2024 AUG 30 AM 7:55:14

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

Date: 8/12/2024

## REQUESTER INFORMATION

| Name (Please Print – Last, First, Middle) | Researcher ID Card Number |
|---|---|
| Flynn, Kylie | |
| **E-Mail Address:** | **Phone Number:** |
| knfgbb@umsl.edu | 217-440-1332 |

## 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 |
|---|---|---|
| Conary, Elmer, E. | | 1868 ME |

## 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: 1946 ME

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
First name is either Niels or Nels

Researcher Signature: Kylie

## CIVILIAN SERVICE

| (Agency & Location) | | |
|---|---|---|
| Lighthouse Service (ME) | | |
| From: 1920 | To: 1935 | |
| (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: 2-299679485 34

CMRS Search Request Number(s):

Attendant Signature:

Remarks: Soundex C560
Submitted to Arch Search
9/5/24 KFW

"24 SEP 24 PM 12:45:42

### SCREENING NOTES

☒ Reviewed and Nothing Removed KFW ☐ 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:

## LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

**Employee Name:** CONARY, ELMER E. **DOB:** 7/4/1868 1/1/1868

**SOUNDEX:** C560

**Records checked:**

| | | | |
|---|---|---|---|
| Agency: Commerce 6028 | Area: Bay 10, Lower Catwalk | positive | negative |
| Agency: Commerce 6029 | Area: Bay 10, Lower Catwalk | positive | negative |
| Agency: Old Commerce | Area: Bay 10, Lower Catwalk | positive | negative |

**AND**

| | | | |
|---|---|---|---|
| Agency: Treasury 2189 | Area: Bay 13, Lower Catwalk | positive | negative |
| Agency: Treasury 2188 | Area: Bay 13, Lower Catwalk | positive | negative |
| Agency: Old Treasury | Area: Bay 13, Lower Catwalk | positive | negative |

**If Negative:**

| | | | |
|---|---|---|---|
| Agency: Treasury SRCs series 1 | Area: Bay 13, Lower Catwalk | positive | negative |
| Agency: Treasury SRCs series 2 | Area: Bay 13, Lower Catwalk | positive | negative |
| Agency: Treasury SRCs series 3 | Area: Bay 13, Lower Catwalk | positive | negative |
| Agency: Coast Guard SRCs | Area: Bay 13, Lower Catwalk | positive | negative |

**If Negative:**

| | | | |
|---|---|---|---|
| **CMRS:** possible CG service | Area: | positive | negative |
| **ARCIS:** | Area: | positive | negative |

Notes: **DOS: 1920 TO 1935; BORN IN ME; DOD: 1/1/1946 IN ME; LIGHTHOUSE SERVICE, ME**

PERSONNEL CLASSIFICATION BOARD FORM NO. 14—FIELD QUESTIONNAIRE
(To be filled out in accordance with the instructions given in P. C. B. Forms Nos. 15 and 16)

*Bureau No.* 1381 *Sheet No.* 20[illegible]-39

Space reserved for the use of the Board

1. Conery (Surname) Elmer (Given name) E (Initial)

2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station Deer Island Thorofare Light Station
(b) Subdivision First District.
(c) City or town Stonington, State Maine.

6. Pay roll title Light Keeper
7. Customary office title Keeper (1330-1120)
8. Present administrative allocation [illegible]
9. Present gross rate of pay $ [illegible]
10. Deduction for allowances $ [illegible]
11. Net rate paid in cash $

12. Indicate by an "X" in the proper box or boxes the kind of allowances, if any, received by the employee:
☒ House ☐ Room { ☐ Furnished ☒ Unfurnished } ☐ Heat ☒ Light ☒ Fuel ☐ Laundry ☐ Uniform ☐ Subsistence or rations in kind Meals per day: ☐ 1 ☐ 2 ☐ 3

13. Describe any other allowance, privilege, or perquisite of value None

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost [illegible]

15. (a) Regular hours of work: From [illegible] m. to [illegible] m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer [illegible] Winter [illegible] (c) If not a full time and all-the-year-round position, state number of hours per day [illegible]; number of days per { week / month / year } [illegible] (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty [illegible]

16. (a) Rate of pay for overtime [illegible] (b) Amount of overtime pay in last 12 months None.

17. (a) Does the employee in any way direct or supervise other employees? [illegible] (b) If so, in what way? (See Form 16 before answering) [illegible]
(c) How many? [illegible]

18. If the employee supervises other persons through immediate contact, give the name and the sheet numbers of such persons. (For such of these as may not be covered by questionnaires, give number and kinds by occupations.) If the employee exercises supervision through section or division heads, give the title of such sections or divisions and the names and sheet numbers of their heads.
None

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.) Inspector of districts, Superintendent of districts, and instructions orally or by mail from time to time.

20. What is the name, official position, and sheet number of the employee's immediate superior? [illegible] Superintendent, Eighth District, Sheet No. Mah.

21. Employee's education: Strike an "X" over the number representing the highest grade or year completed in each type of school:

| Elementary | | | | | | | | High | | | | Normal | | | | College | | | | Postgraduate or professional | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | (Kind) |

Other education (describe):

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?

10—1856

23. TO THE EMPLOYEE: Describe in detail the work you do. Put each distinct duty, task, or process in a separate paragraph. Explain first those that require most of your time. Explain occasional duties last. In the column at the left opposite each paragraph enter the approximate percentage of your time devoted to the work described in that paragraph. DO NOT ATTEMPT TO COMPOSE THIS STATEMENT WITHOUT FOLLOWING THE INSTRUCTIONS OF P. C. B. FORM NO. 15.

| Percentage of working time | |
|---|---|
| Aver. time 2 hours daily. | I light the lamp at sunset and put it out at sunrise 365 days a year with the exception of 30 days shore liberty when some other man relieves me. I trim my lamps and take care of the tower such as cleaning brass, lens, windows and floors. |
| 2½ hours daily. | The fog signal I keep wound up and the machinery in good running order at all times, to be started in case of thick weather day or night. |
| 3 hours daily. | There are eight buildings on the Island which I have to take care of to paint and be kept clean outside and in. The light tower being attached to the dwelling house I whitewash outside and paint inside yearly. Also whitewash cellar and clean out cisterns yearly. Grounds to keep in good order by mowing and keeping picked up. Doing any little repair jobs on buildings which do not require a carpenter. |
| Aver. 1½ hours daily. | Going ashore for mail and supplies daily when weather permits. I have the whole care and responsibility of the station. I also keep a journal of the work done on station daily, report of |
| 1 hr. daily. | weather, a record of absences and fog signal report. A monthly report of station and fog signal report. At the end of fiscal year I send in to the Superintendent, a requisition of articles needed for the following year, also keep one at station At the beginning of fiscal year I make out two annual reports of all articles on station, send in one and keep one. |
| Av. 2 hrs. daily. | Once year I wheel up from the shore my supply of coal and put in bins. All through the year ~~I pick up drift wood, saw and split it for fuel to help out with the coal.~~ |

24. I hereby certify that the foregoing was composed by me after reading P. C. B. Form No. 15, and that it is a true statement of my duties.

(Sgd) Elmer E. Conary
(Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

I concur in the above.

26. How long have the employee's duties been substantially as described above? Since. June 2, 1923.

27. I hereby certify that to the best of my knowledge and belief the statements made by me on both sides of this sheet are accurate and complete.

SEP 26 1928, 1928 (Date) — JAMES C. WOOLLEY (Signature of Preparing Officer) — Chief Clerk. (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ---------- In my judgment the compensation of this position should be in a range from $ 1320 to $ 1620.

SEP 27 1928, 1928 (Date) — C. E. SHERMAN (Signature of head of field office or station) — Supt. of Lighthouses (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ---------- In my judgment the compensation of this position should be in a range from $ 1320, to $ 1620

OCT 22 1928, 1928 (Date) — H. B. BOWERMAN (Signature of head of bureau or his representative) — Acting Commissioner of Lighthouses. (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928

Applicant is almost 68.
The form shows
has been on leave
without pay from
September 27, 1935, apparently
on account of physical
condition, although med-
ical certificate is dated
April 23, 1936. Suggest
submit med. cert. to Dept
but ask 1st why phys-
ical examination
not made earlier.

HM 4/30

RJ

OK but is there any objection
to furlough or lv w o pay
in hope or expectation of
recovery?

This situation may happen
frequently - Miss Doyle's case
re Bier.

WPA 4/30

(appears not
RJ

April 30, 1936

Secretary of Commerce:

Elmer E. Conary, keeper in the 1st district, South Portland, Maine, has applied for disability retirement effective at the close of April 30. Form showing the computation of the retired pay is being held pending additional information requested of the First Superintendent; however, the certificate of medical examination dated April 23 is herewith submitted for tentative approval.

For the Commissioner:

Administrative Assistant

H-M
Incl

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 4 - 1936
SOUTH PORTLAND, MAINE

LIGHTHOUSES

1936 MAY 5 PM 3 41

April 30, 1936

Superintendent of Lighthouses, South Portland, Me.

1. In reference to the application of Elmer E. Conary, keeper, for retirement on account of disability effective at the close of April:

2. While the medical certificate in this case is dated April 23, it is noted that Mr. Conary has been in a leave without pay status from the beginning of September 27, 1935. Information is requested as to whether he was disabled during the entire period of leave without pay, and if so why consideration was not given to ordering a physical examination with a view to effecting his retirement at an earlier date, in view of his advanced age and the fact that it would have been in his interest, rather than to continue in a leave without pay status.

For the Commissioner:

Administrative Assistant

H-M
GFL:SWA

Office of the Superintendent, 1st District
259 High St., South Portland, Maine
May 4, 1936

Returned to Bureau with information that at the time he made application for leave without pay it was suggested to Mr. Conary that he submit application for retirement on account of disability but he appeared reluctant to do so and this office did not consider it desirable to order him up before the Public Health Service for examination with a view to his involuntary retirement because of disability owing to the fact that it was thought that with a year's rest Mr. Conary's condition might improve sufficiently to enable him to return to duty. It appears, however, that his condition is becoming steadily worse and that his retirement on account of disability at this time would be in the interest of the Service as well as himself.

It is hoped the above explanation will be satisfactory to the Bureau.

For and in the absence of the Superintendent:

LAURITZEN, Chief Clerk

Form 2a

# DEPARTMENT OF COMMERCE

## LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 27 1936
SOUTH PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
Hibister
Tlex
Corres. file
Engr. file

## CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

April 23" 1936
(Date)

NAME OF CLAIMANT Elmer E Conary DESIGNATION Light Keeper

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: He is an aged very Physical condition not able to do any work like Light keeper and eye sight defected 69

Height 5 feet 9½" Weight 110 pounds. Complexion Dark

Color of eyes Gray Color of hair Gray

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: He states that he is suffering from severe pains in his lower limbs legs & back, That he can not walk without pain, pains in his legs his mind at times is not clear, He claims that the pains in his legs was caused by carrying coal from the

Here describe fully nature of disability: Here to the light house. I find that his reflexes are absent, That he walk unsteady, That the pains in his legs are fascinating shifting from one joint to another and does not feel the ground properly when walking. eye sight defective

Claimant describes the duties of his position as follows:

Light Keeper

Is disability to perform such duty of a permanent character? Yes

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? No Do you recommend reexamination with this in view? No

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

*The examining physician must be in the Federal Service*

(Place of examination)

Joseph D. Trickett M.D.
(Examining Surgeon)

A. A. Surgeon U.S.P.H.S.
(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE: 1934 11—10543

Form 9

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 27 1936
SOUTH PORTLAND, MAINE

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Date April 23 1936

Superintendent of Lighthouses,

First District

South Portland, Maine
(City)

I hereby apply for disability retirement from active duty in the Lighthouse Service effective close April 30, 1936, on the basis of service shown hereon.

Elmer E. Conary
(Name)

Keeper
(Designation)

---

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES

*City* South Portland, Maine *Date* April 27, 1936

Submitted to Commissioner of Lighthouses, Washington, D. C., recommending retirement at $571.27 per annum, effective at the close of April 30, 1936.

It is certified that the record of service and pay shown on Page 2 is correct as shown by the records of this office, and that all Government service shown has been verified.

CHARLES C BRUSH
*Superintendent of Lighthouses.*

---

BUREAU OF LIGHTHOUSES, *Washington, D. C.*, May 6, 1936

Submitted to the Secretary of Commerce, recommending approval, in accordance with the Act of March 4, 1925, providing for disability retirement in the Lighthouse Service. Attention is invited to Bureau letter dated April 30 submitting the medical certificate in this case.

W. P. HARMAN
Acting *Commissioner of Lighthouses.*

---

FOR USE OF DEPARTMENT

11—10551

Form 9

PAG.

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Name Elmer E Conary Date of birth July 16, 1868

Designation Light Keeper

### RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military, naval, and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately)

| | Beginning | | | Ending | | | Remarks |
|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | |
| Army | | | | | | | |
| Navy | | | | | | | |
| Marine Corps | | | | | | | |
| Civilian employment | | | | | | | |
| DEPARTMENT OF COMMERCE | May | 29 | 1920 | Sept. | 26 | 1935 | 15-3-28 |
| Lighthouse Service, | Sept. | 27 | 1935 | April | 30 | 1936 | inc. Leave without pay. |
| First District, | | | | | | | |
| Portland, Maine. | | | | | | | Last entry is Lwop |
| | | | | | | | |
| Total service | 15 years, 3 months, 28 days. | | | | | | |

Does applicant receive or has he applied for a pension from the Government under any law? No If so, give number of pension certificate or of claim:

Does applicant receive or has he applied for compensation under the War Risk Insurance Act? No. If so, give number of claim:

Does applicant receive or has he applied for compensation under the Federal Compensation Act, as amended? No.

If so, state the compensation received:

### STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

| Designation | Beginning | | | Ending | | | Rate of Pay | Pay Received |
|---|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | | |
| Light Keeper | Sept. | 27 | 1930 | June | 30 | 1931 | $1440 pa. | $1096.00 |
| | July | 1 | 1931 | July | 2 | 1931 | 1440 | 8.00 |
| | July | 3 | 1931 | June | 30 | 1932 | 1500 | 1491.67 |
| | July | 1 | 1932 | June | 30 | 1933 | 1500. | 1500.00 |
| | July | 1 | 1933 | June | 30 | 1934 | 1500. | 1500.00 |
| | July | 1 | 1934 | June | 30 | 1935 | 1500. | 1500.00 |
| | July | 1 | 1935 | Sept. | 26 | 1935 | 1500. | 358.33 |
| | | | | | | | | |
| | | | | | | | | |

Total compensation for last five years of active service $7454.00.

Average compensation for last five years of active service $1,490.80.

Annual rate of retired pay ($ 15.3278/40 × years 1490.80 (Not exceeding 30) ÷ 40) = $571.27 ~ Hmc 4/30

U. S. GOVERNMENT PRINTING OFFICE: 1931 11—10551

- 9a -

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

# CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

April 23, 1936
(Date)

NAME OF CLAIMANT Elmer E Conary DESIGNATION Light Keeper

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: He is in a very weak physical condition, not able to do any work, has lost weight and eye sight defected

Height 5 feet 4½" Weight 110 pounds. Complexion dark

Color of eyes gray Color of hair gray

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: He states that he is suffering from severe pains in his lower limbs and back, that he cannot walk without having pains in his legs , his mind at times is not clear. He claims that the pains in his legs was caused by carrying coal from the shore to the lighthouse.

Here describe fully nature of disability: I find that his reflexes are absent, that he walks unsteady, that the pains in his legs are lacinating, shifting from one foot to another and does not feel the ground properly when walking; eyesight defective.

Claimant describes the duties of his position as follows:

Light Keeper

Is disability to perform such duty of a permanent character? Yes

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? No Do you recommend reexamination with this in view? No

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

*The examining physician must be in the Federal Service*

(Place of examination)

(SGD) JOSEPH D PHILLIPS, MD.
(Examining Surgeon)

AA Surgeon, U.S.P.H.S.
(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE: 1934 11—10543

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

LIGHTHOUSES
1936 MAY 21 PM 3 25

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 11 1936
SOUTH PORTLAND, MAINE

May 8, 1937.

Copy 5/21

Superintendent of Lighthouses, South Portland, Maine.

There is herewith returned the medical certificate accompanying recommendation of your office for retirement on account of disability of Keeper Elmer E. Conary. The Department has informally returned this case to the Bureau with a request that a further medical certificate be submitted showing more specifically the nature of this keeper's disabilities which render him unsuitable for continuance in the Service. It is, therefore, requested that he be further examined and a new medical certificate submitted which will show in detail the specific nature of Mr. Conary's disabilities.

For the Commissioner:

W.P.Harman
Administrative Assistant

RG-EK

Endorsement

CP
Enclosure

Office of the Superintendent, 1st District,
South Portland, Maine, May 18, 1936.

As requested above, herewith enclosed is a further medical certificate in connection with the disability retirement of Elmer E. Conary, Original medical certificate is also returned to Bureau.

BRUSH
Superintendent

Form 9a

COPY - CP

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

# CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

May 14, 1936
(Date)

NAME OF CLAIMANT Elmer E. Conary DESIGNATION Keeper

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: He is very anemic, the biceps muscle in his right arm is atrophied, his blood pressure is 130 and his pulse is 80. He is in a very depleted condition.

Height 5 ft. 5 1/2 in. Weight 123 pounds. Complexion Pale

Color of eyes Gray Color of hair Gray

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: He states that he has severe pains in his legs which extend down into his feet making it hard for him to walk. He claims these pains started after he carried coal from the shore up to the lighthouse. He complains of weakness in his right arm so that he can not lift any weight with it and he cannot sleep on account of the pains in his legs.

Here describe fully nature of disability: I find he has Chronic Muscular Rheumatism. His reflexes are absent and his right arm is almost useless. The muscles in his right arm are atropied. He has pains down his arms and legs and his walk is unsteady owing to the pains in the muscles of his legs.

Claimant describes the duties of his position as follows: Lighthouse Keeper

Is disability to perform such duty of a permanent character? Yes

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? No Do you recommend reexamination with this in view?

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

*The examining physician must be in the Federal Service*

Southwest Harbor, Maine
(Place of examination)

(SGD) JOSEPH D. PHILLIPS
(Examining Surgeon)

AA Surgeon, U. S. P. H. S.
(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE: 1934 11—10543

May 23, 1936

Secretary of Commerce:

In accordance with the informal request of the Department that a further examination be made of Elmer E. Conary, keeper, to show more specifically the nature of his disability, there is herewith submitted report of medical examination dated May 14, 1936. The application of Mr. Conary for disability retirement effective at the close of April 30, 1936, is resubmitted, also.

For the Commissioner:

W. P. HARMAN

Administrative Assistant

Encls
H-M

June 4, 1936.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

In accordance with the provisions of the Act of March 4, 1925, entitled An Act to provide for retirement for disability in the Lighthouse Service, you are, upon recommendation of the Commissioner of Lighthouses, hereby retired from that service (First District), effective beginning May 1, 1936, with retired pay at the rate of $571.27 per annum.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

Retirement proposed to be effective May 1.
This letter was written by dept. as effective June 1, 1936.
I phoned Appt. Div. (Miss Crawford) who said to make change to May 1.
AHW 6/9/36

B

JUN - 9 1936

# STATE OF MAINE

HANCOCK ss. REGISTRY OF PROBATE.

I, Clara E. Mullan, Register of the Probate Court for said County, having by law the custody of the seal and all the records, books, documents and papers of, or appertaining to said Court, hereby certify the paper hereto annexed to be a true copy of paper appertaining to said Court on file and of record in the Probate Office of said County, in the matter relating to the estate of Elmer E. Conary. Letter of Guardianship issued to Henry T. Conary, guardian of the estate of Elmer E. Conary, a person of unsound mind of Northeast Harbor, in said county.

In Witness Whereof, I have hereunto set my hand and affixed the Official Seal of said Court, this eighth day of November in the year of our Lord one thousand nine hundred and forty-one.

Clara E. Mullan, *Register.*

X7658X

# STATE OF MAINE.

HANCOCK ss. PROBATE COURT.

To Henry T. Conary

(L. S.)

of Manset,

in said County,

GREETING:

You are appointed ~~Conservator~~ Guardian of the estate of Elmer E. Conary, a person of unsound mind, of Northeast Harbor, in said county,

with full power and authority to take possession of all the real and personal estate of said ward , and for same you are required.

FIRST—To faithfully discharge said trust,

SECOND—To render a true and perfect inventory of the estate, property and effects of your ward , within three months from the date hereof,

THIRD—To render a just and true account of your trust and settle the same in said Court, at least once in three years, and oftener if required by the Judge of Probate.

FOURTH—And at the expiration of your trust to deliver all moneys and property, which, on a final and just settlement of your accounts, appear to remain in your hands, to the person or persons lawfully entitled thereto,

~~FIFTH~~—To give notice of your appointment within three months from the date hereof, by causing notification thereof to be published in the a newspaper published at , in said County, three weeks successively, and within one year file an affidavit of having given such notice, with a copy thereof, in the Registry of Probate.

Witness Arthur W. Patterson Judge of said Court at Ellsworth, this twenty-ninth day of July , in the year of our Lord one thousand nine hundred and forty-one.

Clara E. Mullan, REGISTER.

F

[illegible]0-75

Fils PERB

28 October, 1941.

Henry T. Conary,
Box 57,
Manset, Maine.

Sir:

Receipt is acknowledged of your letter of 22 October, 1941, inclosing certified copy of Letter of Guardianship issued by the Register of the Probate Court, State of Maine, County of Hancock, appointing you as Guardian of the person and estate of Elmer E. Conary, Keeper, retired, U. S. Coast Guard.

In reply thereto, it is requested that you furnish this office with two additional certified copies of Letter of Guardianship in order that necessary action may be taken to have Elmer Conary's retired pay checks drawn in your favor, as Guardian.

By direction of the Commandant.

Very truly yours,

W. H. WEBB,
Chief, Audit and Payroll Section,
Division of Finance.

MAILED
OCT 28 1941

[illegible]

File
REB FA40-7

15 November, 1941.

Mr. F. L. Church,
Assistant Chief, Accounting Division,
Office of the Treasurer of the United States,
Washington, D. C.

Sir:

Inclosed herewith, to be retained in the files of your office, is certified copy of Letter of Guardianship issued by the Register of the Probate Court, State of Maine, County of Hancock, on 29 July, 1941, appointing Henry T. Conary as Guardian of the person and estate of Elmer E. Conary, Incompetent.

Checks in payment of retired pay due Elmer E. Conary, Keeper, Retired, former Lighthouse Service, U. S. Coast Guard, beginning with the month of November, 1941, will be drawn in favor of Henry T. Conary, Guardian, Elmer E. Conary, Keeper, Retired, Box 57, Manset, Maine.

By direction of the Commandant.

Very truly yours,

A. T. THORSON,
Assistant Chief,
Division of Finance.

One inclosure.

BANGOR
NOV 17 1941

15

File AEB

U.S. COAST GUARD (1)
RECD DEC 22 1941

TREASURY DEPARTMENT

WASHINGTON

OFFICE OF
TREASURER OF THE UNITED STATES
IN REPLYING QUOTE INITIALS AWS-C

Civilian Personnel File

December 19, 1941.

The Commandant,
U. S. Coast Guard,
Washington, D. C.

Re: FA40-75

Sir:

Receipt is acknowledged of the following described papers, as indicated by (X):

( ) Power of attorney-

Grantor:

Attorney in fact:

(X) Court certificate-

Showing appointment of Henry T. Conary

As ( ) Executor ( ) Administrator (X) Guardian ( ) Trustee of the person and estate of Elmer E. Conary, Incompetent

( ) Documentary evidence as follows:

The above described papers have been recorded in this office.

Very truly yours,

W. A. JULIAN,

Treasurer.

JBH:rvb
AC-136

3-20

CIVILIAN PERSONNEL

HENRY T. CONARY, GDN.
ELMER E. CONARY, KEEPER, RETIRED, DECEASED

Box 57
Manset, Maine

Died: 2-2-46

Retired Pay: $47.60

(Retired Pay files have no record of last active duty station)

3-2

Fd. ACB

CG-521 (FA-AR)
75

11 April, 1946

Postmaster
Manset, Maine

Dear Sir:

Official envelope, containing retirement pay check drawn to the order of Henry T. Conary, Guardian, Elmer E. Conary, Keeper, Retired, P. O. Box 57, Manset, Maine, was returned to this office with notation: "Elmer E. Conary died 2 February, 1946.

Reply to letter of this office, dated 26 February, 1946, to Mr. Henry T. Conary, Manset, Maine, requesting official confirmation as to date of death of Mr. Elmer E. Conary has not been received.

Please ascertain the present whereabouts of Henry T. Conary, or confirmation by your office of the date of death of Elmer E. Conary will be appreciated

Very truly yours,

H. R. JONES
Lieut. Commander, USCG
Allotment Disbursing Officer
By Deputy

B:am Return to C-2

Form 439
TREASURY DEPARTMENT
DIVISION OF APPOINTMENTS

Retired, 36

File No. 532

Name C O N A R Y, Mr. ELMER E.,

BORN: July 16, 1868

Service COAST GUARD (L.H.S.)

U. S. GOVERNMENT PRINTING OFFICE 2—16928

File
E.M.O.J

5 July 1950
PMM 75

3-2

Mrs. Gertrude R. Conary
North East Harbor
Maine

My dear Mrs. Conary:

Your claim for the final pay due the estate of your husband, Elmer E. Conary, Keeper, former Lighthouse Service, now United States Coast Guard, Retired, has been forwarded to the General Accounting Office for settlement.

As the Coast Guard has no further jurisdiction in the settlement of this claim, it is suggested that in event of undue delay you contact the Claims Division, General Accounting Office, Washington, D. C.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, U. S. Coast Guard
Chief, Military Morale Division

JUL 6 - 1950

MJMiese Return to 2--4 Room 2002

lw mjm.

File
E.M.O.

5 July 1950
PMM 75

3-2

General Accounting Office
Claims Division
Washington, D. C.

REF: Claim No. Misc-2263611-WSB

Sirs:

Inclosed is the claim of Mrs. Gertrude R. Conary claiming the final pay due the estate of her husband, Elmer E. Conary, Keeper, former Lighthouse Service, now United States Coast Guard, Retired, who died on 2 February 1946 as the result of natural causes.

This claim in the amount of $3.17, plus the proceeds of Check No.130,162 in the amount of $47.60 and the adjustment of the retired pay of the deceased, has been examined and is approved for payment. The appropriation to be charged is 1760910 Retired Pay, Former Lighthouse Service, Coast Guard, 1946.

Funeral expenses incurred in this case in the amount of $215.00 have been paid as per the attached receipted funeral bill.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, U. S. Coast Guard
Chief, Military Morale Division

Incls.
1 - Form No. 1055
2 - Form No. 2661
3 - Funeral bill
4 - Substantiating letter

JUL 6 - 1950

MJH:eeo Return to 2--4 Room 3002

(MEMORANDUM)

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

U. S. COAST GUARD

1760910 Retired Pay, Former Lighthouse Service, Coast Guard, 1946

*Appropriation:* ---

Headquarters

*Unit* Retired Roll-Lighthouse

THE ~~UNITED STATES, Dr.,~~ Gertrude R. Conary, widow of

*Total years of service* ---

*Pay period, duty, or grade* ---

*To* Elmer E. Conary, Keeper, Retired, Deceased. Retired xxxxxxxxx
(Henry T. Conary, Gdn) (Name)

*Monthly rate of pay* $47.60 (Base and longevity)

---, *U. S. Coast Guard*

North East Harbor, Maine (Designation)

*For pay and allowances—*

--- (Address)

*From* 2-1 *,19*46 *to* 2-2 *,19*46 (Inclusive)

| CREDITS: | | NOTATIONS | | | NOTATIONS |
|---|---|---|---|---|---|
| Subsistence allowance ---$ | | | Total Credits ---$ | 3.17 | |
| Rental or quarters allowance --- | | | Less—Total Charges, $ | | |
| Pay --- | 3.17 | | Amt. retained | | |
| Balance forwarded from --- (Name of unit, | | | TOTAL ---$ | None | |
| noting month of roll or voucher) | | | Net amount to be paid on this voucher ---$ | 3.17 | |
| Sundry credits and adjustments --- | | | | | |
| TOTAL CREDITS ---$ | 3.17 | | REMARKS: Died: 2-2-46. Last paid for period 1-31 January, 1946 on D. O. Vou. No. 392, settled in the January 1946 account of C. L. Herndon, SDA(Navy), Symbol No. 55-152. | | |
| CHARGES: | | | | | |
| Allotment ---$ | | | | | |
| Clothing --- | | | | | |
| Forfeited --- | | | | | |
| Sundry charges and adjustments --- | | | | | |
| TOTAL CHARGES ---$ | None | | | | |

| (Additional statements by Department if deemed necessary) | (ACCOUNTING CLASSIFICATION) | (Payee will NOT use this space) | |
|---|---|---|---|
| | 21-125 1200 | Differences --- | |
| | | Account verified; correct for ---$ | 3.17 |
| | | (Signature or initials) --- | |

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

---

---

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

---
(Here state fully changes occurring between date of last affidavit and signing of this voucher)

---

---

--- (Date), 19--- (MEMORANDUM—DO NOT SIGN) --- (Name) --- (Official designation)

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

Approved for $ 3.17

Date 19 April, 19 46

(MEMORANDUM—DO NOT SIGN) ---
*Commanding, District Commander.*

H. R. JONES. LIEUT. COMDR., USCG.

U.S. GOVERNMENT PRINTING OFFICE 16—29661-2

File
E.M.O.

1 March, 1949
PMM 75

3-2

Mr. Henry T. Conary
Box 57
Manset, Maine

My dear Mr. Conary:

Records at Coast Guard Headquarters indicate that you have not returned the forms to claim sume due the estate of Elmer E. Conary, Keeper, former Lighthouse Service, now United States Coast Guard, Retired. In the event these forms have been misplaced, a duplicate set is herewith inclosed. It is requested that you complete these forms and return them to Coast Guard Headquarters in order that all sums due the estate of Mr. Conary may be paid.

At the time of death there was due the estate of the deceased final retired pay in the amount of $3.17, plus the proceeds of Check No.130,162 in the amount of $47.60. If there has been a legal representative appointed to administer the estate of Mr. Conary, a copy of the Court Order showing the appointment should be attached to Forms No. 1055. If no legal representative has been appointed, the next of kin or the person who paid the funeral expenses should execute the inclosed Forms No. 1055, claim for the final pay in the presence of two witnesses, taking care to answer all questions as checked. If the funeral expenses have been paid, a bill receipted by the undertaker should be forwarded, otherwise the undertaker should sign the inclosed waiver form. This information is necessary to substantiate the claim for the final retired pay.

A pre-addressed envelope which requires no postage is inclosed for your convenience.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, U. S. Coast Guard
Asst. Chief, Military Morale Division

Incls.
1 - Form No. 1055
2 - Waiver
3 - Envelope

MAR 1 - 1949

MJM:eeo Return to 2--4 Room 2116

NAVCG 2661A
Form approved by
Comptroller General, U. S.
(April 13, 1934)

# DATA SUPPORTING CLAIM FOR PAY AND ALLOWANCES OF PERSONNEL

(MEMORANDUM)

U. S. COAST GUARD

for check to Treas.

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

*Appropriation:* 1760910 Retired Pay, Former Lighthouse Service, Coast Guard, 1946 ✓

*Unit* Headquarters Retired Roll-Lighthouse ✓

THE ~~UNITED STATES, Dr.,~~

To Elmer E. Conary, Keeper, ~~Retired, Deceased.~~ (Name) Retired xxxxxxxx
(Henry T. Conary, Gdn) ✓

(Designation), U. S. Coast Guard

(Address)

*Total years of service* _____

*Pay period, duty, or grade* _____

*Monthly rate of pay* ~~417.60~~ ✓ (Base and longevity)

*For pay and allowances—*

*From* 2-1 ✓, 19 46 *to* 2-2 (inclusive), 19 46

| CREDITS: | | NOTATIONS |
|---|---|---|
| Subsistence allowance $ | | |
| Rental or quarters allowance | | |
| Pay | | |
| Balance forwarded from (Name of unit, noting month of roll or voucher) | 3.17 ✓ | |
| Sundry credits and adjustments | | |
| TOTAL CREDITS $ | 3.17 ✓ | |
| **CHARGES:** | | |
| Allotment $ | | |
| Clothing | | |
| Forfeited | | |
| Sundry charges and adjustments | | |
| TOTAL CHARGES $ | None ✓ | |

| | | NOTATIONS |
|---|---|---|
| Total Credits $ | 3.17 ✓ | |
| Less—Total Charges, $ | | |
| Amt. retained | | |
| TOTAL $ | None ✓ | |
| Net amount to be paid on this voucher $ | 3.17 ✓ | |

REMARKS: Died: 2-2-46. Last paid for period 1-31 January, 1946 on D. O. Vou. No. 392, settled in the January 1946 account of C. I. Herndon, SDA(Navy), Symbol No. 55-152. ✓

(Additional statements by Department if deemed necessary)

(ACCOUNTING CLASSIFICATION)

21-152 1200 125

(Payee will NOT use this space)

Differences _____

Account verified; correct for $ 3.17 ✓

(Signature or initials) [illegible] 4-19-46

APR 24 RCVD

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

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

_____, 19____ (MEMORANDUM—DO NOT SIGN) _____ (Name) _____ (Official designation)
(Date)

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

Approved for $ 3.17 ✓

Date 19 April, 19 46

(MEMORANDUM—DO NOT SIGN) _____
*Commanding, District Commander.*

U.S. GOVERNMENT PRINTING OFFICE 16—29661-2

H. R. JONES, LIEUT. COMDR., USCG.
Allotment Disbursing Officer.

APR 30 1946

(FA-AR)
CO-51

26 April, 1946

General Accounting Office
Claims Division
Washington 25, D.C.

Re: Elmer E. Conary, Kpr., Retired,
deceased (Henry T. Conary, Gdn.)

Gentlemen:

With reference to the statement of final pay due the above-named civilian employee, which is submitted herewith, Check No. 130,162, for $47.60, issued by C. L. Herndon, SDA(Navy), Symbol No. 55-152, covering pay due the decedent for the month of January 1946, is forwarded for disposition by your office.

Please acknowledge receipt of the above inclosures by the return of a copy of this letter.

Very truly yours

H. R. JONES
Lieutenant Commander, USCG
Allotment Disbursing Officer

Incls
1. Statement of final pay due.
2. Treas. of the U. S. Check.

copy returned with typed notation: Misc-226361- MVL

IKZ Return to C-2

(FA-AR)
CG-51

19 April, 1946

General Accounting Office
Claims Division
Washington 25, D. C.

Re: Elmer E. Conary, Kpr., Ret., Deceased
(Henry T. Conary, Gdn.)

Gentlemen:

The following information relative to the pay account of the retired civilian employee named above is furnished for use in the settlement of claim for final pay in his case:

Date of death 2 February, 1946

Gross pay to date of death . . . . . $3.17

Federal Tax withheld and
disposed of $_____

Other deductions $_____ $None

Net amount due on death. . . . . $3.17

Last paid to and including 31 January, 1946 on D.O. Voucher No. 392, settled in the January 1946 account of C. L. Herndon, S.D.A. (NAVY), Symbol No. 55-152

Appropriation to which chargeable: 1760910 Retired Pay, Former Lighthouse Service, Coast Guard, 1946

Application for payment of amount due the deceased (Standard Form 1055) is being furnished next of kin.

Very truly yours,

H. R. JONES
C. L. HERNDON
Lieut. Commander, USCG
Allotment Disbursing Officer

ehb

✓ 5-32

7/1/39 Transferred from Bureau of Lighthouses, Department of Commerce, and consolidated with United States Coast Guard, under terms of Plan No. 2 of Reorganization Act of 1939, approved by Congress April 3, 1939.

File received - MAR 18 1940

16 June 1950
PMM 75

FILE E.M.01

3-2

Mrs. Elmer E. Conary
North East Harbor
Maine

My dear Mrs. Conary:

There are inclosed herewith the necessary forms to claim sums due the estate of your husband, Elmer E. Conary, Keeper, former Lighthouse Service, now United States Coast Guard, Retired.

It is requested that you execute the inclosed Forms No. 1055, claim for the final pay, in the presence of two witnesses, taking care to answer all questions as checked. If the funeral expenses have been paid, a bill receipted by the undertaker should be forwarded, otherwise the undertaker should sign the inclosed waiver form. This information is necessary to substantiate the claim for the final retired pay. Upon completion, return the forms, together with the receipted funeral bill or signed waiver, to Commandant (PMM) and your claim will be forwarded for settlement.

A pre-addressed envelope which requires no postage is inclosed for your convenience.

By direction of the Commandant.

Very truly yours,

N. W. SPROW
Commander, U. S. Coast Guard
Chief, Military Morale Division

Incls.
1 - Form No. 1055
2 - Waiver
3 - Envelope

JUN 16 1950

MJM:eac Return to 2--4 Room 2003

mjm.

STANDARD FORM 50 (9 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

TREASURY DEPARTMENT - U. S. COAST GUARD, WASHINGTON, D. C.

# NOTIFICATION OF PERSONNEL ACTION

| 1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
|---|---|---|---|
| Mr. Elmer E. Conary * | 7-16-68 | 7 | 6-6-50 |

*This is to notify you of the following action affecting your employment:*

| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|---|
| AMENDMENT<br>Retirement (Disability) | Close<br>4-30-36 | |

| FROM | | TO |
|---|---|---|
| Keeper | 8. POSITION TITLE | |
| )Plus<br>$1500.00 per annum)$240 pa Qtrs. | 9. SERVICE, GRADE, SALARY | |
| LIGHT STATION | 10. ORGANIZATIONAL DESIGNATIONS | |
| Boston, Mass.<br>Deer Island Thorofare Lt.Sta.,Me. | 11. HEADQUARTERS | |
| [X] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPT'L. | [ ] FIELD [ ] DEPARTMENTAL |

13. REMARKS:

*Amendment made pursuant to claim of Mrs. Elmer E. Conary, widow of Elmer E. Conary.

In accordance with the Comptroller General's Decision B-70029 dated 10-23-47, which reversed Decision A-31584 of 5-28-30, your retirement pay has been recomputed on the basis of the average gross pay (which includes the valuation of quarters for the period occupied) received during the last five years of your active duty. The computation on this basis changes the rate of your retirement pay from $571.27 to $663.23, and this notice is issued in order that you may have accurate information as to the rate of retirement pay which you are authorized to receive.

Total Service: 15 years, 3 months, 28 days.

Computation: ($1730.80 x 15.3278 ÷40) = $663.23

FORWARDED TO FIELD OFFICE

JUN 7 1950

FORWARDED TO [illegible]

[illegible] 1950

H. L. Morgan

H. L. MORGAN
Chief, Civilian Personnel Division

14. SIGNATURE OR OTHER AUTHENTICATION

| 15. VETERAN'S PREFERENCE | | | | | | | 16. POSITION CLASSIFICATION ACTION | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| NONE | 5 PT. | 10 POINT | | | WWII | WWI | OTHER | NEW | VICE | I. A. | REAL |
| | | DISAB. | WIFE | WIDOW | | | | | | | |

| 17. SEX | 18. RACE | 19. APPROPRIATION | 20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 21. DATE OF OATH (ACCESSIONS ONLY) | 22. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | | FROM:<br>TO: Sal. of Kprs., LH | LH 3-4-25 | | Me. |

☆ U. S. GOVERNMENT PRINTING OFFICE : 1949 810534

4. PERSONNEL FOLDER COPY

3—2 File 82
File 75
LEH

13 April 1950
FA-PA 75

General Accounting Office
Claims Division
Washington 25, D. C.

Att: Mr. Schumacher,
Misc. Review Section

Gentlemen:

Inclosed is the claim of Mrs. Elmer E. Conary, widow of Elmer E. Conary, (deceased), a retired member of the former Lighthouse Service, claiming the difference in retired pay based on gross pay over that based on net pay (gross pay less deduction for occupancy of Government quarters). Reference is made to the Comptroller General's decision of October 23, 1947 (B-70029).

It is requested that the claim be returned to the Commandant (FA-PA), U. S. Coast Guard, Washington 25, D. C., for processing, after it has been recorded in your office.

By direction of the Commandant.

Very truly yours,

4/13/50
mailed

R. L. EDMANDS, LTJG, USCG
Chief, Pay and Audit Section

Incl: Claimant's letter
dtd 4/10/50

CC: Mrs. Elmer E. Conary
Northeast Harbor, Me.

LEHynes:mch
4/13/50 6-7 LEH

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION

Elmer E. Conary (Name) — Maine (Legal Residence)

## STATUS

11—8940

| DESIGNATION | ACTION | SALARY | BUREAU–SERVICE–STATION | DATE OF EFFECT |
|---|---|---|---|---|
| Keeper | | 780 | L.H. Isle of Shoals etc NH. | May 29, 1920 |
| " | Trans. | 720 | " Matinicus Rock L.S., Me. | Sept. 27, 1921 |
| " | Prom. | 780 | " " | July 1, 1922 |
| " | Trans. | 780 | " Deer Isd L.S. Me. | June 2, 1923 |
| " | Read of Pay | 1020 | " " | July 1, 1924 |
| " | " " | 1260 | " " | Feb. 1, 1925 |
| " | Incr. | 1320 | " " | July 1, 1925 |
| " | INCREASE IN COMPENSATION | 1380 | " " | JAN 1 1927 |
| " | COMPENSATION Act. May 28, 1928. | 1440 | " " | JUL 1 1928 |
| " | COMPENSATION Act. July 3, 1930 | 1500 | " " | JUL 3 1930 |
| | Retired May 1, 1936 (disability) $571.24 pa | | | |

June 4, 1936.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

In accordance with the provisions of the Act of March 4, 1925, entitled An Act to provide for retirement for disability in the Lighthouse Service, you are, upon recommendation of the Commissioner of Lighthouses, hereby retired from that service (First District), effective beginning May 1, 1936, with retired pay at the rate of $571.27 per annum.

By direction of the Secretary:

Respectfully,

JUN -8 1936

EDW. J. GARDNER

Chief of Appointment Division.

CARDED

APPOINTMENT DIVISION
ENTERED DEPARTMENT
JUN 13 1936
SHEET NO. 5081
DEPARTMENT OF COMMERCE

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Name Elmer E Conary Date of birth July 16, 1868

Designation Light Keeper (Deere Island, Me.)

### RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military, naval, and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately)

| | Beginning | | | Ending | | | Remarks |
|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | |
| Army | | | | | | | |
| Navy | | | | | | | |
| Marine Corps | | | | | | | |
| Civilian employment | | | | | | | |
| DEPARTMENT OF COMMERCE | May | 29 | 1920 | Sept. | 26 | 1935 | |
| Lighthouse Service, | Sept. | 27 | 1935 | April | 30 | 1936 | inc. Leave without pay. |
| First District, | | | | | | | |
| Portland, Maine. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total service | 15 years, 3 months, 28 days. | | | | | | |

Does applicant receive or has he applied for a pension from the Government under any law? No If so, give number

Amended to include quarters in accordance Comp. Gen. decision B-70029 dated 10-23-47

### STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

| Designation | Beginning | | | Ending | | | Number Days in Pay Status (P. D. or P. H. personnel) | Rate of Pay | Pay Received |
|---|---|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | | | |
| PAY | 9 | 27 | 30 | 9 | 26 | 35 | 5 yrs. | TOTAL | $7454.00 |
| QUARTERS | " | " | " | " | " | " | " | 240 p.a | 1200.00 |
| | | | | | | | | | 8654.00 |

Total compensation for last five years of active service $8654.00

Average compensation for last five years of active service $1730.80

Annual rate of retired pay ($ 1730.80 × years 15.3278 ÷ 40) = $663.23
(Not exceeding 80)

JJH

U. S. GOVERNMENT PRINTING OFFICE 16—85893-1

number of claim: _____

Does applicant receive or has he applied for compensation under the Federal Compensation Act, as amended? No.

If so, state the compensation received: _____

## STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

| Designation | Beginning | | | Ending | | | Rate of Pay | Pay Received |
|---|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | | |
| Light Keeper | Sept. | 27 | 1930 | June | 30 | 1931 | $1440 pa. | $1096.00 |
| | July | 1 | 1931 | July | 2 | 1931 | 1440 | 8.00 |
| | July | 3 | 1931 | June | 30 | 1932 | 1500 | 1491.67 |
| | July | 1 | 1932 | June | 30 | 1933 | 1500. | 1500.00 |
| | July | 1 | 1933 | June | 30 | 1934 | 1500. | 1500.00 |
| | July | 1 | 1934 | June | 30 | 1935 | 1500. | 1500.00 |
| | July | 1 | 1935 | Sept. | 26 | 1935 | 1500. | 358.33 |
| | | | | | | | | |
| | | | | | | | | |

Total compensation for last five years of active service $7454.00.

Average compensation for last five years of active service $1,490.80.

Annual rate of retired pay ($15.3278/ ..... × years 1490.80 ÷ 40) = $571.27

(Not exceeding 30)

U. S. GOVERNMENT PRINTING OFFICE: 1931 11—10551

Form 9

Supt.
Asst Supt.
Chief Clerk
✓ 1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
✓ 3d Clerk
5th Clerk
Hdkrs.
Hex
Corres. file
Engr. file

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST. DISTRICT
APR 27 1936
PORTLAND, MAINE

LIGHTHOUSES

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

1936 APR 29 PM 3 34

Date April 23, 1936

DEPARTMENT OF COMMERCE
MAY - 7 1936
APPOINTMENT DIVISION

**Superintendent of Lighthouses,**

First District

South Portland, Maine
(City)

I hereby apply for disability retirement from active duty in the Lighthouse Service effective close of April 30, 1936, on the basis of service shown hereon.

DEPARTMENT OF COMMERCE
APR 30 1936
APPOINTMENT DIVISION

Disability Retirement
15 yrs + 3 mos service

✓ Elmer E. Connolly
(Name)

Keeper
(Designation)

---

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES

*City* South Portland, Maine *Date* April 27, 1936

Submitted to Commissioner of Lighthouses, Washington, D. C., recommending retirement at $571.27 per annum, effective at the close of April 30, 1936. 5/1/36

It is certified that the record of service and pay shown on Page 2 is correct as shown by the records of this office, and that all Government service shown has been verified.

C C Brush
CHARLES C. BRUSH
*Superintendent of Lighthouses.*

---

BUREAU OF LIGHTHOUSES, *Washington, D. C.*, May 6, 1936

Submitted to the Secretary of Commerce, recommending approval, in accordance with the Act of March 4, 1925, providing for disability retirement in the Lighthouse Service. Attention is invited to Bureau letter dated April 30 submitting the medical certificate in this case.

W P Harman
Acting *Commissioner of Lighthouses.*

---

FOR USE OF DEPARTMENT

5/27/36

Dr Whitehead says retire
no further examination
G.W.S.

11—10551

Chief Clerk

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

DEPARTMENT OF COMMERCE
1936 MAY 25 AM 10

DEPARTMENT OF COMMERCE
MAY 25 1936
23 APPOINTMENT DIVISION

May 23, 1936

CHIEF CLERK

Secretary of Commerce:

In accordance with the informal request of the Department that a further examination be made of Elmer E. Conary, keeper, to show more specifically the nature of his disability, there is herewith submitted report of medical examination dated May 14, 1936. The application of Mr. Conary for disability retirement effective at the close of April 30, 1936, is resubmitted, also.

For the Commissioner:

C. P. Harman
Administrative Assistant

Encls
H-M

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

DEPARTMENT OF COMMERCE
1938 MAY MAY - 2 1936 P
1 PM 2:02
APPOINTMENT DIVISION
CLERK

April 30, 1936

Secretary of Commerce:

Elmer E. Conary, keeper in the 1st district, South Portland, Maine, has applied for disability retirement effective at the close of April 30. Form showing the computation of the retired pay is being held pending additional information requested of the First Superintendent; however, the certificate of medical examination dated April 23 is herewith submitted for tentative approval.

For the Commissioner:

W P Harman
Administrative Assistant

H-M
Incl

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 3, 1930.

Elmer E. Conary

Through the Commissioner of Lighthouses.

Sir:

You are advised that under the Brookhart Act your compensation has been changed as indicated below, effective July 3, 1930.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

APPOINTMENT DIVISION ENTERED AUG 9 1930 ON JOURNAL DEPARTMENT OF COMMERCE

CARDED

From: 1440

To: 1500

1st Keeper

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 1, 1928.

Mr. Elmer E. Conary,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1380

To: $1440

1

11—9564

JUL 2
DEPARTMENT OF COMMERCE

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 1, 1927.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective January 1, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

JAN 12 1927

CLIFFORD HASTINGS

Chief of Appointment Division.

From: $1320 per annum.

To: $1380 per annum.

Service and grade: Field.

Appropriation (unit):

APPOINTMENT DIVISION ENTERED JAN 12 1927 JOURNAL OF COMMERCE

CARDED

APPROVED BY THE ACTING SECRETARY 1/11/27

FILE 1093/1

GOVERNMENT PRINTING OFFICE 11—9051

TAL

DUPLICATE

PERSONNEL CLASSIFICATION BOARD FORM NO. 4.
(To be filled out in accordance with detailed instructions in P. C. B. Form No. 2, and Circular No. 7).

To Accompany Report of ☒ New [redacted]intments ☐ Changes in Duties for June, 192 3

1. Conary (Surname.) Elmer (Given name.) E (Initial.)
   (a) Previous incumbent Allen C Holt
2. Department COMMERCE
3. Bureau LIGHTHOUSES
4. Field Service LIGHTHOUSE SERVICE
5. (a) Field Station First Lighthouse District
   (b) Subdivision Deer Island Thorofare Light Station
   (c) City or town Keeper State Maine
6. Pay-roll title Keeper
7. Customary office title Keeper

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| a | | |
| b | | |
| c | | |
| d | | |

8. (a) Number of regular working hours of the position, per day 16 (average); per week 112
   (b) If this is not a full-time position, state percentage of time employed per day ; or per week
   (c) If night work, wholly or in part, state the hours: From sunset m. to sunrise, daily m.
9. If this is not an all-year-round position, state approximate number of days employed each year
   During what months
10. If the employee receives compensation from any other branch of the Federal Government, or from any city, county, or State government, state the position held and the compensation 780.00 annum 240.00
11. Present rate of pay, exclusive of bonus $ 780.00 per annum; bonus, $ 240.00 per annum.
12. Rate of pay, exclusive of bonus, on January 1, 1923, $ per ; bonus, $ per annum.
13. If the employee receives overtime pay, state the rate
14. Title of appropriation or fund from which basic compensation is paid Salaries, Lighthouse Keepers
15. Indicate by an "X" in the proper box any of the following allowances received, in addition to salary or wages: ☐ Quarters; ☒ 3 meals per day; ☐ 2 meals per day; ☐ 1 meal per day; ☒ Subsistence or rations in kind; ☐ Uniform; ☐ Laundry; ☒ Fuel; ☐ Light; ☐ Heat. If cash allowances are made for any of these items, state which items and the amounts per annum
    $164.25 (45¢ per day commutation of rations) Note. Quarters, incls, self & family.
16. Indicate what special equipment, if any, the employee is required by law or regulation to furnish at his own expense, and the approximate annual maintenance cost to the employee:
    Kind of equipment Uniform; annual cost, $ 20.00 (estimate)
17. Extent of employee's education. (Place an "X" in the box before the highest grade or year.)
    (a) Elementary school; years ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8
    (b) High school; years ☐ 1 ☐ 2 ☐ 3 ☐ 4
    (c) Business school; years ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3
    (d) College: Name ; years ☐ 1 ☐ 2 ☐ 3 ☐ 4
    (e) Post-graduate work: Kind ; years ☐ 1 ☐ 2 ☐ 3
    (f) Correspondence courses: Kind ; number of lessons ; number completed

18. Description of work. (Describe the various tasks performed, making the description of each as detailed as space will permit. Use a paragraph for each task and number the paragraphs. In the column at the right state the estimated percentage of the total time, in the course of a day, month, or year—given to each task.) 2—12965

| | Percentage of total time given to each task |
|---|---|
| 1. Care and operation of a 4th order Fixed light. | |
| 2. Care and operation of a mechanical bell fog signal. | |
| 3. Cleaning and minor repairs of above apparatus. | |
| 4. Cleaning, painting and making minor repairs to structures. | |
| 5. Care and attention of grounds of station. | |
| 6. Keeping station records and preparing and submitting periodical reports. | |
| 7. Observing weather conditions and aids to navigation. | |

19. Does employee work under immediate supervision, or to a large extent upon his own responsibility? (Describe fully.) Name the employee's *immediate* or close[redacted]perior. If not a civilian, give the superior's tit[redacted]nk.

In full charge of station. In the performance of these duties he is guided by a Book of Instruction and by special directions issued from time to time by his District Superintendent. Under extraordinary circumstances, such as to saving of life and property, he is called upon to act on his own responsibility owing to isolation of station and its exposed locality.

20. Do the duties involve direction or supervision of the work of other employees? None
If so, describe the nature of the direction or supervision and give the number and classes of employees directed or supervised.

21. How long have the employee's duties been substantially as described above? June 2, 1923.

22. I hereby certify that, to the best of my knowledge and belief, the answers to the foregoing questions are correct.

September 5, 192 3 (Date) — C E Sherman (Signature of Preparing Officer) — Supt of Lighthouses (Title)

23. I have read the foregoing and I agree to it, except as follows:

(Signature of Employee)

## THE FOLLOWING TO BE FILLED OUT BY THE HEAD OF THE FIELD OFFICE OR STATION

24. Indicate by an "X" in the proper spaces below the qualifications and personal traits considered important for the satisfactory performance of the duties of this position:

| | High Degree | Average | Not Essential |
|---|---|---|---|
| Judgment | | X | |
| Accuracy | | X | |
| Initiative (originality and resourcefulness) | X | | |
| Trustworthiness (dependability) | X | | |
| Speed (quickness) | | X | |
| Physical Qualities (strength and endurance) | X | | |

| EDUCATIONAL TRAINING | | |
|---|---|---|
| | Essential | Desirable But Not Essential |
| College | | |
| High School | | |
| Common School | | X |

Technical Education: If essential, kind and extent

Experience: If essential, kind and extent Boatman and operation of a revolving clock and fog bell striking machine

25. I hereby certify that I have read the foregoing and that, to the best of my knowledge and belief, the statements made are accurate and complete. In my judgment the compensation of this position should be in a range from $ 1020.00 to $ 1260.00 exclusive of allowances mentioned in Question 15.

September 5, 192 3 (Date) — C E Sherman (Signature of head of field office or station) — Supt of Lighthouses (Title)

## THE FOLLOWING TO BE FILLED OUT BY THE HEAD OF THE BUREAU OR SIMILAR OFFICIAL

26. I hereby certify that I have read the foregoing and that, to the best of my knowledge and belief, the statements made are accurate and complete, except as follows: (If necessary, attach a sheet.)

In my judgment the compensation of this position should be in a range from $ ____ to $ ____

(Date) 192 — (Signature of chief of bureau) — (Title)

GOVERNMENT PRINTING OFFICE 2—12965

Form A-21

# NOTICE OF CHANGE IN SALARY
## KEEPERS-LIGHTHOUSE SERVICE

---

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

June 25, 1925.

Mr. Elmer E. Comary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1260 per annum to $ 1320 per annum, effective July 1, 1925.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER.
Acting Chief of Appointment Division.

11—6074

H
1st

CARDED

APPOINTMENT DIVISION ENTERED JUL 7 1925 ON JOURNAL DEPARTMENT OF COMMERCE

CROSS REFERENCE

SEE FILE--464/16/D#1

NAME Bomary, Elmer E. POSITION Keeper

BUREAU BUREAU OF LIGHTHOUSES STATION 1st Dist.

CIRCULAR #11----9/15/23

| BASE PAY | Bonus | Total | Allowances | | | As Classified for estimate purposes | | | Recommendations regarding differential from standard rates | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Items | Value | Aggregate | Service | Grade | Pay | Is differential recommended | Amt.per annum to be Added | Subtracted |
| $780 | 240 | 1020 | XCR | 404.25 | 1424.25 | LHS | 5 | 1200 | Yes | 60 | |

CIRCULAR #13----11/13/23

approv-$1200

GRADE RECOMMENDED 5

RANGE OF COMPENSATION RECOMMENDED FROM $1200 TO $1440

CROSS REFERENCE

...IFICATION BOARD FORM NO. 1
...ut in accordance with detailed
...ruction sheet, Form No. 2)

Sheet No. 15
2—12758

| DO NOT WRITE IN THIS SPACE | | | |
|---|---|---|---|
| | a | | |
| | b | | |
| | c | | |
| | d | | |

1. CONARY (Surname) ELMER (Given name) E (Initial)
2. Department COMMERCE
3. Bureau Lighthouses
4. Field Service Lighthouse Service
5. (a) Field Station First Lighthouse District
   (b) Subdivision Matinicus Rock Light Station
   (c) City or town ____ State ____
6. Pay-roll title Light Keeper
7. Customary office title Second Assistant Keeper

8. (a) Number of regular working hours of the position, per day 16 (average); per week 112
   (b) If this is not a full-time position, state percentage of time employed per day ____; or per week ____
   (c) If night work, wholly or in part, state the hours: From sunset m. to sunrise, daily m.
9. If this is not an all-year-round position, state approximate number of days employed each year ____
   During what months ____
10. If the employee receives compensation from any other branch of the Federal Government, or from any city, county, or State government, state the position held and the compensation ____
11. Present rate of pay, exclusive of bonus $780.00 per annum; bonus, $240.00 per annum.
12. Rate of pay, exclusive of bonus, on January 1, 1923, $780.00 per " ; bonus, $240.00 per annum.
13. If the employee receives overtime pay, state the rate ____
14. Title of appropriation or fund from which basic compensation is paid Salaries of Keepers Lighthouse Service
15. Indicate by an "X" in the proper box any of the following allowances received, in addition to salary or wages: ☒ Quarters; ☐ 3 meals per day; ☐ 2 meals per day; ☐ 1 meal per day; ☒ Subsistence or rations in kind; ☐ Uniform; ☐ Laundry; ☒ Fuel; ☒ Light; ☐ Heat. If cash allowances are made for any of these items, state which items and the amounts per annum $164.25 (45¢ per day commutation of rations). Note: Quarters incls. self & family.
16. Indicate what special equipment, if any, the employee is required by law or regulation to furnish at his own expense, and the approximate annual maintenance cost to the employee:
    Kind of equipment Uniform; annual cost, $20.00 (estimate)
17. Extent of employee's education. (Place an "X" in the box before the highest grade or year.)
    (a) Elementary school; years ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8
    (b) High school; years ☐ 1 ☐ 2 ☐ 3 ☐ 4
    (c) Business school; years ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3
    (d) College: Name ____; years ☐ 1 ☐ 2 ☐ 3 ☐ 4
    (e) Post graduate work: Kind ____; years ☐ 1 ☐ 2 ☐ 3
    (f) Correspondence courses: Kind ____; number of lessons ____; number completed ____
18. Description of work. (Describe the various tasks performed, making the description of each as detailed as space will permit. Use a paragraph for each task and number the paragraphs. In the column at the right state the estimated percentage of the total time—in the course of a day, month, or year—given to each task.)

Percentage of total time given to each task

1. Care and operation of two 3rd order Incandescent Oil Vapor Lights.
2. Care and operation of a compressed air fog signal.
3. Cleaning and minor repairs of above apparatus.
4. Cleaning, painting and making minor repairs to structures.
5. Care and attention of grounds of station.
6. Observing weather conditions and aids to navigation.

19. Does employee work under immediate supervision, or to a large extent upon his own responsibility? (Describe fully.)

Under immediate supervision of principal keeper with whom the routine duties of the station are jointly divided. In absence of principal keeper and first assistant keeper, must be capable of looking after station. Under extraordinary circumstances, such as the saving of life and property, he is called upon to act on his own responsibility, owing to isolation of station and its exposed locality.

20. Do the duties involve direction or supervision of the work of other employees? Yes No.
If so, describe the nature of the direction or supervision and give the number and classes of employees directed or supervised.

21. How long have the employee's duties been substantially as described above? Since September 27, 1921.

22. I hereby certify that to the best of my knowledge and belief the answers to the foregoing questions are correct.

MAY 31 1923 (Date), 1923. C. E. Sherman (Signature of Preparing Officer) Superintendent of Lighthouses.

23. I have read the foregoing and I agree to it except as follows:

(Signature of Employee)

**THE FOLLOWING TO BE FILLED OUT BY THE HEAD OF THE FIELD OFFICE OR STATION**

24. Indicate by an "X" in the proper spaces below the qualifications and personal traits considered important for the satisfactory performance of the duties of this position:

| | High Degree | Average | Not Essential |
|---|---|---|---|
| Judgment | | X | |
| Accuracy | | X | |
| Initiative (originality and resourcefulness) | X | | |
| Trustworthiness (dependability) | X | | |
| Speed (quickness) | | X | |
| Physical Qualities (strength and endurance) | X | | |

| EDUCATIONAL TRAINING | | |
|---|---|---|
| | Essential | Desirable But Not Essential |
| College | | |
| High School | | |
| Common School | | X |

Technical Education: If essential, kind and extent

Experience: If essential, kind and extent Boatman, and operation of two IOV lights and compressed air fog signal.

25. I hereby certify that I have read the foregoing and that, to the best of my knowledge and belief, the statements made are accurate and complete. In my judgment the compensation of this position should be in a range from $ 900. to $ 1140., exclusive of allowances mentioned in Question 16.

MAY 31 1923 (Date), 1923. C. E. Sherman (Signature of head of field office or station) Supt. of Lighthouses.

GOVERNMENT PRINTING OFFICE 2—12758

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

January 31, 1925.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses,

Sir:

In connection with the readjustment of pay of positions in the Lighthouse Service the total compensation of the position occupied by you has been fixed as indicated below, effective February 1, 1925.

By direction of the Secretary:

Respectfully,

Acting Chief of Appointment Division.

Position: Keeper

Salary: $1260

Appropriations: Salaries, Keepers of Lighthouses.
General Expenses, Lighthouse Service.

FEB 3 1925

CARDED

1st
JSJ

(CROSS REFERENCE)

Conary Elmer C In accordance with authority of the Director of the Budget dated June 27, 1924, the salary is re-adjusted to $1050, effective July 1, 1924.

For authorization see letter dated JUL 17 1924 File No. 1095/21.

ESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
LIGHTHOUSES
PORTLAND, MAINE.
1923 MAY 10 AM 8 32

FIRST DISTRICT

Matinicus Rock Lt. Sta.
(Station, Depot, or Vessel)

January 26, 1923

Superintendent 1st. L.H. District

Sir:-

Following is a list of Stations that I will accept as Keeper or 1st. asst.

Bakers Island Lt. Sta.
Bear Island " "
Burnt Coat Harbor " "
Browns Head " "
Deer Island Thorofare " "
Egg Rock " "
Ile Au Haut " "
Ram Island " "
Tennant Harbor " "
Two Bush " "

E. E. Conary 2nd. asst.

H. O. Hilt Keeper

Form 73a
GFL

REPORT OF TRANSFER OF APPOINTEE

LIGHTHOUSES
1923 MAY 10 AM 8 32
CHIEF CLERK

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

5
23 MAY 11 PM 1

OFFICE OF LIGHTHOUSE ~~INSPECTOR~~ Supt., First DISTRICT

Portland, Maine, May 8, 1923.

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on or about June 2, 1923

DEPARTMENT OF COMMERCE
MAY 11 1923
APPOINTMENT

Name, Elmer E. Conary — Position, Keeper

From Second Asst. Keeper, Matinicus Rock L. S., Maine — To Keeper, Deer Island Thorofare L. S., Maine

Previous incumbent, Allen C. Holt

Services terminated, about June 1, 1923 — Reason, To be transferred to Keeper, Owlshead L. S., Maine, vice Charles F. Chester, retired.

Copy of Mr. Conary's letter requesting this transfer is inclosed.

C. E. Sherman
Superintendent.

, 191

The above-referred-to transfer became effective beginning with .....

5/12/23.
11—4598

APPOINTMENT DIVISION ENTERED
MAY 12 1923
ON JOURNAL DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES
WASHINGTON

CARDED MAY 10 1923

Submitted to the Secretary of Commerce for his information.

J. S. CONWAY
*Acting Commissioner.*

RY

Form 73a
GFL

REPORT OF TRANSFER OF APPOINTEE

CHIEF CLERK LIGHTHOUSES
1923 JUN 21 PM 2 42
1923 JUN 19 PM 3 48

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE ~~INSPECTOR~~ Supt., First DISTRICT.

Portland, Maine, May 8, 1923. ~~XXXX~~

DEPARTMENT OF COMMERCE
JUN 21 1923
APPOINTMENT DIVISION

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on or about June 2, 1923

Name, Elmer E. Conary

Position, Keeper

From Second Asst. Keeper, Matinicus Rock L. S., Maine

To Keeper, Deer Island Thorofare L. S., Maine

Previous incumbent, Allen C. Holt

Services terminated, about June 1, 1923

Reason, To be transferred to Keeper, Owlshead L. S., Maine, vice Charles F. Chester, retired.

~~Copy of Mr. Conary's letter requesting this transfer is inclosed.~~

(COPY)

(signed) C. E. SHERMAN
Superintendent.

Portland, Maine, June 18, 1923. ~~XXXXX~~

The above-referred-to transfer became effective beginning with June 2, 1923.

C. E. Sherman
Superintendent.

11—4598

BUREAU OF LIGHTHOUSES
WASHINGTON
JUN 20 1923

Submitted to the Secretary of Commerce for his information.

CARDED

J. S. CONWAY
*Acting Commissioner.*

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

---

**DEPARTMENT OF COMMERCE**

**APPOINTMENT DIVISION**

**WASHINGTON**

M

May 20, 1922.

r. Elmer E. Conary,
Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 720 per annum to $ 780 per annum, effective July 1, 1922.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS
Chief of Appointment Division.

M
G
1st CARDED

APPOINTMENT DIVISION ENTERED MAY 20 1922 CONFIDENTIAL DEPARTMENT OF COMMERCE

U. S. REPORT DATA ENTERED

Form 73
JCW:GFL

**NOMINATION**

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City.), May 16 (1922) 1922.

COMMISSIONER OF LIGHTHOUSES:

**Action recommended,** PROMOTION

Name, Elmer E. Conary Legal residence, Maine

Position, (Second Assistant) Keeper Salary, $780. per annum

Location, Matinicus Rock L. S., Maine Appropriation, Sals.,Kprs.,etc.

Effective July 1, 1922 {'the actual date of entrance on duty, ~~or~~ ~~the date of his acceptance of duty~~

**Former position,** (Third Assistant) Keeper Former salary, $720. per annum

Location, Matinicus Rock L. S., Maine

**Rank on eligible list,** Rating, Percentage, , Other eligibles considered:

**Previous incumbent,** Arthur J. Beal Services terminated, June 30, 1922.

Reason, **Recommended for promotion to position First Assistant Keeper.**

**Members of family in Government Service,**

**Remarks:**

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19

(Direct).

*Secretary, Civil Service District.*

C. R. Sherman
Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved. MAY 18 1922

J. S. CONWAY
Acting Commissioner of Lighthouses.

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

GFL

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

1921 OCT 5 PM 3 49

OFFICE OF SUPER'NTENDENT, 1ST DISTRICT
PORTLAND, ME.

October 4, 1921

Materiaux

1921 OCT 7 AM 7 48

Commissioner of Lighthouses:-

1. Department's "Notice of Change in Salary", September 3, 1921, whereby salary of Elmer E. Conary, Keeper, this district, was changed from $780 to $720 per annum:

2. Effective date of this transfer is September 27, 1921.

CARDED

APPOINTMENTS

Superintendent.

1921 OCT 7 AM 10 30

EK

Bureau of Lighthouses, Washington
OCT 6 1921

Submitted to Secretary of Commerce for his information.

J. S. CONWAY
Acting Commissioner

U. S. REPORT DATA ENTERED

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

---

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

M

September 3, 1921.

r. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $780 per annum to $720 per annum, effective September 18, 1921 or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) H. M. CROS
Acting Chief of Appointment Division.

CARDED

APPOINTMENT DIVISION
ENTERED
SEP 6 1921
ON JOURNAL
DEPARTMENT OF COMMERCE

S
1st District

U. S. REPORT DATA
ENTERED

Form 73

CES:GFL

**NOMINATION**

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City.), Aug. 29 (Date) 19 21.

COMMISSIONER OF LIGHTHOUSES:

**Action recommended,** TRANSFER AND DEMOTION.

Name, Elmer E. Conary — Legal residence, Maine

Position, Third Assistant Keeper — Salary, $720. per annum

Location, Matinicus Rock L. S., Me. — Appropriation, Sals., Kprs., etc.

Effective September 18, 1921, {the actual date of entrance on duty, or as soon thereafter as he enters on duty.

**Former position,** Second Assistant Keeper — Former salary, $780. per annum

Location, Isles of Shoals L. S., N. H.

**Rank on eligible list,** ----- Rating, Percentage, , Other eligibles considered:

**Previous incumbent,** Montell D. Gott — Services terminated, about Sept. 17, 1921.

Reason, To be transferred and promoted Second Asst. Keeper, Gt. Duck Island L. S., Me.

**Members of family in Government Service,** -----

**Remarks:** This transfer and demotion is made for the interests of the Service, it being clearly evident that if Mr. Conary is left at Isles of Shoals L. S. there will be continual wrangling between him and the principal keeper. Nothing other than petty quarrels has arisen as yet.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19

APPOINTMENT DIVISION NECESSARY ACTION TAKEN SEP 6 - 1921 DEPARTMENT OF COMMERCE

9/3/21. (Direct).

*Secretary, Civil Service District.* Sherman Superintendent.

---

BUREAU OF LIGHTHOUSES
WASHINGTON AUG 31 1921

Submitted to the Secretary of Commerce, approved.

J. S. Conway
Acting Commissioner of Lighthouses.

1 Strike out the clause which does not apply.

11—2314

JUN 1 1920 10 24 AM

# DEPARTMENT OF COMMERCE

LIGHT HOUSES JUN 1 1920

CHIEF CLERK

## PERSONAL QUESTION SHEET

COAST & GEOD. SURVEY

1920 JUN 2 AM 9 13

**This form shall be furnished for each person appointed in the service of the Department immediately upon entrance on duty.**

**The information called for in Part I shall be filled in by the Bureau or Office to which the employee is assigned, after which the form shall be transmitted to the employee for answers to the questions in Part II. The completed form shall be indorsed by the proper Bureau officer and forwarded to the Department for file.**

APPOINTMENT

1920 JUN 2 AM 10 38

## PART I.

1. Name of employee Elmer E. Conary

2. Position to which appointed 2nd. Assistant Keeper

3. Bureau or Service Lighthouse Service, District 1st Dist.

4. Place of duty Isles of Shoals Light Station, N. H.
(City, town, station, or vessel.)

5. Salary Seven Hundred and eighty dollars per annum.

6. Appropriation from which paid Salary; Keeper of Lighthouses.

7. Manner of appointment. (Examples: "From stenographer and typewriter examination, ———, 19—;" "Without examination;" or "By reinstatement;" or "By transfer from ———," stating Department, Bureau or Service, position, and salary, if known).

From Assistant Lighthouse Keeper's Examination.

## PART II.

### THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE EMPLOYEE:

**The statement should be signed by the employee, or, if unable to write, he may sign by mark in the presence of one witness.**

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

Elmer Ellsworth Conary.

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

Elmer E. Conary

CARDED

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

Maine (State or Territory.) Hancock (County.) Manset (City or town.) 4th (Congressional district.)

4. If the legal residence given in answer to question 3 is not the same as that stated in the certificate of appointment, the difference should be explained.

5. What is your race? (Answer "white," "colored," or "Mongolian,") WHITE

13—6922

6. Where were you born? Deer Isle, Maine.

7. When were you born? July 16th, (Month.) (Day.) 1868 (Year.)

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

9. What is your marital condition? (Answer "single," "married," "widowed," or "divorced.") Married

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

George R. Fuller, (Name.) South West Harbor, Maine. (Number and street.)

(City or town.) (State or Territory.)

11. Are there any members of your family, besides yourself, in the civil service of the United States? (Answer "yes" or "no.") No. If so, state in blank spaces below the information called for by the headings.

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

12. Have you any physical disabilities? (Answer "yes" or "no.") No. If so, describe fully. (If you have defective eyesight, state whether corrected by glasses.)

Corrected by glasses.

13. Do you hold any State or municipal office? (Answer "yes" or "no.") No. If so, state name of such office and compensation attached.

14. Were you in the military or naval service of the United States during any war? (Answer "yes" or "no.") No. If so, state in blank spaces below the information called for by the headings.

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

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

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

16. Have you ever held any other position in the civil service of the United States? (Answer "yes" or "no.") No. If so, state in blank spaces below the information called for by the headings.

| Department. | Bureau or Service. | Position. | Salary. | Appointed. | Separated. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

11—6022

17. Are you the widow or orphan of an honorably discharged soldier or sailor? (Answer "yes" or "no.") No If so, state in blank spaces below the information called for by the headings.

| Name under which soldier or sailor rendered service. | Relationship to you. |
|---|---|
| | |

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

18. What was your occupation prior to entering the United States service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 13, 14, 15, and 16.)

Master Mariner, mostly. Painting and carpenter work some.

19. What education have you received? (State the grades of schools you have attended, and, if you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1910; Columbia University, LL. B., 1913.)

Common School Education.

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

Painter.

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

None.

22. Were the answers to the foregoing questions written by you? (Answer "yes" or "no.") no. If not, state the name and address of the person who wrote them for you.

Howe D. Higgins, So. West Harbor, Me.

Date, May 25th, 19 20.

Witness (in case signature is by mark):

(Signature) X Elmer E Bonang

(Present address) Manset, Maine.
(Number and street.)

(City or town.) (State or Territory.)

## INDORSEMENT.

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

Reviewed, approved, and forwarded May 29, 1920., 19

(Signature) O. M. Sherman

Superintendent of Lighthouses.
(Official title)

11—6922

Form 111

JUN 1 1920 10 24 AM

LIGHT JUN 1 1920 HOUSES

# OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

CHIEF CLERK 5

## DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

1920 JUN 2 AM 9 13

I, Elmer E. Conary

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

APPOINTMENTS 1920 JUN 2 AM 10 26

Elmer E. Conary
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 25th day of May, A. D. 1920

(Affix official seal here)

EUGENE S. THURSTON NOTARY PUBLIC MAINE

[4] (Name) Eugene S. Thurston.

(Official title) Notary Public

My commission expires June 15th 1926

| Official Title | Rate of Pay | Name of Station, Vessel, or Place of Employment. |
|---|---|---|
| Present Keeper, | $780. per annum | 2nd Asst Kpr, Isles of Shoals Light Station. N H |
| Former [5] New appointee | | |

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

JHH

Office of Superintendent of Lighthouses, First District

Portland, Maine, (Address) May 29, 1920 (Date)

CARDED

The above-named appointee entered upon duty on May 29, 1920. (Date)

RECEIVED REGISTERED DATE

C. M. Sherman
Superintendent (Official title)

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

11—944

CERTIFICATE OF PROBATIONARY APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

May 17, 1920.

M r. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

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

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

By direction of the Secretary:

CARDED

Respectfully,

APPOINTMENT DIVISION MAY 18 1920

(SIGNED) CLIFFORD HASTINGS

M
C

Chief of Appointment Division.

---

Appropriation: Salaries, Keepers of Lighthouses.

Vice: H. E. Freeman.

Legal Residence: Maine.

First (See reverse side.)

U. S. REPORT DATE ENTERED

11—5080

Form 7a

NOMINATION

MAY 13 1920 1 40 PM

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

Supt. 1st

OFFICE OF LIGHTHOUSE INSPECTOR, ..... DISTRICT.

LIGHT MAY 13 HOUSTON

Portland, Maine, May 11, 1920, 191
(City.) (Date.)

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROBATIONARY APPOINTMENT

1920 MAY 17 AM 10 15

Name, Elmer E. Conary — Legal residence, Maine

Position, Keeper, (2nd Assistant) — Salary, $780. per annum

Location, Isles of Shoals L S NH — Appropriation, Sal Kprs, etc

Effective June 1, 1920 — ////////// the actual date of entrance on duty, or as soon thereafter as he enters on duty.

Former position, New appointee — Former salary,

Location,

APPOINTMENT DIVISION NECESSARY ACTION TAKEN MAY 13 1920 DEPARTMENT OF COMMERCE

1920 MAY 17 PM

Rank on eligible list, 2 — Rating, AK — Percentage, 93 — , Other eligibles considered:
Francis A. Robinson, (LR) Ned R. Murphy, (A)

APPOINTMENT DIVISION NECESSARY ACTION TAKEN MAY 13 1920 DEPARTMENT OF COMMERCE

Previous incumbent, H E Freeman — Services terminated, April 30, 1920

Reason, Transferred to Mount Desert Rock Light Station, Me

Members of family in Government Service, None

Remarks: Letter to Eligibles forwarded to No. 1 man, Mr. Robinson was returned unclaimed - his name has been dropped from the register this day. Ned R. Murphy No. 3 man on register accepted this position and has been charged for same.

Selection regular, subject to the action of the
U. S. Civil Service Commission, May 12, 1920

B L Jackson
Secretary, 1st Civil Service District.

C. M. Bowman
Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON
MAY 14 1920

Submitted to the Secretary of Commerce, approved.

H. B. Bowerman
Acting Commissioner of Lighthouses.

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

11—2314

3 2 file 75 File 265

Conary

(FA-AR)
CG-521
75

11 April, 1946

Postmaster
Manset, Maine

Dear Sir:

Official envelope, containing retirement pay check drawn to the order of Henry T. Conary, Guardian, Elmer E. Conary, Keeper, Retired, P. O. Box 57, Manset, Maine, was returned to this office with notation: "Elmer E. Conary died 2 February, 1946.

Reply to letter of this office, dated 26 February, 1946, to Mr. Henry T. Conary, Manset, Maine, requesting official confirmation as to date of death of Mr. Elmer E. Conary has not been received.

Please ascertain the present whereabouts of Henry T. Conary, or confirmation by your office of the date of death of Elmer E. Conary will be appreciated.

Very truly yours,

H. R. JONES
Lieut. Commander, USCG
Allotment Disbursing Officer
By Deputy

28

B:am Return to C-2
EH 155 MB

(FA-AR)
CG-51

27 November, 1945

Mr. Henry T. Conary
Box 57
Manset, Maine

Dear Sir:

In reply to your letter dated 17 November, 1945, retired pay check for the month of October 1945, drawn to your order as guardian of Elmer E. Conary, Keeper, Retired, was mailed on 6 November, 1945, to the above address.

If this check has not been received, it is requested that you advise the Allotment Disbursing Officer, Headquarters, in order that stop payment may be made and the necessary steps taken toward issuance of a duplicate check.

A blank Form 9671B is inclosed for use at the end of the month for the release of the November 1945 check.

Very truly yours,

C. L. HERNDON
Lieut. Commander, USCG
Allotment Disbursing Officer

Incl.
Form 9671B.

U. S. COAST GUARD
1 1st SECTION (2)
NOV 28 1945
MAIL

KBH:dlo Return to C-2

EH KBH WB

Marietta Me.
Nov. 17, 1945

NOV 19 1945

Dear Sirs:

I sent the card for mrs. Elmer E. Corays check, on Nov. 2. I have not recived the check.

Henry T. Coray
Guardian for
Elmer E. Coray

DEC 4 1945

Marsh Mc.
Nov. 29, 1945

Dear Sirs:

I have no card to send for M. Elmer E. Coray's check this month as I sent the last one on the 2nd of Nov. and I haven't heard from it yet

Sincerely
Hugh. Coray
Guardian for Elmer E. Coray

check later

STANDARD FORM 50 (9 PART)
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946

FORM APPROVED.
BUDGET BUREAU NO. 50-R064.

TREASURY DEPARTMENT - U. S. COAST GUARD, WASHINGTON, D. C.

# NOTIFICATION OF PERSONNEL ACTION

| 1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
|---|---|---|---|
| Mr. Elmer E. Conary * | 7-16-68 | 7 | 6-6-50 |

*This is to notify you of the following action affecting your employment:*

| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|---|
| AMENDMENT<br>Retirement (Disability) | Close<br>4-30-36 | |

| FROM | | TO |
|---|---|---|
| Keeper | 8. POSITION TITLE | |
| )Plus<br>$1500.00 per annum)$240 pa Qtrs. | 9. SERVICE, GRADE, SALARY | |
| LIGHT STATION | 10. ORGANIZATIONAL DESIGNATIONS | |
| Boston, Mass.<br>Deer Island Thorofare Lt.Sta.,Me. | 11. HEADQUARTERS | |
| [X] FIELD [ ] DEPARTMENTAL | 12. FIELD OR DEPT'L. | [ ] FIELD [ ] DEPARTMENTAL |

PERSONNEL DIVISION
RECEIVED
JUN 12 1950
1st C. G. D. (1)

13. REMARKS:

*Amendment made pursuant to claim of Mrs. Elmer E. Conary, widow of Elmer E. Conary.

In accordance with the Comptroller General's Decision B-70029 dated 10-23-47, which reversed Decision A-31584 of 5-28-30, your retirement pay has been recomputed on the basis of the average gross pay (which includes the valuation of quarters for the period occupied) received during the last five years of your active duty. The computation on this basis changes the rate of your retirement pay from $571.27 to $663.23, and this notice is issued in order that you may have accurate information as to the rate of retirement pay which you are authorized to receive.

Total Service: 15 years, 3 months, 28 days.

Computation: ($1730.80 x 15.3278 ÷40) = $663.23

14. SIGNATURE OR OTHER AUTHENTICATION

| 15. VETERAN'S PREFERENCE | | | | | | | | 16. POSITION CLASSIFICATION ACTION | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NONE | 5 PT. | 10 POINT | | | WWII | WWI | OTHER | NEW | VICE | I. A. | REAL |
| | | DISAB. | WIFE | WIDOW | | | | | | | |

| 17. SEX | 18. RACE | 19. APPROPRIATION | 20. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) | 21. DATE OF OATH (ACCESSIONS ONLY) | 22. LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | | FROM:<br>TO: Sal. of Kprs., LH | LH 3-4-25 | | Me. |

☆ U. S. GOVERNMENT PRINTING OFFICE : 1948 810534

GFL:JAS

Enclosure

October 11, 1938

Mrs. Elmer E. Conary
Northeast Harbor, Maine

Dear Mrs. Conary:

Mr. Conary's Retired Pay Certificate for September has not been received by this office. It is requested that you have Mr. Conary sign a certificate for September and send it in as soon as possible. In case you do not have a copy of this certificate there is enclosed an extra Form 10.

For and in the absence of the Superintendent:

Respectfully,

GEORGE F. LAURITZEN
Chief Clerk

Signed form received from Mr. Conary on 10/19/38 -- JAS
Check mailed Mr. Conary c/o Bangor State Hospital
10/19/38.

GFL:SWA

October 13, 1938

Mrs. Elmer E. Conary
Northeast Harbor
Maine

Dear Mrs. Conary:

With regard to your reply to our letter of October 11, you are advised that as long as Mr. Conary is able to sign his retired pay certificates, this office will be obliged to have him do so and have his signature witnessed by some reputable person.

If Mr. Conary's condition does not improve and it later becomes impossible for him to sign the pay certificates himself, you should notify this office in order that proper instructions may be given you.

For and in the absence of the Superintendent:

Respectfully,

GEORGE F. LAURITZEN
Chief Clerk

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
OCT 13 1938
SOUTH PORTLAND, MAINE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

GFL:JAS

Enclosure

October 11, 1938

Mrs. Elmer E. Conary
Northeast Harbor, Maine

Dear Mrs. Conary:

Mr. Conary's Retired Pay Certificate for September has not been received by this office. It is requested that you have Mr. Conary sign a certificate for September and send it in as soon as possible. In case you do not have a copy of this certificate there is enclosed an extra Form 10.

For and in the absence of the Superintendent:

Respectfully,

GEORGE F. LAURITZEN
Chief Clerk

Sir,

As I told you before Mr Conary is in the State Hospital at Bangor, I was up to see him Sunday and he was in bed with Grippe. He told me the Dr that attended to his papers for him was away but would be back there Monday morning It seems as though there might be some other way for him to get his check as he cannot always attend to it himself now.

Respectfully
Mrs Elmer E. Conary

North East Harbor Maine.

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Asst. Elec.
Jr. Asst. Elec.
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Cornus
Engrg. Flo.

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 12 1935
SOUTH PORTLAND, MAINE

Superintendent of Lighthouses.
First District.

Sir.

No

In regard to your letter of August 8. Mr Elmer E. Conary has never had any compensation only his disability retirement Pension. and that only started in May 1934 after he was told he could take a years leave of absence without pay. he left the Station Sep 26. 1935. Respectfully Mrs E. E. Conary

AHT:JAS
Enclosure

August 12, 1938

Mrs. Elmer E. Conary
Northeast Harbor, Maine

Dear Mrs. Conary:

Your letter received August 12 relative to pension of Mr. Conary is acknowledged. This office regrets to learn that Mr. Conary is confined to the hospital, however, in order that he might receive his pension it will be necessary that he sign the regular monthly certificate. In case you do not have a copy of this certificate there is enclosed an extra Form 10.

Respectfully,

H. M. INGALLS
Superintendent of Lighthouses

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 12 1938
SOUTH PORTLAND, MAINE

Mr Elmer E. Conary was
commited to the Bangor
State Hospital for observation
and treatment Aug. 5. 1938.
Please advise me what to
do in regard to his
Pension. and, I have no more
papers to fill out but have
Envelopes.

Respectfully

Mrs Elmer E. Conary

SWA

April 23, 1938

Mrs. B. Lake Noyes
Stonington
Maine

Madam:

Replying to your letter of April 21, you are advised that Mr. Elmer E. Conary, former Keeper of Deer Island Thorofare Light Station, Maine, is now retired and residing at Northeast Harbor, Maine.

Respectfully,

H. M. INGALLS
Superintendent of Lighthouses

B. LAKE NOYES, M. D.
Physician, Surgeon, Oculist
Physical Therapist
and X-Ray Operator

Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Rad. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. File.
Engrg. File.

Retired from active service

STONINGTON, MAINE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 23 1938
SOUTH PORTLAND, ME.

April 21, 1938

Lighthouse Inspector
Portland, Maine.

Dear Sir:

Could you inform me, as to the location of Elmer Sonary, who was keeper of Mark Island Lighthouse in 1935.

Yours truly,

Mrs. B. Lake Noyes.

P.S. Mark Island in Klee Isle Thoroughfare.

GFL:CP

South

September 1, 1937

Mrs. Elmer E. Conary,
Northeast Harbor, Me.

Dear Mrs. Conary:

With reference to my letter to you, dated August 24th, lest you get the wrong impression from the last paragraph thereof, it is desired to explain that the Bureau's instructions regarding execution of retired pay certificates require that the retired employee's signature be witnessed by a notary public, postmaster, or other responsible Government official whenever possible, and the signature of relatives is permissible only when there is no possibility of having the form witnessed by some such official.

Respectfully,

THOMAS B. SAMPSON
Acting Superintendent

August 24, 1937

Mrs. Elmer E. Conary
Northeast Harbor
Maine

Dear Mrs. Conary:

In accordance with your request in letter of recent date, there has been forwarded under separate cover retired pay claims, form No. 10, and a supply of envelopes.

If at any time in the future Mr. Conary is unable to go to the post office and have his signature witnessed, it is suggested that you have a friend in for the purpose of witnessing his signature. If unable to do this, it is believed that it will be all right for you to witness his signature.

Respectfully,

THOMAS SAMPSON
Acting Supt. of Lighthouses

Superintendent of Light Houses
First District
259 High St. South Portland Me.

Sir. Please send a few more retirement-takers Form 10 and Envelopes to Elmer E. Conary as his are all used up.

And tell me what to do if he is unable to go to the Post-Office and sign his name. he is very poorly most of the time.

Respectfully
Mrs Elmer E. Conary

South

CP
Enclosures

South

June 11, 1936

Elmer E Conary,
Northeast Harbor, Me.

Referring to my letter of April 29, 1936, herewith enclosed is your certificate of retirement, retiring you from active duty on account of disability at the rate of $571.27 per annum, effective May 1, 1936, together with a supply of Forms 10, one copy of which should be forwarded to this office at the close of each calendar month, beginning with May 31, 1936. The form must not be signed earlier than the last day of each month and must be signed in the presence of a postmaster who will execute the certificate at the bottom of the form. The form in each case should follow speciment form enclosed.

A supply of envelopes in which to mail these forms is also enclosed. Further supplies of the form or envelopes may be had on request.

Should it be impossible to obtain the signature of the postmaster in any case, the signature of some other Government official will be accepted, and if, in any case, this is not possible the signature of some reputable person should be obtained and his occupation and address shown.

A copy of district circular letter No. 122, dated ~~November 10, 1930,~~ covering medical treatment for certain retired Lighthouse Service employees, is herewith enclosed for your information.

Your monthly rate of retired pay is as follows:

| | |
|---|---|
| January | $47.60 |
| February | 47.61 |
| March | 47.60 |
| April | 47.61 |
| May | 47.60 |
| June | 47.61 |
| July | 47.60 |
| August | 47.61 |
| September | 47.60 |
| October | 47.61 |
| November | 47.61 |
| December | 47.61 |
| | $571.27 |

GB.

BUSH
Superintendent

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 11 1936
SOUTH PORTLAND, MAINE

June 4, 1936.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

In accordance with the provisions of the Act of March 4, 1925, entitled An Act to provide for retirement for disability in the Lighthouse Service, you are, upon recommendation of the Commissioner of Lighthouses, hereby retired from that service (First District), effective beginning May 1, 1936, with retired pay at the rate of $571.27 per annum.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 11 1936
SOUTH PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

HOLD
Call up file

May 8, 1936.

Superintendent of Lighthouses, South Portland, Maine.

There is herewith returned the medical certificate accompanying recommendation of your office for retirement on account of disability of Keeper Elmer E. Conary. The Department has informally returned this case to the Bureau with a request that a further medical certificate be submitted showing more specifically the nature of this keeper's disabilities which render him unsuitable for continuance in the Service. It is, therefore, requested that he be further examined and a new medical certificate submitted which will show in detail the specific nature of Mr. Conary's disabilities.

For the Commissioner:

W.P.Harman
W.P.Harman
Administrative Assistant

RG-EK

Endorsement

CP
Enclosure

Office of the Superintendent, 1st District,
South Portland, Maine, May 18, 1936.

As requested above, herewith enclosed is a further medical certificate in connection with the disability retirement of Elmer E. Conary. Original medical certificate is also returned to Bureau.

B.
BRUSH
Superintendent

South

EJD:SWA
Encls.

HOLD

South

May 11, 1936

Mr. Elmer E. Conary
Northeast Harbor
Maine

The Commissioner of Lighthouses at Washington has returned your application for disability retirement with request that medical certificate be submitted showing more specifically the nature of your disabilities. You are, therefore, directed to report to Dr. J. D. Phillips at Southwest Harbor for further medical examination, handing him the enclosed form 9a, "Certificate of Medical Examination," for execution. An envelope requiring no postage is enclosed for return of the report of Dr. Phillips's findings.

BRUSH
Superintendent

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High St., South Portland, Maine
(Place)

May 11, 1936

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. J. D. Phillips, AA Surgeon
Southwest Harbor, Maine

Sir:

The bearer, Elmer E. Conary, Keeper,
(Name and title of applicant for medical relief)

is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare LH., Me.
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

for to determine more specifically the nature of this keeper's disabilities which render him unsuitable for continuance in this Service and report the result of your findings on the enclosed form 9a.

Signature of employee to be examined .....

.....

Nativity American Age 67 years. Height 5 feet 5-1/2 inches.

Color of eyes Gray Color of hair ---

Distinguishing marks ---

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 1920

003
(Title of officer signing request)
CHARLES C. BRUSH, Supt. of Lighthouses

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5999

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

# DEPARTMENT OF COMMERCE

BUREAU OF LIGHT[redacted]SES

WASHINGTON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 4 - 1936
SOUTH PORTLAND, MAINE

April 30, 1936

HOLD Call up the W.P.C.

Superintendent of Lighthouses, South Portland, Me.

1. In reference to the application of Elmer E. Conary, keeper, for retirement on account of disability effective at the close of April:

2. While the medical certificate in this case is dated April 23, it is noted that Mr. Conary has been in a leave without pay status from the beginning of September 27, 1935. Information is requested as to whether he was disabled during the entire period of leave without pay, and if so why consideration was not given to ordering a physical examination with a view to effecting his retirement at an earlier date, in view of his advanced age and the fact that it would have been in his interest, rather than to continue in a leave without pay status.

For the Commissioner:

W R Harman
Administrative Assistant

H-M
GFL:SWA

Office of the Superintendent, 1st District
259 High St., South Portland, Maine
May 4, 1936

Returned to Bureau with information that at the time he made application for leave without pay it was suggested to Mr. Conary that he submit application for retirement on account of disability but he appeared reluctant to do so and this office did not consider it desirable to order him up before the Public Health Service for examination with a view to his involuntary retirement because of disability owing to the fact that it was thought that with a year's rest Mr. Conary's condition might improve sufficiently to enable him to return to duty. It appears, however, that his condition is becoming steadily worse and that his retirement on account of disability at this time would be in the interest of the Service as well as himself.

It is hoped the above explanation will be satisfactory to the Bureau.

For and in the absence of the Superintendent:

LAURITZEN, Chief Clerk

CP

April 29, 1936

Elmer E Conary,
Northeast Harbor, Me.

You have been recommended for disability retirement as of at the close of April 30, 1936, at the rate of $571.27 per annum.

Further information will be given you upon receipt of advice as to the Department's action thereon.

GB.
BRUSH
Superintendent

Form 9

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Date April 23, 1936

Superintendent of Lighthouses,

First District

South Portland, Maine
(City)

I hereby apply for disability retirement from active duty in the Lighthouse Service effective close April 30, 1936, on the basis of service shown hereon.

(SGD) ELMER E CONARY
(Name)

Keeper
(Designation)

---

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES

*City* South Portland, Maine *Date* April 27, 1936

Submitted to Commissioner of Lighthouses, Washington, D. C., recommending retirement at $ 571.27 per annum, effective at the close of April 30, 1936.

It is certified that the record of service and pay shown on Page 2 is correct as shown by the records of this office, and that all Government service shown has been verified.

CHARLES G BIRSH
*Superintendent of Lighthouses.*

---

BUREAU OF LIGHTHOUSES, *Washington, D. C.*,

Submitted to the Secretary of Commerce, recommending approval.

*Commissioner of Lighthouses.*

---

FOR USE OF DEPARTMENT

11—10551

Form 9

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

## RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Name Elmer F Conary Date of birth July 16, 1868

Designation Light Keeper

### RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military, naval, and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately)

| | Beginning | | | Ending | | | Remarks |
|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | |
| Army | | | | | | | |
| Navy | | | | | | | |
| Marine Corps | | | | | | | |
| Civilian employment | | | | | | | |
| DEPARTMENT OF COMMERCE | May | 29 | 1920 | Sept. | 26 | 1935 | |
| Lighthouse Service, | Sept. | 27 | 1935 | April | 30 | 1936 | Inc. Leave without pay. |
| First District, | | | | | | | |
| Portland, Maine. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total service | 15 years, 3 months, 28 days. | | | | | | |

Does applicant receive or has he applied for a pension from the Government under any law? No If so, give number of pension certificate or of claim: ----------

Does applicant receive or has he applied for compensation under the War Risk Insurance Act? No. If so, give number of claim: ----------

Does applicant receive or has he applied for compensation under the Federal Compensation Act, as amended? No.

If so, state the compensation received: ----------

### STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

| Designation | Beginning | | | Ending | | | Rate of Pay | Pay Received |
|---|---|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year | | |
| Light Keeper | Sept. | 27 | 1930 | June | 30 | 1931 | $1440 pa. | $1096.00 |
| | July | 1 | 1931 | July | 2 | 1931 | 1440 | 8.00 |
| | July | 3 | 1931 | June | 30 | 1932 | 1500 | 1491.67 |
| | July | 1 | 1932 | June | 30 | 1933 | 1500. | 1500.00 |
| | July | 1 | 1933 | June | 30 | 1934 | 1500. | 1500.00 |
| | July | 1 | 1934 | June | 30 | 1935 | 1500. | 1500.00 |
| | July | 1 | 1935 | Sept. | 26 | 1935 | 1500. | 358.33 |
| | | | | | | | | |
| | | | | | | | | |

Total compensation for last five years of active service $7454.00.

Average compensation for last five years of active service $1,490.80.

Annual rate of retired pay ($ 15.3278/45 × years 1490.80 40) = $571.27

(Not exceeding 30)

U. S. GOVERNMENT PRINTING OFFICE: 1934 11—10551

Form 9a

# DEPARTMENT OF COMMERCE

## LIGHTHOUSE SERVICE

## CERTIFICATE OF MEDICAL EXAMINATION DISABILITY RETIREMENT

(Act of March 4, 1929)

April 23, 1936
(Date)

NAME OF CLAIMANT Elmer E Conary DESIGNATION Light Keeper

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: He is in a very weak physical condition, not able to do any work, has lost weight and eye sight defected

Height 5 feet 4½" Weight 110 pounds. Complexion dark

Color of eyes gray Color of hair gray

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: He states that he is suffering from severe pains in his lower limbs and back, that he cannot walk without having pains in his legs , his mind at times is not clear. He claims that the pains in his legs was caused by carrying coal from the shore to the lighthouse.

Here describe fully nature of disability: I find that his reflexes are absent, that he walks unsteady, that the pains in his legs are lacinating, shifting from one foot to another and does not feel the ground properly when walking; eyesight defective.

Claimant describes the duties of his position as follows: Light Keeper

Is disability to perform such duty of a permanent character? Yes

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? No Do you recommend reexamination with this in view? No

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

*The examining physician must be in the Federal Service*

(SGD) JOSEPH D PHILLIPS, MD.

(Place of examination)

(Examining Surgeon)

AA Surgeon, U.S.P.H.S.

(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE: 1931 11—10543

CP
Enclosures

April 21, 1936

Mr. Elmer E Conary,
Northeast Harbor, Maine.

In accordance with the request contained in your letter of April 20, 1936 indicating that you desire to apply for retirement on account of disability, I am enclosing herewith two copies of form 9 which you should sign at the place indicated by lead pencil check and return all copies to this office.

You are directed to report to Dr. J. D. Phillips at Southwest Harbor, Maine, for physical examination to determine whether or not your disability is sufficient to warrant your retirement and hand him the enclosed form 9a, Certificate of Medical Examination, for execution. An envelope requiring no postage is herewith for return of the report of Dr. Phillip's findings.

If you are retired at the close of April 30, 1936, your retired pay would figure out $571.27 per annum or approximately $47.61 per month.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

North East Harbor Maine.
April 20. 1936.

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Draftsman
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Inspectors
Insp.
Corres.
Engr.

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 21 1936
SOUTH PORTLAND, MAINE

Supt. of Lighthouses
Portland. Maine.

Sir.

Please send me disability retirement papers and advise me what what-to do, as I am still unable to work.

Respectfully

E. E. Conary

Fletcher Thurston 9 & 9a and Alice B. Thurston SW Harbor

Lt. Phillips

Ret. eff. 4/30/36.

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High St., South Portland, Maine.
(Place)

April 21, 1936.

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. J D Phillips, AA Surgeon,
Southwest Harbor, Maine.

Sir:

The bearer, Elmer E Conary, Keeper,
(Name and title of applicant for medical relief)

is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare LH., Me.
(Name of station)

You are requested to examine this applicant ~~and to furnish him with such medical relief as may be required.~~ to determine whether or not he is physically disabled for the performance of his duties, and report result of your findings on the enclosed Form 9a. The signature and description of the applicant appear below.

Signature of employee to be examined .....

.....

Nativity American Age 67 years. Height 5 feet 5½ inches.

Color of eyes Gray Color of hair ---

Distinguishing marks ---

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 1920.

For and in the absense of the Superintendent:

.....
(Title of officer signing request)

THOMAS SAMPSON, Assistant Superintendent

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5993

Conner & Conway, Kupe, Dunn Sec Thereafter
Retired Pay of retired a/c disability dt of 4/30/36

Born - July 16, 1868

Service:- May 29, 1920 to Sept 26, 1935 - 15 yr, 3 mo, 28 days
On LWOP Sept 27, 1935 to April 30, 1936.

15 3278 yrs

Avg pay last five years:-

| | | | | |
|---|---|---|---|---|
| Sept 27, 1930 - June 30, 1931 | 0 yr - 9 m - 4 d | @ 1440. | = | $1096.00 |
| July 1, 1931 - July 2, 1931 | 0 " - 0 " - 2 " | @ 1440. | = | 8.00 |
| July 3, 1931 - June 30, 1932 | 0 " - 11 " - 28 " | @ 1500. | = | 1,491.67 |
| July 1, 1932 - June 30, 1933 | 1 " - 0 " - 0 " | @ 1500. | = | 1,500.00 |
| July 1, 1933 - June 30, 1934 | 1 " - 0 " - 0 " | @ 1500. | = | 1,500.00 |
| July 1, 1934 - June 30, 1935 | 1 " - 0 " - 0 " | @ 1500. | = | 1,500.00 |
| July 1, 1935 - Sept 26, 1935 | 0 " - 2 " - 26 " | @ 1500. | = | 358.33 |
| | Sept - 0 " - 0 " | | | $7454.00 |

1/5 x 7454.00 = $1,490.80

15.3278/40 x $1,490.80 = $571.27

47.60 7/12 p.m.
12 | 571.27

| | | | |
|---|---|---|---|
| JAN - | $47.60 | JULY - | $47.60 |
| FEB - | 47.61 | AUG - | 47.61 |
| MCH - | 47.60 | SEPT - | 47.60 |
| APR - | 47.61 | OCT - | 47.61 |
| MAY - | 47.60 | NOV - | 47.61 |
| JUNE - | 47.61 | DEC. - | 47.61 |

571.27

4/15/36

Deputy
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

Let him apply for disability retirement CCB

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 9 - 1936
SOUTH PORTLAND, MAINE

TREASURY DEPARTMENT
UNITED STATES
PUBLIC HEALTH SERVICE

OFFICE OF
MEDICAL OFFICER IN CHARGE

Pending Copy from Conary

Southwest Harbor, Maine
April 8, 1936

Mr Charles C. Brush
Suprentendent of Light Houses
259 High Street
South Portland, Maine

Sir:

Your letter of April third requesting me to examine and treat Elmer E. Connary light keeper at Deer Island Thorofare is at hand.

I respectifully state that I have examined Mr Conary and find that in my opinion he has Locomotor Ataxy and that the disease is so far advanced that he will be unable to further perform the duties of a light keeper.

Respectifully,

Joseph D. Phillips

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

GFL:SWA
Encl.

April 3, 1936

Mrs. Elmer E. Conary
Northeast Harbor
Maine

Madam:

Replying to your letter of the 1st instant regarding Mr. Conary's condition and requesting that you be forwarded a request for treatment from Dr. Wakefield at Bar Harbor, you are informed that as Dr. Wakefield is not a regularly-appointed physician of the Public Health Service, this office will be unable to send a request for examination and treatment of Mr. Conary from him. The Regulations governing medical treatment by the Public Health Service provide that employees of the Lighthouse Service who are entitled thereto may obtain such treatment only at regularly-established relief stations of the Public Health Service during periods when they are on leave of absence.

I am enclosing a request for treatment addressed to Dr. J. D. Phillips at Southwest Harbor, Maine, who is a regularly-appointed Public Health Service physician. If Mr. Conary does not desire to use the request, kindly return it for cancellation.

It is desired to call your attention to the fact that Mr. Conary is entitled to apply for retirement on account of disability at any time before the expiration of his year's leave without pay. I am sorry to learn that Mr. Conary has not shown any improvement.

Respectfully,

CEB
CHARLES C. BRUSH
Superintendent of Lighthouses

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
SWA

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High Street, South Portland, Maine
(Place)

April 3, 1936

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. J. D. Phillips
Southwest Harbor, Maine

Sir:

The bearer, Elmer E. Conary, Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare LH., Me.
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

Signature of employee to be examined .....

.....

Nativity American Age 67 years. Height 5 feet 5½ inches.

Color of eyes Gray Color of hair ---

Distinguishing marks ---

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 1920.

CHARLES C. BRUSH
(Title of officer signing request)
Superintendent of Lighthouses

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5992

North East Harbor Me.

April 1. 1936.

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jr. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Hex
Corres. file
Engr. file

SUP. OF LIGHTHOUSES
1ST DISTRICT
APR 2 - 1936
SOUTH PORTLAND, MAINE

Mr Brush,

Dear Sir.

I am writing to let you know how Mr Conary is and to see if you could send him a request to Dr Wakefield at Bar Harbor for Examination and treatment as our money is nearly all gone, and he doesn't feel able to go to Portland. (over)

His legs are playing out on him caused from strain while on Mark Island, beside his nervous trouble and We both feel that he would be able to go back to the Island even when the year is up.

Respectfully

Mrs Elmer E. Conary

South

CP

South

October 16, 1935

Mr. Elmer E Conary,
Northeast Harbor, Maine.

Referring to your telephone call of this date:

Your furniture and household effects will be landed at Northeast Harbor about the end of the month.

B.
BRUSH
Superintendent

Memo :- Oct 16, 1935

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

Mr Conary called from Northeast Harbor at 8.40 AM
Wants to know when he is going to get his furniture from Mark Island.

(Hates 10/16/35

SUPT. OF LIGHTHOUSES
1ST DISTRICT
OCT 16 1935
SOUTH PORTLAND, MAINE

Would like to be done on her next trip East. (Buoy trip)

WO #86

Wish order to keepers copy to Hibiscus. Keepers copy on previous list to Conary furnished the tenders.

Write C & advise him furniture will be landed at N E Harbor about the end of the month.

10/16/35.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. Ilex
Engr. Ilex

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Deer Island Thoroughfare
(Station, Depot, or Vessel)

Sept. 26, 1935

Superintendent of Lighthouses:

Dear Sir:

Mr. Conery left this station Sept. 26, at five P. M.

Awaiting commencement of D. W. O. [illegible] Lighthouse entitled to.

Respectfully Yours
George A. Morong.

South

GFL:SWA

South

September 18, 1935

E. E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Receipt is acknowledged of your letter of the 14th instant and it is not considered that the tone of this letter is appropriate to the situation. This office is not responsible for your illness and is endeavoring to assist you in every way possible consistent with the accomplishment of other work, as evidenced by the fact that it was suggested to you that you take leave without pay for a year rather than resign outright in order to protect your service status in the event of recovery from your illness. It is not understood that your condition is so desperate that you are unable to remain at the station until a new keeper can be sent to relieve you. However, this office has made arrangements with Mr. George A. Morong who is at present substituting for the Keeper of Monhegan Island Light Station to report to your station and take it over upon the return of the Keeper of Monhegan. It is expected that Mr. Morong will leave Monhegan on the 20th or 21st and arrive at your station on or before Monday the 23rd. Upon his arrival and after station property has been checked and he has given you receipt therefor, you are at liberty to leave the station for leave without pay. Report the time and date of Mr. Morong's arrival at the station and the time of your departure.

In view of the fact that your household furniture and effects will later be moved to Northeast Harbor by a tender, you will, no doubt, agree to leave Mr. Morong a sufficient supply of furniture and utensils for his use until he is relieved by Mr. Muise.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 16 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Dice Ledge Light Station
(Station, Depot, or Vessel)

September 14, 1935

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

I would like to know what you mean by telling me I could be released it is hoped some time before the 15th of Sept, your letter of Sept. 11. states that it may be possible to relieve me about Sept. 23. Now to day I have recived another stating that the Keeper to relieve Mr Muise will not be released until Oct. 1 or after If I had not been sick and unable to stay here I would not have asked to be relieved. The books have all been ready and our furniture and every thing in the boat-house since Sept 16. It looks as though a sick man is not given any consideration whatever. I need to get away from here and very soon. I am surprised that you would want to keep me here when I am not able to work and cant sleep nights for my nerves.

Respectfully E. E. Conary
Keeper

South

GFL:SWA

HOLD

South

September 14, 1935

Keeper, Deer Island Thorofare Light Station, Maine

Referring to your letter of the 12th instant, inasmuch as the "Sunbeam" will not be available to move your furniture and household effects from Deer Island Thorofare Light Station to Northeast Harbor, Maine, arrangements will be made to have a tender do this work when it can be done without the necessity for a special trip.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 14 1935
SOUTH PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Conifer, Ilex

will move the furniture when other work permits leaving me where does the furniture go? N.E. Harbor

HOLD
Order of W.P.C.

FIRST DISTRICT

Keeper L.S.d. Thrasher L. S.
(Station, Depot, or Vessel)

September 12, 1935

Sir.

In answer to your letter of Sept. 11. in regard to the "Sunbeam" mooring as she is hauling out for fall repairs and will not be available, as I will have to rely on the tender mooring as.

My health is very poor and I am loosing weight all the time.

Respectfully

E. E. Conary
Keeper

South
GFL:SWA

South

September 11, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Referring to your application dated August 22 for one year's leave without pay, and to your letter dated August 29, you are hereby granted leave without pay for a period of one year to be effective on the date you are relieved by the present Keeper of Moose Peak Light Station, Maine, who has been recommended for transfer to this position. It is hoped that it may be possible to relieve you about September 23, although more definite information will be furnished as soon as possible.

Regarding your desire to have a tender move your household effects, you are informed that information regarding the possibility of a tender doing so will be furnished you as soon as it can be foreseen how other work upon which tenders are now engaged progresses. During conversation with the Superintendent in this office it is understood that you told him that the "Sunbeam" would move your furniture, if a tender was not available. If the services of the "Sunbeam" are available and it is agreeable to the Rev. Mr. Guptill, it is suggested that it might be better to have the "Sunbeam" do this, as the tenders will be busily engaged delivering coal for the next month or six weeks.

For and in the absence of the Superintendent:

F. SAMPSON
Assistant Superintendent

Ask Hunter if he will take D.I.T. sta.

---

Write 2nd Supt advising Cecil R. Kelley of Cape Ann has made verbal informal request for three peaks on account of its nearness to Jonesport.

#1760 - 1920
1680 - 2040
@ #1320.

V.I.T.
19
Ask Wells if Saddleback
if he would consider
engineer.

1760 - 1920
1740 - 2100
@ #1320. & #110.
a month.

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot-Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

He told me Sunbeam would tender more than if not available.

SUPT. OF LIGHTHOUSES
1ST. DISTRICT
AUG 30 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Deer Isld. Thorofare
(Station, Depot, or Vessel)

August 29, 1935

*SUPERINTENDENT OF LIGHTHOUSES,*
*Portland, Maine.*

*Sir:* Please let me know as soon as possible if the tenders will or can moove us. We will be ready any time after Sept. 1. I have had three bad spells since coming from Portland.

Respectfully
E. E. Conary Keeper

August 31, 1935

E E Conary, Keeper, Deer Island Thorofare, Me.

To the close of August you have been granted practically 48 days of annual and sick leave. Inasmuch as your accruals to the close of September 15th, when it is expected that you will be relieved for one year's leave without pay, total but 32 days, it was necessary to deduct 16 days' pay from your August pay check.

BRUSH
Superintendent

South

GFL:SWA
3 Encls.

South

August 23, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

With reference to your request of August 22 for leave without pay for a period of one year to begin on or about September 1, 1935, you are informed that while this office will grant this request, it cannot become effective until there is a keeper available to relieve you, which it is hoped will be sometime before the 15th of September. Formal approval of your request will be sent you when necessary steps for your relief have been perfected. In the meantime you may make such arrangements as you consider necessary preparatory to leaving the station.

There are enclosed three copies of form 30 which you should prepare in accordance with instructions contained inside front cover and hold until you are relieved, at which time the signature of the keeper relieving you should be obtained on all three copies, one copy being forwarded to this office, one copy left with the relieving keeper, and the third copy retained by you.

In view of the fact that you have greatly exceeded your accruals of both annual and sick leave up to the close of August 31, it will be necessary to make some deduction from your pay for the month of August, but this will be held down to the minimum amount absolutely necessary to be deducted.

S. B.
BRUSH
Superintendent

Form 76

# SHORE LIBERTY OR LEAVE OF ABSENCE OF KEEPERS

## DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Supt. of Lighthouses
1st District
Aug 23 1935
South Portland, Maine

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Janitress
Flex

## REQUEST

Deer Isld. Thorofare (Station), August 22, 1935

Superintendent of Lighthouses, First District:

I respectfully request that I be granted one year leave of absence without pay days of shore liberty or leave, from to take effect on or about Sept 1., inclusive, 1935. I have had ____ days shore liberty or leave to date during this calendar year.

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

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

_____ (Name), _____ (P. O. Address)

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

_____ (Street or R. D. Route), North East Harbor (City), Maine (State)

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

E. E. Conary (Applicant's signature)

_____ *Keeper.*

Keeper (Title)

## AUTHORITY

Office of Superintendent, _____ District, _____, 19____

The above application for shore liberty or leave is hereby approved for _____ days, from

_____ to _____, inclusive, 19____

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

_____

*Superintendent,* _____ *Lighthouse District.*

## FINAL REPORT

Absence begun: At _____ M. _____, 19____.
(State nearest hour)

Returned to duty: At _____ M. _____, 19____.
(State nearest hour)

Period of absence: _____ days.

Period charged: _____ days.

Certified correct and forwarded.

_____ (Applicant's signature)

_____ (Title)

_____ *Keeper.*

11—883 U. S. GOVERNMENT PRINTING OFFICE: 1931

South

EJD:CP

South

September 4, 1935

E E Conary, Keeper, Deer Island Thorofare LH., Me.

1. Your letter of September 2nd regarding your August salary check:

2. Your gross monthly pay consists of $125.00 in salary and an allowance of $20.00 for quarters; $145.00 in all. For the month of August your salary was computed as follows: 14/30 of $145.00 = $67.67 less $20.00 (quarters) = $47.67. It is necessary to deduct for leave without pay on the basis of gross salary, that is cash salary plus value of quarters, on the basis that employees are entitled to quarters for only such periods as they are in a pay status.

S. BRUSH
Superintendent

COMMUNICATIONS TO
DENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 4 - 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Dees Islnd. Thorofare L.S.
(Station, Depot, or Vessel)

September 2, 1935

Sir. I received my check today of $47.67 and the letter said it was necessary to deduct 16 days pay, and my salary is $125.00 per month. If there isnt a mistake please explain to me why there was so much taken out.

I only want what belongs to me and I need it too.

Respectfully E. E. Conary
Keeper

South
GFL:SWA

South

August 20, 1935

Medical Officer in Charge
US Marine Hospital No. 16
331 Veranda Street
Portland, Maine

Sir:

With reference to my letter to you of August 9 in which it was requested that a medical survey be made at your hospital of Mr. Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine, to determine whether or not actual physical disability for further active duty exists, you are advised that upon further consideration Mr. Conary has decided to withdraw his application for retirement on account of disability, in lieu of which he will submit a request for leave without pay for one year.

It would, therefore, appear that the record of gastro-intestinal series made at the Knox County General Hospital which it is understood Dr. C. H. Jameson of Rockland, Maine, has forwarded to you can be returned.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Copy to Dr. C. H. Jameson, 35 Limerock Street, Rockland, Maine, for his information.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Aug 19 / 35

Memo

Mr Conary stopped in this noon said he had not been to the hospitals in Portland yet and did not care to go. Says he was in hospitals in Rockland and they found he was all right as long as he could remain quiet with nothing to worry him but just as soon as he got back on the station his troubles with digestion started all over again.

Under the circumstances, after explaining the necessity for having an examination by a P.H. doctor preferably in Portland Hospitals, I suggested he take a years leave without pay. & see if he could'nt recover. He agreed to this & will write letter of application for same.

C.C.B.

South

GFL:SWA

South

August 14, 1935

Dr. C. H. Jameson
35 Limerock Street
Rockland, Maine

Sir:

Receipt is acknowledged of your letter of the 12th instant with further reference to the case of Mr. Elmer E. Conary for which kindly accept my thanks.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

TREASURY DEPARTMENT
UNITED STATES
PUBLIC HEALTH SERVICE

OFFICE OF
MEDICAL OFFICER IN CHARGE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 13 1935
SOUTH PORTLAND, MAINE

August 12, 1935

Mr. C.C. Brush
Lighthouse Service
259 High Street
South Portland, Maine

Dear Sir:

Thank you for your recent note. I I appreciate your feeling in regard to Mr. Conary, but truly believe that out of fairness to the service and to the individual a medical survey would obtain the fairest judgment in the matter.

I have requested the hospital to forward the films in question to the Marine Hospital in Portland.

Very truly yours,

A.A. Surgeon, U.S.P.H.S.

CHJ;j

GFL:SWA

August 14, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

With reference to your letter of the 12th instant in which you state that you are not able to come to Portland for further physical examination in connection with your application for retirement on account of disability, you are advised that according to a report received from Dr. Jameson he is of the opinion that out of fairness to the Service and to you a medical survey should be conducted in your case in order to determine whether or not you are permanently physically disabled for further active duty. It is believed that if this office were to forward your application accompanied by Dr. Jameson's physical examination, the Department would not retire you on account of disability as no actual physical disability was shown. It is necessary for this office to make a recommendation in all such cases and while it is not intended to dispute your claim to disability, I do not feel that I would be justified in recommending your retirement on the basis of Dr. Jameson's findings.

It is considered that in fairness to yourself you should come to Portland and have a thorough examination made at the Marine Hospital so that if it is found you are actually physically disabled, you may be granted the benefits of retirement rather than having to resign without such benefits.

No further action will be taken regarding this matter until you have had an opportunity to consider it further and have advised this office what you wish to do. If you still do not feel that you can come to Portland, this office will forward your application for retirement but will do so against its better judgment as it is considered that it will be disallowed by the Department.

In any event it will not be possible to provide a relief for you immediately after the close of August 31 as there is at present only one additional keeper available and his services will be required at another station until the latter part of September.

G. BRUSH
Superintendent

Supt. —

Would you feel justified in recommending [redacted] no
this retirement or Mr. Smith
for James's agent?
Why is he not able
to take the field?

Your head.

CCB

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST. DISTRICT
AUG 13 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

New Isld. Thoroughfare
(Station, ~~Depot, or Vessel~~)

August 12, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

In regard to your letter of Aug. 9. I am not able to come to Portland for further examination as I have been examined by Dr. Jameson, if that isn't enough I will have to go out of the Service without pay, for I am not able to stay here any longer on account of my nerves, and a bad leg that lets me down now and then.

Evidently nerves don't count with the Government.

Please send a keeper here to take my place as soon after Aug. 31. as possible as I have got to get away from this place. And will the Tender move our things when they bring a keeper here.

Respectfully

E. E. Conary
Keeper

GFL:SWA

August 9, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Referring to your application for retirement on account of disability, you are advised that as the medical examination performed by Dr. C. H. Jameson at Rockland, Maine, fails to disclose any organic physical disability but merely indicates a history of recurrent attacks of indeterminate cause, and after further correspondence with Dr. Jameson it is believed desirable that arrangements be made with the Marine Hospital at Portland, Maine, for a medical survey of your case in order that it may be definitely established whether or not permanent physical disability for further active duty exists. Dr. Jameson advises that such a survey should not require over four days including time spent in travel, unless some special examinations would be required.

You are, therefore, requested to report to this office at the earliest possible date in order that you may be sent to the Marine Hospital for the purpose of having this further medical examination made, to enable this office to submit a suitable recommendation in your case. A substitute should be hired locally to take care of the station during your absence.

G3
BRUSH
Superintendent

GFL:SWA

August 9, 1935

Medical Officer in Charge
US Marine Hospital No. 16
331 Veranda Street
Portland, Maine

Sir:

In connection with an application for retirement submitted by Mr. Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine, it is desired that a medical survey of this man be made at your hospital to determine whether or not actual physical disability for further active duty exists. There are attached hereto copies of previous reports on the case as a result of a preliminary examination conducted by Dr. C. H. Jameson, Acting Assistant Surgeon, at Rockland, Maine, for your information, and Dr. Jameson has been requested to forward directly to you a copy of the record of gastro-intestinal series made under his supervision at the Knox County General Hospital, as referred to in his letter of the 8th instant.

Mr. Conary will be sent to the hospital immediately upon his arrival at Portland and it would be appreciated if action in the case could be expedited in order that the recommendation for his retirement at the close of August 31 can be made, if it is found that he is actually disabled for further active duty.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

GFL:SWA

August 9, 1935

Dr. C. H. Jameson
35 Limerock Street
Rockland, Maine

Sir:

Receipt is acknowledged of your letter of the 8th instant regarding Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, in reply to which you are informed that Mr. Conary has this day been requested to report to this office at an early date for the purpose of having a medical survey performed at the Marine Hospital in this city. This office dislikes very much taking this case out of your hands inasmuch as you are more or less familiar with its history, but feels that the survey should be conducted at the Marine Hospital in line with the Government policy of utilizing established facilities wherever possible. It would be appreciated if you could forward a copy of the record of gastro-intestinal series made at the Knox County General Hospital to the Medical Officer in Charge of the Marine Hospital in order that it might be considered by him in connection with Mr. Conary's further examination.

Thank you for your cooperation in this matter.

Respectfully,

CCB.

CHARLES C. BRUSH
Superintendent of Lighthouses

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

OFFICE OF

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 9 - 1935
SOUTH PORTLAND, MAINE

August Eighth
1935

Charles E. Brush
Superintendent of Lighthouses
South Portland, Maine

Dear Mr. Brush:

If Elmer Conary, Keeper of Deer Island Thoroughfare were to be given a medical survey, I should think it might necessitate his being absent from his station not over four days, including one day on either end for travel. It does seem to me that if any examinations were required the expenditure of much time would be indicated. We have at the Knox County General Hospital a record of a complete gastro-intestinal series made four months ago. This study showed no abnormality in the gastro-intestinal tract.

In as much as you are in close touch with the Marine Hospital it occurs to me that the plan for the medical survey might be most conveniently arrange by you, directly, with that institution.

Yours very truly,

C. H. Jameson

A.A. Surgeon, U.S.P.H.S.

CHJ;j

GFL:SWA
Encl.

August 7, 1935

Dr. C. H. Jameson
35 Limerock Street
Rockland, Maine

Sir:

With reference to your letter of the 6th instant regarding the case of Elmer E. Conary, Keeper, Deer Island Thorofare Light Station, Maine, in view of the statements contained therein it is considered desirable that you arrange for a medical survey of this man. If it would be possible to have such a survey made at the Marine Hospital in Portland, it might be just as well for this office to make arrangements directly for this purpose. However, in view of the fact that you conducted the initial examination your views in the matter are requested before any further action is taken by this office. In your reply will you indicate approximately the length of time which such a survey would require Mr. Conary to be absent from the station in order that necessary arrangements may be made for a substitute?

An addressed envelope requiring no postage is enclosed for your reply.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Hex
Corres. file
Engr. file

OFFICE OF

TREASURY DEPARTMENT
UNITED STATES
PUBLIC HEALTH SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 7 - 1935
SOUTH PORTLAND, MAINE

August Sixth
1935

Superintendent of Lighthouses
High St., Foot of Mussey
South Portland, Maine

Dear Sir:

In answer to your letter of August 5th regarding examination of Elmer E. Conary, Keeper, Deer Island Thoroughfare, Lighthouse, I would say that very little is found of objective nature to prove physical disability. In general, however, it is evident that this man is high strung, nervous and poorly nourished.

The history of recurrent attacks of syncope and transient loss of memory, are probably due to cerebral arteriosclerosis. It is true that the blood pressure is not elevated and peripheral vessels do not appear thickened. In my opinion the cerebral attacks are most likely due to the condition suggested above.

If it were desirable, I should be glad to arrange for a medical survey of this man. I believe that the man is really disqualified for efficient dispatch of his duty.

Yours very truly,

C H Jameson

A.A. Surgeon, U.S.P.H.S.

CHJ;j

South
GFL:SWA
Encl.

South

August 5, 1935

HOLD
Keep for file

Dr. C. H. Jameson
35 Limerock Street
Rockland, Maine

Sir:

Referring to your report of August 2 covering medical examination of Elmer E. Conary, Keeper, Deer Island Thorofare Light Station, Maine, in connection with his application for retirement on account of disability, it appears from a reading of your report that no actual physical disability was found and that the disability reported is certified to largely on the basis of Mr. Conary's own statements and those of his wife.

In order that this office may be in a position to make suitable recommendation to Washington, will you kindly advise as to whether or not there was evidence of actual physical disability, and whether or not in your opinion the disability claimed by Mr. Conary actually exists?

An addressed envelope requiring no postage is enclosed for your reply.

Respectfully,

CEB

CHARLES C. BRUSH
Superintendent of Lighthouses

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 3 - 1935
SOUTH PORTLAND, MAINE

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High St., South Portland, Maine
(Place)

August 1, 1935.

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. C H Jameson, AA Surgeon,
16 School St., Rockland, Me.

Sir:

The bearer, Elmer E Conary,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ---
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare LH., Me.
(Name of station)

You are requested to examine this applicant ~~and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.~~ to determine whether or not he is physically disabled for the performance of his duties, and report results of your findings on the enclosed form 9a.

Signature of employee to be examined .....

.....

Nativity American Age 67 years. Height 5 feet 5½ inches.

Color of eyes Gray Color of hair --

Distinguishing marks --

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 1920.

For and in the absence of the Superintendent:

GEORGE F LAURITZEN
(Title of officer signing request)
Chief Clerk, 1st Lighthouse District

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5992

Form 9a

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 3 - 1935
SOUTH PORTLAND, MAINE

# CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

August 2. 1935
(Date)

NAME OF CLAIMANT Elmer E. Conary DESIGNATION Dear Isle Thoroughfare Lt. Maine.

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination:

Height 5 ft 5½ Weight 110 pounds. Complexion Delicate skin - Pink & white
Color of eyes Blue Color of hair Gray.

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: Since August 1934 - recurrent attacks of weakness and loss of consciousness, occurring several times a day or at irregular intervals - appears grey & sick for several hours afterwards. Attributes to gas and nervous indigestion. Is losing weight. Very nervous about the conclusion & fears of his own inefficiency at the Light House as result of attacks.

Here describe fully nature of disability: The disability described above is more or less in the words of Mr Conary & his wife. I have seen no attacks nor has any other physician. The loss of a daughter 3 years ago. The prolonged confinement at the Light. and highly nervous temperament are responsible in opinion of Conary & his wife for the attacks.

Claimant describes the duties of his position as follows: Sole person operating Deer Isle Thoroughfare Light House - with all ordinary duties of such a position.

Is disability to perform such duty of a permanent character? It appears so.

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? Possibly if given a rest of 6-12 months Do you recommend reexamination with this in view?

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

*The examining physician must be in the Federal Service*

35 Limerock Street
(Place of examination)
Rockland Maine

C. St. Jameson M.D.
(Examining Surgeon)
A. P. Surgeon. U.S.P.H.S.
(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE: 1934 11—10543

Form 9

CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
AUG 3 - 1935
PORTLAND, MAINE

**RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED**

(In case of disability retirement, execute medical certificate on Form 9a)

Date August 1, 1935

**Superintendent of Lighthouses,**

First District

South Portland, Maine.
(City)

I hereby apply for disability retirement from active duty in the Lighthouse Service effective September 1, 1935, on the basis of service shown hereon.

Elmer E. Conary
(Name)

Keeper, Deer Island Thorofare LH., Maine.
(Designation)

---

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES

*City* ..... *Date* .....

Submitted to Commissioner of Lighthouses, Washington, D. C., recommending retirement at $..... per annum, effective at the close of .....

It is certified that the record of service and pay shown on Page 2 is correct as shown by the records of this office, and that all Government service shown has been verified.

.....
*Superintendent of Lighthouses.*

---

BUREAU OF LIGHTHOUSES, *Washington, D. C.*, .....

Submitted to the Secretary of Commerce, recommending approval.

.....
*Commissioner of Lighthouses.*

---

FOR USE OF DEPARTMENT

11—10551

South

1

CP
Enclosures

South

HOLD
Call for file

July 31, 1935

Elmer E Conary, Keeper,
Deer Island Thorofare LH., Me.

Replying to your letter of the 26th instant regarding your desire to apply for retirement because of disability, there is enclosed a copy of formal application which you should sign at the place indicated and return to this office. There is also enclosed a copy of application for physical examination by Dr. C H Jameson, 16 School St., Rockland, Maine, which you should present to Dr. Jameson together with the form which is attached to same.

If you are found to be physically disabled for further active duty, your retirement will become effective beginning September 1, 1935. In such an event it will be necessary to make some deduction for leave which will have been granted you in excess of your accruals to the close of August inasmuch as your entire accruals to the close of December 31, 1935, have already been taken.

The formal application which you sign should be returned to this office immediately and Dr. Jameson will return the report of your physical examination directly to this office in the envelope which is enclosed herewith for the purpose. You will be promptly advised as to whether or not your retirement will be recommended upon receipt of Dr. Jameson's report.

For and in the absence of the Superintendent:

LAURITZEN
Chief Clerk

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Mex
Corres. File
Engr. File

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUL 30 1935

FIRST DISTRICT

Yours Isld. Thorofare L. S.
(Station, Depot, or Vessel)

July 26, 1935

Spr.—Please send me papers so I may go to Dr Jameson for examination August-first-or second.

Respectfully

E. E. Conary
Keeper

And necessary forms for motors on August 1st. See file 2 & last time. E 7/29

South

CP

South

July 6, 1935

E E Conary, Keeper,
Deer Island Thorofare LH., Me.

Referring to your letter of July 5th stating that your application for disability retirement is to become effective as of at the close of August 31, 1935, instead of the close of July 31, 1935.

Send back the forms 207 and 9a addressed to Dr. Jameson and then write us later when you want to go to the doctor to be examined.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUL 6 - 1935
SOUTH PORTLAND, MAINE
FIRST DISTRICT

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Matron
Nurse
Laborer

Dear Isld. Thorofare L. S.
(STATION, DEPOT, OR VESSEL)

July 5, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: I asked you if I would have to have a special form to send in for disability retirement, and you have sent me the forms effective at the close of July 31. 1935. I wanted them effective at the close of August 31. 1935 I am sending them back possibly you could change the date so they would be all right for August 31. Respectfully

E. E. Conary
Keeper

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 HIGH STREET
SOUTH PORTLAND, MAINE
GFL:SWA
Encls.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUL 6 - 1935
SOUTH PORTLAND, MAINE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

July 3, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Replying to your letter of recent date regarding your desire to apply for retirement because of disability, there is enclosed a copy of formal application which you should sign at the place indicated and return to this office. There is also enclosed a copy of application for physical examination by Dr. C. H. Jameson, 16 School Street, Rockland, Maine, which you should present to Dr. Jameson together with the form which is attached to same.

If you are examined before the close of July and are found to be physically disabled for further active duty, your retirement will become effective beginning August 1, 1935. In such an event it will be necessary to make some deduction for leave which will have been granted you in excess of your accruals to the close of July inasmuch as your entire accruals to the close of December 31, 1935, have already been taken.

The formal application which you sign should be returned to this office immediately and Dr. Jameson will return the report of your physical examination directly to this office in the envelope which is enclosed herewith for the purpose. You will be promptly advised as to whether or not your retirement will be recommended upon receipt of Dr. Jameson's report.

For and in the absence of the Superintendent:

Sampson

SAMPSON
Assistant Superintendent

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

259 High St., South Portland, Maine
(Place)

July 3, 19 35

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. C. H. Jameson
16 School Street
Rockland, Maine

Sir:

The bearer, Elmer E. Conary, Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the _____
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare Light Station, Maine.
(Name of station)

You are requested to examine this applicant ~~and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.~~ to determine whether or not he is physically disabled for the performance of his duties, and report results of your findings on the enclosed form 9a.

Signature of employee to be examined _____

_____

Nativity American Age 67 years. Height 5 feet 5½ inches.

Color of eyes Gray Color of hair ---

Distinguishing marks ---

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 19 20

For and in the absence of the Superintendent:
Thomas Sampson
(Title of officer signing request)
THOMAS SAMPSON
Assistant Superintendent

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5992

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Corres. file
Engr. file

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST. DISTRICT
JUL 2 - 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

(STATION, DEPOT, OR VESSEL)

, 193

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Please tell me if I have to have a special forms to send in for retirment for sick disability, and if so please send same.

Respectfully E. E. Conary
Keeper

South

GFL:SWA

South

May 27, 1935

E. E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Replying to your letter of the 24th instant, it will probably be possible to have you examined in connection with your application for retirement on account of disability by Dr. C. H. Jameson at Rockland. If you desire to apply for disability retirement so as to be retired at the close of August 31st provided you are found physically unfit for further active duty, you should make application for retirement about August 1st. This will provide sufficient time for examination and action upon your application by the Department at Washington.

G. L. BRUSH
Superintendent

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Tlex
Corres. file
Engr. file

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 27 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Dear Isle Thorofare L.S.
(STATION, DEPOT, OR VESSEL)

May 24, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Is it necessary that I go to Portland to be examined to get out on disability. Why I ask this is because of the expense as I have no time due me you say and the time and expense would mean a whole lot to me. And at what time would I have to go in order to go out the last of

over

August or first of September.

Respectfully

E. E. Conary

Keeper

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Corres. file
Engr. file

Laur Isld. Thoroughfare L.S.
May 24. 1935.

SUPT. OF LIGHT HOUSES
1ST DISTRICT
MAY 27 1935
SOUTH PORTLAND, MAINE

Mr Brush.

Dear Sir.

All these little details make Mr Conary more nervous so I would like to get them straightened out as soon as possible.

I don't think he will be a whole lot better as long as we stay here it is too much for his nerves.

Respectfully
Mrs Elmer E. Conary

A

South

May 14, 1935

Elmer E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

Replying to your letter of the 10th instant regarding retirement on account of disability, you are informed that the act of March 4, 1925, provides that any employee eligible to retirement under the provisions of the so-called Lighthouse Service Retirement Act has been in active service of the Government fifteen years or more and is found after examination by a medical officer of the United States to be disabled for useful and efficient service by reason of disease or injury not due to vicious habits, intemperance, or willful misconduct on his part may be retired from active duty. The records show that you entered on duty May 29, 1920, and that at the close of May 28, 1935, you will have completed fifteen years' service. As you have been paid in excess of your annual and sick leave accruals up to date, it will be necessary for you to remain in the Service for a sufficient length of time to offset the excess leave provided you are to apply for disability retirement. If it is your intention to ask for retirement at the close of August 31st, any excess leave taken to the close of that date will have been compensated for by further active service.

The law provides for retired pay based on length of service, 1/40 of the average annual compensation for the last five years of active service being allowed for each year of active service. If and when you desire to apply for retirement on account of disability, kindly inform this office sufficiently in advance of the proposed date in order that the necessary papers may be forwarded you to report to the Marine Hospital at Portland for physical examination and to allow for formal recommendation prior to the date it is desired to have the retirement become effective.

G. BRUSH
Superintendent

ADDRESS ALL COMMUNICATIONS TO
THE SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

# DEPARTMENT OF COMMERCE
## LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 14 1935
PORTLAND, MAINE

FIRST DISTRICT

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
Publishers
Corres. file
Engr. file

Dear Isld. Thorofare L. S.
(Station, Depot, or Vessel)

May 10, 1935

Sir.

I would like a little information in regard to getting through here on sick disability. I want to stay if I am able until the last of August or first of September, but longer than that I cannot stay.

I have been in the Lighthouse Service fifteen years May 28. 1935. Respectfully E. E. Conary
Keeper

South
EJD:SWA

South

May 7, 1935

E. E. Conary, Keeper
Deer Island Thorofare Light Station, Maine

1. In re your leave during April and early in May, 1935:

2. Upon receipt of your completed leave request it was found possible to charge your entire absence to annual leave. No deduction was made on your April check and none will be made from your May salary check unless you are absent on further leave. It will be necessary that you pay the substitute for the entire period he served.

3. Should you leave the Service at any time before the close of the year, it will be necessary that a deduction be made from your last salary check or that you reimburse the Government for leave allowed in excess of that accumulated. You have been allowed your entire year's accruals. Any further absence from duty this year will have to be without pay.

BRUSH
Superintendent

IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE
AND REFER TO

TREASURY DEPARTMENT

PUBLIC HEALTH SERVICE

WASHINGTON

432

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 1 - 1935
SOUTH PORTLAND, MAINE

April 26, 1935

1935 APR 29 AM 9:19
LIGHTHOUSES

Bureau of Lighthouses
Department of Commerce
Washington, D. C.

Sirs:

Reference is made to voucher in amount $43.60 in favor of the Knox County General Hospital, Rockland, Maine, covering the care of Elmer Conary, Keeper of Deer Island Thorofare Light Station, which your office recently submitted to the Public Health Service for payment.

You are advised that this voucher was returned unpaid to the Certifying Officer for the reason set forth in copy of indorsement attached hereto.

By direction of the Surgeon General.

Assistant Surgeon General
Personnel & Accounts Division

Heb:eib
Encl.

erw

Bureau of Lighthouses, Washington, D.C.
April 30, 1935

Referred to Superintendent of Lighthouses, Portland, Maine, for his information.

For the Commissioner:

incl.

C P Harman
Administrative Assistant

copy

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 1 - 1935
SOUTH PORTLAND, MAINE

April 22, 1935

1st Indorsement

Voucher, Knox County General Hospital, Rockland, Maine
care Mr. Elmer Conary during February 1935, $43.60

Respectfully returned to A.A.Surgeon C.H. Jameson, Rockland, Maine, advising that the facts in the case as stated on reverse of voucher do not warrant payment by the United States Government.

As no emergency existed, Mr. Conary was only entitled to treatment at a Public Health Service station, which in this case would have been the Marine Hospital at Portland, Maine, where he would have been cared for without charge. As he chose to enter a private institution, he will have to bear the expense himself.

By direction of the Surgeon General.

/s/ R.C.Williams
Assistant SurgeonGeneral
For the Personnel & Accounts Division

Heb:eib

South

EJD:SWA

3 Encls.

FILES
Read, initial
and return

South

March 8, 1935

Surgeon-General
U. S. Public Health Service
Washington, D. C.
(Via Commissioner of Lighthouses)

Sir:

Reference is made to my previous reports in regard the illness and hospitalization of Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine.

There is forwarded herewith in triplicate voucher covering bill of Knox County General Hospital, Rockland, Maine, for the care of Mr. Conary. Bills from Doctors Jameson and Noyes will be vouchered and forwarded as soon as received.

Attention is invited to statement on reverse side of voucher by Dr. Jameson as to the hospitalization of Mr. Conary at Rockland, Maine.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Form 1926-A
TREASURY DEPARTMENT
U. S. PUBLIC HEALTH SERVICE
Form approved by the Comptroller General U. S.
November 13, 1926

# PUBLIC VOUCHER FOR THE CARE OF HOSPITAL PATIENTS

## REFERENCE MEMORANDUM

VOUCHER NO. _____ (Leave blank)

CONTRACT NO. _____

ALLOTMENT NO.

APPROPRIATION: UNITED STATES PUBLIC HEALTH SERVICE - LIGHTHOUSE DIV.

PAID BY

(For use of Paying Office)

THE UNITED STATES, DR., TO KNOX COUNTY GENERAL HOSPITAL

ADDRESS, _____ (Street and number) ROCKLAND, MAINE (City or town) (State)

For the care in hospital of seamen and other beneficiaries of the Public Health Service at ROCKLAND, MAINE (Name of station and place), during the month of FEBRUARY, 19 35, at the rate of $ 3.00 per day.

PAYEE'S ACCT. NO. _____

| EXPENDITURE SYMBOL | NAME | DATE OF ADMISSION | DATE OF DISCHARGE OR DEATH | NUMBER OF DAYS CHARGED | AMOUNT DOLLS. | AMOUNT CTS. | NOTATIONS (Payee must not use this column) |
|---|---|---|---|---|---|---|---|
| | MR. ELMER CONARY-STONINGTON, ME. | 2/18/35 | 2/20/35 | @ 3.00 2 | 6 | 00 | |
| | 2/18 X RAY - COLON WITH BARIUM | | | | 10 | 00 | |
| | 2/19 " - G.I. SERIES | | | | 25 | 00 | |
| | 2/18 LABORATORY-ROUTINE | | | | 1 | 00 | |
| | 2/20 DRUGS | | | | 1 | 10 | |
| | 2/18 KNEE ASPIRATED | | | | | 50 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | TOTAL | 43 | 60 | |

I certify that the above bill is correct and just and that payment therefor has not been received.

(MEMORANDUM—Do not sign)

Per (SGD) ELLEN C DALY

*PAYEE KNOX CO. GENERAL HOSPITAL

Title SUPERINTENDENT

EXAMINED BY

I certify that I have compared the above account with the record of hospital patients and find the same to be correct, except as otherwise indicated in "Notations" column; that the above services were performed under the contract numbered above, or that they were performed without written contract, under exigency, and with or without advertising, under the circumstances stated in No. _____ of "Method of or Absence of Advertising," shown on reverse hereof, in accordance with authority _____ (State authority) and were necessary for the public service; and that the rate charged is just and reasonable and in accordance with the agreement.

SUBMITTED FOR $ _____

DIFFERENCES _____

MEMORANDUM

(Do not sign)

(SGD) C H JAMESON, M.D.
(Signature of officer)

Title A.A.SURG. U S P H S

By direction of the Secretary.

APPROVED FOR ___ $ [redacted]

*Surgeon General.*

Paid by check on the Treasurer of the United States in favor of the payee named above: No. _____ Dated _____

* Where a voucher is certified by a corporation or company, the name of the person writing the corporate or company name, as well as the capacity in which he signs, must appear. Example: John Doe Company, per John Smith, Secretary or Treasurer, or member of firm, as the case may be.

2—3902

## METHOD OF OR ABSENCE OF ADVERTISING

(Section 3709 of the Revised Statutes)

1. After advertising in newspapers.

2. After advertising by circular letters sent to [redacted] dealers and *by notices posted in public places.*

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.

4. Without advertising, in accordance with .....

.....

5. Without advertising, it being impracticable to secure competition because of *.....

.....

.....

.....

---

*Among the reasons which may be assigned as making competition impracticable (see 5 above) are the following:

(*a*) Under a formal contract for construction, there arises a necessity for additional work practicable of performance only by the contractor.

(*b*) The articles wanted are patented or copyrighted and not on sale by dealers, but by the owners of the patent or copyright, or their agents or assigns alone, at a fixed and uniform price.

(*c*) There is only one dealer within a practicable distance from whom the articles can be obtained.

(*d*) Prices or rates are fixed by legislation, either Federal, State, or municipal; or by competent regulation.

(*e*) Previous advertising for the identical purchase has been followed by the receipt of no proposals or only of such as were unreasonable, and under circumstances indicating that further advertising would not alter results.

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal and acceptance, or less formal agreement) Standard Form No. 1036 should be used for abstracting the method of or absence of advertising, award of contract, and form of agreement. (See General Regulations No. 51, G. A. O., June 18, 1926.)

2—3002

GOVERNMENT PRINTING OFFICE

FEBRUARY 18, 1935. THIS PATIENT REQUIRED HOSPITALIZATION FOR STUDY OF THE GASTRIC INTESTINAL TRACT. UNDER NO EMERGENCY BUT BY PERSONAL PREFERENCE HE ELECTED TO ENTER THE KNOX COUNTY GENERAL HOSPITAL FOR REQUIRED OBSERVATIONS. HE IS DESIROUS OF SETTLEMENT OF THIS ACCOUNT THROUGH GOVERNMENT CHANNELS IF POSSIBLE.

(SGD) C H JAMESON, M.D.

South

CP

HOLD Call-up file W.J.C.

South

February 26, 1935

Mrs. Elmer E Conary,
Stonington, Maine.

Dear Mrs. Conary:

Receipt of your letter of the 25th instant is acknowledged.

I am pleased to note the improvement in Mr. Conary's condition and hope he will be able to return to duty on March 3rd or 4th, as planned.

If he should be unable to do so will you kindly advise me of the fact and the date it is expected he will be able to return?

Respectfully,

ccs.

CHARLES C BRUSH
Superintendent of Lighthouses

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H.
L. D 1st Depot
Hibiscus
Ilex
Callup
File

INSP. OF LIGHTS
1ST DIST. PORTLAND, MAINE
FEB 25 1935

HOLD
Call-up file

Lubec Maine
Feb. 25th 1935

Supt of Light Houses
Portland Maine

Dear Sir.

Mr Conary and I arrived here this morning Mr Conary is feeling much better.

They took X-Ray pictures of his stomach last mon. Tue. and Wed. and found that he was suffering only with nervous indigestion and Dr Jameson gave him a nerve tonic and said he would be all right to go back to the Station March 3rd or 4th if he didnt go to work too hard.

Respectfully

Mrs Elmer E. Conary

South
GFL:SWA

South

February 26, 1935

Dr. B. Lake Noyes
Stonington
Maine

HOLD
Clean up file W.P.C.

Sir:

I am in receipt of your letter of the 21st instant regarding Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine, and in reply wish to state that according to advice received from Mr. Conary care of the case has been transferred to Dr. C. H. Jameson, Acting Assistant Surgeon, United States Public Health Service at Rockland, Maine, effective beginning February 16.

Kindly render bill covering your services to Mr. Conary to this office at the earliest practicable date in order that voucher may be prepared and sent you for signature, after which it will be forwarded to the Surgeon-General, United States Public Health Service, Washington, D. C., for payment.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

Copy to Mr. Elmer E. Conary, c/o Knox Hospital, Rockland, Maine.

DR. B. LAKE NOYES,
Physician, Surgeon, Oculist
— and —
ELECTRO-THERAPEUTIST




Supt.
Asse. Engr.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H.
L. D 1st Depot
Hibiscus
Ilex
Call-up
Files

Stonington, Me., February 21 1935

Department of Commerce
Office of Supt., 1st Dist.
Portland, Maine.

Dear Sir:

Regarding Elmer E. Conary of Mark Island Light, I will say, in answer to your letter of Feb. 12th, that unless something entirely different is revealed, it will be better that he remain here with his folks than to go to the U.S. Marine Hospital where the comfort of his wife and children can't be had--especially in view of the fact that besides his nervous condition there is a diabetic tendency that his wife can nicely correct by adjusting a diet to suit his wishes or tastes.

I have recently had two patients come home from the Portland Marine Hospital t hat gained there to a certain extent, but became so homesick that progress stopped. Mental conditions, as we all know, bear heavily in such cases on the successful outcome of the patient. I think Mr. Conary would be one who would soon become dejected after a short stay in a hospital unless it were absolutely necessary to institute such treatment as only a hospital can supply.

Should anything contrary to the above manifest itself, I will report accordingly.

Yours very truly,

B. Lake Noyes, M.D.

South
GFL:SWA

South

February 25, 1935

HOLD Call up Mar W.P.C.

Dr. C. H. Jameson
16 School Street
Rockland, Maine

My dear Dr. Jameson:

I am in receipt of your letter of the 21st instant regarding Mr. Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine, and in reply wish to state that as far as this office is concerned the change of physicians at Mr. Conary's request was satisfactory.

It is suggested that you submit bills for your services on Public Health Service voucher form No. S. F. 1034 to this office for forwarding to the Surgeon-General, United States Public Health Service, Washington, D. C., and that the Knox Hospital be informed to submit vouchers covering its services on Public Health Service form No. 1926.

While this office can not guarantee that the Public Health Service will pay for the services rendered by you or the hospital in this case, in view of the fact that it has been very liberal in previous cases it is believed that any reasonable bill presented will be approved for payment.

It would be appreciated if you would furnish this office weekly reports as to the progress of the case in order that the Surgeon-General may be kept informed.

Respectfully,

CCB.

CHARLES C. BRUSH
Superintendent of Lighthouses

Copy to Mr. Elmer E. Conary, c/o Knox Hospital, Rockland, Maine.

TREASURY DEPARTMENT

UNITED STATES
PUBLIC HEALTH SERVICE

OFFICE OF
MEDICAL OFFICER IN CHARGE

BUR. OF LIGHTHOUSES
FEB 23 1935
PORTLAND, MAINE

Supt.
Asso. Engr.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H.
L. D 1st Dept
Hibiscus
Mar
Pub-ug
Aug

February 21, 1935

Charles C. Brush
Superintendent of Lighthouses
East High Street
South Portland, Maine

My dear Mr. Brush:

I have recently seen and treated Mr. Elmer E. Conary, Keeper of the Deer Isle Thoroughfare Lighthouse Station. In as much as his station is not included within the group which my contract covers, I have treated him on the basis of a private patient and so advised him.

He has been hospitalized for a few days in the Knox County General Hospital. Before admitting him I advised him that he could not receive reimbursement for his medical bills unless you in your official position ruled in his favor, since the indication for treatment was not an emergency.

I shall be glad to continue his treatment under the status which I have already indicated and I will subsequently render you a report if you so desire.

CHJ;J

Very truly yours,

C. Harold Jamison

South

GFL:SWA

8

HOLD
Date up for W. J. C.

South

February 20, 1935

Surgeon-General
United States Public Health Service
Washington, D. C.
(Via Commissioner of Lighthouses)

Sir:

With reference to previous reports regarding necessity for the employment of a private physician to treat Mr. Elmer E. Conary, Keeper, Deer Island Thorofare Light Station, Maine, you are informed that according to a report received from Mrs. Conary the care of Mr. Conary was transferred to Dr. C. H. Jameson, Acting Assistant Surgeon, 16 School Street, Rockland, Maine, on February 16. It is understood that Dr. Jameson ordered Mr. Conary into the Knox County General Hospital at Rockland for an X-ray.

Further reports will be submitted during the progress of the case.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

South
GFL:SWA

South

February 20, 1935

Mrs. Elmer E. Conary
c/o Knox Hospital
Rockland, Maine

Dear Mrs. Conary:

I thank you for your letter of the 17th instant regarding Mr. Conary's condition and the necessity for transferring him to Rockland for treatment.

It is regretted that Dr. Noyes did not handle the case to your entire satisfaction and it is hoped that Mr. Conary will speedily recover now that he has been taken to the hospital. When Dr. Noyes's bill is received it will be forwarded to Mr. Conary for certification as to treatment rendered.

I would appreciate it if you would keep me informed at weekly intervals as to the progress Mr. Conary is making.

Respectfully,

CCB

CHARLES C. BRUSH
Superintendent of Lighthouses

Dept:
Asso. Engr.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H
L.D 1st Depot
Hibiscus
Ilex
Calla
Files

Rockland Maine
Feb. 17, 1935

Supt. of Light Houses.
Portland Maine

SUPT. OF LIGHTHOUSES
FEB 18 1935
1ST DIST. PORTLAND, ME.

Dear Sir.

In regard to Mr Conarys illness We saw that he was not gaining as we thought he should. So we came to Rockland yesterday Feb 16 and went to Dr Jameson. Monday a.m. at 9 o'clock he goes to Knox Hospital for X-Ray.

Maybe we are not right but we felt as though Dr Noyes was trying to get the best of us as well as of the Goverment so we thought it best to get where we could at least get help for the trouble that we knew he had. If and when Dr Noyes sends you his bill Mr Conary would like to see a copy of it if it would be permited. That of course we do not understand.

Respectfully
Mrs Elmer E Conary

? Sounds suspicious. CEB

SWA

Form 207
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

(SEE INSTRUCTIONS AND REGULATIONS ON BACK)

# APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED EMPLOYEES IN THE LIGHTHOUSE SERVICE

Office of the Superintendent of Lighthouses, First District.

West High St., South Portland, Maine
(Place)

February 20, 1935

To the Medical Officer in Charge,

U. S. Public Health Service,
Dr. C. H. Jameson, A. A. Surgeon
16 School Street
Rockland, Maine

Sir:

The bearer, Elmer E. Conary, Keeper,
(Name and title of applicant for medical relief)
is a beneficiary of the U. S. Public Health Service:

1. An officer or member of the crew of a vessel belonging to the Lighthouse Service (including lightship), i. e., the ------
(Name of vessel)

or—

2. A light keeper or an assistant light keeper on duty at Deer Island Thorofare Light Station
(Name of station)

You are requested to examine this applicant and to furnish him with such medical relief as may be required. The signature and description of the applicant appear below.

Signature of employee to be examined .....

.....

Nativity American Age 66 years. Height 5 feet 5½ inches.

Color of eyes Gray Color of hair ------

Distinguishing marks ------

*Date of original appointment in the Lighthouse Service May 29, 1920

†Date of certificate by the Public Health Service that person named passed physical examination, October 21, 1920.

eeb.
CHARLES C. BRUSH
(Title of officer signing request)
Superintendent of Lighthouses

*Fill in only if person to be examined is a light keeper or assistant light keeper.
†Fill in only in case of light keeper or assistant light keeper when the date of original appointment in the Lighthouse Service is subsequent to August 27, 1916.

(OVER)

11—5992

Stonington Maine
Feb. 10. 1936

Supt. of Light Houses,
Portland Maine.

Dear Sir:

In answer to your letter of Feb 7. I would say that Mr Conary is improving very satisfactorily, and we both hope to be able to go back to the Station by the last of the month.

Mr Conary also has water on his knee to go with his other troubles, but we hope that too can be cured.

Respectfully
Mrs Elmer E. Conary

Noted.
OK
CCB

Asso. Engrs
Chief Clerk
1st Clerk
Jun. Engrs
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H
L D 1st Depot
Museum
Flex
Call-up
Files

U.S. SUPT. OF LIGHTHOUSES
1ST DIST.
PORTLAND, MAINE
FEB 13 1936

HOLD
Call-up file N.P.

GFL:SWA
Encl.

HOLD
Call-up slip

February 12, 1935

Surgeon-General
United States Public Health Service
Washington, D. C.
Via Commissioner of Lighthouses

Sir:

You are advised that Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, Maine, was taken suddenly ill on February 2, and Dr. B. Lake Noyes of Stonington, Maine, was called to attend him.

There is herewith a copy of letter of February 9 from Dr. Noyes in which he outlines the condition of Mr. Conary when he first examined him and the progress of the case to date.

Further reports will be submitted from time to time. Mr. Conary was in a duty status when taken ill.

Respectfully,

CCB.
CHARLES C. BRUSH
Superintendent of Lighthouses

CFL:SWA

February 12, 1935

Dr. B. Lake Noyes
Stonington
Maine

Sir:

I am in receipt of your letter of the 9th instant regarding Mr. Elmer E. Conary, Keeper of Deer Island Thorofare Light Station, for which kindly accept my thanks.

The suggestion contained in last paragraph of your letter that Mr. Conary stay at Stonington until about March 1 is satisfactory to this office, provided you do not consider it practicable to have him transferred to the United States Marine Hospital at Portland, Maine, if it is considered that hospital treatment is indicated.

I would appreciate it if you would forward weekly reports on the progress Mr. Conary is making, in order that the Surgeon-General, United States Public Health Service at Washington, D. C., may be kept advised.

Respectfully,

CHARLES C. BRUSH
Superintendent of Lighthouses

DR. B. LAKE NOYES,
Physician, Surgeon, Oculist
—and—
ELECTRO-THERAPEUTIST.

SUPT. OF LIGHTHOUSES
FEB 11 1935
1ST DIST. PORTLAND, MAINE

Supt.
Asso. Engr.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. H.
L.H. 1st Dept.
Hibiscus
Mark
Coal-up
Trees

Stonington, Me., February 9 1935

Charles C. Brush
Supt. of Lighthouses, 1st Dist.
Portland, Maine.

Dear Mr. Brush:

Answering yours of Feb. 6th, just received, regarding Elmer Conary, keeper of Mark Island light, I wish to report that no manifestation of a desire of a report of his condition was tendered me--therefore, your department was minus of anything of this sort.

Now, that you have expressed a desire for enlightenment as to Conary's condition, I will say that the symptoms indicated an attack of flu for about two weeks back. Like many cases, it took on a gastrointestinal form so that a distressed stomach prevented the patient from eating and his strength declined rapidly. Complicating this were intercostal myalgic pains in the left side suggesting a pneumonia or pleurisy that Conary sensed was a very serious thing for him to have away from the daily attention of a doctor. He realized that there was no way, aside from some relief from a heavy powered tug or steamer, to get a doctor out to Mark Island unless a sudden soft spell cleared the waters of ice. This not being the case but the thermometer running so low that ice was making and traffic was being suspended, Conary's worriment and two or three night's loss of sleep broke down his nervous morale to a point of hysteria so that it was essential to get him ashore and relieve the stress of mind.

This is the gist of the whole situation. I found him in a high state of nervous cardiac tension bordering on a collapse. As soon as I landed him in town with his folks I hadn't much difficulty in getting him into a long sleep to make up for loss of same. He then relaxed his nervous tension and regained his appetite so that he is now rapidly coming to the front.

Another complication that worried him was an injury received over the knee cap from a fall on the ice, causing a prebursal cyst. I am also caring for this and find all is looking very encouraging for his restoration to normal by the end of the month. I think he had better stay here until about March 1st and if there is anything disclosed differently, I will let you know.

Very truly yours,

B. Lake Noyes, M.D.

GFL:CP

HOLD

February 6, 1935

Dr. B. Lake Noyes,
Stonington, Maine.

Sir:

According to a news despatch in the Portland Sunday Telegram of February 3 you are treating Mr. Elmer Conary, Keeper of Deer Island Thorofare Light Station, for a heart attack which he suffered on February 2.

This office has been awaiting a report from you covering this case, but appreciates that you have probably not been able to send it due to difficulty in getting the mail to Rockland. Will you kindly submit a report stating the nature of Mr. Conary's illness, and certifying to the necessity for immediate treatment, the probable duration of his illness, and the practicability of transferring the patient to the nearest hospital of the Public Health Service in case hospital care is indicated? This information is necessary to enable this office to submit a report on the case to the Surgeon-General, U S Public Health Service, Washington, D. C., as Mr. Conary will no doubt desire to take advantage of the provision of regulations which allows the employment of local medical and hospital facilities when immediate medical aid is considered essential and the services of the Public Health Service cannot be procured. The Public Health Service will pay all reasonable charges in such cases.

Respectfully,

ccB.
CHARLES C BRUSH
Superintendent of Lighthouses

COPY TO Deer Island Thorofare for station files.

Radio Stations Fire Log

---

Investigate and report by radio as to condition of Keyser Library. Also Edward Thompson sick at Stonington. Also whether Station being operated satisfactorily and by whom

Thompson

Phoned by Naval Radio 10:05 a.m.

GFL:SWA

HOLD W.P.C.

February 7, 1935

Mrs. Elmer E. Conary
Stonington
Maine

Dear Madam:

I am in receipt of your letter of the 2nd instant regarding the necessity for Mr. Conary taking leave because of illness. Mr. Conary's request for leave has been approved and returned. I would appreciate it very much if you would keep me posted as to his condition at weekly intervals in order that proper arrangements may be made for the care of the station if it should appear that Mr. Conary will be absent for a considerable length of time.

Mr. Conary will be paid for as much of his absence as is allowable under the Regulations and the Government will pay the substitute who is looking after the station for a period of thirty days if Mr. Conary's absence should extend beyond that. I have written to Dr. Noyes advising him that the United States Public Health Service will pay all reasonable charges for medical service incident to Mr. Conary's illness.

Respectfully,

cef.

CHARLES C. BRUSH
Superintendent of Lighthouses

ESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Supt.
Asso. Engr.
Chief Clerk
1st Clerk
Junr Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S. N.
Hibiscus
Ilex
Call-up

E. Parsons $3.00 p.d.

FIRST DISTRICT

Dear Sirs. Thorofare
(Station, Depot, or Vessel)

February 2, 1935

Superintendent of Lighthouses.
Portland Maine.

Sir.

I am writing to let you know why we want leave and have got to go as soon as we can get in. My husband has had a nervous breakdown and I cant tell how long we will have to be gone.

Respectfully Mrs E. E. Conary
E. E. Conary

DEPARTMENT OF COMMERCE

Bureau of Office 1

SUPT. OF LIGHTHOUSES
1942
1ST DIST. PORTLAND, MAINE

Report of Employees' Marital Status and Dependents

1. Name of Employee Elmer Ellsworth Conary
(First) (Middle) (Last)

2. Address New Isld. Thorofare L.T. Sta. Stonington Me.

3. Married or Single Married

4. If married, do you reside with husband or wife? Yes

5. If married, and question (4) is answered no, give date since which you have not resided with husband or wife. _____

6. Is your husband or wife employed by the Federal Government or the District of Columbia? (If answered "Yes," give department or branch of District Government.) No

7. Number of persons who derive their principal support from you. Five

8. Enter below information specified concerning each dependent included in your answer to question 7.

| Name of Dependent | Relationship (if any) | Age | Address | How long Dependent? |
|---|---|---|---|---|
| Gertrude R. Conary | Wife | 53 | The same | 33 years |
| L. Frances Murphy | Daughter | 30 | as above | 3 " |
| Effie F Murphy | Granddaughter | 12 | | 3 " |
| Harlow H Murphy | Grandson | 8 | | 3 " |
| Alice G. Murphy | Granddaughter | 3 | | 3 " |

9. Are you (a) An honorably discharged soldier, sailor, or marine? _____

(b) Widow of such _____

(c) The wife of an injured soldier, sailor, or marine, who himself is not qualified for government service _____

I certify that the answers to the foregoing questions are true.

_____

NOTE: A misstatement or withholding of the information called for above will constitute grounds for dismissal.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 13 1930
PORTLAND, MAINE.

July 3, 1930.

Elmer E. Conary

Through the Commissioner of Lighthouses.

Sir:

You are advised that under the Brookhart Act your compensation has been changed as indicated below, effective July 3, 1930.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: 1440

To: 1500

1st Keeper

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 1 - 1928
PORTLAND, MAINE.

July 1, 1928.

Mr. Elmer E. Conary,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1380

To: $1440

11—9564

1

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 1, 1927.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective January 1, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

CLIFFORD HASTINGS

Chief of Appointment Division.

From: $1320 per annum.

To: $1380 per annum.

Service and grade: Field.

Appropriation (unit):

F
1

GOVERNMENT PRINTING OFFICE 11—9061

TO... E. E Conary .....

SUPT. of LIGHTHOUSES
FIRST DISTRICT.
OCT 2 1925
PORTLAND, MAINE.

Submit at once answers to the questions listed below. Write plainly and in ink, and sign your name at place indicated.

1. Name (As it appears on the payroll)

Conary (Surname) Elmer (First name) Ellsworth (Middle name)

2. Place of Birth (State or Country). Deer Isle, Maine

3. Date of Birth 16 (Day) July (Month) 1868 (Year)

4. Legal Voting Residence (Congressional District) South West Harbor

(State) Maine

5. Full number of years you attended the following schools:

Common school. Eight years

High school.....years

College.....years

.....School.....years

List degrees received, if any:

.....

6. Military and Naval Service, if any. (Check with an X after appropriate item).

None X Army Navy Marine Corps

Coast Guard Retired Pensioned

Veterans Bureau Beneficiary

7. Statement of Government Service (Both Civil and Military)

Name of each Department or Bureau of the Government Service, other than the Lighthouse Service, in which you have been employed and give its location.

| | Appointed or Enlisted | | | Separated or Discharged | | |
|---|---|---|---|---|---|---|
| | Month | Day | Year | Month | Day | Year |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

8. Leave without pay while in the Government Service (Do not state any period of less than six months).

.....

.....

Form A-21

SUPT. OF LIGHTHOUSES,
FIRST DISTRICT,
JUL 13 1925
PORTLAND, MAINE.

# NOTICE OF CHANGE IN SALARY
## KEEPERS—LIGHTHOUSE SERVICE

---

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

M r. Elmer E. Conary, June 25, 1925.

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1260 per annum to $ 1320 per annum, effective July 1, 1925.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER.

Acting Chief of Appointment Division.

11—6674

H
1st

End'd

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHTHOUSES 1925 FEB 4 AM 9 58

January 31, 1925.

SUPT. of LIGHTHOUSES, FIRST DISTRICT, FEB 5 1925 PORTLAND, MAINE

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses,

Sir:

In connection with the readjustment of pay of positions in the Lighthouse Service the total compensation of the position occupied by you has been fixed as indicated below, effective February 1, 1925.

By direction of the Secretary:

Respectfully,

[illegible] GARDNER

Acting Chief of Appointment Division.

Position: Keeper

Salary: $1260

Appropriations: Salaries, Keepers of Lighthouses.
General Expenses, Lighthouse Service.

1st
JSJ

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

---

LIGHTHOUSES
1922 MAY 20 PM 108




**DEPARTMENT OF COMMERCE**
**APPOINTMENT DIVISION**
**WASHINGTON**

May 20, 1922.

Mr. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 720 per annum to $ 780 per annum, effective July 1, 1922.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS

Chief of Appointment Division.

M
G
1st

Promoted to 2d Asst Keeper
Dist. Arthur J. Blair

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

---

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

1921 SEP 8 AM 9 10

M

September 8, 1921.

r. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $780 per annum to $ 720 per annum, effective September 18, 1921 or as soon thereafter as you enter on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

(SIGNED) H. M. CROSS

Acting Chief of Appointment Division.

S
1st district

GFL

(COPY)

August 30, 1921

E. E. Conary, 2nd Asst. Keeper,
Isles of Shoals L. S., Portsmouth, N. H.
Via Keeper.

In view of the apparent discordance among the keepers at Isles of Shoals L. S., it has been decided to transfer you from your present position to that of Third Assistant Keeper, Matinicus Rock L. S., Me., at a salary of $720. per annum.

This transfer will become effective on or about September 18, 1921, and you will make all necessary arrangements pending receipt of further information from this office.

(Signed) SHERMAN
Superintendent.

Copy to Keeper, Matinicus Rock L. S., Me., for his information and files of station. Mr. Conary will fill the position to be vacated by Mr. Gott's transfer to Great Duck Island L. S.

Superintendent.

Form 73
CES:GFL

**NOMINATION**

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine (City.), August 29 (Date.), 1921.

COMMISSIONER OF LIGHTHOUSES:

**Action recommended,** TRANSFER AND DEMOTION.

| | | | |
|---|---|---|---|
| Name, | Elmer E. Conary | Legal residence, | Maine |
| Position, | Third Assistant Keeper | Salary, | $720. per annum |
| Location, | Matinicus Rock L. S., Me. | Appropriation, | Sals.,Kprs.,etc. |
| Effective | September 18, 1921, {~~the actual date of entrance on duty,~~ or as soon thereafter as he enters on duty. | | |
| **Former position,** | Second Assistant Keeper | Former salary, | $780. per annum |
| Location, | Isles of Shoals L. S.,N. H. | | |

**Rank on eligible list,** ----- Rating, Percentage, , Other eligibles considered:

**Previous incumbent,** Montell D. Gott Services terminated[1] about Sept. 17, 1921.

Reason, To be transferred and promoted Second Asst. Keeper, Gt. Duck Island L. S., Me.

**Members of family in Government Service,** ----

**Remarks:** This transfer and demotion is made for the interests of the Service, it being clearly evident that if Mr. Conary is left at Isles of Shoals L. S. there will be continual wrangling between him and the principal keeper. Nothing other than petty quarrels has arisen as yet.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19

(Direct).

*Secretary, Civil Service District.* S. *Superintendent.*

---

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

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

Form 206 COPY-GFL. FOR OFFICE FILES. File No. 8

# RECORD OF PHYSICAL EXAMINATION OF LIGHTKEEPER OR ASSISTANT LIGHT KEEPER

IN CONNECTION WITH MEDICAL RELIEF BY THE PUBLIC HEALTH SERVICE

GFL

## DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE ~~INSPECTOR~~, Supt., 1st DISTRICT,

PLACE, Portland, Maine

DATE, October 8th, 1920.

To the MEDICAL OFFICER IN CHARGE,
*U. S. Public Health Service,*
A. T. Stuart, A. A. Surgeon,
Custom House, Portland, Maine.

SIR:

Please examine Elmer E. Conary, Assistant Keeper,

nativity, American; age, 52; height, 5 feet, 5½ inches;

weight, 130 pounds; color of hair, ------; color of eyes, ------

distinguishing marks, ------

as to eyesight, hearing, and physical condition.

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

Respectfully,

G. R. Putnam
Supt. of Lighthouses. ~~Lighthouse Inspector.~~

(Signature of applicant:) Sgd/ Elmer E. Conary

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

## U. S. PUBLIC HEALTH SERVICE

PLACE, ~~Portland, Maine,~~ Portsmouth, N. H.

DATE, Oct. 21, 1920

To Supt. of Lighthouses:
~~XXXXXXXXXXXXXXXXXXXXXXXX~~

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

~~He is disqualified for the reasons shown on page 8.~~

Sgd/ A. C. Hoffinger, M. D.
Lieut. Med. Corps. U.S. Navy Ret.
~~Surgeon, U. S. Public Health Service.~~

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

11—5999

# REPORT OF PHYSICAL EXAMINATION

## U. S. PUBLIC HEALTH SERVICE

PLACE, Portsmouth, N. H.

DATE, Oct. 21, 1920

Name of applicant, Elmer E. Conary

Eyes: Color, Grey; exophthalmus, No

chronic inflammation, No; other anbormality, No

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

other conditions,

Eyesight:

Vision of right eye, without glasses, 20/30; with glasses, 20/20

Vision of left eye, without glasses, 20/40; with glasses, 20/20

Is applicant partially or wholly color-blind? No

If color-blind, state which color he confuses

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

Ears:

Abnormalities, No; shape, Normal

Position, Normal; condition of drums Normal

Evidence of mastoid disease, No

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

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

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

Lungs: Normal

Heart: Normal

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

11—5999

*I acknowledge receipt of a copy of Department Circular No. 253 (second edition), of September 22, 1914, relating to political activity of officeholders, and fully understand its purport.*

Elmer E. Conary
(Name.)

2nd Asst Supr
(Position.)

(Bureau, Office, or Service.)

*Date,* May 28 1920

11—3914

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

# DEPARTMENT OF COMMERCE

## PERSONAL QUESTION SHEET

**This form shall be furnished for each person appointed in the service of the Department immediately upon entrance on duty.**

**The information called for in Part I shall be filled in by the Bureau or Office to which the employee is assigned, after which the form shall be transmitted to the employee for answers to the questions in Part II. The completed form shall be indorsed by the proper Bureau officer and forwarded to the Department for file.**

COPY

### PART I.

1. Name of employee Elmer E. Conary

2. Position to which appointed 2nd. Assistant Keeper

3. Bureau or Service Lighthouse Service, District 1st Dist.

4. Place of duty Isles of Shoals Light Station, N.H.
(City, town, station, or vessel.)

5. Salary Seven Hundred and eighty dollars per annum.

6. Appropriation from which paid Salary; Keeper of Lighthouses.

7. Manner of appointment. (Examples: "From stenographer and typewriter examination, ———, 19—;" "Without examination;" or "By reinstatement;" or "By transfer from ———," stating Department, Bureau or Service, position, and salary, if known).

From Assistant Lighthouse Keeper's Examination.

### PART II.

**THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE EMPLOYEE:**

**The statement should be signed by the employee, or, if unable to write, he may sign by mark in the presence of one witness.**

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

Elmer Ellsworth Conary

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

Elmer E Conary

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

| Maine | Hancock | Manset | W 4th |
|---|---|---|---|
| (State or Territory.) | (County.) | (City or town.) | (Congressional district.) |

4. If the legal residence given in answer to question 3 is not the same as that stated in the certificate of appointment, the difference should be explained.

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

11—6423

6. Where were you born? Deer Isle, Maine

7. When were you born? July 16th, (Month.) (Day.) 1868 (Year.)

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

9. What is your marital condition? (Answer "single," "married," "widowed," or "divorced.") Married

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

George R. Fuller, (Name.) South West Harbor, Maine (Number and street.)

(City or town.) (State or Territory.)

11. Are there any members of your family, besides yourself, in the civil service of the United States? (Answer "yes" or "no.") No If so, state in blank spaces below the information called for by the headings.

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

12. Have you any physical disabilities? (Answer "yes" or "no.") No If so, describe fully. (If you have defective eyesight, state whether corrected by glasses.)

Corrected by glasses.

13. Do you hold any State or municipal office? (Answer "yes" or "no.") No If so, state name of such office and compensation attached.

14. Were you in the military or naval service of the United States during any war? (Answer "yes" or "no.") No If so, state in blank spaces below the information called for by the headings.

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

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

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

16. Have you ever held any other position in the civil service of the United States? (Answer "yes" or "no.") If so, state in blank spaces below the information called for by the headings.

| Department. | Bureau or Service. | Position. | Salary. | Appointed. | Separated. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

11—6972

17. Are you the widow or orphan of an honorably discharged soldier or sailor? (Answer "yes" or "no.") No. If so, state in blank spaces below the information called for by the headings.

| Name under which soldier or sailor rendered service. | Relationship to you. |
|---|---|
| | |

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

18. What was your occupation prior to entering the United States service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 13, 14, 15, and 16.)

Master Mariner, mostly. Painting and carpenter work some.

19. What education have you received? (State the grades of schools you have attended, and, if you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1910; Columbia University, LL. B., 1913.)

Common School Education

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

Painter

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

None

22. Were the answers to the foregoing questions written by you? (Answer "yes" or "no.") No. If not, state the name and address of the person who wrote them for you.

Howe D. Higgins, So. West Harbor, Me.

Date, May 25th, 1920.

Witness (in case signature is by mark):

(Signature) Elmer E Conary

(Present address) Manset, Maine.
(Number and street.)

(City or town.) (State or Territory.)

## INDORSEMENT.

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

Reviewed, approved, and forwarded May 29, 1920, 19

(Signature) [illegible]

(Official title) Superintendent of Lighthouses

11—6922

MAY 20 1920 12 AS PM LIGHT MAY 20 1920 HOUSES

# CERTIFICATE OF PROBATIONARY APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

May 17, 1920.

M r. Elmer E. Conary,

Through the Commissioner of Lighthouses.

Sir:

LIGHTHOUSES LIGHT HOUSE POST PORTLAND, MAINE

MAY 24 1920

You have been appointed, subject to taking the oath of office and to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, Keeper (2d Asst., Isles of Shoals) in the Lighthouse Service at a salary of Seven Hundred and Eighty dollars per annum, effective on the date on which you enter upon duty in the above-mentioned position.

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

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS

M
C

Chief of Appointment Division.

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Appropriation: Salaries, Keepers of Lighthouses.

Vice: H. E. Freeman.

EAD-5/29/20

Legal Residence: Maine.
First

(See reverse side.)

11—5080