer or District Commander
Melombion Inlet	5/22/28	10	30	H. H. Bromley
Wachapreague Station	6/7/28	8	22	H. W. Cobb
" "	11-17-28	5	17	H. W. Cobb
" "	12-15-28	5	12	H. W. Cobb
" "	2-27-29	5	7	H. W. Cobb
" "	3-20-29	7	0	H. W. Cobb

WITHOUT PAY

2—13678

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 8-31-29, 1929. Place Rockaway Pt. N. Y. Station Serial No. A10139

Kind of discharge Honorable Authority for Par 427 & A Regulations

Discharged on account of Expiration of Term of enlistment.

Is _____ recommended for reenlistment. Rating best qualified to fill Surfman.
(If "not," so state.)

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192 (Cause) (Authority)

17. ON DEATH

(Date), 192 (Place) (Cause) (Place of burial

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs. Mos. Days.
Headquarters letter Office reference	4/1-28 (Date)	3 0 0
Discharged	3/31/29 (Date)	
Enlisted	4/1/28 (Date)	
(2) Total service, current enlistment	Yrs. Mos. Days 1 0 0	

	Yrs. Mos. days.		
A. W. O. L.			
Sick misconduct			
N. P. D. I.			
A. L. W. P.			
Other absence for which no pay accrued			
(3) Total deductions			
(4) Net service, current enlistment (basis for enlistment allowance)		1 0 0 (2–3)	
Total service to date of discharge (basis for longevity) ~~None~~			4 8 0 (1+4)

RECORD OF Chandler John Thomas.
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 March, 1929

James A. Price

Commanding Officer—District Commander.

GOVERNMENT PRINTING OFFICE 2—13678

STATEMENT OF

PHYSICAL CONDITION ON DISCHARGE

DATE March 28 1929

I certify, that on this 28 day of March 1929:

(a) I know of no physical defect from which I am suffering or:-

(b) ~~I am suffering from physical defects as herein set forth:~~

John T Chandler
(Name)

Surfman
(Rating)

DATE March 28 - 1929

I certify, that on this 28 day of March 1929, I have examined John Thomas Chandler United States Coast Guard, and find:-

(a) That he is physically sound.

Or:-

(b) ~~That he is not physically sound for the following reasons:~~

J H Cyrus M.D.
Contract Physician

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1]Re ENLISTMENT of Chandler John Thomas. as Surfman.
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Metomkin Inlet, 6th District, Accomac, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler, this 1st day of April, 1928, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County Virginia, on February 15, 1891. Citizenship [2]Native born

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation Surfman Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R. Chandler, Wachapreague, Virginia.
(Wife, if any)
Virginia R. Chandler, Wachapreague, Virginia.
(Children under 18 years of age)
Dixie L. Chandler, Wachapreague, Virginia.

..... Widowed? .....
(Mother, if living)

.....
(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 have ~~not~~ 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.
(If "not" so state)

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1928, from ~~Cutter~~ Station Metomkin Inlet
(Strike out one)
with Honorable discharge, herewith submitted, serial No. Q 245-9
(Kind of discharge)

7. I agree to and with the United States of America, represented by George H. Bromley, United States
(Name of enlisting officer)
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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by George H. Bromley United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler who has hereunto signed his
(Name of person enlisting)
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.

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD PO

John Thomas Chandler
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By George H. Bromley Boatswain, (L).
(Signature and rank of enlisting officer)

8. 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.

George H. Bromley
Boatswain, (L)., U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1928.

George H. Bromley
Boatswain (L) Metomkin Inlet Station
(Comdg. officer, officer in charge of a unit, or notary public)

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10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

.....
(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 37 years 1 months. Height 5 feet 6 inches. Weight 138 pounds. Eyes Blue.

Hair Dark Brown. Complexion Ruddy. Color White. Married yes.

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

.....

....., *U. S. P. H. S.*

---

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1]Re ENLISTMENT of Chandler, John Thomas. as Surfman,
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Metomkin Inlet, 6th District, Accomac, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler, this 1st day of April, 1927, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Virginia, on February 15, 1891 Citizenship [2]Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Surfman Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R. Chandler, Wachapreague, Virginia.
(Wife, if any)
Virginia R. Chandler, Wachapreague, Virginia.
(Children under 18 years of age)
Dixie L. Chandler, Wachapreague, Virginia.

____ Widowed? ____
(Mother, if living)

____
(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 have ____ 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.
(If "not" so state)

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1927, from ~~Cutter~~ Station Metomkin Inlet
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 42679
(Kind of discharge)

7. I agree to and with the United States of America, represented by George H. Bromley, United States
(Name of enlisting officer)
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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by George H. Bromley, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler, who has hereunto signed his
(Name of person enlisting)
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

John Thomas Chandler
John Thomas Chandler,
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By George H. Bromley, Boatswain (L).,
(Signature and rank of enlisting officer)

8. 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.

George H. Bromley,
Boatswain (L)., U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, John Thomas Chandler (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.

John Thomas Chandler

John Thomas Chandler,
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1927.

George H. Bromley, Boatswain (L).,
Metomkin Inlet C.G.Station.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

.....
(Signature of enlisted person)

11. MEDICAL CERTIFICATE

Age 36 years 1 months. Height 5 feet 6 inches. Weight 138 pounds. Eyes Blue

Hair Dark Brown. Complexion Ruddy. Color White. Married No.

Distinguishing marks None.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. H. Ayers

....., *U. S. P. H. S.*

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

1. [illegible]

(For Insular Government)

Date [illegible]

(For Bureau of Insular Affairs)

2. VACCINATION AND INOCULATION

(Dates on which vaccination and inoculation against cholera shall be noted)

[illegible] (Vaccinated against smallpox)

[illegible] (Inoculated against typhoid fever)

3. TRANSFERS

Relieved from duty		Reported to	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated as	Date

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station		Signature of commanding officer or officer in charge of a unit
April 1, 1927.	~~3.1~~	~~4~~	~~4~~	~~2.5~~	~~Yes~~	~~Metomkin Inlet~~		~~G. H. Bromley~~
6/30/27.	3.1	4	4	2.5	Yes	Metomkin Inlet		G. H. Bromley
9/30/27.	3.1	4	4	2.5	"	"	"	"
12/31/27.	3.1	4	4	2.5	"	"	"	"
3/31/28.	3.1	4	4	2.5.	"	"	"	"
Averages	3.1	4	4	3.5-	No	Metomkin		G. H. Bromley.

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer July 20, 1925. At Wachapreague C.G.Station.
(Date and place)

2—13678

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Metomkin Inlet	4/20/27	Awarded Honorable Discharge Button.

2—13978

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Metomkin Inlet	4/1/27	5	25	G. H. Bromley Boatswain (L)
" "	4/18/27	2	23	" " " "
" "	6/8/27	5	18	" " " "
" "	9/16/27	5	13	" " " "
" "	10/8/27	2	11	" " " "
" "	12/27/27	2	9	" " " "
" "	2/13/28	4	5	" " " "
" "	3/22/28	5	0	" " " "

WITHOUT PAY

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 3/31/28, 1928 Place Millcoma Inlet Serial No. 2459
Kind of discharge Honorable Authority for 4411(1)2
Discharged on account of Expiration of Enlistment
Is ____ recommended for reenlistment. Rating best qualified to fill Surfman
(If "not," so state.)

15. ON DESERTION

____, 192 ____ ____
(Date) (Unit) (Place)

2—13678

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	(Date)	2	0	0
Discharged	3/31/27 (Date)			
Enlisted	4/1/27 (Date)			
(2) Total service, current enlistment	Yrs. Mos. Days 1-0-0			
A. W. O. L.	Yrs. Mos. days.			
Sick misconduct				
N. P. D. I.				
A. L. W. P.				
Other absence for which no pay accrued				
(3) Total deductions				
(4) Net service, current enlistment (basis for enlistment allowance)	1-0-0 (2-3)	1-	0-	0
Total service to date of discharge (basis for longevity)	None	3-	0-	0 (1+4)

2—13678

RECORD OF Chandler, John Thomas.
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 31 March 1928

James A. Price

Commanding Officer—District Superintendent.

DISTRICT COMMANDER

GOVERNMENT PRINTING OFFICE 2—13678

42E

STATEMENT OF
PHYSICAL CONDITION ON DISCHARGE

DATE March 31 1928

I certify, that on this 31 day of March 1928:

(a) I know of no physical defect from which I am suffering or:-

(b) ~~I am suffering from physical defects as herein set forth:~~

John T Chandler
(Name)

Surfman
(Rating)

DATE March 31-1928

I certify, that on this 31 day of March 1928, I have examined John T. Chandler United States Coast Guard, and find:-

(a) That he is physically sound.

Or:-

(b) ~~That he is not physically sound for the following reasons:~~

J H Sykes M.D.
Contract Physician

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Oct., 1926

6th DISTRICT
APR 4 1928
RECD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Metomkin Inlet Station Place Accomac, Virginia Date April 1, 1928.

Chandler John T. (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Honorable Discharge March 31, 1928, (From One (1) year enlistment).
Reenlisted April 1, 1928, (For One (1) year Enlistment)

Disciplinary action:

Authority: Article 428(a) (A), Regulations.
Article 322 (a), Regulations.

G. H. Bromley. (Signature)

Boatswain, (L). (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials		✓	✓	✓

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

U.S. COAST GUARD RECEIVED APR 5 1927 BY

[1]Re- **ENLISTMENT** of Chandler, John Thomas. as Surfman,
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Metomkin Inlet, 6th District, Accomac, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, John Thomas Chandler, this 1st day of April, 1927, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Virginia on February 15, 1891 Citizenship [2]Native born

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation Surfman Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R. Chandler, Wachapreague, Virginia.
(Wife, if any)
Virginia R. Chandler, Wachapreague, Virginia.
(Children under 18 years of age)
Dixie L. Chandler, Wachapreague, Virginia.

____ Widowed? ____
(Mother, if living)

____
(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 have ____ 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.
(If "not" so state)

5. 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.

6. I was last discharged from the U. S. Coast Guard on March 31, 1927, from ~~Cutter~~ Station Metomkin Inlet
(Strike out one)
with Honorable discharge, herewith submitted, serial No. 42679
(Kind of discharge)

7. I agree to and with the United States of America, represented by George H. Bromley, United States
(Name of enlisting officer)
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 One YEAR 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 by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by George H. Bromley, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the John Thomas Chandler, who has hereunto signed his
(Name of person enlisting)
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

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD
TO PAY CARD
BY BKS
DATE 4-8-27

John Thomas Chandler
John Thomas Chandler,
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By George H. Bromley. Boatswain (L).,
(Signature and rank of enlisting officer)

8. 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.

George H. Bromley.
Boatswain (L)., U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re-".

9. OATH OF ALLEGIANCE

I, John Thomas Chandler, 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.

John Thomas Chandler

John Thomas Chandler,
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of April, A. D. 1927.

George B. Brantley, Boatswain (L).,

Metomkin Inlet C.G.Station.
(Comdg. officer, officer in charge of a unit, or notary public)

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10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of 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.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Age 36 years 1 months. Height 5 feet 6 inches. Weight 138 pounds. Eyes Blue

Hair Dark brown. Complexion Ruddy. Color White. Married No

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. H. Payne

, *U. S. P. H. S.*

---

1 Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

(6)

SPECIAL TEMPORARY ENLISTMENT.

U.S. COAST GUARD
REC'D APR 5 1927
ANS'D

CONTRACT AND RECORD.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ..... **ENLISTMENT** of Chandler, John Thomas (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard Cutter Station Wachapreague. 6th District, Wachapreague, Virginia, (Place where enlistment is made.)
(Draw line through designation not applying.)

1. I, John, Thomas, Chandler (Full name.), this 1 day of April, 192 7, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Virginia., on February 15, 1891 Citizenship Native born,

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration .....

Occupation or trade Waterman Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R. Chandler, " " (Wife, if any.)

Virginia, R. Chandler " " (Children under 18 years of age.)

Dixie L. Chandler " "

..... (Mother, if living.) Widowed? .....

..... (Next of kin, or person interested, if there are none of the above.)

3. I have ..... (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.

4. (*a*) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(*b*) I am a ..... (Rating or rank.) in the Naval Reserve Force, Class ....., enrolled ..... (Place of enrollment.), ... (Date of enrollment.)

5. 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. .....

6. I agree to and with the United States of America, represented by Henry W. Cobb (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 ~~ONE~~ TWO YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions 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, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Henry W. Cobb (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said John, Thomas, Chandler, (Name of person enlisting.), who has hereunto signed his 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

PAY AND ALLOWANCE
U. S. COAST GUARD
POSTED
1927

John Thomas Chandler
(Signature of enlisted person.)

UNITED STATES OF AMERICA.

By Henry W. Cobb Boatswain, (L), U. S. C. G.
(Signature and rank of enlisting officer.)

7. 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.

DATE 4-6-27

Henry W. Cobb

Boatswain, (L) S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."

[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

8. OATH OF ALLEGIANCE.

I, John, Thomas, Chandler (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.

John Thomas Chandler
(Signature of enlisted person.)

Subscribed and sworn to before me this 1 day of April, A. D. 1925,

Henry H. Cobb
Wachapreague Coast Guard Station, Boatswain, (L)
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

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.

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 34 years 1 months. Height, 5 feet 6 inches. Weight, 135 pounds. Eyes, Blue Hair, Brown Complexion, Ruddy Color, white Married, yes Distinguishing marks, none

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. H. Hayes
(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard $\frac{1A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

_____
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

~~June 13, 1925~~ June 4th 1925; June 21st 1925 ~~June 13, 1925~~
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

8. OATH OF ALLEGIANCE.

I, John, Thomas, Chandler (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.

John Thomas Chandler
(Signature of enlisted person.)

Subscribed and sworn to before me this 1 day of April, A. D. 1925,

Henry H. Cobb
Washapreague Coast Guard Station, Boatswain, (L)
(Title of officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of ....., of whom I am the (Father, mother, or guardian.) in the U. S. Coast Guard, as ....., to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, ..., 192 (Signature of parent or guardian.)

I certify that I have neither a parent nor guardian (Within the United States, its territory or islands of the United States.) where this enlistment is made.

(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (a) or (b) in accordance with his findings, but not both.)

Age, 21 years 1 months. Height, 5 feet 6 inches. Weight, 135 pounds. Eyes, Blue Hair, Brown
Complexion, Ruddy Color, White Married, Yes Distinguishing marks, None

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{1}{B}^{A}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(a) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

G.H. Hayes
(Rank of examining medical officer.)

(b) He has the following minor physical disqualifications under standard $\frac{1}{B}^{A}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year .....

(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

~~June 13, 1925~~ June 4th 1925; June 2nd 1925 ~~June 13, 1925~~
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[3]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable. [3] During current enlistment. 2—3476

NAME John, Thomas, Chandler

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.
Wachapreague,	6-2-26	Metomkin Inlet	6/2/26

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
June 30,1926	2.5	4	4	0	No	Wachapreague,	H.W. Cobb,
September 30-26	2.0.	4	4	0	"	" "	H.W. Cobb,
December 31,-25	3.0	4	4	0	"	" "	H.W. Cobb,
March 31,1926	3.0,	4	4	0	"	" "	H.W. Cobb,
June 30,1926	3.0	4	4	2.0	"	Metomkin Inlet	G.T. Byrd,
Sept.30,1926.	3.1	4	4	2.5	no	Metomkin Inlet	Lee Andrews.
Dec.31,1926	3.2	4	4	2.5	no	Metomkin Inlet	Lee Andrews.
Mar.31,1927,	3.2	4	4	2.5	no	Metomkin Inlet	G.H. Bromley.
Averages	2.75	4	4	1.2	no	Metomkin Inlet	G.H. Bromley.

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [1] .....

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer July 20, 1925 at Wachapreague C.G.Station,.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

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

John Thomas Chandler
(Signature of enlisted person.)

Subscribed and sworn to before me this 1 day of April, A. D. 1927,

Henry H. Cobb
Wachapreague Coast Guard Station, Boatswain, (L)
(Commissioned officer, officer in charge of a unit, or notary public.)

6. CONSENT OF PARENT OR GUARDIAN.
(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of ....., of whom I am the ..... (Father, mother, or guardian.)
in the U. S. Coast Guard, as ....., to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, ..., 192

.....
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian ..... where this enlistment is made.
(Within the United States, its territory or islands of the United States.)

.....
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.
(Examining medical officer will execute certificate (a) or (b) in accordance with his findings, but not both.)

Age, 24 years 1 months. Height, 5 feet 6 inches. Weight, 138 pounds. Eyes, Blue Hair, Brown
Complexion, Ruddy Color, White Married, Yes Distinguishing marks, None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(a) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J.H. Ayres
(Rank of examining medical officer.)

(b) He has the following minor physical disqualifications under standard $\frac{A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year .....

.....
(Rank of examining medical officer.)

11. VACCINATION.
(To be filled out upon enlistment, but any subsequent change shall be noted.)

~~June 13, 1925~~ June 4th 1925; June 21st 1925 ~~June 13, 1925~~
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[1]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable. [2] During current enlistment. 2—3476

J. :

TREASURY DEPARTMENT

UNITED STATES

U. S. MARINE HOSPITAL No. 82

PUBLIC HEALTH SERVICE

TANNERS CREEK

NORFOLK, VA.

U. S. COAST GUARD
REC'D APR 5 1927
ANS'D
By

Accomac, Va.

March, 4, 1927.

This is to certify that John T. Chandler was vaccinated against small-pox June, 4th., 1925, and against typhoid fever June 4th., June 13th. and June 21st. 1925. Small pox vaccination was successful.

Signed J.H. Ayres

J.H. Ayres,
Contract Physician.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date March 31, 1927. Place Metomkin Inlet C.G.Station. Serial No. 42679

Kind of discharge Honorable, authority of Art.413 (a) Regulations.

Discharged on account of Expiration of term of enlistment.

Is XXXXX recommended for reenlistment. Rating best qualified to fill Surfman
(If "not," so state.)

21. ON DESERTION.

(Date.), 192 (Place.)

22. ON DEATH.

(Date.), 192 (Place.) (Cause.) (Place of burial or disposition of remains.)

(Disposition of effects.)

Was death incident to service?

Certified to be correct upon termination of service March 31, 192 7.

[1] G.H. Bromley Boatswain (L)., Approved:

E.J.Osborn Commdr,6th Distri
Coast Guard.
Commanding Officer [2] ~~District Superintendent~~

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

SPECIAL TEMPORARY ENLISTMENT.

U.S. COAST GUARD REC'D APR 3 1925 ANS'D

CONTRACT AND RECORD.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] ENLISTMENT of Chandler, John, Thomas (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Wachapreague, 6th District, Wachapreague, Virginia. (Draw line through designation not applying.) (Place where enlistment is made.)

1. I, John, Thomas, Chandler (Full name.), this 1 day of April, 192 5, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; 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, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Accomac County, Virginia, on February 19, 1891 Citizenship[2] Native born,

If naturalized, place and date of naturalization ____ Certificate number ____

If intentions declared, place and date of declaration ____

Occupation or trade Waterman Home address Wachapreague, Virginia.

Full name and address of the following: Cordie R. Chandler " "
(Wife, if any.)
Virginia R. Chandler " "
(Children under 18 years of age.)
Dixie L. Chandler " "

(Mother, if living.) Widowed? ____

(Next of kin, or person interested, if there are none of the above.)

3. I have NOT 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.
(If "not" so state.)

4. (a) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(b) I am a ____ (Rating or rank.) in the Naval Reserve Force, Class ____, enrolled ____ (Place of enrollment.), ____ (Date of enrollment.)

5. 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. ____

6. I agree to and with the United States of America, represented by Henry W. Cobb (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 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 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 ~~ONE~~ TWO YEAR from the date above written, unless sooner discharged by proper authority; and also to the further conditions 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, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to such absence, amount to a full term of ~~ONE~~ TWO YEAR, 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 if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by ____ (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said John Thomas Chandler (Name of person enlisting.), who has hereunto signed his 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, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

PAY AND RECORD OFFICE U. S. COAST GUARD POSTED TO PERSONNEL CARD BY 4-3-25

John Thomas Chandler
(Signature of enlisted person.)

UNITED STATES OF AMERICA,
BY Henry W. Cobb Boatswain, U.S.C.G.
(Signature and rank of enlisting officer.)

7. 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.

Henry W. Cobb
Boatswain, U.S.C.G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3479

8. OATH OF ALLEGIANCE.

I, John, Thomas, Chandler (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.

John Thomas Chandler
(Signature of enlisted person.)

Subscribed and sworn to before me this 1 day of April, A. D. 1925.

Henry A. Babb
Wachapreague Coast Guard Station, Boatswain, (L)
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 34 years 1 months. Height, 5 feet 6 inches. Weight, 132 pounds. Eyes, Blue Hair, Brown
Complexion, Ruddy Color, White Married, Yes Distinguishing marks, None,

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $^{1}\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

J. H. Hayes

(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard $^{1}\frac{A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

_____

_____

_____
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

_____; _____
(Date last vaccinated against smallpox.) (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

_____

_____

_____

13. MERITORIOUS CONDUCT.

_____

_____

_____

_____

[1] Strike out letter not applicable.

[2] During current enlistment.

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 2520--ED. JAN. 1925

THIS APPLICATION BLANK WILL BE FORWARDED WITH ENLISTMENT CONTRACT IN CASES OF MEN ACCEPTED FOR ENLISTMENT.

APPLICATION FOR ENLISTMENT

POSITION DESIRED Surfman

WARNING

IF YOU HAVE EVER BEEN IN THE COAST GUARD, ARMY, NAVY OR MARINE CORPS AND DENY SUCH SERVICE YOUR FINGER PRINTS WILL ESTABLISH YOUR IDENTITY AND SUMMARY PUNISHMENT WILL BE FORTHCOMING FOR FRAUDULENT ENLISTMENT.

U.S.C.G. PAY & ALLOTMENT OFFICE RECD APR 3 1925

April 1 1923

I RESPECTFULLY REQUEST PERMISSION TO ENLIST IN THE UNITED STATES COAST GUARD, AND TO THAT END DO DECLARE THAT I AM 34 YEARS 1 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 John Thomas Chandler
DATE OF BIRTH Feb 15 1891
PLACE OF BIRTH Accomac County Va CITIZENSHIP Native Born
HOME ADDRESS Wachapreague Va
ARE YOU MARRIED? Yes NUMBER AND RELATIONSHIP OF PERSONS DEPENDENT ON YOU FOR SUPPORT? Wife and 2 children
ARE YOU PREPARED TO SUPPORT YOUR DEPENDENTS ON SERVICE PAY? Yes
ARE YOUR PARENTS LIVING? Father ARE YOUR PARENTS DEPENDENT YOU FOR SUPPORT? No
NAME AND ADDRESS OF NEXT OF KIN Maggie S Dunn sister Norfolk Va

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 NON-EMPLOYMENT, SUBSTITUTE SCHOOL HISTORY.

EMPLOYER'S NAME	HIS ADDRESS	HIS BUSINESS	LENGTH OF EMPLOYMENT From	To	YOU WERE EMPLOYED AS
Powell Bros	Wachapreague Va.	Fishing	March 1 1923	to March 31 1925	

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 THE REFORM SCHOOL, JAIL, OR PENITENTIARY, OR HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? No
HAVE YOU EVER SERVED IN THE U. S. COAST GUARD, NAVY, MARINE CORPS, ARMY, 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.

(OVER)

HAVE YOU EVER APPLIED FOR ENLISTMENT IN THE COAST GUARD? no

WHEN DID YOU APPLY _____ WHERE? _____

WHERE YOU ACCEPTED OR REJECTED? _____ IF REJECTED, STATE WHY _____

I FURTHER CERTIFY THAT THERE DO NOT EXIST ANY CIRCUMSTANCES CONNECTED WITH THE SUPPORT OF MY DEPENDENTS NOR ANY CONDITIONS IN MY DOMESTIC AFFAIRS WHICH, IN THE EVENT I AM ACCEPTED FOR ENLISTMENT, WOULD CAUSE ME TO SEEK A DISCHARGE PRIOR TO THE EXPIRATION OF MY PERIOD OF ENLISTMENT ON ACCOUNT OF DEPENDENCY OR THE NEED FOR MY PRESENCE AT HOME.

(SIGN YOUR FULL NAME HERE) John Thomas Chandler

ACCEPTED OR REJECTED Accepted CAUSE OF REJECTION _____

DATE April 1, 1925.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Wachapreague C.G.Station, (Unit.) Wachapreague, Virginia. (Place.)

April 1,1925, (Date.)

FROM: Surfman John,Thomas,Chandler

To: COMMANDANT (via Superintendent 6th 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 follows:

Cordie Rodgers,Chandler, (Full name of wife; if not married, so state.) Wachapreague, Virginia. (Address of wife.)

Virginia R.Chandler, (Full name of child; if none, so state.) Wachapreague , Virginia. (Address of child.)

Dixie L.Chandler, (Full name of child; if none, so state.) Wachapreague, Virginia. (Address of child.)

(Full name of child; if none, so state.) (Address of child.)

ORIGINAL

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

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

(State briefly wherein dependency exists.)

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

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

(State briefly wherein dependency exists.)

WITNESSED BY:

Henry A. Cobb

Rank, Boatswain, (L)

SIGNED:

John Thomas Chandler

Rank or rating, Surfman,

2—10348 GOVERNMENT PRINTING OFFICE

U.S.C.G. PAY AND ALLOTMENT SECTION AUG 3 1925

U.S. Coast Guard - G 17746

NAME Crowder, John Thomas.

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Averages							

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [1] .....

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer Wachapreague Sta., July 20, 1925.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, or stenography, is discharged, the fact of such proficiency shall be entered here.

SUPT. 6th DISTRICT, U.S.C.G.
APR
2
1925
RECD

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date ....., 192 Place ..... Serial No. .....

Kind of discharge ....., authority of .....

Discharged on account of .....

Is ..... recommended for reenlistment. Rating best qualified to fill .....
(If "not," so state.)

21. ON DESERTION.

....., 192 .....
(Date.) (Place.)

22. ON DEATH.

....., 192 ....
(Date.) (Place.) (Cause.) (Place of burial

....
or disposition of remains.) (Disposition of effects.)

.....

Was death incident to service? .....

Certified to be correct upon termination of service ....., 192

[1] .....

Approved:

James F. Phillips

.....
Commanding Officer[2] District Superintende

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as r by the Regulations.

(b) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transf enlisted person, the other copies shall be disposed of as required by the Regulations.

(d) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable. 2—3476 GOVERNMENT

OF SERVICE NUMBER

~~CHANDLER, John Thomas~~ Name — ~~Surf.~~ Rating — ~~Wachapreague 6th Dist.~~ Unit

The following service number has been assigned to subject man:

101-929

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
Pay and Allotment Section NOTED P. & A.
Medical Director ✓
Identification Section ✓
Personnel Records

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9964 (Rev. 3-55)

REPORT OF DEATH

OF PERSONS OTHER THAN THOSE CARRIED AS MISSING

To: Chief, Payment and Claims Division.

DATE 7 January 19 58

NAME CHANDLER, John Thomas	SERVICE NO. 101-929	GRADE OR RATING
DATE OF RECEIPT OF EVIDENCE OF DEATH 2 January 1958	ESTABLISHED DATE OF DEATH 29 December 1950	

Information concerning death of the above-listed person has been received reporting established date of death as herein set forth.

R. R. CURRY, CAPTAIN, USCG

Chief, Special Services Division

jm.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

(GROUP, PARRAMORE)
Hog Island LB Station — (Unit)

Willis Wharf, Va. — (Place)

1 January, 1946 — (Date)

FROM: CHANDLER, John T., (101-929) BMlc

TO: COMMANDANT (via DCGO, 5th NavDist)

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:

Cordie R. Chandler, (Wife)	Wachapreague, Va.
(Full name of wife; if not married, so state)	(Address of wife)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Virginia R. Nottingham	Daughter	Cape Charles, Va.
(Full name of relative)	(Relationship)	(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:

Dixie Chandler	Son	Green Bush, Va.
(Full name of relative)	(Relationship)	(Address of relative)

Potential
(State briefly wherein dependency exists)

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

John T. Chandler
JOHN T. CHANDLER
(Signature)

BMlc
(Rank or rating)

Subscribed and sworn to before me this 1 day of January, 1946

John T. Mapp
JOHN T. MAPP
(Signature)

Commanding Officer
(Rank or title)

16—25758-1

File 3-13

10 January 1958

My dear Mrs. Chandler:

It is with regret that I learn of the death of your husband, John Thomas Chandler, Boatswain's Mate, first class, United States Coast Guard, Retired. SN(101 929)

While he was an active member of the Coast Guard he attained an enviable record of honorable service to his country.

I trust that the memory of the esteem in which he is held will help to sustain you in this sad hour. Please permit me to extend my sympathy to you and your family.

Sincerely yours,

A. C. RICHMOND

A. C. RICHMOND
Vice Admiral, U. S. Coast Guard
Commandant

Mrs. John Thomas Chandler
Wachapreague
Virginia

Date of Death: 29 December 1957

RARoy:rar 7 January 1958

RC RHW A

389

mjm.

40854

F 3-13

CHANDLER, J[ohn] Thomas (101-929)BM1, Ret.

File 3 - 13

Form V. S. 12 — 40M—7-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Registration District No. 5

1. PLACE OF DEATH
a. COUNTY Accomac
b. CITY OR TOWN Wac
c. HOSPITAL OR INST

3. NAME OF DECEASED (Type or Print)

5. SEX M

6.

10a. USUAL OCCUPATION (done during most of working Coast Guar

13. FATHER'S NAME Edwa

15. NAME OF HUSBAND OR WIFE OF DECEASED Cordie Chandler

SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE Chandler Wachapreague, Va

ed. If institution: residence before admission) COUNTY Accomack

☐ Inside ☐ Outside } Corporate Limits

g address)

(Month) (Day) (Year) Dec. 29 1957

IF UNDER 1 YR. Months Days | IF UNDER 24 HRS. Hours Min.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

tes

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Embolus & Brain — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Failure — 1½ day
DUE TO (c) Coronary Occlusion — 1½ day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6- 1955 to Dec. 29 1957, that I last saw the deceased alive on Dec. 29 1957, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE Belle D. Fears (Degree or title) M.D.

23b. ADDRESS Accomac Va

23c. DATE SIGNED Jan 1-1958

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-31-57

24c. NAME OF CEMETERY OR CREMATORY Mt. Holly

24d. LOCATION (City, town, or county) (State) Onancock, Va

DATE REC'D BY LOCAL REG. Jan. 2-58

REGISTRAR'S SIGNATURE Mrs. Harold L. Turner

25. FUNERAL DIRECTOR'S SIGNATURE Carlisle M. Williams

ADDRESS Onancock, Va

COMM… DEPARTMENT OF HEA…

Registration District No. 5 — Registered No. 62

1. PLACE OF DEATH
a. COUNTY: Accomack
MAGISTERIAL DISTRICT: Pungoteague
b. CITY OR TOWN: Wachapreague — ☐ Inside ☐ Outside } Corporate Limits
c. HOSPITAL OR INSTITUTION
d. LENGTH OF STAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Virginia
b. COUNTY: Accomack
c. CITY OR TOWN: Wachapreague — ☐ Inside ☐ Outside } Corporate Limits
d. STREET ADDRESS (If rural, give mailing address)

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Thomas c. (Last) Chandler

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1957

5. SEX: M

6. COLOR OR RACE: W

7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 2-15-1884

9. AGE (In years last birthday): 73
IF UNDER 1 YR. Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coast Guardsman

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Chandler

14. MOTHER'S MAIDEN NAME: Kate Custis

15. NAME OF HUSBAND OR WIFE OF DECEASED: Cordie Chandler

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE: Cordie Chandler, Wachapreague, Va

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Embolus & Brain — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Failure — 1½ day
DUE TO (c) Coronary Occlusion — 1½ day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15 1955 to Dec. 29 1957, that I last saw the deceased alive on Dec. 29 1957, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE: Belle D. Fearo (Degree or title) M.D.
23b. ADDRESS: Accomac Va
23c. DATE SIGNED: Jan 1 1958

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-57
24c. NAME OF CEMETERY OR CREMATORY: Mt. Holly
24d. LOCATION (City, town, or county) (State): Onancock, Va

DATE REC'D BY LOCAL REG.: Jan. 2-58
REGISTRAR'S SIGNATURE: Mrs. Harold L. Turner
25. FUNERAL DIRECTOR'S SIGNATURE: Carlisle M. Williams
ADDRESS: Onancock, Va

Form V. S. 12 — 40M—7-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I certify that this is a true copy of the death certificate filed with the Local Registrar of Vital Statistics for Registration District No 5 County of Accomac, Virginia

Jan - 9 - 1958

Mrs. Harold L. Turner
Local Registrar

CARLISLE WILLIAMS

EVELYN WILLIAMS

Onancock, Va., JAN 10 1958 19

Mrs. Sadie R. Saunders

Nassawadox, Va.

To Williams Funeral Home, Dr.

TELEPHONE SUNSET 7-2340

Dec. 31	For Complete funeral services of Mr. John D. Saunders	$575.00

U. S. COAST GUARD

JAN 16 1958

PERSONNEL
SPECIAL SERVICES

We attended and witnessed the Marriage of Cordie R. Mears
to John Thomas Chandler, Date April 14, 1904
Ceremony performed by, Rev Jordan (deceased)
Home of A. Mears, Onley, Virginia, Parent of Cordie R. Mears

Witness, Charlie to Address, Thornton Va.

Witness, Mamie J Thornton Address, Harborough Va

File - 3 - 1340854

(PS-1)

1772
16 September 1966

Veterans Administration
Regional Office
Roanoke, Virginia 24001

RE: CHANDLER, John Thomas 101-929
BM1, USCG, Retired, Deceased
XC 20 672 088

Dear Sirs:

The enclosed letter from the widow of subject named man concerning a reduction in her pension is forwarded for your consideration and reply inasmuch as the records in this case are in your custody.

It is requested that Mrs. Chandler be advised of action taken.

Mrs. Chandler has been advised of our referral.

Very truly yours,

JAMES W. KINCAID
Captain, U. S. Coast Guard
Chief, Personnel Services Division
By direction of the Commandant

Encl: (1) Letter from Cordie R. Chandler
dated 23 August 1966

VCWILSON:nlc 16 September 1966

(PS-1)

1772
101-929
16 September 1966

Mrs. Cordie R. Chandler
Wachapreague, Virginia 23480

Dear Mrs. Chandler:

This will acknowledge receipt of your letter of 23 August 1966 requesting to be advised why your pension was reduced from $64.00 to $48.00.

In reply you are advised that the award of pensions for the eligible surviving dependents of deceased military personnel are provided by laws administered by the Veterans Administration. Since there are no benefits being paid to you by the Coast Guard, your letter is therefore being forwarded to the Veterans Administration Regional Office, Roanoke, Virginia inasmuch as that office has custody of your records.

Should you find it necessary to make further inquiry to that office regarding your check, it will facilitate identification of the records if reference is made to the Claim Number XC 20 672 088.

Very truly yours,

JAMES W. KINCAID
Captain, U. S. Coast Guard
Chief, Personnel Services Division
By direction of the Commandant

VCWILSON:nlc 15 September 1966

-XC-20-672-088
R.D. Roanoke

6-7

Waskaguague, Va
Aug 23 - 66

U. S. Coast Guard
allotment office.
Washington, D. C.

AUG 29 1966
32
PERSONNEL SERVICES DIVISION

Dear Sir,

I wish you would be so kind as to let me know why my allotment check was reduced from sixty four (64.00) dollars to forty eight (48.00) several months back. I dont seem to be able to find any reason for it as I have talked with other widows in this town and one that was getting the same amount as I was is still getting her same amount and some of the others got a raise the same month mine was reduced.

I would very much appreciate it if you would look into

I feel I am due it, same as others and sure can use it, as sixteen dollars off a check each month sure cuts me short.

I sure will appreciate you investigating this.

Mrs. Cordie R. Chandler
Wachapreague,
Va. 23480.

Treasury Department
U. S. Coast Guard

C. G. 9545
Revised Sept. 1941

~~#117~~

1D05713.

40854

SINGLE
MARRIED
WIDOWED
DIVORCED

CHANDLER, John Thomas
(NAME)

101-929
(SERVICE NUMBER)

Other creditable service—

YRS. MOS. DAYS

~~RETIRED~~

16—11203

Birth, date of 15 February, 1891

Birth, place of Cashville, Accomac Co., Va.

Citizenship N

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
~~5TH~~ DIST. OFFICE	7-1-47	BM1c	22	3	0	RETIRED: HL - 6-30-47 Retired for PHYSICAL DISABILITY
*DIED ON 29 DECEMBER 1957						
						AGE: 56 Yrs. 4 Mos.

~~(FOR HOME ADDRESS SEE OTHER SIDE)~~

DIEBOLD 2116-757 16—11203-1

C.S.C. 923 issued 4-1-32 ✓ (2)

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938 (4) 3-31-41

REGISTER ENLISTED FORCE

CHANDLER, John Thomas (101-929)

DUE FOR INOCULATION
DUE FOR VACCINATION

SINGLE
MARRIED X
WIDOWED
DIVORCED

For creditable service — YRS. MOS. DAYS

Birth, date of February 15, 1891
Birth, place of Cashville, Accomac Co., Va.
Citizenship NB. ✓

17 Ordered to appear 5-4 RB 2-8005

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
OG ISLAND (ND)	7-1-39	Surfman				G.O. 37. 6-20-39
KEY PT.LIGHT STA(ND)	10-5-40	Surfman				Tr.
ADWATER STA.(ND)	10-30-40	Surfman				Tr.
LLIS WHARF (ND)		Surfman				Reorganization
LLIS WHARF (ND) ✓	8-1-41	B.M.1c.				CR.
WILLIS WHARF (ND)	4-30-42	B.M.1c.			#	Enl. Ext. 3 years
PAGES ROCK L.STA.(T)	5-14-42	B.M.1c.				TR
ILLIS WHARF STA.(ND)	6-19-42	B.M.1c				Tr.
(ND) Deep Water Shoal Sta	11-5-42	B.M.1c.				TR Temp.
Norfolk District	1-6-43	B.M.1c.				TR.
Newport News Middle Ground Fl. Sta.	1-7-43	B.M.1c.				TR. TD made from 4/1/43
Tingray Pt. Lt Sta (ND)	8. 22 43	B M 1C				TR
ARRAMORE-Group (ND)	11-7-44	BM1c.				TR. (Hog Is. L.B. Sta.)
ARRAMORE Group (ND)	4-24-45	BM1c				HD EXT OF ENL & EXT
ARRAMORE Group (ND)	4-25-45	BM1c	JUL 1 1946			RE 4 YRS REGULAR

C.S.C. 923 issued 4-1-32 ✓ (2)

Form 9545
TREASURY DEPARTMENT
COAST GUARD
Revised April 1938

(4) 3-31-41

REGISTER ENLISTED FORCE

DUE FOR INOCULATION
DUE FOR VACCINATION

SINGLE
MARRIED X
WIDOWED
DIVORCED

CHANDLER, John Thomas (101-929)

Other creditable service— YRS. MOS. DAYS

Birth, date of February 15, 1891

Birth, place of Cashville, Accomac Co., Va.

Citizenship NB. ✓

27 Order to appear 5th RD 2—8095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
HOG ISLAND (ND)	7-1-39	Surfman				G.O. 37. 6-20-39
TURKEY PT. LIGHT STA (ND)	10-5-40	Surfman				Tr.
BROADWATER STA. (ND)	10-30-40	Surfman				Tr. Hog Is. L.S.
WILLIS WHARF (ND)		Surfman				Reorganization
WILLIS WHARF (ND) X	8-1-41	B.M.1c.				CR.
WILLIS WHARF (ND)	4-30-42	B.M.1c.			#	Enl. Ext. 3 years
PAGES ROCK L.STA. (T)	5-14-42	B.M.1c.				TR
WILLIS WHARF STA. (ND)	8-19-42	B.M.1c				Tr.
Deep Water Shoals L. Sta (ND) X	11-5-42	B.M.1c.				TR Temp.
Norfolk District X	1-6-43	B.M.1c.				TR.
Middle Ground Lt. Sta. Newport News	1-7-43	B.M.1c.				TR TD made perm. 6/1/43
Stingray Pt. Lt. Sta (ND)	8-22-43	B.M.1c.				TR
PARRAMORE-Group (05)	11-7-44	BM1c.				TR. (Hog Is. L.B. Sta.)
PARRAMORE Group (05) Post	4-24-45	BM1c				HD EXP OF ENL & EXT
PARRAMORE Group (05)	4-25-45	BM1c		JUL 1 1946		RE 4 YRS REGULAR

C.S.C. #923, issued 4-1-32

Health record issued 1-23-34

Form 9545
TREASURY DEPARTMENT
Coast Guard
Revised Mar., 1930

(3) 3-31-37

REGISTER ENLISTED FORCE

DUE FOR INOC. Exempt (age)
DUE FOR VAC. 9-42

SINGLE
MARRIED X
WIDOWED
DIVORCED

CHANDLER, John Thomas 101 929

other creditable service— YRS. MOS. DAYS

Birth, date of, February 15, 1891

Birth, place of, Cashville, Accomac Co, Va.

Citizenship, N. Ri. 8. 4-7-32

2—S095

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
MACHAPREAGUE (6)	4-1-25	Surfman				SPECIAL TEMPORARY Orig.Enl.TWO YEARS
METOMKIN INLET (6)	6-2-26	Surfman				Tr.
METOMKIN INLET (6)	3-31-27	Surfman				HD.
METOMKIN INLET (6)	4-1-27	Surfman				Re.to REGULAR.
MACHAPREAGUE (6)	8-15-28	Surfman				Tr.
MACHAPREAGUE (6)	3-31-32	Surfman				HD.
MACHAPREAGUE (6)	4-1-32	Surfman				Re.TWO YEARS.
NORTH BEACH (6)	9-21-33	Surfman				Tr.
NORTH BEACH (6)	3-31-34	Surfman				HD.
NORTH BEACH (6)	4-1-34	Surfman				Re. TWO YEARS REGULAR
NORTH BEACH (6)	4-24-36	Surfman				HD.Enl.ext.hospitalization.
NORTH BEACH (6)	4-25-36	Surfman				RE.REGULAR.THREE YEARS. NEW DATE ENL.
HOG ISLAND (6)	4-18-38	Surfman				Tr.
HOG ISLAND (6)	4-24-39	Surfman				HD.
HOG ISLAND (6)	4-25-39	Surfman				# Re. THREE YEARS REGULAR

See Card #2.

UNITED STATES COAST GUARD
Washington 25, D. C.

Address Reply To
THE COMMANDANT (PO)
Refer To File: CG-71-72

NOV 18 1947

From: Commandant
To: John T. Chandler BMlc Ret.

Subj: Retired identification card; completion of

1. There is inclosed herewith retired identification card No. 4417 that will be issued to you.

2. Place your signature and right index (or other) fingerprint in the spaces provided on the back of the card. Put no other data on card itself.

3. Fill in the following blanks on this sheet only, not on card:
Color of Hair Black Color of Eyes Blue
Height 5-6 Inches Weight 170
Date of Birth 7-15-20
Permanent address Fro Chapreague va

4. Sign Ind-1 below and return the card and this letter to the Commandant (PO) in the inclosed envelope for validating and completion.

B. A. Shaw
B.A. SHAW
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-1

From: John T Chandler
To: Commandant (PO)

Card returned for validating and completion.

John T Chandler
Signature

Ind-2
Commandant (PO)

From: Commandant
To: John T. Chandler BMlc Ret.

Please acknowledge receipt of the completed identification card No. 4417 by signing Ind-3 and return to the Commandant (PO).

B. A. Shaw
B.A. Shaw
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-3

From: J T Chandler
To: Commandant (PO)

Receipt is acknowledged.

John T Chandler
Signature

A-6051

PE-PR 11
CO-73

26 November,1947.

Mr. John T. Chandler,
Wachapreague,
Virginia.

Dear Sir:

In reference to your letter dated 21 October,1947, requesting payment for your unused leave, you are informed that under the provisions of the Armed Forces Leave Act 1946 as amended, that cash settlement for unused leave is not authorized for personnel who were retired subsequent to 31 August,1946 and prior to 1 October,1947. As you were retired 1 July,1947, no payment for unused leave is authorized.

Your leave papers are returned herewith.

By direction of the Commandant.

B.A.Shaw, Chief,Processing & Record Section.
Enlisted Personnel Division.

Incl.
(2) Leave papers.

U. S. COAST GUARD
MAIL SECTION
MAILED NOV 26 1947

MT; Thorman-return to 3-13

Oct. 21. 1947
Wachapreague
Va

To coast Guard Heads Quarts
I had 60 Days Accumed leave
I was put on leave 27 Day
of May and was Retire on the
last day of June. 30-1947
Wich leave me 28 Days to my
credit I want to no if I cant
get Pay for them I have
Not Done any work Since
I have ben Retired and cant do
any work I hope you will
tend to this for me and hope
I can get Pay for it I am
Send my papers Please Send my
Papers Back I thank you
Verry much yours Truly

J T Chandler

U. S. COAST GUARD

John T Chandler

Waechapreague Va

OFFICIAL BUSINESS

PENALTY FOR [illegible] TO AVOID PAYMENT [illegible] $300.





Commandant CPE-PR-1

U S Coast Guard

STA 3-13-1300-E-ST-NW

Washington 25 D C

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

FILE
B.A.S.

No. 00070

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
CHANDLER, John T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE, 5TH CG DISTRICT		Norfolk, Va.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
05-001		3 July, 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)

7-1-47: Placed on the retired list of the USCG.

PEA-E
18

DUTY CODE NO. 18-D
AUTH: H/L (PE-C), 6-30-47 CG-73-706

F. A. MAIER
By direction
dfm-

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

File

(pmp)

CG-73

8 July, 1947

From: Commander, 5th Coast Guard District
To: The Commandant (PE)

Subj: Personnel Records; forwarding of.

The service and health records of the below-named man, who were placed on the retired list of the Coast Guard on 1 July, 1947, are herewith forwarded.

MIDGETT, Sumner K.	(107-307)	CBM
CHANDLER, John T.	(101-929)	BM1c
TAYLOR, Harvey	(110-177)	BM1c(L)
VANDEVANDER, Carl	(110-558)	WT1c
GALLOP, Reuben	(212-516)	BM2c

F. A. MAIER,
By direction

NAVCG 2538
U. S. COAST GUARD
October 1937

FILE
L. LeB

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

(Unit)

Wachapreague, Virginia
(Place)

July 5, 1947

Upon being retired from active duty on July 1, 1947, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Cordia R. Chandler, Female, 63, Wife	

I hereby certify that the above signatures were signed in my presence this 11th, 1947

(Signature of certifying officer and title)

John Thomas Chandler
(Signature of retired person)

B.M.1c.
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 15 July, 1947

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

U. S. COAST GUARD
MAIL SECTION
MAILED JUL 16 1947

T. LE BLANC
Lt. Commander, USCG

By direction,

(Rank)
~~Assistant Commandant~~

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

DCGO, 5ND
CG-73
4 July, 1945

(d) Subject man reported to the District Office, Norfolk, Virginia on 5 November, 1942 from Hog Island and was absent temporary duty at Deep Water Shoals Light Station from that date to 20 December, 1942 and reported back to Hog Island Lifeboat Station on 22 December, 1942.

(e) On 6 January, 1943 Chandler reported to District Office Norfolk, Virginia and was immediately transferred to Newport News Middle Ground Light Station where he was stationed until 21 August, 1943. He reported to Stingray Point Light Station on 22 August, 1944.

2. Article 1 should be corrected, and the Commandant (PEA-E-37) informed of the muster roll corrections to be made.

3. Articles 3 and 10 should be corrected accordingly.

4. Article 18 has not been completed.

5. The inclosed carbon copies of Form 2529 were received with the original, and are returned for your disposition.

M. K. HUTCHINSON
By direction

Incl
1. Service record dated 25 April, 1939
2. Carbon copies of Form 2529 dated 25 April, 1945 (2)

U.S. COAST GUARD
MAIL SECTION (4)
JUL 5 1945

HIF:sjb
Fredericks 313 Return to 314

A.O.

(PEA-E-37)
CO-73

4 July, 1945

To: DCGO, 5ND

Subj: CHANDLER, John T. (101-929) BM1c; correction of records

1. The inclosed service record of subject man, who was discharged by reason of expiration of enlistment and extension thereof on 24 April, 1945, at CG Group, Parramore, Virginia, is returned for the following reasons:

(a) Article 1 indicates that Chandler was attached to the District Office, Norfolk, Virginia from the time of enlistment until 1 March, 1941. However, his enlistment contract shows that he was attached to Hog Island Lifeboat Station at the time.

(b) Muster rolls for Hog Island Lifeboat Station report that Chandler was Atd from that unit to Wicomico Light Station from 15 January, 1941 through the month of April, 1942, and shows him reporting from Stingray Point Light Station on 4 May, 1942. The 5th Naval District Light Station's muster roll reports Chandler attached to Wicomico Light Station from 15 January, 1941 to 1 March, 1941, at which time he was transferred to Stingray Point Light Station.

(c) Also, Article 1 indicates that Chandler was attached to Stingray Point Light Station from 1 March, 1941 to 26 October, 1944. However, muster rolls report that for the period from 1 May, 1942 to 21 August, 1943, he was attached to various units, with no indication that he was present temporary duty from Stingray Point Light Station. The 5th Naval District muster rolls report that Chandler was transferred from Stingray Point Light Station on 1 May, 1942; was attached to Pages Rock Light Station from 14 May, 1942 to 5 September, 1942; and was attached to Washington Light Station from 5 September, 1942 to 19 September, 1942. Hog Island Station muster rolls report that Chandler reported to that unit on 19 August, 1942 from Pages Rock Light Station and was transferred to the District Office, Norfolk, Virginia on 5 September, 1942 and reported back to the lifeboat station on 26 October, 1942. The District Office muster roll indicates that he reported to that unit on 22 September, 1942 from temporary duty at Wade Point Light Station and was immediately transferred to Old Plantation Flats Light Station for temporary duty. He is not reported on the District Office roll for October, 1942.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John Thomas (Name, surname first) | 101-929 (Service number) | BMlc (Rank or rating) | HOG ISLAND LBS (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 Norfolk, Va., Date 22 May, 1945, 19

To: Medical Officer in Charge, USMH
Norfolk, Va.

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 HOG ISLAND LBS, HOG ISLAND, VA.

John T Chandler
(Signature of patient)

Ernie E. McLeod, CPhM
ERNIE E. McLEOD, CPhM
C. G. Representative — U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Norfolk, Va., Date 23 May, 1945, 19

I CERTIFY that I have examined the above-named person and find him suffering from
13.552 Epithelioma (carcinoma) basal cell of skin
Possible malignancy of lower lip
(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 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USMH, Norfolk, Va. {*hospital / *office} on 5-23-45 at 1355, 19

Ingfrid Geller
G. GELLER
P. A. SURGEON (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

MAY 22 1945

CHANDLER, John T.	101-929	B.M.1-c	Hog Island Lifesta
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
*TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawodox, Va., Date 17 May, 19 44

To: Hog Island LB Sta.
(Coast Guard unit)

Willis Wharf, Va.
(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
Lumbago	207	May 9	May 17.

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

Returned to Duty

CONDUCT REPORT:

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

W. O. Stringer
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.

REC'D. U. S. 5ND JUL 16 1945 MEDICAL OFFICE

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

FILE

ohn T. (name, surname first) 101-929 (Service number) B.M.1-c (Rank or rating) Hog Island Lifesta (Unit)

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

...GULAR (Enlistment status)

Place Willis Wharf, Va., Date 9 May, 19 45

To: Dr. W. J. Sturgis

Nassawodox, Va.

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 Hog Island CB Station

JOHN T. CHANDLER (Signature of patient)

Roland F. Annis
ROLAND F. ANNIS, C.B.M.
Officer in Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 9 May, 19 45

I CERTIFY that I have examined the above-named person and find him suffering from 207 Lumbago

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at ... {*hospital / *office} on 9 May, 1945

W J Sturgis
D.D.S.
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.

RECD JUL 16 1945

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
CHANDLER, John T.	101-929	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP, PARRAMORE, VA.	Hog Island Lifeboat Station	Willis Wharf, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-044)	24 April, 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)

24 April, 1945

Discharged with Honorable Discharge By reason of expiration of enlistment and extension thereof.

DUTY CODE NO. 29 D
AUTH: Per. Bul. 103-44

John T. Mapp
JOHN T. MAPP
(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
PEA-E 37	CODED NO. 6

Machine Accounting
Punched _____
Verified _____

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

Form #23
DCGO, 5ND(f)
(Tentative)

UNITED STATES COAST GUARD
POST OFFICE BOX #540
NORFOLK, 1, VIRGINIA

Name CHANDLER, John T. Service No. 101-929

Rank or Rate B.M.1-c Station Hog Island Lifesta, Willis Wharf, Va.

The essential features of National Service Life Insurance have been explained to me and I do not desire to make application at this time for the following reasons: I have additional insurance outside.

Amount of Government or National Service Life Insurance now being carried $ 3,000.00.

John T Chandler

JOHN T. CHANDLER
Signature

Witness:
Vernon C Sterling
VERNON C. STERLING
Insurance Officer

2-12-45
Date

INSTRUCTIONS:

This form must be completed and signed in duplicate by each officer and enlisted person of the U.S.Coast Guard, 5ND, REGARDLESS OF THE AMOUNT OF INSURANCE NOW IN FORCE.

In the case of an officer, both original and duplicate must be mailed to the Insurance Officer, DCGO,5ND, P.O.Box #540, Norfolk,1,Va.

In the case of an enlisted person, the original must be filed in the Serviceman's jacket and the duplicate only must be mailed to the Insurance Officer, DCGO,5ND, P.O.Box #540, Norfolk,1,Va.

See District Personnel Circular No. 2-45 for additional details.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

CHANDLER, John T.	(101-929)	B.M.1c	Parramore Beach LB Sta., Wachapreague, Va.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

(Enlistment status) REGULAR ~~SPECIAL~~ ~~TEMPORARY~~ ~~RESERVE~~

FINAL MEDICAL CERTIFICATE

Place Norfolk, Va, Date Nov. 7, 19 44

To: CG, CG STA., WACHAPREAGUE, VA.
(Coast Guard unit)

(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
Sunburn	207	Oct. 27.	Nov. 7

He {*is *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
absence from duty from 10-27-44
to 11-7-44, due to sickness

CONDUCT REPORT:

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

W. J. Bourgeois
a a U. S. Public Health Service.
16—27156-1

REG'D N.C.G. MAY 22 1945 MEDICAL OFFICE

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

MAY 21 19[illegible]

Parrampre Beach LB Sta., Wachapreague, Va.

CHANDLER, John T.	(101-929)	B.M.1c	
(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
~~RESERVE~~
~~TEMPORARY~~
~~RESERVE~~
(Enlistment status)

In Transit to

Place CG STA., WACHAPREAGUE, VIRGINIA Date 27 October, 1944

To: Dr. W. A. STURGIS,

Nassawadox, Virginia

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 Commadning Officer, Coast Guard Station, Wachapreague, Virginia

John T. Chandler
(Signature of patient)

William B. Turlington
WILLIAM B. TURLINGTON
By Direction
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 27 October, 1944

I CERTIFY that I have examined the above-named person and find him suffering from 207 Lumbago

(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 10 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at _____ {*~~hospital~~ / *office} on 27 October, 1944

REC'D. U. S. PUBLIC HEALTH SERVICE MAY 22 1945 MEDICAL OFFICER

W. A. Sturgis
A. A. S.
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.

10—27156-1

NCG 2599
U. S. Coast Guard
(Jan. 1943)

252

REPORT OF CHANGE IN PERSONNEL

CHANDLER, (Surname) John (First name) T. (Middle initial) 101-929 (Service No.) BM1c (Rank or rating)

Hog Island Lifeboat Station (05-44)
GROUP, PARRAMORE, (Unit) Wachapreague, Va. (Place) 7 November, 1944 (Date)

1600, 7 November, 1944 - This hour, this date reported for duty from STINGRAY POINT LIGHT STATION via UPPER CEDAR POINT LIGHT STATION for TD.

DUTY CODE NO. 29 D
AUTHORITY: DCGO 5ND/L 10-19-44 (pra) (73-531) Order No. 464-44

William B Turlington
WILLIAM B. TURLINGTON, CBM
(Commanding)

By direction
(Title)

RATE	R P	EXP-ENL	PAY GRADE	NEXT PAY PER	D OT	FOR	DUTY
201			2		05	2	29
II	III	X	XIV	XV		XX	XXI

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	COLE NO. 9		PEA-E 51

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 10—29594-1

EXAMINED PEA-E-65

OPERATOR No. 12

OPERATOR No. 60

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

REPORT OF CHANGE IN PERSONNEL

CHANDLER	John	T.	101-929	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

STINGRAY POINT LIGHT STATION ✓	(05-148)	Grimstead, Va	28 October, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1200 - 26 October, 1944: Rptd fm Upper Cedar Point Light Station Owens, Va for resumption of regular duty.

1500 - 26 October, 1944: Transferred to CG Group, Parramore, Va for assignment to duty.

DUTY CODE No.: 30-D
AUTHORITY:

Art 710 Regs.

D. E. SPINNEY
(Commanding)

By direction
(Title)

mrm-e-50

NO POSTING REQUIRED PEA-E-65

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

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
CHANDLER	John	T.	101-929	BM1c

(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)
UPPER CEDAR POINT LIGHT STATION ROUTE 3	(05-127)	Owens, Va.	28 October, 1944

(Minor unit)

1900 - 25 October, 1944: Temporary duty terminated and transferred to Stingray Point Light Station, Grimstead Va for resumption of regular duty.

DUTY CODE No.: 30-D
AUTHORITY:
Art 710 Regs.

D. E. SPINNEY
(Commanding)

By direction
(Title)

mrm-e-50

NO POSTING REQUIRED PEA-E-65

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

CHANDLER,	John	T.	101-929	BM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

UPPER CEDAR POINT LIGHT STATION	(05-127)	Route 3 Owens, Va.	25 October, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

(Minor unit)

1200 - 21 October, 1944: Rptd fm STINGRAY POINT LIGHT STATION fr temporary duty.

DUTY CODE No.: 30-D
AUTHORITY:
Art. 710 Regs.

D. E. SPINNEY
(Commanding)

By direction
(Title)

vc-m-19

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

NO POSTING REQUIRED

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

CHANDLER, John T. 101-929 BM1c
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

STINGRAY POINT LIGHT STATION (05-148) Grimstead, Va. 25 October, 1944
(Major unit) (Unit Item No. or vessel's assigned district) (Place) (Date)

(Minor unit)

1945 - 19 October, 1944: Tr to UPPER CEDAR POINT LIGHT STATION, Route 3 Owens, Va. fr temporary duty.

DUTY CODE No.: 30-D
AUTHORITY:

Art. 710 Regs.

D. E. SPINNEY
(Commanding)

By direction
(Title)

vc-m-19

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

NO POSTING REQUIRED

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

PE38-73-7010

WAW

FILE
W. P. S.

6 January, 1943.

From: Commandant.
To: Commanding Officer, Willis Wharf Station.

Subject: CHANDLER, John T., (101-929), B.M.,1c; correction of records.

Reference: (a) Muster roll, November, 1942.

1. Reference (a) reports Chandler as chief boatswain's mate. According to Headquarters' records his rating is boatswain's mate, first class.

2. Advise Headquarters of the date, place and authority for Chandler's advancement to chief boatswain's mate.

F. X. BAINE,
By direction.

U. S. COAST GUARD (11)
JAN 8- 1943

B. Gerowe Rm. 3302 3-12

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 April, 1941.

From: Commandant.
To: Commander, NORFOLK DISTRICT.

Subject: CHANDLER, John Thomas (101-929) ~~Surfman:~~ Statement of service of. (Broadwater Sta.)

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 11 April, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
4-1-25	3-31-27 H D	None		None		None	
4-1-27	3-31-28 H D	None		None		None	
4-1-28	3-31-29 H D	None		None		None	
4-1-29	3-31-30 H D	None		None		None	
4-1-30	3-31-31 H D	None		None		None	
4-1-31	3-31-32 H D	None		None		None	
4-1-32	3-31-34 H D	None		None		None	
4-1-34	4-24-36 H D	None		None		None	
4-25-36	4-24-39 H D	None		None		None	
4-25-39		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	16	0	11
Navy service			
Other service			
Total	16	0	11

Completed 16 years service 31 March, 1941.

By direction:

MAILED
APR 11 1941

F. E. ALLISON, MAIL DESK
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

ncs J.W.P. Bas.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 April, 1941.

From: Commandant.
To: Commander, NORFOLK DISTRICT.

Subject: CHANDLER, John Thomas (101-929) Surfman: Statement of service of. (Broadwater Sta.)

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 11 April, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
4-1-25	3-31-27 H D	None		None		None	
4-1-27	3-31-28 H D	None		None		None	
4-1-28	3-31-29 H D	None		None		None	
4-1-29	3-31-30 H D	None		None		None	
4-1-30	3-31-31 H D	None		None		None	
4-1-31	3-31-32 H D	None		None		None	
4-1-32	3-31-34 H D	None		None		None	
4-1-34	4-24-36 H D	None		None		None	
4-25-36	4-24-39 H D	None		None		None	
4-25-39		None		None		None	
Now serving							

	Yrs.	Mos.	Days
Total C. G. service	16	0	11
Navy service			
Other service			
Total	16	0	11

Completed 16 years service 31 March, 1941.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 31 March, 1937.

From: Commandant.
To: Commander, SIXTH DISTRICT, Chincoteague, Va.
Subject: CHANDLER, John Thomas (101-929) Surf.; Statement of service of.
(North Beach Sta.)
Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 31 March, 1937.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
4-1-25	3-31-27 H D	None		None		None	
4-1-27	3-31-28 H D	None		None		None	
4-1-28	3-31-29 H D	None		None		None	
4-1-29	3-31-30 H D	None		None		None	
4-1-30	3-31-31 H D	None		None		None	
4-1-31	3-31-32 H D	None		None		None	
4-1-32	3-31-34 H D	None		None		None	
4-1-34	4-24-36 H D	None		None		None	
4-25-36 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	12	0	0
Navy service			
Other service			
Total	12	0	0

Completed 12 years service on 31 March, 1937.

By direction:

E. T. OSBORN,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcs J.H. Perm

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 31 March, 1933.
5 April, 1929.

From: Commandant.
To: Commander, Sixth District, Lewes, Delaware.

Subject: CHANDLER, John Thomas (101 929), Surfman; Statement of service of.
(Wachapreague Station).

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 31 March, 1933.

The records at Headquarters show that [illegible] has had previous creditable [illegible] as follows:

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates) FROM	TO	SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates) FROM	TO	NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates) FROM	TO
Coast Guard (enlisted service)						Yrs. Mos. Days. 4 0 0	
Navy (enlisted service)							
Naval Reserve Force (active enlisted service)							
4-1-25 Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey and Public Health Service, (all active service as a warrant or com-	5-31-27 (Hon.)	None		None		None	
4-1-27 missioned officer from 6 April, 1917, to 31 December, 1921)	3-31-28 (Hon.)	None		None		None	
4-1-28 TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in	3-31-29 (Hon.)	None		None		None	
4-1-29 Art. 31 (3), Pay and Supply Instructions	3-31-30 (Hon.)	None		None		None	
Army (all service other than above)						4 0 0	
4-1-30 Navy (all service other than above)	3-31-31 (Hon.)	None		None		None	
Naval Reserve Force (all service other than above)							
4-1-31 Marine Corps (all service other than above)	3-31-32 (Hon.)	None		None		None	
Coast Guard (all service other than above)							
4-1-32 Coast and Geodetic Survey (all service other than above)		None		None		None	
Now serving. Public Health Service (all service other than above)							
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions							
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations							
Copy to P & A.							

Completed four (4) years service on 5 March, 1929. 4 0 0

	Yrs.	Mos.	Days
Total C. G. service	8	0	0
Navy service			
Other service			
Total	8	0	0

Completed 8 years service on 31 March, 1933.

By direction:
F. C. BILLARD.

C. M. JONES
W. B. SCHEIBEL,
Chief, Personnel Section.
Ass't Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—15507

R&H J&P

JAN 16 1941

5 April, 1929.

From: Commandant.
To: Commander, SIXTH DISTRICT, Lewes, Delaware.

Subject: Record of Service.

Inclosure:

1. The records at Headquarters show that John Thomas CHANDLER Surfman has had previous creditable service under the United States: up to and including 31 March, 1929 as follows:

	Yrs.	Mos.	Days.
Coast Guard (enlisted service)	4	0	0
Navy (enlisted service)			
Naval Reserve Force (active enlisted service)			
Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey and Public Health Service, (all active service as a warrant or commissioned officer from 6 April, 1917, to 31 December, 1921)			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31 (3), Pay and Supply Instructions	4	0	0
Army (all service other than above)			
Navy (all service other than above)			
Naval Reserve Force (all service other than above)			
Marine Corps (all service other than above)			
Coast Guard (all service other than above)			
Coast and Geodetic Survey (all service other than above)			
Public Health Service (all service other than above)			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations			
Completed four (4) years service on 31 March, 1929.	4	0	0

Copy to P & A.

F. C. BILLARD.

C. N. JONES
GEO. E. WILCOX,
Assistant Chief, Personnel Section.

mcs JNP B.a.s.

U. S. COAST GUARD
RECD JAN 16 1941

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FILE
I.H.A.

15 January, 1941.

From: Commander, Norfolk District.
To : CHANDLER, John T. (101-929), surfman - Hog Island Lifeboat Station.

Subject: Orders; temporary duty; travel.

1. Proceed to Great Wicomico Light Station, Fleeton, Virginia for temporary duty.

2. The travel from Hog Island Lifeboat Station to Norfolk, Virginia may be performed by privately owned conveyance, if so desired and the cost will be charged against Norfolk District's travel allowance Symbol No. 65.

3. The travel from Norfolk, Virginia to Fleeton, Virginia, will be performed by government conveyance.

4. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as prescribed by Article 246, Pay and Supply Instructions, are applicable in this case.

C. J. SULLIVAN,
By direction.

Copy to: Headquarters.

73-551

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FILE

19 December, 1940

U. S. COAST GUARD

DEC 21 1940

From: Commander, Norfolk District.
To : CHANDLER, John T. (101-929) surfman (via Officer in Charge, Hog Island Lifeboat Station).

Subject: Orders; temporary duty; travel.

1. Effective upon receipt hereof, proceed to Chrisfield, Maryland, and report to Mr. A. S. Fisher, 24 Main St., at that place, for transportation to the Solomon's Lump Light Station for temporary duty. Upon completion of this temporary duty, return to your regular station and resume your regular duty.

2. The travel necessary to the execution of this order may be performed by privately owned conveyance, if so desired.

3. The travel necessary to the execution of this order will be charged against Norfolk District' travel allowance, Symbol No. 65.

4. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as prescribed by Article 248 Pay and Supply Instructions, are applicable in this case.

C. J. SULLIVAN,
By direction.

Copy to: Headquarters.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE
U.C.G.

U. S. COAST GUARD
REC'D JUN 17 1940

Chandler, John T. (101-929) Surfman Hog Island Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Virginia, Date June 13, 1940

To: Hog Island Coast Guard Station
(Coast Guard unit)
Broadwater, Virginia.
(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
Myalgia	1066	May 31.	June 13.

U. S. COAST GUARD
REC'D JUN 17 1940 BY
MEDICAL SECTION

He {*is / *is not} fit for duty. Remarks (Recommendations as to sick leave, further treatment, etc.):
Absent from duty from 5-31-40 to 6-13-40.
due to sickness

CONDUCT REPORT:

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

W. J. Sluss
Asst. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

FILE
M.O.C.

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | Hog Island Station (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Va., Date May 31, 1940

To: Hog Island C.G.Station
(Coast Guard unit)

Broadwater, Virginia.
(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
Myalgia	1066	May 28.	May 31.

U. S. COAST GUARD
REC'D JUN 1 7 1940
BY
MEDICAL SECTION

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

not off duty

CONDUCT REPORT:

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

W. J. STURGIS

A.A.SURGEON. *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 _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD FILE U.G.C.
REC'D JUN 17 1940

CHANDLER, John T. | 101-929 | Surfman, | Hog Island 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
~~XXSPECIALXX~~
~~TEMPORARY~~
(Enlistment status)

Place Broadwater, Virginia, Date 31 May, 1940., 193

To: Dr. W.J.Sturgis,
U.S. COAST GUARD
Nassawadox, Virginia. REC'D JUN 17 1940 BY
MEDICAL SECTION

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 Hog Island Coast Guard Station Broadwater, Virginia.

John T. Chandler
(Signature of patient)

William G. Matthews
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Virginia, Date 31 May, 1940., 193

I CERTIFY that I have examined the above-named person and find him suffering from 1066 Myalgia, Over lower back and right hip.
(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 13 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at {*hospital / *office} on 31 May, 1940

W. J. Sturgis
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.

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Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD

FILE M.C.G.

REC'D JUN 17 1940

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | Hog Island Station (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place Broadwater, Virginia., Date 28 May, 1940

To: A.A.Surgeon, W. J. STURGIS
Nassawadox, Virginia.

U. S. COAST GUARD
REC'D JUN 17 19[illegible] BY
MEDICAL SECTION

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 Hog Island Station, Broadwater, Virginia.

John T. Chandler
John T. Chandler
(Signature of patient)

William G. Matthews
WILLIAM G. MATTHEWS
C.B.M. U. S. Coast Guard.

U. S. COAST GUARD
JUN 15 1940
NORFOLK DISTRICT

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 28 May, 1940

I CERTIFY that I have examined the above-named person and find him suffering from 1066
Myalgia, over lower back & right hip
(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 ____ {*hospital / *office} on 28 May, 1940

W. J. Sturgis
W. J. STURGIS
A.A.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)

RR

____ U. S. Public Health Service.

*Strike out words not applicable.

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Form 3522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (101-929) Surfman Hog Island Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Virginia, Date Nov. 29, 1939.

To: Hog Island Coast Guard Station
(Coast Guard unit)
Broadwater, Virginia
(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
Neuralgia	1115	Nov. 21,	Nov. 29.
		U. S. COAST GUARD	
		REC'D DEC - 1939 BY	
		MEDICAL SECTION	

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

CONDUCT REPORT:

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

D. O'Shea
Asst. 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 for
(Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

U. S. COAST GUARD
DEC 5 1939
DISTRICT

U. S. COAST GUARD
REC'D DEC 6 1939

FOLLOW INSTRUCTIONS ON BACK

FILE NO.

CHANDLER, John T. (Name, surname first) DEC 5 1939 (101-929) (Service number) Surfman, (Rank or rating) Hog Island Station. (Unit)

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

*REGULAR
*SPECIAL
XTEMPORARYX
(Enlistment status)

Place Broadwater, Virginia, Date 21 November, 1939.

To: Dr. W.J.S turgis,
Nassawadox, Virginia.

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 Hog Island Coast Guard Station Broadwater, Virginia.

John T. Chandler. (Signature of patient)

William G. Matthews
Officer in Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadpx, Virginia, Date 21 November, 1939.

I CERTIFY that I have examined the above-named person and find him suffering from 111 5
Neuralgia, right intercostal
(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 {*hospital / *office} on Nov. 21, 1939

U. S. COAST GUARD
REC'D DEC 5 1939 BY
MEDICAL SECTION

W. J. S. turgis
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.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE C.G.

CHANDLER, John T. (101-929) Surfman. Hog Island Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Virginia., Date 10 April, 1939.

To: Hog Island Coast Guard Station
(Coast Guard unit)
Broadwater, Virginia.
(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
Common Cold	0331	April 10.	April 15.
U. S. COAST GUARD REC'D MAY 25 1939 BY MEDICAL SECTION			

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

not off duty

CONDUCT REPORT:

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

W. J. Sturges
A. A. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (3)
REC'D MAY 25 1939 By
ANS'D

CHANDLER, John T. (101-929) Surfman, Hog Island 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
(Enlistment status)

Place Broadwater, Virginia., Date 10 April, 1939.

To: W.J.Sturgis, M.D.

Nassawadox, Virginia.

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 Hog Island Coast Guard Station Broadwater, Virginia.

John T Chandler
JOHN T.CHANDLER
(Signature of patient)

Harry V. Merritt
HARRY V. MERRITT,
Acting, Officer in Charge, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Virginia., Date 10 April, 1939.

I CERTIFY that I have examined the above-named person and find him suffering from 0331 Common Cold
(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 {*~~in~~patient / *outpatient} treatment at {*hospital / *office} on 10 April, 1939

W. J. Sturgis
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.)

U. S. COAST GUARD
REC'D MAY 25 1939 BY
MEDICAL SECTION

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILED M.O.C.

CHANDLER JOHN T	101-929	SURFMAN	HOG ISLAND STATION
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL XX
TEMPORARY XX
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date Feb. 7, 1939

To: OFFICER IN CHARGE, HOG ISLAND STATION
(Coast Guard unit)
BROADWATER, VIRGINIA
(Address)

U. S. COAST GUARD 1
REC'D FEB 9 1939 By
ANS.

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
Influenza	0868	Jan. 4.	Feb 7.
Otitis media, acute, purulent	1705		
Pneumonia, lobular	1403		
following Influenza			

U. S. COAST GUARD
RECD FEB 9 1939 BY
MEDICAL SECTION

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

Absent from duty from Jan. 4, 1939 to Feb. 7, 1939, due to sickness

CONDUCT REPORT:

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

W. Sturges
Asst. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO.
PR-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON

JAN 19 1939
Rec'd Office of Commander, Sixth District.
JAN 17 1939
U. S. COAST GUARD 5
REC'D JAN 20 1939 By
FILED W.E.R.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) Surf. - good conduct bar.

Reference: (a) Your letter, 10 June, 1938 (73), with indorsement thereon (73).

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good Conduct Medal
Good Conduct Medal and Bar
xx Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

E. J Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

---

73 1st Indorsement Chincoteague, Va.,
SIXTH DISTRICT 19 January, 1939.

1. Received and delivered this date.

Fallison
F. E. ALLISON

PR-73

pef

JAN 17 1939

From: Commandant.
To: **Commander, Sixth District.**

Subject: **CHANDLER, John T. (101-929) Surf. - good conduct bar.**

Reference: (a) **Your letter, 10 June, 1938 (73), with indorsement thereon (73).**

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good Conduct Medal
Good Conduct Medal and Bar
xx Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

E. J. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

CHINCOTEAGUE, VA.

OFFICE OF COMMANDER
SIXTH DISTRICT

U. S. COAST GUARD
REC'D JUN 11 1938
NORFOLK DIVISION

U. S. COAST GUARD 6
REC'D JUN 13 1938 By

10 June, 1938.

ANS.

From: Commander, Sixth District.
To : Commandant (via Commander, Norfolk Division).
Subject: CHANDLER, John T. (101-929) Surf. (Hog Island Sta.); recommendation for good conduct bar.

Reference: (a) Article 5161, Personnel Instructions.

1. It is recommended that the above named man be issued a good conduct bar.

2. The records of this office indicate that subject named man has the following continuous service terminated by expiration of enlistment and receipt of honorable discharge during which he received a mark of 4.0 in conduct:

Enlisted	Discharged
4/1/29	3/31/30
4/1/30	3/31/31
4/1/31	3/31/32
4/1/32	3/31/34

Medal
3-31-29

Bar
3-31-33
Wachapreague Sta.

F. E. ALLISON

73
NORFOLK DIVISION

1st Indorsement

Norfolk, Va.,
11 June, 1938.

1. Forwarded.

J. H. CORNELL,
Acting.

4-1-29-1-4- 3-31-30
4-1-30-1-4- 3-31-31
4-1-31-1-4-3-31-32
4-1-32-2-4-3-31-34

~~4-1-34-2-4~~
Reen.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE M.C.G.

CHANDLER JOHN T	101-929	SURFMAN	HOG ISLAND 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~~
(Enlistment status)

Place BROADWATER, VIRGINIA, Date 4 JANUARY, 1939

To: Dr. W. J. STURGIS, A.A.Surgeon

NASSAWADOX, VIRGINIA

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 HOG ISLAND STATION, BROADWATER, VIRGINIA.

JOHN T. CHANDLER
(Signature of patient)

Harry V. Merritt
HARRY V. MERRITT
ACTING U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date 4 JANUARY, 1939

I CERTIFY that I have examined the above-named person and find him suffering from 0868 Influenza, 1208 Otitis media, acute purulent, 1403 Pneumonia, lobular.
(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 several weeks days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at ~~*hospital~~ / *office on 4 January, 1939

W. J. Sturgis
A.A.S. 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.

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Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (11)
REC'D NOV 8 - 1938 By
ANS.

CHANDLER, JOHN T | 101-929 | SURFMAN | HOG ISLAND STATION
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

FIRE C.G.

*REGULAR
*SPECIAL
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date November 3, 1938

To: HOG ISLAND STATION
(Coast Guard unit)

BROADWATER, VIRGINIA
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Influenza, Severe Type	0868	Oct. 23.	Nov. 3.
		U. S.	
		REC'D NOV 9 1938	By
		MEDICAL SECT.	

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Absence from duty from 10-23-38, to 11-3-38 due to sickness

CONDUCT REPORT:

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

W. J. Stringer
A.A.S. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 6 REC'D OCT 31 1938 By FILE M.O.C.

CHANDLER, JOHN T (Name, surname first) | 101-929 (Service number) | SURFMAN (Rank or rating) | HOG ISLAND STATION (Unit)

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

REGULAR
SPECIAL
TEMPORARY
(Enlistment status)

Place BROADWATER, VRIGINIA, Date 23 OCTOBER, 1938, 193

To: W. J. STURGIS, A.A.SURGEON

NASSAWADOX, VIRGINIA

U.S. COAST GUARD REC'D OCT 29 1938 NORFOLK DIVISION

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?HOG ISLAND STATION BROADWATER, VIRGINIA

John T. Chandler
JOHN T. CHANDLER
(Signature of patient)

Harry V. Merritt
HARRY V. MERRITT
BM1c(IL) U. S. Coast Guard.

U. S. COAST GUARD OCT 31 1938 RECEIVED MEDICAL DIVISION

RETURN MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date 23 OCTOBER, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from 0868 Influenza
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 7 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at ..... {*hospital / *office} on 23 October, 193 8

W. J. Sturgis
A. A. S.
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.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE M.C.

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | Hog Island Station (Unit)

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Va., Date Sept. 13, 1938

To: Officer in Charge, Hog Island C.G.Station
(Coast Guard unit)

Broadwater, Virginia.
(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
Cyst, retention with inflammation	0388	Aug. 23.	Sept. 13.

U. S. [illegible]
REC'D OCT 5 1938
MEDICAL SECTION. By

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

not off duty

CONDUCT REPORT:

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

W. J. Sturgis
W. J. STURGIS
A.A.SURGEON, USPHS. *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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 6
REC'D OCT 5 - 1938
ANS.
FILE

CHANDLER, John T. | 101-929 | Surfman | Hog Island 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~~
(Enlistment status)

Place _____, Date 23 AUGUST, 193 8

To: Acting Assistant Surgeon, W. J. Sturgis.

Nassawadox, Virginia.

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 Hog Island Station, Broadwater, Virginia.

John T. Chandler
John T. Chandler
(Signature of patient)

William G. Matthews
William G. Matthews
C.B.M.(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date 23 August, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from 0388
Cyst, retention with inflammation, Aug 31. Incised, Curetted & packed.
(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 _____ {*~~hospital~~ / *office} on 23 Aug., 193 8

W. J. Sturgis
W. J. STURGIS
A.A. SURGEON, USPHS 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.)

REC'D OCT 5 1938 BY MEDICAL SECTION.

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, JOHN T (Name, surname first) | 101-929 (Service number) | SURFMAN (Rank or rating) | HOG ISLAND STATION. (Unit)

*REGULAR
*~~SPECIAL~~
~~TEMPORARY~~X (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date 2 SEPTEMBER, 1938

To: OFFICER IN CHARGE, HOG ISLAND STATION (Coast Guard unit)
BROADWATER, VIRGINIA (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
Vaccinated against small-pox		1938 Sept 2.	

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

RECD SEP 7 1938 BY MEDICAL SECTION.

CONDUCT REPORT:

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

W. J. Sturges
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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 4

REC'D SEP 7 1938 By

CHANDLER, JOHN T (Name, surname first) | 101-929 (Service number) | SURFMAN (Rank or rating) | HOG ISLAND STA. (Unit)

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

*REGULAR
~~*SPECIAL~~
~~*TEMPORARY~~ XX
(Enlistment status)

Place BROADWATER, Va, Date 2 SEPTEMBER, 1938

To: Dr. W. J. STURGIS, AAS.USPHS.

NASSAWADOX, VIRGINIA.

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, HOG ISLAND STATION.

John T Chandler
JOHN T. CHANDLER
(Signature of patient)

Harry V. Merritt
HARRY V. MERRITT
ACTING U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place NASSAWADOX, VIRGINIA, Date 2 SEPTEMBER, 1938

I CERTIFY that I have examined the above-named person and find him suffering from Vaccinated against Small-pox
(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 ..... {*hospital / *office} on 2 Sept, 1938

W. J. Sturgis
A.A.S. 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.)

U. S. [illegible]
REC'D SEP 7 1938
(Patient's signature)

WITNESS:

MEDICAL SECTION By

(Signature of medical officer)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

CHANDLER JOHN T 101-929 SURFMAN HOG ISLAND STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

*REGULAR
*~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Virginia, Date 24 June, 1938

To: OFFICER IN CHARGE. HOG ISLAND STATION
(Coast Guard unit)

BROADWATE R. VIRGINIA
(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
Lumbago	0954	June 24.	June 24.

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

not able duty

CONDUCT REPORT:

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

W. J. Sturges
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 _____ for

_____ since _____, 193__, has been

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD 5 — RECD AUG 4 1938 By — FILE H.I.S.G.

CHANDLER JOHN T	101-929	SURFMAN	HOG ISLAND 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~~
(Enlistment status)

Place BROADWATER? VA, Date 24 JUNE, 1938, 193

To: W. J. STURGIS, MD
NASSAWADOX, VIRGINIA

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 OFFOCER IN CHARGE HOG ISLAND STATION

John T Chandler
JOHN T. CHANDLER
(Signature of patient)

Harry V. Merritt ACTING
HARRY V. MERRITT
BM1c(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Virginia, Date 24 June, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from 0954 Sunburn
(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 {*~~hospital~~ / *office} on 24 June, 193 8

W J Sturgis
A.A.S. 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.)

RECD AUG 4 1938 By

_____
(Patient's signature)

WITNESS:

MEDICAL SECTION

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
H.McG.R.

North Beach Sta.
Sixth District.
(Unit)

CHANDLER? John T. (101-929) Surfman
(Name, surname first) (Service number) (Rank or rating)

*REGULAR
*~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Nassawadox, Virginia., Date Dec. 11, 1936

To: Officer in Charge, North Beach Station.
(Coast Guard unit)

Ocean City, Maryland.
(Address)

U. S. COAST GUARD
REC'D DEC 21 1936 By
ANS'D

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 over Lower lumbar region and Left hip	3041	Dec 7th.	Dec. 11th

U. S. COAST GUARD
REC'D DEC 21 1936 By
MEDICAL SECTION.

He {*is / *~~is not~~} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Absence from duty from Dec 7th to Dec 11th. 2 on account of sickness

CONDUCT REPORT:

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

U. S. COAST GUARD
REC'D DEC 21 1936 By
MEDICAL SECTION.

W. H. Haas
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 _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
H.McG.R.

North Beach Sta.
Sixth District.

CHANDLER, John T. (101-929) Surfman
(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~~
(Enlistment status)

Place Ocean City, Maryland., Date 7 December, 1936., 193

To: A.A.Surgeon, W.J.Sturgis

Nassawodox, Virginia.

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, NORTH BEACH STATION,

John T Chandler
JOHN T. CHANDLER
(Signature of patient)

Ocean City, Maryland.

O. P. Swenson
O.P.SWENSON
CBM(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawodox, Va., Date December 7, 193 6

I CERTIFY that I have examined the above-named person and find him suffering from 3041
Contusion over lower lumbar region and left hip.
(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 4 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at {*~~hospital~~ / *office} on Dec. 7, 193 6

W. J. Sturgis
A.A.S.
U. S. Public Health Service.

U. S. COAST GUARD
REC'D DEC 21 1936
MEDICAL SECTION

*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.

U. S. COAST GUARD
REC'D DEC 21 1936
MEDICAL SECTION

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (2)
REC'D MAY 2 - 1936 By FILE
ANS'D

(Regular enlistment)

CHANDLER, John T. (101-929) Surfman North Beach Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place U.S.Marine Hospital, Norfolk, Va., Date April 24, 1936

To: Commander, 6th District, U.S.C.G.
Chincoteague, Va.
(Coast Guard unit)

(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
Under observation for pulmonary tuberculosis.	1791		
~~Not confirmed. Changed to:~~ No disease.	1142	3/4/36	4/23/36

U. S. COAST GUARD
REC'D MAY 4 1936
MEDICAL SECTION.

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

Patient has been under observation for pulmonary tuberculosis as a hospital patient since March 4, 1936. He was also previously observed for tuberculosis in August-1935 and diagnosis was not confirmed. At this hospitalization there is no clinical or other evidence to show that he has pulmonary tuberculosis. Repeated sputa examinations, x-ray examination, blood sedimentation tests and tuberculin tests are all negative. He is considered fit for duty and further hospitalization not indicated. Patient had twenty certified negative sputum tests. No disability is present.

CONDUCT REPORT:

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

R.R. McHenry, A.A. Surgeon,
By Direction. 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 _____ for
(Diagnosis)

_____ since _____, 193 , has been transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (6)
REC'D MAR 10 1936 By

(Regular enlistment)

CHANDLER, John T. (101-929) Surfman North Beach 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

Place Norfolk, Virginia., Date 3 March, 193 6

To: Medical Officer in Charge,
U.S. Marine Hospital,
Norfolk, Virginia.

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 Commander, 6th District, U.S.C.G., Chincoteague, Va.

John T. Chandler
(Signature of patient)
John T. Chandler.

Ira Andrews, Ch. Bos'n (L),
Personnel Officer, 6th Dist. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date March 6, 1936., 193

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

1791-Under observation for pulmonary tuberculosis.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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, Norfolk, Va. {*hospital / *office} on March 4, 193 6. @ 10:45 A.M.

R.R. McHenry, A.A. Surgeon,
By Direction. 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.)

U. S. COAST GUARD
REC'D MAR 10 1936 By
MEDICAL SECTION

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—833

73-701

73

H

U. S. COAST GUARD (2)
REC'D MAR 4 - 1936 By
ANS'D

FILE
M.H.O.

3 March, 1936.

From: Commander, Sixth District.
To: CHANDLER, John T. (101-929) Surfman (PRESENT).

Subject: Hospitalization; orders; travel.

Reference: (a) Article 2153, Regulations.

1. Upon receipt hereof you are directed to proceed to the U.S.Marine Hospital, Norfolk, Virginia, and upon your arrival thereat, report to the Medical Officer in Charge for such treatment as you may be in need of.

2. Upon your release from the Marine Hospital and when so directed by the Medical Officer in Charge, you will return to your regular station and resume your regular duties.

3. Travel in the execution of this order may be performed in private owned conveyance.

4. Travel necessary to the execution of this order is required by the public interests. The allowance for subsistence and quarters as prescribed by articles 248-251, Pay and Supply Instructions, are applicable in this case. Travel under this order is chargeable to Norfolk Division travel allotment No. 65.

MITCHELL HAMILTON,
Acting.

Copy to:
Norfolk Division
Headquarters

73-701 1st Indorsement Chincoteague, Va.,
SIXTH DISTRICT OFFICE 3 March, 1936.

1. Departed Chincoteague, Va., 11:00 a.m. this date.

MITCHELL HAMILTON,
Acting.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (2) FILE
REC'D SEP 10 1935 By L. L. B.

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach Station (Unit)

FINAL MEDICAL CERTIFICATE

Place Ocean City, Md., Date Sept 3rd, 1935

To: Officer in Charge, North Beach Station. (Coast Guard unit)

Ocean City, Maryland. (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
Bronchitis		Aug 29	Sept 3rd

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

U. S. COAST GUARD REC'D SEP 10 1935 By MEDICAL SECTION.

CONDUCT REPORT:

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

Francis J. Mc[illegible] Surg
[illegible]
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 _____ for
(Diagnosis)

_____ since _____, 193 , has been

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (3)
REC'D SEP 5 - 1935 By

FILE
I. L. B.

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach Station. (Unit)

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

U. S. Coast Guard
Rec'd SEP 4 - 1935
Office of the Officer in Charge, Sixth District

Place Ocean City, Maryland., Date 29 August, 1935.

To: Francis J. Townsend, A.A.Surg.
Ocean City, Maryland.

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, North Beach Station, Ocean City, Maryland.

John T. Chandler
John T. Chandler,
(Signature of patient)

Samuel L. Quillen
Samuel L. Quillen, BM1c (L)
Acting Officer in Charge.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md Date Aug 29 35, 193

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

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 5 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Ocean City Md {*hospital / *office} on Aug 29 35, 193

Francis J Townsend Lieut
A 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:

U. S. COAST GUARD
REC'D SEP 6 1935 By
MEDICAL SECTION

_____ (Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

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Form 2332
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1931

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (5)
RCD SEP 3 - 1935
ANS'D

CHANDLER, John T. (Name, surname first) 101-929 (Service number) Surfman (Rank or rating) North Beach Station (Unit)

FINAL MEDICAL CERTIFICATE

AUG 31 1935

Place U.S. Marine Hospital, Norfolk, Va., Date August 28, 1935, 193

To: Officer in Charge, North Beach Station. (Coast Guard unit)

Ocean City, Maryland. (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
Under observation for pulmonary tuberculosis (not confirmed)	1721	8-16-35	~~8-27-35~~
Astigmatism, bilateral.	0156		

U. S. COAST GUARD RECD SEP 3 1935

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

Patient admitted for observation for pulmonary tuberculosis. Physical examination including x-ray and laboratory examination of sputum failed to show any evidence of pulmonary disease. Heart is not enlarged but aortic second sound slightly accentuated. Urine indicated no renal pathology. He complains chiefly of headaches which are believed due to his astigmatism and he has been furnished with Rx for glasses to relieve same. He is able to return to duty with recommendation that he be re-examined in six months.

CONDUCT REPORT:

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

F.C. Smith, Medical Director, In Charge, 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 _____ for

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD (5)
REC'D SEP 3 - 1935 By

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach Station. (Unit)

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

Rec'd AUG 31 1935
Commander, Sixth District

Place Ocean City, Maryland., Date 15- August, 1935, 193xx

U.S. COAST GUARD REC'D SEP 1935 By

To: Medical Officer in Charge.

U.S.Marine Hospital, #62 Norfolk, Va.

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, North Beach Station. Ocean City, Maryland.

John T. Chandler
John T. Chandler.
(Signature of patient)

C. A. Mister
Boatswain, (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date August 26, 1935., 193

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

1791-Under observation for pulmonary tuberculosis.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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, Norfolk, Va. {*hospital / *office} on August 16, 1935. @ 5:00 P.M., 193

G. M. Kunkel, Asst., Surgeon,
By Direction.
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.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL.

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach Station (Unit)

FINAL MEDICAL CERTIFICATE

NOTICE OF MEDICAL TRANSFER

Chandler, John T. (101-929) Surfman. North Beach Station. FILE A. J. McL.
(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at ____ {*office / *hospital} at ____ for 0704 Hemorrhage (slight hemoptosis) (Diagnosis) since Aug 14, 193✓, has been transferred this date Aug 16, 193, to the U. S. Marine Hospital at Norfolk, Va. for further treatment.

REC'D COAST GUARD AUG 29 1933 MEDICAL SECTION

W. J. Sturgis
A. A. S. U. S. Public Health Service.

*Strike out words not applicable.

2—663

REC'D COAST GUARD AUG 29 1933 MEDICAL SECTION

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.}

W. J. Sturgis
A. A. S. U. S. Public Health Service.

U. S. Public Health Service.

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*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.

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Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL

CHANDLER, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach Statio (Unit)

FINAL MEDICAL CERTIFICATE

Place Nasawadox, Va., Date Aug 16, 193 5

Officer in Charge, North Beach Station (Coast Guard unit)

Ocean City, Maryland. (Address)

U. S. COAST GUARD (1)
REC'D AUG 29 1935 By
ANS'D

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
Hemorrhage (slight hemoptosis)	0704	Aug 14 '35	Aug 16 '35

U. S. COAST GUARD
REC'D AUG 29 1935
MEDICAL SECTION

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.}

W. J. Sturgis
U. S. Public Health Service.

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.

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*FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL

John T. 101-929 Surfman. North Beach Station.
(First) (Service number) (Rank or rating) (Unit)

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

Place Ocean City, Maryland., Date 15 August, 1935, ~~1932~~

RECD AUG 20 1935 U. S. COAST GUARD MEDICAL SECTION

Surg. W. J. Sturgis.

Nasawadox, Va.

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, North Beach Station. Ocean City, Maryland.

John Thomas Chandler
(Signature of patient)

C. A. Mister
Bos'n (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va. Date Aug. 14, 1935

I CERTIFY that I have examined the above-named person and find him suffering from 0704 Hemorrhage (slight hemoptoes)
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 Transferred to U.S.M. Hospital No 82 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at

{*~~hospital~~ / *office} on Aug. 14, 1935

W. J. Sturgis
U. S. Public Health Service.

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*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.

2—863

...ERTIFICATE

...outpatient or inpatient) has been com...
...copy for your file. Return two copies ...

...ent does not return within 30 days, make ou...
...Return two copies to the

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL.

Chandler John J (101-929) Pharmacist Mate 1/c North Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

JAN 14 1935

FINAL MEDICAL CERTIFICATE

Place Ocean City Md, Date June 6, 193[illegible]

To: North Beach
(Coast Guard unit)
North Beach
(Address)

U. S. COAST GUARD
REC'D JAN 15 1935 By
MEDICAL SECTION.

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
Bronchitis		June 6	June 6 35

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

Not off duty

CONDUCT REPORT:

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

Frances Peterson Asst Surgeon
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 _____ for

_____ (Diagnosis) since _____, 193 , has been

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

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Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL.

CHANDLER, John T. (101-929) Surfman North Beach 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

JAN 14 1935 U. S. COAST GUARD

Place Ocean City, Maryland., Date 6 January., 1935.

To: A. A. Surg. Francis J. Townsend, REC'D JAN 15 1935 By U. S. COAST GUARD
Ocean City, Maryland. MEDICAL SECTION. REC'D JAN 15 1935

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, North Beach Station, Ocean City, Maryland.

John T. Chandler
JOHN T. CHANDLER.

Samuel L. Quillen
SAMUEL L. QUILLEN, B.M.1c (L),
ACTING, OFFICER IN CHARGE. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City, Md., Date Jan 6, 1935

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

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Not 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 6 days ~~absence from duty~~. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Ocean City Md
{*~~hospital~~ / *office} on Jan 6, 1935

Ocean Townsend Jr
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.

2—663

CHANDLER, John T., 109-92[illegible]

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

Chandler John T. (101-929) Pay Pvt 1st Cl South Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place Bear City Tex, Date Oct. 22, 193[illegible]

To: South Beach
(Coast Guard unit)
South Beach
(Address)

U. S. COAST GUARD
REC'D OCT 29 1934 B
MEDICAL SECTION.

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
Laryngitis with Tonsilitis		Oct 18	Oct 22/34

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.}

Francis J Lawrence P.A.C.
Act Surgeon 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD

Chandler, John Thomas (101-929) Surfman North Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

RECD OCT 27 1934
ANS'D

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

Rec'd OCT 26 1934
U. S. COAST GUARD
Commander 5th District
REC'D OCT 25 1934
MEDICAL SECTION.

Place Berlin, Maryland, Date 18 October, 1934

To: A.A.Surg. Francis J.Townsend,
Ocean City, Maryland.

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, North Beach Station, Berlin, Maryland.

John T. Chandler.
(Signature of patient)

Henry E. Richardson
Henry E. Richardson
Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md, Date Oct 18, 1934

I CERTIFY that I have examined the above-named person and find him suffering from
Laryngitis with Tonsilitis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 5 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Ocean City Md {*~~hospital~~ / *office} on Oct 18, 1934

Francis J Townsend Md
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.

2—333

0953 Mattru Malnutrition FILE A.J. Md.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

(REGULAR ENLISTMENT)

CHANDLER, John T.	(101-929)	Surfman	North Beach Station, Sixth District.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

Navy JUL 14 1934 Office of Commander, Sixth District

FINAL MEDICAL CERTIFICATE

Place Marine Hospital, Baltimore, Md., Date 12 July, 1934.

U. S. COAST GUARD
REC'D JUL 16 1934
ANS'

To: Office of Commander, Sixth District.
(Coast Guard unit)
Chincoteague, Va.
(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
Malnutrition	0953	6/12/34	7/12/34

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.}

G. A. Abbott.

G. A. ABBOTT,
P. A. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D JUL 19 1934 By
ANS'D

(REGULAR ENLISTMENT)

CHANDLER, John T. (101-929) Surfman North Beach Station, Sixth District.
(Name, surname first) (Service number) (Rank or rating) (Unit)

FILE
A. J. McL.

Rec'd JUL 18 1934
ANS'D JUL 14 1934

FINAL MEDICAL CERTIFICATE

Place Marine Hospital, Baltimore, Md., Date 12 July, 1934.

To: Office of Commander, Sixth District.
(Coast Guard unit)
Chincoteague, Va.
(Address)

U. S. COAST GUARD
REC'D JUL 21 1934 By
MEDICAL SECTION

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
Malnutrition	6953	6/12/34	7/12/34

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.}

G. A. Abbott
G. A. ABBOTT,
P. A. 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—883

PR-75

27 June, 1934.

First Indorsement.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) Surfman, North Beach Station - Hospitalization.

Inclosure: 1. Form 2599 dated 11 June, 1934.

1. Returned. It is requested that when the diagnosis is known in this case it be noted on Inclosure (1).

2. Return this indorsement with inclosed paper.

C. P. CLARK,
By direction.

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

U. S. COAST GUARD
REC'D JUN 25 1934
ANS'D

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit North Beach Place Berlin, Md. Date 11 June,1934.,~~192~~

Chandler, John T.. (101-929) Surfman
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

The above name man was transfered to U.S.Marine Haspital at Baltimore, Md. for inpatient treatment, on the above date.

DIAGNOSIS: Bronchitis.

Disciplinary action:

Authority: Article 529 (1) General Order No.8 Regulations.

Copy to:
Headquarters
Norfolk Division
District Officer
Station file

Henry E. Richardson
Henry E. Richardson
(Signature)

Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—19272

RECD

U. S. COAST GUARD

TREASURY DEPARTMENT

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR-73

REC'D JUN 30 1934

U. S. Coast Guard

UNITED STATES COAST GUARD

HEADQUARTERS NORFOLK DIVISION.

NOTED Rec'd. JUN 29 1934 P & A

Office of Commander, Sixth District

WASHINGTON 27 June, 1934.

U. S. COAST GUARD

REC'D JUL 3 - 1934

ANS'D

FILE H. & R.

First Indorsement.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) Surfman, North Beach Station - Hospitalization.

Inclosure: 1. Form 2599 dated 11 June, 1934.

1. Returned. It is requested that when the diagnosis is known in this case it be noted on Inclosure (1).

2. Return this indorsement with inclosed paper.

C. P. Clark

C. P. CLARK,
By direction.

73
NORFOLK DIVISION

Second Indorsement.

Norfolk, Virginia,
28 June, 1934.

1. Forwarded for compliance.

W. A. Benham

W. A. BENHAM.

73
SIXTH DISTRICT.

Third Indorsement,

Chincoteague, Virginia.
29 June, 1934.

From: Commander, Sixth District.
To: Commandant, (via Commander, Norfolk Division).

1. Returned with Inclosire first indorsement complied with.

Ernest Pointer

ERNEST POINTER,
Acting.

73
NORFOLK DIVISION

Fourth Indorsement.

Norfolk, Virginia,
30 June, 1934.

1. Forwarded.

W. A. Benham

W. A. BENHAM.

Chandler

NOTICE OF MEDICAL TRANSFER

Chandler, Lothus J. Surfman, (101-929) Service, Beach, who has been under {*inpatient / *outpatient} treatment at This Home {*office / *hospital} at Ocean City Md. for Bronchitis (Diagnosis) since May 31, 1934, has been transferred this date June 11, 1934, to the U. S. Marine Hospital at Baltimore Md for further treatment.

FILE

REC'D JUN 13 1934 By

Francis J. Toomey Jr Med

Capt. U. S. Public Health Service.

*Strike out words not applicable.

2—663

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.
Med-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

From: Commandant.
To:

Subject: Form 2522; return medical certificate.

1. Reports to Headquarters show that was admitted to patient treatment, at

2. Headquarters copy of the return medical certificate in this case has not been received.

3. It is requested that the return medical certificate be obtained and forwarded to Headquarters.

By direction,

L.T. CHALKER,
Chief, Personnel Section.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD FILE
REC'D JUL 19 1934 By A.J. McL.

Chandler, John T.	(101-929)	Surfman	North Beach
(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

Rec'd JUL 18 1934
Office of Commander, Sixth District

Place Berlin, Md. U. S. COAST GUARD, Date 31 May, 1934

To: A. A. Surg, Francis J. Townsend,
REC'D JUL 1[illegible] By
Ocean City, Md.
MEDICAL SECTION

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 North Beach Station, Berlin, Md.

John T Chandler
(Signature of patient)

Henry E. Richardson
Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md, Date May 31, 1934

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

My professional opinion in the case is expressed below for the 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 5 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Ocean City Hosp {*hospital / *office} on May 31, 1934

Francis J Townsend 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.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FILE
A. J. McL.

FOLLOW INSTRUCTIONS ON BACK

Chandler John T. (101-929) Dentsman Mobile Base 2
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place Pecan City Texas Date April 22, 193X

To: Mobile Beach
(Coast Guard unit)
Mobile Beach
(Address)

U. S. COAST GUARD
REC'D SEP 21 1934 By
MEDICAL SECTION.

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
Bronchitis		April 22	April 24/34

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

Not fit for duty

CONDUCT REPORT:

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

Thomas Stevens
Asst Surgeon
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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL

U. S. Coast Guard

Chandler, John T. (101-929) Surfman North Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

Rec'd. SEP 15 1934

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

Commander, Fifth Coast Guard District

Place Berlin, Maryland., Date 22 April, 1934

To: A.A. Surg. Francis J. Townsend,

Ocean City, Md.

U. S. COAST GUARD
REC'D SEP 21 1934 BY
MEDICAL SECTION

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 North Beach Station, Berlin, Md.

John T Chandler
(Signature of patient)

Henry E. Richardson
Henry E. Richardson
Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md, Date April 22, 1934

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

Bronchitis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 5 days ~~absence from duty~~. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Ocean City Md
{*~~hospital~~ / *office} on April 22, 1934

Francis J Townsend Jr
Asst 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.

2—663

U. S. COAST GUARD

FILE 3

73
North Beach Station,
Sixth District.

Third Indorsement, Berlin, Maryland, 12 September, 1934.

REC'D SEP 21 1934

A. J. McL.

U. S. COAST GUARD

MEDICAL SECTION.

From: Officer in Charge, North Beach Station.
To: Commandant, (via, Commander, Sixth District, and Norfolk Division).

REC'D SEP 21 1934
ANS'D

Subject: Form 2522; Return and Final Medical Certificates; request for.

Inclosure: (1) Subject.

1. The record at this unit shows that CHANDLER, John T. (101-929) Surfman, was admitted to out-patient treatment, 22 April, 1934, by A. A. Surg. Francis J.Townsend, Ocean City, Md. The orignal Form 2522, is hereby forwarded.

U. S. COAST GUARD
REC'D SEP 20 1934
NORFOLK DIVISION

Samuel L. Quillen
SAMUEL L.QUILLEN,
ACTING.

73
SIXTH DISTRICT

Fourth Indorsement, Chincoteague, Virginia.
19 September, 1934.

1. Forwarded.

C. J. Sullivan
C. J. SULLIVAN.

73
NORFOLK DIVISION

Fifth Indorsement. Norfolk, Virginia,
20 September, 1934.

1. Forwarded.

J. H. Cornell
J. H. CORNELL,
By direction.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. Med-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS U. S. COAST GUARD WASHINGTON 7 September, 1934.

SEP 11 1934 Office of Commander, Sixth District

REC'D SEP 8 1934

U. S. COAST GUARD
REC'D SEP 21 1934 By
MEDICAL SECTION.

NORFOLK DIVISION.

From: Commandant.
To: Officer in Charge, ~~Wachaprague Station~~ North Beach Va., Sixth District.

Subject: Form 2522; Return and Final Medical Certificates; request for.

1. Reports to Headquarters show that CHANDLER, John T.(101-929) Surfman, was admitted to out-patient treatment, 22 April, 1934, ~~at~~ by A. A. Surg. Francis J. Townsend, Ocean City, Md.

2. Headquarters' copies of the Return and Final Medical Certificates in this case have not been received.

3. It is requested that the missing certificates be obtained and forwarded to Headquarters.

By direction.

L. T. CHALKER,
Chief, Personnel Section.

NORFOLK DIVISION,
SEP 10 1934
Forwarded,
J. H. CORNELL,
By direction.

73-SIXTH DISTRICT. Second Indorsement, Chincoteague, Virginia. 11 September, 1934.

1. Forwarded for compliance with the basic communication, return all papers by indorsement.

ERNEST POINTER,
By direction.

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D APR 10 1934

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

REC'D APR 6 1934

NORFOLK DIVISION.

North Beach Station
(Unit)

Berlin, Maryland.
(Place)

1 April, 1934.
(Date)

FROM: Chandler, John Thomas (101-929) Surfman.

To: COMMANDANT (via Commander, Sixth 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:

Cordie Rodgers Chandler (Full name of wife; if not married, so state)	Wachapreague, Virginia. (Address of wife)
Virginia R. Nottingham (Full name of child; if none, so state)	Cape Charles, Virginia. (Address of child)
Dixie T. Chandler, (Full name of child; if none, so state)	Green Bush, Virginia. (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY:

Henry E. Richardson
Henry E. Richardson

Rank Boatswain (L)

SIGNED: John Thomas Chandler
John Thomas Chandler

Rank or Rating Surfman

Copy to:
Headquarters.

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1932

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FILE
A. I. McL.

FOLLOW INSTRUCTIONS ON BACK

Chandler John V | 101-929 | Fireman | Mobile Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place Fusan Attached, Date Mch 15, 1934

To: Mobile Beach
(Coast Guard unit)
Mobile Beach
(Address)

U. S. COAST GUARD
RECD APR 2 1934

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
Bronchitis		Mch 16/34	Mch 16/34

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

Not off duty

CONDUCT REPORT:

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

Thomas J. Lawrence Pharm
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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D APR 17 1934
ANS'D

FILE
A. J. McL.

Chandler, John T. (101-929) Surfman North Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

RECEIVED APR 19 1934 Sixth District U.S. COAST GUARD

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

Place Berlin, Md., Date 15 March, 1934

To: A. A. Surg, Francis J. Townsend,
Ocean City, Md.

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 Henry E. Richardson

John T Chandler
(Signature of patient)

Henry E. Richardson
Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md., Date March 15, 1934

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

My professional opinion in the case is expressed below for the the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*Yes. / *~~No.~~} Not 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 5 days ~~absence from duty~~. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Ocean City Hosp
{*~~hospital~~ / *office} on March 15, 1934

Francis J. Townsend Jr
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.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD
REC'D MAY 31 1934
FILE
A.J.A. McL.

U. S. Coast Guard

Chandler, John T. (Name, surname first) | 101-929 (Service number) | Surfman (Rank or rating) | North Beach (Unit)

Rec'd. MAY 26 1934
Office of Commander Sixth District

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Baltimore, Md., Date January 23rd, 1934

U. S. COAST GUARD
REC'D MAY 31 1934

To: Officer in Charge, U.S.Coast Guard. (Coast Guard unit)

North Beach Station, Berlin, Maryland (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
Malnutrition	0953	1-8-34	1-20-34
Under observation for tuberculosis	1726	1-8-34	1-20-34 Not found.

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.}

G.A.Abbott.

G.A.Abbott
P.A.Surgeon 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 for (Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

2—663

73
NORTH BEACH STATION
Sixth District

Third Indorsement

Berlin, Md.
23 May, 1934

U. S. COAST GUARD
REC'D MAY 29 1934
NORFOLK DIVISION.

Rec'd MAY 26 1934

Office of

From: Officer-in-charge, NORTH BEACH STATION.
To : Commandant (via Commander, Sixth District).

Subject: Form 2522; Final Medical Certificate.

Inclosure: (1) Subject form.

1. Forwarded as directed.

U.S. COAST GUARD
REC'D MAY 31 1934

U. S. COAST GUARD
REC'D MAY 3 1934 By

MEDICAL SECTION

Henry E. Richardson
Henry E. Richardson

73
SIXTH DISTRICT.

FOURTH DISTRICT;

Chincoteague, Virginia.
26 May, 1934.

1. Forwarded.

C. J. Sullivan
C. J. SULLIVAN.

73
NORFOLK DIVISION

Fifth Indorsement.

Norfolk, Virginia,
29 May, 1934.

1. Forwarded.

W. A. Benham
W. A. BENHAM,
By direction.

U.S.COAST GUARD
REC'D MAY 31 1934

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.
Med-73

U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

REC'D MAY 19 1934
NORFOLK DIVISION.

WASHINGTON 17 May, 1934.

U. S. COAST GUARD
REC'D MAY 31 1934 By
MEDICAL SECTION.

From: Commandant.
To: Officer in Charge, North Beach Station, Sixth District.

Subject: Form 2522; Final Medical Certificate.

1. Reports to Headquarters show that CHANDLER, John T.(101-929) Surfman, was admitted to in- patient treatment, 8 January, 1934, at Marine Hospital, Baltimore, Md.

2. Headquarters' copy of the final medical certificate in this case hss not been received.

3. It is requested that the final medical certificate be obtained and forwarded to Headquarters.

By direction.

L. T. CHALKER,
Chief, Personnel Section.

NORFOLK DIVISION,
MAY 1 0 1934

Forwarded.

W. A. BENHAM,
By direction.

73
Sixth District.

Second Indorsement,

Chincoteague, Virginia.
21 May, 1934.

From: Commander, Sixth District.
To: Officer in Charge, North Beach Station.

1. Forwarded for compliance the the basic communication, return all papers by indorsement.

C. J. SULLIVAN.

FILE
O.A.H.
1 3
FILE
WHC

22 January 1934.

U. S. COAST GUARD
REC'D JAN 28 1934
ANS'D

From: Recruiting Officer.
To : John T. Chandler (number unknown) Surfman.

Subject: Orders; travel; resumption duty.

Reference: (a) Certificate of Discharge, U.S.Marine Hospital, Baltimore, Md., 22 January, 1934 issued to John T. Chandler (Surfman).
(b) Article 485 (2) (c) Pay and Supply Instructions.

Inclosure: 1. Reference (a).
2. Transportation Request Number T-860,463.

1. You having reported at the Recruiting Office, Baltimore, Md., from the U. S. Marine Hospital, Baltimore, Md., at 11:30 a.m., this date, will proceed immediately upon receipt hereof to Berlin, Md., and upon your arrival thereat report to the Officer-In-Charge, North Beach Station, Sixth District, for resumption of duty.

2. Inclosure 1, covering cost of transportation for yourself from Baltimore, Md., to Salisbury, Md., via the Baltimore and Eastern Railroad Company is handed you herewith.

3. The travel necessary to the execution of this order is required by the public interests. Allowances prescribed by Articles 248-251 Pay and Supply Instructions are applicable in this case.

C. W. WARMKER.

- -

73-531-USCG RECRUITING OFFICE 1st Indorsement Baltimore, Maryland, 22 January, 1934.

1. Departed this office at 2:30 p.m., this date.

Copy to:
Headquarters.
Sixth District.
File.

C. W. WARMKER.

Form 2599
TREASURY DEPARTMENT
U. S. Coast Guard

RECEIVED JAN 5 1934 Sixth District U.S.C.G.
U. S. COAST GUARD
R.C'D JAN 16 1934
ANS'D

REPORT OF CHANGE IN ENLISTED PERSONNEL

NORTH BEACH STATION
Unit Sixth District Place Berlin, Maryland Date 8 January, 1934

CHANDLER, John T. (101-929) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

Transferred from out-patiant treatment under A.A.Surgeon Francis J. Townsend, Ocean City, Maryland, to in-patient treatment at U. S. Marine Hospital No. 1, Baltimore, Maryland, 8 January, 1934.

Diagnosis: Tuberculosis.

Disciplinary action:

Authority:
Article 2153 (1) Regulations.

Arthur F. Heffelfinger
(Signature)

Acting Officer-in-charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials	MAR				

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D JAN 27 1934 By

FILE A. J. McL.

Chandler, John T. (101-929) Surfman North Beach
(Name, surname first) (Service number) (Rank or rating) (Unit)

RECEIVED JAN 1934 Sixth District U.S.C.G.

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

U. S. COAST GUARD REC'D JAN 27 1934 By MEDICAL SECTION,

Place Berlin, Md., Date 4 January, 1934

To: Medical Officer in Charge
U.S.Marine Hospital No.1
Baltimore, Maryland.

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, North Beach Station, Berlin, Md.

John T Chandler
(Signature of patient)

Henry E. Richardson
Henry E. Richardson, Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

U.S.Marine Hospital,
Place Baltimore, Md., Date January 16th, 1934

I CERTIFY that I have examined the above-named person and find him suffering from 0953 Malnutrition; 1726 Under observation for tuberculosis.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 Undet. days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine {*hospital / *~~office~~} on January 8th, 1934

G. A. Abbott.
G. A. Abbott,
P.A.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.

2—663

NOTICE OF MEDICAL TRANSFER

Chandler, Lee J. (10492) Yeoman North Beach, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at Ocean City Md {*office / *hospital} at Ocean City Md for

Tuberculosis since Jan 4, 1934, has been
(Diagnosis)

transferred this date Jan 8, 1934, to the U. S. Marine Hospital at Baltimore Md
for further treatment.

Francis J Lamond Jr M D
Asst Surg U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FILE
A. J. McL.

FOLLOW INSTRUCTIONS ON BACK

CHANDLER, John T. (101-929) Surfman NORTH BEACH STATION
(Name, surname first) (Service number) (Rank or rating) (Unit)

RECEIVED JAN 5 1934 Sixth District U.S.C.G.

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

Place Berlin, Maryland, Date 4 January, 1934

U. S. COAST GUARD REC'D JAN 20 1934 By ANS

To: A. A. Surgeon Francis J. Townsend

Ocean City, Maryland

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 NORTH BEACH STATION

John T. Chandler
(Signature of patient)

Arthur F. Heffelfinger, Acting O/c.
BM1c(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md, Date Jan 4, 1934

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

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 30 days absence from duty. He was admitted to {*impatient / *outpatient} treatment at Ocean City Hosp {*~~hospital~~ / *office} on Jan 4, ~~193~~4

Francis J Townsend Lt
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.

2—663

73-701-531

U. S. COAST GUARD
REC'D JAN 5 1934 By
Ans'd

FILE
C. A. R.

FILE
WHC

73

XXXXXXXXX
Chincoteague, Va.,
4 January, 1934.

From: Commander, Sixth District.
To : Officer in Charge, North Beach Station.

Subject: CHANDLER, John T.(101-929) Surf..orders;hospitalization; travel.

Reference: (a) Article 2153, Regulations.

Inclosure: (1) Government Transportation Request No.T-855,138.

1. Upon receipt hereof direct subject named man to proceed to Baltimore, Md., reporting upon arrival thereat to Medical Officer in Charge, U.S.Marine Hospital #1, for inpatient treatment. Report transfer on Form 2599.

2. Upon completion of hospitalization and when discharged therefrom he will return to his regular station and duty.

3. Inclosure (1), covering travel from Berlin, Md., to Baltimore, Md., via P.& R.RR., is forwarded herewith for delivery to Chandler.

4. Travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters as prescribed by Articles 243-251, Pay and Supply Instructions, are applicable in this case.

C.J.SULLIVAN.

Copy to:
Headquarters
Norfolk Division.

ACCOUNTING COPY

CHARGEABLE TO NORFOLK DIVISION TRAVEL ALLOTMENT ---#65
Estimated cost of travel - - - -$4.28

701-531

73

U. S. COAST GUARD

FILE 9 A 6

REC'D JUN 12 1934

ANS'D

11 June, 1934.

FILED
U. S.

From: Commander, Sixth District.
To : CHANDLER, John T.(101-929) Surfman (Present).

Subject: Orders; hospitalization; travel.

References: (a) Article 2155 (4), Regulations.

1. In accordance with instructions received this date from A.S.Surgeon F.J.Townsend, USPHS., immediately upon receipt hereof proceed to Baltimore, Md., and upon your arrival report to the Medical Officer in Charge, U.S.Marine Hospital for inpatient treatment.

2. Upon completion of hospitalization and when so released, return to North Beach Station and resume your regular status.

3. Travel necessary to the execution of this order may be performed by privately owned conveyance and will be charged against Norfolk Division travel allowance, symbol 165.

4. The travel necessary to the execution of this order is required by the public interest. The allowance for subsistence and quarters as prescribed by articles 246-251, Pay & Supply Instructions, are applicable in this case.

MITCHELL HAMILTON,
Acting.

73-701-531 1st Endorsement Ordnance Yard, Va.,
SIXTH DISTRICT 11 June, 1934.

1. Departed Sixth District Office at 10:45 a.m., this date.

MITCHELL HAMILTON,
Acting.

Copy to:
Headquarters.
Norfolk Division
North Beach Station.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

FILE
M. B.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

RECEIVED 6th District U.S.C.G.

Place U.S. Marine Hospital, Norfolk, Va., Date Oct., 4, 1933., 193

To the { *OFFICER IN CHARGE, / *COMMANDING OFFICER,

Wachapreague Station, 6th District, USCG.
(Name and address of Coast Guard unit)

The following patient on Sept., 20, 1933., 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John T. Chandler	Wachapreague Station.	0123-Antityphoid inoculation. 0120-Anti-inoculation for smallpox.	9-20-33 as out-pat.

CONDUCT REPORT:

Did the patient cooperate in his treatment? This man received antiinoculation for smallpox while a patient in this hospital on 9-2-33 with immune reaction. He also received 1st dose of antityphoid vaccine on 9-13-33 and 2nd dose on 9-20-33. He was scheduled to return for last dose on 9-27-33 but there is no record of his reporting for same.

Was he absent without permission while undergoing treatment?

Was he guilty of insubordination?

Was a patient in the hospital from 4-25-33 to 9-13-33 for treatment of Malnutrition, cause undet.

J.M. Brown, A.A. *Surgeon, U. S. Public Health Service*

By Direction.

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Received final innoculation 9-30-33 from A.A.Surgeon Francis J. Townsend, Ocean City, Maryland, in lieu of traveling to Norfolk, Virginia.

Left his duty {a. m. / p. m.} ....., 193

Returned to duty {a. m. / p. m.} ....., 193

Was not absent from duty due to innoculation as set forth.

Henry E. Richardson

*Commanding Officer / *District Superintendent / *Officer in Charge

Henry E. Richardson

Forwarded 13 October, 193 33.

C. J. SULLIVAN, District Commander.

**Strike out words not applicable* / *Division Commander / *District Superintendent*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1929

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

'26 APR 17 AM 8:43:28

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

Date: 04/17/2026

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
Chandler, John, T.		1889 VA

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: 1957

State of Residence (upon entry into service):

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

CIVILIAN SERVICE

(Agency & Location)
From: To:

(Agency & Location)
From: To:

(Agency & Location)
From: To:

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

Researcher Signature: Andrew B Burns A.B.

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: C-0007302327

CMRS Search Request Number(s): CG: S-0028367839

Attendant Signature:

Remarks:
'26 MAY 19 AM 11:42:36
'26 MAY 20 AM 9:19:03
'26 MAY 19 PM 12:47:37
'26 MAY 19 PM 12:43:37
'26 MAY 19 PM 1:05:37
Hold

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:

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1933

(Regular Enlistment)

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U. S. COAST GUARD REC'D OCT 16 1933 FILE M. B.

RECEIVED OCT 13 1933 Sixth District U.S.C.G.

CHANDLER, John T. (101-929) Surfman Wachapreague Station, 6th. District.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Wachapreague, Virginia, Date 29 August, 1933., 193

To Medical Officer in Charge, U.S. Marine Hospital.
Norfolk, Virginia.

U.S. COAST GUARD REC'D OCT 14 1933 NORFOLK DIVISION

Sir:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

John T Chandler Harry M. Derrickson

Harry M. Derrickson, C. B. M. (L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant John T. Chandler Age 42

Height 5'-6" Nativity Native born Color of hair Dark Brown Eyes Blue,

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date October 4, 1933., 193

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

0123-Antityphoid inoculation. 0120-Anti-inoculation for smallpox.

(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ____ / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately (2) days {*office / *hospital} treatment. He was admitted to U.S. Marine Hospital, Norfolk, Va. hospital on Sept. 2, 1933., 193 for antityphoid inoculation.

J.M. Brown

J.M. Brown, A.A. Surgeon, U. S. Public Health Service.
By Direction.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ____ Is he able to travel now? ____

Alone? ____ How many attendants should accompany him? ____

Remarks: ____

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct. 1932

FOLLOW INSTRUCTIONS ON BACK

FILE
M. B.
North Beach Station
Sixth District

RECEIVED
OCT 1 1933
Sixth District
U.S.C.G.

CHANDLER, John T. (101-929) Surfman Sixth District
(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

Place Ocean City, Maryland, Date 30 September 1933, 193

REC'D OCT 1 A 1933 By

To: Dr. F. J. Townsend A.A.S.
Ocean City, Maryland

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. North Beach Station, Ocean City, Md.

John T Chandler
John T. Chandler
(Signature of patient)

T. T. Moore
T. T. Moore
Boatswain (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Ocean City Md, Date Sept-30, 193

I CERTIFY that I have examined the above-named person and ~~find him suffering from~~ Unclassified Typhoid Fever 3rd day

(Give diagnosis by number and name according to official nomenclature)

~~My professional opinion in the case is expressed below for the 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 {*hospital / *office} on~~ Sept 30, 1933

Francis Townsend
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.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard,
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE

Ocean City Station
Sixth District
(Unit)

CHANDLER, John T. (101-929) Surfman
(Name, surname first) (Service number) (Rank or rating)

FINAL MEDICAL CERTIFICATE

Place Ocean City Md, Date Sept 30, 1933

To: North Beach Station.
(Coast Guard unit)
Ocean City, Maryland
(Address)

U. S. COAST GUARD REC'D OCT 12 1933 By

U. S. COAST GUARD REC'D OCT 12 1933

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
Inoculation Typhoid Fever 2nd dose only.		Sept 30/33	Sept 30/33
		Naval Hospital Norfolk Va	
1st + 2nd O P. Marine Hos. Norfolk.			

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.}

Francis J. Townsend Asst 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 _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

U. S. COAST GUARD
REC'D OCT 1 1933 BY
MEDICAL SECTION

RECEIVED
OCT 10 1933
Sixth District
U.S.C.G.

FILE

VACCINATION and INOCULATION

U. S. COAST GUARD U. S. COAST GUARD M. B.
SIXTH DISTRICT REC'D OCT 12 1933

U. S. COAST GUARD
REC'D OCT 11 1933
NORFOLK DIVISION.

Ocean City, Maryland.
(City or Town)

30 September, 1933.
(Date)

I certify that I have this day Sept 30/33

VACCINATED AGAINST SMALL-POX
(Name)

(Rating) (Station)

INOCULATED AGAINST TYPHOID Chandler, John T. (101-929)
(Name)

Surfman North Beach
(Rating) (Station)

FIRST INDORSEMENT

Ocean City, Maryland.
Place

2 October, 1933.
Date

From: Officer in Charge North Beach Station.
To: Commandant.
Via: Commander. Sixth District.

1. Forwarded, the records of this station having been posted accordingly.

Henry E. Richardson
Henry E. Richardson

SECOND INDORSEMENT

Sixth District
Office of Commander

Chincoteague, Va.
10 October, 1933.
(Date)

From: Commander, Sixth District.
To: Commandant.

1. Forwarded.

C. J. SULLIVAN

FILE

M. B.

VACCINATION and INOCULATION

U. S. COAST GUARD

SIXTH DISTRICT

U. S. COAST GUARD
RECD OCT 12 1933

RECEIVED
OCT 10 1933
Sixth District
U.S.C.G.

Ocean City, Maryland.
(City or Town)

30 September, 1933.
(Date)

I certify that I have this day Sept. 30/33

VACCINATED AGAINST SMALL-POX _____
(Name)

_____ _____
(Rating) (Station

INOCULATED AGAINST TYPHOID Chandler, John T. (101-929)
(Name)

Surfman North Beach
(Rating) (Station)

Francis J. Lawson Asst Surgeon U.S.C.G.

FIRST INDORSEMENT

Ocean City, Maryland.
Place

2 October, 1933.
Date

From: Officer in Charge North Beach Station.
To: Commandant.
Via: Commander. Sixth District.

1. Forwarded, the records of this station having been posted accordingly.

Henry E. Richardson
Henry E. Richardson

SECOND INDORSEMENT

Sixth District
Office of Commander

Chincoteague, Va.

10 October, 1933.
(Date)

From: Commander, Sixth District.
To: Commandant.

1. Forwarded.

C. J. Sullivan
C. J. SULLIVAN

fet

P-73
701

21 September, 1933.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) Surfman; physical status.

Reference: (a) Medical survey, Marine Hospital, Norfolk, Va., 13 September, 1933.

1. Attention is invited to paragraph 3, subparagraph (c) of reference (a) which is quoted herein regarding subject man:

"His underweight should be corrected by exercise and the consequent increase of appetite."

It is believed that subject man received from the hospital adequate instructions as to the nature of the exercises he should perform, and if he follows such instructions further hospitalization will not be indicated. It is requested that the Officer in Charge of the station to which Chandler is attached be directed to see that such instructions are carried out.

By direction,

MAILED
SEP 22 1933

L. T. CHALKER,
Chief, Personnel Section.

20 September, 1933.

MEMORANDUM TO: Chief, Personnel Section.

Subject: CHANDLER, John T. (101-929) Surfman; medical survey.

Reference: (a) Medical survey Marine Hospital, Norfolk, Va., 13 September, 1933, bearing 2nd indorsement Norfolk Division 18 September, 1933.

1. Papers returned.

2. In view of the fact that subject named man has returned to duty, ~~and~~ having been discharged from the Marine Hospital, Norfolk, Va., on 13 September, 1933, no further action is indicated on reference (a). It appears from CHANDLER's record that he has been off duty sick in hospital for the period of 12 February, 1933, to 1 April, 1933, and from 25 April, 1933, to 13 September, 1933, with a diagnosis of malnutrition, cause undetermined. In view of this hospitalization it is apparent that he has been returned to duty fit for same. Attention is invited to paragraph 3, subparagraph (c) of reference (a) and it is recommended that the District Commander and Officer in Charge of subject named man's station be directed to see that the recommendations contained in this paragraph are carried out. It is believed that CHANDLER received adequate instructions as to the nature of the exercises he should perform from the hospital prior to discharge and it is thought that if he followed same, further hospitalization for his disability will not be indicated.

A. J. McLAUGHLIN,
Medical Director.

MK.

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

NORFOLK, VA.

IN REPLYING ADDRESS
MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
HAMPTON BOULEVARD, LARCHMONT
NORFOLK, VA.

U. S. COAST GUARD
REC'D SEP 1 0 1933 By
MEDICAL SECTION

RECEIVED
SEP 14 1933
Sixth District
U.S.C.G.

September 13, 1933.

U. S. COAST GUARD
REC'D SEP 19 1933

The Commander,
Sixth District,
U. S. Coast Guard,
Chincoteague, Virginia.

Sir:-

In accordance with your request of September 5, 1933, a Medical Board of Survey consisting of Surgeon A. E. Russell and Assistant Surgeon C. R. Mallory convened at the U. S. Marine Hospital, Norfolk, Virginia, on September 12, 1933 for the purpose of examining John T. Chandler (101-929) Surfman, U. S. Coast Guard, to determine his physical fitness for retention in the Coast Guard. This Board reports as follows:

Surfman John T. Chandler was treated in this hospital from February 12, 1933 to April 1, 1933. Complaints at that time were nervousness, loss of weight and pain in the back. Treatment consisted of high vitamine diet and he was discharged improved and fit for duty.

He returned to the hospital with the same complaints on April 25, 1933. Extensive clinical and laboratory studies have been made but no physical disability can be found. He is somewhat underweight, but strength is fairly good and there is no muscular wasting.

(a) Disability appears to be psychic and its origin has not been determined.

(b) No evidence to connect disability with injury or exposure incident to service in the U. S. Coast Guard.

(c) His underweight should be corrected by exercise and the consequent increase of appetite.

(d) He is considered physically fit for retention in the Coast Guard.

U. S. COAST GUARD

U. S COAST GUARD
REC'D SEP 18 1933

U. S. COAST GUARD
REC'D SEP 19 1933

REC'D SEP 19 1933
NORFOLK DIVISION.

MEDICAL SECTION.

73

1A

(e) It is recommended that he be returned to duty.

RECEIVED
SEP 14 1933
Sixth District
U.S.C.G.

Albert E Russell
A. E. Russell, Surgeon.

C R Mallory
C. R. Mallory, Assistant Surgeon.

Respectfully,

S L Christian
S. L. Christian,
Surgeon,
Medical Officer in Charge.

73
SIXTH DISTRICT

1st Indorsement

Chincoteague, Va.,
15 September, 1933.

From: Commander, Sixth District.
To : Commandant (via Norfolk Division).

Subject: CHANDLER, John T.(101-929) Surfman; Medical Board of Survey.

1. Forwarded.

Ernest Pointer
ERNEST POINTER,
Acting.

73-NORFOLK DIVISION

2nd Indorsement

Norfolk, Va.,
18 Sept., 1933.

1. Forwarded.

W. A. Burhans

73-703

73

U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

REC'D SEP 19 1933

NORFOLK DIVISION.

OFFICE OF COMMANDER
SIXTH DISTRICT

Chincoteague, Va.,
18 September, 1933.

U.S. COAST GUARD

REC'D SEP 20 1933

ANS'D

From: Commander, Sixth District.
To : Commandant (via Norfolk Division).

Subject: CHANDLER, John T.(101-929) Surfman - physical condition.

References: (a) Headquarters' letter, 1 August, 1933 (P-73-701).
(b) Headquarters' letter, 14 September, 1933 (PR-73-703).
(c) Board of Medical Survey, U.S.Marine Hospital,Norfolk, Va., dated 13 September, 1933.

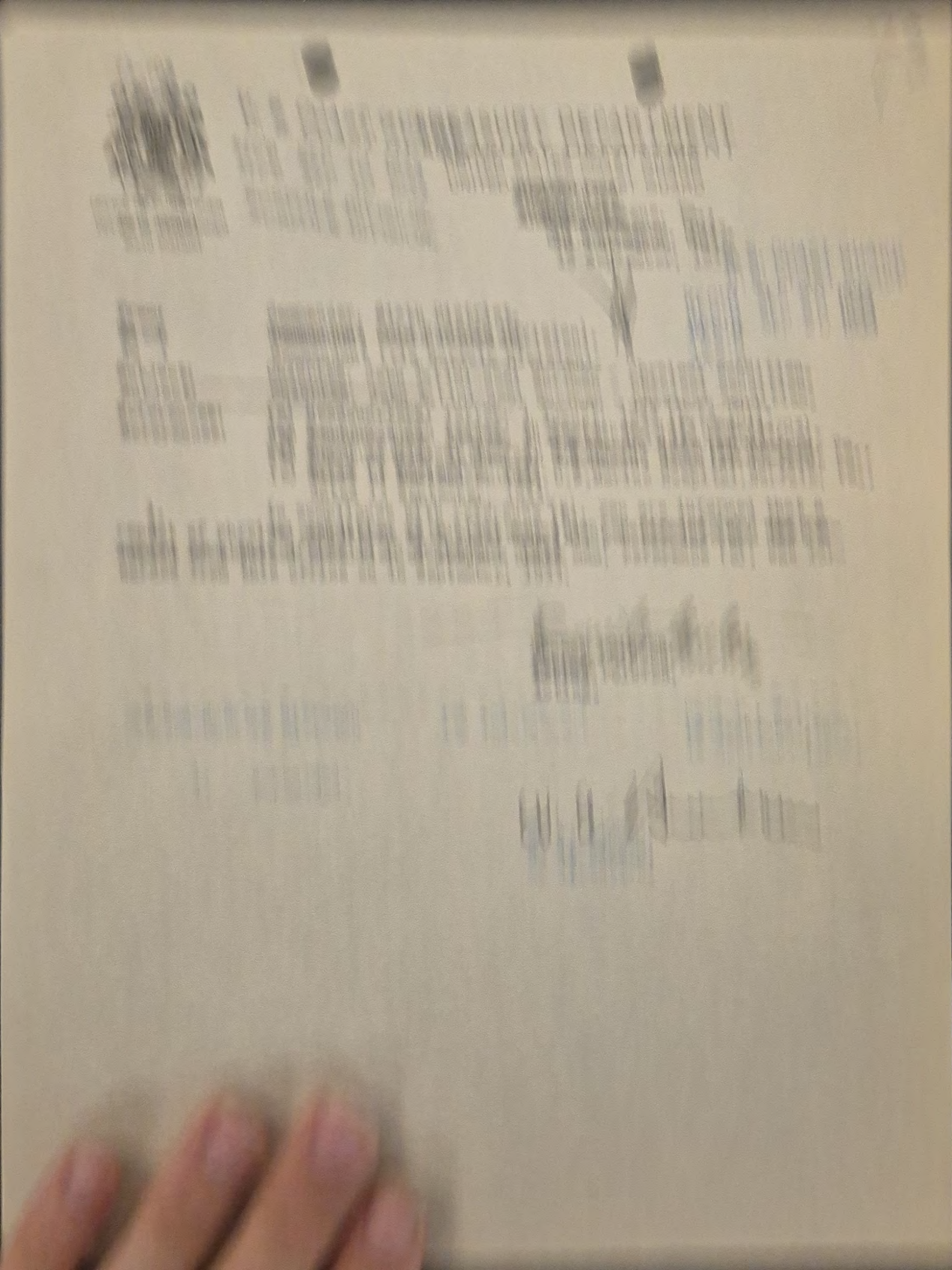
1. In compliance with reference (b), you are informed that a report of physical condition of subject named man, reference (c), was forwarded from this office on 16 September, 1933.

Ernest Pointer,
ERNEST POINTER,
Acting.

73-703-NORFOLK DIVISION 1st Indorsement Norfolk, Va.,
19 September,1933.

1. Forwarded.

W. A. Benham
W. A. BENHAM,
By direction.



LHP

PR-73
703

14 September, 1933.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) surfman - physical condition.

Reference: (a) Headquarters letter, 1 August, 1933. (P-73-701).

1. Your attention is invited to reference (a). It is requested that a report of the above-named man's present physical condition be forwarded to Headquarters at the earliest possible date.

By direction:

MAILED
SEP 14 1933

W. B. SCHEIBEL,
Assistant Chief,
Personnel Section.

U. S. COAST GUARD

Form 2568
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1931

FOLLOW INSTRUCTIONS ON BACK

U.S. COAST GUARD RECEIVED SEP 20 1933 Sixth District U.S.C.G.

U.S. COAST GUARD REC'D SEP 21 1933 ANS'D FILE A.J. McI

CHANDLER, John N. (Name, surname first) NORFOLK DIVISION 01-929 (Service number) Surfman (Rank or rating) Wachapreague Station (Unit)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date Sept., 14, 1933., 193

To: Officer in Charge,
U.S.C.G. Wachapreague Station,
Wachapreague, Va.
(Address)

U.S. COAST GUARD REC'D SEP 21 1933 By MEDICAL SECTION

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT	
		From	To
Neurasthenia.	1070	4-25-33	9-13-33
Malnutrition, probably volitional.	0953	4-25-33	9-13-33

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

Board of Medical Survey held in this case and report forwarded to the Commander, 6th District, Chincoteague, Va., with statement that this man is deemed physically fit for resumption of duty and recommending exercise and consequent increase of appetite to increase his weight. Patient has been studied exhaustively. Clinical, x-ray, laboratory and physical examinations have failed to disclose any cause for his malnutrition. He is somewhat underweight but his strength is fairly good and there is no muscular wasting. He has shown very little, if any, response to medical treatment and has failed to gain on an extremely high caloric diet. He restricts his dietary intake and since this is habitual the stomach no doubt is smaller than normal and a full meal produces discomfort. X-rays of the chest including repeated sputa examinations show no evidence of pulmonary disease and x-rays of the stomach fail to disclose any organic disease. Repeated gastric analyses have failed to show any abnormal condition of the process of digestion.

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

J. M. Brown
J.M. Brown, A.A. Surgeon, USPHS.
By Direction.

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 for (Diagnosis) since , 193 , has been transferred this date , 193 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

2—663

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D SEP 15 1933

REPORT OF CHANGE IN ENLISTED PERSONNEL

#42

Unit BASE EIGHT **Place** Norfolk, Va. **Date** 13 September, 1933.

CHANDLER, John T. (101-929) Surf.
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

11:15 a.m.
13 September, 1933 - Reported for subsistence, pending departure from Norfolk, Va., at 8:00 p.m., this date, via the Pennsylvania Railroad, enroute to Keller Station, Va.

6:00 p.m.
13 September, 1933 - Departed, transferred to WACHAPREAGUE COAST GUARD STATION, Keller Station, Va., for resumption of regular duty.

Disciplinary action:

Authority:

DcL 9-13-33 (73-701-531).

COPY TO:
P&P ND
PAY OFF
FILE

S. E. Barron
S. E. BARRON, Lieut. Comdr.,
(Signature)

Acting - Commander, BASE EIGHT.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials	EAH				

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

SEP 18 1933

73-701-531

~~ACCOUNTING COPY~~

73

FAU
C.A.M.

S CHARGEABLE NORFOLK DIVISION TRAVEL ALLOTMENT--#65
Estimated cost - - -$2.39

13 September, 1933.

U. S. COAST GUARD
RECD SEP 15 1933

From: Commander, Norfolk Division.
To: CHANDLER, John T. (101-929), Surfman.

Subject: Orders; travel.

Reference: (a) Art. 5111 (a), Personnel Instructions.

Inclosure: (1) Government transportation request No. T-854,963.

1. Having reported at 10:00 am this date from U. S. Marine Hospital No. 62, Norfolk, Va., you are directed to proceed without delay to Base Eight and report to the Commander of that Base for subsistence, pending your departure from Norfolk, Va., at 8:00 pm this date, via the Pennsylvania Railroad, en route to Keller Station, Va.

2. Inclosure (1), covering your transportation, is handed you herewith. Upon arrival at Keller Station, Va., you will immediately proceed to Wachapreague Coast Guard Station and report to the Officer in Charge of that station for resumption of your regular duty.

3. The travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters prescribed by Articles 243-251, Pay and Supply Instructions, are applicable in this case.

W. A. BENHAM,
By direction.

Copy to:
Headquarters.
Sixth District.

- -

73-701-531-NORFOLK DIVISION 1st Indorsement Norfolk, Va.,
13 September, 1933.

1. Departed Norfolk Division office 10:50 am this date.

W.A.BENHAM,
By direction.

239

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Norfolk Division Place Norfolk, Va. Date 13 September, 193[illegible], 193

CHANDLER, John T. (101-929) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

10:00 am this date - Reported from U.S. Marine Hospital No. 82, Norfolk, Va., having completed hospitalization.

Immediately departed for Base Eight for subsistence pending departure from Norfolk, Va., 8pm this date enroute to Wachapreague Coast Guard Station for resumption of regular duty. 6 th Dist

Disciplinary action:

Authority: Art. 5111 (a), P.I.

W. A. Benham
(Signature)
W. A. BENHAM,

By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

SEP 13 1933

GS

P-73
701

1 August, 1933.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) Surfman; medical survey.

Reference: (a) Your letter, 25 July, 1933 (75).

1. Replying to reference (a), you are advised that Headquarters concurs in the recommendation contained in board of medical survey that subject man be continued under hospitalization. However, in view of the fact that he has been absent from duty since February, 1933, it is requested that a careful check be made of his present physical condition and a further report be obtained within a period of thirty days to determine whether subject man is responding to treatment.

By direction.

L. T. CHALKER
Chief, Personnel Section.

MAILED
AUG 2 1933

GS 1930

28 July,1933.

MEMORANDUM TO CHIEF PERSONNEL SECTION.

SUBJECT: CHANDLER, John T. (101-929) Surfman; medical survey.

Reference: (a) Medical survey Marine Hospital, Norfolk,Va., 27 June,1933.

1. Papers returned.

2. I concur in the recommendation contained in reference (a) that subject named man be continued under hospitalization. However in view of the fact that he has been absent from since since February 1933 careful check should be kept on his present physical condition. It is recommended that further report be obtained without fail within a period ofthirty days, to determine whether subject named man is responding to treatment.

A.J. MC LAUGHLIN,
Medical Director.

leb

7 July, 1933.

MEMORANDUM TO CHIEF PERSONNEL SECTION.

SUBJECT: CHANDLER, John T. (101-929) Surfmen; medical survey.

Reference: (a) Medical survey Marine Hospital, Norfolk, Va., 27 June, 1933.

1. Papers returned.

2. I concur in the recommendation contained in reference (a) that subject named man be continued under hospitalization. However in view of the fact that he has been absent from since since February 1933 careful check should be kept on his present physical condition. It is recommended that further report be obtained without fail within a period of thirty days, to determine whether subject named man is responding to treatment.

leb

A.J. MC LAUGHLIN,
Medical Director.

28 July,1933.

MEMORANDUM TO CHIEF PERSONNEL SECTION.

SUBJECT: CHANDLER, John T. (101-929) Surfman; medical survey.

Reference: (a) Medical survey Marine Hospital, Norfolk,Va., 27 June,1933.

1. Papers returned.

2. I concur in the recommendation contained in reference (a) that subject named man be continued under hospitalization. However in view of the fact that he has been absent from since since February 1933 careful check should be kept on his present physical condition. It is recommended that further report be obtained without fail within a period of thirty days, to determine whether subject named man is responding to treatment.

leb

A.J. MC LAUGHLIN,
Medical Director.

73-703

U. S. COAST GUARD
REC'D JUL 28 1933 By
73

TREASURY DEPARTMENT
MEDICAL SECTION.

UNITED STATES COAST GUARD

OFFICE OF
DISTRICT COMMANDER
SIXTH DISTRICT

U. S. COAST GUARD
REC'D JUL 26 1933
NORFOLK DIVISION.

Medical

~~KEWES, DEL.~~

Chincoteague, Virginia.

25 July, 1933.

U. S. COAST GUARD
REC'D JUL 27 1933
ANS'D

From: Commander, Sixth District.
To: Commandant.

Subject: CHANDLER, John T. (101-929) Surfman; physical condition.

Reference: (a) Headquarters letter 15 June, 1933 (73-703).

Inclosure: 1. Copy of Medical Survey dated 27 June, 1933 on the subject man.

1. Reference (a) has beem complied with and the findings of the case is inclosed herewith on Inclosure (1).

2. While the board states the subject named man should be retained in the service pending further study and treatment, will say that the man in question has been sickly and ailing more or less for the last two years and has been of little use to the service during that time, and it is of my opinion that he will never be of much use again.

3. Recommendations as outlined by the board in the Inclosure is approved.

C. J. Sullivan.
C. J. SULLIVAN.

NORFOLK DIVISION-73 1st Indorsement. Norfolk, Va., 26 July, 1933.

From: Commander, Norfolk Division.
To: Commandant.

1. Forwarded.

W. A. Brenham
W. A. BRENHAM,
By direction.

NOTED
BY
DATE 7-27-33
PERSONNEL RECORD SECTION

COPY

U. S. COAST GUARD
REC'D JUL 28 1933 By
MEDICAL SECTION

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

NORFOLK, VA.

IN REPLYING ADDRESS
MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
HAMPTON BOULEVARD, LARCHMONT
NORFOLK, VA.

June 27, 1933.

U.S. COAST GUARD
REC'D JUL 27 1933
ANS'D

The Commander,
Sixth District,
U. S. Coast Guard,
Chincoteague, Virginia.

Sir:-

In accordance with your request of June 21, 1933, a board of medical survey, consisting of Surgeon W. L. Smith, and Assistant Surgeon C. R. Mallory, convened at U. S. Marine Hospital, Norfolk, Virginia, on June 26, 1933, for the purpose of examining Surfman John T. Chandler, U. S. Coast Guard, to determine his physical and mental fitness for retention in the U. S. Coast Guard and this Board has the honor to report as follows:

Surfman John T. Chandler, U. S. Coast Guard, was admitted to this hospital on April 25, 1933. Diagnosis Malnutrition, cause undetermined.

(a) Origin of disability undetermined.

(b) No history of any definite injury or disability due directly to exposure.

(c) Disability is believed to be temporary, but duration of treatment indefinite.

(d) He should be retained in the Coast Guard pending further study and treatment.

(e) It is recommended that he remain in the hospital for treatment.

(Signed) W. L. Smith, Surgeon.

Respectfully,

(Signed) C. R. Mallory, Assistant Surgeon

(Signed) S. L. Christian, Surgeon,
Medical Officer in Charge.

MHP

U. S. COAST GUARD
REC'D JUL 2 8 1933 By
MEDICAL SECTION.

PR-73
703

7-15

15 June, 1933.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) surfman - physical condition. (Wachapreague Station)

1. Inasmuch as the above-named man has been absent from duty on account of sickness for a considerable length of time, it is requested that a statement be obtained from the attending physician, showing the nature of the disability, present physical condition and probable duration of absence from duty. Upon receipt of this statement it should be forwarded to Headquarters with your recommendation.

By direction:

W. B. SCHEIBEL,
Assistant Chief,
Personnel Section.

USPHS 1658 - Coast Guard (Chandler, John T.)

IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE
AND REFER TO

TREASURY DEPARTMENT

PUBLIC HEALTH SERVICE

WASHINGTON

U. S. COAST GUARD
REC'D JUL 1 1933 By
MEDICAL SECTION

June 29, 1933.

1st Indorsement

Respectfully forwarded to the Commandant, U. S. Coast Guard, Attention Medical Director A. J. McLaughlin.

By direction of the Surgeon General.

F C Smith
Assistant Surgeon General,
Hospital Division.

FCS:CB

Report of board of medical survey convened at Norfolk Marine Hospital to examine Surfman John T. Chandler, USCG to determine fitness for retention in Coast Guard - dated June 27, 1933; copy letter dated June 21, 1933 from Commander, Sixth District, Chincoteague, Va. to MOC, Norfolk.

USPHS 1658 - Coast Guard (Chandler, John T.)

U. S. COAST GUARD
REC'D JUL 1 1933 B
MEDICAL

June 29, 1933.

1st Indorsement

Respectfully forwarded to the Commandant, U. S. Coast Guard, Attention Medical Director A. J. McLaughlin.

By direction of the Surgeon General.

F. C. SMITH

Assistant Surgeon General,
Hospital Division.

FCS:CB

Report of board of medicalsurvey convened at Norfolk Marine Hospital to examine Surfman John T. Chandler, USCG to determine fitness for retention in Coast Guard - dated June 27, 1933; copy letter dated June 21, 1933 from Commander, Sixth District, Chincoteague, Va. to MOC, Norfolk.

IN REPLYING ADDRESS
MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
HAMPTON BOULEVARD, LARCHMONT
NORFOLK, VA.

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

U. S. COAST GUARD
REC'D JUL 1 1933 By
MEDICAL SECTION.

NORFOLK, VA.

June 27, 1933.

U.S.P.H.S. No. 6 U.S. Coast Guard Chandler, John T.

The Commander,
Sixth District,
U. S. Coast Guard,
Chincoteague, Virginia.

Sir:-

In accordance with your request of June 21, 1933, a board of medical surgey, consisting of Surgeon W. L. Smith, and Assistant Surgeon C. R. Mallory, convened at U. S. Marine Hospital, Norfolk, Virginia, on June 26, 1933, for the purpose of examining Surfman John T. Chandler, U. S. Coast Guard, to determine his physical and mental fitness for retention in the U. S. Coast Guard and this Board has the honor to report as follows:

Surfman John T. Chandler, U. S. Coast Guard, was admitted to this hospital on April 25, 1933. Diagnosis Malnutrition, cause undetermined.

(a) Origin of disability undetermined.

(b) No history of any definite injury or disability due directly to exposure.

(c) Disability is believed to be temporary, but duration of treatment indefinite.

(d) He should be retained in the Coast Guard pending further study and treatment.

(e) It is recommended that he remain in the hospital for treatment.

W. L. Smith
W. L. Smith, Surgeon.

Respectfully,

C. R. Mallory
C. R. Mallory, Assistant Surgeon.

S. L. Christian
S. L. Christian, Surgeon,
Medical Officer in Charge.

U. S. COAST GUARD
REC'D JUL 1 1933
MEDICAL BUREAU

June 27, 1933.

The Commander,
Sixth District,
U. S. Coast Guard,
Chincoteague, Virginia.

Sir:-

In accordance with your request of June 21, 1933, a board of medical surgey, consisting of Surgeon W. L. Smith, and Assistant Surgeon C. R. Mallory, convened at U. S. Marine Hospital, Norfolk, Virginia, on June 26, 1933, for the purpose of examining Surfman John T. Chandler, U. S. Coast Guard, to determine his physical and mental fitness for retention in the U. S. Coast Guard and this Board has the honor to report as follows:

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(c) Disability is believed to be temporary, but duration of treatment indefinite.

(d) He should be retained in the Coast Guard pending further study and treatment.

(e) It is recommended that he remain in the hospital for treatment.

W. L. Smith, Surgeon.

Respectfully,

C. R. Mallory, Assistant Surgeon.

S. L. Christian, Surgeon,
Medical Officer in Charge.

U. S. COAST GUARD
REC'D JUL 1 1933
MEDICAL

June 27, 1933.

The Commander,
Sixth District,
U. S. Coast Guard,
Chincoteague, Virginia.

Sir:-

In accordance with your request of June 21, 1933, a board of medical surgey, consisting of Surgeon W. L. Smith, and Assistant Surgeon C. R. Mallory, convened at U. S. Marine Hospital, Norfolk, Virginia, on June 26, 1933, for the purpose of examining Surfman John T. Chandler, U. S. Coast Guard, to determine his physical and mental fitness for retention in the U. S. Coast Guard and this Board has the honor to report as follows:

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(c) Disability is believed to be temporary, but duration of treatment indefinite.

(d) He should be retained in the Coast Guard pending further study and treatment.

(e) It is recommended that he remain in the hospital for treatment.

W. L. Smith, Surgeon.

Respectfully,

C. R. Mallory, Assistant Surgeon.

S. L. Christian, Surgeon,
Medical Officer in Charge.

73-703

U. S. COAST GUARD
REC'D JUL 1 1933 8
MEDICAL

xxxxxxxxxxxxxx
Chincoteague, Virginia.
21 June, 1933.

From: Commander, Sixth District.
To: Medical Officer, U.S. Marine Hospital No.82, Norfolk, Virginia.

Subject: CHANDLER, John T. (101-929) Surfman; Board of Medical Survey.

Reference: (a) Headquarters letter 15 June, 1933 (PR-73-703).

1. In accordance with reference (a), it is requested that a Board of Medical Survey be convened on the subject named man to determine his fitness for further service.

2. The subject named man was admitted to the hospital on 25 April, 1933.

3. Date of enlistment 1 April, 1932.
Physical defects, shown on examining Surgeons, certificate, 0953 Malnutrition.
Medical history since 21 December, 1932, are as follows: Neuritis 1077, Intercostal, Pyolitis 1019, Nephritis, Parenchymatous, acute 1062, Rheumatism acute 1497, Endocrinapathis 0502, and Malnutrition, cause undet 0953.

4. Upon completion of the survey in the above case, transmit same to this office in duplicate with your recommendations in the premises. Kindly expedite this.

C. J. SULLIVAN.

MHP

PR-73
~~203~~

15 June, 1933.

From: Commandant.
To: Commander, Sixth District.

Subject: CHANDLER, John T. (101-929) surfman - physical condition.
~~(Wachapreague Station)~~

1. Inasmuch as the above-named man has been absent from duty on account of sickness for a considerable length of time, it is requested that a statement be obtained from the attending physician, showing the nature of the disability, present physical condition and probable duration of absence from duty. Upon receipt of this statement it should be forwarded to Headquarters with your recommendation.

By direction:

MAILED
JUN 15 1933

W. B. SCHEIBEL,
Assistant Chief,
Personnel Section.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1931

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD REC'D JUL 27 1933 A.M.S.

CHANDLER, John T. (101-929) Surfman Wachapreague Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

U. S. COAST GUARD REC'D JUL 26 1933 NORFOLK DIVISION.

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

U. S. COAST GUARD REC'D JUL 27 1933 B. MEDICAL SECTION

Place Wachapreague, Virginia., Date April 25, 1933., 193

To: Medical Officer in Charge,
U.S. Marine Hospital,
Norfolk, Va.

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, USCG Wachapreague Station, Wachapreague, Va.

John T. Chandler
(Signature of patient)

John T. Chandler, Surfman, USCG.
(Admitted via USPHS., Relief Station, Nassawadox, Va., A.A. Surgeon U. S. Coast Guard.
W.J. Sturgis, M.O.C.)

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date July 19, 1933., 193

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

0953 - Malnutrition, cause undetermined.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 Undet. days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine Hospital, Norfolk, Va. {*hospital / *office} on April 25, 1933., 193 @ 3:00 p.m.

(Board of medical survey held in this case on June 26, 1933 and report forwarded to Commander, 6th District, U.S.C.G., Chincoteague, Va.)

J.M. Brown
J.M. Brown, A. A. Surg., U. S. Public Health Service.
By Direction.

*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.

2—663

U. S. COAST GUARD

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place Kessawadox, Md, Date Apr 28 1933

The following patient was this date transferred to the U. S. Marine Hospital No. 82, for continued treatment.

FILE
A. J. McL.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT
Chandler John T	101-929	0953 Malnutrition	Apr 19	Several weeks

2—663

U. S. COAST GUARD

W. J. Sluyter
Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

For use only where patient is transferred from one Public Health Service station to another.

REC'D APR 28 1933 By U. S. COAST GUARD

U. S. GOVERNMENT PRINTING OFFICE: 1930

MEDICAL SECTION.

REC'D APR 27 1933

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. Med-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

From: Commandant.
To:

Subject: Form 2522; Medical Certificates.

1. Reports to Headquarters show that was admitted to ~~outpatient~~ outpatient treatment at by on and discharged from treatment on

2. Headquarters' copy copies of the RETURN MEDICAL CERTIFICATE and the FINAL MEDICAL CERTIFICATE ~~in the case~~ has have not been received by Headquarters.

3. You are requested to forward the missing copy copies to Headquarters, if you have it them.

4. If you have not received the Certificates from the medical officer, it they should be requested and forwarded to Headquarters when received.

F. C. BILLARD.

L. T. CHALKER,
Chief, Personnel Section.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March, 1930

"REGULAR"
(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U. S. COAST GUARD
R C'D APR 28 1933

FILE
A.J. Mct.

CHANDLER, John M. (101-929) Surfman, Wachapreague Station, Sixth Dist.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Wachapreague, Virginia., Date 19 April, 1933., 193

To W.J. Sturgis, A.A. Surgeon

Nassawadox, Virginia.

U. S. COAST GUARD
REC'D APR 28 1933
By

MEDICAL SECTION.
REC'D APR 27 1933
NORFOLK DIVISION.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

John T Chandler Harry M. Derrickson

Harry M. Derrickson, CBM(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant John T. Chandler, Surfman, U.S.C.G. Age 41

Height 5' 6" Nativity NB Color of hair Dark Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Nassawadox, Va., Date apr 19, 1933

I CERTIFY that I have examined the above-named person and find him suffering from 0953
Malnutrition, Cause undetermined
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately many days {*office / *hospital} treatment. He was admitted to ..... hospital on ....., 193

W. J. Sturges
A.A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? yes Is he able to travel now? no is confined to bed at his home

Alone? no How many attendants should accompany him? One

Remarks: He will be able to travel apr 25th

*Strike out words not applicable

W J Sturgis
(Attending physician)

2—663

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec. 1931

U. S. COAST GUARD

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL.

RECEIVED APR 7 1933 Sixth District U.S.C.G. Lewes, Del.

U. S. COAST GUARD REC'D APR 1 2 1933 By MEDICAL

CHANDLER, John T. (101-929) Surfman Wachapreague Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date April 3, 1933., 193

To: Officer in Charge,
USCG-Wachapreague Station,
Wachapreague, Virginia.
(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	
		FROM	TO
~~Chronic~~ Malnutrition, cause undet.	0953	2-12-33	4-1-33

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

Patient has been put on a special high vitamine diet and has made favorable improvement. He has gained in weight and strength and feels well. X-ray of the G.I. Tract reveals no abnormality. X-ray of the chest is negative. He is in no further need of treatment at this time and is fit for duty.

CONDUCT REPORT:

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

J.M. Brown
J.M. Brown, A. A. Surg. U. S. Public Health Service.
By Direction.

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 _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

73-701-531

S

FILE 73

1 April, 1933.

U. S. COAST GUARD
R C'D APR 3 - 1933
ANS'D

From: Commander, Norfolk Division.
To: CHANDLER, John T. (101-929), Surfman.

Subject: Orders; travel.

Inclosure: (1) Government transportation request No. T-30,925.

1. Reported Norfolk Division office 11:25 am this date, having been discharged from U.S.Marine Hospital No. 82, fit for duty.

2. Inclosure (1), covering transportation from Norfolk,Va., to Keller Station, Va., is handed you herewith. You will leave Norfolk,Va. at 12:30 pm this date, via the Pennsylvania Railroad en route to Keller Station, Va. Upon arrival thereat, report to the Officer in Charge, Wachapreague Coast Guard Station, for resumption of your regular duty.

3. The travel necessary to the execution of this order is required by the public interests. The allowances for subsistence and quarters prescribed by Articles 248-251, Pay and Supply Instructions, are applicable in this case.

W. A. BENHAM,
Acting.

Copy to:
Headquarters.
Sixth District.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1931

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD FILE
REC'D APR 10 1933 McL

RECEIVED APR 3 1933 4th District U.S.C.G. Norfolk, Virginia

CHANDLER, John T. (101-929) Surfman Wachapreague 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

Place Wachapreague, Virginia., Date U. S. COAST GUARD, 193

To: Medical Officer in Charge, REC'D APR 10 1933
U. S. Marine Hospital,
Norfolk, Virginia. REC'D APR 7 1933
NORFOLK DIVISION.

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, USCG-Wachapreague Station, Wachapreague, Va.

John T Chandler
(Signature of patient)
John T. Chandler, Surfman, U.S.C.G.

Harry M. Derrickson
Harry M. Derrickson, CBM (L) *U. S. Coast Guard.*

(Admitted via USPHS., Relief Station, Nassawadox, Virginia, A.A. Surgeon W.J. Sturgis, MOC)

RETURN MEDICAL CERTIFICATE

Place U.S. Marine Hospital, Norfolk, Va., Date March 25, 1933., 193

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

1728-Under observation for gastro-intestinal pathology. Changed to: 0953-Malnutrition, cause undet.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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, Norfolk, Va. {*hospital / *office} on ~~March~~ Feb., 12, 1933, 193 @ 6:00 p.m.

J.M. Brown
J.M. Brown, A. A. Surg., *U. S. Public Health Service.*
By Direction.

*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.

2—663

U. S. COAST GUARD

REC'D FEB 8 1939

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place Massowaday, Date 4 Feb 11, 1939

FEB 8

The following patient was this date transferred to the U. S. Marine Hospital No. 82 A.S. Mcl,

_____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT
John T Chandler	101-939	1499 Rheumatism 0502 Endocrinopathies	4 Feb 39	Several days

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1939

10 J Stuart

D.A. *Surgeon, U. S. Public Health Service*

(Not to be used by Attending Physician)

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. Med-73

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

From: Commandant.
To:

Subject: Form 2522; Medical Certificates.

1. Reports to Headquarters show that was admitted to ~~inpatient~~ outpatient treatment at by on and discharged from treatment on

2. Headquarters' copy copies of the RETURN MEDICAL CERTIFICATE and the FINAL MEDICAL CERTIFICATE ~~IN THE~~ case has have not been received by Headquarters.

3. You are requested to forward the missing copy copies to Headquarters, if you have it them.

4. If you have not received the Certificates from the medical officer, it they should be requested and forwarded to Headquarters when received.

F. C. BILLARD.

L. T. CHALKER,
Chief, Personnel Section.

U.S. COAST GUARD

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

Regular Enlistment

FILE
A. J. McL.

CHANDLER, John T. (101-929) Surfman Wachapreague Station.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Wachapreague, Virginia., Date February 7, 1933

To Dr Wm.J.Sturgis, A.A.Surgeon.
Nassawadox, Virginia.

U. S. COAST GUARD
REC'D FEB 20 1933

U. S. COAST GUARD
REC'D FEB 23 1933 By
MEDICAL SECTION

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the USS NORFOLK DIVISION, U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Harry M. Derrickson
Harry M. Derrickson, CBM(L), U. S. C. G.
(Name and rank of officer signing request) Officer in Charge.

Signature of applicant John T. Chandler
John T. Chandler Age

Height 5 ft - 6 in Nativity NB Color of hair Dark Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Nassawadox Va, Date Feb 7, 1933

I CERTIFY that I have examined the above-named person and find him suffering from 1497
Rheumatism acute 0507 Endocrinopathia
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately Several days {*office / *hospital} treatment. He was admitted to ..... hospital on ....., 193

W. J. Sturgis
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? Yes Is he able to travel now? Yes

Alone? Yes How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

W. J. Sturgis
(Attending physician)

2—663

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 252
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

U. S. COAST GUARD
R. C'D AUG 4 - 3
ANS'D

FILE
A. J. McL.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Keller, Virginia, Date 14 January, 1933.

To the *Officer in Charge, *Commanding Officer,

Wachapreague Station, Wachapreague, Va.
(Name and address of Coast Guard unit)

The following patient on Jan. 14, 1933, 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
(101-929) CHANDLER, John T.	Wachapreague Sta.	Neuritis. No.1077. Intercostal Pyelitis. No.1019.	21 Dec. 1932.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

Rooker J. White

Rooker J. White

A.A.S. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

The above patient returned to his station on 2 January, 1933, and was treated as a OUT PATIENT by Dr Rooker J. White, A.A. Surgeon, untill 14 January, 1933.

Left his duty 1:00 {~~a. m.~~ / p. m.} 21 December, 193 2

Returned to duty 11:00 {a. m. / ~~p. m.~~} 2 January, 193 3

Harry M. Derrickson

~~*Commanding Officer~~ * District Superintendent * Officer in Charge

Forwarded 2 August, 193 3.

C. J. Sullivan

C. J. SULLIVAN, District Commander.

*Strike out words not applicable * Division Commander * District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

U. S. COAST GUARD
REC'D AUG 3 1933
NORFOLK DIVISION.

73

Med-73
Wachapreague Station.
Sixth District.

Third Indorsement.

Wachapreague, Virginia.
24 July, 1933.

U. S. COAST GUARD
R.C'D AUG 4 - 1933
ANS'D

From: Officer in Charge, Wachapreague Station.
To: Commandant, (via Commander, Sixth District).

Subject: Form 2522; return and final medical certificate; resuest for.

1. Forwarded, complied with.

Harry M. Derrickson
Harry M. Derrickson,
Acting.

73-Office of Commander, Sixth District.

Fourth Indorsement,

Chincoteague, Virginia.
2 August, 1933.

From: Commander, Sixth District.
To: Commandant.

1. Forwarded.

C. J. Sullivan
C. J. SULLIVAN.

73-NORFOLK DIVISION

5th Indorsement

Norfolk, Va., 3 August, 1933.

1. Forwarded.

W. A. Benham
W. A. BENHAM,
By direction.

U. S. COAST GUARD

REC'D JUL 19 1933

ADDRESS THE COMMANDANT, U. S. COAST GUARD AND REFER TO No.

Med-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS NORFOLK DIVISION. WASHINGTON 17 July, 1933.

REC'D AUG 4 1933 By MEDICAL

U. S. COAST GUARD

REC'D AUG 4 - 1933

ANS'D

From: Commandant.
To: Officer in Charge, Wachapreague Station, Sixth District.

Subject: Form 2522; return and final medical certificates; resuest for.

1. Reports to Headquarters show that CHANDLER, John T. (101-929)Surfman was admitted to in-patient treatment, 21 December, 1932 ~~at~~ by A. A. Surgeon Booker J. White, Keller, Va.

2. Headquarters copies of the return and final medical certificates in this case have not been received.

3. It is requested that the missing certificates be obtained and forwarded to Headquarters.

By direction,

L.T. CHALKER,
Chief, Personnel Section.

NORFOLK DIVISION,
JUL 19 1933

Forwarded.

W. A. BENHAM,
By direction.

73

Office of Commander, Sixth District.

Second Indorsement,

Chincoteague, Virginia. 20 July, 1933.

From: Commander, Sixth District.
To: Officer in Charge, Wachapreague Station.

1. Forwarded for compliance with the above instructions. Return all papers by indorsement attached to this letter.

ERNEST POINTER,
Acting.

Form 2522
TREASURY DEPARTMENT
U.S. COAST GUARD
(2d part)—March, 1930

U. S. COAST GUARD REC'D FEB 4 - 1933

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Keller, Virginia, Date 14 January, 1933.

To the [*Officer in Charge, / *Commanding Officer,]

U. S. COAST GUARD REC'D JAN 30 1933 NORFOLK DIVISION

Wachapreague Station, Wachapreague, Va.
(Name and address of Coast Guard unit)

The following patient on Jan. 14, 1933, 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
(101-929) CHANDLER, John T.	Wachapreague Sta.	Neuritis. No. 1077. Intercostal Pyelitis. No. 1019.	21 Dec. 1932.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

U. S. COAST GUARD REC'D FEB 4 1933 By MEDICAL

Rooker J. White

Rooker J. White

A.A.S. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

The above patient returned to his station on 2 January, 1933, and was treated as an OUT PATIENT by Dr Rooker J. White, A.A. Surgeon, untill 14 January, 1933.

Left his duty 1:00 [~~a. m.~~ / p. m.] 21 December, 1933

Returned to duty 11:00 [a. m. / ~~p. m.~~] 2 January, 1933

Harry M. Derrickson

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Nor. Div. Norfolk, Va. 3 Feb. 1933. 1. Forwarded. W. A. BENHAM By direction.

Forwarded 27 January, 193 3.

C. J. SULLIVAN, District Commander.

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

U. S. GOVERNMENT PRINTING OFFICE: 1930

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U. S. COAST GUARD
RECD JAN 3 1933 By

(Regular enlistment)

John T. Chandler, (101-929) Surfman, Wachapreague, Station.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

RECEIVED DEC 30 1932 5th District U.S.C.G. Low Del.

Place Wachapreague, Virginia, Date 21 December, 1932.

To Dr. Booker White, A.A. Surgeon
Keller, Virginia.

U. S. COAST GUARD
RECD JAN 1933 By
MEDICAL SECTION

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

John T. Chandler — Harry W. Derrickson C.B.M.(R) U. S. C. G.
Harry W. Derrickson, Officer in Charge
(Name and rank of officer signing request)

Signature of applicant John T. Chandler Age 41

Height 5' 6" Nativity U.S. Color of hair Dark Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Keller, Virginia, Date Dec. 21, 1932

I CERTIFY that I have examined the above-named person and find him suffering from Neuritis No. 1077. (Intercostal), Pyelitis, No. 1019
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately 8 days {*office / *hospital} treatment. He was admitted to office treatment, hospital on Dec. 21, 1932.

Booker J. White
Booker J. White
A.A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

U. S. COAST GUARD
R'C'D AUG 1933
ANS'D

FILE
A. J. McL.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Kellet, Virginia, Date Dec. 16, 1932

To the {*Officer in Charge, *Commanding Officer,

Wachapreague Station, Wachapreague, Va.
(Name and address of Coast Guard unit)

The following patient on Dec. 16, 1932, 193m, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
CHANDLER, John T.	Wachapreague Sta.	Neuritis No.1077.(intercostal) Nephritis, parenchymatous, acute No.1062	~~12/5/32~~

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

Rooker J. White

Rooker J. White

A.A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 9:00 {a. m. / ~~p. m.~~} 5 December, 1932.

Returned to duty 11:00 {a. m. / ~~p. m.~~} 16 December, 1932.

Tappen F. Phillips, R.M.1c.(L)
Acting.

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded 2 August, 1933.

C. J. SULLIVAN, District Commander.

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

U. S. COAST GUARD
REC'D AUG 4 1933
MEDICAL

FILE

Med-73
Wachapreague Station.
Sixth District.

Third Indorsement.

Wachapreague, Virginia.
24 July, 1933.

From: Officer in Charge, Wachapreague Station.
To: Commandant,(via) Commander, Sixth District.

U. S. COAST GUARD
REC'D AUG 4 - 1933
ANS'D

Subject: Form 2522; return and final medical certificate; resuest for.

1. Forwarded complied with.

U. S. COAST GUARD
REC'D AUG 3 1933
NORFOLK DIVISION.

Harry M. Derrickson
Harry M. Derrickson,
Acting.

73-Office of Commander,
Sixth District.

Fourth Indorsement,

Chincoteague, Virginia.
2 August, 1933.

From: Commander, Sixth District.
To: Commandant.

1. Forwarded.

C. J. Sullivan
C. J. SULLIVAN.

73-NORFOLK DIVISION

5th Indorsement

Norfolk, Va., 3 August, 1933.

1. Forwarded.

W. A. Benham
W. A. BENHAM,
By direction.

U. S. COAST GUARD

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

Med-73

REC'D JUL 19 1933 TREASURY DEPARTMENT

NORFOLK DIVISION. UNITED STATES COAST GUARD

HEADQUARTERS WASHINGTON 17 July, 1933.

U. S. COAST GUARD
REC'D AUG 4 1933
MEDICAL

U. S. COAST GUARD
R.C'D AUG 4 - 1933
ANS'D

From: Commandant.
To: Officer in Charge, Wachapreague Station, Sixth District.

Subject: Form 2522; return and final medical certificates; resuest for.

1. Reports to Headquarters show that CHANDLER, John T. (101-929)Surfman was admitted to in-patient treatment, 5 December, 1932 ~~at~~ by A. A. Surgeon J. H. Ayres, Accomac, Va.

2. Headquarters copies of the return and final medical certificates in this case have not been received.

3. It is requested that the missing certificates be obtained and forwarded to Headquarters.

By direction,

L.T. CHALKER,
Chief, Personnel Section.

NORFOLK DIVISION,
JUL 19 1933
Forwarded.
W. A. BRENHAM,
By direction.

73
Office of Commander
Sixth District.

Second Indorsement,

Chincoteague, Virginia.
20 July, 1933.

From: Commander, Sixth District.
To: Officer in Charge, Wachapreague Station.

1. Forwarded for compliance with the above instructions. Return all papers by indorsement attached to this letter.

ERNEST POINTER,
Acting.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

U. S. COAST GUARD
REC'D DEC 29 1932
ANS'D

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Kellet, Virginia, Date Dec. 16, 1932

To the *Officer in Charge, *Commanding Officer,

Wachapreague Station, Wachapreague, Va.
(Name and address of Coast Guard unit)

The following patient on Dec. 16, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
CHANDLER, John T.	Wachapreague Sta.	Neuritis No.1077.(intercostal) Nephritis,parenchymatous,acute No.1062	~~12/5/32~~

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

Rooker J. White

Rooker J. White

A.A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 9:00 {a. m. / ~~p. m.~~} 5 December, 1932.

Returned to duty 11:00 {a. m. / ~~p. m.~~} 16 December 193 2.

Tappen F. Phillips. B.M.1c.(I)

*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge Acting.

Forwarded 28 December, 193 2.

S. F. McInnis.

S. F. McINNIS, Acting District Commander.

**Strike out words not applicable* *Division Commander* *District Superintendent*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

Form 2522
TREASURY DEPARTMENT
U.S. COAST GUARD
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

H.L.B. A.J. Md.

John T. Chandler (101929) Surfman, Wachapreague Station,
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Wachapreague, Virginia, Date 5 December, 1932.

To Dr. Rooker White, A.A. Surgeon,
Keller, Va.

U. S. COAST GUARD
REC'D DEC 9 1932
ANS

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

John T. Chandler

Tennen T. Phillips, B.M.1c.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant John T. Chandler Age 41

Height 5' 6" Nativity N.B Color of hair Dark Brown Eyes Blue.

RETURN MEDICAL CERTIFICATE

Place Keller, Virginia, Date Dec. 5, 1932

I CERTIFY that I have examined the above-named person and find him suffering from 1062.
Neuritis No. 1077 (intercostal). Nephritis, parenchymatus, acute No.
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on X / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately 4 to 7 days {*office / *Home / *Hospital} treatment. He was admitted to his home for treatment on Dec. 5, 1932

Rooker J. White
A.A.S. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? Is he able to travel now?

Alone? How many attendants should accompany him?

Remarks:

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

OFFICE OF COMMANDER
SIXTH DISTRICT

20 October, 1932.

U. S. COAST GUARD
REC'D OCT 22 1932
ANS'D

From: Commander Sixth District.
To: Commandant.

Subject: CHANDLER, John T. (101-929) Surfman; Good Conduct Medal; receipt of.

Reference: (a) Headquarters letter 10 October, 1932.
(b) Good Conduct Medal of the subject named man.

1. Receipt of reference (b) is hereby acknowledged and same was delivered to the subject named man on this date.

C.J. SULLIVAN.

GS

FILED W. H. C.

10 October, 1932.

From: Commandant, SIXTH District.
To:

Subject: CHANDLER, John T. (101-929) Surfman; Good Conduct Medal.

Reference: (a) Your letter, 21 September, 1932. (73).

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject man. The award of this medal will be noted in subject's current service record and if practicable, the medal will be delivered at general muster. Acknowledge receipt of the medal.

By direction,

L. T. CHALKER,
Chief, Personnel Section.

43

43

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

OFFICE OF COMMANDER
SIXTH DISTRICT

21 September, 1932.

U.S. COAST GUARD
REC'D SEP 22 1932
AND/B

From: Commander, Sixth District.
To: Commandant.

Subject: CHANDLER, John T. (101-929), Surfman, Wachapreague Station.
Good Conduct Medal. requested.

Reference: (a) Article 5411-5416, inclusive, Personnel Instructions.

1. In accordance with provisions contained in reference (a), it is requested that subject man be furnished with a good conduct medal,-based on the following service:

Total Years of Service	Last Discharge Date	Conduct	Total Years of Good Conduct since 5-17-20
7 Years	31 March, 1932	4.0	7 Years

2. The peroids of service covered by the above tabulation have, in all cases, been terminated by Honorable Discharges.

1 April 1925
To
31 March, 1929
Wachapreague Sta.

C.J. Sullivan

C.J. Sullivan

U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

73

Wachapreague

COAST GUARD STATION

Sixth

DISTRICT

RECEIVED JUN 3 1932 Sixth District U.S.C.G. Lewes, Del.

R.C.D JUN 4 - 1932

ANS'D

Wachapreague, Virginia.

(POST OFFICE ADDRESS)

1 June, 1932

From: John T. Chandler, (101-929), Surfman.

To: Commandant, Via, Officer in Charge, Wachapreague Station, and Commander, Sixth District.

Subject: Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin, 4 - 32.

1. Continuous Service Certificate has been received, and reference (a) is hereby complied with.

John T. Chandler

Wachapreague Station. First Indorsement. Wachapreague, Virginia. 1 June, 1932.

From: Officer in Charge, Wachapreague Station.

To: Commandant, Via, Commander, Sixth District.

1. Forwarded:

Harry M. Derrickson

HARRY M. DERRICKSON

73

Office of Commander, Sixth District. Second Indorsement, Lewes, Delaware. 3 June, 1932.

From: Commander, Sixth District.

To: Commandant.

1. Forwarded,

C. J. Sullivan

C. J. SULLIVAN.

PR-73

27 May, 1932.

From: Commandant.
To : Commander, Sixth District.

Subject: CHANDLER, John Thomas, (101-929), Surfman, Wachapreague Station.
Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin 4-32.

Inclosure: (1) Honorable Discharge No. A28665.
(2) Continuous Service Certificate No. 923

1. Deliver Inclosure (1) to the subject-named man.

2. Inclosure (2) will be handled in accordance with instructions contained in reference (a).

F. C. BILLARD.

By direction,

L. T. CHALKER,
Chief, Personnel Section.

L. SPENCER,
Assistant

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

RECEIVED MAY 5 1932 Sixth District U.S.C.G. Lewes, Del.

Wachapreague
COAST GUARD STATION

Wachapreague, Virginia.
(POST OFFICE ADDRESS)

Sixth
DISTRICT

2 May, 1932, 19

U. S. COAST GUARD
REC'. MAY 6 1932 BY
ANS.

From: CHANDLER John T. (101-929), Surfman.
To: Commandant, Via, Officer in Charge, Wachapreague Station, and Commander, Sixth District.

Subject: Continuous Service Certificate.

Reference: Headquarters Bulletin 4 - 32.

Inclosure: (1) Honorable Discharge; No. A28665.

1. It is requested that I be furnished a Continuous Service Certificate.

John T. Chandler
JOHN T. CHANDLER

73
Wachapreague Station. First Indorsement. Wachapreague, Virginia.
2 May, 1932.

From: Officer in Charge, Wachapreague Station.
To: Commandant, (Via, Commander, Sixth District.

1. Forwarded.

Harry M. Derrickson
HARRY M. DERRICKSON

73
Office of Commander, Sixth District. First Indorsement. Lewes, Delaware.
5 May, 1932.

From: Commander, Sixth District.
To: Commandant.

1. Forwarded, approved.

C. J. Sullivan
C. J. SULLIVAN.

U. S. COAST GUARD

REC'D MAY 27 1932

ANS'D

FILED W. W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Accomac Va., Date May 23rd, 1932

To the { Officer in Charge, / *Commanding Officer,

Machipongo C.G. Station, Machipongo, Va.

(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D MAY 27 1932
MEDICAL SECTION.

The following patient on May 23 22nd, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Chandler, John T	15-3	(1907) fracture of right ulna	May 3rd 1932

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J. H. Ayers

A. A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 7:30 {~~a. m.~~ / p. m.} 3 May, 1932.

Returned to duty 11:00 {a. m. / ~~p. m.~~} 24 May, 1932.

Tappan F. Phillips

*Commanding Officer ~~District Superintendent~~ *Officer in Charge

Acting

Forwarded 26 May, 1932.

C. J. Sullivan

C. J. SULLIVAN, District Commander.

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

..... *Surgeon, U. S. Public Health Service*

(Not to be used by Attending Physician)

U. S. GOVERNMENT PRINTING OFFICE: 1930

1907

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

FILE W.W.4

CHANDLER JOHN T. (101-929) | Surfman | Wachapreague Station
(Name) | (Rank or rating) | (Coast Guard unit)

U. S. COAST GUARD
REC'D MAY 9 1932 By

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

MEDICAL SECTION: Place Wachapreague, Virginia., Date 3 May, 1932., 193

To Dr. J.H.Ayres, A.A. Surgeon.
Accomac, Virginia.

U. S. COAST GUARD
REC'D MAY 9 1932 By
ANS

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Harry M. Derrickson
HARRY M. DERRICKSON CBM(L)"A", U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant John T. Chandler John T. Chandler Age 41

Height 5 ft. 6" Nativity NB Color of hair Dark Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Accomac, Va, Date May 3, 1932

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

1907 - Fracture of thumb of right hand.
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *is not} an incident of the service. He {*is / *is not} 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. He {*is / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / *is not} now fit for duty. He will require approximately 12 days {*office / *hospital} treatment. He was admitted to ..... hospital on ....., 193

J.H. Ayres
A.A. Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? No Is he able to travel now?

Alone? How many attendants should accompany him?

Remarks:

*Strike out words not applicable

J.H. Ayres
(Attending physician)

2—663

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

PA16-73

8 April, 1932.

From: Commandant.

To: Commander, Sixth District.

Subject: CHANDLER, John Thomas (101-929) Surf.; enlistment allowance.

References: (a) Your letter 1 April, 1932 (73).

(b) Statement of service.

(c) Article 35(1), Amendment 49, Pay and Supply Instructions.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

MF

W. H. WEBB,
By direction

PA16-73

8 April, 1932.

From: Commandant.

To: Commander, Sixth District.

Subject: CHANDLER, John Thomas (101-029) Surf.; enlistment allowance.

References: (a) Your letter 1 April, 1932 (73).

(b) Statement of service.

(c) Article 35(1), Amendment 49, Pay and Supply Instructions.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

OFFICE OF COMMANDER
SIXTH DISTRICT

FILE
H.A.R.

1 April, 1932.

U. S. COAST GUARD
R C'D APR 1 - 1932
ANS'D 4/8/32 HAR

From: Commander, Sixth District.
To: Commandant.

Subject: Request for enlistment allowance statement.

Reference: (a) Headquarters letter 3 November, 1928,(PA16-521).

1. John T. Chandler (101-929) Surfman Wachapreague Station, was discharged from a one year enlistment on 31 March, 1932. He reenlisted at the Wachapreague station for a period of two years on 1 April, 1932. Request enlistment allowance statement in his case.

C. J. SULLIVAN.

$25.00
PA16

RL

12-73

7 April, 1932.

First Indorsement.

From: Commandant.
To : Commander, Sixth District.

Subject: CHANDLER, John Thomas (101-939) Surfman - correction of enlistment contract. (Manhapreague Station).

Inclosure: (1) Enlistment contract, dated 1 April, 1932.

1. Returned. It is requested that Inclosure (1) be corrected to show service number 101-939, as shown by the records at Headquarters.

2. Return this indorsement with inclosed papers.

C. P. CLARK.
By direction.

MEMORANDUM TO PAY AND ALLOWANCES OFFICER-U. S. COAST GUARD

Name CHANDLER, John Thomas (101 929) Date 4-7-32

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl.	4-1-31	Reg.	One	Surfman	Wachapreague Station (6).

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-31-32	Wachapreague Station .	Surfman	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
4-1-32	Reg.	Two	Surfman	Wachapreague Station (6).

S. R. MORGAN
In charge of Personnel Records Section.

Rlt JNP

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Wachapreague Station Place Wachapreague, Va. Date 1 April, 1932, 192

CHANDLER John. Thomas (101-929) Surfman.

(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Honorable discharged 31 March, 1932, from one year regular enlistment,
Serial number of discharge A28665.
Re-enlisted 1 April, 1932, for period of two years, regular enlistment.

Disciplinary action:

Authority: Article 4272 (a) Personnel Instructions.
Article 322 Personnel Instructions.

Harry M. Derrickson
(Signature)
HARRY M. DERRICKSON

C.B.M. (L)"A"
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	Hap			

GOVERNMENT PRINTING OFFICE 2—13272

PA16-73

15 April, 1931.

FILE H.A.R.

From: Commandant.

To: Commander, Sixth District.

Subject: CHANDLER, John Thomas (101-929) Surfman; enlistment allowance.

References: (a) Your letter, 1 April, 1931.

(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

RECD

STATEMENT REQUESTED

4/3/31

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

OFFICE OF COMMANDER
SIXTH DISTRICT

COAST GUARD PAY AND ALLOTMENT

1 April, 1931

APR 2 31

U. S. COAST GUARD
REC'D APR 2 - 1931 y
ANS. 4/15/31

From: Commander, Sixth District.
To: Commandant.

Subject: CHANDLER, John T.,(101-929) Surfman,Wachapreague Station; enlistment allowance.

1. The above-named man was honorably discharged on 31 March, 1931. and re-enlisted on the day following. An enlistment allowance statement in his case is requested.

James A. Price

James A.Price.

$25.00 P916

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name CHANDLER, John Thomas (101 929) Date 4-11-31

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Reenl.	4-1-30	Reg.	One	Surfman	Wachapreague Station (6).

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-31-31	Wachapreague Station	Surfman	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
4-1-31	Reg.	One	Surfman	Wachapreague Station (6).

Ref. J.H.P.

S. R. MORGAN
In charge of Personnel Records Section.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924
(2d part)

U. S. COAST GUARD
REC'D OCT 29 1930 B

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Acoomac Va, Date Oct 29, 1930

To the {*Officer in Charge, / *Commanding Officer,}
Wachapreague C.G. Station — Wachapreague Va
(Name and address of Coast Guard unit)

The following patient on Oct 29, 1930, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John J. Chandler	1-3	646 - Influenza	Oct 20 '30

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J. W. Ayers
A-A Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 10:00 {a. m. / p. m.} 20, October, 1930.

Returned to duty 4:00. {a. m. / p. m.} 20, October, 1930.

Captain J. Phillips BM C(X)
*Commanding Officer / *District Superintendent / *Officer in Charge

Forwarded 28 October, 1930

James A. Price
*Division Commander / *District Superintendent

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name John Thomas CHANDLER Date 8 April, 1930

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	4-1-29	Reg.	One	Surf.	Wachapreague Sta., 6th Distr., Wachapreague, Va.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-31-30	Wachapreague Station, 6th Distr.	Surf.	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
4-1-30	Reg.	One	Surf.	Wachapreague Station, 6th Distr., Wachapreague, Va.

S. R. MORGAN
In charge of Personnel Records Section.

PA16-73

10 April, 1930.

FILE
I.O.S.

From: Commandant.

To: Commander, Sixth District. 101 929

Subject: Surfman John Thomas Chandler; enlistment allowance.

References: (a) Your letter, 1 April, 1930 (73).

(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00 if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

A. T. THORSON,
By direction.

R.B.

73

RECD

APR 3 1930

73

STATEMENT REQUESTED

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

OFFICE OF COMMANDER
SIXTH DISTRICT

COAST GUARD PAY AND ALLOTMENT

FILE
J. D. S.

APR-3 30

1 April, 1930

U. S. COAST GUARD
REC'D APR 3 1930 By
ANS. PA16-73
(4-10-30)

From: Commander, Sixth District.
To: Commandant.

Subject: CHANDLER, John T., surfman, Wachapreague Station; enlistment allowance.

1. The above named man was honorably discharged on 31 March, 1930 and re-enlisted on the day following. An enlistment allotmant statement in his case is requested.

James A. Price
James A. Price.

PA16 $25.00

73-703

U.S. COAST GUARD
REC'D JUN 28 1929

File mac 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Wachapreague,
COAST GUARD STATION

Wachapreague, Virginia,.
(POST OFFICE ADDRESS)

Sixth,.
DISTRICT

May 25, 1929,.

From; Officer in charge, Wachapreague Station,
To; Dr, John H. Ayres, Contract Physician,

Subject; Vaccination of Surfman John T. Chandler,.

Reference; General Order No,53 Art 2161 (1) Regulations,.

1. You are requested to Vaccinate against Small Pox and Typhoid fever, Surfman John T. Chandler, and furnish him a report thereon,

Henry W. Cobb Boatswain,(L)

1st Indorsement;

Accomac, Virginia,.
~~May~~ June 12 1929,.

From; Dr John H. Ayres, Contract Physician,
To; Officer in charge, Wachapreague Station,.

Subject; Vaccination of Surfman John T. Chandler,.

1.. The above named man was vaccinated against Small Pox and inoculated against Typhoid fever on the following dates May 25 - June 3 - 1929. Failed. Good scar from previous vaccination - Inoculated against Typhoid fever May 25 - June 3 & June 12 - 1929

J H Ayres
Contract Physician,.

2nd Indorsement. Sixth District,
Office of Commander,

Lewes, Delaware, 27 June, 1929.

1. Forwarded.

James A. Price
James A. Price.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—Jan., 1928

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Accomac, Va., Date May 6, 1929

To the {*OFFICER IN CHARGE, *COMMANDING OFFICER,
Wachapreague C.G. Station Wachapreague, Va.,
(Name and address of Coast Guard unit)

The following patient on May 6, 1929, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John J. Chandler	14-3	1337-Urticaria	May 1st 1929

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

J H Ayres
Contract Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 9:00 {a. m. / p. m.} May 1, 1929.

Returned to duty 10:00 {a. m. / p. m.} May 6, 1929.

Henry W. Cobb
*Commanding Officer *District Superintendent *Officer in Charge

Forwarded 7 May, 1929 John D. Anderson
Edward Bierlein by
*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

E Chandler

PA16-73

FILE
A.D.S.

22 April, 1929.

From: Commandant.
To: Commander, Sixth District.

Subject: Surf. John Thomas CHANDLER, enlistment allowance.

References: (a) Your letter 3 April, 1929 (73).
(b) Statement of service, 12 April, 1929.

1. In accordance with reference (b) the above named man is entitled to an enlistment allowance of $25.00, if same has not been previously paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b) together with a certified copy of this letter attached thereto.

E.L.HUTCHINSON.
By direction.

73

OFFICE OF COMMANDER
SIXTH DISTRICT

PM REC'D APR 5 1929

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

5 April, 1929.

APR-4 29 U.S. COAST GUARD

REC'D APR 4 1929

4-20-29 P916-73

From: Commander, Sixth District.
To: Commandant.

Subject: CHANDLER, John T., surfman, Wachapreague Station; enlistment allowance.

1. The above named man was honorably discharged on 31 March, 1929 and reenlisted on the day following. An enlistment allowance statement in his case is requested.

James A. Price.
James A. Price.

PA 1 one yr $25.00

MEMORANDUM TO PAY & ALLOTMENT SECTION

12 April, , 1929

Name John Thomas CHANDLER

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	4-1-28	Reg.	One	Surf.	Metomkin Inlet Station, 6th Distr., Accomac, Va.

DEDUCTIBLE TIME				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	3-31-29	Wachapreague Station, 6th District	Surf.	1	0	0

Re-enlisted 1 April, 1929, Wachapreague Station, Sixth District, Wachapreague, Va., for one year, in the rating of Surfman.

S. R. MORGAN,
In charge of Personnel Record Section.

MCS JAC

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—Jan., 1928

6TH DISTRICT U.S.C.G. FEB 2 1929 RECD

U. S. COAST GUARD
REC'D FEB 4 1929 BY

FILE W. W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Accomac-Va ANS., Date Jan 31 1929

U. S. COAST GUARD MEDICAL SECTION REC'D MAR 1 1929 By

To the *Officer in Charge, / *~~Commanding Officer~~,

Wachapreague C. G. Station — Wachapreague Va

(Name and address of Coast Guard unit)

The following patient on Jan 31, 1929, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John S. Chandler	15-2	646-Influenza	Jan 23-1929

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J H Ayre

Contract Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 11:00 {a. m. / p. m.} January 23, 1929

Returned to duty 10:30 {a. m. / p. m.} January 31, 1929,

Henry W. Cobb

*~~Commanding Officer~~ — *District Superintendent — *Officer in Charge

Forwarded 2 February, 1929

John W. Heidan

Lieutenant Commander By Direction *District Superintendent

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____;

____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

E Chandler

GOVERNMENT PRINTING OFFICE

____ Surgeon, U. S. Public Health Service

(Not to be used by Attending Physician)

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2532.—Ed. 20,000—Revised June, 1924
(2d part)

U. S. COAST GUARD FILE
JAN 31 1928

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Accomac, Va., Date January 26, 1928 192

To the { *OFFICER IN CHARGE, / *~~COMMANDING OFFICER~~

Atkin Inlet Coast Guard Station, Accomac, Va.
(Name and address of Coast Guard unit)

The following patient on January 26, 1928, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John T. Chandler,	I52--	I040--Acute Muscular Rheumatism,	Jan. 21,

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

J. H. Ayres

Surgeon, U. S. Public Health Service

Contract

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 9:00 {a. m. / ~~p. m.~~} January 21, 1928

Returned to duty 10:30 {a. m. / ~~p. m.~~} January 26, 1928

A. B. Hopkins

~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded 28 January, 192 8

John W. Thomas

*Strike out words not applicable ~~*Division Commander~~ ~~*District Superintendent~~

DISTRICT COMMANDER

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

E Chandler

GOVERNMENT PRINTING OFFICE

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

73

Second Indorsement
Office of the District Commander, 6th District.
Lewes, Del. 26 April, 1927

U. S. COAST GUARD
REC'D APR 27 1927
ANS'D By

From: District Commander, 6th District.
To: Surgeon General.
Via: Commandant.

Subject: Surfman John Thomas Chandler, dental work; need of.

Reference: (a) H/L 18 April, 1927 (73).
(b) District Commanders letter, 19 April, 1927 (73).

Inclosure: (1) Reference (a)
(2) Reference (b)
(3) Certificate from the Dentist dated 23 April, 1927.
(4) Certificate from Contract Physician, J.H. Ayres.

1. As per inclosures 1-4 you will find that the instructions of reference (a) has been complied with.

2. The records of this Office have been checked in accordance herewith.

John W. Hudson.

John W. Hudson,
By direction.

73

Second Indorsement
Office of the District Commander, 6th District.
Lewes, Del. 26 April, 1927

U. S. COAST GUARD
RECD APR 27 1927
ANSD By

From: District Commander, 6th District.
To: Surgeon General.
Via: Commandant.

Subject: Surfman John Thomas Chandler, dental work; need of.

Reference: (a) H/L 18 April, 1927 (73).
(b) District Commanders letter, 19 April, 1927 (73).

Inclosure: (1) Reference (a)
(2) Reference (b)
(3) Certificate from the Dentist dated 23 April, 1927.
(4) Certificate from Contract Physicism, J.H. Ayres.

1. As per inclosures 1-4 you will find that the instructions of reference (a) has been complied with.

2. The records of this Office have been checked in accordance herewith.

John W. Hudson

John W. Hudson,
By direction.

OFFICE OF
THE SUPERINTENDENT
SIXTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

LEWES, DEL.

19 April, 1927. S. COAST GUARD

REC'D APR 27 1927. By
ANS'D

From: District Commander, Sixth District.
To: Officer in charge, Metomkin Inlet Station.

Subject: Surfman John Thomas Chandler; dental work, need of.

Reference: (a) H/L 18 April,1927 (73).

Inclosure: (1) Reference (a).

1. In accordance to the instructions contained in reference (a) you will have the subject go to a dentist, and have the cavities in teeth No.16- and 19 filled at the earliest opportunity.

2. At the completion of this work you will send the subject to the contract physician; who will certify to the condition of the teeth. And you will furnish this Office with duplicate copies of receipts or certificates from the dentist who does the work; and also from the contract physician who looks them over.

3. Expedite this matter, and forward by indorsement on this letter. Return papers.

John W. Hudson,
John W. Hudson,
By direction.

1st Indorsement.
Metomkin Inlet Station.
23 April, 1927.

From; Officer in charge, Metomkin Inlet Station.
To; District Commander, Sixth District.

1. Returned, Instructions contained in Paragraph (1) compllied with.

2. Inclosed find duplicate copies of receipt from.Dentist and Contract Phisician. as requested in paragraph (2)

G.H. Bromley
G.H.Bromley

U. S. COAST GUARD
REC'D APR 27 1927
ANS'D By

Sir;

I am John J. [illegible]
of the Coast Guard Station
[illegible] have presented himself [illegible] for
treatment. A set teeth
that needed filling have
been filled.

H. D. Sieloff D.D.S.

Accounts

April 23
1927

TREASURY DEPARTMENT

UNITED STATES

PUBLIC HEALTH SERVICE

U. S. MARINE HOSPITAL No. 82

TANNERS CREEK

XXXXXXXXXXX
NORFOLK, VA.
XXXXXXXXXXX

U. S. COAST GUARD

REC'D APR 27 1927

ANS'D By

Accomac, Va.

To whom it may concern:

This is to certify that Serfman John Thomas Chandler, of Coast Guard Station No. I52, Metomkin Inlet, Va. has had teeth numbers I6 and I9 filled as required by regulations.

April 23 - 1927

J. H. Clyce

Contract Physician.

HEADQUARTERS

6th DISTRICT U.S.C.G. APR 19 1927 REC'D

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No.

TREASURY DEPARTMENT

73

UNITED STATES COAST GUARD

WASHINGTON 18 April, 1927.

Commander, Sixth District,

Lewes, Delaware.

U. S. COAST GUARD
REC'D APR 27 1927
ANS'D By

SUBJECTS: RECORD OF PHYSICAL EXAMINATION.
Surfman John Thomas Chandler

SIR:

THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE, UPON REVIEWING THE RECORD OF PHYSICAL EXAMINATION IN THE CASE OF John Thomas Chandler WHO ENLISTED AS surfman IN THE COAST GUARD on 1 April, 1927. , HAS APPROVED THE FINDING OF THE MEDICAL EXAMINER PROVIDED:

"cavities are filled in teeth Nos. 16 and 19."

FURNISH APPROPRIATE CERTIFICATE WHEN THE FOREGOING HAS BEEN COMPLIED WITH.

BY DIRECTION OF THE COMMANDANT:

RESPECTFULLY,

C. P. Clark

C. P. CLARK,
ACTING CHIEF, DIVISION OF OPERATIONS.

18 April, 1927.

Commander, Sixth District,

Lewes, Delaware.

SUBJECTS: RECORD OF PHYSICAL EXAMINATION.

SIR: Surfman John Thomas Chandler

THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE, UPON REVIEWING THE RECORD OF PHYSICAL EXAMINATION IN THE CASE OF John Thomas Chandler WHO ENLISTED AS surfman IN THE COAST GUARD, HAS APPROVED THE FINDING OF THE MEDICAL EXAMINER PROVIDED: on 1 April, 1927.

"Cavities are filled in teeth Nos. 16 and 19."

FURNISH APPROPRIATE CERTIFICATE WHEN THE FOREGOING HAS BEEN COMPLIED WITH.

BY DIRECTION OF THE COMMANDANT:

RESPECTFULLY,

C. P. CLARK, DIVISION OF OPERATIONS.

April 16, 1926.

From: Commandant.
To : Superintendent Sixth District.

Subject: Surf. John Thomas Chandler - Status.
B.M.1c(L) Garland M. Doughty - Status.

Reference: (a) Muster Roll for March, 1926.

1. Attention is invited to reference (a) which shows that John Thomas Chandler, surfman, who is attached to Wachapreague Station, was present 27 days during the month of March. It is requested that you advise Headquarters of the status of this man for the remaining 4 days.

2. Attention is invited to reference (a) which shows that Garland M. Doughty, boatswain's mate first class (L), who is attached to Hog Island Station, was absent on leave from March 9, to March 13, absent on leave w ithout pay on March 15, absent on leave without pay from March 23, to March 27, making a total of 11 days of absence. Under the column of "number of days present", this man is shown as being present for 25 days. It is requested that you advise Headquarters of the correct number of days that he was present during the month of March.

C. P. CLARK,
By direction.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1
(2d part)

F.H.F.
C. P. C.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Accomac Va, Date Dec 17, 192 5

To the { *OFFICER IN CHARGE, / *~~COMMANDING OFFICER~~ }
Wachapreague Coast Guard, Wachapreague Va
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
John J. Chandler	153	646 - Influenza	12/15-1925

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

J H Ayres
Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 8:00 { a. m. / ~~p. m.~~ } December 15, 1925,

Returned to duty 10.30 { a. m. / ~~p. m.~~ } December 17, 1925.

Henry N. Cobb
~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

DEC 21 1925

Forwarded 192

John W. Houdon
~~*Division Commander~~ By Direction *District Superintendent

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

.....
Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

Chandler

72

73

SUPT. 6th DIST. U.S.C.G. JUL 22 1925 REC'D

FILE P.G.H.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Wachapreague. COAST GUARD STATION

Wachapreague, Virginia. (POST OFFICE ADDRESS)

Sixth, DISTRICT

July 20, 1925.

U.S. COAST GUARD REC'D ANS'D JUL 23 1925

From; Officer in charge Wachapreague Station,
To; Commandant,(via Superintendent 6th District)

Subject; Swimming Test, John T. Chandler.

Reference; (a) Art,83- C.G.Instructions,(1922)

1. You are advised that the above named person qualified as a good swimmer July 20, 1925, in accordance with reference (a) as follows.

(a) Very Good.
(b) Very Good.
(c) Good.
(d) Very Good.

Henry W. Cobb Boatswain,(L)

1st indorsement,
Office of the Superintendent,
Lewes, Del. July,22- 1925.

From: Superintendent,
To: Commandant.

1. The records of this office have been checked accordingly.

2. FORWARDED.

John W. Hudson.
John W.Hudson,
District Personnel Officer,
By Direction.

QUALIFIED IN ALL SWIMMING TESTS
Entered July 23, 1925