NOV 19 2024 PM12:00

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

Date: 11/18/2024

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
Corbett, Willie, W.		1882 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: 1974 ME

State of Residence (upon entry into service):

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

Researcher Signature:

CIVILIAN SERVICE

(Agency & Location)	
Lighthouse Service (ME)	
From: 1908	To: 1944
(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: 2-3027257696

Attendant Signature:

CMRS Search Request Number(s):

Remarks:

24 DEC 4 PM 1:49:30

SCREENING NOTES

- ☑ Reviewed and Nothing Removed
- ☐ Items Removed and User Informed
- Hold Requested: ☐ Yes ☐ No
- Total Requests:
- Screened Items:
- ☐ Additional charge outs and signatures on reverse side
- Time Out:
- Final Return:

LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

Employee Name: Corbett, Willie W **DOB:** 1882

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: _____

75
73

18 August, 1941.

From: Commander, Boston District.
To : CORBETT, Willie M. (227-290) B.M.1c., Little River Light Station.

Via : 1. Commanding Officer, MACHIASPORT STATION.

Subject: Induction into Coast Guard.

Inclosure: (A) Form 2249, covering your change in status from civilian to military.

1. Inclosure (A) is forwarded you herewith for your information and personal files.

P. J. SMENTON,
By direction.

Civ. Pers.
Inducted

ORM 2249

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 10

TO:

Date Prepared: 17 July, 1941

Name: Corbett, Willie Winslow

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military

	FROM	TO
Position		
Grade	Keeper	Boatswain's Mate, 1c. 327-290
Salary	Field (Range $1320-1680) $1560 p.a. plus $240 p.a.Qtrs.	No change in pay and allowance, Sec. 7 Act of August 5, 1939, applies.
Bureau or Div.		
Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters		
Post of Duty	Boston, Massachusetts.	Boston, Massachusetts.
Appropriation	Little River Lt.Sta., Me.	Little River Lt.Sta.,Me.
Allotment	Civilian Employees, C. G.	Pay and Allowances, C. G.

FIELD ☐ DEPRTMTL. ☐ (X) — FIELD ☐ DEPRTMTL. ☐ (X)

EFFECTIVE

Remarks: 17 July, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

Cyr. Pers. Inducted

SUBORDINATE ADMINISTRATIVE OFFICE

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH: 9-3-82

LEGAL RESIDENCE

SEX: M — RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH 8-16-16

DATE APPROVED BY THE SECRETARY: 7-17-41

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

REPORT OF CHAN[illegible]N PERSONNEL

CORBETT.	Willie	W.	(227-290)	BM1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Machiasport Station.	Machiasport, Maine.	17 September, 1941.
(Unit)	(Place)	(Date)

Returned at 11:00 a.m. from 15 days leave of absence, 17 September, 1941.

AUTHORITY: Article 504 P.I.

Herman R. Carr.
Herman R. Carr, BM1c.
(Commanding)

Commanding Officer.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0

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

REPORT OF CHANGE IN PERSONNEL

CORBETT.	Willie	W.	(227-290)	BM1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Machiasport Station.	Machiasport, Maine.	1 September, 1941.
(Unit)	(Place)	(Date)

Departed at 12:30 p.m. this date on 15 days leave of absence.

AUTHORITY: Article 504 P.I.

Sanford W. Colson.
Sanford W. Colson, BM2c(Pro)
(Commanding)

Commanding Officer, Acting.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

Form 2519
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Vessel LITTLE RIVER LIGHT.
Machiasport Station, Boston District,

Date 23 August, 1941.

From: CORBETT, Willie W. (227-290) BM1c.
To: Commander, Boston District.
Via: Commanding Officer, Machiasport Station.

Subject: Leave of absence.

1. I request 15 days' leave of absence to depart 12:30 p.m. 9/1/41/ return 11:30 a.m. 9/17/41.
2. My reason for the above request is as provided by regulations.

[a]3. I have had no days' leave of absence during my current enlistment during the current fiscal year.

Address while on leave:
Cutler, Maine.

Willie W. Corbett
Willie W. Corbett, BM1c.
(Signature)

Machiasport Station-73. **1st Indorsement** Machiasport, Maine. 23 August, 1941.

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

Herman R. Carr
Herman R. Carr, BM1c.
Commanding ~~Executive Officer~~ Officer in Charge.

- 73 **2d Indorsement** BOSTON DISTRICT, Boston, Massachusetts, 25 August, 1941

~~Forwarded, approved.~~
Returned, granted, subject to recall within 24 hours.
~~Returned, not granted~~

~~Forwarded, disapproved~~

P. J. SMENTON
P. J. SMENTON, Lieutenant, By direction.
Division Commander—District Commander—Commanding.

3d Indorsement

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

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

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

.....
Commandant.

[OVER]

16—8556

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

REPORT OF CHANGE IN PERSONNEL

CORBETT	Willie	W.	227-290	B.M.1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Machiasport Station	Machiasport, Maine.	17 July, 1941.
(Unit)	(Place)	(Date)

Resigned from former Lighthouse Service to accept enlistment in the Coast Guard as of the close of 16 July, 1941.
Enlisted this date for a period of three years, as Boatswain's Mate First Class, in Regular enlistment.
Entitled to clothing bounty of $118.95. PAFF: Machiasport, Maine, Machiasport Station.
Position held: Keeper. Salary: $ 1800.00.
Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of enlistment in the Coast Guard: 33 years, 5 months, 6 days. Classification: Keeper. Prior military service: none.

AUTHORITY: Boston District letter 2 July, 1941. (75)

Herman R. Carr.
Herman R. Carr (101-307)
(Commanding)

B.M.1c
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1937

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Cross Island Lifeboat Station. (Unit) — Machiasport, Maine. (Place)

(Date)

FROM: CORBETT, Willie W. (227-290) B.M.1c.

TO: COMMANDANT (via Commander, Boston District)

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

Velma Margarette Corbett (Full name of wife; if not married, so state)	Cutler, Maine. (Address of wife)
Emily Johnson Corbett (Full name of child; if none, so state)	Cutler, Maine. (Address of child)
Kathleen Dora Corbett (Full name of child; if none, so state)	Cutler, Maine. (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

- - - - - - - -
(State briefly wherein dependency exists)

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

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

- - - - - - - - - - -
(State briefly wherein dependency exists)

WITNESSED BY: Herman R. Carr
Herman R. Carr (101-807)

Rank B.M.1c.

SIGNED: Willie W. Corbett
Willie W. Corbett.

Rank or Rating B.M.1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

22 July, 1941.

From: Commander, Boston District.
To : Commandant.

Subject: CORBETT, Willie W. (227-290) B.M.1c.; enlistment of.

Inclosures: (A) Forms on enlistment.

1. Inclosures are forwarded herewith for the files at Headquarters. Photographs have been returned to the station for resubmission and when received will be forwarded to Headquarters.

P. J. SMENTON,
By direction.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

BOSTON, MASS.

22 July, 1941.

BOSTON DISTRICT RECEIVED AUG 5 1941 U.S. COAST GUARD

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: CORBETT, Willie W. (227-290) B.M.1c.; enlistment of.

Reference: (a) Article 4321, Personnel Instructions.
(b) Personnel Bulletin 19-41.

Inclosures: (A) Three photographs, case of subject-named man.

1. Inclosures are returned herewith and it is requested that the subject-named man furnish three photographs, as required by references (a) and (b). The photographs previously submitted do not show a clear view of the face as they are taken at a distance. The photographs shall show a clear view of the face and without head covering.

2. On the station copy of Form 2500, right above Article 10, make the following notation in red ink:

"This enlistment made pursuant to the Act of August 5, 1939."

P. J. SMENTON,
By direction.

Machiasport Station-73. 1st Indorsement Machiasport, Maine.
31 July, 1941.

1. Returned: Reference (a) and (b) complied with.

Paragraph (2) complied with.

Herman R. Carr, B.M.1c.

75
73

OFFICE OF COMMANDER
BOSTON DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

18 August, 1941.

From: Commander, Boston District.
To : CORBETT, Willie W. (227-290) B.M.1c., Little River Light Station.

Via : 1. Commanding Officer, MACHIASPORT STATION.

Subject: Induction into Coast Guard.

Inclosure: (A) Form 2249, covering your change in status from civilian to military.

1. Inclosure (A) is forwarded you herewith for your information and personal files.

P. J. SMENTON,
By direction.

Machiasport Station.-75-73. 1st. Indorsement. Machiasport, Maine.
21 August, 1941.

1. Inclosure (A) Form 2249, forwarded.

Herman R. Carr.
Herman R. Carr, B.M.1c.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

CORBITT, Willie W. (Name, surname first) | [illegible] (Service number) | H.M.1c (Rank or rating) | Machiasport Station (Unit)

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

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

Place Machiasport, Maine., Date 21 July, 193[illegible]

To: Dr. O. F. Larson, A. A. Surgeon, U.S.P.H.S.

Machias, Maine.

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

Willie W. Corbett
(Signature of patient)

Herman R. Carr.
Herman R. Carr, H.M.1c
Commanding Officer, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Relief Station #269, Machias, Me Date July 21, 193[illegible]

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

Tonsilitis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ____ days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at ____ {*~~hospital~~ / *office} on July 21, 193[illegible]

Oscar F. Larson
Dr. Oscar F. Larson.
A. A. Surgeon, U. S. Public Health Service.

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

____ (Patient's signature)

WITNESS:

____ (Signature of medical officer)

____ U. S. Public Health Service.

*Strike out words not applicable.

2—863

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

CORBETT, Willie W. (Name, surname first) ..... (Service number) ..... B.M.1c (Rank or rating) Machiasport Station. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Relief Station #269 Machias, Me. Date 21 July, 1941

To: Commanding Officer, Machiasport Station,
(Coast Guard unit)
Machiasport, Maine.
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Vaccinia		July 1	41

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

CONDUCT REPORT:

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

Oscar F. Larson
Dr. Oscar F. Larson,
A. A. Surgeon. U. S. Public Health Service.

No absence off duty sick.

NOTICE OF MEDICAL TRANSFER

..... (Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at ..... {*office / *hospital} at ..... for ..... (Diagnosis) since ....., 193 , has been transferred this date ....., 193 , to the U. S. Marine Hospital at ..... for further treatment.

.....
U. S. Public Health Service.

*Strike out words not applicable.

2—663

75

Boston, Massachusetts,

14 July, 1941.

From: Commander, Boston District.
To : Commanding Officer, MACHIASPORT STATION.

Subject: CORBETT, Willie W., Keeper, Little River LH; induction into the Coast Guard.

Reference: (a) Boston District letter, 2 July, 1941 (75).

1. Authorization for the regular enlistment of the subject-named man, in the rating of boatswain's mate, first class, providing he was found qualified in all respects, was forwarded you with reference (a) with request that his enlistment be effected at the earliest practicable date and all papers forwarded to this office without delay.

2. To date this office has received no information relative to the status of the enlistment of the subject-named man. If he declined induction into the Coast Guard, this office should be notified promptly and all papers returned.

O. A. LITTLEFIELD,
By direction.

TREASURY DEPARTMENT
United States Coast Guard

Office of
the
Commander
BOSTON DISTRICT

Boston, Massachusetts,

2 July, 1941.

From: Commander, Boston District.
To : Commanding Officer, **MACHIASPORT STATION.**

Subject: **CORBETT, Willie W., Keeper, Little River LH;**
Induction into the Coast Guard.

Inclosure: (A) Copy of Form 2525-B, dated
(B) Forms for effecting enlistment.
(C) Sheet indicating the forms required.

1. Headquarters' 3rd indorsement on inclosure (A) authorizes the enlistment of the subject-named man, in the rating of **B.M.1c., Regular Enlistment** providing he is found qualified in all respects therefor. His previous service up to and including this date is: **33 years, 4 months, 22 days.**

2. His enlistment will be effected at the earliest practicable date and all papers will be forwarded to this office without delay. If the above-named man declines induction into the Coast Guard, this office will be notified promptly and all papers will be returned. Service numbers will be assigned by this office.

SAMPLE OF INFORMATION REQUIRED ON FORMS 2599 AND 2668.

Resigned from former Lighthouse Service to accept _____ (Enlistment or reenlistment) in the Coast Guard as of the close of _____ (Show the date prior to date of enlistment or reenlistment). _____ (Enlisted or reenlisted) this date, _____ (Use ORIGINAL if applicable), for a period of three years, as _____ (Show rating), in _____ (Show Special Temporary or Regular) _____ enlistment.
Entitled to clothing bounty of $112.75. (Applicable if ORIGINAL ENLISTMENT) PAFE: _____ (Show P.O. address of station)
_____, this date, transferred to _____ (UNIT), for assignment to duty.
Position held: _____ Salary _____
Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of _____ (Enlistment or Reenlistment) in the Coast Guard: _____
Classification: _____ Prior military service: Indicate what branch _____

O. A. LITTLEFIELD,
By direction.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Date 5 May, 1941.

From: **CORBETT, Willie W., Keeper, Little River Lighthouse.**
To: Commandant.

Via: **Commander, Boston District.**

Subject: Induction into Coast Guard.

Reference: (a) Headquarters' letter 19 April, 1941 (P-75).

1. Receipt is acknowledged of reference (a) on 2 May, 1941., 1941.

2. I desire to be enlisted in the Coast Guard in the rate tendered me by reference (a), and I shall make immediate application to the district commander for this purpose.

3. ~~I hereby decline enlistment in the Coast Guard in the rate tendered me in reference (a).~~

Willie W. Corbett

Willie W. Corbett.

(Note: With reference to paragraph 2, strike out the paragraph which does not apply to your case.)

BOSTON DISTRICT 1st Indorsement Boston, Mass.,
75 7 May, 1941.

1. **Forwarded. Report of physical examination will be promptly forwarded under separate cover when received.**

O. A. LITTLEFIELD,
By direction.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
WASHINGTON

19 April, 1941.

BOSTON DISTRICT
RECEIVED
MAY 7 1941
U.S. COAST GUARD

From: Commandant.
To: CORBETT, Willie W., Keeper, Little River Lighthouse.

Via: Commander, Boston District.

Subject: Induction into Coast Guard.

Reference: (a) Regulations to Carry into Effect Section 4 of the Act of August 5, 1939 (Public No. 291, 76th Congress).

Inclosure: (A) Form letter to be returned to Commandant.

1. Under the provisions of reference (a) you are hereby tendered a (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)(regular enlistment) of three years as boatswain's mate, 1st.cl subject to the physical examination prescribed by paragraph 6 of reference (a), and evidence that you meet the qualifications for enlistment contained in Personnel Instructions, U. S. Coast Guard, except for age and marriage.

2. For your information paragraph 6, mentioned above, reads as follows:

> "Each candidate shall be required to take the standard physical examination. If his service, as computed pursuant to section 6 of the Act of August 5, 1939, is less than fifteen years, the standard of physical qualification shall be the same as that required for original appointment; Provided, That minor defects may be waived upon the recommendation of Chief Medical Officer of the Coast Guard. If the service of the candidate shall exceed fifteen years, physical defects may be waived by the Secretary of the Treasury unless they impair ability to perform all the duties of his grade or are likely to result in premature retirement."

3. You are advised that, having accepted an enlistment in the Coast Guard, you will be eligible for promotion in the same manner and under the same regulations as other men in the Coast Guard in the same rate. You are further advised that your enlistment is for general service and that you may be transferred and assigned to duty as the needs of the Service require.

4. Should you decline induction such action will not operate to prejudice your present position and pay.

P-75
19 April, 1941.

5. This authority to accept enlistment will remain effective for a period of fifteen days following receipt by you of this letter.

6. Acknowledge receipt hereof on the attached form.

C. H. JONES,
By direction.

BOSTON DISTRICT 73 1st Indorsement Boston, Mass.,
28 April, 1941.

1. Forwarded with inclosure for compliance.

O. A. LITTLEFIELD,
By direction.

MACHIASPORT STATION 73 2nd Indorsement Machiasport, Maine.
5 May, 1941.

1. Forwarded with inclosure for compliance.

Herman R. Carr.
Herman R. Carr.

75

TREASURY DEPARTMENT

United States Coast Guard

Office of the Commander

Boston, Massachusetts,

7 May, 1941.

BOSTON DISTRICT

From: Commander, Boston District.
To : Commanding Officer, **MACHIASPORT STATION.**

Subject: **Willie W. Corbett, Keeper, Little River LH;** Induction into Coast Guard.

Reference: (a) Headquarters' letter, 19 April, 1941 (P-75).

Inclosure: (A) Forms 2525-B, Physical Examination Record, in triplicate.

1. The above-named man having indicated that he desires to be inducted into the Coast Guard, you will make the necessary arrangements for the required standard physical examination at the nearest Public Health Service Facility. Blood test shall be taken at the time of the examination and the results of this blood test shall be noted on Form 2525-B.

2. Forward Form 2525-B, in triplicate, to this office at the earliest practicable date in order that the physical examination report may be submitted to Headquarters for appropriate action.

3. If you are aware of any reason why his enlistment should not be effected, advise this office, stating your reasons. This statement, if any is necessary, should accompany completed report of physical examination

O. A. Littlefield

O. A. LITTLEFIELD,
By direction.

Form 93

NOTICE OF RESIGNATION OR DEATH

TREASURY DEPARTMENT

United States Coast Guard

Office of the Commander, Boston District,

Boston, Massachusetts, 21 July, 1941.

Commandant:

Herewith is transmitted the resignation, in duplicate, of the following-named employee:

Name, CORBETT, Willie Winslow

Position, Keeper

Legal residence, Maine

Station, Little River Light Station

Salary, $1560.00 per annum

The acceptance of this resignation (with ~~xxxx~~) prejudice is recommended
(without)
effective at the close of 16 July, 1941.

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

REMARKS:

Mr. Corbett's resignation was effective at the close of 16 July, 1941. He was inducted into the Coast Guard as a B.M.1c. and the oath was administered on 17 July, 1941.

F. J. SUMNTON, By direction.

U. S. Coast Guard
Washington

Submitted to the Secretary of the Treasury,

From: CORBETT, Willie Winslow
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of 16 July, 1941, in order to accept enlistment in the U. S. Coast Guard.

Willie Winslow Corbett

Respectfully, Willie Winslow Corbett.

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

REPORT OF CHANGE IN PERSONNEL

CORBETT	WILLIE	W.	Civilian	Keeper
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

LITTLE RIVER LIGHT STATION	BOSTON DISTRICT	10 February, 1941
(Unit)	(Place)	(Date)

SALARY CHANGED FROM $1500 PER ANNUM ($1320-$1680) PLUS $240 P.A. QUARTERS TO $1560 PER ANNUM WITHOUT CHANGE IN RANGE OR QUARTERS EFFECTIVE 16 JANUARY, 1941.

AUTHORITY:

Form 2249, approved 1-16-41.

(Commanding)
O. A. LITTLEFIELD
By direction.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10035

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared January 6, 1941

Name: Corbett, Willie W.

From: U. S. Coast Guard

Bureau No:

Promotion

	FROM	TO
Position Grade Salary	Field (Range $1320-1680) $1500 p.a. plus $240 p.a. Qtrs.	Keeper Field (Range $1320-1680) $1560 p.a. plus $240 p.a. Qtrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment Field or Deptl.		Boston, Mass. Little River Lt. Sta., Me. Civilian Employees, C.G. Field

EFFECTIVE
Remarks: January 16, 1941

Justification:

No increase in pay since July 5, 1930.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 9-3-1882

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

SUBORDINATE ADMINISTRATIVE OFFICE

1-16-41

Office of Commander
xxxxxxxxxxxx

BOSTON DISTRICT

Boston, Mass.,

22 July, 1940.

From: Commander, Boston District.
To: Keeper Willie W. Corbett, Little River Light Station
(via Officer in Charge, MACHIASPORT STATION, MAINE).

Subject: Application for retirement.

1. Your application for retirement on account of disability has been cancelled because of the medical certification that you are not disabled for useful and efficient service.

O. A. LITTLEFIELD
By direction.

cp

Copy to:
CO. South Portland Base.

Form 9a

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U. S. Coast Guard

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

NAME OF CLAIMANT Willie W. Corbett DESIGNATION Keeper

Height 5' - 11-1/2" Weight ..... pounds. Complexion dark

Color of eyes brown Color of hair brown

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

Description of duties of position (to be filled in by Superintendent of Lighthouses): .....

The applicant is Keeper of Little River Light Station, Maine. He is required to attend to an acetylene light located in a tower approximately 41 feet high twice each night, necessitating climbing stairs to watch and service the light; attend fog bell striker, including winding up the weights which actuate it, weighing about 1000 lbs., and requiring winding every five hours during fog. In connection with his duties he is required to maintain a watch for fog and remain awake during foggy spells either night or day. He has to row to and from shore for mail and supplies in a row boat about 3/4 mile.

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: "Work is a little more than I can handle." "I can do anything except the paper work." He does not claim physical disability.

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/5 L. E. 20/6

With correction in spectacles: R. E. 20/50 L. E. 20/50

Accommodation: Reads Jaeger No. none at 13 inches, without correction.

Reads Jaeger No. none at 13 inches, with correction.

Central color vision (binocular) normal (Name method used) Ishihara

Inspection Slight arcus senilis bilateral - pterygium, rt. eye

Pupils equal Pupillary reaction normal to light and accommodation

Hearing: Whispered voice (unaccentuated) heard with R. E. at 15 ft., L. E. at 15 ft.

Appearance of right drum clear & glistening, left drum clear and glistening

Is there any disease of the middle or internal ear or mastoid? no If so, specify .....

[OVER]

Condition of nose and sinuses Normal; no obstruction - sinuses not tender to pressure

Condition of mouth and throat, including tonsils and teeth Few remaining teeth in poor condition
Throat not inflamed. Very small amount tonsillar tissue.

Bones, joints, muscles, including atrophies None
(Express limitation of motion, if any, in degrees and joint involved)

Respiratory system In normal limits

Cardiovascular system:

(a) Heart Lt. border 9 cm. L.M.S.L. inside L.N.L. No murmurs; no arrhythmia

(1) Murmurs no (2) Arrhythmias no

(b) Pulse rate: (1) Sitting 21 (2) After exercise 40 (3) 2 minutes after exercise 21

(c) Blood pressure: (1) Sitting—Syst. 136 Diast. 72. (2) After ex.—Syst. 138 Diast. 74

(d) Condition of blood vessels Not appreciably sclerosed

Evidence of thyroid or other endocrine disturbance None

Abdomen and gastro-intestinal system, including hernia No abnormalities; no hernia

Genito-urinary system: No abnormalities

Urinalysis—Sp. gr. 1.030 Reaction acid Albumin neg. Sugar Neg.

Sediment microscopic (required when albumin or sugar is found)

Reflexes, motor disturbances, etc.:

(a) Station erect, feet wide apart (e) Gait not abnormal

(b) Tremor coarse, fingers (rt. worse than left) fine, tongue (f) Coordination poor (purposeful?)

(c) Patellar reflexes normal (g) Peripheral circulation good (D.P. & Post. o.k. Bilat)

(d) Other motor disturbances none

Alcohol none Drugs none Syphilis none Epilepsy none

Other neurological findings Is apprehensive and worried

General impression Physically able to perform duties

Here describe fully nature of disability: Mental hazzard only, which may be real or imaginary, but in either case seems exaggerated, and is not considered a disability.

Is disability to perform duty of a permanent character? —

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? —

Do you recommend reexamination with this in view? no

I HEREBY CERTIFY that upon examination I find the above-named claimant not 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

U. S. Marine Hospital, Portland, Maine
(Place of examination)

J. E. Robinson
(Examining surgeon)
J. E. Robinson, P. A. Surgeon (R)
USPHS
(Title and branch of medical service)

July 12, 1940
(Date)

U. S. GOVERNMENT PRINTING OFFICE 11—10543

75-531 (905)

Machiasport Station

Office of Commander
XXXXXXXXXXXXX
BOSTON DISTRICT

Boston, Mass.,
6 July, 1940.

Order No. 16 - Bos.Dist.

From: Commander, Boston District.
To: Willie W. Corbett, Keeper, Little River Light Station.

Subject: Orders; hospitalization; travel.

1. Proceed to Portland, Maine, and report to the Medical Director, U. S. Marine Hospital, for medical survey. When discharged from the above hospital return to Little River Light Station and resume your regular status.

2. In lieu of all expenses for subsistence, a per diem of $3.50 is allowed for actual time while in a travel status. Travel by your personally-owned automobile, at the rate of four cents per mile, being more economical and advantageous to the Unites States, is authorized.

3. Travel is required by the public interests and is authorized, chargeable to Travel Allotment Code No. 59.

O. A. LITTLEFIELD
By direction.

JB/cp

Copies to:
Headquarters
Pay Officer
Dist.Acctg.Office.
CO. South Portland Base.

7-11-40 Issued transportation request No. T-190,024 from E.Machisport, to Portland, Me.

Office of Commander
xxxxxxxxxxxxx
BOSTON DISTRICT

Boston, Mass.,

6 July, 1940.

Medical Director,
U. S. Marine Hospital No. 16,
Portland, Maine.

Sir:

It is requested that you examine the bearer, Willie W. Corbett, Keeper, Little River Light Station, incident to his application for retirement on account of disability and report your findings on the inclosed Form 9a.

It is desired that the examining physician express his diagnosis in standard terms similar to those in Army Regulations Nos. 40-1035 (Standard Terms for Diagnosis) and 40-1040 (Standard Terms for Anatomic Locations), as such action would be very helpful to the Department in passing upon the certificate of medical examination to determine whether the applicant is totally disabled for useful and efficient service.

Respectfully,

O. A. LITTLEFIELD
Lieut.Comdr.U.S.C.G.,
Personnel Officer,
Boston District.

cp

cp

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Office of Commander

xxxxxxxxxxxx

BOSTON DISTRICT

Boston, Mass.,

5 July, 1940.

From: Commander, Boston District.
To: Willie W. Corbett, Keeper, Little River Light Station.

Subject: Application for retirement on account of disability.

Inclosures: (1) Certificate of Medical Examination, Form 9a.
(2) Boston District letter to Medical Director, U. S. Marine Hospital, Portland, Maine.
(3) Application for retirement.

1. You are advised that orders are this day being issued to cover your transportation to the U. S. Marine Hospital, Portland, Maine, in connection with your application for retirement on account of physical disability.

2. Inclosures (1) and (2) are to be presented to the Medical Director at the hospital and inclosure (3) is to be signed by you and returned to this office. The necessary steps will be taken upon receipt of inclosure (1) direct from the hospital.

O. A. LITTLEFIELD
By direction.

cp

75

57½ old
L. H. Ser. 31 yrs.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

259 High St., South Portland, Me.

South Portland
Base

15 June, 1940

BOSTON DISTRICT

U.S. COAST GUARD RECEIVED JUN 15 1940 BOSTON DISTRICT

From: Commanding Officer, South Portland Base
To: Commander, Boston District

Subject: CORBETT, W. W., Keeper, Little River Light Station; retirement of.

References: (a) Letter from Mr. Corbett.
(b) Letter, So. Portland Base, 11 May, 1940 (75).

Inclosure: 1. Reference (a).

1. Inclosure (1) is forwarded for proper action with recommendation that subject man be examined in the near future by Public Health Service physician as a prospective disability retirement case.

2. This man was included on the list of prospective disability retirement cases submitted as an inclosure to reference (b).

Thomas Sampson

THOMAS SAMPSON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 15 1940
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FIRST DISTRICT

From: Keeper

To Commander U.S.C.G. Little Rivers
(STATION, DEPOT, OR VESSEL)

Boston Mass

....., 193....

~~SUPERINTENDENT OF LIGHTHOUSES,~~

~~South Portland, Maine.~~

Sir: I have started on the Inventory of my Station, but find I am in such a nervous condition I can not continue with the work, and am positively sure I can not carry on the business part of the C.G. from now on.

I made this statement to Commander Thomas when he was here. Time is short and the Inventory should be completed soon.

I am very sorry, as I was able to do the work under the L. H. S.

Please advise me what is to be done.

Velma Corbett

Willis W Corbett
Keeper

1

15 June, 1940

From: Commanding Officer, South Portland Base
To: Commander, Boston District

Subject: CORBETT, W. W., Keeper, Little River Light Station; retirement of.

References: (a) Letter from Mr. Corbett.
(b) Letter, So. Portland Base, 11 May, 1940 (75).

Inclosure: 1. Reference (a).

1. Inclosure (1) is forwarded for proper action with recommendation that subject man be examined in the near future by Public Health Service physician as a prospective disability retirement case.

2. This man was included on the list of prospective disability retirement cases submitted as an inclosure to reference (b).

THOMAS SAMPSON

Form 9

TREASURY DEPARTMENT

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

U. S. Coast Guard

RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

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

Commander, Boston District:
~~Superintendent of Lighthouses,~~

Date .....

.....Customhouse,..... ~~District~~

.....Boston, Mass.....
(City)

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

William W. Corbett
(Name)

Senior Pilot Light Ves
(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

75

Office of Commander
xxxxxxxxxxxxxxx
BOSTON DISTRICT

Boston, Mass.,
8 July, 1940.

Mr. M. L. Corbett,
88 College Avenue,
Waterville, Maine.

Sir:

Your letter dated June 21, 1940 to Superintendent of Lighthouses, South Portland, Maine, has been referred to this office for reply.

You are advised that orders have been issued directing your father, Keeper W. W. Corbett, Little River Light Station, to proceed to Portland, Maine, and report to the Medical Director, U. S. Marine Hospital, for a medical survey which is a preliminary step toward taking action to retire your father on account of physical disability.

Respectfully,

O. A. LITTLEFIELD
Lieut.Comdr.U.S.C.G.,
Personnel Officer,
By direction.

JB/cp

SO. PORTLAND BASE 1st Indorsement So. Portland, Me.
75 1 July, 1940

BOSTON DIST. RECEIVED JUL 2 1940 U.S. COAST GUARD

From: Commanding Officer, South Portland Base
To: Commander, Boston District

Subject: CORBETT, W. W., Keeper, Little River Light Station; retirement of.

References: (a) Letter from Mr. Corbett.
(b) So. Portland Base letter, 11 May, 1940 (75).
(c) So. Portland Base letter, 15 June, 1940 (75).

1. Forwarded. It is recommended that Mr. Corbett be examined by Public Health Service physician as a prospective disability retirement case as soon as possible.

Thomas Sampson
THOMAS SAMPSON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUL - 1 1940
SOUTH PORTLAND, MAINE

Waterville Maine
June 21, 1940

Superintendent Of Lighthouses
1st District
So. Portland, Maine

Dear Sir:

I am the son of one of your lighthouse keepers who, after thirty-one years of faithful application to his work understands that he is eligible for retirement.

No doubt you have received many letters of this sort but the writer hopes that you will read this one through and do whatever is in your power to hasten my father's retirement.

I do not wish to annoy you with common grievances but it is true

that my mother is the daughter of a former light keeper and at forty-seven years of age has spent over forty years on light stations and has raised a family of eight children. When we were all at home my mother was happy & contented as was my father. Of this large family only my youngest sister is now at home to help them company.

Up to the time that the Coast Guard took over the Lighthouse Service both my father & mother expected to stay until my father reached 65 years of age. When the two branches were merged their hopes of an early retirement were high.

Since that time there has been some correspondence between my father and your office on the subject and the uncertainty is

having a bad effect on them.

My father is very nervous and afraid he is not doing things as they should be done ahead of his inability to cope with something new after thirty-one years doing things the old way.

I am really afraid of the mental strain on my mother as every day finds her in lower spirits and in a constant nervous state.

The paper about which I have written is Mr W. W. Corbett who is stationed at Little River Light, Cutler, Maine.

The writer understands that these things are taken care of in the time for them comes. If you could let them know when they can retire it would be a big help.

May I hear from you?

Respectfully

88 College Ave Waterville, Me M. L. Corbett

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appl[redacted] in own handwriting)

Department or Establishment U.S.L.H.S. **Date** Sept. 17, 1939

1. Name in full (Mr., Miss, or Mrs.) Mr. Corbett (Surname) Willie (Given name) Winslow (Middle name)
2. Present address (Number) (Street) Cutler (City) Maine (State)
3. Legal (voting) residence Maine 3d (State and Congressional District) Washington (County) Cutler (City or town)
4. Where born Maine (State or foreign country) Cutler (City or town) When born Sept. 3, 1882 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

SEX		MARITAL CONDITION				RACE. (If other, state which)		
√ Male	Female	Single	√ Married	Divorced	Widowed	√ White	Colored	

7. Number and ages of dependents domiciled with you 5. ages 47, 21, 19, 18, 16.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Lighthouse	Little RiverLH	Keeper	$1500.	Feb.	11	1908			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
NONE	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

NO (Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

NO (Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

√ None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted NONE Discharged
Rank Rank
Organization Organization

Enlisted Discharged
Rank Rank
Organization Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) NONE

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
NONE		

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 (7) 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Velma Corbett

Relationship Wife Post office address Cutler, Me.

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

Willie W. Crobett
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

17. Have you been retired from the Civil, Military, or Naval Service of the United States? NO ; if so, state (a) whether for age, length of service or disability ; (b) Amount of retired pay .

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 26 1939

GP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT
(Act of March 4, 1925)

NAME OF CLAIMANT Willis W. Corbett DESIGNATION Keeper

29 September, 1939

From: Superintendent of Lighthouses, South Portland, Maine.
To: W. W. Corbett, Keeper, Little River LH., Maine.

Subject: Application for retirement.

Your application for retirement on account of disability has been cancelled because of the medical certification that you are not disabled for useful and efficient service.

INGALLS
Superintendent

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/ 5/200 L. E. 20/ 6/200

With correction in spectacles: R. E. 20/ 30 L. E. 20/ 30

Accommodation: Reads Jaeger No. 0 at 13 inches, without correction,

Reads Jaeger No. 3 at 13 inches, with correction.

Central color vision (binocular) Normal (Name method used) Ishihara test

Inspection Arcus senilis. Beginning pterygium, right eye.

Pupils Normal Pupillary reaction Slow

Hearing: Whispered voice (unaccentuated) heard with R. E. at 20 ft, L. E. at 20 ft.

Appearance of right drum normal, left drum normal

Is there any disease of the middle or internal ear or mastoid? No. If so, specify

(over)

...OUSES
...RICT
SEP 26 1939
SOUTH

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Jr. Asst. Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Electrician
Mar... Off.
Corres. File
Engrg. File

NAME OF CLAIMANT Willie W. Corbett DESIGNATION Keeper

Height 5'11-1/2 Weight 200 pounds. Complexion dark

Color of eyes ..... Color of hair brown

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

Description of duties of position (to be filled in by Superintendent of Lighthouses): .....

The applicant is Keeper of Little River Light Station. He has to attend to an acetylene light located in a tower approximately 41 feet high twice each night, necessitating climbing stairs to watch and service the light; tend fog bell striker, including winding up the weights which actuate it, weighing about 1000 lbs., and requiring winding every five hours during fog. In connection with his duties he is required to maintain a watch for fog and to remain awake during foggy spells either night or day. He has to row to an from shore for mail and supplies in a row boat about 3/4 mile.

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: I have poor eyesight, and have dizziness on ascending Lighthouse ladder. I also have shortness of breath, and have a general nervous condition."

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/ 5/200 L. E. 20/ 6/200

With correction in spectacles: R. E. 20/ 30 L. E. 20/ 30

Accommodation: Reads Jaeger No. 0 at 13 inches, without correction.

Reads Jaeger No. 3 at 13 inches, with correction.

Central color vision (binocular) Normal (Name method used) Ishihara test

Inspection Arcus senilis. Beginning pterygium, right eye.

Pupils Normal Pupillary reaction Slow

Hearing: Whispered voice (unaccentuated) heard with R. E. at 20 ft., L. E. at 20 ft.

Appearance of right drum normal, left drum normal

Is there any disease of the middle or internal ear or mastoid? No. If so, specify .....

[OVER]

Condition of nose and sinuses Normal

Condition of mouth and throat, including tonsils and teeth Has poor condition of teeth.

Bones, joints, muscles, including atrophies Normal
(Express limitation of motion, if any, in degrees and joint involved)

Respiratory system Hyper-resonance, a few dry rales

Cardiovascular system:

(a) Heart Normal

(1) Murmurs None (2) Arrhythmias None

(b) Pulse rate: (1) Sitting 84 (2) After exercise 128 (3) 2 minutes after exercise 88

(c) Blood pressure: (1) Sitting—Syst. 134 Diast. 72 (2) After ex.—Syst. 158 Diast. 78 (3) " 2 min. 140 76

(d) Condition of blood vessels Normal

Evidence of thyroid or other endocrine disturbance None

Abdomen and gastro-intestinal system, including hernia Normal

Genito-urinary system:

Urinalysis—Sp. gr. 1.022 Reaction Acid Albumin 0 Sugar 0

Sediment microscopic (required when albumin or sugar is found) --

Reflexes, motor disturbances, etc.:

(a) Station Shifts from one foot to the other (e) Gait Normal

(b) Tremor of hands and tongue (f) Coordination Fair

(c) Patellar reflexes Normal (g) Peripheral circulation Normal

(d) Other motor disturbances None

Alcohol - Drugs - Syphilis Blood Kahn & Hinton negative 9-23-39 Epilepsy None

Other neurological findings Positive Romberg

General impression Physical condition is good

Here describe fully nature of disability: None. Defective vision corrected by glasses.

Is disability to perform duty of a permanent character? --

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? -- Do you recommend reexamination with this in view? --

We HEREBY CERTIFY that upon examination we do not 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

U. S. Marine Hospital, Portland, Maine
(Place of examination)

September 23, 1939
(Date)

J. E. Robinson
J. E. Robinson, Examining surgeon (R) USPHS

A. F. Stuart
A. F. Stuart, Title and branch of medical service) PHS

U.S. GOVERNMENT PRINTING OFFICE 11—10543

HOLD

20 September, 1939.

Medical Officer in Charge,
U. S. Marine Hospital No. 16,
Portland, Maine.

Sir:

It is requested that you examine the bearer, Mr. Willie W. Corbett, Keeper, Little River Lighthouse, Maine, incident to his application for retirement on account of disability and report your findings on the enclosed Form 9a.

It is the wish of our Department that the examining physician express his diagnosis in standard terms similar to those in Army Regulations Nos. 40-1035 (Standard Terms for Diagnosis) and 40-1040 (Standard Terms for Anatomic Locations), as such action would be very helpful to the Departmen t in passing upon the certificate of medical examination to determine whether the applicant is totally disabled for useful and efficient service.

By direction:

Respectfully,

THOMAS SAMPSON
Assistant Superintendent

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

Little River Lt. Sta.
(STATION, DEPOT, OR VESSEL)

Aug 14, 1939

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

As it is impossiable for me to leave this Station at this time, I will wait until I have my leave of absence and go to Portland for examination at the Marine Hospital.

Willie W. Corbett Keeper.

AUG 16 1939
SOUTH PORTLAND, MAINE

TREASURY DEPARTMENT
U. S. Coast Guard

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXX

SWA

HOLD

11 August, 1939

From: Superintendent of Lighthouses, South Portland, Maine
To: Keeper, Little River Light Station, Maine

Subject: Retirement

Reference: Your letter of 9 August

You are directed to report to this office for execution of necessary application for retirement and physical examination at the U. S. Marine Hospital, Portland, Maine.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

1939
PORTLAND, MAINE
Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Bud. Clerk
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Kiliscuga
Ilex
Corres. File
Engrg. File

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

Little River Light Sta.
(STATION, DEPOT, OR VESSEL)

Aug 9, 1939

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir: If it is possiable I would like to retire, and am willing to take a physical examination. The Records in the Office show I entered the Service Feb 11th 1908

Yours Truly Willis Corbett) Keeper.

Chief Clerk
Asst. L. K. Exam.
1st Clerk
Dr. Asst. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Steward
Cus
Correspondence File
Engineering File

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY 17 1939
FIRST DISTRICT
SOUTH PORTLAND, MAINE

Little River Cutler Me
(STATION, DEPOT, OR VESSEL)

May 15, 1939.

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

I am very sorry I sent in a bill for my sons (Purcell) board while he was working on the job at this Station Mr Miller told us we would be paid his board, evidently he misunderstood. Yours truly Willie Corbett Keeper.

GFL:FSW

May 8, 1939

Keeper,
Little River Light Station, Maine

Bill submitted by you covering board of your son, Purcell, during the period he has been employed with Mr. Miller at Little River Light Station cannot be paid inasmuch as your son regularly makes his home with you at the station and therefore no additional expense was incurred by him or you in connection with his employment by this Service.

INGALLS
Superintendent

Supt.
Chief Clerk
Asst. L. S. Engr.
1st Clerk
Dr. Dwg. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Bibliocaps
Files
Contrac. File
Engrs. File

U. S. Light House Service, Debtor to

Willis W. Corbett

SUPT. OF LIGHTHOUSES
1ST DISTRICT
MAY - 8 1939
SOUTH PORTLAND, MAINE

for board for Purcell Corbett

70 Meals at $.50. per meal 35.00 Total

Willis W Corbett - Keeper

Little River

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Little River, Cutler, Me.
(City or town) (State)

(Street and number)

June 10, 1938.
(Date of this notice)

I HEREBY CERTIFY that I was injured in the performance of my duties on June 10, 1938.
(Date)

Friday, 4 p. m.
(Day of week) (Hour, a. m. or p. m.)

1. The injury occurred at Cutler landing
(Give name of establishment where employed)

in the following manner: by slipping and falling on float.

2. Cause of injury falling

3. Nature of injury left side quite badly bruised

4. Names of witnesses to injury:

Neil and Kathleen Corbett

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

Could not give notice earlier as no mail goes out of Cutler Sunday

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) WILLIE W CORBETT, Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

Not paid from emergency relief

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes [illegible] disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office LIGHTHOUSE SERVICE (Engineer, Navigation, etc.)
3. Place of employment Little River Lighthouse, Cutler, Maine. (Arsenal, navy yard, etc.) (City) (State)
4. Reporting office Supt. of Lighthouses, 1st Dist., South Portland, Me. (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Willie W Corbett (Give first name in full) 7. Age 55 8. Sex male 9. Race white
10. Home address ____ (Street and number), Cutler (City or town), Maine (State)
11. Occupation and division Light Keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work? ---
13. Total length of service with the Government as a civilian? Since Feb. 10, 1908.
14. How long at present work in this establishment? do.
15. Dates of other injuries Jan. 8, 1927; July 14, 1927; Aug. 29, 1928; May 31, 1931; Dec. 1, 1937.
16. Rate of pay on date of injury, $1500 per annum and subsistence valued at $--- per ____ and quarters valued at $240.00 per annum
17. Employee begins work at no regular time (Hour, a. m. or p. m.) m. 18. Regular day's work ends no regular time (Hour, a. m. or p. m.)
19. Hours worked per day no regular hours 20. Days paid per week seven

The injury

21. Place where injury occurred At landing ~~xxxxxxxxx~~ at Cutler, Me. (Give exact location, as name or number of building and division, etc.)
22. Date of injury June 10, 1938, ~~xx~~; day of week Friday; hour of day 4.00 p. m. (a. m. or p. m.)
23. Date employee stopped work did not stop; day of week ____; hour of day ____ m. (a. m. or p. m.)
24. Date employee's pay stopped do., 19____; day of week ____; hour of day ____ m. (a. m. or p. m.)
25. Has employee returned to work? --- (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave No. (Give exact dates)
(b) Sick leave No. (Give exact dates)
(c) Any other reason No. (Give exact dates)
27. Describe in full how injury occurred Slipped on float at the place of landing at Cutler
28. State part of body injured and nature and extent of injury Badly bruised left side.
29. Did injury cause loss of any member or part of member? No If so, describe exactly ____
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement ____
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? No. If not, did immediate superior have actual knowledge of injury? No.
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury
Neil Corbett
Kathleen Corbett
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under Commission's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. O F Larson, Machias, Me.
36. How soon after injury? about 20 hours
37. To what hospital sent? ----- Location ----
38. Name and address of physician now attending case None

Signed this 23rd day of June, 19 38
at South Portland, Maine

H M INGALLS
Superintendent of Lighthouses
(Title)

C. A. 2
Revised to June 15, 1929

16—6027

(OVER)

Not paid from emergency relief funds.

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

I was with my father when he slipped and fell.

I saw my father when he fell.

Signed this 16 day of June, 1938 (SGD) KATHLEEN CORBETT
(SGD) NEIL CORBETT
(Signature of witness)

Signed this ____ day of ____, 19____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that William Corbett (Name of employee) was given first-aid treatment, or examined, on June 11, 1938, at 11 a. m., and was not (Was or was not) disabled for work. Probable length of disability will be ---- In my opinion disability was (Was or was not) due to injury on June 10, 1938.

Nature of injury as found on examination Bruise of left side.

Hospitalized no Will return for further treatment

Discharged Other disposition

Remarks

Signed this 13th day of June, 1938

at

(SGD) OSCAR F LARSON
(Signature of medical officer)

A A Surgeon
(Title)

U. S. GOVERNMENT PRINTING OFFICE 16—6027

1

Form C[illegible]16

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

259 High Street, South Portland, Maine, December 12, 1937., 19

To Dr. O. F. Larson (Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician), Machias, Maine. (Location)

THE BEARER, Willie W Corbett (Name of injured employee) Age 55 Sex male Color white

is a civil employee of the United States, employed as Light Keeper (Name of employee's occupation)

at Little River Lighthouse (Name of office or establishment where employed), Cutler, Maine. (Location)

He ~~She~~ was injured in the performance of duty on December 1, 1937. (Date), 19

Nature of injury bruised second finger on right hand by sticking a nail in it while drawing it from a stick of firewood.

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

H M Ingalls (Signature of Official Superior)

Superintendent of Lighthouses. (Title or official position)

259 High Street, South Portland, Maine. (Address)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here

(See other side for provisions of the Compensation Act as regards treatment)

9—805

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Cutler (City or town), Maine (State)

(Street and number)

Dec. 3 (Date of this notice), 1937

I HEREBY CERTIFY that I was injured in the performance of my duties on Dec. 1 (Date), 1937

Wednesday (Day of week), 11 a.m. (Hour, a. m. or p. m.) m.

1. The injury occurred at Little River Lt. Sta. (Give name of establishment where employed)

in the following manner: drawing nail from piece of stovewood.

2. Cause of injury caused by sticking nail in second finger on right hand.

3. Nature of injury swelling of finger.

4. Names of witnesses to injury:

None

5. *If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:*

--

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) WILLIE W CORBETT, Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

C. A. 1
Revised Apr. 27, 1929

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Little River Lt. Sta. (Arsenal, Navy Yard, etc.), Cutler (City), Maine (State)
4. Reporting office Portland Maine (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred H M INGALLS

The injured employee

6. Name of injured employee Willie W Corbett (Give first name in full) 7. Age 55 8. Sex male 9. Race white
10. Home address Cutler (Street and number), (City or town), Me. (State)
11. Occupation and division Lighthouse Keeper (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? Since Feb. 11, 1908.
14. How long at present work in this establishment? do.
15. Dates of other injuries Jan. 8, 1927; June 25, 1919; July 14, 1927; Aug. 29, 1928; May 31, 1931.
16. Rate of pay on date of injury $ 1500 per annum { and subsistence valued at $ -- per ; and quarters valued at $ 240.00 per annum.
17. Employee begins work at no regular time. (Hour, a. m. or p. m.) m. 18. Regular day's work ends no regular time (Hour, a. m. or p. m.) m.
19. Hours worked per day no regular hours. 20. Days paid per week seven

The injury

21. Place where injury occurred at station (Give exact location, as name or number of building and division, etc.)
22. Date of injury Dec. 1st, 1937; day of week Wednesday; hour of day 11 a. (a. m. or p. m.) m.
23. Date employee stopped work did not stop; day of week ; hour of day (a. m. or p. m.) m.
24. Date employee's pay stopped did not stop; day of week ; hour of day (a. m. or p. m.) m.
25. Has employee returned to work? --- (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave No. (Give exact dates)
(b) Sick leave No. (Give exact dates)
(c) Any other reason No. (Give exact dates)
27. Describe in full how injury occurred by sticking a nail in second finger of right hand while drawing it from a stick of firewood.
28. State part of body injured and nature and extent of injury second finger on right hand bruised and swollen.
29. Did injury cause loss of any member or part of member? No If so, describe exactly
30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement
31. Was injury caused by:
(a) Willful misconduct of the employee? no (b) Intention of employee to bring about injury or death of himself or another? no (c) Employee's intoxication? no
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? yes If not, did immediate superior have actual knowledge of injury?
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury none
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? no If so, has employee been instructed in procedure under commission's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. O. F. Larson, Machias, Maine
36. How soon after injury? 12 days
37. To what hospital sent? none Location
38. Name and address of physician now attending case O. F. Larson

Signed this 14th day of December, 1937
at South Portland, Maine

H M Ingalls
(Signature of reporting officer)
H M INGALLS
Superintendent of Lighthouses.

C. A. 2
Revised to June 15, 1929

c9—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

Signed this ..... day of ....., 19....

(Signature of witness)

Signed this ..... day of ....., 19....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Willie W. Corbett (Name of employee) was given first-aid treatment, or examined, on Dec. 12, 1937, at .....m., and was not (Was or was not) disabled for work. Probable length of disability will be none In my opinion disability was (Was or was not) due to injury on Dec. 1, 1937.

Nature of injury as found on examination mild infection of middle finger

Hospitalized no Will return for further treatment ?

Discharged ..... Other disposition .....

Remarks .....

Signed this 12 day of December, 19 37

at Machias, Me. (SGD) OSCAR F LARSON (Signature of medical officer)

A. A. SURGEON. (Title)

C9—585

DEPARTMENT OF COMMERCE

Bureau of Office _____

Report of Employees' Marital Status and Dependents



1. Name of Employee Willie Winslow Corbett
(First) (Middle) (Last)

2. Address Little River St. St Cutlerne

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.) _____ Department of Commerce

7. Number of persons who derive their principal support from you. 10

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?
Myron	son	18	Cutler	
Neil	"	15	"	
Russell	"	14	"	
Lester	"	7	"	
Florence	Daughter	16	"	
Ruth	"	12	"	
Emily	"	10	"	
Kathleen	"	8	"	

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.

Yes.

NOTE: A misstatement or withholding of the information called for above will constitute grounds for dismissal.

COPY - CP

LEAVE THIS SPACE BLANK

NOTICE OF INJURY

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury is one for which C. A. 2 must be submitted, when it should be forwarded with that report to the Compensation Commission.)

Cutler (City or town.), Maine (State.)

(Street and number.)

June 4, 1931. (Date of this notice.), 19

I HEREBY CERTIFY that I was injured in the performance of my duties on May 31 (Date.), 1931.

Sunday (Day of week.), 4.30 P. m. (Hour, a. m. or p. m.)

1. The injury occurred at Little River Light Station (Give name of establishment where employed.);

in the following manner: a fall

2. Cause of injury fall on slip (boat)

3. Nature of injury Sprained muscles and bruises

4. Was this injury caused by your—

(a) Willful misconduct? No

(b) Intention to bring about the injury or death of yourself or of another? No

(c) Intoxication? No

5. Names of witnesses to injury:

None

(Name) (SGD) WILLIE CORBETT, Keeper

This paper is not a claim for compensation. Before compensation can be paid, written claim on Commission's Form CA 4, with doctor's certificate showing disability for work, must be submitted. Claim must be filed within one year.

C. A. 1
Revised to April 15, 1919.

GOVERNMENT PRINTING OFFICE 9—884

COPY TO DR. O F LARSON, Machias, Maine, for his information.

Form C. A. 16.

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

June 16, 1931., 19

(Date.)

To Dr. John McDonald, Machias, Maine.

(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.) (Location.)

THE BEARER, Willie H Corbett. Age 48 Sex Male Color White

(Name of injured employee.)

is a civil employee of the United States, employed as Light Keeper

(Name of employee's occupation.)

at Little River Lighthouse, Cutler, Maine

(Name of office or establishment where employed.) (Location.)

He ~~She~~ was injured in the performance of duty on May 21, 1931, 19

(Date.)

Nature of injury Strained muscles and bruises

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

CONFIRMATION

C. [illegible]

(Signature of Official Superior.)

Superintendent of Lighthouses

(Title or official position.)

Portland, Maine.

(Address.)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here Dr. O F Larson, AA Surgeon, absent

(See other side for provisions of the Compensation Act as regards treatment.)

9—805

Supt.
Asso. Lt House Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.R.
L O 1st Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUN 6 - 1931
PORTLAND, MAINE.

FIRST DISTRICT

Little River Cutler Me
(Station, Depot, or Vessel)

June 4, 1931

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: In the Absence of Dr Lasson I went to Dr McDonald (who is taking care of his government patients) and had him strap me up, he said the injury would not interfear with my work if I am careful for a few days

Willis Corbett Keeper.

REPORT OF INJURY

CP
Enclosure

Place of employment.

1. Department ..... 2. Bureau or office .....
3. Place of employment ..... [City, town, etc.] [County] [State]
4. Reporting office ..... [Location of reporting office if different from employment]
5. Name of superintendent or foreman in charge when injury occurred .....

June 9, 1931

6. Name of injured employee ..... [Give full name.] 7. Age ..... [Male or female]
8. Home address ..... [City or town] [State]
9. Married, single, or widowed? ..... 11. Speak English? ..... If not, what language? .....
10. [Cross out which words.]
12. Race .....
(a) Willful misconduct of the employee? .....
(b) Employee's intoxication? .....
(c) Employee's refusal to use safety appliance? .....
[If any answers to these questions are made to the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]

The injured employee.

15. Occupation and division ..... [Give trade, department, or division; helper, machine shop, etc.] 16. Was employee doing his regular work? ..... If not, what work? .....
17. Total length of service with the Government? .....
18. How long at present work in this establishment? .....
19. Dates of other injuries .....
20. Rate of pay, $ ..... per .....
21. Employee begins work at ..... [Hour, a. m. or p. m.] m. 22. Regular day's work terminates ..... [Hour, a. m. or p. m.] m.
23. Hours worked per day ..... 24. Days paid per week .....
25. Date employee stopped work ..... ; day of week ..... ; hour of day .....
26. Date employee's pay stopped ..... ; day of week ..... ; hour of day .....

Willie Corbett, Keeper, Little River LH., Me.

Referring to your letter of the 4th instant enclosing Form C.A. 1, Notice of Injury:

Forward to this office in duplicate forms C.A. 2 and 3, properly executed, a supply of which is herewith.

SHERMAN
Superintendent

The injury.

27. Date of injury ..... 28. Day of week ..... 29. Hour of day .....
30. Place where injury occurred ..... [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred .....
(a) By what kind of power driven? ..... (b) Hand feed or mechanical? .....
(c) Part on which injury occurred .....
(d) Was an improved safeguard in use at time of injury? .....
If not, is it possible to provide such safeguard? .....
(e) Was the machine, tool, or appliance out of order or ill-suited for the work? .....
(f) Was employee instructed as to its use? .....
32. Describe in full how injury occurred .....
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury .....
34. Did injury cause loss of any member or part of member? ..... If so, describe exactly .....

REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouses [Engineer, Navigation, etc.]
3. Place of employment Little River Lighthouse [Arsenal, Navy Yard, etc.] Cutler [City.], Maine [State.]
4. Reporting office Superintendent of Lighthouses, Portland, Maine. [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred Self

The injured employee.

6. Name of injured employee Willie W. Corbett [Give first name in full.] 7. Age 48 8. Sex Male
9. Home address Little River Lighthouse [Street and number.], Cutler [City or town.], Maine [State.]
10. Married, ~~single, widowed~~ [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race White 13. Was injury reported to official superior within 48 hours after injury? No.
14. Was injury caused by:
(a) Willful misconduct of the employee? No.
(b) Intention of employee to bring about injury or death of himself or another? No
(c) Employee's intoxication? No.
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division Light Keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work?
17. Total length of service with the Government as a civilian? Apprx. 23 years
18. How long at present work in this establishment? do.
19. Dates of other injuries June 25, 1919, Jan. 28, 1927, July 14, 1927 and Aug. 29, 1928.
20. Rate of pay, $1500 per ~~per~~ annum ~~and subsistence valued at $ per~~ quarters valued at $ 240.00 per annum
21. Employee begins work at No stated hour [Hour, a. m. or p. m.] m. 22. Regular day's work terminates No stated hour. [Hour, a. m. or p. m.] m.
23. Hours worked per day Not fixed 24. Days paid per week Seven
25. Date employee stopped work ; day of week Did not stop ; hour of day [a. m. or p. m.] m.
26. Date employee's pay stopped ; day of week " " " ; hour of day [a. m. or p. m.] m.

The injury.

27. Date of injury May 31, 1931 28. Day of week Sunday 29. Hour of day 4.30 p.m. [a. m. or p. m.]
30. Place where injury occurred boat slip [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred None
(a) By what kind of power driven? ——— (b) Hand feed or mechanical? ———
(c) Part on which injury occurred ———
(d) Was an improved safeguard in use at time of injury? ———
If not, is it possible to provide such safeguard? ———
(e) Was the machine, tool, or appliance out of order or ill-suited for the work? ———
(f) Was employee instructed as to its use? ———
32. Describe in full how injury occurred Slipped and fell on boatslip, over which station boat is hauled into boathouse.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Strained and bruised muscles of back
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. John McDonald, Machias, Maine.
36. How soon after injury? ———
37. To what hospital sent? None Location
38. If not sent to hospital, where sent? See No. 35
39. Name and address of physician now attending case None
40. Was transportation furnished at Government expense? No.
41. What is probable length of disability for work? Not disabled
[If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury None
43. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? No.
[If so, a detailed statement should be forwarded with this report.]

Signed this 16th day of June, 1931 C. E. Sherman [Signature of reporting officer.]
at Portland, Maine [OVER.] Superintendent of Lighthouses [Title.]

C. A. 2 9-585
Revised to January 1, 1923.

GOVERNMENT PRINTING OFFICE

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY.

(Cross out one.)

[To be forwarded to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Little River Lighthouse (Arsenal, Navy Yard, etc.) Cutler (City or town.) Maine (State.)
4. Full name of injured employee Willie W Corbett
5. Time of injury May 31 (Date.), 19 31 Sunday (Day of week.) 4.30 p. m. (Hour, a. m. or p. m.)
6. Time employee stopped work Did not stop (Date.), 19 —— (Day of week.) ——m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped Did not stop (Date.), 19 ——— (Day of week.) ——m. (Hour, a. m. or p. m.)
8. First day employee was able to resume work Did not stop (Date.), 19 ——— (Day of week.) ——m. (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? ——
If so, when? ——— If not, state character of work performed upon return to duty and rate paid employee for such work ———
10. Actual time disabled (including Sundays and holidays) None days.
11. Number of days for which employee would have received pay had he not been disabled ——— days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? ——— If not, give dates on which subsistence was not furnished ———
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? ——— (Give exact dates.)
(b) Sick leave? ——— (Give exact dates.)
(c) Any other reason Pay did not stop
14. Nature of injury Strained and bruised muscles of back.
15. Remarks ———

[The following information is to be furnished *only* in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2, should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee ———
17. Time of death (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death ———
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	*Age.*

23. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:

Name.	*Relationship.*	*Address.*

Signed this 16th day of June, 19 31
at Portland, Maine

C. E. [illegible]
(Official superior.)
Superintendent of Lighthouses
(Title)

C. A. 3
Revised to June 3, 1925

(*All forwarding indorsements to be made on reverse side of this sheet.*)

9—629

GOVERNMENT PRINTING OFFICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 18 1930
PORTLAND, MAINE.

July 3, 1930.

Willie W. Corbett

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

Supt.
1st Asst. Supt.
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
OCT 5 1928
PORTLAND, MAINE.

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

THE INTERIOR BUILDING

WASHINGTON

COMMISSIONERS

BESSIE P. BRUEGGEMAN
CHAIRMAN

HARRY BASSETT

E. V. PARKER
SECRETARY

October 3, 1928

In reply refer to File No. 238942
Act. 203958

Mr. Willie W. Corbett
Cutler, Maine

Dear Sir:

The Commission has received reports that you suffered from a disability while employed as a keeper, U.S. Lighthouse Service, at Little River Lighthouse Station, Cutler, Maine.

There is no evidence that you sustained an injury while in performance of duty, and the cause of the infection is not shown in the reports submitted to the Commission.

It is, therefore, necessary to disallow benefits of the Compensation Act because of insufficient evidence of an injury in the performance of duty.

Very truly yours

W. R. Carpenter
Chief Claim Examiner

DMG:HEW

Official Copy To: Dr. O. F. Larson, Machias, Maine

Superintendent of Lighthouses, U.S. Lighthouse Service, Portland, Maine

W R Carpenter

JCW:CP
Enclosures

NOTICE OF INJURY

September 4, 1928

Mr. Willie W Corbett, Keeper, Little River LH., Me.

1. Your Forms C.A.1 and 2 are herewith returned.

2. Unless it can be clearly shown that your disability was caused by accidental injury received in the performance of your duties as a keeper, the opinion of this office is that your case does not come under the Employees' Compensation Act and therefore should not be reported on these forms.

3. Enclosed is Form C.A. 17, which you should take to Dr. Larsen for execution, or send it to him by mail.

For and in the absence of the Superintendent:

D Sampson

SAMPSON
Asst. Supt.

COPY - CP

To. Supt. Lighthouses.

Sir:- Mr. Corbett has had a paraplumous, the result of infection, not in urethra, but due to some external irritation.

Respectfully,
(SGD) O F LARSON

2nd End.

JCW:CP
Enclosures.

Office of Supt. of Lighthouses, 1st Dist.,
Portland, Maine, Sept. 18, 1928.

1. Respectfully forwarded to US Employees' Compensation Commission with Forms C.A. 1 and 2, for proper action.

C. E. SHERMAN
Superintendent of Lighthouses

NOTICE OF INJURY

LEAVE THIS SPACE BLANK

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury is one for which C. A. 2 must be submitted, when it should be forwarded with that report to the Compensation Commission.)

Cutler (City or town.), Maine (State.)

(Street and number.)

Aug. 29 (Date of this notice.), 19 28.

I HEREBY CERTIFY that I was injured in the performance of my duties on Aug. 29 (Date.), 19 28.

Saturday (Day of week.), A.M. (Hour, a. m. or p. m.) m.

1. The injury occurred at Little River Light House Station (Give name of establishment where employed.);

in the following manner: Infection of unknown cause

2. Cause of injury not known

3. Nature of injury Infection

4. Was this injury caused by your—

(a) Willful misconduct? No

(b) Intention to bring about the injury or death of yourself or of another? No

(c) Intoxication? No

5. Names of witnesses to injury:

None

(Name) (SGD) WILLIE W CORBETT

This paper is not a claim for compensation. Before compensation can be paid, written claim on Commission's Form CA 4, with doctor's certificate showing disability for work, must be submitted. Claim must be filed within one year.

C. A. 1
Revised to April 15, 1919.

GOVERNMENT PRINTING OFFICE 9—884

[War, Navy, etc.] 2. Bureau or office [Engineer, Navigation, etc.]

Place of employment.

3. Place of employment Light Station Little River, Cutler, Me. [Arsenal, Navy Yard, etc.] [City.] [State.]

4. Reporting office Portland [Location of reporting office or division headquarters.]

5. Name of superintendent or foreman in charge when injury occurred

The injured employee.

6. Name of injured employee Willie Corbett [Give first name in full.] 7. Age 46 8. Sex Male

9. Home address Cutler [Street and number.] [City or town.] Maine [State.]

10. Married, ~~single, widowed.~~ [Cross out two words.] 11. Speak English? Yes If not, what language?

12. Race White 13. Was injury reported to official superior within 48 hours after injury? No

14. Was injury caused by:

(a) Willful misconduct of the employee? No

(b) Intention of employee to bring about injury or death of himself or another? No

(c) Employee's intoxication? No

[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]

15. Occupation and division [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work?

17. Total length of service with the Government as a civilian? ~~xxxxxx~~ Since Feb. 11, 1908

18. How long at present work in this establishment? do.

19. Dates of other injuries June 25, 1919, Jan. 8, 1927, and July 14, 1927

20. Rate of pay, $ 1440 per annum ~~and subsistence valued at $~~ per ~~xxxxx~~ quarters valued at $ 20.00 per month

21. Employee begins work at no fixed hours [Hour, a. m. or p. m.] m. 22. Regular day's work terminates no fixed hours m. [Hour, a. m. or p. m.]

23. Hours worked per day do 24. Days paid per week seven

25. Date employee stopped work not fixed, day of week ; hour of day m. [a. m. or p. m.]

26. Date employee's pay stopped did not stop, day of week ; hour of day m. [a. m. or p. m.]

The injury.

27. Date of injury Aug. 25 28. Day of week Saturday 29. Hour of day m. [a. m. or p. m.]

30. Place where injury occurred At station [Give exact location, as name or number of building and division, etc.]

31. Name of machine, tool, or appliance in connection with which injury occurred

(a) By what kind of power driven? (b) Hand feed or mechanical?

(c) Part on which injury occurred

(d) Was an improved safeguard in use at time of injury?

If not, is it possible to provide such safeguard?

(e) Was the machine, tool, or appliance out of order or ill-suited for the work?

(f) Was employee instructed as to its use?

32. Describe in full how injury occurred cause not known

33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Infection of penis

34. Did injury cause loss of any member or part of member? If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. O F Larson

36. How soon after injury? few days

37. To what hospital sent? none Location

38. If not sent to hospital, where sent? nowhere

39. Name and address of physician now attending case Dr. O F Larson

40. Was transportation furnished at Government expense? No

41. What is probable length of disability for work? one week [If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury

43. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement

44. Was injury caused by other than a Government employee or agency? No.

[If so, a detailed statement should be forwarded with this report.]

Signed this 29 day of August, 192 8. (SGD) WILLIE CORBETT [Signature of reporting officer.]

at Keeper [Title.]

[OVER]

Form C. A. 17

REQUEST FOR TREATMENT OF INJURY UNDER UNITED STATES EMPLOYEES' COMPENSATION ACT WHEN CAUSE OF INJURY IS IN DOUBT

SUPT. of LIGHTHOUSES, FIRST DISTRICT, SEP 13 1928 PORTLAND, MAINE.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for personal injuries sustained in the performance of duty.

September 4, (Date.), 1928.

To Dr. O F Larson, AA Surgeon (Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.), Machias, Maine. (Location.)

THE BEARER, Willie W Corbett (Name of injured employee.)

is a civil employee of the United States, employed as Keeper (Name of employee's occupation.)

at Little River Lighthouse (Name of office or establishment where employed.), Cutler, Maine (Location.)

There are reasons to believe that he was injured in the performance of duty on August 29, (Date.)

1928. The alleged injury was due to not known (Cause of injury.)

The resulting disability appears to be infection (Nature of disability.)

You are requested to examine the case and advise this office whether in your opinion the disability is due to the alleged injury. If there seems reason to believe the disability may be due to injury alleged, treatment should be rendered as provided by paragraph 83 of the Compensation Commission's Regulations (edition of 1919) until it can be definitely ascertained whether the case is one for which treatment should be continued under said regulations and the Compensation Act.

For and in the absence of the Superintendent;

T Sampson

T SAMPSON, Asst. Supt. (Signature of official superior.)

Asst. Supt. of Lighthouses (Title or official position.)

Portland, Maine. (Address.)

(See other side for duties of official superior when using this form.)

9—967

Supt.
1st Asst. Sup.
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
SEP 1 1928
PORTLAND, MAINE.

FIRST DISTRICT

Little River Outlome
(Station, Depot, or Vessel)

Aug 30, 1928

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: I am ill, received Infection as blanks will show when you receive them, at present am able to tend light and bell and that is all if I become unable to attend to my important duties will write in for a man. Blanks can be spared I would like to Do today

Yours Truly W.W. Corbett Keeper.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 1 - 1928
PORTLAND, MAINE.

July 1, 1928.

Mr. Willie W. Corbett,

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

NOTICE OF INJURY

LEAVE THIS SPACE BLANK

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury is one for which C. A. 2 must be submitted, when it should be forwarded with that report to the Compensation Commission.)

Cutler (City or town.), Me. (State.)

Little River Lighthouse (Street and number.)

July 18 (Date of this notice.), 1927

I HEREBY CERTIFY that I was injured in the performance of my duties on July 14 (Date.), 1927

Thursday (Day of week.), 6 a.m. (Hour, a. m. or p. m.) m.

1. The injury occurred at Little River Light Sta. at wood pile (Give name of establishment where employed.);

in the following manner: getting wood for house

no tool was used to cause injury, a stick with a small sliver which stuck

in my finger ~~caused laceration of skin on second~~

2. Cause of injury ~~Infection~~ caused laceration of skin on second finger

of right hand.

3. Nature of injury Infection

4. Was this injury caused by your—

(*a*) Willful misconduct? No

(*b*) Intention to bring about the injury or death of yourself or of another?

(*c*) Intoxication? No

5. Names of witnesses to injury:

None

(Name) (SGD) WILLIE CORBETT KEEPER

This paper is not a claim for compensation. Before compensation can be paid, written claim on Commission's Form CA 4, with doctor's certificate showing disability for work, must be submitted.

C. A. 1
Revised to April 15, 1919.

y—584

REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Place of employment.

1. Department COMMERCE [War, Navy, etc.] 2. Bureau or [illegible] Lighthouse [Engineer, Navigation, etc.]
3. Place of employment Little River Light Station [Arsenal, Navy Yard, etc.] [City.] [State.]
4. Reporting office Portland, Maine [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred W. W. Corbett

The injured employee.

6. Name of injured employee Willie Corbett [Give first name in full.] 7. Age 44 8. Sex Male
9. Home address Little River Lighthouse, Cutler, Maine [Street and number.] [City or town.] [State.]
10. Married, ~~single, widowed~~. [Cross out two words.] 11. Speak English? Yes. If not, what language? ---
12. RACE white 13. Was injury reported to official superior within 48 hours after injury? yes
14. Was injury caused by:
(a) Willful misconduct of the employee? No
(b) Intention of employee to bring about injury or death of himself or another? No
(c) Employee's intoxication? No
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division Keeper, Lighthouse Service [Give both, as laborer, hull division, helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work? ---
17. Total length of service with the Government as a civilian? Since Feb. 11, 1908
18. How long at present work in this establishment? do
19. Dates of other injuries June 25, 1919 and Jan. 8, 1927
20. Rate of pay, $ 1380 per annum ~~and subsistence valued at $ ... per ...~~ quarters valued at $ 240.00 per annum
21. Employee begins work at no fixed hour [Hour, a. m. or p. m.] m. 22. Regular day's work terminates no fixed hour [Hour, a. m. or p. m.] m.
23. Hours worked per day not fixed 24. Days paid per week seven
25. Date employee stopped work ---; day of week did not stop; hour of day --- [a. m. or p. m.] m.
26. Date employee's pay stopped ---; day of week do; hour of day --- [a. m. or p. m.] m.

The injury.

27. Date of injury July 14, 1927 28. Day of week Thursday 29. Hour of day 6 a. [a. m. or p. m.] m.
30. Place where injury occurred Little River Lighthouse, Maine [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred ---
(a) By what kind of power driven? --- (b) Hand feed or mechanical? ---
(c) Part on which injury occurred ---
(d) Was an improved safeguard in use at time of injury? ---
If not, is it possible to provide such safeguard? ---
(e) Was the machine, tool, or appliance out of order or ill-suited for the work? ---
(f) Was employee instructed as to its use? ---
32. Describe in full how injury occurred while getting wood, a stick with a small sliver stuck in finger causing laceration of skin on second finger of right hand.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury laceration of skin on second finger of right hand - infection
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. O. F. Larson, AA Surgeon, Machias, Me
36. How soon after injury? 3 days
37. To what hospital sent? none Location
38. If not sent to hospital, where sent? See "35"
39. Name and address of physician now attending case none
40. Was transportation furnished at Government expense? no
41. What is probable length of disability for work? Not disabled [If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury None
43. Was employee injured while in performance of duty? Yes. If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? No
[If so, a detailed statement should be forwarded with this report.]

Signed this 19th day of August, 192[illegible] For and in the absence of the Superintendent:
[Signature of reporting officer.]
at Portland, Maine R LUTHER
Asst. Supt. [Title.]

GOVERNMENT PRINTING OFFICE

REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Fold this

BUREAU OF LIGHTHOUSES, FIRST DISTRICT, JUL 21 1927 PORTLAND, MAINE.

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouse [Engineer, Navigation, etc.]
3. Place of employment Little River L. S. Station [Arsenal, Navy Yard, etc.] [City.] [State.]
4. Reporting office Portland Me Supt. of Lighthouses, 1st Distric [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred C. E. Sherman W. W. Corbett

The injured employee.

6. Name of injured employee Willis Corbett. [Give first name in full.] 7. Age 44 8. Sex Male
9. Home address Cutler L. H. [Street and number.] [City or town.] Me [State.]
10. Married, ~~single, widowed.~~ [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race White 13. Was injury reported to official superior within 48 hours after injury? Yes.
14. Was injury caused by:
(a) Willful misconduct of the employee? No
(b) Intention of employee to bring about injury or death of himself or another? No
(c) Employee's intoxication? No
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division KEEPER, LIGHT HOUSE SERVICE [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work?
17. Total length of service with the Government as a civilian? SINCE FEB. 11, 1908
18. How long at present work in this establishment? Do.
19. Dates of other injuries
20. Rate of pay, $1380.00 per annum {and subsistence valued at $ ~~per~~ / quarters valued at $ 240.00 per annum
21. Employee begins work at No fixed hours m. [Hour, a. m. or p. m.] 22. Regular day's work terminates No fixed hours m. [Hour, a. m. or p. m.]
23. Hours worked per day Not fixed 24. Days paid per week Seven
25. Date employee stopped work ; day of week Did not stop ; hour of day m. [a. m. or p. m.]
26. Date employee's pay stopped ; day of week Do. ; hour of day m. [a. m. or p. m.]

The injury.

27. Date of injury 28. Day of week 29. Hour of day 6 A m. [a. m. or p. m.]
30. Place where injury occurred [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred
(a) By what kind of power driven? (b) Hand feed or mechanical?
(c) Part on which injury occurred
(d) Was an improved safeguard in use at time of injury?
If not, is it possible to provide such safeguard?
(e) Was the machine, tool, or appliance out of order or ill-suited for the work?
(f) Was employee instructed as to its use?
32. Describe in full how injury occurred
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury Second finger right hand; laceration; injected.
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. F. Larsen
36. How soon after injury? 3 Days.
37. To what hospital sent? Location
38. If not sent to hospital, where sent? 3 Dec 11 38 11
39. Name and address of physician now attending case 3 Dec 5 11 38 5
40. Was transportation furnished at Government expense?
41. What is probable length of disability for work? 5 days.
[If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury None
43. Was employee injured while in performance of duty? If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency?
[If so, a detailed statement should be forwarded with this report.]

Signed this day of , 192
[Signature of reporting officer.]
at [Title.]

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY.

(Cross out one.)

[To be forwarded to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office Lighthouse Service (Engineer, Navigation, etc.)
3. Place of employment Little River Lighthouse (Arsenal, Navy Yard, etc.) Cutler (City or town.) Maine (State.)
4. Full name of injured employee Willie Winslow Corbett
5. Time of injury July 14, 1927 (Date.), 19 Thursday (Day of week.) 6 a. m. (Hour, a. m. or p. m.)
6. Time employee stopped work did not stop (Date.), 19 (Day of week.) (Hour, a. m. or p. m.)
7. Time employee's pay stopped did not stop (Date.), 19 (Day of week.) (Hour, a. m. or p. m.)
8. First day employee was able to resume work did not stop (Date.) 19 (Day of week.) (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? ---
   If so, when? --- If not, state character of work performed upon return to duty and rate paid employee for such work
10. Actual time disabled (including Sundays and holidays) --- not disabled days.
11. Number of days for which employee would have received pay had he not been disabled --- days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? --- If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
    (a) Annual leave? --- (Give exact dates.)
    (b) Sick leave? --- (Give exact dates.)
    (c) Any other reason ---
14. Nature of injury infection. laceration of skin on second finger of right hand
15. Remarks ---

[The following information is to be furnished *only* in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form C. A. 2, should be forwarded herewith.]

REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.), 19 (Day of week.) (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.), 19 (Day of week.) (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	*Age.*

23. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:

Name.	*Relationship.*	*Address.*

Signed this ____ day of ____, 19
at ____

(Official superior.)

(Title.)

C. A. 3.
Revised to May 27, 1922.

(*All forwarding indorsements to be made on reverse side of this sheet.*)

9—629

GOVERNMENT PRINTING OFFICE

Supt
1st A
Asst.
Chief
2nd Cl.
3rd Clerk
4th Clerk
Messenger

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUL 25 1927
PORTLAND, MAINE.

FIRST DISTRICT

Little River Cutler me
(Station, Depot, or Vessel)

July 23, 1927

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

There being so much thick weather and not feeling able to leave the station because of ill health at the time My finger was soar. I did not get over to see a Dr. But called him on the Telephone and stated to him just how my finger was and that it was geting well also that it was impossiable for me to get to town. he told me to send my papers over and he thought it would be all right. The finger is O. K. now. I hope this will be satisfactory to you and another time I am in hopes to get to the Dr as I know it is necessary in a case like this.

Willis Corbett Keeper.

File Copy

REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any medical charge against the Compensation Commission or in any loss of time other than the remainder of the day or shift on which injury occurred. This form should be accompanied by C. A. 1.]

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouse Service [Engineer, Navigation, etc.]
3. Place of employment Little River L. Sta. [Arsenal, Navy Yard, etc.] Cutler [City.], Me [State.]
4. Reporting office Portland, Me [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred C. E. Sherman

The injured employee.

6. Name of injured employee Willie W. Corbett [Give first name in full.] 7. Age 44 8. Sex Male
9. Home address Cutler [Street and number.], [City or town.], Me [State.]
10. Married, ~~single, widowed.~~ [Cross out two words.] 11. Speak English? Yes If not, what language?
12. Race White 13. Was injury reported to official superior within 48 hours after injury? Yes
14. Was injury caused by:
(a) Willful misconduct of the employee? No
(b) Intention of employee to bring about injury or death of himself or another? No
(c) Employee's intoxication? No
[If any answers to these questions are made in the affirmative, the reporting officer should make an additional statement giving the reason for his conclusion and forward same with this report.]
15. Occupation and division Light keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? Yes If not, what work?
17. Total length of service with the Government as a civilian? 18 yrs. (since Feb. 11, 1908.)
18. How long at present work in this establishment? 18 yrs. (since Feb. 11, 1908.)
19. Dates of other injuries June 25, 1919
20. Rate of pay, $ 1320 per year {and subsistence valued at $ ~~XXXXXXXXX~~ per ~~XXXX~~ and quarters valued at $ 20.00 per month
21. Employee begins work at no fixed time [Hour, a. m. or p. m.] m. 22. Regular day's work terminates no fixed time [Hour, a. m. or p. m.] m.
23. Hours worked per day not fixed 24. Days paid per week seven
25. Date employee stopped work ; ~~day of week~~ did not stop ; hour of day [a. m. or p. m.] m.
26. Date employee's pay stopped ; ~~day of week~~ ~~XXXXXXX~~ did not stop ; hour of day [a. m. or p. m.] m.

The injury.

27. Date of injury Jan. 8 1927 28. Day of week Saturday 29. Hour of day 10 A. [a. m. or p. m.] m.
30. Place where injury occurred In lantern of tower at Little River Lighthouse [Give exact location, as name or number of building and division, etc.]
31. Name of machine, tool, or appliance in connection with which injury occurred
(a) By what kind of power driven? (b) Hand feed or mechanical?
(c) Part on which injury occurred
(d) Was an improved safeguard in use at time of injury?
If not, is it possible to provide such safeguard?
(e) Was the machine, tool, or appliance out of order or ill-suited for the work?
(f) Was employee instructed as to its use?
32. Describe in full how injury occurred Poisoned from washing paint in strong solution of potash (or rather cleanall). A deep crack in flesh which became infected from solution.
33. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report site of injury thumb of right hand
34. Did injury cause loss of any member or part of member? No If so, describe exactly

Medical attendance.

35. Name and address of physician who first attended case Dr. O. F. Larson
36. How soon after injury? 3 days
37. To what hospital sent? none Location
38. If not sent to hospital, where sent? nowhere
39. Name and address of physician now attending case Dr. O. F. Larson
40. Was transportation furnished at Government expense? no
41. What is probable length of disability for work? not disabled for ordinary duties [If injured employee has already returned to work, give date and hour.]

General.

42. Names and addresses of witnesses to injury None
43. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
44. Was injury caused by other than a Government employee or agency? No
[If so, a detailed statement should be forwarded with this report.]

Signed this 31st day of January, 192 7 [Signature of reporting officer.]
at Portland, Maine. Superintendent of Lighthouses [Title.]

GOVERNMENT PRINTING OFFICE

OFFICIAL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSION

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JAN 31 1927
PORTLAND, MAINE.

B

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

THE INTERIOR BUILDING

WASHINGTON

COMMISSIONERS

BESSIE P. BRUEGGEMAN
CHAIRMAN
CHAS. H. VERRILL
HARRY BASSETT

S. R. GOLIBART, JR.
SECRETARY

Supt.
1st Asst. Supt.
Asst. Supt.
Chief Clerk
2nd Clerk
3rd Clerk
4th Clerk
Messenger

Made memo per Supt to sign

In reply refer to File No. 203958

January 28, 1927.

The Superintendent of Lighthouses,
Portland, Maine.

Dear Sir:

We are returning herewith form C.A. 2 in the case of William W. Corbett, injured on January 8, 1927, in order that it may be signed by you. This form should be filled in and signed by the injured employee's official superior, and not by the employee himself.

Very truly yours,

E V Parker

Secretary.

B:mch
Incl.

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 1, 1927.

Mr. Willie W. Corbett,

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):

P
1

GOVERNMENT PRINTING OFFICE 11—9051

TO... W. W. Corbett .....

Submit at once answers to the questions listed below. Write plainly and in ink, and sign your name at place indicated.

LIGHT-HOUSES,
FIRST DISTRICT,
SEP 18 1925
PORTLAND, MAINE.

1. Name (As it appears on the payroll)

Corbett (Surname) Willis (First name) Winslow (Middle name)

2. Place of Birth (State or Country) Maine Washington

3. Date of Birth. Sept 9. (Day) September (Month) 1882 (Year)

4. Legal Voting Residence (Congressional District) 4

(State) Maine

5. Full number of years you attended the following schools:

Common school 9 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

NOTICE OF CHANGE IN SALARY
KEEPERS-LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUL 13 1925
PORTLAND, MAINE.

Ent B

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

June 25, 1925.

Mr. Willie W. Corbett,

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

GFL

February 23, 1924

Commissioner of Lighthouses:

The transfer of Willie W. Corbett, Keeper, from Tenants Harbor L. S., Me., to Little River L. S., Me., reported by this office on Form 73a, October 11, 1923, which was for a four month period from November 1, 1923, will become permanent commencing March 1, 1924.

S.

Superintendent.

Ent'd

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON January 31, 1925.

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
FEB 5 1925
PORTLAND, MAINE.

AM 9 55

r. Willie W. Corbett,
M
Commissioner of Lighthouses,
Sir: Through the

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,

EDW. J GARDNER

Acting
Chief of Appointment Division.

Position: Keeper
Salary: $1260

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

1st.

JBJ

GFL

(COPY)

February 14, 1923

W. W. Corbett, Keeper,
Tenants Harbor L. S., Me.

1. Referring to letter from this office January 6, 1923, advising that on or about February 17, 1923, you would be transferred to the position of Keeper, Little River L. S., Me.:-

2. The retirement of Mr. Joseph W. Jellison, Keeper, Whitlocks Mill L. S., Me., upon which your transfer to Little River was contingent, cannot be made until February, 1924, as Mr. Jellison will not become seventy years of age until that time, and your transfer to Little River L. S., Me., will not, therefore, be made. This office regrets any inconvenience which may have resulted.

For and in the absence of Superintendent:

(Signed) LUTHER

Assistant Superintendent.

Copy to Keeper, Little River L. S., Me., for his information and files.

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

LIGHTHOUSES
1920 AUG 20 AM 8 48
HEMPA CO OF D C

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 17, 1920.

Mr. Willie W. Corbett,

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 $ 840. per annum, effective November 1, 1920 or as soon there after as you enter on duty (including $60 per annum longevity pay).

Supt. of LIGHTHOUSES 1st DIST. PORTLAND, MAINE. AUG 23 1920

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.

Transferred from asst. kpr, Monhegan Island to Keeper, Tenants Harbor)
Vice; Joseph W. Jellison,

S
C
1st District

GFL
Form 111

COPY

OATH OF OFFICE

(Prescribed by Section 1753 Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

I, Willie W. Corbett,

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.

Willie W. Corbett
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 15th day of November, A. D. 1918.

(Affix official seal here)

Certificate of Clerk of Supreme Judicial Court of Lincoln County, as to authencity of signature of William S. Stanley, was attached to the original instrument.

[4] (*Name*) William S. Stanley

(*Official title*) Justice of the Peace

My commission expires Aug. 7 - 1919

OFFICIAL TITLE	RATE OF PAY	NAME OF STATION, VESSEL, OR PLACE OF EMPLOYMENT.
Present Keeper	$720. per annum	Monhegan Island Light Station, Me.
Former [5] Assistant Keeper	$492. per annum	Same as above.

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

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT

Portland, Maine, (Address), November 18th, 1918. (Date)

The above-named appointee entered upon duty on November 1st, 1918. (Date)

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

11—944

GENERAL APPOINTMENT—FIXED DATE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON November 5, 1918.

Mr. Willie W. Corbett,

M the Commissioner of Lighthouses.

Sir: Through



You have been appointed, subject to taking the oath of office, and to actual entrance upon duty (unless on authorized leave) on the date indicated, Keeper Lighthouse Service in the Seven Hundred and Twenty at a salary of dollars per annum, effective November 1, 1918.

By promotion from assistant keeper at $492 per annum.

(The above rate of pay includes longevity pay of $60.)

By direction of the Secretary:

Respectfully,

R
Ho

(Signed) Clifford Hastings.

Chief of Appointment Division.

Salaries, Keepers of Lighthouses.

Appropriation. (By increase in compensation.)

Vice: Maine;

Legal Residence:

1st Insp.

11—1393

USE TYPEWRITER—SEE INSTRUCTIONS ON BACK.

MAKE NO ENTRIES IN THIS COLUMN.

UNITED STATES
BUREAU OF EFFICIENCY.
FORM 8.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.
8—4789-2

RECORD OF CIVIL EMPLOYEE.

JULY 1, 1916.

1. Name: (Surname first. Given name in full. For women write Miss or Mrs. before given name.)

CORBETT Willie Winslow

2. Department:

Commerce

3. Bureau, office, or service:

Lighthouses

4. Designation of position:

Assistant Keeper Lighthouse

Service

5. Occupation (if not clearly shown by answer to question 4):

Assists in care of light, fog

signal, buildings, grounds etc.

6. Annual earnings:

$595.80

7. Kind of appropriation:

L S

8. Present rate of pay:

$ 492. P A

9. Initial rate of pay:

$ 450. P A

10. Total length of service (give the total of ALL U. S. GOVT. SERVICE with the exceptions stated on the back of this card)—

Substitute— Years:	Months:	Regular— Years:	Months:
None		8	4½

11. State, Territory, or foreign country of birth (do not give town):

Maine

12. Race:

W

13. Sex:

Male

14. Date of birth—

Month: September Year: 1882

15. Kinds of schools attended, years attended, and degrees taken:

E 10

16. Marital condition:

M

17. War veteran?

No

18. Appointed from—

Congressional district and State: 2 Maine

County: Lincoln

19. Civil service status:

C

20. Method by which classified status was obtained:

C E

21. Place of employment—

City: Monhegan Island L S
Monhegan

State: Maine

DO NOT FOLD THIS CARD.

11—6869

Form A.

Department of Commerce

Lighthouse Inspector
RECEIVED
SEP 13 1916
First Dist. Portland, Me.

August 24, 1916.

To Officers and Employees of the Department of Commerce:

In order to be able to furnish certain data to the Bureau of Efficiency in connection with the preparation of estimates of the probable cost of retirement of civil employees of the United States, the Department requests that you give to the best of your ability the following information and return this form to Inspector 1st. L.H.District Portland, Maine. at the earliest practicable date. Please give this matter immediate attention.

E. F. Sweet
Acting Secretary.

---

1. Name: Hillis Hinckley Corliss.
2. Character of your work during official hours: Asst. Light House Keeper.
3. Total amount of compensation received from the Government during the year ended June 30, 1916; $~~Tus.~~ 595.80 If in service less than one year, state number of months served, _____, and total amount of compensation received, $_____.

492.

4. Service in any other department or civil establishment of the United States. If none, so state.

Department or establishment	Bureau	From (date)	To (date)
None.			

5. Rate of compensation at original entry into the Government service: $ 450.
6. Educational training: Common school.
   Elementary school, years Four
   High school, years None
   College or University, years None.
   Special courses of study, ~~years~~ Common Studies
   (e.g. law, architecture, business, political science, technical, etc.)
   Degrees taken None.
7. Marital condition, (single, married, widow, widower, or divorced) Married.
8. Service in Civil or Spanish War, Philippine Insurrection, Indian Campaign, or other military engagement None. If none so state _____.
9. Congressional District (under present Congressional apportionment) to which your present appointment is charged.
   Congressional District, 2. Nd. ; State, Maine ; County, Lincoln
10. If classified, indicate by "Yes" the method by which you originally obtained your competitive classified status. Competitive examination, Yes. Non-competitive examination, ~~Yes~~. Individual Executive order specifying you by name, ~~Yes~~. Blanket Executive order covering entire class, ~~Yes~~. Classified by Act of Congress, ~~Yes~~. Reinstated under individual Executive order, ~~Yes~~. Reinstated under blanket Executive order, ~~Yes~~. Reinstated in position classified by Executive order, Yes. Reinstated in position classified by Act of Congress, ~~Yes~~.

Born Sept. 3. 1882 - Served 8 years 4 1/2 months
Cutter Tue

GENERAL APPOINTMENT—FIXED DATE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

Lighthouse Inspector
RECEIVED
DEC 31 1915
First Dist. Portland, Me.

December 28, 1915.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office, and to actual entrance upon duty (unless on authorized leave) on the date indicated, Assistant Keeper in the Lighthouse Service at a salary of Four Hundred and Ninety-two dollars per annum, effective January 1, 1916.

(By increase in compensation from $480 per annum.)

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS
Chief of Appointment Division.

E
R

Appropriation: Salaries, Keepers of Lighthouses.

Vice:

Legal Residence: Maine.

11—1393

Copy for Cobbett's File.

COPY

December 23, 1915.

Sirs:

I beg to express my appreciation of the faithful and unselfish services of the keepers of Monhegan Island Light Station, during the calendar year now closing and to extend to each one of them my cordial wishes for a happy and prosperous new year.

Kindly post this letter prominently as it is my earnest desire that all shall see it.

Respectfully,

(signed) William C. Redfield

Secretary.

Keeper and Assistant Keeper,
Monhegan Island Light Station, Maine.
(Through Commissioner of Lighthouses and
Lighthouse Inspector, Portland, Maine.)

GENERAL APPOINTMENT

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

June 24, 1914.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Assistant Keeper (Monhegan Island)

in the Lighthouse Service

at a salary of Four Hundred and Eighty dollars per annum,

effective on the date on which you enter upon duty in the above-mentioned position.

(By transfer from first assistant keeper at $516 per annum.)

By direction of the Secretary:

Respectfully,

(SIGNED) GEO. W. LEADLEY,

Chief of Appointment Division.

M
C

Appropriation: Salaries, Keepers of Lighthouses.
Transferred from 1st Coast, Saddleback.
Vice: Lester Leighton.

Legal Residence: Maine.

11--3692

GENERAL APPOINTMENT

Department of Commerce and Labor
APPOINTMENT DIVISION
Washington

FILE 209

April 20, 1912.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

First Assistant Keeper

in the Lighthouse Service

at a salary of Five Hundred and sixteen dollars per annum,

effective on the date on which you enter upon duty in the above-mentioned position.

(By promotion from second assistant keeper at $450 per annum.)

By direction of the Secretary:

Respectfully,
(SIGNED) R. C. SHELSE

F
D

Acting Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.
Promoted to 1st asst, Saddleback Ledge,
Vice: Leo Allen.

Legal Residence: Maine.

11—3692

3-3-25 OA

ACB

$450.

May 13, 1911

Willie W. Corbett

228

Light House Service
$37.50-mo. &.30
day ration

Second Assistant Keeper

Saddleback Ledge Light Station

Through Civil-Service Examination

Feb.12,1908

~~Competitive Examination~~

Classified competitive

no

no

-

None

Second Assistant Keeper

Saddleback Ledge Light Station, Me.

---

no

90	180
85	255
100	300
8 -	735
	91 875

8

1809/1318

PROBATIONARY APPOINTMENT—WITHOUT FIXED DATE

Department of Commerce and Labor

11318

OFFICE OF THE SECRETARY

Washington

Ent'd FEB 1 1908

January 30, 1908.

Mr. Willie W. Corbett, of Maine, having qualified under the civil-service regulations, is hereby appointed Second Assistant Keeper of Saddleback Ledge Light-Station, Maine, in the Light-House Service, with compensation at the rate of Four Hundred and Fifty dollars per annum, for a probationary period of six months, effective beginning February 10, 1908, or as soon thereafter as he enters on duty. (vice James V. Calderwood.) E.O.D. 2/11/08

Retention in the service after the expiration of probationary period shall be equivalent to absolute appointment.

Payment of the compensation authorized in this appointment is subject to the oath of office being taken.

(Signed) Oscar S. Straus

Secretary.

11—1870

The Light-House Board.
Le
D

RECEIVED
FEB 8 1908
Light-House Inspector,
1st District.

Form 439
TREASURY DEPARTMENT
DIVISION OF APPOINTMENTS

File No. 554

Name C O R B E T T, Mr. WILLIE W.,

BORN: September 3, 1882

Service COAST GUARD (L.H.S.)

U. S. GOVERNMENT PRINTING OFFICE 2—16322

PT. STOCK FORM 2249
V. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 42937

PERSONNEL RECOMMENDATION

TO DIRECTOR OF PERSONNEL

Date 17 July, 1941

Name: Corbett, Willie Winslow

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No.:

Nature of Recommendation

Change in status - civilian to military

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1320-1680)	No change in pay and allow-
Salary	$1560 p.a. plus $240 p.a.Qtrs.	ance, Sec. 7 Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Boston, Massachusetts.	Boston, Massachusetts.
Post of Duty	Little River Lt.Sta., Me.	Little River Lt.Sta.,Me.
Appropriation	Civilian Employees, C. G.	Pay and Allowances, C. G.
Allotment		
	FIELD [X] DEPRTMTL. [ ]	FIELD [X] DEPRTMTL. [ ]

EFFECTIVE 17 July, 1941.

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

N. R. STILES,
Commander, U. S. Coast Guard
Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

(FOR USE OF DIRECTOR OF PERSONNEL, TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

1

APPROPRIATION

Reg.

DATE OF BIRTH

9-3-82

LEGAL RESIDENCE

Maine

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

No

SUBJECT TO RETIREMENT ACT?

Lighthouse Act
6-20-18

DATE OF OATH

INTERLEAVED-PATD.

Corbett

APPLICANT OR EMPLOYEE MUST FILL THE FOLLOWING

Name (in full) Corbett Willis W Sex Male

Present address Coast Guard Light Sta. Date of birth 1882 Sept 3.
Cuttyhunk Mass

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
Oct 1929	March 1940		Cuttyhunk Mass

Give, in your own handwriting, the information requested below:

Have you ever been arrested for any reason whatsoever? No
(Yes or no)

If so, give details in space provided below.

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition

No Reply Received From F. B. I.
Apparently No Criminal Record.

Have you ever been fingerprinted? No Where?

When? If for the Civil Service, what position

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

U. S. COAST GUARD

Corbett Willis W
Customary payroll signature of employee.

Subscribed and sworn to before me this 4th day of March 1940.

Marietta A. Trim
Notary Public

My commission expires Feb. 16-1946

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PERSONNEL RECOMMENDATION

PAGE: 3540

TO DIRECTOR OF PERSONNEL

Date January 6, 1941

Name: Corbett, Willie W.

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No:

Nature of Recommendation

Promotion

	FROM	TO
Position		Keeper
Grade	Field (Range $1320-1680)	Field (Range $1320-1680)
Salary	$1500 p.a. plus $240 p.a. Qtrs.	$1560 p.a. plus $240 p.a. Qtrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters		Boston, Mass.
Post of Duty		Little River Lt. Sta., Me.
Appropriation		Civilian Employees, C.G.
Allotment		
Field or Deptl.		Field

EFFECTIVE January 16, 1941

Remarks:

Justification:

No increase in pay since July 3, 1930.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

S. P. MEHLMAN,
Lt. Commander, U. S. Coast Guard,
Acting Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 9-3-1882

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY: 1-16-41

INTERLEAVED-PATD.-SAMFOLDS

July 1, 1939. Lighthouse Districts No. First - Second

consolidated with Boston Coast Guard District,

Headquarters Boston, Mass.

See U. S. Coast Guard General Order No. 37, dated June 20, 1939.

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 - FEB 9 1940

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION

Willie W. Corbett (Name) — Maine (Legal Residence)

STATUS

DESIGNATION	ACTION	SALARY	BUREAU–SERVICE–STATION	DATE OF EFFECT
2nd Asst Keeper		450	L.H. Saddleback Ledge L.S. Me	Feb. 11, 1908
1st " "	Prom	516	" "	April 16, 1912
Asst Keeper	Trans.	480	" Monhegan Isd L.S. Me	July 1, 1914
"	Prom	492	" "	Jan 1, 1916
Keeper	"	720	" "	Nov 1, 1918
"	"	840	" Pemaquid Harbor L.S. Me	Nov 1, 1920
~~"~~	TEMPORARY Nte 4 mos.	~~540~~	~~" Little River L.S. Me~~	Cancelled
"	Trans.	840	" Little River L.S. Me	Nov 1, 1923
"	Perm.	840	" "	March 1, 1924
"	Read of Pay	1080	" "	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

Form 78

CP

LIGHTHOUSES

JUN 16 3 36 PM '38

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

4063-1

DEPARTMENT OF COMMERCE JUN 20 1938 DIVISION OF PERSONNEL

To Dept

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Maine, June 14, 1938. 193

Name of vessel, station, or other aid to navigation involved:
Little River Lighthouse, Me.
Date of accident: June 10, 1938.

Nature and cause of accident: Slipped on float at place of landing ashore.

Estimated cost of damage { to property of the Department: $ ---
to private property: $ ---

CARDED

What steps have been taken to recover cost of damage to Department property? ---

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Willie W Corbett	Keeper	Bruised side	No.

Remarks or recommendations: Forms will be forwarded to U S Employees' Compensation Commission upon completion.

H M Ingalls

H M INGALLS
Superintendent of Lighthouses.

Date June 18, 1938

Submitted, in duplicate, to the Secretary of Commerce, for his information.
Noted.

D K Gilbert
Chief Clerk.

For the Commissioner.

R.J.Gross
Chief, Personnel Division

E J Grosz
Deputy Commissioner.

11—11418

Form 78

CP

LIGHTHOUSES

DEC 15 3 29 PM '37

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
DEC 18 1937
DIVISION OF PERSONNEL

DEPARTMENT OF COMMERCE
1937 DEC 17 AM 11
CHIEF CLERK

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

South Portland, Maine, December 14, 1937. , 193

In file

Name of vessel, station, or other aid to navigation involved:
Little River Light Station
Date of accident: December 1, 1937

Nature and cause of accident: While drawing hand from a stick of firewood, stuck a nail in second finger causing a bruise.

Estimated cost of damage { to property of the Department: $ ---
to private property: $ ---

What steps have been taken to recover cost of damage to Department property? ---

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Willie W Corbett	Keeper	Bruised finger	No.

Reports will be duly submitted to the Employees' Compensation Commission in case any medical or other charges are involved under the Employees' Compensation Act.

Remarks or recommendations:

CARDED

Forms C. A. 1 & 2 submitted to Employees' Compensation Commission, date.

S M Ingalls
S M INGALLS
Superintendent of Lighthouses.

Date December 16, 1937.

Submitted, in duplicate, to the Secretary of Commerce, for his information.

Noted:

W Gibbons
Chief Clerk.

For the Commissioner.

W. P. HARMAN,
Administrative Assistant.

11—11418 LK

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 3, 1930.

Willie W. Corbett

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 3 1930 ON JOURNAL DEPARTMENT OF COMMERCE

CARDED

From: 1440

To: 1500

1st Keeper

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 1, 1928.

Mr. Willie W. Corbett,

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

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 1, 1927.

Mr. Willie W. Corbett,

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 ON JOURNAL DEPARTMENT OF COMMERCE

CARDED

1

APPROVED BY THE ACTING SECRETARY 1/1/27

1093/1

GOVERNMENT PRINTING OFFICE 11—9051

CROSS REFERENCE

SEE FILE--464/16/D#1

NAME Corbett, Willie H. 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	Amt. per annum to be Subtracted
840	240	1080	XCR	404. 25-	1484. 25	LHS	5-	1260	yes	60	

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

approv- $1260

GRADE RECOMMENDED 5

RANGE OF COMPENSATION RECOMMENDED FROM $1202 TO $1440

Corbett (Surname) Willie (Given name) W (Initial)

2. Department Commerce
3. Bureau Lighthouses
4. Field Service Lighthouse Service
5. (a) Field Station First Lighthouse District
   (b) Subdivision Tenants Harbor Light Station
   (c) City or town _____ State Maine
6. Pay-roll title Light 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 _____
11. Present rate of pay, exclusive of bonus $840.00 per annum; bonus, $240.00 per annum.
12. Rate of pay, exclusive of bonus, on January 1, 1923, $840.00 per annum; 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, 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 and 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 x10
    (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 a 5th order wick light and lens revolving clock
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.)

In full charge of station. In the performance of these duties he is guided by a Book if Instructions and by special directions issued from time to time by his District Superintendent. 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? 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? Since November 1, 1920.

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

MAY 31 1923, 1923.
(Date)

C. E. Sherman
(Signature of Preparing Officer) (Title) Supt 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 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. to $ 1260. exclusive of allowances mentioned in Question 15.

MAY 31 1923, 1923.
(Date)

C. E. Sherman
(Signature of head of field office or station) (Title) Superintendent of Lighthouses

GOVERNMENT PRINTING OFFICE 2—12758

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

June 25, 1925.

Mr. Willie W. Corbett,

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. GAL[illegible]

Action Chief of Appointment Division.

11—8074

E
1st

CARDED

APPOINTMENT DIVISION
ENTERED
JUL 7 1925
ON JOURNAL
DEPARTMENT OF COMMERCE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

January 31, 1925.

Mr. Willie W. Corbett,

Commissioner of Lighthouses,

Through the

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.

1st.

JBJ

CARDED

FEB 3 1925

(CROSS REFERENCE)

Corbett Hillie A In accordance with authority of the Director of the Budget dated June 27, 1924, the salary is re-adjusted to $ 1080, effective July 1, 1924.

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

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

GFL

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Exec. Asst.
Mar. Engr.
Personnel.
Accounts.
Contracts.
Chf Clk.
Dep. Comr.
Comr.

CHIEF CLERK

1924 FEB 26 PM 2 39

1924 FEB 25

LIGHTHOUSES
1924
DEPARTMENT OF COMMERCE
DIVISION

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

February 23, 1924

Commissioner of Lighthouses:

The transfer of Willis W. Corbett, Keeper, from Tenants Harbor L. S., Me., to Little River L. S., Me., reported by this office on Form 73a, October 11, 1923, which was for a four month period from November 1, 1923, will become permanent commencing March 1, 1924.

Bureau of Lighthouses, Washington
FEB 26 1924

Submitted to Secretary of Commerce for his information

Seaman
Superintendent.

CARDED

J. S. CONWAY
Acting Commissioner.

Form 73a
GFL

REPORT OF TRANSFER OF APPOINTEE

LIGHTHOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1923 NOV 3 AM 9 04

OFFICE OF LIGHTHOUSE [redacted] Supt., First DISTRICT.

Portland, Maine, October 11, 1923.xsx

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 November 1, 1923.**

CHIEF CLERK
1923 NOV 3 PM 2 20

Name, **Willie W. Corbett** Position, **Keeper**

From **Tenants Harbor L. S., Me.** To **Little River L. S., Me.**

Previous incumbent, **Charles A. Kenney**

Services terminated, **close Oct. 31, 1923,** Reason, **To be temporarily transferred to position of Keeper, St. Croix River L. S., Me., during assignment of Frank B. Ingalls to Whitlocks Mill L. S., Me., on account of leave without pay of Joseph W. Jellison. This transfer of Corbett will be for a period of not to exceed four months from November 1, 1923.**

DEPARTMENT OF COMMERCE NOV 3 1923 APPOINTMENT DIVISION

C. E. Sherman
Superintendent.

Portland, Maine, November 1, 1923.

The above-referred-to transfer became effective beginning with November 1, 1923.

Sherman
SHERMAN
Superintendent.

GFL
11—4598

BUREAU OF LIGHTHOUSES
WASHINGTON

NOV 3 - 1923

CARDED

Submitted to the Secretary of Commerce for his information.

J. S. CONWAY
Acting Commissioner.

TR

Form 73a
GFL

REPORT OF TRANSFER OF APPOINTEE — LIGHTHOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1923 OCT 13 AM 8 44

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

Portland, Maine, October 11, 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 November 1, 1923.

CHIEF CLERK
1923 OCT 13 PM 3 01

Name, Willie W. Corbett Position, Keeper

From Tenants Harbor L. S., Me. To Little River L. S., Me.

Previous incumbent, Charles A. Kenney

Services terminated, close Oct. 31, 1923, Reason, To be temporarily transferred to position of Keeper, St. Croix River L. S., Me., during assignment of Frank B. Ingalls to Whitlocks Mill L. S., Me., on account of leave without pay of Joseph W. Jellison. This transfer of Corbett will be for a period of not to exceed four months from November 1, 1923.

DEPARTMENT OF COMMERCE OCT 15 3 ENTERED INSPECTOR

APPOINTMENT DIVISION ENTERED OCT 16 1923 ON JOURNAL DEPARTMENT OF COMMERCE

W. E. Sherman
Superintendent.

, 191

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

10-16-23

11—4598

CARDED OCT 13 1923

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce for his information.

H.B.B.

H. B. BOWERMAN
Acting Commissioner.

Form 73a
CES:GFL

REPORT OF TRANSFER OF APPOINTEE

LIGHTHOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1923 MAR 10 AM 9 06

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

Portland, Maine, January 6, 1923. ~~xxxtx~~

5

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 February 17, 1923.

1923 MAR 10 PM 4

DEPARTMENT OF COMMERCE
MAR 12 1923
APPOINTMENT DIVISION.

Name, Willis W. Corbett Position, Keeper

From Tenants Harbor L. S., Me. To Little River L. S., Me.

Previous incumbent, Charles A. Kenney

Services terminated about Feb. 16, 1923 Reason, To be transferred to St. Croix River L. S., Maine.

This transfer is to be made agreeably to a request from Mr. Corbett; letter herewith.

APPOINTMENT DIVISION ENTERED MAR 12 1923 ON JOURNAL DEPARTMENT OF COMMERCE

(Signed) C. E. SHERMAN
Superintendent.

GFL

Portland, Maine, March 8, 1923. xxxx

The above referred to transfer ~~became effective beginning with~~ will not be effected due to cancellation of my recommendation for the retirement of Joseph W. Jellison, Keeper, Whitlocks Mill L. S., Me. See letter of even date recommending cancellation of Department's notices of change in salary of Frank B. Ingalls, et als.

C. E. Sherman
Superintendent.

11-4508

3/12/23

CARDED

BUREAU OF LIGHTHOUSES
WASHINGTON

MAR 10 1923

Submitted to the Secretary of Commerce for his information. Department notices of change in salary of Frank B. Ingalls and 4 others are submitted to the Department for cancellation by separate indorsement this date.

J. S. CONWAY
Acting Commissioner.

Form 73a
CES:GFL

REPORT OF TRANSFER OF APPOINTEE

CHIEF CLERK
1923 JAN 8 PM 4 34
1923 JAN 8 AM 8 47

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

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

Portland, Maine, January 6, 1923. ~~xxxxx~~

DEPARTMENT OF COMMERCE
JAN 10 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 February 17, 1923.

$840. 2nd Cl. Lens

Name, Willie W. Corbett Position, Keeper

From Tenants Harbor L. S., Me. To Little River L. S., Me.

Previous incumbent, Charles A. Kenney

Services terminated, about Feb. 16, 1923 Reason, To be transferred to St. Croix River L. S., Maine.

This transfer is to be made agreeably to a request from Mr. Corbett; letter herewith.

CARDED

C. E. Sherman
Superintendent.

APPOINTMENT DIVISION
ENTERED
JAN 10 1923
DEPARTMENT OF COMMERCE

, 191

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

.....

11—4508

E/C
Inclosure

BUREAU OF LIGHTHOUSES
WASHINGTON

JAN 8 - 1923

Submitted to the Secretary of Commerce for his information.

1-9-23

J. S. CONWAY
Acting Commissioner.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE

1923 JAN 31

Supt. of LIGHTHOUSES 1st DIST.
8 AM 8
PORTLAND, MAINE.

FIRST DISTRICT

FEB 3 1921

Tenants Harbor Me
(Station, Depot, or Vessel)

Jan 30, 1921

C. E. Sherman Supt 1st L. H. D.
Portland Me.

Dear Sir:-

Following is the list of lights I would go to providing a vacency should occur.

Little River)
Marshalls Point.
Prospect Harbor.
Whitlock Mills.
Little River is my preffernce.

Yours Truly
W. W. Corbett Keeper
Tenants Harbor Me.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES

GFL

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME. 1920 NOV 8 AM 8 31

APPOINTMENTS

Hydro
Engr. Cons.
Mar. Engr.
Personnel
Accounts
Contract
Chf. Clk.
Dep. Comr.
Comr

November 5th, 1920

1920 NOV 10 AM 11 24

CHIEF CLERK

1920 NOV 10 AM 9 12

Commissioner of Lighthouses:

1. Referring to Department's "Notice of Change in Salary", dated August 17, 1920, in the case of Willie W. Corbett, Keeper, this district, whereby his salary was changed from $720 to $840 per annum:

2. The effective date of Mr. Corbett's entrance on duty under his new rate of pay is November 1st, 1920.

Superintendent.

Bureau of Lighthouses, Washington
CARDED NOV 8 1920

Submitted to Secretary of Commerce for his information.

1920 NOV 9 AM 9 20

Acting Commissioner

REPORT DATA
ENTERED

NOTICE OF CHANGE IN SALARY
KEEPERS--LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

Mr. Willie W Corbett,

Through the Commissioner of Lighthouses.

You are advised that your salary as keeper in the Lighthouse Service has been changed from $720 per annum to $840 per annum, effective November 1, 1920 or as soon there after as you enter on duty (including $60 per annum longevity Pay).

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.

APPOINTMENT DIVISION AUG 1 1920 DEPT OF COMMERCE

U. S. REPORT DATE ENDORSED

CANCELLED

Form 73

NOMINATION

LIGHTHOUSES

1920 AUG 13 PM

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine, August 13, 1920.
(City.) (Date.)

HEMPA 1920

CHIEF CLERK

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER AND PROMOTION

Name, Willie W. Corbett

Legal residence, Maine

1920 AUG 16 AM 9 23

Position, Keeper

Salary, $840.PA(which includes longevity pay of $60.)

Location, Tennants Harbor L S Me

Appropriation, Sal Kprs, etc.

Effective November 1, 1920.

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

Former position, Assistant Keeper

Former salary, $720.PA(which includes longevity pay of $60.)

Location, Monhegan Island Light Station, Maine

APPOINTMENT NECESSARY ACTION TAKEN AUG 17 1920 DEPARTMENT OF COMMERCE.

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

APPOINTMENTS

Previous incumbent, Joseph W. Jellison Services terminated, October 31, 1920.

Reason, Transfer recommended to Keepership of Whitlocks Mill L S Me

Members of family in Government Service, ---

Remarks: Mr. Corbett requested this transfer and is the oldest man in the Service desiring same.

8/16/20.

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

Secretary, *Civil Service District.*

Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 14 1920

Submitted to the Secretary of Commerce, approved.

1920 AUG 14 PM 12 36

E. C. Gillette

Acting Commissioner of Lighthouses.

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

11—2314

GFL
Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

Supt. of LIGHTHOUSES 1st DIST. PORTLAND, MAINE.
NOV 18 1918
NOV 20 1918
LIGHT HOUSES

I, Willie W. Corbett,

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.

NOV 20 1918 19 55 AM

Willie W. Corbett

State of Maine
County of Lincoln } ss.

I, W. F. Merrill, CLERK OF THE COUNTY OF LINCOLN, and also CLERK OF THE SUPREME JUDICIAL COURT of said County (said Court being a Court of Record), DO HEREBY CERTIFY that Mr.

William S. Stanley,

whose name is subscribed to the certificate of proof or acknowledgment of the annexed instrument, and thereon written, was, at the time of taking such proof or acknowledgment, a JUSTICE OF THE PEACE of the State of Maine in and for said County of Lincoln, dwelling in said County, commissioned and sworn and duly authorized by the laws of said State to take the acknowledgments and proofs of deeds or conveyances, for land, tenements or hereditaments in said State to be recorded therein. And further, that I am well acquainted with the handwriting of such Justice, and verily beleive that the signature to said Certificate is genuine, and that the said instrument is executed and acknowledged according to the laws of the State of Maine.

In Testimony Wherof, I have hereunto set my hand and affixed the seal of the said County and Court, this sixteenth day of November, 1918.

W. F. Merrill Clerk

Portland, Maine, (Address) November 18th, 1918. (Date)

The above-named appointee entered upon duty on November 1st, 1918. (Date)

CARDED

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

11—944

GFL
Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

Supt. of LIGHTHOUSES 1st DIST. PORTLAND, MAINE.

LIGHT NOV 18 1918 NOV 20 1918 HOUSES

I, Willie W. Corbett,

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.

NOV 20 1918 19 55 AM

Willie W. Corbett
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 13th day of November, A. D. 1918

(Affix official seal here)

[4](Name) William C. Stanley

1918 NOV 20 AM 11 42

(Official title) Justice of the Peace

My commission expires Aug 7 — 1919

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Keeper	$720. per annum	Monhegan Island Light Station, Me.
Former[5] Assistant Keeper	$492. per annum	Same as above.

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

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT

Portland, Maine, (Address), November 18th, 1918. (Date)

The above-named appointee entered upon duty on November 1st, 1918. (Date)

CARDED

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

11—944

GENERAL APPOINTMENT—FIXED DATE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

November 5, 1918.

Mr. Willie W. Corbett,

the Commissioner of Lighthouses.

Sir:

Through

You have been appointed, subject to taking the oath of office, and to actual entrance upon duty (unless on authorized leave) on the date indicated, Keeper, Lighthouse Service, in the Seven Hundred and Twenty annum, at a salary of November 1, 1918. dollars per ,

effective By promotion from assistant keeper at $492 per annum.

(The above rate of pay includes longevity pay of $60.)

FOR BASIS OF THIS ACTION SEE LETTER DATED 10/17/18 IN FILE OF 10951

REGARDED

NOV 8 1918

By direction of the Secretary:

Respectfully,

(Signed) Clifford Hastings.

Chief of Appointment Division.

Salaries, Keepers of Lighthouses.

New position. (By increase in compensation.)

Appropriation:

Maine,

Vice:

Legal Residence:

11—1393

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Lighthouse Inspector
RECEIVED
MAY 10 1916
Portland

FIRST DISTRICT

Monhegan LIGHTHOUSES
(Station, Depot, or Vessel.)

May 8 th, 1916

1920 AUG 13 PM 3 54

HEMPA CO CF D C

Mr. C. E. Sherman.
Inspector 1st Light-House district
Portland Maine

Dear Sir

I am sending you a list of Light-Stations that I am willing to exchg. transfer if a vacancy should occur.

Baker Island. K.
Bass harbor Head K.
Fort Point K
Gilkey harbor. K.
Huron Rock K.
Indian Island K.
Little Ross K
Marshs Point. K.
Monhegan. K.
Negro Island K.
Pond Island K.
Prospect Harbor. K.

Assistants Harbor K.
Whitlock Mills K
York Noble K.

Respectfully
Willie H Calue
1st asst Monhegan
Maine

Forwarded Daniel Stevens Keeper

4.

USE TYPEWRITER—SEE INSTRUCTIONS ON BACK.

MAKE ENTRIES IN THIS COLUMN.

UNITED STATES
BUREAU OF EFFICIENCY.
FORM 8.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.
8—4789-2

RECORD OF CIVIL EMPLOYEE

JULY 1, 1916.

LIGHT
SEP 18 1916
HOUSES

1. Name: (Surname first. Given name in full. For women write Miss or Mrs. before given name.)
CORBETT Willie Winslow

2. Department:
Commerce

3. Bureau, office, or service:
Lighthouses

4. Designation of position:
Assistant Keeper Lighthouse Service

5. Occupation (if not clearly shown by answer to question 4):
Assists in care of light, fog signal, buildings, grounds etc.

6. Annual earnings:
$595.80

7. Kind of appropriation:
L S

8. Present rate of pay:
$ 492. P A

9. Initial rate of pay:
$ 450. P A

10. Total length of service (give the total of ALL U. S. GOVT. SERVICE with the exceptions stated on the back of this card)—

Substitute— Years:	Months:	Regular— Years:	Months:
None		8	4½

11. State, Territory, or foreign country of birth (do not give town):
Maine

12. Race:
W

13. Sex:
Male

14. Date of birth—
Month: September 3
Year: 1882

15. Kinds of schools attended, years attended, and degrees taken:
E 10

16. Marital condition:
M

17. War veteran?
No

18. Appointed from—
Congressional district and State: 2 Maine
County: Lincoln

19. Civil service status:
C

20. Method by which classified status was obtained:
C E

21. Place of employment—
City: Monhegan Island L S Monhegan
State: Maine

DO NOT FOLD THIS CARD.

11—5869

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

Lighthouse Inspector RECEIVED JAN 17 1916 Navy Dept. Washington

APPOINTMENTS JAN 21 1916

LIGHT JAN 19 1916 HOUSES

CHIEF CLERK JAN 21 1916

I, WILLIE W. CORBETT,

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.

William W. Corbett
(Appointee signs here)

State of Maine. } ss.
County of Lincoln,

I, W. F. MERRILL, CLERK OF THE COUNTY OF LINCOLN, and also CLERK OF THE SUPREME COURT of said County (said Court being a Court of Record), DO HEREBY CERTIFY that Mr.

Wm. S. Stanley,

whose name is subscribed to the certificate of proof or acknowledgment of the annexed instrument, and thereon written, was, at the time of taking such proof or acknowledgment, a JUSTICE OF THE PEACE of the State of Maine in and for said County of Lincoln, dwelling in said County, commissioned and sworn and duly authorized to take the same. And further, that I am well acquainted with the handwriting of such Justice, and verily believe that the signature to said Certificate is genuine, and that the said instrument is executed and acknowledged according to the laws of the State of Maine.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the said County and Court, this eighth day of January, 1916.

W. F. Merrill Clerk.

CARDED

(Address)

The above-named appointee entered upon duty on January 1, 1916.
(Date)

CARDED

C. C. Sherman
(Signature followed by title)
Inspector.

---

[1] Insert here "swear" or "affirm," as the case may be.

[2] Insert here "sworn to" or "affirmed," as the case may be.

[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no 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.

[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

Entd

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

Lighthouse Inspector RECEIVED JAN 17 1916 First Dist. Portland, Me.

APPOINTMENTS JAN 21 1916

LIGHT JAN 19 1916 HOUSES

CHIEF CLERK JAN 21 1916

I, WILLIE W. CORBETT,

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.

☞ Willie W. Corbett
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] Seventh day of January, A. D. 1916

(Affix official seal here)

[4](Name) Wm S. Stanley

(Official title) Justice of the Peace

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present Assistant Keeper	$492 per annum	Monhegan Island Light Station, Me.
Former[5] " "	$480 " "	" " " " "

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

Office of Lighthouse Inspector, First District

Portland, Me., (Address) January 17, 1916. (Date)

The above-named appointee entered upon duty on January 1, 1916. (Date)

CARDED

C. C. Sherman
(Signature followed by title)
Inspector.

[1] Insert here "swear" or "affirm," as the case may be.

[2] Insert here "sworn to" or "affirmed," as the case may be.

[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no 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.

[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

Entd

GENERAL APPOINTMENT—FIXED DATE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

December 28, 1915.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office, and to actual entrance upon duty (unless on authorized leave) on the date indicated, Assistant Keeper in the Lighthouse Service at a salary of Four Hundred and Ninety-two dollars per annum, effective January 1, 1916.

(By increase in compensation from $480 per annum.)

ORDERED

APPOINTMENT DIVISION RECEIVED DEC 28 1915 DEPARTMENT OF COMMERCE

By direction of the Secretary:

Respectfully,

(SIGNED) CLIFFORD HASTINGS

E
R

Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.

Vice:

Legal Residence: Maine.

CHANGE REPORTED JAN 1916 U.S. COMMISSION

11—1393

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CLK

LIGHT HOUSES DEC 23 1915

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT,

Portland, Me., (City.) Dec. 21 (Date.), 1915

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, Increase in salary.

Name, WILLIE W. CORBETT — Legal residence, Maine

Position, Assistant Keeper — Salary, $492 per annum.

Location, Monhegan Island Light Station, Me. — Appropriation, Sal., Kprs., etc.

Effective January 1, 1916. — {the actual date of entrance on duty, or as soon thereafter as he enters on duty.

CHIEF CLERK DEC 24 1915

APPOINTMENTS DEC 24 1915

Former position, Assistant Keeper — Former salary, $480 per annum.

Location, Monhegan Island Light Station, Me.

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

Previous incumbent, Himself — Services terminated, Dec. 31, 1915.

Reason, Increase effective Jan. 1, 1916.

D. L. DEC 16 1915

Members of family in Government Service, None.

Remarks: Reference to Bureau's letter, Dec. 17, '15, "Pay schedule."

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

(In the absence and by direction of the Inspector)

, 191

Luther
Superintendent.

Secretary, Civil Service District.

12-22-15

BUREAU OF LIGHTHOUSES
WASHINGTON

DEC 28 1915

Submitted to the Secretary of Commerce, approved.

J. Conway
Acting Commissioner

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

11—2314

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

LIGHT JUL 23 1914 HOUSES

CHIEF CLERK AUG 1914

APPOINTMENT AUG 15 1914

I, Willie W. Corbett,

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.

☞ Willie W. Corbett
(Appointee signs here)

APPOINTMENT AUG 15 1914

State of Maine.

County of Lincoln, ss.

I, the Undersigned, Clerk of the Supreme Judicial Court of the State of Maine, within and for the County of Lincoln, (said Court being a Court of Record,) do hereby certify that William S. Stanley, Esq., is legally commissioned and duly qualified to act as Justice of the Peace for said County of Lincoln, and authorized as such to administer oaths and take acknowledgements within said County; that his commission as such Justice is dated the first day of August 1912, and runs for seven years.

SUP. JUD. CIR. STATE OF MAINE

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Supreme Judicial Court, this ninth day of July in the year of our Lord one thousand nine hundred and fourteen.

W. F. Merrill Clerk.

(Signature, followed by 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 after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no 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.

[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

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

LIGHT JUL 23 1914 HOUSES

CHIEF CLERK AUG 1914

APPOINTMENT AUG 15 1914

I, Willie W. Corbett,

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.

☞ Willie W. Corbett
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] Third day of July, A. D. 1914

(Affix official seal here)

[4] (Name) William S. Stanley

(Official title) Justice of the Peace

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present Assistant Keeper	$480 per annum	Monhegan Island Light Station, Me.
Former[5] 1st Asst. Keeper	$516 per annum	Saddleback Ledge Light Station, Me.

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

Office of Lighthouse Inspector, First District

Portland, Me., (Address) July 14, 1914. (Date)

The above-named appointee entered upon duty on July 1, 1914. (Date)

CARDED.

G. E. Sherman
(Signature, followed by 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 after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no 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.

[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

GENERAL APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

June 24, 1914.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

Assistant Keeper

in the Lighthouse Service

at a salary of Four Hundred and Eighty dollars per annum,

effective on the date on which you enter upon duty in the above-mentioned position.

(By transfer from first assistant keeper at $516 per annum.)

By direction of the Secretary:

Respectfully,

APPOINTMENT DIVISION ENTERED JUN 24 1914 ON JOURNAL DEPT. OF COMMERCE

CARDED.

M
C

(SIGNED) GEO. W. LEADLEY

Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.

Vice: Lester Leighton.

Legal Residence: Maine.

CHANGE REPORTED
JUL 1914
U. S. COMMISSION

11—3692

Form 73

CES/CLK

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT.

LIGHT JUN 22 1914 HOUSES

Portland, Me., (City.) June 19 (Date.), 1914

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer

Name, Willie W. Corbett 91.8%

Legal residence, Maine

Position, Assistant Keeper

Salary, $480 per annum

Location, Monhegan Island Light Station, Me.

Appropriation, Sal., Kprs., etc.

Effective July 1, 1914 {[1] the actual date of entrance on duty, or as soon thereafter as he enters on duty.

CHIEF CLERK JUN 2[illegible]

APPOINTMENTS JUN 23 1914

Former position, 1st Assistant Keeper

Former salary, $516 per annum

Location, Saddleback Ledge Light Station, Me.

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

Previous incumbent, Lester Leighton, Services terminated, June 30, '14

Done 6/24/14 MOM

Reason, To be transfered and demoted.

Relatives in Government Service, None

Remarks: Letter from Mr. Corbett, dated May 10, 1914, indicating willingness to accept this transfer at reduction in salary is herewith. This is in reality a promotion, since quarters are provided at Monhegan Island, and are not provided at Saddleback Ledge.

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

Sherman
Inspector.

Secretary, Civil Service District.

Inclosure

6/23/14 MOM

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

JUN 22 1914

Acting Commissioner.

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
PORTLAND, ME.

Department of Commerce and Labor
LIGHTHOUSE SERVICE

Lighthouse Inspector
RECEIVED
★ MAY 13 1914 ★
First Dist. Portland, Me.

FIRST DISTRICT

K.

Saddleback Ledge
(Station, Depot, or Vessel.)

May 10 1914

LIGHT
JUN 22 1914
HOUSES

Mr C E Thoma. Inspector 1st Light- House
District- Portland Maine

Dear Sir

I am suding to You a List of Lights that
I am willing to be Tranbured to When
a Vacancy occur.

Duck Island. as 1st-ant-
Fort- Point- Keeper
Little Ruse Keeper. Indian Island or Keeper.
Libby Island as 1st-ant-
Mark Island Keeper.
Mouhegan. as 1st-ant- or Keeper.
Manana as 1st-ant- or Keeper.
Marshall Point- Keeper.
Nash. Island. Keeper.
Quddy Head as 1st-ant.
Ram Island Booth Bay Keeper
Two Bush as 1st ant- as Keeper.
White Head as 1st-ant-

Your truly Willis H. Corbett 1st-ant-.
Saddleback Ledge Light- Station

Approved
W. D. King
Keeper

Form 111

RECEIVED MAY 4 1912

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

BUREAU OF LIGHT-HOUSES MAY 2 1912 DEPT OF COMMERCE AND LABOR

Carded in the Disbursing Office.

I, Willie W. Corbett,

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.

Willie W. Corbett
(Appointee signs here.)

[2] Sworn (See below.) and subscribed before me, this[3] 29th day of April, A. D. 1912

(Affix Official seal here.)

[4](Name) Samuel H. Sladden

(Official title) Notary Public

Official Title.	Rate of Pay.	Name of Station, Vessel, or Place of Employment.
First Assistant Keeper	$516 per yr.	Saddleback Ledge Light-Station, Me.

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

Office of Lighthouse Inspector, First District

CARDED.

Portland, Me., (Address.) April 30, 1912. (Date.)

The above-named appointee entered upon duty on April 16, 1912. (Date.)

RECEIVED MAY 6 - 1912 DIVISION OF APPOINTMENTS DEPT OF COMMERCE AND LABOR

G. E. Sherman
(Signature, followed by title.)
Inspector 1st L.H.District.

[1] Insert here "swear" or "affirm," as the case may be.

[2] Insert here "sworn to" or "affirmed," as the case may be.

[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no 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.

Failure to fill out this oath properly will result in its return for correction.

MAY 3 - 1912

GENERAL APPOINTMENT

Department of Commerce and Labor
APPOINTMENT DIVISION
Washington

April 20, 1912.

Mr. Willie W. Corbett,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed, subject to taking the oath of office,

First Assistant Keeper

in the Lighthouse Service

at a salary of Five Hundred and sixteen dollars per annum,

effective on the date on which you enter upon duty in the above-mentioned position.

(By promotion from second assistant keeper at $450 per annum.)

CHANGE REPORTED
APR - - 1912
C. S. COMMISSION.

CARDED.

By direction of the Secretary:

Respectfully,

APPOINTMENT DIVISION.
REPORTED
APR 22 1912
TO DISBURSING CLERK
DEPT OF COMMERCE AND LABOR.

F
D

Acting Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.

Vice: Leo Allen.

Legal Residence: Maine.

11—3892

H.

Form 73 ORIGINAL APPOINTMENT, PROMOTION, OR TRANSFER OF APPOINTEE

K

Department of Commerce and Labor
LIGHTHOUSE SERVICE

OFFICE OF THE CHIEF CLERK RECEIVED APR 20 1912 DEPT OF COMMERCE AND LABOR

BUREAU OF LIGHTHOUSES APR 4 1912 DEPT OF COMMERCE AND LABOR

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT,

Portland, Me., April 2, 1912

THE COMMISSIONER OF LIGHTHOUSES:

The following recommendation is submitted:

Action proposed, Promotion.

Name, Willie W. Corbett Ef 9.18 Legal residence, Maine

Position, 1st Asst. Keeper Salary, $516 per annum.

Location, Saddleback Ledge Light-Station, Me. Was 412.50 per an.

CHIEF CLERK FORWARDED TO APR 20 1912 APPTS. DEPT OF COMMERCE AND LABOR

Effective Ef approved on the actual date of entrance on duty.

APPOINTMENT DIVISION RECEIVED APR 20 1912 DEPT OF COMMERCE AND LABOR

Former position, 2nd Asst. Keeper Former salary, $450 per annum.

Location, Saddleback Ledge Light-Station, Me.

Rank in list of eligibles, Rating, Percentage,

Other eligibles considered,

Letters of declination inclosed,

Previous incumbent, Leo Allen Services terminated, Apr. 15, '12.

Reason, Reason recommended for transfer.

Remarks:

C. E. Sherman
Inspector 1st L.H.District.

Salaries of Keepers of Lighthouses, 1912.

Department of Commerce and Labor
BUREAU OF LIGHTHOUSES
WASHINGTON APR 18 1912

Respectfully submitted to the Secretary of Commerce and Labor, approved.
Nomination of Leo Allen is sent to the Department today.

11—2314

H-20-12

C. Alexander
Acting Commissioner

APPOINTMENT DIVISION RECEIVED APR 20 1912 DEPT OF COMMERCE AND LABOR

READ THE INSTRUCTIONS ON PAGE 3

Department of Commerce and Labor

ACB

EFFICIENCY REPORT

May 13, 1911

(The parenthetical letters refer to instructions on page 3, which instructions should be read and understood before attempting to fill out the form.)

1. Name Willie W. Corbett 2. Age 28 (Last birthday.)

3. Bureau Light House Service 4. Position Second Assistant Keeper
$37.50-mo. &.30

5. Compensation day ration 6. Where employed Saddleback Ledge Light Station

7. When appointed (*a*) Feb.12,1908 8. How appointed (*b*) Through Civil-Service Examination ~~Competitive Examination~~

9. Status under Civil Service Rules (*c*) Classified competitive

10. Is the employee an honorably discharged soldier or sailor? no

11. Does the employee receive a pension? no If so, state the amount —

12. Other Government service None

13. Duties (describe fully) Second Assistant Keeper
Saddleback Ledge Light Station, Me.

14. Has the employee special qualifications? no If so, state them

15. Efficiency (*d*):

	Averages.	Relative weights.	Products of averages multiplied by weights.
Quantity of work	90	2	180
Quality of work	85	3	255
Interest manifested in work (see also Question 17)	100	3	300
Attendance		2	
Total		8 10	735
Average percentage			91 875

DIVISION OF APPOINTMENTS RECEIVED JUN 13 1911 DEPT OF COMMERCE AND LABOR

11—4259

16. In the following form state the number of days of annual leave, sick leave, and leave without pay taken in each of the years 1908, 1909, and 1910:

Bureau's letter May 5, 1911

1908.			1909.			1910.		
Annual.	Sick.	Without pay.	Annual.	Sick.	Without pay.	Annual.	Sick.	Without pay.
~~None~~	-	-	~~10 days~~	-	-	~~None~~	-	-

17. Is this employee a purely routine employee, or does he manifest interest, not only in his own work but also in the work of the office or bureau as a whole, to the extent of overtime work or voluntary efforts by suggestion or otherwise to add to its efficiency? (Answer fully.) Performs his own work

18. On the basis of efficiency alone, is this employee overpaid or underpaid as compared with others in your office engaged on the same grade of work, or is his salary a fair equivalent for the service rendered? (Answer fully.) Salary commensurate

If the present salary is above or below a fair equivalent, state what, in your opinion, it should be. -----

19. Is this employee superannuated? no If so, what percentage of salary is unearned? -----

20. Remarks: (e) -------

The official who is primarily responsible for the statements herein submitted will sign here—

Jno. W. Wm. C. Wood

The official who approves the statements thus submitted will sign here—

Jno. W. Wm. C. Wood

Commander, U. S. Navy,
Inspector 1st [redacted] District

[redacted]

Chief of Bureau or Office.

T.S.C.

11—4259

Department of Commerce and Labor

LIGHT HOUSE BOARD
JUN 9 1909
NO.

EFFICIENCY REPORT

(Read the instructions on the reverse side of this Form before attempting to fill it out.)

1. Bureau Light House Service
2. Where employed Saddleback Ledge Lt.
3. Name Willie W. Corbett
4. Where born Cutler, Maine
5. Age 26
6. Position Second Assistant Keeper
7. Compensation ~~$450 year & 30¢~~ $450 year, day ration
8. When appointed (*a*) February 11 1908
9. How appointed (*b*) Competitive Examination
10. Appointed from — State Maine; Congressional District Fourth; County Washington
11. Status under Civil Service Rules (*c*) Classified Competitive
12. Is the employee an honorably discharged soldier or sailor? no
13. Other Government service none
14. Duties (describe fully) Second Assistant Keeper
Saddleback Ledge Light Station
15. Efficiency — Quantity of work (*d*) 9/10; Quality of work (*e*) Very good; Interest manifested in work (*f*) ✓ Very Good
16. Is this employee fully earning the salary he is now receiving? Yes
17. Remarks (*g*)

CARDED

Lt Colonel, Corps of Engineers, U. S. A.,
Engineer Secretary.

CAPTAIN, U. S. N.
NAVAL SECRETARY

JUN 7 1909

C M Eahs
Comdr. U.S.N.L.H. Inspector.
Head of Bureau or Office.

....., 19....

11—3005

PERSONAL QUESTION SHEET

FEB 14 1907 LIGHT HOUSE BOARD Received.

Enclosure.

Department of Commerce and Labor

OFFICE OF THE SECRETARY

Washington

December 17, 1906.

To the Chiefs of Bureaus of the Department of Commerce and Labor:

For the purpose of enabling the Department to maintain a complete record of its officers and employees, you are requested to have every person hereafter appointed or employed in your Bureau, immediately upon his entrance on duty, answer each of the questions in Part I of this form and sign the same. The officer in immediate charge should review the information given by the appointee or employee, and if correct, should forward the form to the Chief of the Bureau without delay. The information called for by the questions in Part II should then be supplied and the form forwarded to the Department.

CARDED.

Oscar S. Straus

Secretary.

PART I.

(Part I should be executed by the appointee or employee; but, if he is unable to write legibly, another person may write the answers at his dictation. In either case the statement should be signed by the appointee or employee. If he is unable to write, he may sign by mark in the presence of one witness. If he is unable to answer any question, he should indicate that fact.)

1. What is your full name? (Do not use initials, but spell out each name and state whether Mr., Miss, or Mrs. Example: Mr. John Richard Doe.)

Mr Willis Windslow Corbett

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

Willis Windslow Corbett

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

Gouldsboro	Maine	Washington - 4th
City or town.	State or Territory.	County. Congressional district.

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

5. Where were you born? in Gouldsboro State of Maine

6. When were you born? Sept (3) Third 1882
Month. Day. Year.

7. Are you pensioned by the U. S. Government? (Answer "Yes" or "No.") No

11—1134

8. Are there any members of your family, besides yourself, in the civil service of the United States? (If so, give below their names, relationships, the Departments and Bureaus or Services in which they are employed, and the positions they occupy.)

Name.	Relationship.	Department.	Bureau or Service.	Position.
No				

9. If you were appointed through a civil service examination, state, as near as you recollect, the name and date of the examination. If not so appointed, state how you entered the service. (Examples: "By reinstatement," or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

Examined per Form 1025

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

No

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

No

12. Were you in the military or naval service of the United States during the Civil or Spanish-American War? (If so, give the information called for by the blanks below.)

Regiment and company, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

13. If you served in the military or naval service of the United States at any time other than during the Civil or Spanish-American War, indicate such service in the spaces below.

Regiment and company, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
—	—	—	

14. What was your occupation prior to entering the United States civil service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service for the Government, indicated in your answers to questions 11, 12, and 13.)

Lobster Fishing

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

Common School Education

16. What special qualifications have you—professional, technical, mechanical, etc.? (Examples: Qualified as "Lawyer," or "Civil Engineer," or "Draftsman," or "Carpenter.")

None

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

None.

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

Yes

19. State the date upon which the above blanks were filled. Feb 6, 1908

Witness:

(Signature) Willis Hindshaw Corbett

In case signature is by mark

P. O. Address: Seattle
City or town.

Number and street.

State of Maine
State or Territory.

Reviewed, approved, and forwarded February 13, 1908

(Signature) Jno. W. Wiedwald

(Official title) Lt. Commander, U. S. N.
Inspector 1st. L. H. District.

PART II.

(Part II should be executed by the executive officers of the various Bureaus of the Department, or, at their direction, by some official who can give the information desired. If unable to answer any question, indicate that fact.)

1. State the Bureau or Service, place, and district in which the person who answered the foregoing questions is employed.

Light-House (Bureau or Service.) Saddleback Ledge Lt. Ho. (Place (city, town, or station).) First (District.)

2. To what position has he been appointed? Second Assistant Keeper

3. State the date of appointment. January 30. 1908

4. State the date the appointment was effective. (If appointment was made to take effect on date of oath, so state.)

February 10. 1908

5. State the date of the oath. February 5. 1908

6. State the date the appointee or employee entered on duty. February 11. 1908

7. What is his salary? 450.00 per annum

8. From what appropriation is he paid? Salaries of keepers of Light Houses.

9. Is the position excepted, competitive, or unclassified under the civil service rules? Competitive

10. If classified, state the date of classification. May 6. 1896

11. In what manner did the appointee or employee enter the service? Examples: "From stenography and typewriting examination;" or "without examination;" or "by reinstatement;" or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

Examination per Form 1025

12. Is the appointee or employee required to give bond? No

(Signature) Jno. W. Wiedwald

Date: February 13, 1908

(Official title) Lt. Commander, U. S. N.
Inspector 1st. L. H. District.

11—1434.

Form 111.

OATH OF OFFICE

(PRESCRIBED BY SECTION 1757, REVISED STATUTES)

FEB 14 1908 — LIGHT HOUSE SERVICE — Received.

Department of Commerce and Labor

LIGHT-HOUSE ESTABLISHMENT

Enclosure.

I, Willis H Corbett

do solemnly[a] Swear 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.**

Willis H Corbett

CARDED

Light House Board,
Entered upon duty.
Date 11 Feb, 1908

[b]Sworn to and subscribed before me, this 5th day of Feb, A. D. 1908

W. A. Guyer
acty Chief Clerk.

Affix official seal.

[c]Name: I. S. Stewart.

Official title: Notary Public.

NAME OF OFFICE.	NAME OF STATION.	State or Country in which born.	State or Territory from which appointed.
Second Asst Keeper	Saddleback Ledge Station	US	State of Maine

[a]Insert here "swear" or "affirm," as the case may be.
[b]Insert here "Sworn to" or "Affirmed," as the case may be.
[c]This Oath should be taken before a ~~Justice of the Peace~~, Notary Public, Judge, Clerk of a Court, or any other officer having authority to administer oaths, but never before a Collector of Customs, as he has no power to administer oaths in such cases. *The oath should be taken on or after the date of the appointment.*

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.

11—944

PROBATIONARY APPOINTMENT—WITHOUT FIXED DATE

11818

Department of Commerce and Labor
OFFICE OF THE SECRETARY
Washington

January 30, 1908.

Mr. Willis W. Corbett, of Maine, having qualified under the civil-service regulations, is hereby appointed Second Assistant Keeper of Saddleback Ledge Light Station, Maine, in the Light-House Service, with compensation at the rate of Four Hundred and Fifty dollars per annum, for a probationary period of six months, effective beginning February 10, 1908, or as soon thereafter as he enters on duty. (vice James V. Calderwood.)

Retention in the service after the expiration of probationary period shall be equivalent to absolute appointment.

Payment of the compensation authorized in this appointment is subject to the oath of office being taken.

CARDED

DIVISION OF APPOINTMENTS
REPORTED
FEB 10 1908
ISSUEING CLERK
DEPARTMENT OF COMMERCE AND LABOR

Secretary

11—1899

The Light-House Board.
Le
D

CHANGE REPORTED
FEB — 1908

Department of Commerce and Labor

McF
File No. 11318.

LIGHT-HOUSE BOARD

Washington

29 January, '08.

OFFICE OF THE CHIEF CLERK
RECEIVED
JAN 30 1908
DEPT OF COMMERCE AND LABOR

DIVISION OF APPOINTMENTS
RECEIVED
JAN 30 1908
DEPT. OF COMMERCE & LABOR

The Honorable

The Secretary of Commerce and Labor.

Sir:

The Board has the honor to ask the probationary appointment of Mr. Willie W. Corbett of Maine, as Second Assistant Keeper at Saddleback Ledge, Maine, Light Station, effective beginning February 10, '08, or as soon thereafter as he enters on duty, at $450.00 a year, in the place of Mr. James V. Calderwood, temporary appointee. Mr. Corbett has passed the required Civil Service examination and attained an average of 93.8 percent in class five, and is third on the eligible list.

This station is one at which Keeper's families are not allowed to reside and therefore Mr. Corbett was selected for the position in question. Mr. Corbett is the only single eligible on the register. JMH

Respectfully,

1-30-08

6

no papers

J. M. Hall

Commander, U.S.N.

Naval Secretary.

3d on eligible list.

OFFICE OF THE CHIEF CLERK
FORWARDED
JAN 30 1908
TO APPOINTMENTS
DEPT OF COMMERCE AND LABOR

DIVISION OF APPOINTMENTS
APPOINTMENT WRITTEN
JAN 30 1908
DEPT OF COMMERCE AND LABOR

Considered with:

Warren E. Beal

Albert Staples

1st Insp.