

SR# 2-28689565869

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

Source: Research Room Walk-ins
Complexity: Others
Search Type: 1st Search



2-D6H0YPH

Non-Registry Block:

Registry Number: ***00000 038 703***

Facility & Floor/Level: ***STL1*** Module/Bay: ***5*** Row: ***3E***

Reg Veteran's Name: *ELDER SIDNEY H*

SR Veteran's Name: *ELDER, SIDNEY H*

SSN:

DOB: *01/01/1895*

POB: *PA*

SVN/SSN: *000219289*

Service Code: *CG*

Service Number:

SR Number: 2-28689565869

Search Section: 5

Record Charged to:

Name: Sarah Rigdon
Room#: 158
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: BARNOLD

Initials: _____

Date: _____

Notes:



2-D6H0YPH

All Records Ordered for this Service Request:
2-D6H0YPH

Service Request Received in Center Date:		10/20/2023 00:00:00
Search Request Created By:	SRIGDON	10/20/2023 10:35:06
Search Request Printed By:	WDAUSTIN	10/20/2023 02:10:52

Y 000 21 9289

000 21 9289	ELDER SIDNEY H	CG	0 0 038 703
000 21 9289	DELAMONTANYE FRANC	NM	0 3 709 087
000 21 9289	DELAMONTANYE FRANC	NP	0 5 176 941

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-9964 (Rev. 10-67)

REPORT OF DEATH

TO: Chief, Payment and Claims Division

DATE: 7 May 1973

NAME	SERVICE NUMBER	GRADE OR RATING
ELDER, Sidney H.	219 289	BM1, Retired

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
2 May 1973	30 April 1973

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

PAY GRADE	YEARS OF SERVICE	RSFPP OPTION ELECTION	DEDUCTION

ANNUITY AMOUNT	ANNUITY BENEFICIARY (Name)	FINAL PAY DUE (Date)

ALLOTMENTS:

HAVE BENEFICIARY FORM

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

Y 000219289

000219289	DELAMONTANYE FRANC	NP	5 176 941	NM	3 709 087
000219289	ELDER SIDNEY H	CG	0 038 703		0 000 000

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

CERTIFICATION FOR DEATH CLAIM PAYMENT

DATE: 21 June 1973

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
ELDER, Sidney H.	219 289	BM1, Retired	535 38 1517

ESTAB'D DATE OF DEATH: 30 April 1973

EACH PERSON LISTED BELOW IS:
☒ DESIGNATED BENEFICIARY ☐ UNDESIGNATED BENEFICIARY ☐ CLAIMANT

NAME OF BENEFICIARY OR CLAIMANT		RELATIONSHIP	ADDRESS
. Elder	100%	widow	3250 California Avenue, S. W. Seattle, Washington 98116

that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to
aid pay and allowances that might be due the decedent and that the requirements of applicable law
ons have been satisfied.

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

TIFY that any claimant named above has qualified to receive any unpaid pay and allowances that
e due and that the requirements of applicable law and regulations have been satisfied. Attached
stantiating documents to support this claim.

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

lo. SF-1174

11-1-57

Approved Exception to SF 180

ADDRESS CODE: 51

VETERANS ADMINISTRATION
REQUEST FOR INFORMATION

1B. TYPE OF CLAIM: ORIGINAL BURIAL ALLOWANCE

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

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

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
VETERANS ADMINISTRATION
REGIONAL OFFICE
SIXTH & LENORA BUILDING
SEATTLE, WASHINGTON 98121

5B. ORIGINATING UNIT: 346/21

6. CLAIM NO.: C-29 258 327

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): ELDER, SIDNEY HAYES

9A. ALL SERVICE NOS.: 219289

9B. SOCIAL SECURITY NO.: 535 38 1519

10. DATE OF BIRTH: 11-20-93

11. PLACE OF BIRTH: VILLANOVA, PA

12. DATE OF DEATH: 4-30-73

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	9-27-39	11-1-57	Honorable	BM1
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACE OF TREATMENT	20. TYPE (Check) HOSPITAL	OP
A.					
B.					
C.					

21. ADDITIONAL INFORMATION REQUESTED
Verify Items 8 thru 15, pls.
N.P.R.C. advises veteran's records transferred to your office on 5-18-73.

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: ☐ NONE ☐ RESERVE OBLIGATION (Complete Item 22B) ☒ RETIRED (Complete Item 22C) ☐ UNKNOWN

22B. OBLIGATION TERMINAL DATE:

22C. RETIRED STATUS: ☒ IN PAY STATUS ☐ NONPAY STATUS ☐ TEMPORARY DISABILITY RETIRED LIST ☐ RETIRED—STATUS UNKNOWN

23. DATE: 6-15-73

24. SIGNATURE AND TITLE OF VA OFFICIAL: T. J. Cuel adj clk

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT ☒ ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

ITEM 13. 9-23-11
Records indicate prior service USMC from 3-21-16 to 3-21-20
7 years + 11 months prior Lighthouse service.

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG.	COPY			
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	DATE 7-2-73	SIGNATURE AND TITLE NWD
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					M Patten
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

VA FORM AUG 1971 07-3101

EXISTING STOCKS OF VA FORM 07-3101, JUL 1970, WILL BE USED.

JUN 20 1973

2

SERVICE NUMBER: ☐ Verified ☐ NIF

TRANSMITTAL

Assigned to:

AIR FORCE

- ☐ USAF Military Personnel Center
  ATTN: ☐ DPMDRO ☐ DPMDRA ☐
  Randolph AFB, Texas 78148
- ☐ Air Force Accounting & Finance Center
  3800 York Street
  Denver, Colorado 80205
- ☐ Air Reserve Personnel Center
  3800 York Street
  Denver, Colorado 80205

ARMY

- ☐ CO, U.S. Army Memorial Affairs Agency
  Department of the Army
  Washington, D. C. 20315
- ☐ CO, RCPAC, TAGO
  St. Louis, Missouri 63132
- ☐ Commanding General, Finance Center USA
  Indianapolis, Indiana 46249
- ☐ CO, U.S. Army Enlisted Personnel Support Center
  Ft. Benjamin Harrison, Indiana 46249
- ☐ Chief, Officer Personnel Records Branch
  PRD, Pers Svcs Support Directorate
  Washington, D. C. 20310
- ☐ National Guard Bureau
  Washington, D. C. 20310

CG

- ☒ Commandant, U. S. Coast Guard
  Washington, D. C. 20591

MARCOR

- ☐ Commandant, U.S. MARCOR CODE:
  Washington, D. C. 20380
- ☐ MARCOR Reserve Forces Class III
  1500 E. Bannister Road
  Kansas City, Missouri 64131

NAVY

- ☐ Chief, Bureau of Naval Personnel, ATTN:
  Washington, D. C. 20370
- ☐ Chief, Bureau of Medicine & Surgery, U.S. Navy
  Washington, D. C. 20390
- ☐ CO, Reserve Manpower Center
  U.S. Naval Training Center
  Bainbridge, Maryland 21905
- ☐ CO, Navy Finance Center
  Cleveland, Ohio 44199

OTHER

- ☐ U.S. Civil Service Commission
  Bureau of Retirement and Insurance
  Washington, D. C. 20415
- ☐ Director, U.S. Armed Forces Institute
  Madison, Wisconsin 53703
- ☐ Social Security Administration
  219 S. Central Avenue
  Clayton, Missouri 63105
- ☐

☐ Records/documents requested are enclosed.
☑ Records not located in NPRC.
☐ Unable to identify from information furnished.
☐ Before a more extensive search is made, additional information as indicated below is required.
  ☐ Verify spelling of name under which person served. *(Include middle name if not previously furnished).*
  ☐ Furnish/verify service number/SSAN.
  ☐ Furnish/verify dates of all service *(active and reserve).*
  ☐ Furnish current military status *(none, retired, reserve or on active duty).*

☑ Forwarded for necessary action.
☐ See attached Finding Aid Report.

☐ Records transferred/lent to *(symbol/code/office)* _____ *(date)* _____
☐ CSC Form BRI 46-143; ☐ SSA Form 654; ☐ VA Form 07-3101 dated: _____
on _____ C# _____
☐ Writer notified of this referral.
☐

Record returned
6/19/73

NCP MO-RA Date: 6-19-73
National Personnel Records Center, (MPR)
9700 Page Boulevard
St. Louis, Missouri 63132

U. S. COAST GUARD
WASHINGTON, D. C. 20590

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 30 MAY 73

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

ELDER, Sidney Hayes 219 289 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 30 April 1973
Place: Seattle, Washington
Cause: not yet received

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

20 November 1895 - Villanova, Pennsylvania - Caucasian

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

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

535 38 1517 E-6 over 26 years service $657.00 per mo. PL92-210

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED 1 November 1957 20 Year Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Winifred Elder, widow, 3250 California Avenue, S.W., Seattle, Washington 98116 (1) (3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

CCGD THIRTEEN, Seattle, Washington - 2 May 1973

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

NOT REGISTERED 22 March 1916 - Mare Island, California - USMC

11. PRIOR SERVICE DATA

☒ YES ☐ NO U. S. Marine Corps - FLHS now USCG

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH

NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:

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

13. DISTRIBUTION

VA
SELECTIVE SERVICE

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs & Claims Branch

DD FORM 1 MAR 60 1300

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

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

Manager [signature] Date 1-17-62

FROM: Social Security Administration
230 Fairview Ave. No.
Seattle 9, Washington

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
ELDER SIDNEY HAYES	20 Nov 1895		535-38-1517

BRANCH OF SERVICE	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
Coast Guard	9/23/41	11/1/57	Seattle, Wash.
RATE OR RANK: BM1			
SERIAL NO.: 219 289			

Part II [X] . . . Part III [X] below to be completed by the service department

REMARKS:

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE	3. CHARACTER OF SEPARATION(S)* (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL)
23 September 1941	1 November 1957	Retired

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

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ RE-ENLISTED ☐ COMMISSIONED

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.
b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE (*Officers only*)
c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.
d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.
e. ☐ NONE OF THE ABOVE.

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

1. (*a*) Was this veteran an enlisted member of the Army, Air Force, Navy, or Marine Corps and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(*b*) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☒ Yes	☐ No
If answer to 1 (*a*) or 1 (*b*) is "Yes," answer (*c*) and (*d*).		
(*c*) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
(*d*) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
2. (*a*) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	☒ Yes	☐ No
If answer is "Yes," answer (*b*) and (*c*).		
(*b*) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	☒ Yes	☐ No
(*c*) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957?	☒ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☒ Yes	☐ No

REMARKS BY CERTIFYING AGENCY:
Retired 1 November 1957 - 20 Years Service - AUTH: Title 14, USC, Section 355 - Retired pay based on years of service. - Gross retired pay per month - $229.43 (PL85-422).

☐ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD
DATE: 2 February 1962

SIGNATURE: M. J. MAYER
RANK OR TITLE: Chief, Survivors Benefits Branch
Special Services Division
By direction of the Commandant

Form OA-C654 (2-60)

VCW

TREASURY DEPARTMENT
U. S. COAST GUARD
CG 2500 (Rev. 7-50)

ENLISTMENT CONTRACT

AUTH: Art. 556 CG Regs
SF 88 dtd 9-17-51

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ } PE-PR-3Z

ENLISTMENT OF EIDER, Sidney Hayes (Full name, surname to left); 219-289 (Service number); $249.90 (Pay per month)

Accepted for enlistment at Seattle, Washington; BM1 (Rating in which enlisted)

Enlisted at CG RECRUITING STATION, Seattle, Washington; 26 September, 1951 (Date of enlistment)

Transferred to CG GROUP, Seattle, Washington for assignment to duty

Occupation Coast Guardsman Citizenship* N.B. If naturalized, place and date of naturalization - - - Certificate No. -

Date of birth 20 November, 1895 Place of birth Villanova, Pennsylvania

Legal address 3201 Alki Avenue (Street and number) Seattle 6 (Town) KING (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian

WIFE: Winifred Lucille Elder, 3201 Alki Ave., Seattle 6, Washington (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~XXXXX~~ } 10 (Years) 0 (Months) 03 (Days)

First enlisted 23 September, 1941 (Date) at Ketchikan, Alaska (Place) and was last discharged 25 September, 1951 (Date) from Office, Comdr., 13th CG District, Seattle, Wn. (Unit)

with Honorable (Character) discharge as BM1 (Rate) No. -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service 08 (Years) 00 (Months) 00 (Days)

Previous Army service None (Years) (Months) (Days) Previous Air Force service None (Years) (Months) (Days)

Age 55 years 10 months. Height 5 feet 6 inches. Weight 132 pounds.

Eyes Grey Sex Male Hair Grey Complexion Fair Race Caucasian

Personal characteristics marks, etc. ANT: 3" appendectomy scar; POST: Two 2" scars on right leg;

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with H. F. MORRISON Chief Boatswain, of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FOUR (4) years from 26 September, 1951 / ~~XXXX

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, Air Force, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, Army Reserve, Air Force Reserve, or Air National Guard.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Sidney Hayes Elder, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard. and Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder
Sidney Hayes Elder
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 26th day of September, A. D. 19 51

H F Morrison
(Commanding officer, notary public, or other officer qualified to administer oaths)

H. F. MORRISON, CBOSN, USCG
RECRUITING OFFICER
(Title)

Citizenship substantiated and contract perfected.

H F Morrison
H. F. MORRISON

Chief Boatswain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ____ by reason of

under authority of ____

(Signature of man)

(Signature of commanding officer)

16—8420-3 U. S. GOVERNMENT PRINTING OFFICE

...-8511 A
...pproved by
...er General, U. S.
...ary 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Comdr., 13th CG District
Seattle, Washington
(Unit)

ELDER, Sidney Hayes — 25 September, 1951
(Name in full—surname to the left) (Date)

219-289 — BM1
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 4 years)	1947	9	23			
Enlistment extended (for ____ years from)						
Date of discharge (HONORABLE EXT 3 days) (Character of discharge)	1951	9	25			
Total time of last enlistment period				04	00	03

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

STATEMENT OF CREDITABLE SERVICE:	YEARS	MONTHS	DAYS
CREDITABLE SERVICE THIS ENLISTMENT:	04	00	03
PREVIOUS CREDITABLE SERVICE: (USMC)	08	00	00
PREVIOUS CREDITABLE SERVICE: (USCG)	06	00	00
PREVIOUS CREDITABLE SERVICE: (Lighthouse Serv.)	07	11	03
TOTAL CREDITABLE SERVICE:	25	11	06

Last paid reenlistment allowance on 9-23-47 -

TOTAL ABSENCE (0 days)

Creditable time served during last enlistment period	04	00	03

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

H. F. Morrison
H. F. MORRISON, CBOSN, USCG

Date 25 September, 19 51 (Rank) By direction, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 26 September, 19 51

Office, Comdr., 13th CG District
Seattle, Washington
(Unit and place)

I CERTIFY that the above-named man reenlisted in regular enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of FOUR (4) years from this date.

PAID $200.00 REENLISTMENT ALLOWANCE ON
9-26-51 AT SEATLE, WASHINGTON
BY

J. M. DONOVAN, PCLK, USCG
Authorized Certifying Officer

H. F. Morrison
H. F. MORRISON, CBOSN, USCG

(Rank) BY DIRECTION, U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16-70008-2

LOYALTY CERTIFICATE FOR PERSONNEL OF THE ARMED FORCES

INSTRUCTIONS ON THE USE OF THIS FORM

The Department of Defense has the authority to establish and promulgate detailed procedures to implement the national policy relating to loyalty of persons entering on duty with the Armed Forces. This has been determined by appropriate authority to include restrictions as to membership in or association with certain organizations and of certain standards of conduct. If Federal Constitutional Privilege against self-crimination; i.e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership or association in question you may so claim by stating in the space indicated "Federal Constitutional Privilege is Claimed" or "Federal Constitutional Privilege is Claimed as to-----" describing the specific part of any conduct, membership or association about which claim is made.

Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions, at the time of execution of these certificates in any component of the Department of Defense may constitute grounds for discharge, separation or other disposition of personnel, and action shall be taken by the Armed Forces for causing trial before a general court martial, or the facts will be made known to appropriate civil authorities, as the law may provide in such cases. Upon indication that any person has misrepresented, concealed, or failed to divulge in full previous conduct or associations of the character set forth, the Service having responsibility thereof shall take appropriate action.

Consequently, you must read the following provisions as to membership in or association with certain organizations and as to standards of conduct very carefully and be sure you understand them. If there is anything which you do not understand in either of these sets of provisions or in the certifications to be made, ask a commissioned officer to explain them to you. When you are certain that you understand both the provisions and the certificates, complete the certificates and sign them in the presence of a witnessing officer. Penalties for making a false statement may be very severe.

PROVISIONS AS TO STANDARDS OF CONDUCT

1. Conduct which may be considered as establishing reasonable grounds for invoking appropriate penalties shall include, but is not limited to, one or more of the following:

a. Sabotage, espionage, or attempts or preparations therefor, or intimate and sympathetic associations with or voluntary assistance to persons who the subject of investigation has reasonable cause to believe may be spies or saboteurs.

b. Treason, sedition, or writings and acts which can reasonably be considered as intended to encourage seditious or treasonable opinions or actions.

c. Advocacy of revolution or of force or violence to alter the existing constitutional form of government of the United States; advocacy of revolution or of force or violence to bring about economic, political, or social change.

d. Intentional unauthorized disclosure to any person under circumstances which may indicate disloyalty to the United States, of documents or information of a classified or non-public character.

e. Acting, attempting to act, or knowingly failing to act when such conduct is calculated to serve the interests of another government in preference to the interests of the United States of America.

I CERTIFY, AS REGARDS THE STANDARDS OF CONDUCT, THAT:

1. I HAVE READ THE INSTRUCTIONS ON THE USE OF THIS FORM AND I UNDERSTAND THEM.

2. I HAVE READ THE PROVISIONS APPLYING TO THE STANDARDS OF CONDUCT AND I UNDERSTAND THEM.

3. IF I HAVE ENGAGED IN ANY SUCH CONDUCT, I HAVE SO INDICATED BY DESCRIBING IN THE STATEMENT BELOW THE NATURE THEREOF.

4. IF I HAVE NOT ENGAGED IN ANY SUCH CONDUCT, I HAVE SO INDICATED BY WRITING "NONE" OR "NONE TO MY KNOWLEDGE" IN THE STATEMENT BELOW.

5. I UNDERSTAND THAT IF WHAT I STATE BELOW IS FOUND TO BE INCORRECT, INCOMPLETE, OR MISLEADING IN ANY IMPORTANT PARTICULAR, I MAY BE SUBJECT TO PROSECUTION AND PUNISHMENT UNDER THE APPROPRIATE LAWS OF THE UNITED STATES.

6. I UNDERSTAND THE MEANING OF THE STATEMENTS MADE IN THE CERTIFICATIONS ABOVE.

STATEMENT AS TO CERTIFICATION OF CONDUCT *(Attach additional sheets if necessary for a full, detailed statement)*

None

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NO. *(If any)*	STATUS FOR WHICH BEING CONSIDERED (e.g. Com O, WO, Enl, ROTC affiliation, etc.)
SIDNEY HAYES ELDER	219-289	Reenlisted in USCG
STATION TO WHICH CERTIFICATION SUBMITTED	TYPED NAME AND GRADE OF WITNESSING OFFICER	
CG RecruitSta., Seattle, Wn.	H. F. MORRISON, CBOSN, USCG	

DD FORM 1 APR 50 98 REPLACES NME FORM 98, 1 OCT 48, WHICH IS OBSOLETE.

PROVISIONS AS TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS

Associations which may be considered as establishing reasonable grounds for invoking appropriate penalties include but are not limited to membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination of persons having the following characteristics:

1. Which practices, seeks to practice or advocates either

a. denial, to any person, group of persons, or class of persons within the United States or territory subject to its jurisdiction, of any right or rights which the Federal Constitution guarantees or protects against encroachment by either or both Federal and State governments when such denial is attempted by force, violence or intimidation, or

b. alteration, of the existing form of government of the United States or territory subject to its jurisdiction, or of the existing economic, social or political order within it when such alteration is through or with the aid of force, violence or intimidation.

2. Which is disclosed by investigation or is designated by the Attorney General of the United States to be totalitarian, fascist, communist, or subversive, or as having adopted a policy of advocating or approving the commission of acts of force or violence to deny persons their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means regardless of practice, advocacy or non-advocacy of any of the tenets set forth in 1.a. and 1.b. above.

I CERTIFY, AS REGARDS MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS, THAT:

1. I HAVE READ THE INSTRUCTIONS ON THE USE OF THIS FORM AND UNDERSTAND THEM.

2. I HAVE READ THE PROVISIONS APPLYING TO MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS AND I UNDERSTAND THEM.

3. I HAVE READ, AND SO SIGNIFIED BY SIGNING, THE ATTACHED LIST OF ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, AND COMBINATIONS OF PERSONS LISTED ON THIS FORM.

4. I HAVE ENTERED IN THE TABLE BELOW THE NAME(S) OF THE ORGANIZATION(S) SHOWN ON THE ATTACHED LIST WITH WHICH I AM OR HAVE BEEN ASSOCIATED IN ANY OF THE FOLLOWING RESPECTS.

a. I AM OR HAVE BEEN A MEMBER.

b. I AM OR HAVE BEEN EMPLOYED.

c. I HAVE ATTENDED OR BEEN PRESENT AT FORMAL OR INFORMAL MEETINGS OR GATHERINGS.

d. I HAVE ATTENDED, BEEN PRESENT AT, OR ENGAGED IN, ORGANIZATIONAL OR SOCIAL ACTIVITIES OR ACTIVITIES WHICH THEY SPONSORED.

e. I HAVE SOLD, GIVEN AWAY, OR DISTRIBUTED WRITTEN, PRINTED, OR OTHERWISE RECORDED MATTER PUBLISHED BY THEM.

f. I HAVE BEEN IDENTIFIED OR ASSOCIATED IN SOME OTHER MANNER.

5. IF I HAVE HAD NO SUCH ASSOCIATIONS, I HAVE SO INDICATED BY WRITING "NONE" OR "NONE TO MY KNOWLEDGE" IN THE TABLE BELOW.

6. I UNDERSTAND THAT IF WHAT I STATE BELOW IS FOUND TO BE INCORRECT, INCOMPLETE, OR MISLEADING IN ANY IMPORTANT PARTICULAR, I MAY BE SUBJECT TO PROSECUTION AND PUNISHMENT UNDER THE APPROPRIATE LAWS OF THE UNITED STATES.

7. I UNDERSTAND THE MEANING OF THE STATEMENTS MADE IN THE CERTIFICATIONS ABOVE.

NAME OF ORGANIZATION	CURRENTLY A MEMBER		FORMERLY A MEMBER		DATES OF MEMBERSHIP		LOCATION OF MEMBERSHIP
	YES	NO	YES	NO	FROM	TO	
None							

STATEMENT AS TO CERTIFICATION OF MEMBERSHIP IN OR ASSOCIATION WITH CERTAIN ORGANIZATIONS *(For each name entered in the table above, set forth a detailed account of the nature and extent of association with, and activities in connection with, each organization indicated, including dates, places, and precise description of credentials now or formerly held. Use the space provided below and attach as many extra sheets as necessary for this purpose.)*

GIVEN UNDER MY HAND THIS 26th DAY OF September, , 19 51

SIGNATURE OF WITNESSING OFFICER

SIGNATURE OF PERSON MAKING CERTIFICATION

Sidney H. Elder.

U. S. GOVERNMENT PRINTING OFFICE: 1950 O - 882384

...d List of Organizations Designated by the Attorney General on October 30, 1950, Pursuant to Executive Order No. 9835

...iation (*Beikoku Chuo Nipponji...*
...ssociation of Southern California
...u Kai (*Military Virtue Society of Japan*
...ri Society of Japan)
... also known as Nokubei Heieki Gimusha Kai, Nihonjin, Heiyaku Gimusha Kai, and Zaibei ...sha Kai (*Japanese residing in America Military ...cripts Association*)
... Kai (*Imperial Japanese Reservists*)
...naru Kai (*Rising Sun Flag Society—a group of Japanese war veterans*)
...okubei Zaigo Shoke Dan (*North American Reserve Officers Association*)
Japanese Association of America
Japanese Overseas Central Society (*Kaigai Dobo Chuo Kai*)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (*Recruiting Organization*)
Jikyoku Iin Kai (*Current Affairs Association*)
Kibei Seinen Kai (*Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan*)
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*)
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*)
Northwest Japanese Association
Peace Movement of Ethiopia
Sakura Kai (*Patriotic Society, or Cherry Association—composed of veterans of Russo-Japanese War*)
Shinto Temples
Sokoku Kai (*Fatherland Society*)
Suiko Sha (*Reserve Officers Association of Los Angeles*)

Fascist:

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
Association of German Nationals (*Reichsdeutsche Vereinigung*)
Central Organization of the German-American National Alliance (*Deutsche-Amerikanische Einheitsfront*)
Citizens Protective League
Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U. S. A., Inc. (*Associazione Nazionale Conbattenti Italiani, Federazione degli Stati Uniti d'America*)
Friends of the New Germany (*Freunde des Neuen Deutschlands*)
German-American Bund (*Amerika-deutscher Volksbund*)
German-American Republican League
German-American Vocational League (*Deutsche-Amerikanische Berufsige-meinschaft*)
Kyffhaeuser, also known as Kyffhaeuser League (*Kyffhaeuser Bund*), Kyffhaeuser Fellowship (*Kyffhaeuser Kameradschaft*)
Kyffhaeuser War Relief (*Kyffhaeuser Kriegshilfswerk*)
Lictor Society (*Italian Black Shirts*)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Ill.
Action Committee to Free Spain Now
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Committee for European Workers' Relief
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Rescue Ship Mission (*a project of the United American Spanish Aid Committee*)
American Russian Institute, New York
American Russian Institute, Philadelphia
American Russian Institute (*of San Francisco*)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
Boston School for Marxist Studies, Boston, Mass.
California Labor School, Inc., 216 Market Street, San Francisco, Calif.
Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder
Citizens Committee for Harry Bridges
Civil Rights Congress and its affiliated organizations, including:
  Civil Rights Congress for Texas
  Veterans Against Discrimination of Civil Rights Congress of New York
Comite Coordinador Pro Republica Espanola
Committee for a Democratic Far Eastern Policy
Commonwealth College, Mena, Ark.
Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates, including:
  Citizens Committee of the Upper West Side (*New York City*)
  Committee to Aid the Fighting South
  Daily Worker Press Club
  Dennis Defense Committee
  Labor Research Association, Inc.
  Southern Negro Youth Congress
  United May Day Committee
  United Negro and Allied Veterans of America
  Yiddisher Kultur Farband
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council on African Affairs
Council for Pan-American Democracy
Detroit Youth Assembly
Emergency Conference to Save Spanish Refugees (*founding body of the North American Spanish Aid Committee*)
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
Independent Socialist League
International Labor Defense
International Workers Order, its subdivisions, subsidiaries, and affiliates, including:
  American-Russian Fraternal Society
  Carpatho-Russian Peoples Society
  Cervantes Fraternal Society
  Croatian Benevolent Fraternity
  Finnish-American Mutual Aid Society
  Garibaldi American Fraternal Society
  Hellenic-American Brotherhood
  Hungarian Brotherhood
  Jewish Peoples Fraternal Order
  People's Radio Foundation, Inc.
  Polonia Society of the IWO
  Romanian-American Fraternal Society
  Serbian-American Fraternal Society
  Slovak Workers Society
  Ukranian-American Fraternal Union
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Joseph Weydemeyer School of Social Science, St. Louis, Mo.
Labor Youth League
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Conference on American Policy in China and the Far East (*A Conference called by the Committee for a Democratic Far Eastern Policy*)
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Federation for Constitutional Liberties
National Negro Congress
Nature Friends of America (*since 1935*)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Pacific Northwest Labor School, Seattle, Washington
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Peoples Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*) also known as Peoples Educational Center, Peoples University, People's School
People's Institute of Applied Religion
Philadelphia School of Social Science and Art
Photo League (*New York City*)
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Mass.
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Wash.
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Tom Paine School of Social Science, Philadelphia, Pa.
Tom Paine School of Westchester, N. Y.
Union of American Croatians
United American Spanish Aid Committee
United Committee of South Slavic Americans
United Harlem Tenants and Consumers Organization
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, N. J.
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League
Young Communist League

Subversive:

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
German-American Bund
Independent Socialist League
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

Organizations which have "adopted a polic of advocating or approving the commission of acts of force and violence to deny others their rights under the Constitution of the United States":

American Christian Nationalist Party
Associated Klans of America
Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Klans, Incorporated
Protestant War Veterans of the United States, Inc.
Silver Shirt Legion of America

Organizations which "seek to alter the form of government of the United States by unconstitutional means":

Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
  Florida Press and Educational League
  Peoples Educational and Press Association of Texas
  Virginia League for Peoples Education
Independent Socialist League
Industrial Workers of the World
Nationalist Party of Puerto Rico
Partido del Pueblo of Panama (*operating in the Canal Zone*)
Socialist Workers Party
Workers Party
Young Communist League

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

None

I HAVE READ THE LIST ABOVE INCLUDING ALL ADDITIONS AND DELETIONS.

SIGNATURE OF PERSON MAKING CERTIFICATE

Sidney H. Elder.

SIGNATURE OF WITNESSING OFFICER

DD FORM 1 DEC 50 98a Edition of 1 Feb 50 is obsolete.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1951—O-925558

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
ELDER, Sidney Hayes	219-289	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Winifred Lucille Elder — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 6, Washington

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

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Winifred Lucille Elder AGE 42 — ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 5, Washington

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Freeling Hayes Elder	3201 Alki Ave., Seattle 6, Wn.		x	x		13

(Continue on reverse side)

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

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

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

10. FIRST NAME—MIDDLE NAME—LAST NAME: Edna Gladys Storey — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: 630 Sunset Boulevard, Renton, Washington

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

11. FIRST NAME—MIDDLE NAME—LAST NAME: Geneva Lake Shirley — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: Route # 3, Box 333B, Bothell, Washington

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
The Equitable Life Assurance Society of the U.S.	New York 1, N. Y.	10 683 185

(Continue on reverse side)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME: Winifred Lucille Elder — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 6, Washington — RECEIVE EACH MONTH: 80 % OF MY PAY.

MILITARY ADDRESS: CG RECRUITING STATION, SEATTLE, WASHINGTON

DATE SIGNED: 9-25-51

SIGNATURE OF DESIGNATOR: Sidney H. Elder

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

16—61480-1

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.
2. Disposition of signed copies will be as follows:

Army	Original	To The Adjutant General, Wash. 25, D. C., ATTN: AGPI.
	Duplicate	File in service record or field 201 file.
Air Force	Original	To Headquarters USAF, Air Adjutant General, Wash. 25, D. C.
	Duplicate	File in service record or field personnel record (201) file.
Navy	Original	To BuPers, Wash. 25, D. C., ATTN: Casualty Section.
	Duplicate	(*Same as original.*)
	Triplicate	File in service record or officer's qualification jacket at duty station.
Marine Corps	Original	File in service record book (*page 15*) or in officer's qualification record.
	Duplicate	To CMC, Wash. 25, D. C.
Coast Guard	Original	To Commandant (P), USCG Hq., Wash. 25, D. C.
	Duplicate	Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.
4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers, and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.
5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(*Continuation of Item 7*)

CHILDREN FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE MARRIED	 SINGLE	SEX M	 F	AGE

(*Continuation of Item 12*)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS:

16—61486-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

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

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

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

DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
ELDER, Sidney Hayes	219-289	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Winifred Lucille Elder — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 6, Washington

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

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Winifred Lucille Elder AGE 42 — ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 6, Washington

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Freeling Hayes Elder	3201 Alki Ave., Seattle 6, Wn.		x	x		13

(Continue on reverse side)

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

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

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

10. FIRST NAME—MIDDLE NAME—LAST NAME: Edna Gladys Storey — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: 630 Sunset Boulevard, Renton, Washington

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

11. FIRST NAME—MIDDLE NAME—LAST NAME: Geneva Lake Shirley — RELATIONSHIP: Sister

ADDRESS *(Number, street, city, zone, and State)*: Route # 3, Box 333B, Bothell, Washington

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
The Equitable Life Assurance Society of the U.S.	New York 1, N. Y. *(Continue on reverse side)*	10 683 185

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

13. FIRST NAME—MIDDLE NAME—LAST NAME: Winifred Lucille Elder — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: 3201 Alki Avenue, Seattle 6, Washington — RECEIVE EACH MONTH: 80 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG RECRUITING STATION SEATTLE, WASHINGTON	9-25-51	Sidney H. Elder

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

16—61480-1

DEPARTMENT
COAST GUARD
(REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 23-52

NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
[illegible], Sidney H.	219-289	BM1

REPORTING UNIT	LOCATION	DATE
CG Recruiting Station	Seattle, Washington	26 Sept., 1951

UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
CG Recruiting Station	Seattle, Washington	13-5809026-29

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME 1600
DATE 26 September, 1951
TRANSFERRED TO: CG GROUP, Seattle, Washington
FOR assignment to duty

AUTH: C13CGD/L dtd 9-26-51 (P16-4/MM)

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

AUTH:

OTHER CHANGES (SPECIFY) 26 September,1951 - Reenlisted this date for four (4) years, in the regular enlistment as BM1.

PAFE: Seattle, Washington
TOTAL CREDITABLE SERVICE: 25 Years 11 Months 06 Days
LAST DISCHARGED (fm USCG 25 September, 1951
MARITAL STATUS: Married

AUTH: Art. 556 CG Regs & SF 88 dtd 9-17-51.

H F Morrison

H. F. MORRISON, CBOSN, USCG
RECRUITING OFFICER
(Signature-Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

DEPARTMENT
COAST GUARD
(REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. SC39-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
SNIDER, Sidney H.	219-289	BM1
REPORTING UNIT	LOCATION	DATE
Office, Comdr., 13th CG District	Seattle, Washington	25 Sept., 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
Office, Comdr., 13th CG District	Seattle, Washington	13-510000

TIME 0900
DATE 25 September, 1951 REPORTED FROM: CG GROUP, Seattle, Washington FOR discharge and reenlistment

AUTH:

TIME
DATE TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY) 25 September, 1951 - Issued Honorable Discharge this date by reason of expiration of enlistment and authorized extension of three (3) days.

POD: Seattle, Washington
TOTAL CREDITABLE SERVICE: 25 Years 11 Months 06 Days
MARITAL STATUS: Married

AUTH: Art. 589(1) & 591(5)(c) CG Regs

H F Morrison

H. F. MORRISON, CBOSN, USCG
BY DIRECTION

(Signature-Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

U. S. COAST GUARD

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(PMGC)

OFFICIAL BUSINESS

NAME ELDER, Sidney H.

SERVICE NO. 219-289

CARD NO. 40594

N. C. G.-2500 C
Revised 1938

WE 5-800

DISCHARGED

PE-PR-32

Issued Armed Forces Identification

Card No. 40594 – CG Group, Yaquina Bay

Service Record

ELDER
(Surname)

Sidney Hayes	219-289	NB
(Christian names)	(Service No.)	(Citizenship)

BM 1C	23 September 1947	(4) Four
(Enlisted as)	(Date)	(Term of years)

C G Group Newport	Newport Oregon
(Ship or station)	(Place)

16—9677-1

DISCHARGED
9-25-51

NOT ELIGIBLE FOR
MUSTERING OUT PAY



Elder, Sidney H. BM1
219-289
Yaquina Bay
Newport, Oregon

FROM 219-289 May 4-1951

Elder Sidney H

9-23-51

BM1

Gray Gray

130 11/20/95 A

Heceta Head Light Station

ARTICLE 7.—Record
required in his rating, w
on special duty to best a

ARTICLE 8.—Record details to duty drawing extra co
etc., and to special duty not ordinarily assigned to ratin
instruction in radio, etc. (Will include interunit transfe

ARTICLE 10.—It is most important that an accurate r
a man is not in a pay status, in order that Article 16 may be
shall be kept of all absences on account of:

(1) Absence without leave (including overleave

(2) Sickness, disease, or injury resulting from c
liquors, or other misconduct.

(3) Nonperformance of duty because of confinem
resulting in conviction. (See Article 4602

Abbreviations may be used in the "Remarks" columr

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

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

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

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

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

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

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

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

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

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

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

REPORT OF CHANGE IN PERSONNEL

No. 93-52

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	LOCATION	DATE
CG Recruiting Station	Seattle, Washington	26 Sept., 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
CG Recruiting Station	Seattle, Washington	13-5809026-29

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1600
DATE 26 September, 1951

TRANSFERRED TO: CG GROUP, Seattle, Washington
FOR assignment to duty

AUTH: C13CGD/L dtd 9-26-51 (P16-4/MM)

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

AUTH:

OTHER CHANGES (SPECIFY) 26 September, 1951 - Reenlisted this date for four (4) years, in the regular enlistment as BM1.

PAFE: Seattle, Washington
TOTAL CREDITABLE SERVICE: 25 Years 11 Months 06 Days
LAST DISCHARGED (fm USCG 25 September, 1951
MARITAL STATUS: Married

AUTH: Art. 556 CG Regs & SF 88 dtd 9-17-51.

H. F. Morrison

H. F. MORRISON, CBOSN, USCG
RECRUITING OFFICER
(Signature-Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	PE-PR-32	

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2500C (SUPPLEMENT) (Rev. 6-48)

TERMINATION OF SERVICE

NAME	SERVICE NO.	RATING
ELDER, Sidney Hayes	219-289	BM1
UNIT	**LOCATION**	**DATE REPORTED**
Office, Comdr., 13th CG District	Seattle, Washington	25 September, 1951
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING** 3.63	**CONDUCT** 4.0

DEDUCTIBLE TIME WHILE ATTACHED — [x] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD

DISPOSITION OF IDENTIFICATION CREDENTIALS — [x] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

STATEMENTS OF DISCHARGEE

EXPLANATION OF NON-SURRENDER OF IDENTIFICATION CREDENTIALS

Received and destroyed "ID" card No.40594

PLACE TO WHICH TRAVEL ALLOWANCE IS ELECTED

Florence, Oregon - HA on enlistment

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED

- [x] HONORABLE DISCHARGE BUTTON
- [ ] SATISFACTORY SERVICE CARD NO.
- [ ] INFORMATION RELATIVE TO RIGHTS AND BENEFITS AS A VETERAN
- [x] DD 217
- [ ]

ADDRESS SUBSEQUENT TO DISCHARGE

3201 Alki Avenue
Seattle 6, Washington

SIGNATURE OF DISCHARGEE

Sidney H. Elder.

REMARKS

DISCHARGE

DATE	TYPE OF DISCHARGE
9-25-51	Honorable

REASON

Expiration of Enlistment and authorized extension of three (3) days

AUTHORITY

Art. 589(1) & 591(5)(c) CG Regs

MUSTERING OUT PAY

[ ] ENTITLED [x] NOT ENTITLED

AMOUNT PAID	VOUCHER NO.	CHECK NO.
-	-	-

TRAVEL ALLOWANCE AND PAY

PAID TA FROM	TO
Seattle, Wn.	Florence, Ore.
TOTAL TA 22.80	**TOTAL TA & PAY (In full to date of discharge)** 639.60
CHECK NO.	**NAME OF PAY OFFICER** J. M. DONOVAN, PCLK, USCG, ACO

CREDITABLE SERVICE THIS ENLISTMENT

YEARS	MONTHS	DAYS
04	00	03

REENLISTMENT RECOMMENDATION

[x] RECOMMENDED [ ] NOT RECOMMENDED

Certified to be correct upon termination of service

PE-PR-32

H F Morrison

H. F. MORRISON, CBOSN, USCG
By direction
COMMANDING OFFICER

3-630

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
ELDER, Sidney Hayes	219-289	BM1/9-23-47	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
-	- -	25	September	1951	Discharged

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Art. 589(1) CG Regs	Office, Comdr., 13th CG District Seattle, Washington

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
20	Nov	1895	Villanova, Pa.	Male	Caucasian	Grey	Grey	66"	132

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	-	-	-	-	-

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	-	-

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: ☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
23	Sept	47	Newport, Oregon	Heceta Head LS, Florence LANE, Oregon

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	06	00	00
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	04	00	03
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	* SEE REMARKS		
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	25	11	06

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY - | MONTH - | YEAR - | AMOUNT -

26. FOREIGN AND/OR SEA SERVICE: YEARS 00 | MONTHS 00 | DAYS 00

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

9-23-47 - Issued Amer. Def. w/fleet clasp and WW II medals.
7-10-50 - Issued PO cert. to grade of BM1 as of 9-23-41.

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Alki Point Light Station	None

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
None	-	-	None

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N.S.L.I.	U.S.G.L.I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
-	-	-	-

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
639.60	22.80	PAUL D. BANNING, CDO, SYMBOL NO. 1382

AUTHENTICATION

38. REMARKS (Continue on reverse)

Prev. serv. USMC 08 Yrs 00 mths 00 days
Lighthouse Serv. 07 " 11 " 03

RECOMMENDED FOR REENLISTMENT

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: H F Morrison

NAME, GRADE AND TITLE (Typed): H.F. MORRISON, CBOSN, USCG
By direction

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: None | CLAIM NUMBER: -

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
-	-	COAST GUARDSMAN	-

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	1			1 year of Business College.

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): 3201 Alki Avenue, Seattle 6, Washington

48. SIGNATURE OF PERSON BEING SEPARATED: Sidney H. Elder

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

RECEIVED DEC 24 12 13 PM '51 SEATTLE BASE SEATTLE, WASH.

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ELDER, Sidney Hayes	BM1.USCG.	219-289
4. HOME ADDRESS (Number, street or R.F.D. city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Alki.L.S. 3201 Alki Ave., Seattle, Wn.	Re-enlistment, USCG.	9-17-51.

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male.	Caucasian			Treasury Dept.	CG. BASE, Seattle, Wn.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
20 Nov. 1895	Villonova, Pa.	(wife) Winafred Elder

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. [illegible]
USPHS. Hospital, Seattle, Washington	10 yrs. USCG. 8 yrs. USMC. 8 yrs. Lighthouse

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
	X	19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
	X	28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
	X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Nasal septum is markedly deformed and deviated to the left.

See Art. 73#. 33-36-29.

Small hemorrhoidal tags. Prostatic hypertrophy 3+.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC	9-17-51.	
Neg.	Neg.		Film.30779-Advise large 14 X 17". Neg.Kahn.	
48. EKG	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS See Art. 73#.	
			Hgb: 15.5 WBC: 6,900	

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
66	132	Gray	Hazel	X	☐	☐	☐	97.4°

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		112	64
RECUMBENT		112	64
STANDING (3 min.)		120	70

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
74	128	76	74	78

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 30-1	CORR. TO 20/ 20	BY	S. CX	0	CORR. TO S1 BY
LEFT 20/ 30-1	CORR. TO 20/ 20	BY	S. CX	0	CORR. TO S1 BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

Cover test - normal.

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED / CORRECTED
RIGHT LEFT	P.I.Plates - normal.		

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING		71. AUDIOMETER	250 256	500 512	1000 1024	2000 2048	3000 3890	4000 4096	8000 8192	72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV	2/15 SV 17/30	RIGHT								
LEFT WV	2/15 SV 17/30	LEFT								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

USPHS.Hospital,
Seattle, Washington
21 September, 1951.
X-ray of chest: 14 X 17":
And old gross lesion underlying the 4th.right rib, laterally with strands extending from this area. The lesion is unchanged in appearance as compared with film taken on 23 December, 1947. This was taken almost 4 yrs.ago. This certainly excludes malignancy. The lesion is most probably the result of an old inflammatory precess.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS
☐ IS NOT QUALIFIED FOR Re-enlistment, U. S. COAST GUARD.

PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
F. A. HARDY, Surgeon, USPHS.	F. A. Hardy
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE / NUMBER OF ATTACHED SHEETS
J. D. GOOLSBY, SCLK, USCG	J D Goolsby

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

Office, Comdr., 13th CG District, Seattle, Washington (Name and type and number of activity (or unit)) C. O. Order No. SC-172-52

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1951 (YEAR) From—	To—
219-289	ELDER,	Sidney	H.	Issued Honorable Discharge this date by reason of Expiration of Enlistment and authorized extension of three (3) days. AUTH: Art. 589(1) & 591(5)(c) CG Regs POD: Seattle, Washington	xx	9/25
				Elect MA to Florence, Oregon - HA Not entitled to MOP	xx	9/25
				Entitled 60 days LV-SUBS-QTRS AUTH: CC 31-47 MARITAL STATUS: Married	xx	9/25

(D. O. Symbol number)

CBOSN, USCG

H. F. MORRISON (Name and signature)

BY DIRECTION OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

UNITED STATES COAST GUARD

Florence, Oregon

5 April, 1951
DATE

AFFIDAVIT

NATIONAL SERVICE LIFE INSURANCE

I, ELDER, Sidney H. (219-289) BM1 DO HEREBY ACKNOWLEDGE THAT I HAVE BEEN FULLY INFORMED OF THE ADVANTAGES OF NATIONAL SERVICE LIFE INSURANCE, AND AT THIS TIME I ~~XXX~~ DO NOT DESIRE TO MAKE APPLICATION FOR INSURANCE.

Sidney H. Elder
Sidney H. Elder
SIGNATURE

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~

RE ENLISTMENT OF ELDER, Sidney Hayes (Full name, surname to left); 219-289 (Service number); $135.00 (Pay per month)

Accepted for enlistment at CG Group, Newport, Oregon; BM 1/c (Rating in which enlisted)

Enlisted at CG Group Newport, Newport, Oregon; 23 September, 1947 (Date of enlistment)

Transferred to On duty at Heceta Head Light Station, Florence, Oregon

Occupation Coast Guard Citizenship * Native born If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 20 November, 1895 Place of birth Villanova, Pennsylvania

Home address Heceta Head Lt Sta (Street and number) Florence (Town) Lane (County) Oregon (State)

Married or single Married Name and address of next of kin or legal guardian Winifred L. Elder,

Wife (Relationship) % Heceta Head Light Station, Florence, Oregon (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted 23 September, 1941 (Date) at Ketchikan, Alaska (Place) and was last discharged 22 September, 1947 (Date) from CG Group Newport, Newport, Oregon (Unit) (Heceta Hd Lt St Florence, Ore

with Honorable (Character) discharge as Boatswain's Mate first class (Rate) No. ____

Previous Navy service ---- (Years) (Months) (Days) Previous Marine Corps service 8 (Years) 0 (Months) 0 (Days)

Previous Army service ------ (Years) (Months) (Days) Age 51 years 10 months.

Height 1/1/61 5 feet 6 inches. Weight 135 pounds.

Eyes Grey Sex Male Hair Grey Complexion ruddy Color white

Personal characteristics ____ marks, etc. Appendectomy scar; two scars right lower leg

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Richard C. Van Hine the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FOUR years from 23 September, 1947 / during minority until ____ 1____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Sidney Hayes Elder do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder

Sidney Hayes Elder

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 23rd day of September, A. D. 19 47

W. W. Jamblett

(Commanding officer, notary public, or other officer qualified to administer oaths)

My commission expires Feb 15, 1948

Notary Public

(Title)

Citizenship substantiated and contract perfected.

Richard Van Hine

Richard C. Van Hine, CBM(L)

CBM(L), *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____

(Signature of man)

_____

(Signature of commanding officer)

16—8420-2

SERVICE RECORD

RECORD OF ELDER, Sidney Hayes, (Full name, surname to the left) 219-289 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
CG Group, Yaquina Bay	9-6-51	CBOSN,CO	CG Group Newport Re-enlisted this date	9-23-47	Richard Wardstine CO
CG BASE, SEATTLE, WN. SEP 8 1951		L.C. ENGELL, LT(JR.) CO	CG BASE, SEATTLE, WN.	9-8-51	L.C. ENGELL, LT(JR.) CO
ALKI POINT LIGHT STATION	9-25-51	J.P. COULSBY, SCLR, USCG Personnel Officer, By Dir.	ALKI POINT LIGHT STATION	9-8-51	L.C. ENGELL, LT(JR.) CO

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG Group Newport	CR BM1c to BM1 Auth Alc 19-48	4-2-48	Ch. Bos'n, CO

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature
Heceta Head Lt Sta	9-23-47	5-8-50	Asst Keeper	CBOSN, CO.
Heceta Head Lt Sta	5-8-50	9-6-51	OinC	CBOSN, CO

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF ELDER, Sidney Hayes 219-289

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-30-47	BM1c	3.6	3.6	3.3	3.6	4.0	Richard Wardlaw GBM(L) OinC
12-31-47	BM1c	3.6	3.6	3.3	3.5	4.0	F.C. Barnes Ch. Bos'n CO
3-31-48	BM1c	3.5	3.6	3.3	3.3	4.0	F.C. Barnes Ch. Bos'n, CO
6-30-48	BM1	3.4	3.5	3.3	3.3	4.0	F.C. Barnes CBOSN, CO
9-30-48	BM1	3.4	3.5	3.3	3.3	4.0	F.C. Barnes CBOSN, CO
12-31-48	BM1	3.5	3.5	3.3	3.3	4.0	F.C. Barnes CBOSN, CO
3-31-49	BM1	3.6	3.5	3.3	3.3	4.0	F.C. Barnes CBOSN, CO
6-30-49	BM1	3.6	3.5	3.3	3.3	4.0	F.C. Barnes CBOSN, CO.
9-30-49	BM1	3.6	3.5	3.4	3.4	4.0	F.C. Barnes CBOSN, CO.
12-31-49	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO.
3-31-50	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO.
6-30-50	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, C.O.
9-30-50	BM1	3.7	3.5	3.5	3.5	4.0	B.L. Heyer CBOSN, CO.
12-31-50	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO
3-31-51	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO
6-30-51	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO
9-6-51	BM1	3.7	3.5	3.5	3.5	4.0	F.C. Barnes CBOSN, CO
SEP 8 1951	BM1	LESS THAN ONE MONTH				4.0	L.D. ENGELL, LCDR, CO L.D. GOOLSBY, SCLK, USCG Personnel Officer, By Dir.
9-25-51	BM1	LESS THAN ONE MONTH				4.0	L.D. Goolsby
AVERAGE	X X X X	3.63				4.0	

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
CG Group Newport, Ore	9-23-47	Issued American defense w/fleet clasp and World war II medals Richard Wardlaw CO
CG GROUP, YAQUINA BAY, Ore.	7-10-50	Issued Petty Officer Certificate of Appointment to grade of BM1 as of 9-23-41. F.C. Barnes GBOSN, CO.

16—9070-2

CG 2500-C
(Rev. 4-49)

RECORD OF ELDER, Sidney H. 219-289
(Full name, surname to the left) (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN						Balance due	SIGNATURE AND UNIT
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days		
	Months	Days		Hour	Date	Hour	Date				
				Leave sheet	balance brought forward in accordance with PC 63-49.			from old	leave	41	CBOSN
				0900	5-20-51	0800	5-26-51	REG ACC	05	36	CBOSN
6-30-51 ANCR	12	00	30							66	CBOSN
BBF 7-1-51			60							60	CBOSN Group Yaquina Bay
DISCH 9-25-51	02	25	8							60	H. F. MORRISON CBOSN, USCG BY DIRECTION

Paid $616.80 for 60 days LV-SUBS-Qtrs
In accordance with Comdt's Circular 31-47

9/25/51 at Seattle, Washington

By J. M. DONOVAN, PCLK, USCG, ACO

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To—	Reason	Months	Days	Signature and Unit

16—9076-3

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service number)

10. TRIALS BY COURTS MARTIAL

Unit	REMARKS.—Date and kind of court, charges and specifications, findings and sentence, date and action of convening and reviewing authorities, and date of publication of sentence.

11. DEDUCTIBLE TIME

(Includes AOL, AWOL, AOM, Confinement awaiting trial by a Coast Guard Court resulting in conviction and Sentence of Confinement by a Coast Guard Court.) (Under TIME LOST show months and days lost for purposes of longevity credit and actual days to be retained in service beyond the normal date of expiration of enlistment to complete enlistment.)

Period From— To— (Inclusive dates)	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit
NO DEDUCTIBLE TIME WHILE ATTACHED					CBOSN,CO
NO DEDUCTIBLE TIME WHILE ATTACHED					CG BASE, SEATTLE, WN.
NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.			ALKI POINT LS		

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature

14. RETIREMENT

Unit	Date	Cause	Authority	Signature

16—9676-3 U. S. GOVERNMENT PRINTING OFFICE

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 BM 1/c (Service Number)

7 days due to Demobilized 24

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
Tr from old acct	9-23-47	7						7					F. E. Bannerd CO
			12-13	12-~~27~~ 26-47	ACC-&M ADV-EM	14	7	-7					F. E. Bannerd CBOSN, CO
ANCR	6-30-48	24						17					
BBF	7-1-48	17		1700				17					F. E. Bannerd CBOSN, CO
			8-23-48	8-27-48	REG ACC	4	--	13					F. E. Bannerd CBOSN, CO
ANCR	6-30-49	~~30~~ 17						43					F. E. Bannerd CBOSN, CO.
BBF	7-1-49	43		8-31-49				43					F. E. Bannerd CBOSN, CO.
			8-10-49	~~9-1-49~~	REG ACC	22	-	21					F. E. Bannerd CBOSN, CO
ANCR	6-30-50	30						51					F. E. Bannerd CBOSN, CO
BBF	7-1-50	51						51					F. E. Bannerd CBOSN, CO
			10-26-50	11-4-50									
			~~10-25-50~~	~~11-5-50~~	REG-ACC	10		41					F. E. Bannerd CBOSN, CO.

See New Leave Sheet

9-436

ELDER, Sidney H.	219-289	BM1	
CG GROUP	Seattle, Washington		25 Sept., 1951
ALKI POINT LIGHT STATION	Seattle, Washington		13-300820

0800U
25 Sept., 1951

O, Comdr. 13th CG District, Seattle, Wn., discharge (expiration of enlistment and authorized extension thereof) and reenlistment REGULAR COAST GUARD. EDA 9/25/51.

Art. 589(1) CG Regs.

J. D. GOOLSBY, SCLK, USCG
By direction

CC: HQ
CCGD13(p)
SR
file

UNITED STATES COAST GUARD

GROUP, YAQUINA BAY, NEWPORT, OREGON

26 February, 1951.
DATE

AFFIDAVIT

NATIONAL SERVICE LIFE INSURANCE

I, Sidney H. Elder (219-289) BM1 DO HEREBY ACKNOWLEDGE THAT I HAVE BEEN FULLY INFORMED OF THE ADVANTAGES OF NATIONAL SERVICE LIFE INSURANCE, AND AT THIS TIME I ~~DO~~ DO NOT DESIRE TO MAKE APPLICATION FOR INSURANCE.

Sidney H. Elder
SIGNATURE

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (8-45)

NAME	SERVICE NUMBER	RATING
ELDER, Sidney H.	219-289	Boatsvain's Mate 1/c
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL Comdr. 13th CG Dist. Seattle, Washington	CG GROUP NEWPORT Newport, Oregon	22 September, 1947
FINAL AVERAGE EFFICIENCY MARKS	**PROFICIENCY IN RATING**	**CONDUCT**
3.54	3.65	4.0

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)
Ketchikan, Alaska

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)
[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS
[ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

Sidney H. Elder
Sidney H. Elder (Signature)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
9-22-47	HONORABLE	

REASON: Expiration of Enlistment and authorized extension thereof

AUTHORITY: Art. 589 (1) CGm Regs

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)
[X] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE EMBLEMS [XX] SATISFACTORY SERVICE CARD NO. 212484

SIGNATURE OF DISCHARGEE
Sidney H. Elder
Sidney H. Elder

MUSTERING OUT PAY (Check)

[XX] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE (Destination)		TOTAL TRAVEL ALLOWANCE
FROM: Ketchikan, Alaska	TO: Newport, Oregon	54.45
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge)	CHECK NO.	NAME OF PAY OFFICER
204.00		H. E. Major 18-490

CREDITABLE SERVICE DURING THIS ENLISTMENT	YEARS	MONTHS	DAYS
	6	0	0

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE
Richard C. Van Hine, CBM(L), Officer-in-Charge

Comdr. 13th CG Dist.
Seattle, Washington

(P)

CG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

RECEIVED AUG 7 1948 NEWPORT, OREGON

RECEIVED AUG 1948 DSO, 13ND

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

OFFICERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-6)
REFER TO FILE: CG-73

28 July, 1948

To: Commanding Officer, CG Group, Newport, Oregon
Via: Commander, 13th Coast Guard District (pmp)
Subj.: **Statement of service for longevity pay**

Incl.: Copy of Marine Corps statement dated 12 November, 1941

The following is a statement of service, to and including 22 September, 1947
of ELDER, Sidney Hayes (219-289)BM1, USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
9-23-41		None		None		None	
Enl. ext. 3	yrs. from						
9-23-44	9-22-47 HD	None		None		None	
9-23-47							
Now serving							

510 submitted 8/17/48

	Yr.	Mo.	Days
Coast Guard Service	6	0	0
Navy service			
Marine Corps service	8	0	0
Lighthouse service	7	11	3
Total	21	11	3

Completed 21 years service 19 Oct. 1946.
FEA.
19 Oct 1946 Comp 21 years —

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

16—86636-2 U. S. GOVERNMENT PRINTING OFFICE

Completed 21 years — e 7-1-48.

2-

RECEIVED
AUG 7 1948
NEWPORT, OREGON

1586
ACD-ole.

First Endorsement

Headquarters, U.S. Marine Corps, Washington, D.C., 12 November 1941.

From: The Major General Commandant.
To: The Commandant, U.S. Coast Guard.

Subject: Statemant of the service of Sidney Hayes Elder while serving as a member of the U.S. Marine Corps.

1. Returned. The records of this office show that Sidney Hazel Elder, born 20 November 1893 at Villanova, Pennsylvania, enlisted in the Marine Corps on 22 March 1916 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 21 March 1920 at Bremerton, Washington, a private first class, with character "Excellent." Enlisted in the Marine Corps Reserve on 21 March 1927 at Seattle, Washington, transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 20 March 1931 as a private first class, with character "Excellent." No time lost during first enlistment.

/s/ Emmett W Skinner
EMMETT W. SKINNER
By direction.

8-0-0
3.3.

B. A. Shaw
B. A. Shaw
Chief, Classified Publications
and Records Section

ELDER, Sidney H.	219-289	BM 1c
CG GROUP NEWPORT, ORE	Heceta Head Light Station	Florence,Ore
13th CG District.	13-073	2 April,1948

xxx	BM1c	BM1	2 April,1948

30 Alcoast 19-48

F.E.BARNETT, CH.BOS'N, CO, CG GROUP, Newport,Oregon

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Seattle 4, Washington

COPY

Address reply to
COMMANDER
13th Coast Guard District (pmp)
and refer to file
CG-73

26 December,1947

From: Commander, 13th CG District
To: OinC, Heceta Head Light Station

Via: CO, CG Group, Newport, Oregon

Subj: ELDER, Sidney H. (219-289), BM1c.; designator (A-N); disapproval

The request contained in letter from the above named man dated 7 November,1947, file CG-73, is disapproved by Headquarters, inasmuch as the designator (A-N) is only awarded those completing the Aids to Navigation course at Groton, Conn. If Elder desires such training, it is suggested that he submit his request for consideration.

/S/ ELMER WINBECK
ELMER WINBECK
By direction

Ind-1
CG Group
Newport,Oregon **5 January,1948**

From: CO, CG Group, Newport, Oregon
To: ELDER, Sidney H. (219-289), BM1c.; designator (A-N), disapproval of

Via: OinC, Heceta Head Light Station

1. Forwarded.

2. Advise subject named man of the information contained in the basic communication.

F.E. BARNETT.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 8

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney Hayes	219-289	BM 1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEWPORT, Newport, Ore	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13th CG Dist	13-073	23 22 June, 1947

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Issued Honorable discharge on 22 September, 1947, for serving a 3 Year enlistment, and a 3 year extension.

Re-Enlisted in regular establishment on 23 September, 1947 for a period of 4 years.

PAFE Ketchikan, Alaska
POD Newport, Oregon
Entitles to mileage
Creditable service this enlist & exten 6 years 0 months 0 days

DUTY CODE NO. 30 AUTH: PB 103-44 Richard C. Van Hine

Richard C. Van Hine, CBM(L) CO, CG Group, Newport, Orego
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched
Verified

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

NCG 2511
USCG

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

File No.

Seattle, Washington

From: Personnel Officer, DCGO, 13ND

To: Finance Officer, DCGO, 13ND

SUBJECT: **ELDER, Sidney Hayes (219-289) B.M.1c, USCG**

Statement of service of.

1. The following is a statement of the service of the above-named (man) ~~(woman)~~ for the purpose of computing pay, to and including **23 September, 1947**

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
~~9-23-41~~							
9-23-41 9-23-44	ext 9-23-44	NONE	NONE	NONE	NONE	NONE	NONE
En Extend	9-22-47	NONE	NONE	NONE	NONE	NONE	NONE
9-23-47 Now serving			NONE		NONE		

	Yrs.	Mos.	Days
Coast Guard Service	6	0	0
Navy Service			
Other Service MarineCp	8	0	0
Total - - - - - - -	14	0	0

Richard C. Van Hine.
CO CG Group Newport, Ore

Completed 14 years service 22 September, 1947

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG GROUP NEWPORT, Newport, Oregon
(Unit)

SLIER, Sidney H.
(Name in full—surname to the left)

23 September 1947
(Date)

219-209
(Service number)

Boatswain's Mate first class
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1943	9	23			
Enlistment extended (for 3 years from)	1944	9	23			
Date of discharge (HONORABLE) (Character of discharge)	1947	9	22			
Total time of last enlistment period				6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Ind 1
CG Group, Newport, Ore
23 Sept, 1947
Entitled to reenlistment allowance of $150.00. Voluntarily agreed to extend enlistment for period of 3 years on 23 September 1944. Reenlisted for a period of 4 years 23 September, 1947 in rig out. TA Newport, Oregon to Ketchikan, Alaska.

TOTAL ABSENCE (NONE days)

Creditable time served during last enlistment period	6	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

Richard Van Hise
Richard C. Van Hise

Date 23 September, 1947, 19—

(Rank) CDR(L), U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 September, 1947

CG Group Newport, Newport, Oregon
(Unit and place)

I CERTIFY that the above-named man REENLISTED for
(Reenlisted or voluntarily extended his enlistment)

a period of FOUR (4) years from this date.

Richard Van Hise
Richard C. Van Hise

(Rank) CDR(L), U. S. C. G.
Commanding officer.

16—20908-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEWPORT, (Unit)

Newport, Oregon (Place)

23 September, 1947 (Date)

FROM: ELDER, Sidney H. (219-289) B.M. 1/c

TO: COMMANDANT (via Commander, 13th CG District)

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

Winifred L. Elder (Full name of wife; if not married, so state)	% Heceta Head Light Station, Florence, Ore (Address of wife)
Freeland H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs R.C.Storey (Full name of relative)	Sister (Relationship)	Route 2, Renton, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs O. E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of September, 19 47

Richard C. Van Hine, CBM(L)
(Signature)

CO, CG Group, Newport, Ore
(Rank or title)

Sidney H. Elder
Sidney H. Elder
(Signature)

BM 1/c
(Rank or rating)

16—25752-1

A F F I D A V I T

CG Group, Newport, Oregon
(place)

I, SIDNEY HAYES ELDER, U.S. COAST GUARD BEING FIRST DULY SWORN, UPON OATH DEPOSE AND SAY THAT I AM NOT DRAWING, NOR HAVE I A CLAIM PENDING, ON ACCOUNT OF MY OWN SERVICE, FOR A PENSION DISABILITY ALLOWANCE, DISABILITY COMPENSATION, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES.

Sidney Hayes Elder
Sidney Hayes Elder

BM 1/c 219-289
(rate) (service number)

Subscribed and sworn to
before me this

23rd day of September, 1947

Lt. W. Saunders Jr.
Notary Public

My commission expires Feb 15, 1948

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE

(1)- (B) NAME (PRINT CLEARLY) ELDER; (LAST) SIDNEY, (FIRST) H. (MIDDLE) | 219-289 SERVICE NUMBER | FT. 5 | IN. 6 HEIGHT | LBS. 142 WEIGHT | W RACE

(2) HOME ADDRESS KENNYDALE, WN.

(3) BIRTHPLACE VILLANOVA, PA. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)- (R) DATE OF BIRTH 11-20-1895 HOW LONG IN U. S. — YEARS

(5) CITIZEN ✓ L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)- (T) MARITAL STATUS MARRIED (7)- (T) NUMBER OF DEPENDENTS TWO.

(8) EDUCATION NON-E. R-3 ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	✓		KENNYDALE, WN.		1909
HIGH SCHOOL	2		✓	WASHINGTON, IND. Grend		—
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL	1		✓	Business College	ACCOUNTING	
(9)- (R) TOTAL SCHOOL YEARS	11	X	X	X X X X X X X X X X		

(10)- (L) LANGUAGES (CHECK APPROPRIATE SPACES) S—SPEAKS R—READS W—WRITES

PUNCH ONLY FOR S	SPANISH (L-23) S	R	W	FRENCH (L-24) S	R	W	GERMAN (L-25) S	R	W	OTHER LANGUAGES (L-26) S	R	W	S	R	W
FAIRLY WELL															
FLUENTLY (L-27)															

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION Bch DATE 9-23-1941

(12)- (B) BRANCH OF SERVICE | REGULAR ✓ | RESERVE G | S | T | W

(13)- (T) MAIN OCCUPATION LIGHTHOUSE-KEEPER | YEARS AT IT 8 | $/ 1,500 YEARLY
D. O. T. CODE 5-61-310
JUST WHAT DID YOU DO? ALL DUTIES OF HEAD KEEPER.

LAST DATE OF EMPLOYMENT SEP. 1941
EMPLOYER U.S. LIGHTHOUSE SERVICE (FIRM NAME)
ADDRESS OF EMPLOYER KETCHIKAN, ALASKA.
DEPT., SHOP OR BRANCH — KIND OF BUSINESS

(14)- (T) SECOND BEST OCCUPATION MECHANIC-AUTO | YEARS AT IT 9 | WKLY. WAGE $46.
D. O. T. CODE 5-81.010
JUST WHAT DID YOU DO? REPAIRED ENGINES, CLUTCHES, REAR ENDS, ETC.

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE
GRADE —SCORE	(15)- (B) 85	(16)- (B) 84	(17)- (B) 112

(18)- (L) SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)- (L) SERVICE SCHOOLS DESIRED
1.
2.
3.

(20) NON-ENGLISH SPEAKING
(21) ILLITERATE

NOTE: DO NOT ATTEMPT TO FILL OUT THIS CARD WITHOUT FIRST READING INSTRUCTIONS VERY CAREFULLY.

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
MARINES-ACTIVE	4			INFANTRY			
MARINES-IN-ACTIVE							

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS:
B.M.1C.

(23) NEXT OF KIN
NAME MRS. S.H. ELDER.
ADDRESS
CITY KENNYDALE STATE WN

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
3-27-43	CG BASE, SEATTLE	BM 1/C (R)	DEPOT

(25) DATE OF INTERVIEW 3-6-43 UNIT Bonham

SIGNATURES
INTERVIEWER Aaron Hansen Spc
ENLISTED PERSON Sidney H. Elder (Signed)

N.C.G. FORM NO. 2719
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

McBEE KEYSORT U. S. PAT. NO. 2,215,607

Elder

CGI-SEA

U. S. COAST GUARD INSTITUTE

TRAINING COURSE

PREPARATION FOR SEAMAN 1c

MEMORANDUM TO EDUCATIONAL OFFICER:

Marks concerning the practical subjects listed below should be assigned by the Educational Officer after consulting the superior or division officer concerned and forwarded to the Institute.

I certify that:

ELDER, Sidney H	219-289	B.M.1c.	24835
EL (Name)	(Service No.)	(Rate)	(Enrollment No.)

has demonstrated suitable proficiency in the subjects listed below and is assigned the following marks:

Assignment Number	Title	Percent Mark
9	Operation Under Arms	____

PRACTICAL FACTORS (Page IX)

13(a)	Handling Oars - Meaning of Orders	____
14(b)	Knots	____
15(c)	Whipping - Stopper - Splicing	____
16(d)	Heaving the Lead	____
17(e)	Qualification as Steersman	____
18(f)	Manual of Arms - Physical Drill	____
19(g)	Firing the Rifle	____
20(h)	Semaphore - International Code, Flags and Pennants	____
21(i)	Watch Standing	____
22(j)	Qualification as Member of Powerboat Crew	____

(Date) _____ (Name and Rank) _____

COAST GUARD INSTITUTE
STUDENT RECORD

Sid. Elder
(Name)

RATING B.M. 1c

Date of Enrollment _____ Enrollment No. 24835

Course Seaman 1c

Lesson	Date Sent	Date Returned	Grade	Books Date Rec.	Books Date Ret.
5			82 1/0		
6			79 0/0		
3			95		
4			94		

U. S. Coast Guard Institute SEA

Order of Studies

PREPARATION FOR SEAMAN 1c

No.	Title	Assignments	Replacement Price
--	Textbook Container	--	.10
BV	Navy Training Course for Seaman 1c	NL	**
1	Boats	1	
2	Sails and Sailing	1	
3	Marlinespike Seamanship	1	
4	Duties of Seaman Watches	1	
5	Deck Seamanship	1	
6	Ground Tackle	1	
7	Steering and Sounding	1	
8	Electricity	1	
*9	Operation Under Arms	1	
10	Small Arms	1	
11	Elementary Gunnery	1	
12	Signals	1	
	*(A) PRACTICAL FACTORS (Page IX)		
*13(a)	Handling Oars - Meaning of Orders	1	
*14(b)	Knots	1	
*15(c)	Whipping - Stopper - Splicing	1	
*16(d)	Heaving the Lead	1	
*17(e)	Qualification as Steersman	1	
*18(f)	Manual of Arms - Physical Drill	1	
*19(g)	Firing the Rifle	1	
*20(h)	Semaphore - International Code Flags and Pennants	1	
*21(i)	Watch Standing	1	
*22(j)	Qualification as Member of Powerboat Crew	1	
FINAL	Seaman 1c	1	
BV	Navy Training Course - A to N	NL	**
1-A	Discipline and Duty	1	
2-B	What the Service Offers	1	
3-C	Enlistment, Discharges, Courts-Martial	1	
4-D	Pay and Accounts	1	
5-E	Navy Customs, Naval Organization	1	
6-F	General Characteristics of Ships	1	
7-G	General Features of Ships of the Navy	1	
8-H	Events in the Daily Routine	1	
9-I	Aim and Object of All General Drills	1	

PREPARATION FOR SEAMAN 1c.

No.	Title	Assignments	Replacement Price
10-J	Regulations in Regard to Uniform and Clothing	1	
11-K	Personal Hygiene and First Aid	1	
12-L	Painting and Preparation of Surfaces Therefor	1	
13-M	Swimming; Life Saving; Life Buoys	1	
14-N	Athletics	1	
15	Gas-Protective Apparatus	1	
FINAL	A to N	1	
	TOTAL	39	.10

* Practical assignments. Marks to be assigned by Educational Officer and transmitted to Institute on form provided.

** NOT PURCHASABLE

NL Indicates No Lesson on This Assignment.

73586
ACD-ole

First Endorsement.

Headquarters, U.S. Marine Corps, Washington, D.C., 12 November, 1941.

From: The Major General Commandant.
To; The Commandant, U.S. Coast Guard.

Subject: Statement of service of Sidney Hayes Elder while serving as a member of the U.S. Marine Corps.

1. Returned. The records of this office show that Sidney Hazel Elder, born 20 November, 1893 at Villanova, Pa., enlisted in the Marine Corps on 22 March, 1916 at Mare Island, Calif., and was honorably discharged upon expiration of enlistment on 21 March, 1920 at Bremerton, Wash., a private first class, with character "Excellent". Enlisted in the Marine Corps Reserve on 21 March, 1927 at Seattle, Wash., transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 20 March, 1931 as a private first class, with character "Excellent". No time lost during first enlistment.

EMMETT W. SKINNER,
-By direction-

RECEIVED
21 SEP 1942
C. G. CHEMLOCK
Certified to be a true copy
B. A. SHAW,
Chief, Enlisted Records.

Form 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

ELDER, Sidney H. (NAME) | 219-289 (SERVICE NUMBER) | B.M.1c. (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 7 years graduated
(Number of years attended, graduated) (Grade)

(b) High School: 2 years.
(Number of years attended, grade completed or graduated)

(c) College: none
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	(1½)	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

1 year at mechanic school, and 6 years as general mechanic.

Use reverse side of this form when necessary.

Sidney H. Elder.
Sidney H. Elder
(SIGNATURE)

C.G.C. HEMLOCK

Ketchikan, Alaska

1 October, 1942

ELDER, Sidney H. (219-289) B.M.1c.

Commanding Officer, HEMLOCK

Winifred L Elder		Box 7, Kennydale, Washington
Freeland H. Elder		Same as above
Mrs R. C. Storey	Sister Potential	Route 2, Renton, Washington
Mrs O. E. Flatebo	Sister Potential	Kennydale, Washington

1st October 42

J. H. JENSEN, Lieutenant, USCG

COMMANDING OFFICER, HEMLOCK

Sidney H. Elder

Sidney H. Elder

B.M.1c.

Form D-282 USCG

UNITED STATES COAST GUARD
THIRTEENTH NAVAL DISTRICT

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

ODCGO 13th Naval District, Seattle, Washington DATE 22 September, 1944
(UNIT AND PLACE)

ELDER,	Sidney	H.	(219-289)	B.M.1c.
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

This is to certify that the above named man has completed a continuous period of three years' active Coast Guard (Reserve) service on 22 September, 1944, with no mark in conduct less than 4.0.

Accordingly, appropriate entry has been made in his service record, and the above named man has been authorized to wear the appropriate (ribbon) (~~star~~) in lieu of issue of actual award at this time.

Commanding Officer
S. T. ELLIS,
By direction.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 415

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Comdr. 13th CG District,	CG Garage , Seattle, Wn.	Seattle, Wn.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13-001	13-002	7-29-46

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0930
DATE 7-29-46

TRANSFERRED TO: Heceta Head L/S
FOR assign to duty

AUTH: Com13/L(pra)7-29-46(73-531)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

B. K. COOK
By direction (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

NCG 2511
USCG

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD

File No. CG-73

Seattle, Washington

From: Personnel Officer, DCGO, 13ND

13 March, 1946

To: Finance Officer, DCGO, 13ND

SUBJECT: ELDER, Sidney Hayes (219-289)B.M.1c, USCG

Statement of service of.

1. The following is a statement of the service of the above-named (man) (officer) for the purpose of computing pay, to and including 13 March, 1946.

Incls: Cert.copy of HQ's Statement, dated 24 Aug.1942. Cert. copy of Marine Corps, dated 13 Nov.1941

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
9-23-41		None		None		None	
Now serving		None		None		None	

	Yrs.	Mos.	Days
Coast Guard Service	4	6	21
Navy Service			
Other Service	8	0	0
Total - - - - - - -	12	6	21

Marine Corps

Completed 12 years service 22 September, 1945

E. K. COOK
By direction

File

7.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
[redacted]	219-289	Lt.c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Yaquina, Oregon	Heceta Head Light Station	Florence, Oregon
UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT		DATE 12 Nov. 1946

TIME 0700
DATE 12 Nov. 1946

REPORTED FROM: 7 days leave of absence plus 17 days extension,
FOR to return regular duties.

DUTY CODE NO. 30 AUTH: Art. 1936 (3) Regs. 18 Oct. 1946

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

Richard Van Hine
Richard C. Van Hine, CDR, CO, CG GROUP
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

CG-2888 (9-46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

ELDER, Sidney H. (Name—Surname to left) | P.H. 1/c (Rank or rating 31 Aug. 1946) | 219-289 (Serial or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 102 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Winifred L. Elder (Name of dependent) | Wife (Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | (Name of dependent) | (Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Sidney H. Elder.
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Newport, Oregon, this 28th day of December, 1946.

(SEAL)

G. K. Litchfield
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

Notary Public for Oregon.
My Commission Expires July 1, 1950.

(OVER)

16—49451-1

NAVCG 2525-A (Rev. 6-45)

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

ELDER
(Surname)

Sidney Hayes
(Christian name(s))

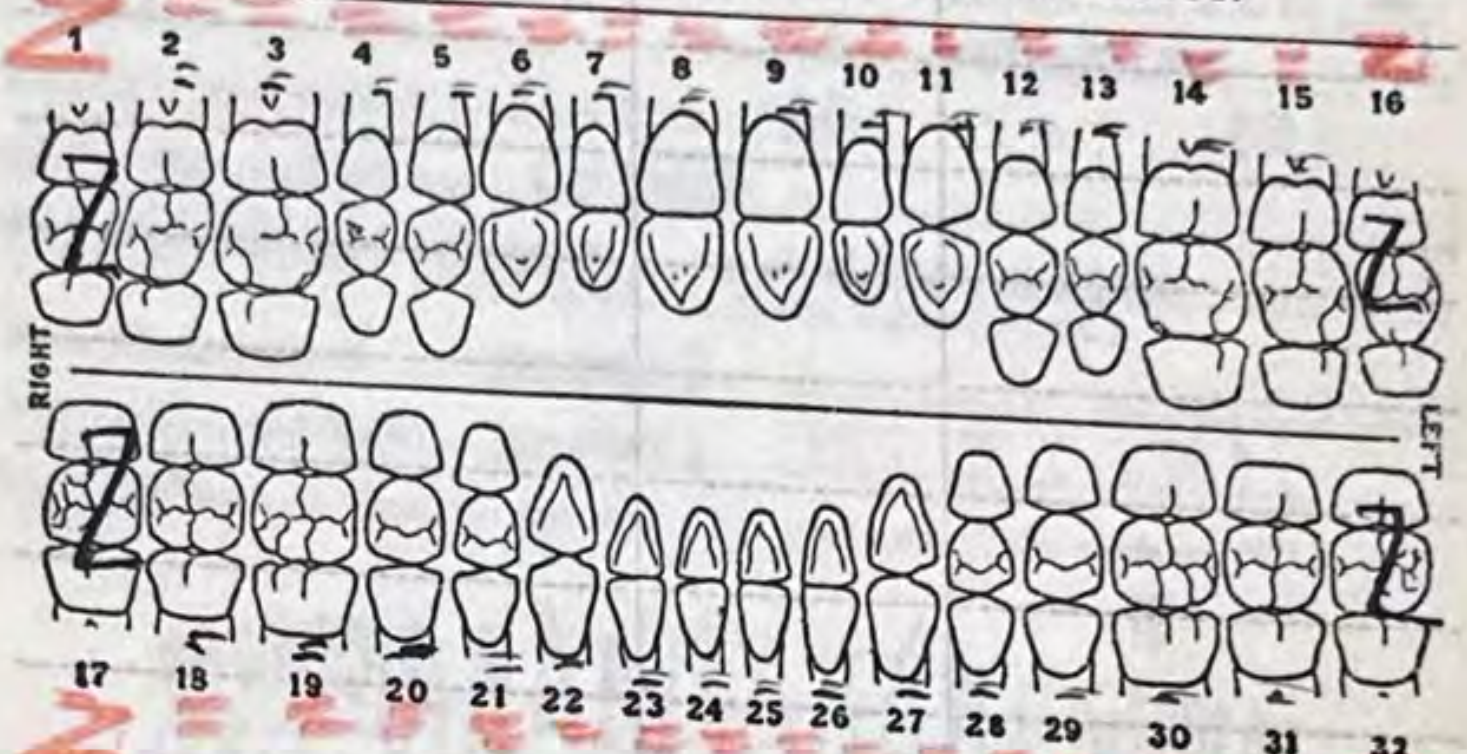
B.M. 1c
(Rank or rate)

219-289
(Service number)

INSTRUCTIONS

See Instructions for Dental Officers

RECORD OF FIRST DENTAL EXAMINATION



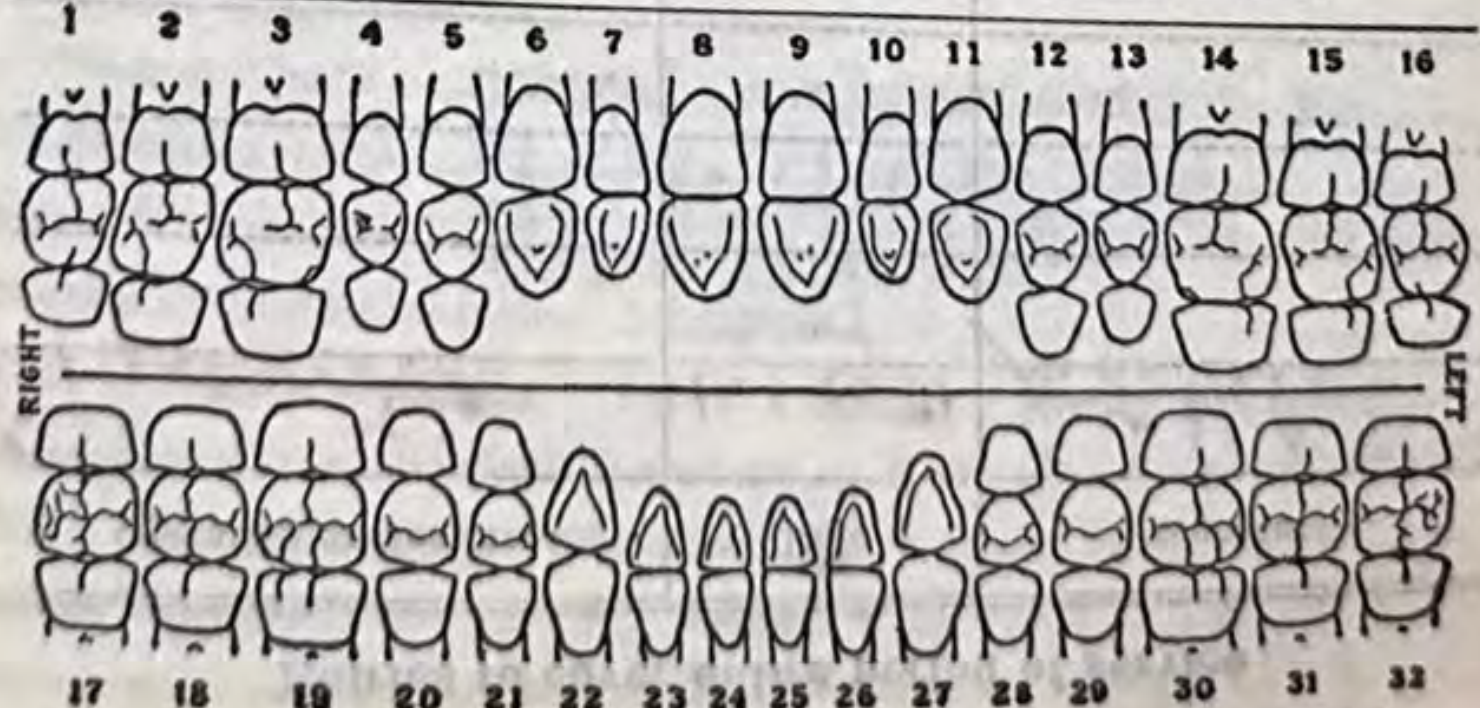
REMARKS: Upper & Lower dentures

Remained 11-18-50

H. L. Vale, Lt. D.D.S.

6/28/47 F J Walters
(Date and signature of examining dental officer should follow remarks)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—44988-1

DENTAL RECORD

Entries to cover entire period of service

Operation or treatment	Date	Signature
Examination	11-14-50	H. L. Vale

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name ELDER, Sidney (Surname first) Service Number - - -

Age: Years 46 Months 6 Color white

For: induction into the Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M.1c. Regular enlistment

Place USS HAIDA CG Date 5-15-41

Personal Medical History Appendectomy 1934. Seattle USMH 1939 with sprained back for 2 weeks has had usual childhood diseases.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ - L.E. 20/ -

Color blind? No Test used Ishihara

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes normal

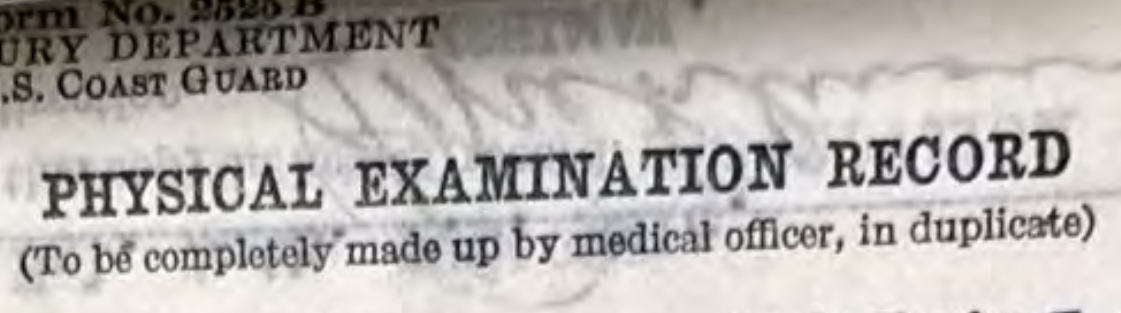
Ears: Right drum clear Left drum clear
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



complete edentures.



Gums normal

Height 66 inches. Weight (stripped) 133 Lbs. Temperature 36.8 C Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 34½ Expiration 32

Heart and blood vessels normal

Blood pressure: Systolic 120 Diastolic 70

Pulse before exercise 80, after exercise 120, after 2 min. 84

Lungs normal

Abdomen and pelvis normal - appendectomy sc.

Genito-urinary organs rt. ing. ring relaxed

Spine and extremities sli. dimpling base of spine
slight kyphosis

Nervous and mental conditions normal

Urine: Albumin neg Sugar neg Shreds neg

Microscopical exam. (if indicated) epithelia - - - Sp. Gr. 1.024

Blood cells - - - Pus cells - - - Casts - - -

Blood (if indicated) Hb - %. Reds - - Whites - - -

Wassermann or Kahn test: Date 5-16-41 Result negative

Robert P

3—16141

REMARKS: complete upper and lower edenture. (well fitting).

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Sidney Elder

He is physically qualified for Induction into C. G.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M.1c.
(Use in case of promotion of commissioned officer or annual examination)

/s/ John B. Vander
Ass't Surgeon, U.S. Public Health Service.

1st INDORSEMENT

11 June, 1941
(Date)

Place Ketchikan, Alaska

From: Commander, Ketchikan District.

To: Commandant.

1. Forwarded for action. Present status:

Keeper, Tree Point Lightstation, Alaska

/s/ FRANK TOMKIEL, Lieut-Comdr.
Commanding—Dist. Comdr.-Off. in Chg.

By direction

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

SEP 22 1941
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

REG
BMIC

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

23 September, 1941
(Date)

From: Commandant.
To: Commander, Ketchikan District.

1. Encl. Auth. R.H. Bmlc.

Chief Pay Clerk, U.S.C.G.

ARMSTRONG,

Certified a true copy.

Form No. 2525 C
TREASURY DEPARTMENT
U.S. Coast Guard

VACCINATION AND INOCULATION RECORD

Name ELDER, Sidney H.
(Surname first)

Rank or rating B.M.1c. Service number 219-289

SMALLPOX VACCINATION

Number of prior scars 1

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
10/28/42	E Spencer Phm 3C	AR	
3-26-46	Clara Steen	IR	C.S

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

TYPHOID AND PARATYPHOID PROPHYLAXIS

Dates Administered			Signature of Medical Officer
First	Second	Third	

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Typhoid — ever H. Gooder

Rocky C. Hebberger
(Signature of medical officer)

C. R. M. M. S. C. G.

2—16142

BLOOD-TYPE AND TETANUS INOCULATION RECORD

NAME ELDER, Sidney H.

RANK OR RATING B.M. 1c

SERVICE NO. (219-289)

BLOOD TYPE

DATE	TYPE	SIGNATURE OF MEDICAL OFFICER
2/26/42	"A"	R.A. Zarrilli P.A. (R) Surgeon

(ENTER TYPE AS: "AB", "A", "B", "O".
INTERNATIONAL CLASSIFICATION)

TETANUS IMMUNIZATION

DATES ADMINISTERED		SIGNATURE OF MEDICAL OFFICER
FIRST	2/26/42	R.A. Zarrilli
SECOND	3-31-42	[illegible]
THIRD	5-25-42	B.H. Phillips
FOURTH	7-22-43	[illegible]

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname ELDER Service No. 219-289

Christian name-s Sidney H.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Yaquina Bay L[B] Sta.	20 March, 1951
~~Newport, Oregon~~	
Upper respiratory infection	
F. E. BARNETT, CO	

MEDICAL HISTORY

Page

Surname ~~ELDER~~ Service No. ~~219-289~~

Christian name-s Sidney H.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

HEMLOCK Ketchikan July 18, 42

Bronchitis, acute. Cough syrup.

Alfred B. Geyer
P.A. Surgeon USPHS

U. S. Marine Hospital,
Seattle, Washington.
23 December, 1947.

~~X-ray of the chest (14 x 17) taken~~ this date. Report is as follows:

REPORT:

There is a circular density at the rt. ~~chest at the level of the 4th rib, ant.~~ and has fairly sharply outlined borders; it's appearance is not typical; it could be a small patch of plural thickening or possibly a minimal tuberculous ~~infection; the lungs are elsewhere clear.~~ This man should have a repeat Chest X-ray in 3 to 6 months.

H. J. FORREST,
/ecj Asst. Surgeon, USPHS

Newport, Oreg.
20 Dec. '48.
Neuralgia - rt. lumbar area
Chest x-ray taken
D 4 ft / 2 x 3
A 4 5

Newport, Oreg Jan '49. Should have further study. (Consultant in surgery suggests bronchoscopy etc. - possible. Do at least recheck X-ray in 3 mos. Should return to marine hosp.
D 4 ft / 2 x 3
A 4 5.

2—10143

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page

Surname ELDER Service No. 219-289

Christian name-s Sidney

STATE NAME OF PLACE DATE EACH NEW ENTRY

Sick Bay, Captain of the Port
Seattle, Washington.
3 April, 1944

Diagnosis: 0199 Bursitis, rt shoulder
Incident of service

Temp 37.2, Pulse 75, Resp. normal
History: burisitis with extreme pain in right shoulder has persisted for 4 days; referred to sick ward by Dr Bos. for bed rest and special outlined treatment.

Treatment:
1. bed rest
2. a.p.c. tab with cod.1 p.r.n. for pain
3. infrd red-1 hr on, 1 hr off- at 3 feet
4. force fluids- give bland diet.

4-4-44 patient states shoulder is feeling much easier- "is'nt as sore as it was". Treatment is unchanged.

4-5-44 shoulder feels about the same-not much better this morning.

4-6-44 APC tabs with cod. discontinued. Shoulder feels better; patient slept much easier last nite. Does'nt ache like it did. Patient is complaining of a headache probably caused from continuous reading. Aspirin grs v stat.

4-8-44 Feels much better this a.m. Received the x-ray report this date: "There is a large mass of calcification in the soft tissues adjacent to the greater tuberosity. The bony structures appear normal."

4-8-44 Seen by Dr Bos. this date 4-7-44 and patient to be fit for duty on 4-8-44. No complaints. Discharged.
5 days off duty.

Louis H. Bos.

Louis H Bos. Ass't Surgeon(R) USPHS.

2—10143

U.S. Marine Hospital, Seattle, Wash.
11 February, 1949

Outpatient Dept:

Reported for chest x-ray 2/9/49.

There is no change in the film from t one taken on the 12/23/47. The rounded shadow near the 4th rib anteriorly on t right is still present.

RLG: JM
Film No: 108-816

/s/ T.F. HIGHWAY,
A.Surg.,USPHS

J.M. ORTBLAD,
By direction

Form No. 2525 E
TREASURY DEPARTMENT
U. S. COAST GUARD
March 1938

TERMINATION OF HEALTH RECORD

Name ELDER, Sidney H.

Rating B.M.1c. Service Number 219-289

Place _____ Date _____

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

In my opinion those numbered _____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

_____
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

_____

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

_____

_____
Rank or Rating, U.S. Coast Guard.

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

_____

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Kit Dist	9-23-41	9-23-41
Nemaha	9-23-41	10-11-41
Hemlock	10-11-41	11-16-42
SEATTLE BASE	27 NOV 1942	8 MAR 1944
District Ser. Gar.	3-8-44	7-29-46
CG GROUP NEWPORT, Ore	7-30-46	9-22-47
CG GROUP, NEWPORT, ORE	9-23-47	9-6-51
CG BASE, SEATTLE, WN.	9-8-51	9-8-51
ALKI POINT LT. STA	9-8-51	

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

11/19/47 CODED NO. 6 mcd

-PR

PEA 24

UNITED STATES { COAST GUARD / [redacted] }

RE ENLISTMENT OF ELDER, Sidney Hayes (Full name, surname to left); 219-289 (Service number); $135.00 (Pay per month)

Accepted for enlistment at CG Group, Newport, Oregon; BM 1/c (Rating in which enlisted)

Enlisted at CG Group Newport, Newport, Oregon; 23 September, 1947 (Date of enlistment)

Transferred to On duty at Heceta Head Light Station, Florence, Oregon

Occupation Coast Guard Citizenship * Native born If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 20 November, 1895 Place of birth Villanova, Pennsylvania

Home address Heceta Head Lt Sta (Street and number) Florence (Town) Lane (County) Oregon (State)

Married or single Married Name and address of next of kin or legal guardian Winifred L. Elder, Wife (Relationship) % Heceta Head Light Station, Florence, Oregon (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / [redacted] } 6 (Years) 0 (Months) 0 (Days)

First enlisted 23 September, 1941 (Date) at Ketchikan, Alaska (Place) and was last discharged 22 September, 1947 (Date) from CG Group Newport, Newport, Oregon (Unit) (Heceta Hd Lt St (Florence, Ore

with Honorable (Character) discharge as Boatswain's Mate first class (Rate) No. ____

Previous Navy service ---- (Years) (Months) (Days) Previous Marine Corps service 8 (Years) 0 (Months) 0 (Days)

Previous Army service ------ (Years) (Months) (Days) Age 51 years 10 months.

Height 1/1/47 5 feet 6 inches. Weight 135 pounds.

Eyes Grey Sex Male Hair Grey Complexion ruddy Color white

Personal characteristics ____ marks, etc. Appendectomy scar; two scars right lower leg

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Richard C. Van Hine of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FOUR years from 23 September, 1947 / during minority until ____ 1____ } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-2

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Sidney Hayes Elder do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder

Sidney Hayes Elder

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 23rd day of September, A. D. 19 47

Lt. N. Gauntlett

(Commanding officer, notary public, or other officer qualified to administer oths)

My commission expires Feb. 15, 1948

Notary Public

(Title)

Citizenship substantiated and contract perfected.

Richard Van Hine

Richard C. Van Hine, CBM(L)

CBM(L), U. S. C. G., *Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

(Signature of man)

16—8120-2

(Signature of commanding officer)

...ARD
...1940)

IDENTIFICATION RECORD

...reenlistment of a man in the Coast Guard this blank ...e filled out and forwarded immediately to Coast Guard ...eadquarters.)

Name ELDER, Sidney Hayes

Service No. 219-289

Rate Boatswains Mate 1/c

Reenlisted 23 September, 1947

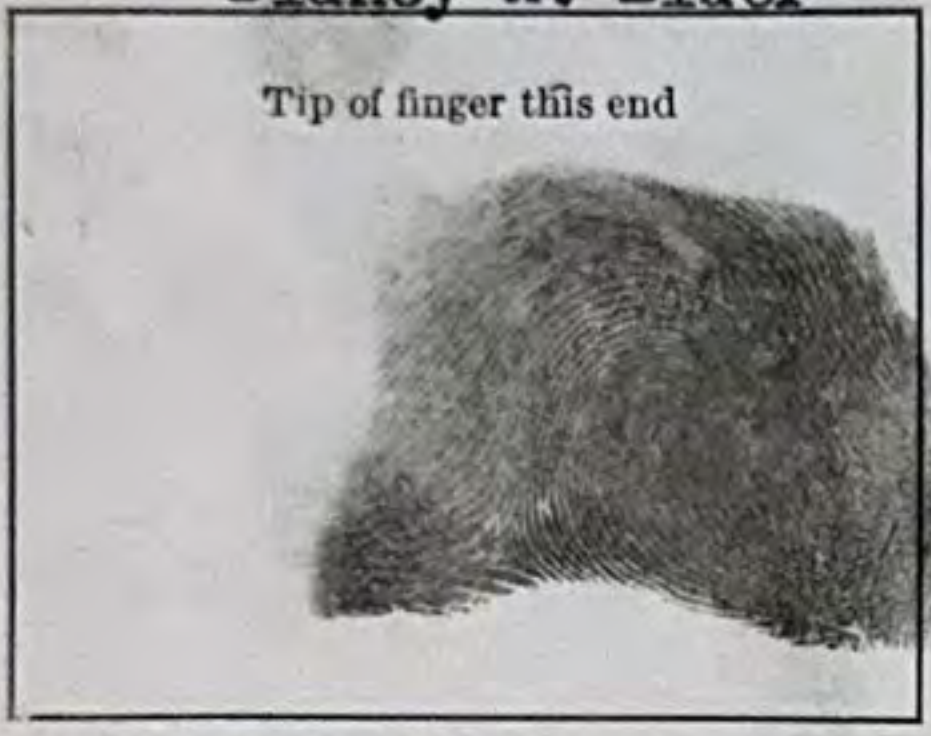
At CG Group, Newport, Oregon

Date last discharged 22 September, 1947

X Sidney H. Elder

Signature Sidney H. Elder

Tip of finger this end



Rolled print of right index finger to be taken immediately after signature is written.

GPO 16—15987-1

A F F I D A V I T

CG Group, Newport, Oregon
(place)

I, SIDNEY HAYES ELDER, U.S. COAST GUARD BEING FIRST DULY SWORN, UPON OATH DEPOSE AND SAY THAT I AM NOT DRAWING, NOR HAVE I A CLAIM PENDING, ON ACCOUNT OF MY OWN SERVICE, FOR A PENSION DISABILITY ALLOWANCE, DISABILITY COMPENSATION, OR RETIRED PAY FROM THE GOVERNMENT OF THE UNITED STATES.

Sidney Hayes Elder.

Sidney Hayes Elder

BM 1/c (rate) 219-289 (service number)

Subscribed and sworn to
before me this

23rd day of September, 1947

H. W. Gaumnitz
Notary Public

H. W. GAUMNITZ NOTARY PUBLIC STATE OF OREGON

My commission expires Feb 15, 1948

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP NEWPORT, (Unit) — Newport, Oregon (Place)

23 September, 1947 (Date)

FROM: ELDER, Sidney H. (219-289) B.M. 1/c

TO: COMMANDANT (via Commander, 13th CG District)

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

Winifred L. Elder (Full name of wife; if not married, so state)	% Heceta Head Light Station, Florence, Ore (Address of wife)
Freeland H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

CODED NO. 6

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

Mrs R.C.Storey (Full name of relative) — Sister (Relationship) — Route 2, Renton, Washington (Address of relative)

Potential (State briefly wherein dependency exists)

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

Mrs O. E. Flatebo (Full name of relative) — Sister (Relationship) — Kennydale, Washington (Address of relative)

Potential (State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of September, 1947

Richard C. Van Hine, CBM(L) (Signature)

CO, CG Group, Newport, Ore (Rank or title)

Sidney H. Elder

Sidney H. Elder (Signature)

BM 1/c (Rank or rating)

16—25758-1

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

ELDER, Sidney H.

PEA 2
24
-PR

Service Record

CODED
NO. 17

ELDER
(Surname)

Sidney Hayes (Christian names) | 219-289 (Service No.) | N.b. (Citizenship)

B.M.1c. (Enlisted as) | 23 September, 1941 (Date) | THREE (Term of years)

KETCHIKAN DISTRICT OFFICE (Ship or station) | Ketchikan, Alaska (Place)

16—9677

CERTIFIED FOR MUSTERING-O
PAY.....

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

line file

219-289	ELDER	Sidney	H.	BM 1c, US Coast Guard
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

9-22-47	CG Group Newport, Ore USCG 13th Dist	More
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* YES

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

Richard C. Van Hine, CHM(L) USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

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

Sidney H. Elder

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

TO BE PAID LUMP SUME OF $300.00
IN ACCORD WITH ALNAV 360-45

(Number) *(Street)*

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 423 4505 *(Public voucher)* 57,559 *(Check number)* 2 Feb 47 *(Date)*

H. E. MAJOR, CPC, USCG, 18-490
Assistant Disbursing Officer

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

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

TRIPLICATE

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (8-45)

NAME	SERVICE NUMBER	RATING
ELDER, Sidney H.	219-289	Boatswain's Mate 1/c
UNIT (USCG PERSONNEL) Comdr 13th CG Dist. Seattle, Washington	LOCATION CG GROUP NEWPORT Newport, Oregon	DATE REPORTED 22 September, 1947
FINAL AVERAGE EFFICIENCY MARKS 3.54 3.54	PROFICIENCY IN RATING 3.65 3.65	CONDUCT 4.0 4.0

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance) Ketchikan, Alaska

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[ ] SURRENDERED [X] NOT SURRENDERED (Explanation below)

PR 24

* Sidney H. Elder.
Sidney H. Elder (Signature)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
9-22-47	HONORABLE	

REASON: Expiration of Enlistment and authorized extension thereof

CODE NO. 12

AUTHORITY: Art. 589 (1) CGm Regs

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)

[X] HONORABLE DISCHARGE BUTTON [ ] HONORABLE SERVICE BUTTON [ ] HONORABLE SERVICE EMBLEMS [XX] SATISFACTORY SERVICE CARD NO. 21248

SIGNATURE OF DISCHARGEE

* Sidney H. Elder
Sidney H. Elder

MUSTERING OUT PAY (Check)

[XX] ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE (Destination)			TOTAL TRAVEL ALLOWANCE
FROM: Ketchikan, Alaska	TO: Newport, Oregon		54.45
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge) 204.00	CHECK NO.	NAME OF PAY OFFICER H. E. Major 18490	

CREDITABLE SERVICE DURING THIS ENLISTMENT	YEARS	MONTHS	DAYS
	6	0	0

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE

Richard C. Van Hine
Richard C. Van Hine, CBM(L), Officer-in-Charge

Comdr 13th CG Dist.
Seattle, Washington

FIRST PAGE of OLD SERVICE RECORD

(P)

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

SERVICE RECORD

RECORD OF ELDER, Sidney Hayes 219-289
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
KETDIST	9-23-41	Lt.Cmdr.	HEMLOCK	10-11-41	Ch. Bos'n
HEMLOCK	11-16-42	Lieut.	SEATTLE BASE	11-27-42	Bos'n.
C. G. REPAIR YARD, SEATTLE, WASHINGTON	8 MAR. 1944	Lt. Comdr.	Seattle Dist. Serv. Car.	3-8-44	Lt.(jg)
Coml3thCGDist	7-29-46	LtBydi	C.G. GROUP, NEWPORT, ORE.	7-30-46	Ch. Bos'n

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
C. G. REPAIR YARD, SEATTLE, WASHINGTON	B.M.1c	Last permanent rate.	Lt. Comdr.

2—13678

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Rate	P in R	Seamanship	Mech. Ability	Leader men	Spec. Spec.	Qual. or Detail	Cond.	Signature
9-23-41	BM1c	LESS THAN ONE MONTH							Lt.Cmdr.
12-31-41	BM1c	3.4	3.3	3.1	3.3	- - -	- - -	4.0	Chief Bos'n
3-31-42	B.M.1c	3.5	3.3	3.1	3.4			4.0	Lt.(j.g)
6-30-42	B.M.1c	3.6	3.3	3.2	3.5			4.0	Lt.(j.g)
9-30-42	B.M.1c.	3.7	3.3	3.2	3.6			4.0	Lieut.
11-16-42	B.M.1c.	3.7	3.3	3.2	3.6			4.0	Lieut.
31 DEC 1942	BM1c.	3.7	3.5	3.2	3.6			4.0	
3-31-43	BM1c.	3.7	3.5	3.2	3.6			4.0	Lt. Comdr.
6-30-43	BM1c	3.7	3.5	3.2	3.6			4.0	Lt. Comdr.
9-30-43	BM1c.	3.7	3.5	3.2	3.6			4.0	Lt. Comdr.
12-31-43	BM1c	3.6	3.5	3.2	3.6			4.0	Lt. Comdr.
8 MAR 1944	B.M.1c	3.6	3.5	3.2	3.6			4.0	Lt. Comdr.
3-31-44	BM1c	Less	than one month					4.0	Lt.(jg)
6-30-44	BM1c	3.6	3.5	3.3	3.6			4.0	Lt.(jg)
9-22-44	Vol ext enl. for 3 yrs DOW and 6 mo.								Lt(jg)
9-22-44	BM1c	3.6	3.5	3.3	3.6			4.0	
9-30-44	BM1c	3.6	3.5	3.3	3.6			4.0	Lt(jg)
12-31-44	BM1c	3.7	--	3.3	3.7			4.0	Lt(jg)
3-31-45	BM1c	3.7		3.3	3.7			4.0	Lt(jg)
6-30-45	BM1c	3.7	--	3.3	3.7			4.0	Lt(jg)
9-30-45	BM1c	3.8		3.3	3.7			4.0	Lieut.
12-31-45	BM1c	3.8		3.5	3.7			4.0	CSCLK
3-31-46	BM1c	3.8	3.5	3.5	3.7			4.0	CSCLK. USCGR—By Dir.
JUN 30 1946	BM1c	3.8		3.5	3.7		Com 13 CGD	4.0	Lieut. By dir
7-29-46	BM1c	Less	than one month				Com 13 CGD	4.0	Lt. Bydir
SEP 30 1946	BM1c	3.6	3.6		3.6		HHLight	4.0	
12-31-46	BM1c	3.6	3.6	3.3	3.6		HHLight	4.0	CBM CO
3-31-47	BM1c	3.6	3.6	3.3	3.6		HHLight	4.0	CBM(L) OinC
6-30-47	BM1c	3.6	3.6	3.3	3.6		HH Light	4.0	CBM(L) OinC
9-22-47	BM1c	3.6	3.6	3.3	3.6		HH Light	4.0	CBM(L) OinC
Average		3.65	3.68	3.27	3.59			4.0	

Upon receipt of enlistment record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature
		None	

6. MERITORIOUS CONDUCT

(Award of medals, citations, Headquarters commendation, honorable discharge button, etc.)

Unit	Date	Remarks	Signature
DCGO-13th ND	9/22/44	Entitled to wear good conduct bar in lieu of actual award in accordanceowith P.B. 86-44 having completed 3 yr period of service this date with no mark of less than 4.0 in conduct	J J Ervin Lt(jg)
CG Group, Newport	9-22-47	Issued American Defense w/fleet clasp and World War II victory medals	Richard Martin CRM(L) OC

2—13678

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
Heceta Head Light Sta	7-30-46	9-22-47	Light Sta	Richard Wardline Com (L) USCG.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF ELDER, Sidney H. 219-289
(Full name, surname to the left) (Service number)

LEAVE RECORD

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
IC	9/1/46	60						60					Richard C Wardlaw
			10/18/46	11/12/46	AV ~~LV~~ LV	24	0	36					Richard C Wardlaw
ANCR	6-30-47	25						61					Richard C Wardlaw Captain, Navy Department
BBF	7-1-47	60						60					Richard C Wardlaw
			7-8-47	9-6-47	Annual	60		0					cc CG Group Newport Ala

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
KETDIST CREDIT	1st Year 9-23-41			30	- - -	Lt.Cmdr.
HEMLOCK	4-20-42	5-2-42	10	20		Lieut.J.g.)
HEMLOCK	2nd Year			30	- - -	Lieut.
CG REP.YARD, SEATTLE	5/4/43	5/12/43	7	23		Lt.Comdr.
C. G. REPAIR YARD, SEATTLE, WASHINGTON	3rd year	9-23-43	Cr.	30		Lt. Comdr.
CG GARAGE Seattle	12-7-43	12-18-43	10	20	- - -	Lt.Comdr
DCGO, 13th NavDist. CG GARAGE Seattle	7-25-44	7-31-44	5	15	- -	Lt(jg)
DCGO 13th ND	vol ext enl 3 yrs 9/28/44			30	30	Lt(jg)
DCGO, 13th ND	12-22-44	12-26-44	3	27	30	Lt(jg)
CG GARAGE Seattle	6-5-45	6-18-45	12	15	--	M K Kemp Lt.(jg)

see new leave record

2—13678

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
KETDIST	NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT.					Lt.Cmdr.
HEMLOCK	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.					Lieut.
C. G. REPAIR YARD, SEATTLE, WASHINGTON	NO DEDUCTIBLE TIME WHILE ATTACHED					Lt. Comdr.,
DCGO 13th ND	NO DEDUCTIBEE TIME WHILE ATTACHED TO THIS UNIT					Lt(jg)
Coml3thCGDist	No deducitlbeetime while attached this unit.					Lt. By dir
CG GROUP Newport	No deductible time while attached this unit					CBM(L) OinC

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
DCGO 13th ND	9/23/44	Enl. voluntarily extended for three years duration of the war and for a period not to exceed six months thereafter in accordance Al 83-41 Character of service otherwise entitled to - Honorable Disdharge	Lt(jg)

12. ON DISCHARGE

PE-PR

Date 22 September, 1947 Place CG Group Newport, Oregon Serial No. ---

Kind of discharge Honorable Authority for Art 589 CG REGS & PB 103-44

Discharged on account of Expiration of enlistment and extension

Is ____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE Richard C. Van Hine

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty	Signature

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

6 (Years) 0 (Months) 0 (Days)

(Notations under article 10 to be considered when executing this article.) Richard C. Van Hine, CBM(L) O in C

17. CERTIFICATE UPON TERMINATION OF SERVICE

FEA - PR 24

Monthly rate of pay when discharged, $ 162.00

The within-named man has been furnished travel allowance amounting to $ 54.45 at the rate of .05 cents per mile from Newport, Oregon to Ketchikan, Alaska and paid $ 204.00 in full to date of discharge. Name of pay officer H.E.MAJOR, 18-490, CPC, USCG

Address subsequent to discharge will be:

Care of Heceta Head Light Station Street,

Florence, Oregon City, Oregon State.

HAS SIGNIFIED INTENTION {To / ~~XXXXX~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 22 September, 19 47

Richard C. Van Hine, CBM(L)
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

U. S. COAST GUARD

I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist; such additional time not to exceed beyond six months after the date of termination of the war or national emergency.

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. ODCGO 13th Naval District
(Unit)
Seattle, Washington
(Place)
23 September, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, Sidney Hayes Elder (219-289), B.M.1c., having
(Name of applicant) (Service number) (Rating)

on 23 September, 1944, enlisted in the U. S. Coast Guard under a contract of enlistment for a
(Date)

term of THREE years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of THREE years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Expiration of Enlistment and United States being in a state of war.

Sidney Hayes Elder.
Sidney Hayes Elder
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 23 day of September, A. D., 1944

S. T. ELLIS, Lieutenant (j.g.) USCG
(Commissioned officer authorized to administer oath)
By direction.

U. S. C. G. ODCGO 13th Naval District,
(Unit)
Seattle, Washington
(Place)
23 September, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

S. T. ELLIS, Lieutenant (j.g.) USCG
(Officer authorized to accept agreement)
By direction.

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21990-1 U. S. GOVERNMENT PRINTING OFFICE

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

ENLISTMENT CONTRACT

~~RE~~ENLISTMENT of ELDER, Sidney Hayes (Full name, surname to left) 219-289 (Service number) as B.M.1c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station Ketchikan District Office, ~~District~~, Ketchikan, Alaska (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Ketchikan, Alaska (Place)

1. I, Sidney Hayes Elder (Full name), this 23rd day of September, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: - - - - - -

2. I was born in Villanova, Pennsylvania, on 20 November, 1895 Citizenship * Nb

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - - - Certificate No. - - - - - -

If intentions declared, place and date of declaration -

Home address 730 Bay View Avenue, Ketchikan, Alaska

Full name and address of the following: Winifred L. Elder, 730 Bay View Avenue, Ketchikan, Alaska (Wife, if any)

Freelin Hayes Elder, son, age 3years, 730 Bay View Avenue, Ketchikan, Alaska (Children under 21 years of age. Specify ages of children)

deceased (Mother, if living) Widowed? - - - - -

Mrs. R. C. Storey, Route #2, Renton, Washington (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

- - - - - - - - - - - - - - - - - - - -

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Sidney Hayes Elder

Sidney Hayes Elder
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

FRANK TOMKIEL

Lt.Comdr., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Sidney Hayes Elder (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder

Sidney Hayes Elder
(Signature of enlisted person)

Subscribed and sworn to before me this 23rd day of September, A. D. 1941

FRANK TOMKIEL

Lieutenant Commander, U.S.C.G.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years 10 months. Height 5 feet 6 inches. Weight 133 pounds. Eyes grey

Hair grey Complexion ruddy Color white Married yes

Distinguishing marks Appendectomy scar; two scars on right lower leg.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the president to exist such additional time not to exceed beyond six months after the date of termination of the war or national emergency.

Sidney Hayes Elder

Sidney Hayes Elder

16—8426

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

ODCGO 13th Naval District, Seattle, Washington
(Unit)

ELDER, Sidney Hayes
(Name in full—surname to the left)

23 September, 1944
(Date)

(219-289)
(Service number)

Boatswain's Mate, First Class
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1941	9	23
Enlistment extended (for 3 DOW & six months years from)	1944	9	23
Date of discharge (_____) (Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (_____ days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

S. T. ELLIS, Lieutenant (j.g.)

Date 23 September, 1944

(Rank) By direction, U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 September, 1944

ODCGO 13th ND, Seattle, Washington
(Unit and place)

I CERTIFY that the above-named man Voluntarily Extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE (3) years from this date, for the duration of the war and for a period not to extendng beyond six months after termination.

S. T. ELLIS, Lieutenant (j.g)

(Rank) By direction., U. S. C. G.

Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired _____

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Ketchikan, Alaska
(Place)

23 September, , 19 41
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 45 years 10 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Sidney Hayes Elder

Date of birth November 20, 1895

Place of birth Villanova, Pennsylvania Citizenship Nb

Home address 730 Bay View Avenue, Ketchikan, Alaska

Are you married? yes Number and relationship of persons dependent on you for support? 2

Wife & Son

Are you prepared to support your dependents on service pay? yes

Are your parents living? no Are your parents dependent on you for support? no

Name and address of next of kin Winifred L. Elder, 730 Bay View Avenue, Ketchikan, Aaa.

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment		You were Employed as—
			From—	To—	
U. S. Coast Guard	Ketchikan, Alaska				Keeper

Do you drink intoxicating liquors? If so, to what extent? yes, very light.

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

2 years high school, not graduated, Medesta High School, Medesta, California.

9 Mos. Business College.

12 Mos. Mechanic School.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? yes

If so, state which Marine Corps

Are you now or have you been a member of the National Guard? no

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? no

When did you apply? _____ Where? _____

Were you accepted or rejected? _____ If rejected, state why _____

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Sidney Hayes Elder

(Sign your full name here) Sidney Hayes Elder

Accepted or rejected accepted Cause of rejection - - - - - - - - - - - - - -

Date 23 September, 1941

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

Frank Tomkiel

FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.

U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C.G.C. HEMLOCK (Unit) — Ketchikan, Alaska (Place)

1 October, 1942 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commanding Officer, HEMLOCK)

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:

Winifred L. Elder (Full name of wife; if not married, so state)	Box 7 Kennydale, Washington 730 Bay View Avenue, Ketchikan, Alaska (Address of wife)
Freeland H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. R. C. Storey (Full name of relative)	Sister (Relationship)	Route 2, Renton, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs. O. E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1942

S. H. JENSEN, Lieutenant, USCG
(Signature)
Commanding Officer, HEMLOCK
(Rank or title)

Sidney H. Elder.
Sidney H. Elder
(Signature)
B.M.1c.
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—35758-1

N. C. G. 2511 (Revi...
Form approved by Comptroller ... S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 24 August, 1942.

From: Commandant.
To: Commanding Officer, HEMLOCK.

Subject: Statement of service for longevity pay.

Inclosure: 1. Copy of Marine statement dated 12 November, 1941.

1. The following is a statement of service, to and including 24 August, 1942, of ELDER, Sidney Hayes (219-289) B.M. 1c.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-23-41		None		None		None	
Now serving							

RECEIVED
21 SEP 1942
C. G. CHEMLOCK

Yr. Mo. Days

Coast Guard service.....
Navy service.....
.....
.....
Total.....
Completed years

E. J. ROLAND,
By direction.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C.G.C. HEMLOCK (Unit) — Seattle, Washington (Place)

1 April, 1942 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commanding Officer, HEMLOCK)

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:

Winifred L. Elder (Full name of wife; if not married, so state)	730 Bay View Avenue, Ketchikan, Alaska (Address of wife)
Freelin H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. R. C. Storey (Full name of relative)	Sister (Relationship)	Route 2, Renton, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs. O. E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st. day of April, 1942

H. R. JENSEN, Lieut.(j.g.)(T)
(Signature)
Commanding Officer, HEMLOCK
(Rank or title)

Sidney H. Elder.
Sidney H. Elder
(Signature)
B.M.1c.
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C.G.C. HEMLOCK (Unit) — Ketchikan, Alaska (Place)

11 October, 1941 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commanding Officer, HEMLOCK and Commander, Ketchikan 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:

Winifred L. Elder (Full name of wife; if not married, so state)	730 Bay View Avenue, Ketchikan, Alaska (Address of wife)
Freelin H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. R. C. Storey (Full name of relative)	Sister (Relationship)	Route 2, Reton, Washington (Address of relative)

potential
(State briefly wherein dependency exists)

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

Mrs. O. E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

WITNESSED BY:
Subscribed and sworn to before me this 11th day of October, 1941.

O. H. JENSEN
Chief Bos'n, U.S.C.G.
Rank

SIGNED: Sidney H. Elder
Sidney H. Elder

Rank or Rating Boatswains Mate, first class

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
Revised September 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

KETCHIKAN DISTRICT OFFICE (Unit) — Ketchikan, Alaska (Place)

23 September, 1941 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commander, Ketchikan 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:

Winifred L. Elder (Full name of wife; if not married, so state)	730 Bay View Avenue, Ketchikan, Alas. (Address of wife)
Froelin H. Elder (Full name of child; if none, so state)	same as above (Address of child)
- - - - - - - (Full name of child; if none, so state)	(Address of child)
- - - - - - - (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:

Mrs. R. C. Storey (Full name of relative)	sister (Relationship)	Route 2, Renton, Washington (Address of relative)

potential
(State briefly wherein dependency exists)

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

Mrs. O. E. Flatebo (Full name of relative)	sister (Relationship)	Kennydale, Washington (Address of relative)

potential
(State briefly wherein dependency exists)

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

Sidney H. Elder
Sidney H. Elder
(Signature)

Subscribed and sworn to before me this 23rd day of September, 1941.

Frank Tomkiel
FRANK TOMKIEL
(Signature)

Lieutenant Commander, U.S.C.G.
(Rank or title)

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

N. C. G. 2511 (Revis[illegible]
Form approved by Comptroller G[illegible]
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-73



STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 24 August, 1942.

From: Commandant.
To: Commanding Officer, HEMLOCK.

Subject: Statement of service for longevity pay.

Inclosure: 1. Copy of Marine statement dated 12 November, 1941.

1. The following is a statement of service, to and including 24 August, 1942, of ELDER, Sidney Hayes (219-289) B.M. 1c.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-23-41 Now serving		None		None		None	

RECEIVED
21 SEP 1942
C. G. C HEMLOCK

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			

Completed years

E. J. ROLAND,
By direction.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD REPAIR YARD (Unit) — Seattle, Washington (Place)

1 October, 1943 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via CO, CG REPAIR YARD, Seattle)

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:

(Full name of wife; if not married, so state)	(Address of wife)
Winifred Lucille Elder	Box 7, Kennydale, Washington
Freelin Hayes Elder 26 April 38	Same as above
25 Feb 1937 Wellsburg W. Va.	

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)
Winifred Flatedo	Sister	Box 7, Kennydale, Washington

Potential
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)
None		

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1943

Sidney H. Elder
Sidney H. Elder (Signature)

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

BEN C WILCOX (Signature)
Lieutenant Commander (Rank or title)

Authority—Act of Congress of April 9, 1943

16—25758-1

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

10-23-41

~~RE~~ENLISTMENT of ELDER, Sidney Hayes (Full name, surname to left) 219-289 (Service number) as B.M.1c. (Rating)

U. S. Coast Guard ~~Cutter~~ ~~Station~~ Ketchikan District Office, ~~XXXXXX~~, Ketchikan, Alaska (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Ketchikan, Alaska (Place)

1. I, Sidney Hayes Elder (Full name), this 23rd day of September, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: - - - - - -

2. I was born in Villanova, Pennsylvania, on 20 November, 1895 Citizenship * NB

If naturalized, place and date of naturalization - - - - - - - - - - - - - - - - Certificate No. - - - - - -

If intentions declared, place and date of declaration -

Home address 730 Bay View Avenue, Ketchikan, Alaska

Full name and address of the following: Winifred L. Elder, 730 Bay View Avenue, Ketchikan, Alaska (Wife, if any)

Freelin Hayes Elder, son, age 3years, 730 Bay View Avenue, Ketchikan, Alaska (Children under 21 years of age. Specify ages of children)

deceased Widowed? - - - - - -

(Mother, if living)

Mrs. R. C. Storey, Route #2, Renton, Washington (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

- - - - - - - - - - - - - - - - - - - -

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Sidney Hayes Elder

Sidney Hayes Elder
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

FRANK TOMKIEL

Lt.Comdr., U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

I, Sidney Hayes Elder (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder.

Sidney Hayes Elder
(Signature of enlisted person)

Subscribed and sworn to before me this 23rd day of September, A. D. 1941

FRANK TOMKIEL

Lieutenant Commander, U.S.C.G.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years 10 months. Height 5 feet 6 inches. Weight 133 pounds. Eyes grey

Hair grey Complexion ruddy Color white Married yes

Distinguishing marks Appendectomy scar; two Scars on right lower leg.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

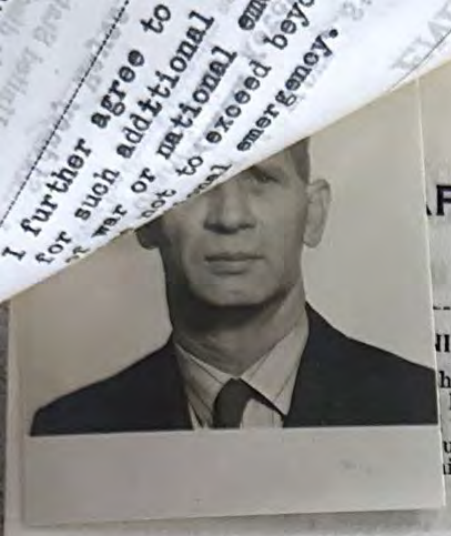
I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

I further agree to the extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the president to exist such additional time not to exceed beyond six months after the date of termination of the war or national emergency.

Sidney Hayes Elder.

Sidney Hayes Elder

16—8426



This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

NING

he Coast Guard, Army, have ever been arrested to reveal the facts, your ur identity and summary ing for fraudulent enlist-

If statements made herein are found to be false disciplinary action will result.

Ketchikan, Alaska
(Place)

23 September, 19 41
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 45 years 10 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Sidney Hayes Elder

Date of birth November 20, 1895

Place of birth Villanova, Pennsylvania Citizenship Nb

Home address 730 Bay View Avenue, Ketchikan, Alaska

Are you married? yes Number and relationship of persons dependent on you for support? 2

Wife & Son

Are you prepared to support your dependents on service pay? yes

Are your parents living? no Are your parents dependent on you for support? no

Name and address of next of kin Winifred L. Elder, 730 Bay View Avenue, Ketchikan, Aaa.

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment		You were Employed as—
			From—	To—	
U. S. Coast Guard	Ketchikan, Alaska				Keeper

Do you drink intoxicating liquors? If so, to what extent? yes, very light.

Have you ever been arrested? If so, for what? No

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13413

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, o... colleges attended, stating whether or not you graduated and the number of years you attend...

2 years high school, not graduated, Modesta High School, Modesta, Cali...

9 Mos. Business College.

12 Mos. Mechanic School.

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? yes

If so, state which Marine Corps

Are you now or have you been a member of the National Guard? no

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

Have you ever applied for enlistment in the Coast Guard? no

When did you apply? _____ Where? _____

Were you accepted or rejected? _____ If rejected, state why _____

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Sidney Hayes Elder

(Sign your full name here) Sidney Hayes Elder

Accepted or rejected accepted Cause of rejection - - - - - - - - - - - - - - -

Date 23 September, 1941

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

Frank Tomkiel

FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

...ARTMENT
...GUARD
...mber 2, 1941.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

KETCHIKAN DISTRICT OFFICE (Unit) — Ketchikan, Alaska (Place)

23 September, 1941 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commander, Ketchikan 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:

Winifred L. Elder (Full name of wife; if not married, so state)	730 Bay View Avenue, Ketchikan, Aaa. (Address of wife)
Freelin H. Elder (Full name of child; if none, so state)	same as above (Address of child)
- - - - - - - (Full name of child; if none, so state)	(Address of child)
- - - - - - - (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:

Mrs. R. C. Storey (Full name of relative)	sister (Relationship)	Route 2, Renton, Washington (Address of relative)

potential (State briefly wherein dependency exists)

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

Mrs. O. E. Flatebo (Full name of relative)	sister (Relationship)	Kennydale, Washington (Address of relative)

potential (State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 23rd day of September, 1941.

FRANK TOMKIEL (Signature)

Lieutenant Commander, U.S.C.G. (Rank or title)

Sidney H. Elder

Sidney H. Elder (Signature)

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

PE-PR-35

ENLISTMENT CONTRACT U. S. COAST GUARD

REENLISTMENT

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
219-289	EIDER,	Sidney	Hayes	BM1	8

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Villanova,	Pennsylvania	20	Nov.	95	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	3201 Alki Avenue,	Seattle,	KING,	Washington

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
27	Sept	55	[ ] FIRST ENLISTMENT [X] REENLISTMENT	THREE YRS.		[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Seattle,	Washington	0'CCGD13	Seattle,	Washington

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
NOT REGISTERED	- - - -

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
26	Sept	51	U. S. Coast Guard	26	Sept	55	HONORABLE	29 YRS. 11 MOS. 07 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
25 YRS. 11 MOS.	27	Sept	55	Alki Pt LS, resumption of duty	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION

SEX	RACE (See instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Grey	Blue	63½"	144	Fair

29. MARKS AND SCARS

Two 2" Scars on right leg; 3" appendectomy scar

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Lieutenant PAUL A. BERG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 03 years from 27 September, 1955 / ~~during continuance~~ until 26 Sept., 1958 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Sidney Hayes Elder do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Sidney Hayes Elder

Sidney Hayes Elder

Subscribed and sworn to before me this 27th day of September, A. D. 1955 Citizenship substantiated and contract perfected.

Signature and Grade PAUL A. BERG, LT, USCG Official Title CHMILPERSECT, CGD13

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, [illegible] (American), Malayan.

CG-3313 (Rev. 2-54) COAST GUARD DEPARTMENT
Form approved by Comp. Gen., U. S. March 5, 1954

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

   a. Upon enlistment, induction, or reenlistment.

   b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record* [*Form CG-3301B*], *is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (Check appropriate box)				DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT		INDUCTION	XX	REENLISTMENT	27 September 1955
LOCATION (City and state)				PERIOD OF ENLISTMENT OR REENLISTMENT
Seattle, Washington				THREE (3) Years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (City and state)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY
- - - - - - -	- - - - -	- - - - -

SECTION II — LAST PREVIOUS ENLISTMENT (For reenlistment bonus or enlistment allowance)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
9-26-55	HONORABLE	EXT1

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
04	00	01	25	11	07	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
26 September 1951 - $200.00	None

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (Enter date following day of return to Coast Guard jurisdiction)
SHIP OR STATION	DATE	
- - - - - - -	- - - - -	- - - - -

SECTION IV — REMARKS (Refer to section number and item in question in each instance)

PAID $ 90.00, 2ND REENLISTMENT BONUS ON SEC. 207
9/27/55 AT SEATTLE, WASHINGTON
BY [signature]
H. M. COOPER, CHPCLK, W2, USCG
Authorized Certifying Officer

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION		NAME OF A.C.O.	
O'CCGD13, Seattle, Washington			
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE	
51-56	PAUL A. BERG, LT, CHMILPERSECT, CCGD13	[signature]	
NAME (Last, first, middle)		SERVICE NO.	RATE
ELDER, Sidney Hayes		219-289	BM1

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-861232

I, ELDER, Sidney Hayes (219-289) BM1, U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 27 September 1955 for a period of three (3) years, being eligible to receive a reenlistment bonus under the Provisions of Section 206 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended.

Sidney H. Elder

Sidney H. Elder

It has been determined form the records available at this unit, that this is the second reenlistment or extension of enlistment entered into by subject named man after 1 October 1949, for which a reenlistment bonus was payable; that he has 25 years 11 months and 07 days active federal service to date of reenlistment as distinguished from creditable service for basic pay.

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

O'CCGD13, Seattle, Washington

27 September 1955 - Reenlisted this date in Reg. Enl. for a period of three (3) years in the rate of BM1. AUTH: Sec. 12-3-19A CG Regs.

Transferred this date to the Alki Point Light Station, Seattle, Washington for resumption of regular station and duties.

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

I. ELDER, Sidney H. (219-289) BM1, U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 27 September 1955 for a period of three (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under the provisions of Section 207 of the Career Comoensation Act of 1949, as amended.

Sidney H. Elder

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

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

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER,	Sidney	Hayes	219-289

ADMINISTRATIVE REMARKS

16—66780-2

Married	Winifred Lucille Elder	3201 Alki Ave., Seattle, Wn.

8. CHILDREN (*List each child of any marriage. If none, so state*)

FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	MARITAL STATUS	SEX	DATE OF BIRTH
Freeling Hayes Elder	3201 Alki Ave., Seattle, Wn.	S	M	4-26-38

9. NAME OF [X] FATHER OR [ ] MALE GUARDIAN	10. ADDRESS IF LIVING—IF DECEASED SO STATE
Sidney Washington Elder	Deceased
11. NAME OF [X] MOTHER OR [ ] FEMALE GUARDIAN	**12. ADDRESS IF LIVING—IF DECEASED SO STATE**
Jennie E. Elder	Deceased

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD I DESIRE THAT PAYMENT OF 6 MONTHS' DEATH GRATUITY BE MADE TO THE RELATIVE SHOWN BELOW. (*The name of father or mother must be repeated if it is desired that he or she receive payment*)

13. FIRST NAME—MIDDLE NAME—LAST NAME	14. RELATIONSHIP	15. ADDRESS
Edna Gladys Storey	Sister	630 Sunset Blvd., Renton, Washington
16. ALTERNATE RELATIVE	**17. RELATIONSHIP**	**18. ADDRESS**
Geneva Lake Shirley	Sister	Rt. #3, Box 333B, Bothell, Wn.

19. IN THE EVENT THAT I AM LISTED AS MISSING OR OTHER MILITARY CIRCUMSTANCES PREVENT ME FROM TRANSMITTING FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Winifred Lucille Elder	Wife
ADDRESS	**RECEIVE EACH MONTH**
3201 Alki Avenue, Seattle 6, Washington	100 PERCENT OF MY PAY

20. I REQUEST THE FOLLOWING COMMERCIAL INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE

NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
The Equitable Life Assurance Society of the U. S.	New York 1, N. Y.	10 683 185

21. DESIGNATION OR CHANGE OF BENEFICIARY—SERVICEMEN'S INDEMNITY (*PL 23, 82d Cong.*)

(*Does not operate as a designation or change of beneficiary of any insurance contracts issued by United States Government*)

ALL PREVIOUS DESIGNATIONS OF PRINCIPAL AND CONTINGENT BENEFICIARIES, IF ANY, UNDER SERVICEMEN'S INDEMNITY ACT OF 1951, ARE HEREBY CANCELED, AND IT IS DIRECTED THAT SAID INDEMNITY BE PAID TO:

NAME	RELATIONSHIP	SHARE OR AMOUNT TO EACH BENEFICIARY
NO DESIGNATION		

WITNESSED BY (*Signature on all copies*)	SIGNATURE OF SERVICEMAN (*Sign all copies*)
PAUL A. BERG	Sidney Hayes Elder
GRADE OR RATE OF WITNESS / **SERVICE NO.**	**DATE SIGNED**
LT, USCG / 3618	27 September 1955

DD FORM 1 FEB 52 93 Replaces DD Form 93, 1 Jul 50, which may be used.

16—67492-1

5501 Alki Ave., Seattle, Washington

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION
Male	Caucasian			Treasury Department	CG BASE, Seattle, Washington

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11-20-95	Vill Nova, Penna.	Winifred Elder (Wife), Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Seattle, Washington	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
	X*	19. NOSE
X		20. SINUSES
	X*	21. MOUTH AND THROAT
	X*	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
	X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
	X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
	X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Deflected nasal septum

Absence left vocal cord, Scar at neck-midline anteriorlly
High frequency deafness, presbycusis

Hyperopia, presbyopia, to right

34 38 34

Pilonidal dimple

RLQ surgical scar (appendectomy)

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (Place, date, film number, result)	47. SEROLOGY (Specify test used and result)
ALBUMIN	SUGAR	MICROSCOPIC		
Neg.	Neg.		NSA # 209124, USPHS Hospital, Seattle, Wn. dtd 8-23-55	VDRL QUALITATIVE NEG.

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Normal	AB Pos.	WBC - 6300 HgB - 16.3

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
63½	144	Grey	Blue	☐ ☑ ☐ ☐	97.6

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		122	76
RECUMBENT		122	76
STANDING (3 min.)		132	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	142	72	72	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 30	CORR. TO 20/ 25	BY	S. CX	J7	CORR. TO J2 BY
LEFT 20/ 25	CORR. TO 20/ 20	BY	S CX	J7	CORR. TO J2 BY

62. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT LEFT	PI Plates Normal		CORRECTED
66. FIELD OF VISION	**67. NIGHT VISION** (*Test used and score*)	**68. RED LENS**	**69. INTRAOCULAR TENSION** Digital Normal

70. HEARING

RIGHT WV 1 /15 SV 30/15

LEFT WV 1 /15 SV 30/15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192
RIGHT	35	17	40	47	67	65	60
LEFT	20	15	47	45	33	67	67

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

9-27-55 - Reenlisting this date in Reg. Enl. for a period of three (3) years in the rate of BM1.

Paul A Berg

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*).

#19. Deflected nasal septum
#21. Absence left vocal cord
#22. High frequency deafness, presbycusia
#24. Hyperopia and presbyopia to right
#32. Pilonidal dimple

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

Discharge U. S. Coast Guard

NAVCG-2N1-A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Comdr., 13th CG District
Seattle, Washington
(Unit)

ELDER, Sidney Hayes
(Name in full—surname to the left)

25 September, 1951
(Date)

219-289
(Service number)

BM1
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 4 years)	1947	9	23
Enlistment extended (for ____ years from)			
Date of discharge (HONORABLE NEXT 3 days) (Character of discharge)	1951	9	25

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	04	00	03

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
None			None			None		

STATEMENT OF CREDITABLE SERVICE:	YEARS	MONTHS	DAYS
CREDITABLE SERVIE THIS ENLISTMENT:	04	00	03
PREVIOUS CREDITABLE SERVICE: (USMC)	08	00	00
PREVIOUS CREDITABLE SERVICE: (USCG)	06	00	00
PREVIOUS CREDITABLE SERVICE: (Lighthouse Serv.)	07	11	03
TOTAL CREDITABLE SERVICE:	25	11	06

Last paid reenlistment allowance on 9-23-47 -

Total Absence (0 days)

Creditable time served during last enlistment period	04	00	03

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

H. F. Morrison

H. F. MORRISON, CBOSN, USCG

Date 25 September, 1951 (Rank) By direction, U. S. C. G.

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Office, Comdr., 13th CG District
Seattle, Washington
(Unit and place)

Date 26 September, 1951

I CERTIFY that the above-named man reenlisted in regular enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of FOUR (4) years from this date.

PAID $200.00 REENLISTMENT ALLOWANCE ON

9-26-51 AT SEATTLE, WASHINGTON

H. F. Morrison

H. F. MORRISON, CBOSN, USCG

(Rank) BY DIRECTION, U. S. C. G.

Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE: 1941—O-[illegible]

J. M. DONOVAN, PCLK, USCG
Authorized Certifying Officer

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 16, Wash.	13 June 1955

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289) BM1	COMMANDER,CG GROUP, SEATTLE	OinC Alki Point Light Station

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR	☐ REENLISTMENT
12	0800, 15 June, 1955	☐ EMERGENCY	☐ RECRUIT

ADDRESS ON LEAVE WILL BE Alki Point Light Station, Seattle 16, Wash.

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

SIGNATURE OF APPLICANT: Sidney H. Elder
Sidney H. Elder, BM1

Ind.-1 Unit: Alki Point Light Station Date 13 June, 1955

Date current leave accounting period began	Balance brought forward beginning of present accounting period 56 ~~60~~ days
Number days' leave used during current accounting period 10	Date of expiration of current enlistment 23 September,1955

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG GROUP, Seattle, Wn. Date 13 June, 1955

☒ Returned, GRANTED ..... days.

☐ Returned, NOT GRANTED, because

☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

Lynn L. Baker
LYNN L. BAKER, LCDR, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 15 June, 1955

Departed at 0800, this date. This leave expires before 0900, 28 June, 1955

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 28 June,1955

Reported at 0800, this date, having used 12 days' leave.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

16—40220-2

(Over)

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

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

RECEIVED APR 14 5 10 PM '55 CG BASE SEATTLE, WASH.

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 16, Wash.	29 March 1955

FROM (REQUESTER):	TO	VIA: OinC
ELDER, Sidney H. (219-289) BM1	Commander, CG Group, Seattle	Alki Point Light Station

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10	0	0800, 1 April, 1955			

REASON FOR REQUEST:

Annual Leave

My address on leave will be: Alki Point Light Station, Seattle 16, Wash.

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

Sidney H. Elder
Sidney H. Elder BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Alki Point Light Station Date: 29 March, 1955

Leave record indicates balance of 56 days' annual and 0 days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Base, Seattle, Washington Date: 29 March 1955

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

J. D. Goolsby
J. D. GOOLSBY, CHSCLK, USCG, PO
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Alki Point Light Station Date: 1 April, 1955

Departed at 0800 this date. This leave of absence will expire before 0900, 12 April 1955, at Alki Point Light Station and is subject to the special instructions indicated on reverse hereof.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Alki Point Light Station Date: 12 April, 1955

Reported at 0800 this date, having taken 10 days' leave and 0 days' TT.

CGBASE SEATTLE, WN.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

CGI-101 (Rev.6-50)

alki pt.

U. S. COAST GUARD INSTITUTE

STUDENT RECORD

(To be maintained by the Educational Officer at students station)

ELDER, Sidney H. (219-289) BM1

(Name) (Service No.) (Rate/Rank)

COURSE BMC-1.

DATE ENROLLED SEP 16 1953 ENROLLMENT NO. 74835

TEXTBOOKS			LESSONS			
TITLE OF TEXT	Date Received	Date Returned	Lesson Number	Date Mailed to Institute	Date Returned from Institute	Grade
			1	3/9		

Discontinued/
Books
Returned/
11-22-54

12 March, 1954
P16-1/MM

Commanding Officer
CG Base
Seattle 99, Washington

From: Commanding Officer, CG Base, Seattle, Washington
To: ELDER, Sidney H. (219-289) BM1
Via: Officer-in-Charge, Alki Point Light Station

Subj: Orders; temporary additional duty

1. Upon receipt hereof you are directed to proceed and report to the Commanding Officer, CG Base, Seattle, Washington not later than 0730, 5 April, 1954 for temporary additional duty in connection with examination for chief petty officer (provisional) in your specialty. Upon completion of this temporary additional duty you will return and resume your regular station and duties.

2. No travel expense indicated.

3. Health record will be carried on transfer.

4. Responsible reporting unit for the Personnel Accounting System remains CG GROUP, Seattle.

J. D. GOOLSBY,
By direction.

Copy to:
CCGD13(p)
Pay
File

24 February, 1954
P17/MM

Commanding Officer
CG Base
Seattle 99, Washington

From: Commanding Officer, CG Base, Seattle, Washington
To: ELDER, Sidney H. (219-289) BM1
Via: Officer-in-Charge, Alki Point Light Station

Subj: Chief Petty Officer (Provisional) examination

Ref: (a) HQ letter dated 4 Feb. 1954 (PE-1, MM).
(b) CCGD13 letter dated 15 Feb. 1954 (p) (P17/MM).

1. In accordance with references (a) and (b) you have been designated to participate in the forthcoming CPO examination in your specialty to be held at the CG BASE, Seattle, Washington on April 5th and 6th, 1954.

2. Your attention is invited to Article 5-C-27, Chapter 5, Personnel Manual, for the determining factors which will establish your precedence on the eligibility list providing you pass the examination.

3. Orders directing you to report on the dates indicated in paragraph one will be issued at a later date.

V. A. JOHNSON

Comma rder
CG Group
Seattle, Washington

23 September 1953
P17-2

From: Commander, CG Group, Seattle, Washington
To: ELDER, Sidney H. (219-289) BM1, USCG

In accordance with Commandant's letter dated 17 September 1953, you are advised herewith that you will be permitted to participate in the forthcoming examination for chief petty officer (provisional) which will be held during the month of April 1954.

V. A. JOHNSON

Commanding Officer
Coast Guard Base
Seattle 99, Washington

31 August 1953
File: P17-2/MM

From: ELDER, Sidney H.(219-289)BM1,USCG
To: Commandant(PE)
Via: (1) Commanding Officer, CG Base, Seattle, Washington
(2) Commander, 13th Coast Guard District(p)

Subj: Examination for Chief Petty Officer; request for

Ref: (a) Article 5-C-25, Personnel Manual
(b) Personnel Circular No. 23-53

1. In accordance with references (a) and (b) above, it is requested that I be given consideration to participate in the forth coming examination for Chief Petty Officer in the rating of Boatswain's Mate Chief.

Sidney H. Elder
Sidney H. Elder

FIRST ENDORSEMENT to ELDER's ltr of 31 August 1953, P17-2/MM

31 August 1953
P17-2/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: Commandant(PE)
Via: Commander, 13th CG District(p)

1. Forwarded, reccommending approval.

2. ELDER is deemed qualified in all respect for advancement in rating to Boatswain's Mate Chief.

V.A.JOHNSON

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

APPLICATION FOR LEAVE OF ABSENCE

RECEIVED
AUG 24 11 15 AM '53
COMMANDER
CG GROUP
SEATTLE, WASH.

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 6, Washington	25 July, 1953

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H. (219-289) BM1	Commander CG Group, Seattle, Wash.	OinC Alki Point LTSTA.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
21	0800 1 August 1953	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 2301 Alki Ave, Seattle 6, Wash.

To Be Checked By Officers Only

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

SIGNATURE OF APPLICANT Sidney H. Elder

Ind.-1 Unit: Alki Point Light Station Date 25 July 1953

Date current leave accounting period began	Balance brought forward beginning of present accounting period
7-1-53	46
Number days' leave used during current accounting period	Date of expiration of current enlistment
00	9-25-55

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson
Albert G. Anderson, KPR, OinC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: Coast Guard Base, Seattle, Wash. Date 27 July, 1953

☒ Returned, GRANTED 21 days. ☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

J. D. Goolsby
J. D. GOOLSBY, SCLR, USCG - Personnel Officer
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 1 August, 1953

Departed at 0800, this date. This leave expires before 0900, 23 August, 1953

at ALKI POINT LIGHT STATION, SEATTLE, WN and is subject to the instructions on the reverse hereof.

Albert G. Anderson
Albert G. Anderson, KPR, OinC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 22 August, 1953

Reported at 0800, this date, having used 20 days' leave.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

16—40220-3

(Over)

NCG-2822

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney M. (Name, surname first) 219-289 (Service number) BM1. (Rank or rating) CG BASE, (Unit) Seattle, Wash.

Reported without medical papers.

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 18 August, 19 52.

To: Medical Officer In Charge
USPHS. Hospital,
Seattle, Washington

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

Sidney M. Elder, BM1. USCG. (Signature of patient)

Henry T. Hutchins, HMC. U. S. Coast Guard.
CG. Rep. By direction

RETURN MEDICAL CERTIFICATE

Place USPHS. Hospital, Seattle, Washington, Date 18 August, 19 52.

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

Acute pharyngitis. 631-190.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at USPHS. H. Seattle, Wn. {*hospital / *office} on 1005 18 August, 19 52.

P. M. Kegan, Surg.

PAUL M. KEGAN, Surg. USPHS. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

FOLLOW INSTRUCTIONS ON BACK

[illegible], Sidney Hayes (Name, surname first) 219-289 (Service number) BM1. (Rank or rating) CG BASE, (Unit) Seattle, Wash.

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

FINAL MEDICAL CERTIFICATE

Place USPHS.Hospital, Seattle, Wash. Date 23 October, , 1952.

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Epidermoid carcinoma, left vocal cord.	336-814F	8-18-52.	9-26-52.

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

Patient was discharged 9-26-52 with maximum hospital benefit, advised he would not be fit for duty for fourteen days and advised to return in one week for follow-up in the clinic.

CONDUCT REPORT:

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

E. A. SWARTZ, Surgeon, USPHS. U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Alki Point 4/5
1/Misc.

Commanding Officer's

PAY RECORD ORDER

5R

COAST GUARD BASE, SEATTLE, WASHINGTON
(Name and type and number of activity (or unit))

C. O. Order No. 527-53

To DISBURSING OFFICER:

CG PERSONNEL

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1952 (YEAR) From—	To—
219-289	ELDER,	Sidney	H.	Completed fifteen (15) years, eleven (11) months, and three (3) days creditable service in the USMC and Lighthouse Service prior to enlistment in U.S. Coast Guard. Enl. USCG (6) - - - - - - 9-23-41 Discharge (HD) - - - - - 9-22-47 Reen. USCG (4) - - - - - 9-23-47 Discharge (HD) - - - - - 9-25-51 REEN. USCG (4) - - - - - 9-26-51 Now Serving AWOL: None — SKMC: None — NPDI: None Completed twenty-six (26) years creditable service for pay and longivity purposes as of 19 October, 1951.		
				Attached, Certified copy Statement of Creditable Service		

(D. O. Symbol number)

J. D. GOOLSBY, SCIK, USCG
(Name and signature)

PERSONNEL OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

TRANSCRIPT OF - - 6. EFFICIENCY MARKS - - - FOR PERIOD 9-23-47 thru 9-25-51.

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-30-47	BM1c	3.6	3.6	3.3	3.6	4.0	
12-31-47	BM1c	3.6	3.6	3.3	3.6	4.0	
3-31-48	BM1c	3.5	3.6	3.3	3.3	4.0	
6-30-48	BM1	3.4	3.5	3.3	3.3	4.0	
9-30-48	BM1	3.4	3.5	3.3	3.3	4.0	
12-31-48	BM1	3.5	3.5	3.3	3.3	4.0	
3-31-49	BM1	3.6	3.5	3.3	3.3	4.0	
6-30-49	BM1	3.6	3.5	3.3	3.3	4.0	
9-30-49	BM1	3.6	3.5	3.4	3.4	4.0	
12-31-49	BM1	3.7	3.5	3.5	3.5	4.0	
3-31-50	BM1	3.7	3.5	3.5	3.5	4.0	
6-30-50	BM1	3.7	3.5	3.5	3.5	4.0	
9-30-50	BM1	3.7	3.5	3.5	3.5	4.0	
12-31-50	BM1	3.7	3.5	3.5	3.5	4.0	
3-31-51	BM1	3.7	3.5	3.5	3.5	4.0	
6-30-51	BM1	3.7	3.5	3.5	3.5	4.0	
9-6-51	BM1	3.7	3.5	3.5	3.5	4.0	
9-8-51	BM1	LESS THAN ONE MONTH				4.0	
9-25-51	BM1	LESS THAN ONE MONTH				4.0	
		CERTIFIED TO BE A TURE TRANSCRIPT:					H. F. MORRISON, CBOSN, USCG
AVERAGE	X X X X						

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 6, Wash.	7 July,1952

FROM (REQUESTER):	TO	VIA:
ELDER, SIDNEY H. (219-289)BM1	CO, CG Group, Seattle	OIC, Alki Point Lt.St.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
8	0900, 18 July, 1952	☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 3201 Alki Ave Seattle 6, Wash.

To Be Checked By Officers Only

☐ I am not a member of any court or board.

☐ I am a member of the court(s) or board(s) listed below and have obtained approval of this request from the senior member of such court(s) or board(s).

SIGNATURE OF APPLICANT Sidney H. Elder
Sidney H. Elder

Ind.-1 Unit: Alki Point Light Station Date 7 July, 1952

Date current leave accounting period began	Balance brought forward beginning of present accounting period
Number days' leave used during current accounting period	Date of expiration of current enlistment

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson
Albert G. Anderson, Keeper, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: Coast Guard Base, Seattle, Wash. Date 9 July, 1952

☒ Returned, GRANTED 08 days.

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

J. D. Goolsby
J. D. GOOLSBY, SCLK, USCG - Personnel Officer
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 18 July, 1952

Departed at 0900, this date. This leave expires before 0900, 27 July, 1952

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson
Albert G. Anderson, Keeper, OinC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 26 July, 1952

Reported at 0800, this date, having used 7 days' leave.

Albert G. Anderson
Albert G. Anderson, Keeper, OinC
(Signature, rank, and title)

16—40220-8

(Over)

9-493

ELDER, Sidney H. 219-289 BM1

CG Group Seattle, Washington 28 Sept. 1951

ALKI POINT LIGHT STATION Alki Point, Washington 13- 300820

1500 O,CCGD13 Seattle, Washington having REEN for
9-26-51 xx four (4) years, for assignment to duty.

VO, C13CGD 9-26-51

COAST GUARD COPY

J. D. GOOLSBY, SCLK, USCG
By direction

CC: HQ
CCGD13
SR
CG Base
File

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

CG RECRUITING STATION, Seattle, Washington (Name and type and number of activity (or unit)) C. O. Order No. 92-52

To DISBURSING OFFICER:

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME FIRST NAME INITIAL	REASON FOR CHANGE *	1951 (YEAR) From—	To—
219-289	ELDER, Sidney H.	Reenlisted this date for four (4) years, regular enlistment in the rating of BM1 and trans to CG GROUP, Seattle, Washington. AUTH: Art. 556 CG Regs & SF 88 dtd 9-17-51	9/26	xx
	PAFE: Seattle, Washington			
	NOT ENTITLED TO CCA			
	PREVIOUS CREDITABLE SERIVCE:	25 years 11 months 06 days		
	LAST DISCHARGED (fm USCG)	25 September, 1951		
	MARITAL STATUS: Married			
	Entitled to reenlistment allowance in the amount of 200.$ Form 2511-A attached.		9/26	xx

(D. O. Symbol number)

CROSN, USCG
(Name and signature)

H. F. MORRISON
RECRUITING OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

25 September, 1951

From: ELDER, Sidney H. (219-389) BM1
To: Commander, 13th CG District (p)

Subj: ALDIST 86-51

I have received a copy of Aldist 86-51, have read same and have had same explained to me and understand its provisions.

Sidney H. Elder

Sidney H. Elder

23-52

SILDER, Sidney H.	219-289	BM1	
CG Recruiting Station	Seattle, Washington		26 Sept., 1951
CG Recruiting Station	Seattle, Washington		13-5809026-29

1600 CG GROUP, Seattle, Washington
26 September, 1951 assignment to duty

C130GD/L dtd 9-26-51 (P16-4/AM)

26 September,1951 - Reenlisted this date for four (4) years, in the regular enlistment as BM1.

PAFR: Seattle, Washington
TOTAL CREDITABLE SERVICE: 25 Years 11 Months 06 Days
LAST DISCHARGED (fm USCG 25 September, 1951
MARITAL STATUS: Married

AUTH: Art. 556 CG Regs & SF 88 dtd 9-17-51.

H. F. MORRISON, CBOSN, USCG
RECRUITING OFFICER

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME, FIRST NAME, MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ELDER, Sidney Hayes	BM1.USCG.	219-289
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
Alki.L.S. 3201 Alki Ave., Seattle,Wn.	Re-enlistment,USCG.	9-17-51.

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male.	Caucasian		Treasury Dept.	CG. BASE,Seattle,Wn.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
20Nov.1895	Villonova, Pa.	(wife) Winafred Elder 10 yrs.USCG.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS. Hospital, Seattle, Washington	8 yrs.USMC. 8 yrs.Lighthouse

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(Check each item in appropriate column; enter "N. E." if not evaluated)
X		18. HEAD, FACE, NECK, AND SCALP
	X	19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
	X	28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
	X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
X		36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Nasal septum is markedly deformed and deviated to the left.

See Art.73#. 33-36-29.

Small hemorrhoidal tags. Prostatic hypertrophy 3/.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)

O.—Restorable teeth X.—Missing teeth (6 × 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.010 — ALBUMIN: Neg. — SUGAR: Neg. — MICROSCOPIC

46. CHEST X-RAY (Place, date, film number, result): 9-17-51. Film.30779-Advise large 14 X 17". Neg.Kahn. See Art.73#.

47. SEROLOGY (Specify test used and result)

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS: Hgb: 15.5 WBC: 6,900

16—62283-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
66	132	Gray	Hazel	X	☐	☐	☐	97.4°

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 112 / DIAS. 64	RECUMBENT	SYS. 112 / DIAS. 64	STANDING (3 min.)	SYS. 120 / DIAS. 70	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
74	128	76	74	78

59. DISTANT VISION		60. * REFRACTION		61. NEAR VISION	
RIGHT 20/ 30-1	CORR. TO 20/ 20	BY S. CX		0	CORR. TO S1 BY
LEFT 20/ 30-1	CORR. TO 20/ 20	BY S. CX		0	CORR. TO S1 BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

Cover test - normal.

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT LEFT	P.I.Plates - normal.		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 3096	4000 4096	8000 8192	
RIGHT WV 2	15 SV 17/30	RIGHT								
LEFT WV 2	15 SV 17/30	LEFT								

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

USPHS.Hospital,
Seattle, Washington
21 September, 1951.
X-ray of chest: 14 X 17":
And old gross lesion underlying the 4th.right rib, laterally with strands extending from this area. The lesion is unchanged in appearance as compared with film taken on 23 December, 1947. This was taken almost 4 yrs.ago. This certainly excludes malignancy. The lesion is most probably the result of an old inflammatory process.

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)
☒ IS ☐ IS NOT QUALIFIED FOR Re-enlistment, U. S. COAST GUARD.

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN
F. A. HARDY, Surgeon, USPHS.
SIGNATURE F. A. Hardy

80. TYPED OR PRINTED NAME OF PHYSICIAN
SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)
SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY
J. D. GOOLSBY, SCLK, USCG
SIGNATURE J D Goolsby
NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62288-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
ELDER, Sidney Hayes	219-289	BM1 9-23-41	USCG

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY / MONTH / YEAR	7. TYPE OF SEPARATION
- - -	- - - - - -	26 / Sept. / 1955	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Sec. 12-3-42(A)1 CG Regs.	O'CCGD13, Seattle, Washington

10. DATE OF BIRTH: DAY / MONTH / YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
20 / Nov. / 1895	Villanova, Penn.	Male	Cauc	Grey	Blue	63½"	144

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY / MONTH / YEAR
	X	- - -	- - - - -	- / - - - - - / -

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT

YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	- - - - - - -	- - - - - - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION

☐ ENLISTED ☒ REENLISTED ☐ COMMISSIONED ☐ CALLED FROM INACTIVE DUTY

18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY / MONTH / YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
26 / Sept. / 1951	Seattle, Wn.	3201 Alki Ave., Seattle, KING, Washington

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (USCG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	10	00	03
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	04	00	01
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	11	03
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	29	11	07

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY / MONTH / YEAR / AMOUNT — - / - - - / - - / - - - -

26. FOREIGN AND/OR SEA SERVICE: YEARS 00 / MONTHS 00 / DAYS 00

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

National Defense Service Medal

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Alki Point Light Station Seattle, Washington	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE LUMP SUM PAYMENT $200.00	20- -50- 9-27-55	- - -	NONE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
INDEMNITY	☒ YES ☐ NO ☐ UNKNOWN	- - - -	- - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$694.20	NONE	J. F. CANNON, CDO, 1382

AUTHENTICATION

38. REMARKS (Continue on reverse)

RECOMMENDED FOR REENLISTMENT
REENLISTED ON BOARD 9-27-55

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

Paul A Berg

NAME, GRADE AND TITLE (Typed)

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: None — CLAIM NUMBER: - - - -

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM / TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
- - / - -	- - - -	- - - - - - -

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	8	0	0	- - -	- - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State): 3201 Alki Ave., Seattle, KING, Washington

48. SIGNATURE OF PERSON BEING SEPARATED: Sidney H. Elder

DD FORM 1 JUL 52 214 — EDITION OF 1 JAN 50 IS OBSOLETE

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D. C.
MARINE CORPS: DIS OR RETD AFFIX TO SRB OR OQR
TR TO INACTIVE DU FWD TO CMC (CODE DGH).
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D. C.)

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH SC-50-56

DISPOSITION DATA

O'CCGD13, Seattle, Washington (Ship or station) (Location) On 26 September 1955 (Date) the below-named individual was

[X] Discharged [ ] Released from active duty [ ] Transferred to the reserve [ ] Retired [ ] Deceased [ ] Temporarily physically retired [ ] Other (Specify in remarks)

This individual was: [ ] Released from active duty [ ] Continued on active duty

Normal date of expiration of enlistment 25 (Day) September (Month) 1955 (Year)

Reason EEXT1 **Type discharge certificate** HONORABLE

Authority: Sec. 12-3-42(A)1 CG Regs.

ENLISTMENT DATA

[X] Enlisted at [ ] Inducted at Seattle, Washington (Place) ON 26 September 1951 (Date)

[ ] Accepted for enlistment at [ ] Ordered to active duty from (Place) ON (Date)

Home address at time of enlistment, induction, or order to active duty 3201 Alki Ave., Seattle 6, Washington

TRAVEL DATA

I hereby elect travel allowance to NOT ENTITLED (Location)

Place of (See travel instructions)

SIGNATURE Sidney H. Elder.
Sidney H. Elder

MISCELLANEOUS DATA

[ ] Reenlisted on board [X] Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave [ ] Elected to carry over unused leave to new enlistment

[ ] Not entitled settlement unused leave [ ] Enter checkage for ____ Days excess leave From ____ To ____

Completed 26 years service for pay purposes on 10-19-51 Payment of discharge gratuity [ ] Is directed [X] Is not directed

REMARKS Issued Honorable Discharge this date by reason of EEXT1. ~~RRES~~ AFID Card being retained by man pending issue of new card. Final Average Marks: PIR - 3.64; Conduct - 4.0. IssuedCG 142. Entitled to initial MOP, total amount $200. 550 attached. RECOMMENDED FOR REENLISTMENT. Reenlisting 9-27-55 in Rdg. Enl. for a period of 3 years.

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
PAUL A. BERG	LT, CHMILPERSECT, CCGD13	50-56

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (60 days) $ 694.20

NAME OF A. C. O. H. M. COOPER

Computation:

DUE AT DISCHARGE, $ 694.20

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
ELDER,	Sidney	Hayes	219-289	BM1

Edition of 4-52 may be used

16—66654-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

O'CCGD13, Seattle, Wn.

26 September 1955 - Issued Honorable Discharge this date by reason of EEXT1.

Issued CG 142.

Entitled to lump sum payment of MOP, total amount $200.

Paul A. Berg

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

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

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER,	Sidney	Hayes	219-289

ADMINISTRATIVE REMARKS

16—66780-2

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

ADMINISTRATIVE REMARKS

SHIP OR STATION

Alki Point Light Station, Seattle, Washington

26 September, 1955 - Enlistment extended for a period of one (1) day due expiration on Sunday.

Transferred to the Office, Comdr. 13th CG District, Seattle, Washington for discharge (E.E) and reenlistment for a period of three (3) years.

RECOMMENDED FOR REENLISTMENT.

J. D. GOOLSBY, CHSLK, USCG,
PERSONNEL OFFICER.

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY
26 September, 1955	VO, CCGD13(p) 9-26-55.

RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE
BM1	9-26-51	J. D. GOOLSBY	J. D. GOOLSBY, CHSCLK, USCG Personnel Officer

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

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
O'CCGD13(p)	9-26-55	PAUL A. BERG, LT, CHMILPERSECT

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER	Sidney	Hayes	219-289

ADMINISTRATIVE REMARKS

16—66780-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
9-30-52	*EQM	BM1	3.5	3.2	4.0	CG GROUP, SEATTLE, Wn.	V. A. JOHNSON, CDR, USCG
12-31-52	EQM	BM1	3.5	3.2	4.0	CG Base, Seattle Wn"	V.A. JOHNSON, CDR, USCG CO
12-31-52	RQM	BM1	3.5	3.2	4.0	CG Base, Seattle Wn"	V.A. JOHNSON, CDR, USCG CO
3/31/53	*EQM	BM1	3.5	3.5	4.0	Alki Point L/S, Wn.	V.A. JOHNSON, CDR, USCG
6/30/53	*EQM	BM1	3.7	3.5	4.0	Alki Point L/S	V. A. JOHNSON, CDR, USCG CO
9/30/53	*EQM	BM1	3.7	3.5	4.0	Alki Point L/S	V. A. JOHNSON, CDR, USCG CO
12/31/53	*EQM	BM1	3.7	3.6	4.0	Alki Point L/S	V. A. JOHNSON, CDR, USCG CO
*3-31-54	EQM	BM1	3.7	3.6	4.0	Alki Point L/S	V. A. JOHNSON, CDR, USCG
6/30/54	*EQM	BM1	3.7	3.6	4.0	Alki Point L/S	V. A. JOHNSON, CDR, CO
*9-30-54	EQM	BM1	3.7	3.6	4.0	Alki Point L/S	LYNN L. BAKER, LCDR, CO, Act.
*12-31-54	EQM & RQM	BM1	3.7	3.6	4.0	Alki Point L/A	V. A. JOHNSON, CDR, CO
*3-31-55	EQM	BM1	3.7	3.6	4.0	Alki Point L/S	V. A. JOHNSON, CDR, CO
*6-30-55	EQM & RQM	BM1	3.8	3.7	4.0	Alki Point L/S	V. A. JOHNSON, CDR, CO
26 SEPT 55	TRANS	BM1	3.8	3.7	4.0	ALKI POINT L/S	J. D. BOWLING, CHSCLK, USCG
26 Sept. 1955	Av.	Marks	3.64	- -	4.0	O'CCGD13(p)	

NAME (Last) ELDER | (First) Sidney | (Middle) Hayes | SERVICE NO. 219-289

MARKS

16—66652-1

SERVICE RECORD

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			ALKI POINT LS	9-28-51	J. D. GOOLSBY, SCLK, USN Personnel Officer, By Dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
R/S, Seattle, Wn.	Reenlisted this date as BM1 - Date of BM1 rating 9-23-41	9-26-51	H B Morrison CBOSN

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-30-51	BM1	LESS THAN ONE MONTH				4.0	
11-30-51	BM1	3.5	3.5	3.3	.30	4.0	
12-31-51	BM1	3.5	3.5	3.3	3.0	4.0	C.O. Acting
3-31-52	BM1	3.5	3.5	3.3	3.0	4.0	CBASE N. S. NILSSON, LT - CO
5-9-52	BM1	3.5	3.5	3.3	3.0	4.0	N.S. NILSSON, LT - CO
6-30-52	BM1	3.5	3.5	3.3	3.0	4.0	V.A. JOHNSON, CDR, CO. CG BASE, SEATTLE, WN.
AVERAGE	X X X X						

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

Ship or station	Date	REMARKS
R/S, Seattle, Wn.	9-25-51	Period 9-23-47 thru 9-25-51 creditable towards Good Conduct Award. Transcript of marks attached. (PC 33-49) H. F. MORRISON, CBOSN, USCG

16—9670-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 1 July 1952 — Credit brought forward from previous record 23 DAYS

AUTHENTICATED BY LYNN L. BAKER, LCDR, USCG
Executive Officer

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
19 July 52	25 July 52	07	A			16	Alki Pt. L/S	LYNN L. BAKER, LCDR, XO
				ANCR 30 June 53	30		Alki Pt. L/S	LYNN L. BAKER, LCDR, XO
				BBF 1 July 53		46	Alki Pt. L/S	LYNN L. BAKER, LCDR, XO
2 Aug. 53	21 Aug. 53	20	A			26	Alki Pt. L/S	LYNN L. BAKER, LCDR, XO
				ANCR 30 June 54	30	56	Alki Pt. L/S	J. D. GOOLSBY, CHSCLK, USCG Personnel Officer
2 April 55	11 Apr 55	10	A			46	Alki Pt. L/S	J. D. GOOLSBY, CHSCLK, USCG By Direction
				~~ANCR 30 June 55~~	~~30~~	~~60~~	~~Alki Pt. L/S~~	
6-16-55	6-27-55	12	A			34	ALKI PT. L/S	J. D. GOOLSBY, CHSCLK, USCG Personnel Officer
				ANCR 30 June 55	30	60	ALKI PT. L/S	J. D. GOOLSBY, CHSCLK, USCG Personnel Officer
NO LEAVE TAKEN SINCE DATE OF LAST ENTRY AND LEAVE RATIONS CREDITED ARE NOT IN EXCESS OF LEAVE TAKEN, CG BASE, SEATTLE, WN							ALKI PT L/S	J. D. GOOLSBY, CHSCLK, USCG Personnel Officer
				HD/EEXT1 26 Sept 55	7½	60	O'CCGD13(p)	Paul A. Berg, LT, USCG CHMILPERSECT, O'CCGD13

Paid $ 684.20 for 60 days accrued LV
in accordance with Art. 7-A-75 Pers. Manual
on 9/27/55 at Seattle, Washington.

W. M. COOPER, CHPCLK, W2, USCG
Authorized Certifying Officer

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) ELDER (First) Sidney (Middle) Hayes — SERVICE NO. 219-289

LEAVE RECORD — 16—66741-1 — PAGE 5 — 1

...URY DEPARTMENT
...A COAST GUARD
...3305 (4-52)

LEAVE RECORD

DATE: 1 July, 1952 — Credit brought forward from previous record 23 16 DAYS

AUTHENTICATED BY J.D. GOOLSBY, SCLK, USCG
Personnel Officer, CG BASE, Seattle, Wn.

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
19 7-18-52	25 7-26-52	7	A			16	BASE Seattle, Wn.	J.D. GOOLSBY, SCLK, USCG Personnel Officer
				ANCR 30 June 53	30		CG BASE, SEATTLE, WN.	J.D. GOOLSBY, SCLK, USCG PERSONNEL OFFICER
				BBF 1 July 53		46	CG BASE, SEATTLE, WN	J.D. GOOLSBY, SCLK, USCG PERSONNEL OFFICER
			SEE NEW ATTACHED SHEET					

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

NAME (Last) ELDER (First) Sidney (Middle) Hayes — SERVICE NO. 219-289

LEAVE RECORD

16—66741-1

RECORD OF ELDER, Sidney Hayes (Full name, surname to the left) 219-289 (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes		Number of days earned	Departed		Returned		Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
	Months	Days		Hour	Date	Hour	Date				
Reen 9-26-51			00	- - -	- - -	- - -	- - -	- - -	- - -	00	R/S, Seattle, Wn. H. Monroe, CBOSN
ANCR 6-30-52	9	5	23							23	J. Goolsby
BBF 7-1-52										23	J. GOOLSBY, BOLK, USCG, CG BASE, SEATTLE, WN. J. Goolsby, Personnel Officer.
				0900	7-18-52	0800	7-26-52	REG ACC	07	16	

Paid $616.80 for 60 days LV-SUBS-Qtrs
in accordance with Comdt's Circular 31-47

9/25/51 at Seattle, Washington

By J. M. DONOVAN, PCLK, USCG, ACO

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, and Sentence of Confinement by a Coast Guard Court)

From— (Inclusive dates)	To—	Reason	Months	Days	Signature and Unit

16—9670-3

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Desig-nator	Other Quali-fication	Authority	Signature (Grade and Title)	Unit
9-26-51	BM1				J.D. GOOLSBY,SCLK,USCG Personnel Officer	BASE Seattle, Wash.

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores UNK.

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED
UNK.

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
Hayes				219-289		BM1

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
ELDER, Sidney Hayes	219-289	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (*Person with permanent address is advisable*)	RELATIONSHIP (*If friend, so state*)
Winifred Lucille Elder	Wife

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

3201 Alki Avenue, Seattle 6, Washington

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

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Winifred Lucille Elder AGE 42	3201 Alki Avenue, Seattle 6, Washington

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Freeling Hayes Elder	3201 Alki Ave., Seattle 6, Wn.		x	x		13

(*Continue on reverse side*)

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

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

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

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Edna Gladys Storey	Sister

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

630 Sunset Boulevard, Renton, Washington

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

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Geneva Lake Shirley	Sister

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

Route # 3, Box 333B, Bothell, Washington

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
The Equitable Life Assurance Society of the U.S.	New York 1, N. Y.	10 683 185

(*Continue on reverse side*)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Winifred Lucille Elder	Wife

ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
3201 Alki Avenue, Seattle 6, Washington	80 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CO RECRUITING STATION SEATTLE, WASHINGTON	9-25-51	Sidney H. Elder

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

16—61480-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG 2500 (Rev. 7-50)

ENLISTMENT CONTRACT

AUTH: Art. 556 CG Regs
SF 88 dtd 9-17-51

UNITED STATES { COAST GUARD / ~~COAST GUARD RESERVE~~ }

ENLISTMENT OF ELDER, Sidney Hayes (Full name, surname to left); 219-289 (Service number); $249.90 (Pay per month)

Accepted for enlistment at Seattle, Washington; BM1 (Rating in which enlisted)

Enlisted at CG RECRUITING STATION, Seattle, Washington; 26 September, 1951 (Date of enlistment)

Transferred to CG GROUP, Seattle, Washington for assignment to duty

Occupation Coast Guardsman Citizenship* N.B. If naturalized, place and date of naturalization - - - Certificate No. -

Date of birth 20 November, 1895 Place of birth Villanova, Pennsylvania

Legal address 3201 Alki Avenue (Street and number) Seattle 6 (Town) KING (County) Washington (State)

Married or single Married Name and address of next of kin or legal guardian

WIFE: Winifred Lucille Elder, 3201 Alki Ave., Seattle 6, Washington (Relationship) (Address)

Continuous Service Certificate - (Number) Previous service { Coast Guard / ~~Reserve~~ } 10 (Years) 0 (Months) 03 (Days)

First enlisted 23 September, 1941 (Date) at Ketchikan, Alaska (Place) and was last discharged 25 September, 1951 (Date) from Office, Comdr., 13th CG District, Seattle, Wn. (Unit)

with Honorable (Character) discharge as BM1 (Rate) No. -

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service 08 (Years) 00 (Months) 00 (Days)

Previous Army service None (Years) (Months) (Days) Previous Air Force service None (Years) (Months) (Days)

Age 55 years 10 months. Height 5 feet 6 inches. Weight 132 pounds.

Eyes Grey Sex Male Hair Grey Complexion Fair Race Caucasian

Personal characteristics marks, etc. ANT: 3" appendectomy scar; POST: Two 2" scars on right leg;

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with H. F. MORRISON Chief Boatswain of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { FOUR (4) years from 26 September, 19 51 / during minority until , 19 } unless sooner discharged by proper authority.

* Citizenship—Use expressions "NB" for native born; "NZ" for naturalized; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

16—8420-3

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until 6 months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance and that in time of war the addition of one-quarter pay as specified in the Act of July 11, 1941, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Coast Guard, Navy, Army, Air Force, or Marine Corps; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Coast Guard Reserve, Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, Army Reserve, Air Force Reserve, or Air National Guard.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, I may be ordered to active duty in time of war, or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist and for 6 months thereafter.

Fifth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Sidney Hayes Elder, do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws of the United States and the regulations governing the Coast Guard, and Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Sidney Hayes Elder

Sidney Hayes Elder

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 26th day of September, A. D. 19 51

H. F. Morrison

(Commanding officer, notary public, or other officer qualified to administer oaths)

H. F. MORRISON, CBOSN, USCG
RECRUITING OFFICER

(Title)

Citizenship substantiated and contract perfected.

H. F. Morrison

H. F. MORRISON

Chief Boatswain, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____ by reason of

_____

under authority of _____

_____

_____

(Signature of man)

_____

(Signature of commanding officer)

16—8420-3 U. S. GOVERNMENT PRINTING OFFICE

FILE

UNITED STATES COAST GUARD
Washington 25, D. C.

5 November 1957 FILE

FROM: COMMANDANT
TO: ELDER, Sidney Hayes (219-289) BM1, USCG, Retired
3520 California Avenue, Seattle, Washington
SUBJ: RETIRED IDENTIFICATION CARD; COMPLETION OF

1. THERE IS ENCLOSED HEREWITH UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD NO. 004, 202 THAT WILL BE ISSUED TO YOU.

2. PLACE YOUR SIGNATURE IN THE SPACE PROVIDED ON THE EDGE OF THE CARD (ITEM 13).
PUT NO OTHER DATA ON THE CARD ITSELF

A. E. McLANE
BY DIRECTION

ENCLOSURES: (1) IDENTIFICATION CARD
(2) FRANKED ENVELOPE

IND-1

FROM: X Sidney H. Elder
TO: COMMANDANT

CARD RETURNED FOR VALIDATING AND COMPLETION.

X Sidney H. Elder
SIGNATURE

IND-2

FROM: COMMANDANT 20 November 1957
TO: ELDER, Sidney Hayes (219-289) BM1, USCG, Retired

YOUR COMPLETED IDENTIFICATION CARD BEARING THE NUMBER INDICATED IN PARAGRAPH 1 OF BASIC LETTER IS ENCLOSED. ACKNOWLEDGE RECEIPT THEREOF BY SIGNING IND-3 AND RETURNING THIS LETTER TO THE COMMANDANT TOGETHER WITH THE RETIRED IDENTIFICATION CARD PREVIOUSLY ISSUED YOU. (NOTE: IN THE EVENT THE OLD CARD IS NOT RETURNED A SATISFACTORY WRITTEN EXPLANATION MUST BE FURNISHED AS TO WHY IT CANNOT BE RETURNED.)

A. E. McLANE
BY DIRECTION

ENCLOSURES: (1) IDENTIFICATION CARD
(2) FRANKED ENVELOPE

IND-3 26 November, 1957

FROM: X ELDER, SIDNEY HAYES (219-289) BM1, USCG, Retired
TO: COMMANDANT

RECEIPT IS ACKNOWLEDGED OF THE UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD REFERRED TO IN BASIC CORRESPONDENCE. MY OLD RETIRED IDENTIFICATION CARD IS RETURNED HEREWITH /OR/ SEE EXPLANATION ATTACHED. (STRIKE ONE) Returned

X Sidney Hayes Elder
SIDNEY HAYES ELDER
SIGNATURE

PE-70

CGHQ-3505 (1-54)

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

DATE

IDENTIFICATION DATA

INSTRUCTIONS

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

NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
ELDER, SIDNEY HAYES	219-289	BM1
DATE OF BIRTH (Month, Day, and Year)	WEIGHT	HEIGHT: FEET / INCHES
November 20, 1895	148	5 / 6
COLOR HAIR	COLOR EYES	BLOOD TYPE
Grey	Grey	AB Pos.
ADDRESS	SIGNATURE	
3520 California Ave Seattle, Washington	Sidney H. Elder SIDNEY H. ELDER	

4947 Treasury CGHQ Wash., D.C.

Completed Card sent 11-20-57

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ -3646 (12-55)

complete and return to CG Hq

File

3-13

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
ELDER, SIDNEY HAYES	219-289	BM1

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
100 %	Winifred L	3250 Calif. Ave. Seattle 16, Washington	Wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS

Witness must be disinterested person

Albert G. Anderson
3201 Alki Ave Seattle 16 Wash

SIGNATURE AND ADDRESS OF RETIRED MEMBER

Sidney H. Elder
3250 Calif. Ave.
Seattle 16, Wash.

DATE SIGNED

11/21/57

ABSTRACT OF SERVICE—ENLISTED PERSONNEL

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
ELDER, Sidney H.	219-289		

5. ~~EFFECTIVE~~ DATE REPORTED	6. UNIT	7. DATE DEPARTED	8. SERVICE YRS.	8. SERVICE MOS.	8. SERVICE DAYS	9. REMARKS	10. ~~CARD~~ NO.
9-27-53	ALKI POINT L.S.					ASDU	3
~~9-26-55~~	~~ALKI Point L.S.~~	9-26-55					
9-26-55	OC13					HD, EE, ReReq	
9-27-55	OC13	9-27-55				KqReq 3yr (24)	
9-27-55	ALKI Point L.S.					ResReq	
9-13-57	ALKI Pt. L/S.					U/ORET. 11-1-57	
10-31-57	CG Group Seattle, Wash.					Placed on retired list 20Yr. eff 11-1-57	

CG-2996 (Rev. 7-52)

1. NAME	2. SERVICE NO.	3. RATE (Pencil)	4. DATE RPTD. DIST. (Pencil)
ELDER, Sidney H.	219-289	BM1	11-27-47

16—67555-1

LIGHTHOUSE	7	11	3	Verified F.T.	Birth, date of 20 November, 1895
USMCR (Inactive)	4	0	0	HD 3-20-31	Birth, place of Villanova, Pennsylvania
US Marine Corps (active	4	0	0	HD 3-21-20	Citizenship N 7-28-48

UNIT	DATE	RATE	SERVICE			REMARKS
			YRS.	MOS.	DAYS	
Ukeeta Head LBS.	2-11-49	BM 1				Rptd for ASDV
Alki Point LS	9-8-51	BM1				ASDV
O'Comdr 13th CG Dist	9-25-51	BM1				HD-EC
O'Comdr 13th CG Dist	9-26-51	BM1				Reenlisted RC
Alki Point L.S.	9-27-51	BM1				ASDV

	YRS.	MOS.	DAYS	
LIGHTHOUSE	7	11	3	Ven. F.T.
U.S.M.C.Res.(Inac)	4	0	0	HD 3-20-31
U. S. MARINE CORPS Active	4	0	0	HD 3-21-20 16—11203

Birth, date of November 20, 1895,
Birth, place of Villanova, Pennsylvania,
Citizenship N. 7-28-48

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
KETCHIKAN DISTRICT	9-23-41	B.M.1c.				Orig.Enl. 3 Yrs.,REGULAR,or DOE
HEMLOCK	10-11-41	B.M.1c.				Auth:- Form 2525-B, 9-23-1941.
Seattle Base	11-27-42	B.M.1c				TR
Bonham (SO)	2-23-43	BM1c (Pro)				TR
Seattle Base	3-26-43	B.M.1c. (Pro)				TR.
Dept Off Seattle	3-8-44	B.M.1c				TR. District Service Garage
Seattle	9-23-44					Enlisted: 3 yrs. (Garage
Seattle Garage	8-1-45	BM1c Perm				Georg.
Newport Hdqs (13)	7-30-46	BM1c				Mr. Rueta Reid of U.S. Sta
NEWPORT GROUP (13)	9-22-47	BM1C				HD(E.E.) ART. 3891(1) CG REGS
NEWPORT GROUP (13)	9-23-47	BM1C				RE-REG - 4 YRS.
NEWPORT GROUP (13)	4-2-48	BM1				CR PC 36-47
		BM1				

retired 1-1-58

Folder

UNITED STATES COAST GUARD

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

PE-1
13 September 1957

1957 SEP 13 16

PEA-A

TONO: 51145/99201X

From: Commandant
To: KLEBER, Sidney H. (219-289)RCl, USCG
Via: Commander, Thirteenth CG District (p)

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as 1 November 1957. Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

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

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District from which retired.

R. E. MERRILL
By direction

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

RE-70

HH

HHISTOCK:me Return 3-11

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
Commander
U. S. Coast Guard Group
27th Ave. W. and Commodore Way
Seattle, Washington

5 April 1957
P19-2/MM

From: ELDER, Sidney H. (219-289)BM1, USCG
To: Commandant (PE)
Via: (1) Commander, CG Group, Seattle, Washington
(2) Commander, Thirteenth CG District(p)

Subj: Retirement; request for

Ref: (a) Personnel Instruction No. 8-57

1. In accordance with reference (a), I request retirement on the first day of November 1957, or as soon thereafter as possible.

2. I completed thirty (30) years service for pay purposes on 9 October 1955.

Sidney H. Elder
Sidney H. Elder

FIRST ENDORSEMENT 5 April 1957

From: Commander, CG Group, Seattle, Washington
To: Commandant (PE)
Via: Commander, 13th CG District(p)

1. Forwarded, approved.

W. M. DAVID

1957 APR 12 13 34
PEA-A

---

p
10 April 1957

SECOND ENDORSEMENT

From: Commander, Thirteenth CG District
To: Commandant (PE)

1. Forwarded, approved.

ELMER WINBECK
By direction

Service as of 3-31-57

27 yrs. 5 mos. 11 days

ELDER, Sidney H. (219-289) B.M.1c.

Weight 140

Height 5' 6"

Hair Gray

Eyes Gray

Birth Date 11/20/95

Send To

SEATTLE REPAIR YARD

Sign

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
ELDER, Sidney Hayes	219-289	BM1	11-20-95	P

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Ketchikan, T.A.	[X] Yes [ ] No	UNKNOWN
	9-23-55 (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 535-38-1517

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Winifred L. Elder	3201 Alki Ave., Seattle, Washington

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Freelin Hayes Elder	Same as #10		X	M	4-26-38

12. FATHER	Deceased	ADDRESS N/A
13. MOTHER	Deceased	ADDRESS N/A
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM	Edna G. Storey	ADDRESS 3806 134th NE, Kirkland, Washington

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE	N/A		

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	N/A

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Edna G. Storey	Same as #14	Sister
		Geneva L. Shirley	23120 7th Ave. Bothell, Wn.	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Winifred L. Elder	Same as #10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Winifred L. Elder	Same as #10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
Equitable Life Assurance Society of the U.S. 393 7th Ave., New York 1, N.Y.	Skinner Building, Seattle, Wn.	10 683 185

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Alki Point Light Station, U. S. Coast Guard, Seattle, Washington	14 September 1957

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
Albert G. Anderson Albert G. Anderson	X Sidney H. Elder Sidney H. Elder X

DD FORM 1 Dec 56 93-1 Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

PE-70

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
Elder, Sidney H.	219-289		

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

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
9-23-41	9-22-47	4.0	72	288.0					
9-23-47	9-25-51	4.0	48	192.0					
9-26-51	9-26-55	4.0	48	192.0					
9-27-55	6-1-57	4.0	20	80.0					
Enl. 2 yrs.									
		TOTAL	188	752.0			TOTAL		

FINAL AVERAGE CONDUCT MARK: 4.0

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

DATE: 4-17-57

COMPUTED BY: A. O'Donnell

DATE:

VERIFIED BY:

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

6084 COMPUTATION OF AVERAGE CONDUCT

GUARD
Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-6)
REFER TO FILE: CG-73

UNITED STATES COAST GUARD HEADQUARTERS

OFFICERS

28 July, 1948

To: Commanding Officer, CG Group, Newport, Oregon
Via: Commander, 13th Coast Guard District (pmp)
Subj.: Statement of service for longevity pay

Incl.: Copy of Marine Corps statement dated 12 November, 1941

The following is a statement of service, to and including 22 September, 1947 of ELDER, Sidney Hayes (219-289) BM1, USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
9-23-41		None		None		None	
Enl. ext. 3 yrs. from							
9-23-44	9-22-47 HD	None		None		None	
Re 4 Yrs 9-23-47	9-25-51 HD						
Now serving Re 4 Yrs 9-26-51	9-26-55 HD.						
Re 3 Yrs 9-27-55							

U.S. COAST GUARD (1) JUL 29 1948 MAILED

	Yr.	Mo.	Days
Coast Guard Service	6	0	0
Navy service			
Marine Corps service	8	0	0
Lighthouse service	7	11	3
Total	21	11	3

Completed years

B. A. SHAW
By direction

16—86636-2 U. S. GOVERNMENT PRINTING OFFICE

Return to 3-13

PE-70

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PEA-R
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 11 October, 1944

From: Commandant.

To: DCGO, Thirteenth Naval District.

SUBJECT: ELDER, Sidney Hayes (219-289) B.M. 1c.
Statement of service of.

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

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
9-23-41							
Now serving							

U. S. COAST GUARD
MAIL SECTION (1)
MAILED OCT 11 1944

M. K. HUTCHINSON,
By direction.

Incl copy of Marine Corps statement dated 12 November, 1941.

U. S. GOVERNMENT PRINTING OFFICE 16—32658-2

E. L. [illegible]

First Endorsement

...ers, U.S. Marine Corps, Washington, D.C., 12 November 1941.

From:
To: The Major General Commandant.
The Commandant, U.S. Coast Guard.

Subject: Statement of the service of Sidney Hayes Elder while serving as a member of the U.S. Marine Corps.

1. (219-289)

Returned. The records of this office show that Sidney Hazel Elder, born 20 November 1893 at Villanova, Pennsylvania, enlisted in the Marine Corps on 22 March 1916 at Mare Island, California, and was honorably discharged upon expiration of enlistment on 21 March 1920 at Bremerton, Washington, a private first class, with character "Excellent." Enlisted in the Marine Corps Reserve on 21 March 1927 at Seattle, Washington, transferred to an inactive status the same date, and was honorably discharged upon expiration of enlistment on 20 March 1931 as a private first class, with character "Excellent." No time lost during first enlistment.

EMMETT W. SKINNER,
By direction.

4-0-0 J.N.P.
4-0-0 O.K. USMCR (INRC)

AND REFER TO NO. PE-73

...TABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

24 August, 1942.

From: Commandant.
To: Commanding Officer, HEMLOCK.

Subject: Statement of service for longevity pay.

Inclosure:

1. Copy of Marine statement dated 12 November, 1941.

1. The following is a statement of service, to and including 24 August, 1942, of ~~ELDER, Sidney Hayes (219-289) B.M. 1c.~~

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
9-23-41		None		None		None	
Now serving							

Yr. Mo. Days

Coast Guard service.....
Navy service.....
.....
.....
Total.....
Completed years

E. J. ROLAND,
By direction.

AUG 25 1942

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

NAVY DEPARTMENT
UNITED STATES COAST GUARD
KETCHIKAN, ALASKA

U. S. COAST GUARD (21)
RECD JUL 20 1942

THIRTEENTH NAVAL DISTRICT
HEMLOCK

JUL 1942 RECEIVED KETCHIKAN DISTRICT OFFICE

6 July, 1942

From: Commanding Officer, HEMLOCK.
To: Commandant.

Via: District Coast Guard Officer, Ketchikan, 13th Naval District.

Subject: ELDER, Sidney Hayes (219-289) B.M.1c.; statement of Marine Corps Service; request for.

1. It is requested that a statement of Marine Corps Service in the case of the above named man, be forwarded this unit. Elder enlisted in the U. S. Marine Corps, at Seattle, Washington, 22 March, 1916. He was discharged 21 March, 1920, at Bremerton, Washington. He has four years inactive duty, Marine Corps Reserve, 1927 to 1931, exact dates unknown.

J. H. JENSEN

- -

73 1st Indorsement Office of D.C.G.O.
Ketchikan, Alaska
7 July, 1942

1. Forwarded.

F. A. ZEUSLER

E. S. CAMPBELL
By direction.

BM1c
Hemlock

(pra) SEATTLE, WASH.

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
AND REFER TO FILE:

27 September, 1944

To: The Commandant (PEA)

Subj: ELDER, Sidney Hayes (219-289), B.M.1c.; Statement of Creditable Service; request for

It is requested that this office be furnished a Statement of Creditable Service on subject man for services in the U. S. Marine Corps and former lighthouse services.

S. T. ELLIS
By direction

STE:sab

Comptroller General, U. S.
January 31, 1941

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

ODCGO 13th Naval District, Seattle, Washington
(Unit)

23 September, 1944
(Date)

ELDER, Sidney Hayes
(Name in full—surname to the left)

Boatswain's Mate, First Class
(Rating on discharge)

(219-289)
(Service number)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1941	9	23			
Enlistment extended (for 3 years from DOW & six months)	1944	9	23			
Date of discharge (_____) (Character of discharge)						
Total time of last enlistment period			-	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		

Total Absence (_____ days)

Creditable time served during last enlistment period	3	0	0

I CERTIFY that the above is a full, true, and correct statement of creditable service of the above-mentioned man during the period of his last enlistment.

S. T. ELLIS, Lieutenant (j.g.)

Date 23 September, 1944

(Rank) By direction, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 23 September, 1944

ODCGO 13th ND, Seattle, Washington
(Unit and place)

I CERTIFY that the above-named man Voluntarily Extended his enlistment for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE (3) years from this date, for the duration of the war and for a period not to extendat beyond six months after termination.

S. T. ELLIS, Lieutenant (j.g)

(Rank) By direction., U. S. C. G.
Commanding officer.

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

NAVY S. AND A. FORM 550

MUSTERING OUT PAYMENT

219-289	ELDER,	Sidney	H.	BM1, USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)
26 September 1955	O'CGD13, Seattle, Washington			60 days or more since 6-27-50? NO
(Date discharged or released from active duty)	(Activity from which discharged)			(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* _____

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

PAUL A. BERG, LT, USCG

(Name and signature of officer authorized to sign in accordance with article 2025(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? since 6-27-50? NO
(Enter Yes or No)

Sidney H. Elder

(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

ENTITLED TO LUMP SUM PAYMENT, REEN IN REG. ENL FOR 3 years 9-27-55

(Number) *(Street)*

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 82V (*Public voucher*) 43795 (*Check number*) 9-27-55 (*Date*)

R. M. COOPER, CHPCLK, W2, USCG

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

Authorized Certifying Officer

MUSTERING OUT PAYMENT DIVISION DATA

16—39039-1

LUMP SUM PAYMENT

DUPLICATE

Symbol 1382

U.S. COAST GUARD

SPEED-LETTER

PE-3
4 October 1955
MM

From: Commandant
To: Commander, Thirteenth Coast Guard District (f)

Subj: ELDER, Sidney Hayes (219-289) BM1; statement of service

Ref: (a) Your speedletter, 27 September 1955

In reply to reference (a) you are advised that subject man completed 25 years, 11 months and 7 days active federal service to and including 26 September, 1955.

B. A. SHAW
By direction

Commander (f)
13th Coast Guard District
618 Second Avenue
Seattle 4, Washington

I. D. Greenspon: Return to 3-13

URGENT LETTERS ONLY

U. S. COAST GUARD
SPEED LETTER

DO NOT CLEAR THROUGH COMMUNICATION OFFICE

(One box must be checked)

[X] REGULAR MAIL [ ] SPECIAL DELIVERY

[ ] AIR MAIL [ ] REGISTERED MAIL

CLASSIFICATION

STAFF SYMBOL AND FILE NO.

f
L16-4

DATE

27 September 1955

NOTE.—May be sent (1) with enclosures, (2) in window envelope (size 8⅞" x 3⅞"), if contents are not classified as confidential or higher.

TO:

COMMANDANT (PE-3)
U. S. COAST GUARD HEADQUARTERS
1300 "E" STREET N. W.
WASHINGTON 25, D. C.

(Fold)

Request advise total active federal service creditable on 27 September 1955 for Reenlistment Bonus under Section 207, CCA 1949, as amended, in the case of ELDER, Sidney H. (219-289) BM1, USCG X Pay record indicates twenty-nine years service on 19 October 1954 X ELDER states USMCR service from 1927 to 1931, was for inactive duty X

H. M. COOPER
By direction

Answered 10-4-55 LR

COPY TO

ADDRESS:

Commander (f)
13th Coast Guard District
618 Second Avenue
Seattle 4, Washington

← SENDER'S MAILING ADDRESS

Address reply as shown at left; or reply hereon and return in window envelope (size 8⅞" x 3⅞"), if not classified as confidential or higher.

CLASSIFICATION

U. S. GOVERNMENT PRINTING OFFICE 16—60048-1

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 16, Wash.	13 June 1955

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289) BM1	COMMANDER,CG GROUP, SEATTLE	OinC Alki Point Light Station

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY	☐ REENLISTMENT ☐ RECRUIT
12	0800, 15 June, 1955		

ADDRESS ON LEAVE WILL BE Alki Point Light Station, Seattle 16, Wash.

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

SIGNATURE OF APPLICANT: Sidney H. Elder
Sidney H. Elder, BM1

Ind.-1 Unit: Alki Point Light Station Date 13 June, 1955

Date current leave accounting period began	Balance brought forward beginning of present accounting period 56 ~~61~~ days
Number days' leave used during current accounting period 10	Date of expiration of current enlistment 23 September,1955

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG GROUP, Seattle, Wn. Date 13 June, 1955

☒ Returned, GRANTED ..... days. ☐ ADVANCE ☒ ACCRUED REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because

Lynn L. Baker
LYNN L. BAKER, LCDR, USCG, XO
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 15 June, 1955

Departed at 0800, this date. This leave expires before 0900, 28 June, 1955

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 28 June,1955

Reported at 0800, this date, having used 12 days' leave.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

PE-70

16—40220-3

(Over)

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

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

RECEIVED APR 19 CG BASE SEATTLE, WASH.

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 16, Wash.	29 March 1955

FROM (REQUESTER):	TO	VIA: OinC
ELDER, Sidney H. (219-289) BM1	Commander, CG Group, Seattle	Alki Point Light Station

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	COMMENCING	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10	0	0800, 1 April, 1955			

REASON FOR REQUEST:

Annual Leave

My address on leave will be: Alki Point Light Station, Seattle 16, Wash.

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

Sidney H. Elder
Sidney H. Elder BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Alki Point Light Station Date: 29 March, 1955

Leave record indicates balance of 56 days' annual and 0 days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Base, Seattle, Washington Date: 29 March 1955

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

J. D. Goolsby
J. D. GOOLSBY, CHSCLK, USCG, PO
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Alki Point Light Station Date: 1 April, 1955

Departed at 0800 this date. This leave of absence will expire before 0900, 12 April 1955, at Alki Point Light Station and is subject to the special instructions indicated on reverse hereof.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Alki Point Light Station Date: 12 April, 1955

Reported at 0800 this date, having taken 10 days' leave and 0 days' TT.

Albert G. Anderson
Albert G. Anderson, KPR, OIC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-1

[OVER]

PF-16

ELDRED, Wm B. 291-789 SN

(Surname) (Given name) | 20 (Age) | CAY (Race) | BOSTON BASE (Address) | CG (Class of beneficiary)

Admitted 1-23-53 (Date) | 1245 (Hour) | (Authority) | (Source: Vessel or establishment)

History: (If injury, state date, hour, place, and how it occurred.)

CC- I have a splinter in my Lt. hand. I got it from handling cables.

"I have a chest cold".

Physical: (Include X-ray, laboratory reports, etc.)

(Patient's signature)

Diagnosis: 1. No. ____ Name ____

2. No. 1-24-53 Name common cold

3. No. ____ Name ____

Other diseases or injuries ____

OUTPATIENT CARD ____ (Station)

____ *Surgeon, U. S. P. H. S.*

PHS-1299 (HD)
REV. 8-49
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

16—11969-3

PE-1
4 October 1954
MM

AIR MAIL

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

Subj: Personnel; Chief Petty Officer examination; result of

1. Advise the below-named men that they failed to attain a passing mark in the examination for promotion to chief petty officer in their specialty. Therefore, their names will not be placed on the eligibility list. The fact that they did not qualify in this examination will in no way effect their eligibility for participation in future examinations.

ANICOCHE, Francisco (217-350) SD1
DEWEY, George H. (266-892) EM1
ELDER, Sidney H. (219-289) EM1
HAGAN, Marcus J. (279-174) EM1
HARRISON, George L. (266-523) AD1
JOHNSON, Johnnie T. (232-961) EM1(ESG)
SERRELL, James E. (266-773) EM1
WOODS, Roy H. (111-228) EML1(AN)
WYKE, Homer J., Jr. (271-879) EM1

R. E. MORELL
By direction

USNTP PETTY OFFICER PROCESSING SHEET BY H/L 9-17-53

NAME	NUMBER	GRADE OR RATE	DATE
ELDER, Sidney H.	219-289	BM1	2-1-54
HEALTH		HEIGHT	WEIGHT
		—	—

ENLISTED	RATE	BORN	ARMY, NAVY, LIGHTHOUSE
9-23-41	BM1	11-20-1895	

CHANGED RATE TO	DATE

COMMENDATIONS

GRAMMAR SCHOOL | HIGH SCHOOL

COURSES, SPECIAL QUALIFICATIONS, ETC.

CENSURE, INVESTIGATIONS, DEBTS, ETC.

COURTS

REPORTS OF FITNESS *(Favorable)*

REPORTS OF FITNESS *(Unfavorable)*

*12-4-9 cont service
*12-4-9 in grade (13)

YEARS	SHIPS AND STATIONS	PROF	CON	LD. SHIP
9.0	3-31-49 to 9-30-49	3.6	4.0	
23.6	12-31-49 to 9-6-51	3.7	4.0	
	9-8-51 to 9-25-51	LTM	4.0	
	Average	3.62		

ELIGIBLE LIST ☑ YES ☐ NO REASONS

REMARKS

PERIOD OF OBSERVATION COVERED: 9-26-51 TO 3-12-54

EXPIRATION OF ENLISTMENT: 25 September 1955

SHIP OR STATION: Alki Point Light Station, Seattle, Wash.

NAVPERS-1339 (REV. 9-52)

ABILITY TO UNDERSTAND INSTRUCTIONS ☐ NOT OBSERVED	Cannot seem to follow instructions, no matter how simple.	Understands only simple instructions. Gropes along when in doubt.	Grasps main points of most instructions. X	Correctly interprets rather difficult instructions. Asks questions when in doubt.	Understands all instructions regardless of complexity.
ABILITY TO SOLVE PROBLEMS ☐ NOT OBSERVED	Cannot solve problems. Avoids all problems.	Solves simple problems. Stumped by routine problems.	Solves everyday problems rapidly. Solves a few of the more difficult problems. X	Solves most problems, and often solves very difficult problems.	Solves any problem rapidly.
ABILITY TO PLAN AND ORGANIZE WORK ☐ NOT OBSERVED	Work shows no organization or planning.	Can think of only one job at a time.	With occasional help in planning, work is orderly. X	Work is generally well-arranged and usually good planning is shown.	All work is well-planned and organized.
INDUSTRY ☐ NOT OBSERVED	Lazy, hides out, "gold bricker", clock watcher.	Often loafs on the job or wastes time, occasionally ducks out or avoids extra work.	Usually on the job, does his share. X	Does more than his share, works hard, a plugger.	Extremely energetic, tireless, efficiently enthusiastic, full of pep.
RELIABILITY; INCLUDING RESPONSIBILITY ☐ NOT OBSERVED	Utterly unreliable, usually in some trouble.	Needs to be watched, often gets out of line.	Means well, generally reliable. X	Steady; dependable; conscientious.	Completely reliable and responsible under all circumstances.
BASIC TECHNICAL KNOWLEDGE AND BACKGROUND ☐ NOT OBSERVED	Requires continued assistance. Entirely overrated.	Deficiency makes present duties difficult.	Sufficient to perform satisfactorily in his present rate. X	More than sufficient for present rate, ready for advancement.	Has more than enough to serve as L. D. O. or W. O.
ABILITY TO APPLY TECHNICAL KNOWLEDGE ☐ NOT OBSERVED	Never uses what technical knowledge he has.	Often misses a chance to put his technical knowledge into use.	Uses technical knowledge in routine situations. X	Makes good use of general principles as well as specific knowledge.	Makes maximum use of technical knowledge in all situations.
EFFORT TO INCREASE BOTH KNOWLEDGE AND TECHNICAL ABILITY ☐ NOT OBSERVED	Does not care, or try to improve.	Misses many chances to learn.	Accepts opportunities to learn. X	Alert to any opportunity to improve.	Eager to improve. Always seeking more knowledge.
HUMAN UNDERSTANDING ☐ NOT OBSERVED	Just cannot get along with people.	Doesn't understand a lot of his associates, not very well liked.	Gets along with most people. X	Understands people, very considerate, and gets along well.	Shows keen understanding of fellow men. Is liked by everyone.
ABILITY TO PROPERLY DELEGATE RESPONSIBILITY AND AUTHORITY ☐ NOT OBSERVED	Never delegates responsibility or authority properly.	Needs assistance in delegating responsibility and authority.	Delegates responsibility and authority with reasonable effectiveness. X	Makes good use of personnel, effectively delegates responsibility and authority.	Always delegates authority and responsibility most effectively.
INITIATIVE ☐ NOT OBSERVED	Requires detailed orders and supervision. Shortsighted.	Seldom has an idea. Always looks to supervisor for guidance.	Makes occasional suggestions. Works out own details. X	Submits numerous ideas for approval. Acts in an emergency without instructions.	Originates well thought out ideas, goes ahead on his own, exhibits foresight.
TEACHING OR INSTRUCTIONAL ABILITY ☐ NOT OBSERVED	Bores and confuses everyone.	Occasionally confusing, creates little interest, lacks background.	Generally interesting, usually gets the point across. X	Interesting, good presentation, well informed.	Creates high interest; presents material very clearly; has thorough knowledge of material.
ABILITY TO BUILD OR MAINTAIN HIGH MORALE ☐ NOT OBSERVED	Destroys morale, creates confusion and discontent.	Allows spirit to fall off. Men gripe and disregard his instructions.	Generally maintains morale, men follow willingly. X	Develops a good "team" feeling, generates enthusiasm.	Inspires highest morale, is an outstanding all-round leader.
EXEMPLARY CONDUCT ☐ NOT OBSERVED	Leads others into trouble, a continual disciplinary problem.	Often in trouble, a poor example but not a "ring leader".	Seldom in trouble, very few difficulties. X	Sets a good example, observes regulations, maintains good record.	Sets an excellent example of conduct for all men.
PERSEVERANCE ☐ NOT OBSERVED	Readily abandons or evades any but the most simple jobs.	Sticks to a difficult task only under compulsion.	Ordinarily patient and persistent. X	Determined, seldom distracted.	Never gives up, regardless of difficulty or complexity of assignment.
MILITARY APPEARANCE ☐ NOT OBSERVED	Sloppy, unkempt, slouches.	Wears uniform improperly, nonregulation, careless posture.	Presents good appearance on *scheduled* inspections. X	Clean cut, neat, good posture.	Wears uniform with great pride, fine military bearing.

NAME (Last)	(First)	(Middle)	RATE AND RATING	SERVICE NO.
ELDER,	Sidney	H.	BM1	219-289

INSTRUCTIONS: Evaluation should *not* be based upon general impressions; it should be based upon actual, observed performance. The mark given in one trait should not influence the mark given in another trait. Men can be expected to vary in strength from one trait to another. Complete and careful observation should support a mark in each one of the sixteen listed traits.

The following is a step by step procedure for using this form:

1. Consider the first trait listed in the left column.
2. Read the descriptive phrases listed to the right of the trait.
3. Decide which of these descriptive phrases best describes the individual.
4. Mark the individual in one of the boxes under the most fitting descriptive phrase.
   a. These boxes run from the least favorable at the left, to the most favorable at the right.
5. Repeat this same procedure for each of the listed traits, keeping in mind that each trait should be considered separately, and that the mark in one trait should not influence the mark in another trait. Also keep in mind that the majority of personnel can be expected to fit into the middle or average category.
6. Do not hesitate to check "not observed" where the performance of the petty officer being evaluated has not been observed in any trait or when the trait is not applicable with reference to a particular job or rate.
7. Now in the space indicated in the lower half of the back page, make a brief comment describing any general impressions you have of the individual; indicate the degree to which you feel the individual is qualified for officer status; indicate your recommendation regarding reenlistment. If this recommendation is negative, include reasons in comments. If the individual has outstanding ability in some technical specialty so state and identify the specialty.

QUALIFICATIONS FOR CPO

☐ NONE ☐ FAIR ☒ GOOD ☐ EXCELLENT ☐ OUTSTANDING

QUALIFICATIONS FOR OFFICER STATUS

☐ NONE ☐ FAIR ☐ GOOD ☐ EXCELLENT ☐ OUTSTANDING

RECOMMENDED FOR ADVANCEMENT TO

☒ CPO

RECOMMENDED FOR PROMOTION TO

☐ WO ☐ LDO ☐ OTHER (*Specify*)

COMMENTS (*Do not leave blank*)

ELDER is fifty-eight (58) years old. He is a former Light House man. He is very sincere and honest. He has acted as Officer-in-Charge of Alki Point Light Station, as a relief for the Officer-in-Charge. He has twenty-eight (28) years service and he may retire in November 1955 when he has completed thirty (30) years service.

	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
9-30-51	BM1	LESS THAN ONE MONTH				4.0	/s/L. O. ENGELL, LCDR, CO
11-30-51	BM1	3.5	3.5	3.0	3.0	4.0	/s/L. O. ENGELL, LCDR, CO
12-31-51	BM1	3.5	3.5	3.0	3.0	4.0	/s/ N. S. NILSSON, LT - CO
3-31-52	BM1	3.5	3.5	3.0	3.0	4.0	/s/N. S. NILSSON, LT - CO
5-9-52	BM1	3.5	3.5	3.3	3.0	4.0	/s/N. S. NILSSON, LT - CO
6-30-52	BM1	3.5	3.5	3.3	3.0	4.0	/s/V. A. JOHNSON, CDR, CO
AVERAGE	X X X X						

Certified to be a true copy

J. D. GOOLSBY, CHSCLK, USCG
Personnel Officer

Upon receipt of Enlistment Record it shall be checked to see that previous marks have been entered. The last unit at which service is rendered will be held responsible for the completeness of the marks.

7. COMMENDATIONS AND AWARDS

(Award of medals, citations, headquarters commendation, honorable discharge button, etc.)

							3576
							1460
							1192
							2652

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER	Sidney	Hayes	219-289

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
9-30-52	*EQM	BM1	3.5	3.2	4.0	CG GROUP, Seattle, Wn	V. A. JOHNSON. CDR, USCG CO
180 12-31-52	*EQM	BM1	3.5	3.2	4.0	CG GROUP, Seattle, Wn	V. A. JOHNSON. CDR, USCG CO
3/31/53	*EQM	BM1	3.5	3.2	4.0	ALKI POINT L/S	V. A. JOHNSON. CDR, USCG CO
6/30/53	*EQM	BM1	3.7	3.5	4.0	ALKI POINT L/S	V. A. JOHNSON. CDR, USCG CO
90 9/31/53	*EQM	BM1	3.7	3.5	4.0	ALKI POINT L/S	V. A. JOHNSON. CDR, USCG CO
12/31/53	*EQM	BM1	3.7	3.6	4.0	ALKI POINT L/S	V. A. JOHNSON. CDR, USCG CO

Certified to be a true copy

J. D. GOOLSBY, CHSCLK, USCG
Personnel Officer

9.0×6 = 54.0
23.6×7 = 165.2
18.0×5 = 90.0
9.0×7 = 63.0

59.6 372.2

62

59.6 | 372.2

3576

1460
1192

2680

NAME (Last) ELDER (First) Sidney (Middle) Hayes SERVICE NO. 219-289

MARKS

PAGE 6

Seattle 99, Washington

31 August 1953
File: P17-2/MM

From: ELDER, Sidney H.(219-289)BM1,USCG
To: Commandant(PE)
Via: (1) Commanding Officer, CG Base, Seattle, Washington
(2) Commander, 13th Coast Guard District(p)

1953 SEP 14 13 46

PEA-A

Subj: Examination for Chief Petty Officer; request for

Ref: (a) Article 5-C-25, Personnel Manual
(b) Personnel Circular No. 23-53

1. In accordance with references (a) and (b) above, it is requested that I be given consideration to participate in the forth coming examination for Chief Petty Officer in the rating of Boatswain's Mate Chief.

Sidney H. Elder

Sidney H. Elder

FIRST ENDORSEMENT to ELDER's ltr of 31 August 1953, P17-2/MM

31 August 1953
P17-2/MM

From: Commanding Officer, CG Base, Seattle, Washington
To: Commandant(PE)
Via: Commander, 13th CG District(p)

1. Forwarded, reccommending approval.

2. ELDER is deemed qualified in all respect for advancement in rating to Boatswain's Mate Chief.

V.A. JOHNSON

p
4 September, 1953
P17-2/MM

SECOND ENDORSEMENT ON ELDER, Sidney H. (219-289) BM1 ltr P17-2/MM of 31 August, 1953

From: Commander, 13th CG District
To: Commandant (PE)

1. Forwarded.

M. A. JORDAN
By direction

I.D. Card No. _____

Ser. No. 219-289 Date 14 August 1953

Name ELDER, Sidney H.
(Last) (First) (Middle)

Date of expiration of enlistment 9/26/55

Rank or Rate BM1 USCG

Color Hair Grey Eyes Grey

Weight 132 Date of Birth 11/20/1895 Blood Type O

Ship or Station Alki Point L/S

IDENTIFICATION ENVELOPE—13ND-2142 Navy-DPPO 13ND Bremerton, Wash. (E4)1

UNITED STATES COAST GUARD

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

PE-1

17 September 1953

FILE: MM

AIRMAIL

From: Commandant
To: Commanding Officer, CG Base, Seattle, Washington
Via: Commander, Thirteenth CG District (p)

Subj: ELDER, Sidney H. (219-289) BM1 ; forthcoming examination for chief petty officer (provisional)

Ref: (a) Subject man's letter dated 31 August 1953, file P17-2/MM, with two endorsements thereon

In view of the recommendation submitted, and in view of his qualifications, subject named man will be permitted to participate in the forthcoming examination for chief petty officer (provisional) in his specialty, which will be held during the month of April 1954.

W. B. ELLIS
By direction

PE-67

1953 SEP 18 08 45
PEA-A

DCKIERBOW:JHC:jp ret 3-13

for

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney Hayes (Name, surname first) 219-289 (Service number) BM1. (Rank or rating) CG BASE, Seattle, Wash. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USPHS.Hospital, Seattle, Wash. Date 23 October, 1952.

To: _____ (Coast Guard unit)

_____ (Address)

FILE T. LOB

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
Epidermoid carcinoma, left vocal cord.	336-814F	8-18-52.	9-26-52.

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

Patient was discharged 9-26-52 with maximum hospital benefit, advised he would not be fit for duty for fourteen days and advised to return in one week for follow-up in the clinic.

CONDUCT REPORT:

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

E. A. SWARTZ, Surgeon, USPHS. U. S. Public Health Service.

16—27136-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____ U. S. Public Health Service.

* Strike out words not applicable.

16—27136-1

~~NCC-6522~~

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BM1. (Rank or rating) | CG BASE, Seattle, Wash. (Unit)

Reported without medical papers.

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Seattle, Washington, Date 18 August, 1952.

FILED T. L.S.

To: Medical Officer In Charge
USPHS. Hospital,
Seattle, Washington

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

Sidney H. Elder, BM1.USCG. (Signature of patient) / Henry T. Hutchins, HMC. U. S. Coast Guard.
CG.Rep. By direction

RETURN MEDICAL CERTIFICATE

Place USPHS.Hospital, Seattle, Washington, Date 18 August, 1952.

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

Acute pharyngitis.631-190.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*~~Less~~ / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USPHS.H.Seattle,Wn. 1005 {*hospital / *~~office~~} on 18 August, 1952.

P. Tu Regan, Jr. D.

PAUL M. KEGAN,
Surg.USPHS. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27150-1

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

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. 13-6124

FILE

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

Voucher prepared at 0,C13th CG DISTRICT, SEATTLE, WN.
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 10/7/52

To SIDNEY H. ELDER
3201 ALKI AVE.
SEATTLE, WN.
(Payee)
(Address) (City) (State)

PAID BY

(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE Cost	UNIT PRICE Per	AMOUNT Dollars	AMOUNT Cts.
7 Oct	7 Oct 1952	PAYMENT OF MUSTERING OUT PAY SEE ATTACHED CERTIFICATE MOP ACT OF 1952 Discount Terms				200	00
		Use continuation sheet(s) if necessary			Total	200	00

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Shipped from to Weight Government B/L No.

SEE ATTACHED CERTIFICATE

(Payee must NOT use this space)

Differences _____

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

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

200.00

J. M. DONOVAN,
PCLK, USCG
OCT 9 1952

MEMORANDUM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title	Limit'n. or Proj't. Amount	Appropriation Amount
20X0201	CE, CG		200.00

Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT Symbol	COST ACCOUNT Amount	OBJECTIVE CLASSIFICATION Symbol	OBJECTIVE CLASSIFICATION Amount
13-13.53			999900		1210	200.00

Paid by { Check No. _____ dated _____, 19____, for $ 200.00 } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____.

c9-16—22900a-1

219-289	ELDER	Sidney	H.	BM1, USCG
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

9-25-51	OCCGD13, Seattle, Washington	60 days or more
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? *Enter Yes or No* No

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct. 1952

M. A. JORDAN, LTJG, USCG, By direction
(Name and signature of officer authorized to sign in accordance with article 2020(2) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944, as amended, and am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

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

Sidney H. Elder
Sidney H. Elder *(Signature of applicant)*

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

(Omit address if service is LESS than 60 days)

(Number) *(Street)*

(City) *(Zone)* *(State)*

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on 423-830 *(Public voucher)* 236,566 *(Check number)* 10/13/50 *(Date)*

J. M. DONOVAN, LCDR, USCG
Authorized Certifying Officer Symbol 1382

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

16—20020-1

TRIPLICATE

MUSTERING OUT PAYMENT DIVISION DATA

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

APPLICATION FOR LEAVE OF ABSENCE

PE-PR-46

UNIT	ADDRESS	DATE
Alki Point Light Station	Seattle 6, Wash.	7 July,1952

FROM (REQUESTER):	TO	VIA:
ELDER, SIDNEY H. (219-289)BM1.	CO, CG Group, Seattle	OIC, Alki Point Lt.St.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
8	0900, 18 July, 1952	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE 3201 Alki Ave Seattle 6, Wash.

To Be Checked By Officers Only

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

SIGNATURE OF APPLICANT Sidney H. Elder

Ind.-1 Unit: Alki Point Light Station Date 7 July, 1952

Date current leave accounting period began	Balance brought forward beginning of present accounting period
Number days' leave used during current accounting period	Date of expiration of current enlistment

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Andersen, Keeper, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: Coast Guard Base, Seattle, Wash. Date 9 July, 1952

☒ Returned, GRANTED 08 days.

☐ ADVANCE ☒ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

J. D. GOOLSBY, SCLK, USCG - Personnel Officer
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 18 July, 1952

Departed at 0900, this date. This leave expires before 0900, 27 July, 1952

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Andersen, Keeper, CinC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 26 July, 1952

Reported at 0800, this date, having used 7 days' leave.

Albert G. Andersen, Keeper, CinC
(Signature, rank, and title)

16—40220-3

(Over)

(PM)

313

FILED
K. L.

20 March, 1952
CG-73

From: Commandant
To: Commander, 13th CG District

Subj: ELDER, Sidney H. (219-289) BM1, USCG; Health Record

In reply to your letter of 11 March, 1952, (File P-20-2/MM), you are advised that subject-named man health record is not on file at Coast Guard Headquarters.

3/21/52

T. LE BLANC
By direction

T. LE BLANC: jsb 1-6

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

p
11 March, 1952
P20-2/MM

2 From: Commander, 13th CG District
1 To: Commandant (PM)

3 Subj: ELDER, Sidney H. (219-289) BM1; Health Record of; request for

It is requested that the Health Record of the subject named man be returned to this office in the event that it is on file at Headquarters. ELDER'S Health Record is presumed to have been forwarded to Headquarters in error at the time of his discharge and reenlistment.

In reply to your letter of 11-Mar. 52 P20-2/MM, you are advised that subject named man's Health record is not on file at Hdqtrs

~~not on file at Headquarters~~.

C. D. EUBANKS
By direction

T. L.

P
15 August, 1956
P15/MM

From: Commander, 13th CG District
To: ELDER, Sidney H. (219-289) BM1, USCG
Via: (1) Commander, CG Group Seattle
(2) Officer-in-Charge, ALKI POINT LIGHT STATION

Subj: Letter of appreciation

1. The Commander, Thirteenth Coast Guard District, is pleased to commend you as a member of the crew of the ALKI POINT LIGHT STATION for the outstanding condition of this station during the inspection conducted by the Western Inspector on 22 November, 1955.

2. The fact that no discrepancies were found at this station, indicates that you, as a member of the crew, are to be commended most highly for excellent performance of duty.

3. It is most heartening to receive inspection reports, such as this one, as it indicates that you have exemplary devotion to duty and the Coast Guard.

4. A copy of this letter will be placed in your service record.

I. E. ESKRIDGE

Copy to:
Comdt (PE)

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐

NO. 841668

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO. 971,277	(Number ↑)
F.C.C. PREVIOUS		SERVICE NO. 219-289	SERVICEMAN'S NAME (Last, first, middle) ELDER, Sidney H.	RATE BM1	PREVIOUS SERV. NO.

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	x x x	88	P	11-43	Winifred L. Elder, Box 7 Kennydale, Washington	Wife			A					
x x x				11-49										x x x
	x x x				Freelin H. Elder,	Son	4-38		A					
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
	x x x													
x x x														x x x
		TOTALS ←		DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY		DATE INITIAL PAYMENT AUTHORIZED					TOTAL RETROACTIVE AMOUNT	

DISCONTINUANCE

REMARKS

FA Amount $80.00 Lump sum checkage FA 10-49 thru 11-49 $160.00

Entitlement ceased 9-49

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE mlh 1 December 1949

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 971,277

☐ SUPERSEDING

☐ SUPPLEMENTAL

☐

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

ELDER, Sidney H.
SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(219-289)
SERVICE NUMBER

B.M.1c.
RATING

PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
P	1	Winifred L. Elder, Box 7, Kennydale, Washington.	Wife		
	1	Freelin H. Elder, Same.	Son	4	38

BUREAU OF PERSONNEL COPY

MPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

TE OF APPLICATION	
TE REPORTING R ACTIVE DUTY	
NTH OF FIRST REGULAR YMENT CLASS A	Nov., 1943
NTH OF FIRST REGULAR YMENT CLASS B OR B-1	
TIAL PAYMENT AUTHOR- D FOR MONTH OF	None
OCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 11 December, 1943

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY) Date 10 November, , 1943
☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

I. I, ELDER, Sidney Hayes B.M.1c.
(Last name) (First name) (Middle name) (Rate or rank)

U.S. Coast Guard 219-289
(Organization) (Service or serial number)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. ELDER, Winifred Lucille (wife)
(Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
Box 7, Kennydale, Washington
(Number and street or R. F. D.) (City or post office) (State)

2. ELDER, Freelin Hayes (son) 26 April, 1938
(Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
Box 7, Kennydale, Washington
(Number and street or R. F. D.) (City or post office) (State)

3. _____
(Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
_____
(Number and street or R. F. D.) (City or post office) (State)

4. _____
(Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
_____
(Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Name) (Number and street or R. F. D.) (City or post office) (State)

Date and place of marriage to present wife 25 February, 1937 - Wellsburg, West Va.

Date and place of marriage to divorced wife _____

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, $_____

Date alimony or support payment ceases _____

Name and location of court _____

Name and designate any child included above who is legally adopted or has been acknowledged as illegitimate

_____

PAY AND DISBURSING OFFICE RECEIVED NOV 11 1943

16—29368-1

Consists of only ~~wife, husband~~, mother, natural or adoption; grandfather, grandmother, stepfather, stepmother, person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, brother, adopted sister, grandchildren).

Give following information as to each Class B dependent claimed:

1. NONE
(Full name) (Relationship) (Date of birth if minor)

(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent, $*____ *My total contribution last year, $*____

2. ____
(Full name) (Relationship) (Date of birth if minor)

(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent, $*____ *My total contribution last year, $*____

3. ____
(Full name) (Relationship) (Date of birth if minor)

(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent, $*____ *My total contribution last year, $*____

4. ____
(Full name) (Relationship) (Date of birth if minor)

(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent, $*____ *My total contribution last year, $*____

5. ____
(Full name) (Relationship) (Date of birth if minor)

(Number and street or R. F. D.) (City or post office) (State)

*Estimated monthly income this dependent, $*____ *My total contribution last year, $*____

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

(Full name) (Number and street or R. F. D.) (City or post office) (State)

(Full name) (Number and street or R. F. D.) (City or post office) (State)

(Full name) (Number and street or R. F. D.) (City or post office) (State)

State any other facts pertinent to this claim or in explanation thereof:

Sidney H. Elder
(Signature)

Subscribed and sworn to before me, this 10th day of November, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

G.P. Granade
G.P. GRANADE, (Signature)
Ensign, USCG - CG REPAIR YARD, Seattle
(Title)

Chief, Planning and Statistical Section 18 November, 1947

Chief, Family Allowance Section

IBM listing dated 21 October, 1947

1. Reference is made to subject listing which was furnished this Section for family allowance purposes.

2. Records show that the following enlisted personnel are not included on the IB M listing dated 21 October, 1947 who are still on active duty and are in receipt of family allowance benefits:

HINMAN, Olin R. (268-965)
RICHARDSON, Charles O. (274-027)
CONNER, Stanely (102-234)
GRANT, Alexander M. (104-204)
HARTNETT, James L. (104-640)
MOON, Giles S. (107-462)
JENNETTE, Junius L. (128-245)
WRIGHT, Harold E. (130-702)
HANSON, Jr., Leanord J. (215-086)
ELDER, Sidney H. (219-289)
SCOBEE, Oren W. (228-576)
BYRD, Foster B. (232-057)

3. For your information, the IBM listing indicates the following discrepancy. Service number (104-595) should be: (104-594).

S. K. FRICK
Chief, FA Section

S. K. FRICK
Lieutenant, USCG

Date: 1 December 1949 MONTHLY FAMILY ALLOWANCE

To: Audit Subsection - Room 6110
From: Military Morale Division

ELDER, Sidney H.	219-289 BM1	13th CGD
Name	Rating	Unit
Class A	$22.00	Began: November 1943 Ter: September 1949
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 Lump sum checkage FA 10-49 thru 11-49 $160.00

1920

S. K. FRICK
Chief, FA Section

mlh

(Date)

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

ELDER, SIDNEY H.	(219-289)	BM1
(NAME)	(SERVICE NO.)	(RATING)

TO: Chief, Military Morale Division, C. G. Headquarters, Washington 25, DC

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of Nov., 1949.

( ) * Checkage is being continued as required by regulations pending notification to stop.

9/30/49
DATE OF CHANGE IN STATUS

Career compensation act of 1949
NATURE OF CHANGE IN STATUS

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

C.R. MATHEWSON PCIK, ACO
(Signature of Disbursing Officer)

1382
(Symbol No.)

COAST GUARD PAY AND DISBURSING OFFICE

Purp.	Stop After	MfirstP.	FA AMT	Name of allottee	Code
FA	11/49	11/43	$80.00	Winifred L. Elder Lump Sum checkage FA-10/49 thru 11/49 $160.00 Ent. ceased 9/49	88

CG Headquarters

Washington 25, D. C.
1 December 1949
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: NOVEMBER 1949

Govt. Cont. $58.00

Chief, Military Morale Division

9-150

ELDER, Sidney H.	219-289 BM1	
CG GROUP	Seattle, Washington	11 Sept., 1951
ALKI POINT LIGHT STATION	Seattle, Washington	13-300820

1930
8 Sept., 1951 CG BASE, Seattle, Washington, assignment to duty.

C13CGD/L 8-30-51 file: p MM/P16-4; Ind-1 CG GROUP, Yaquina Bay 9-6-51 file: MM/P16-4.

L. O. ENGELL, LCDR, USCG

CC: HQ
C13CGD
SR
file

p
30 August, 1951
MM/P16-4

ORDER NO. 130582

From: Commander, 13th CG District
To: ELDER, Sidney H. (219-289) BM1
Via: (1) Commander, Yaquina Bay Group
(2) Officer-in-Charge, Heceta Head Light Station

1. Upon receipt hereof, you are hereby relieved of all duties previously assigned. Proceed and report to the Commanding Officer, CG Base, Seattle, Washington, for further assignment to Alki Point Light Station, Seattle, Washington.

2. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable to 13-20.03 925040 0211.

3. Travel allowances are as prescribed in JTR. Travel via privately owned conveyance, railroad, bus, water, and/or air is authorized.

4. This order constitutes a permanent change of station for you from Florence, Oregon, to Seattle, Washington. In this connection attention is directed to Personnel Circular No. 29-48.

5. Records will be carried on transfer.

C. D. EDWARDS
By direction

CC: CO,CG Base, Seattle, Wn.
Transp.
Pay
File

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

REPORT OF CHANGE IN PERSONNEL

No. 6

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney R.	219-109	BM1

RECEIVED SEP 10 10 07 AM '51 CG BASE SEATTLE, WASH

REPORTING UNIT	LOCATION	DATE
CG Group, Yaquina Bay	Newport, Oregon	7 September, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
Yaquina Head Light Station	Waldport, Oregon	13-300165

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 1300
DATE 9-6-51

TRANSFERRED TO: Alki Point Light Station, Seattle, Wash.
FOR ASDU

AUTH: C13CGD Order No. 130582 dtd 30 August, 1951, file MK/P10-4

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

AUTH:

OTHER CHANGES (SPECIFY) Authorized 2 days travel time and four (4) days proceed time and will report not later than 2400, 12 September, 1951.

P. E. Barnett

P. E. BARNETT, CEGSN, Commander, CG Group, Yaquina Bay
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

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

ELDER, Sidney H. 219-289 EM1

CG GROUP SEATTLE, WASHINGTON 6 September, 1951

CG BASE SEATTLE, WASHINGTON 13-210800

1830
9-8-51 CG Group, Yaquina Bay, Newport, Ore., via Heceta Head Lt xxx Lt Sta., Florence, Ore., for TD, FFT Alki Pt Lt Station for du as OinC.

CCGD13/L 8-30-51 MM/P16-4

1830
9-8-51 xxx Alki Pt Lt Station for ~~xx~~ assignment to duty. EDA 9-8-51

CGBASE Ind-3/dtd 8 Sept.1951 P16-4/MM

L. O. ENGELL, LCDR, USCG
Commanding Officer

CC: HQ
CCGD13
SR
CGBASE
File

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

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

UNIT	ADDRESS	DATE
Heceta Head Light Station	Florence, Oregon	16 April, 1951

FROM (REQUESTER):	TO	VIA:
Elder, Sidney H. (219-289) BM1	Commander, Group, Yaquina Bay	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
5		0900 20 April, 1951	10	[redacted]	23 September, 1951

REASON FOR REQUEST:

Medical Aid

My address on leave will be: Florence, Oregon

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

Sidney H. Elder
Sidney H. Elder.
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Group [redacted], Yaquina Bay Date: 4-17-51

Leave record indicates balance of 41 REG-ACC days' annual and 0 days' Reenlistment Leave due.

~~Forwarded~~ ☐ ~~APPROVED~~ ☐ ~~NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

F. E. Barnett
F.E. BARNETT, CBOSN, USCG
Group Commander [redacted]

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Head Light Station Date: 20 April, 1951

Departed at 0900 this date. This leave of absence will expire before 0900 26 April, 1951, at Heceta Head Light Station and is subject to the special instructions indicated on reverse hereof.

S. H. Elder
S.H. Elder, BM1
OinC
~~COMMANDING—EXECUTIVE—PERSONNEL OFFICER.~~

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Heceta Head Light Station Date: 26 April, 1951

Reported at ~~Heceta Head Light Station~~ 0800 this date, having taken 5 days' leave and 0 days' TT.

S. H. Elder
S.H. Elder, BM1
OinC
~~COMMANDING—EXECUTIVE—PERSONNEL OFFICER.~~

16—40220-2

[OVER]

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

[illegible] (Name, surname first) [illegible] (Service number) [illegible] (Rank or rating) [illegible] (Unit)

FINAL MEDICAL CERTIFICATE

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

Place Newport, Oregon, Date 2 May, 19 42

To: USCG Region Dev 14Cohost Station
(Coast Guard unit)

Newport, Oregon
(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

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

To have injections twice Weekly

CONDUCT REPORT:

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

H. D. BAKER, MD

[illegible] U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. | 220-200 | BM1 | Boots Head Light Sta.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

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

Place Newport, Oregon, Date 2 May, 19 51

To: Medical Officer in Charge
USPHS Relief Station
Newport, Oregon

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 Eugene Dillington, Newport, Oregon

Sidney H. Elder
(Signature of patient)

Eugene Dillington, BM2 (1) Actg.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Ore, Date 5/6/, 1951

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

Gastritis, hypertrophia
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at

{*~~hospital~~ / *office} on 5-8-, 19 51

H. D. Parker, MD
U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

[redacted], Sidney J. | [redacted] | 3M2 | Rcvcte Head LT. Sta.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Florence, Oregon, Date 20 March, 19 51

To: CG Group, Yaquina Bay
(Coast Guard unit)
Newport, Oregon
(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
Upper repiratory infection		3/20/51	3/20/51

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

Off duty to 3/22/51

CONDUCT REPORT:

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

H. D. Barker, MD
AAS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. | 210-200 | Mk1 | Yaquina Bay Lt. Sta.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Florence, Oregon, Date 20 March, 19 51

To: Medical Officer in Charge
U.S.P.H.S. Relief Station
Newport, Oregon

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 Yaquina Bay LSSta., Newport, Oregon

Sidney H. Elder.
Sidney H. Elder
(Signature of patient)

P. E. BARRETT
CBOSN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport Ore, Date 3/20, 19 51

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

Upper respiratory infection
(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 3/20, 19 51

W. D. BAKER, MD
AAS U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27150-1

CG Group, Yaquina Bay
Newport, Oregon

27 January, 1951
L16-4

State Tax Commission
Salem, Oregon

Dear Sirs:

The enlistment contract for ELDER, Sidney H. (219-289) BM1, U.S. Coast Guard, presently assigned to this command, gives his home address as Heceta Head Light Station, Florence, Oregon

Copy of form W-2b for period 7-1-50 to 12-31-50 is therefore forwarded herewith for your information.

Very truly yours,

F. E. BARRETT, CDOSH, USCG
Group Commander

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2534 (10-37)

APPLICATION TO U. S. PUBLIC HEALTH SERVICE FOR TREATMENT OF COAST GUARD DEPENDENTS

Heceta Head Light Station
(Unit)

Florence, Oregon
(Place)

22 January, 19 51

To: MEDICAL OFFICER IN CHARGE:

USPHS Relief Station

Newport, Oregon

SIR: You are requested to examine and furnish such treatment as may be required to Winifred L. Elder (Wife) dependents of
(State name and relationship, such as mother, wife, son, etc.)

Sidney H. Elder, BM1 under authority of the Act
(Name and rank or rate)

of Congress approved July 30, 1937.

I HEREBY accept full responsibility for all charges incurred should hospitalization become necessary. The person named above is wholly dependent upon me for support.

Sidney H. Elder
(Signature of man)

Albert L. Hanna Jr.
(Witness to signature)

Present enlistment expires * 23 September, 1951

Very truly yours,

Nemo B. Pilkington
(Name)

BM1 (L)
(Rank)

Executive Officer
(Commanding officer, etc.)

* To be used only in cases of enlisted personnel.

FOLLOW INSTRUCTIONS ON REVERSE CAREFULLY

16—29038-2

Elder's jacket

4 May, 1950
pmp 73

From: Commander, 13th CG District
To: ELDER, Sidney H. (219-289) BM1
Via: CO, CG Group Yaquina Bay

Subj: Orders; assignment to duty as OinC, Heceta Head Light Station

1. Upon receipt hereof, you are hereby designated as Officer-in-Charge, Heceta Head Light Station.

2. Comply with Chapter 8, Part 18 of CG Regulations and such other Regulations as are currently in effect in connection therewith.

C. D. HUMMINS
By direction

CC: COMM3 (p)
Pay
File

d-1
Group, Yaquina Bay
ort, Oregon

8 May, 1950
File: pmp 73

Commander, Group, Yaquina Bay, Newport, Oregon
ELDER, Sidney H. (219-289) BM1

Forwarded for your information and compliance.

F.E. BARNETT

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Yaquina Bay Lifeboat Station (Unit) Newport, Oregon (Place)

1 July, 1950 (Date)

FROM: ELDER, Sidney H. (219-289) BM1

TO: COMMANDANT (via C13CG District (pmp))

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:

Winifred L. Elder (Wife) (Full name of wife; if not married, so state)	c/o Heceta Head Light Station Florence, Oregon (Address of wife)
Freeland H. Elder (Son) (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. R.C. Storey (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs. O.E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

1 st day of July, 1950

F.E. Barrett

F.E. BARRETT, CBOSN
(Signature)

Commanding Officer
(Rank or title)

Sidney H. Elder
Sidney H. Elder
(Signature)

BM1
(Rank or rating)

16—25758-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BMIK (Rank or rating) | Heceta Head Lt. Stat: (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date _____, 19

To: Yaquina Bay LBSta.
(Coast Guard unit)
Newport, Oregon
(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

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.}

H.D. BARKER, MD
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) 219-289 (Service number) BM1 (Rank or rating) HECETA HEAD LT., ST. (Unit)

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

REGULAR
SPECIAL
TEMPORARY
RESERVE
(Enlistment status)

Place Newport, Oregon, Date 22 September 1950, 19

To: Officer in Charge
U.S.P.H.S. Releife Station
Newport, Oregon

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 Yaquina Bay Lifeboat Station

Sidney H. Elder
Sidney H. Elder (Signature of patient)

Nemo B. Pillington, BM1(L)
By Dir., U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 22 September 1950, 19

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

(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. XXXX} 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 ....., 19

H. D. Barker M.D/R.a.G
H. D. BARKER, MD
U. S. Public Health Service.

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

.....
(Patient's signature)

WITNESS:

.....
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27150-1

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

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

UNIT	ADDRESS	DATE
Heceta Head Light Station	Florence, Oregon	19 October, 1950

FROM (REQUESTER):	TO	VIA:
Elder, Sidney H (219-289) BM1	Commander, Group, Yaquina Bay	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
10		25 October, 1950	None	None	23 September, 1951

REASON FOR REQUEST:

Annual

My address on leave will be: Florence, Oregon,

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

Sidney H. Elder
Sidney H. Elder, BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group, Yaquina Bay Date: 19 October, 1950

Leave record indicates balance of 51 Reg-Acc days' annual and ~~XXXXXXXXXXXXXXXXXX~~ days' Reenlistment Leave due.

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

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

B. L. HIGGINS
COMMANDING ~~EXECUTIVE PERSONNEL~~ OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Head Light Station Date: 25 October, 1950

Departed at 1000 this date. This leave of absence will expire before 0900 5 November, 1950, at Heceta Head Light Station and is subject to the special instructions indicated on reverse hereof.

S. H. Elder,
S. H. Elder, BM1
OinC COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Heceta Head Light Station Date: 4 November, 1950

Reported at Heceta Head Light Station 1800 this date, having taken 10 days' leave and 0 days' TT.

S. H. Elder
S. H. Elder, BM1
OinC ~~COMMANDING EXECUTIVE PERSONNEL OFFICER.~~

16—40220-2

[OVER]

NCG 2534
October 1937

APPLICATION TO U. S. PUBLIC HEALTH SERVICE FOR TREATMENT OF COAST GUARD DEPENDENTS

Heceta Head Light Station
(Unit)

Florence Oregon
(Place)

20 October, 1950, 19

To: MEDICAL OFFICER IN CHARGE:

USPHS Relief Station

Newport, Oregon

SIR: You are requested to examine and furnish such treatment as may be required to

Winifred L. ELDER, Wife
(State name and relationship, such as mother, wife, son, etc.)
dependents of

ELDER, Sidney H. (BM1(
(Name and rank or rate)
under authority of the Act of Congress approved July 30, 1937.

I HEREBY accept full responsibility for all charges incurred should hospitalization become necessary. The person named above is wholly dependent upon me for support.

Sidney H. Elder
(Signature of man)

Albert L. Hanna Jr.
(Witness to signature)

Present enlistment expires * 23 September, 1951

Very truly yours,

Vasil M. Alexandroff
(Name)

BM1 (L)
(Rank)

Commanding Officer, Acting
(Commanding officer, etc.)

* To be used only in cases of enlisted personnel.

FOLLOW INSTRUCTIONS ON REVERSE CAREFULLY

16—29638-1

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 123 6859
Bu. Vou. No. .....

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

PAID BY
PAUL D. BANNING
CHIEF DISBURSING OFFICER
TREASURY DEPARTMENT
NOV - 7 1949
DATE OF PAYMENT
SYMBOL 1382
(For use of paying office)

THE UNITED STATES, DR.,

To Sidney, H. Elder, (219-289) BM1

Address Heceta Head Light Station
Florence, Oregon

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 27 October 19 49 to 30 October 19 49, as per itemized statement within, under authority No. TOMO 130947 dated 7 October, 19 49, copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by .....
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	6	50
Other	22	14
Travel	28	64
TOTAL		

(Payee must not use this space)

Differences	1	50
Amount verified; correct for	27	14

(Signature or initials) .....

Sidney H. Elder, (219-289)
BM1
25 October, 1949

MEMORANDUM

Vasil M. Alexandroff, BM1(L), Act.

27.14
31 October, 49
C. R. MATHERSON
YEOMAN (SC) USCG

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ....., paid .....
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
2100	VCA 00 1950		

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
32-60			2100200			

Paid by Check No. 22681, dated NOV - 7 1949, 19....., for $ 27.14 on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPAC
ITEMS ARE NUMER

1. Date and hour of departure from official headquarters ..... (Date) ..... (Hour)
2. Give duty status on first day of voucher period:

Arrived at ....., on ....., 19....., for temporary duty for approximate period .....

Approximate date of return to official headquarters ....., 19.....

DATE 19--	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED: SUBSISTENCE†	AMOUNT CLAIMED: OTHER
49				
10-17	Departed Heceta Head Light Station, Florence, Oregon 0530		3 75	
10-18	Arrived Marine Hospital, Seattle, Washington 0900			
10-20	Departed Marine Hospital, Seattle, Washington 0700			
10-20	Arrived Heceta Head Light Station, Florence, Oregon 2130		2 75	
	Florence, Ore. to Seattle, Wn. & return 738 miles @.03 per mile @22.14			22 14
	"I hereby certify that all travel was performed at own expense and that no part was performed on transportation request or via Gov't conveyance. That no subsistence or quarters or cash for subs & quarters was advanced or furnished by the Gov't and that all expenses in connection herewith were paid by me".			
	Sidney H. Elder, Bvt.			
	TOTALS (to be carried forward to continuation sheet, if necessary)		6 50	22 14

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL: FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL: TO—	FOR REIMBURSABLE ITEMS ONLY: MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED (Include cash paid public carrier)
				ADMINISTRATIVE: Entitled to $1.00 per meal for five (5) meals, total $5.00. Deduction in the amount of $1.50, for subsistence furnished.				

UNITED STATES DEPARTMENT OF COMMERCE

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
NEW WORLD LIFE BLDG.
SEATTLE 4, WASHINGTON

7 October, 1949
FILE: p 73, 531

From: Commander, 13th CG District
To: ELDER, Sidney (n) (219-289) BM1
Via: (1) CO, CG Group Yaquina Bay
(2) OinC, Heceta Head Light Station

Subj: Orders; temporary duty; travel

1. Upon receipt hereof, you are directed to proceed to U. S. Marine Hospital, Seattle, Washington for physical re-check. Upon completion of this temporary duty you will return and resume your regular station and duties.

2. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 13th CG District travel allotment symbol 13-20, TONO 130947.

3. Allowances for subsistence and quarters as prescribed by Art. 439, PANDSI, are applicable. Travel at own expense and/or by privately owned conveyance is authorized in accordance with Art. 438, PANDSI.

4. If no travel is performed hereunder, this order will be returned immediately at the end of the month for cancellation. If travel is performed, voucher will be submitted, to reach Commander, 13th CG District by the 10th of the following month; otherwise the funds set aside may be cancelled.

Certified for payment (Date) 31 October, 1949
Travel performed 17-20 October 1949
Between Florence, Ore. Seattle, Wn.
Transp. Exp. $ 27.14
Accounts of PAUL D. BANNING, CDO
Voucher 123 6859 Date NOV - 7 1949

C. R. MATHEWSON, PCLK, USCG
Authorized Certifying Officer

R. SANDS, Jr. TSA
By direction

8 October, 1949
File: p 73, 531

CC: CG REP, USMH, Seattle, Wn.
Pay
File
Ind-1

From: Commanding Officer, Group, Yaquina Bay
To: ELDER, Sidney H. (219-289) BM1
Via: OinC, Heceta Head Light Station

Forwarded for compliance.

Vasil M. Alexandroff, BM1(L), Acting.

Ind.-2
Heceta Head Light Station
Florence, Oregon.

17 October, 1949

1. Delivered above orders and departed 0530 this day and date.

Clifford B. Hermann

Clifford B. Hermann, Keeper
(oinc)

Ind.-3
CG Represenative, U.S. Marine Hospital, Seattle, Washington
20 October, 1949

Reported for outpatient treatment at 0900 -10/18/49

1. Having completed outpatient treatment at this hospital, you will now comply with basic orders and return to your unit.

2. You are now fit for duty, return for further examination in three months.

3. Departed 0700 this date.

J.M. ORTBLAD
By direction

Ind.-4
Heceta Head Light Station
Florence, Oregon

20 October, 1949

1. Reported in at this unit at 2130 this day and date, from out patient treatment at the U.S. Marine Hospital.

2. All travel was performed at own expense.

Clifford B. Hermann

Clifford B. Hermann, Keeper
(oinc)

Ind.-2
Heceta Head Light Station
Florence, Oregon. 17 October, 1949

1. Delivered above orders and departed 0530 this day and date.

Clifford B. Hermann
Clifford B. Hermann, Keeper
(oinc)

Ind.-3
CG Represenative, U.S. Marine Hospital, Seattle, Washington
20 October, 1949 Reported for outpatient treatment at 0900 -10/18/49

1. Having completed outpatient treatment at this hospital, you will now ~~report~~ comply with basic orders and return to your unit.

2. You are now fit for duty, return for further examination in three months.

3. Departed 0700 this date.

J.M. ORTBLAD
By direction

Ind.-4
Heceta Head Light Station
Florence, Oregon 20 October, 1949

1. Reported in at this unit at 2130 this day and date, from out patient treatment at the U.S. Marine Hospital.

2. All travel was performed at own expense.

Clifford B. Hermann
Clifford B. Hermann, Keeper
(oinc)

Newport,Oregon

CG GROUP

CG-73

7 November,1947

From: ELDER, Sidney H. (219-289) BM1c
To: COMMANDANT. (PMP)

Via: CO, CG Group Newport,Oregon
Commander, 13th CG District

Subj: Designator (an) request for

1. It is requested that authority be granted to affix the designator (AN) to my present rating of BM1c.

2. My reason for this request is that prior to my enlistment in the Coast Guard in 1941, I was employed by the U.S.Light House Service as a Light House Keeper for a period of some eight years. After enlisting in in the Coast Guard most of my service has been that connected with and at Light Houses. For that reason it is my desire to continue on at Light Stations.

Sidney H. Elder
(a19-289) BM1c

Ind 1
CG Group Newport
Newport,Oregon
7 November,1947

1. Forwarded approved and recommended.

2. Subject man has been found to be thoroughly familiar with this type of duty. He is presently stationed at Heceta Head Light Station, Florence,Oregon and is adapted and well qualified for this type of duty.

Richard C. Van Hine

authority Comdt Circ 31-47

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

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

UNIT	ADDRESS	DATE
Heceta Head Lt Station	Florence,Oregon	12 December,1947

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289)BM1c	CO,CG Group,Newport,Oregon	---

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15	---	13 December,1947	60	0	23 September,1948

REASON FOR REQUEST:

To be with wife who is seriously ill.

My address on leave will be: Route 3, Box 145,Renton, Washington, % Mrs R.C.Storey, Phone

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

Sidney H. Elder
Sidney H. Elder, BM1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Newport,Ore Date: 12 December,1947

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

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

Authorized by Com 13CGD disp 1200282(Dec)

F.E. Barnett
F.E. BARNETT, Ch. Bos'n
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Hd Light Station Date: 13 December,1947

Departed at 0600 this date. This leave of absence will expire before 0900

29 December,1947, at HHLS, Florence,Ore and is subject to the special instructions indicated on reverse hereof.

F.E. Barnett
F.E. BARNETT, CH. BOS'N
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
CG Group Newport, Oregon

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: ~~Heceta~~ Heceta Head Light Sta Date: 27 December,1947

Reported at 1600U this date, having taken 14 days' leave and NO days' TT.

14 days

F.E. Barnett
F.E. BARNETT, CH.BOS'N
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-269 (Service number) | SK1c (Rank or rating) | Recota Road Lt Sta Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 31 December, 19 47

To: Dr John A. Hardiman, AAS, USPHS

Newport, Oregon

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

Sidney H. Elder
Sidney H. Elder
(Signature of patient)

P.F. Bennett
P.F. BENNETT, CH, USCG
Commanding U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 31 December, 19 47

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

Final inoculation for typhoid
(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 _____ 19

John A. Hardiman
Dr John A. Hardiman,
AAS
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H (Name, surname first) 219-289 (Service number) BM1c (Rank or rating) Heceta Hd Light Sta Florence, Ore (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 31 December, 19 47

To: CO, CG Group Newport (Coast Guard unit)

Newport, Oregon (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

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.}

Dr John A. Hardiman

AAS U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Heceta Head Light Station

Florence, Oregon
27 December, 1948

From: Elder, Sidney H. (219-289) BM1
To: Commander, 13th CG District (f)

Via: CO, CG Group, Newport, Oregon

Subj: Longevity Pay of Former Lighthouse Personnel

Ref: 13th CG District Finance & Supply Circular No. 12-48

1. In accordance with above Finance & Supply Circular No. 12-48 I hereby certify that I served in the Lighthouse Service, seven years (7), eleven months (11) and three days (3) before being transferred to the Coast Guard, on the 23 Sept. 1941, in accordance with the "Act of August 5, 1939".

2. I hereby swear or affirm that the statement of my service in the U.S. Lighthouse Service as given above is true and correct.

Sidney H. Elder,
Sidney H. Elder

Subscribed and sworn to before me this 27th day of December, 1948.

F. E. Barnett

F. E. Barnett

Chief Boatswain, U.S.C.G.

N. C. G. No. 2668
Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

ELDER,	Sidney	H.	219-289	[illegible] BM1
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group Yaquina Bay	Newport, Oregon	27 December, 1948
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Entitled to 35% of base pay for longevity pay effective as of 1 July, 1948.

See HQ statement of service for longevity pay dated 28 July 1948 and sworn statement for Light House Service attached.

AUTHORITY: **Alcoast 69, 12-48**

F.E. Barnett

F.E. Barnett, CBOSN.
(Commanding)

Commanding Officer.
(Title)

---

1. Receipt of this authorization is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 1943 O 534889

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

Address reply to
THE COMMANDANT (PE-PR-6)
Refer to file: CG-73

28 July, 1948

From: Commandant.

To: Commanding Officer, CG Group, Newport, Oregon
Via: Commander, 13th Coast Guard District (pmp)

SUBJECT:

Statement of Service for longevity pay
~~Statement of service of~~

Incl: Copy of Marine Corps Statement dated 12 November, 1941

1. The following is a statement of the service of ~~x~~ to a including ~~the above named man for the purpose of computing pay.~~ 22 September, 1947 of ELDER, Sidney Hayes (21[illegible]-289) BM1, USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Non[illegible]formance of D[illegible] Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	[illegible]M—	TO—
9-23-41		None	None		None		None
Enl. ext. 3 yrs from							
9-23-44	9-22-47 HD		None		None		None
9-23-47							
Now serving							

	Yr	Mo	Days
Coast Guard Service	6	0	0
Navy Service			
Marine Corps Service	8	0	0
Lighthouse service	7	11	3
Total	21	11	3

Completed 21 years service 19 October, 1946

/S/ B.A. SHAW
B.A. SHAW
By direction

CERTIFIED TO BE A TRUE COPY

F.E. Barnett, CBOSN.
Commanding Officer.

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2628 (Rev. 6-48)

REPORT OF ASSISTANCE

CG Unit 44B+13 Sta. N. O. CG District 20-50 Serial No.

Date of casualty 5 Aug. 49 Nature of casualty Transported Pilot

Other units assisting None

This block for District use only

CLASSIFICATION OF ASSISTANCE:
(Major, minor, or attempted assistance)

Furnishing Transportation

Vessel assisted Bar pilot

Rig Does not apply Class

Gross tons Nationality

Home port

Bound from Newp. Ore.

To 55 Grenville Days out —

Names and addresses of:

Master Pilot Frank Fogarty, N.O.

Owner

This block for Headquarters use only

CLASSIFICATION OF ASSISTANCE:
(Major, minor, or attempted assistance)

Persons involved:	CREW	PASSENGERS	TOTAL
On board			
Saved from drowning			
Rescued from positions of peril			
Lost			
Succored			
Resuscitated			

Property involved:	VESSEL	CARGO	TOTAL
Value			
Damage or loss			

Source of first information Mr Fogarty Oriental Co

Cause of casualty: (Yes or no)

Unseaworthiness?

Lack of equipment?

Inadequacy of equipment?

Incompetency of personnel?

*Deficiencies in aids to navigation?

Other? Yes
(If "yes," explain in "Remarks")

*If "yes," extend answer in "Remarks" and make recommendations for changes in the number, type, or arrangement in aids to navigation.

Was vessel in danger of extensive damage or loss? —

Weather conditions at scene:

Wind SW 1 Temperature 56

Sea Mod Swell Mod

Visibility Various

Date and hour:

First information received 0825 U

District Commander notified Disp. #0518162

Proceeded 0830 U

Arrived 0915 U

Operations completed 1000 U

Distance proceeded 4 miles —

Where found:

Local name NW Whistle Buoy

Latitude 46°35'54" N Longitude 124°06'40" W

Miles towed by CG —

Resuscitation method used None

Number cases success — Number cases failure —

CG crew injured — Lost —

CG property damaged —

CG equipment used:

Boats CG36514 Vehicles —

Ordnance — Breeches buoy —

Resuscitation — Other —

Was service equipment satisfactory? Yes
If not, extend answer in "Remarks" and make a full report and recommendation for improvement in a separate letter.

16—55881-1

REMARKS

at 0825 4- 5 Aug, 49 Mr. Fogarty, 4 B Bar pilot contacted C.O. requesting transportation to the SS Grenville ~~Near Jamaica Bay~~ Entrance Bay. Mr. Fogarty stated ~~that his boat was out of commission~~ that he was unable to secure commercial Boat. Manned CG 36574 and dispatched ~~transporting and transferring~~ Mr. Fogarty ~~from vessel~~ to SS Grenville, ~~and~~ Returned to Newport, Oregon arriving at 1000 C.

Crew members partic. in this assist. were: Rose E. Snedaw, Bm 2, Earl Pettman, Bm 3 and Joseph C. Funhonner. EM 3

Transp. furnish to Mr. Fogarty due to his statement that he was unable to secure commercial boat.

Prepared by _____ Submitted by _____

Rank _____ Rank _____

INDORSEMENT 1

_____
(CG District)

INSTRUCTIONS

1. Submit to Commandant (O) via chain of command in all cases of actual or attempted assistance. Number serially for each fiscal year.

2. Under "Remarks" give an account of operations, including list of deaths or serious injuries, any unusual delays, difficulties, outstanding performances of duty, and details of professional or public interest, using additional sheets if necessary. Elaborate on the cause of the casualty. Elaborate on the changes recommended in aids to navigation, if appropriate.

3. The District Commander shall review each report and shall classify it as "major," "minor," or "attempted assistance," in accordance with HQ directives, in the block marked "For District use only" at the top of the form. In his indorsement the District Commander shall show cognizance of any matter requiring action with a statement of what action is planned.

4. "Persons saved from drowning" include those who in all probability would have drowned if CG assistance had not been rendered. "Persons rescued from positions of peril" include those whose lives were endangered by possible drowning or other cause. In general, if the vessel was in danger of extensive damage or loss, the persons on board may be classified as having been rescued from positions of peril.

U. S. GOVERNMENT PRINTING OFFICE 16—55881-1

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

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

UNIT	ADDRESS	DATE
Heceta Head Light Station	Florence, Oregon	1 August, 1949

FROM (REQUESTER):	TO	VIA:
Elder, Sidney H. (219-289) BM1	C.O. CG Group, Yaquina Bay, Ore.	OinC, Heceta Head L.S.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15		10 August, 1949	None	None	23 September, 1949

REASON FOR REQUEST:

Annual

My address on leave will be: Florence, Oregon

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

Sidney H. Elder
Sidney H. Elder, Bm1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Heceta Head Light Station Date: 1 August, 1949

Leave record indicates balance of 43 ACE days' annual and ---------- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☒ ~~NOT APPROVED (because)~~

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Clifford B. Hermann.
Clifford B. Hermann
OinC COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER.~~

Ind.-2 Unit: CG Group, Yaquina Bay, Oregon Date: 2 August, 1949.

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

F.E. Barnett
F.E. Barnett, Chief Bosn.
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Head Light Station Date: 10 August, 1949

Departed at 0930 this date. This leave of absence will expire before 0900 26 August, 1949, at Heceta Head Light Station and is subject to the special instructions indicated on reverse hereof.

Clifford B. Hermann
Clifford B. Hermann, Keeper (OinC)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: CCGD13(p) Date: 23 August, 1949

Granted 10 1 days extension of leave to expire before ~~XXXX~~ 0900, 5 September, 1949.

Authority:

E. K. SANDS, Jr., Commander, USCG — Chief, Personnel Division, 13th CGD
Signature and rank — Title

Ind.-6 Unit: Heceta Head Light Station Date: 1 September, 1949

Reported at 1830 this date, having taken 22 days' leave and ------ days' TT.

Clifford B. Hermann
Clifford B. Hermann, Keeper
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

SR-

CG-2599

ELDER, Sidney H.	219 - 289	BM1
Group, Yaquina Bay, Oregon	Heceta Head Light Station	Florence, Oregon
13 - 075	13 - 073	18 October, 1949

0530U
17 October, 1949

To US. Marine Hospital, Seattle, Washington on TD physical re-check.

C13CGD/L p 73, 531 7 October, 1949.

Vasil M. Alexandroff
Vasil M. Alexandroff, BM1(L),Acting

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS
Newport, Oregon
~~WASHINGTON~~

29 October, 1949

From: ~~Commandant~~. Commanding Officer, CG Group, Newport, Oregon

To: Commander, 13th CG District (fd)

SUBJECT: ELDER, Sidney Hayes (219-289) BM1 - USCG

Statement of service of.

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

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
9-23-47	Reenlisted this date for a period of four (4) years, rating of BM1 Now Serving						

Previous Service

USCG 6 years 0 months 0 days
USN 0 0 0
Maring Corps Service 8 years
Lt. House Service 7 years 11 Months 3 days

Total 21 years 11 Months 3 days

Vasil M. Alexandroff, BM1 (L)
CO , Acting

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

Form D-266 USCG

2 Nov., 1949
(Date)

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

RECEIVED
NOV 5 1949
NEWPORT, OREGON

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

ELDER, SIDNEY H.	(213-289)	BM1
(NAME)	(SERVICE NO.)	(RATING)

TO: Chief, Military Morale Division, C. G. Headquarters, Washington 25, DC

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of Nov., 1949 .
( ) * Checkage is being continued as required by regulations pending notification to stop.

9/30/49
DATE OF CHANGE IN STATUS

Career compensation act of 1949
NATURE OF CHANGE IN STATUS

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

C.R. MATHEWSON POLK, ACO 1382
(Signature of Disbursing Officer) (Symbol No.)

COAST GUARD PAY AND DISBURSING OFFICE

Purp.	Stop After	MfirstP.	FA AMT	Name of allottee	Code
FA	11/49	11/49	$60.00	Winifred L. Elder Lump Sum checkage FA-10/49 thru 11/49 $160.00 Ent. ceased @ 9/49	88

CG Headquarters Washington 25, D. C.

(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of:

Chief, Military Morale Division

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

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

CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

28 July, 1948

From: Commandant.

To: Commanding Officer, CG Group, Newport, Oregon
Via: Commander, 13th Coast Guard District (pmp)
SUBJECT: Statement of service for longevity pay
Incl: Copy of Marine Corps Statement dated 12 November, 1941

Statement of service of
ELDER, Sidney Hayes (219-289) BM1

1. The following is a statement of the service of the above-named man for the purpose of computing pay: to & including 22 September, 1947

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
9-23-41 Enl. ext. 3 yrs. from		None		None		None	
9-23-44	9-22-47 HD	None		None		None	
9-23-47 Now serving							

	yrs	mo.	days
Coast Guard Service	6	0	0
Navy service	0	0	0
Marine Corps Serv.	8	0	0
Lighthouse Service	7	11	3
Total	21	11	3

Completed 21 yrs service 19 Oct., 1946

B.A. SHAW
By direction

Certified to be a true copy

F.E. BARNETT, CBOSN. U.S.C.G.
Commander, Group, Yaquina Bay, Ore.

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

UNITED STATES COAST GUARD

ADDRESS REPLY TO Seattle, Washington

C13CGD (pra)
REFER TO FILE CG-73-531

29 July, 1946

To: ELDER, Sidney H. (219-289) BM1c, USCG

Subj: Orders; transfer; travel

1. Effective upon receipt hereof you are relieved of further duty at CG Surplus Warehouse, Seattle, Washington and from all duty previously assigned. You are directed to proceed to Newport, Oregon, and upon your arrival thereat report to the CO, CG Group, Newport for assignment to duty at Heceta Head Light Station as relief for JOHNSTON, Charles H. (222-797) BM1c, USCG.

2. Records will be carried on transfer.

3. This order constitutes a permanent change of stations for you from Seattle, Washington to Heceta Head.

4. The public interests require this travel. Allowances for subsistence and quarters are prescribed in Art., 219(5) PandSI are applicable. **Travel at own expense is authorized in accordance with Art 423PANDSI.**

5. The expense incident to the travel herein authorized is chargeable to travel allotment symbol No. 13-20 (TONO 130591), reference to which will be made on all transportation requests.

6. You are warned that while in a travel status the intemperate use of alcoholic beverages or the discussion of Naval affairs is strictly forbidden.

423 79063 Delivered orders; departed at 0930, 29 July, 1946.

Voucher No. ____ for above
Travel Paid FEB 24 1947
In the amount of $ 22.80
Computation Transp. of dependents, Seattle, to Heceta Hd.LS, Florence, Oreg.
By H. E. Major
H. E. Major 18-423

B. K. COOK
By direction

CC: Heceta Head Light Sta.
CG Group, Newport, Ore.
Pay Seattle
Accounting
PI Cards

Ind-1
CG GROUP NEWPORT
Newport, Oregon
30 July, 1946

Voucher No. 423 3351 for above
Travel Paid 9-VIII-46
In the amount of $ 9.96
Computation Mileage Seattle, Wn to Newport, Oregon
By H E Major
H. E. Major 18-423

Arrived and reported 1515 this date and assigned duty at Heceta Head Light Sta.
M. L. NEEDLES By Direction

From: ELDER, Sidney N. (219-289), BMlc.
To: Commander, 13th. Coast Guard District

Subj: Authority to incur expense for travel of dependents, request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from ~~Seattle, Washington~~ _____ to ~~Necota Head Light Station, Oregon~~ during the month of ~~NOVEMBER~~, 1946 _____ 19 _____, in connection with order of ~~Comdr.13th.CG(pers) CG-73-531 dated 29 July, 1946~~ dated _____ 19 __, which direct a permanent change of station from ~~Seattle, Washington~~ _____ to ~~Necota Head Light Station, Oregon~~.

Name	Relationship	Date of birth of children
Winifred L. Elder	Wife	
Froelin H. Elder	Son	26 April, 1938

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by the Pay and Supply Instructions.

- - - -

COMDR13th.CGD (pra)
CG-73-531

Seattle, Washington

29 July, 1946

To: ELDER, Sidney H. (219-289), BMlc., USCG

Subj: Orders; transfer; travel.

1. Effective upon receipt hereof you are relieved of further duty at CG Surplus Warehouse, Seattle, Washington and from all duty previously assigned. You are directed to proceed to New Port, Oregon, and upon arrival thereat report to the CO, CG Group, Newport for assignment to duty at Heceta Head Light Station as relief for JOHNSTON, Charles H. (222-797), BMlc., USCG.

2. Records will be carried on transfer.

3. This order constitutes a permanent change of station for you from Seattle, Washington to Heceta Head.

4. The public interests require this travel. Allowances for subsistence and quarters are prescribed in Art., 219(5) PandSi are applicable. Travel at own expense is authorized in accordance with Art. 423, PANDSI

5. The expense incident to the travel herein authorized is chargeable to travel allotment symbol No. 13-20, TONO 130591, reference to which will be made on all transportation requests.

6. You are warned that in a travel status the intemperate use of alcoholic beverages or the discussion of Naval Affairs is strictly forbidden.

7. Delivered orders; departed at 0930, 29 July, 1946.

s/s B.K. COOK
By direction

Voucher No. 423, 3351 for above travel paid on 9-20-46 in the amount of $9.96
Computation: Mileage Seattle, Wn. to Newport, Oregon:
By: H.E. MAJOR, 18-423

Sidney H. Elder

Ind-1
CG GROUP NEWPORT
Newport, Oregon
30 June, 1946

Arrived and reported 1515 this date and assigned duty at Heceta Head Light Sta.

s/s M.L. NEEDLES, By direction

CERTIFIED TO BE A TRUE COPY
KEITH H. JORGENSON, JR.(Jg) USCG

Keith H. Jorgenson

CERTIFICATE OF DEPENDENCY

To accompany Applications for Transportation Requests and Vouchers for Reimbursement of Transportation of Dependent Children

(SUBMIT IN DUPLICATE)

Date: 4 December, 1946

I, SIDNEY H. ELDER, (219-289) EM 1c, certify that

Winifred L. Elder, lawful wife

Froelin H. Elder, Son Born 26 April, 1938

is (~~are~~) my Legitimate child (~~children~~), will be 9 Years
(Legitimate, step, adopted)

years of age (respectively) at next birthday, and is (are) member(s) of my household; that said child (children) is (are) not possessed of property or income adequate for its (their) support and education; that it is (they are) not the beneficiary (beneficiaries) either directly or through others of any trust or estate entitling it (them) to income adequate for its (their) support and education; that said child (children) is (are) in fact now and at all times solely dependent on me; that in all respects I maintain the child (children) at my own expense and from my own resources and am not reimbursed therefor directly or indirectly in any manner or form whatsoever; (*) and that evidence of the child's (children's) dependency upon me and my maintenance of it (them) has been filed with my pay accounts and is hereby made a part hereof.

Sidney H. Elder
Sidney H. Elder.
(Signature)

Rank or Rating EM1c USCG

(*) In the case of officers drawing rental and subsistence allowances with dependents, including a wife, this clause is not applicable.

NOTE.—GIVE DATES OF BIRTH OF CHILDREN.

U. S. GOVERNMENT PRINTING OFFICE 16—28562-1

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

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

UNIT	ADDRESS	DATE
HECETA HEAD LIGHT STA	FLORENCE, OREGON	16 June, 1947

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289)BM1c(AN)	Commander 13th CG District	OinC,CG GROUP NEWPORT,Ore

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
60	---	On or about 1 July,1947	24	24	23 September,1947

REASON FOR REQUEST:

To go on annual leave and to use up leave prior to re-enlistment.

My address on leave will be: I will notify my CO prior to departure.

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

Sidney H. Elder
Sidney H. Elder, BM1c (AN)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP, Newport, Oregon Date: 16 June,1947
Leave record indicates balance of 60 days' annual and --- days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)
Relief will be furnished for subject man by this unit if not available from Seattle.
Richard C. Van Hine,CBM(L)
Officer-in-Charge
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Coml3CGD(pmp) Date: 24 June, 1947
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)
B. K. COOK, By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.
COMMANDANT.

Ind.-4 Unit: CG GROUP NEWPORTA Date: 8 July, 1947
Departed at 0900 this date. This leave of absence will expire before 0900
7 8th September,1947, at and is subject to the special instructions indicated on reverse hereof.
Richard C. Van Hine, CBM(L)
Officer-in-Charge COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon,
Authority:
Signature and rank Title

Ind.-6 Unit: CG GROUP NEWPORT Sta Date: 6th September, 1947
Reported at Heceta Head Light Station 1530 this date, having taken 59 days' leave and No days' TT.
Richard C. Van Hine,CBM(L)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2 [OVER] CG GROUP NEWPORT

SRE

3

ELDER, Sidney H. 219-289 MMlc

CG GROUP NEWPORT,ORE Heceta Head Light Station Florence, Oregon

13-073 6 September,1947

1530U 60 days annual leave
6th Sept.1947 Resumption of regular Station and duties

30 Art 1936 (3) CG REGS.

1530U-6 September,1947 returned from 60 days leave of absence having previously departed at 0900U-8 July,1947. subject leave granted prior to re-enlistment. NOT AOL.

Richard C. Van Hine,CEM(L),OinC,CG Group,Newport,Ore

PAY ADJUSTMENT VOUCHER
TREAS. DEPT., U.S.COAST GUARD
CG-10104 (1-47)

mail to Group Newport

1163

Date: 2 May 1947

File or Service No.	Surname	First Name	Middle Initial
219-289	ELDER,	Sidney	H.

Designation	Pay Group Number
BMlc USCG	44

TO:

Commanding Officer ~~of~~ Commander of 13th CG District

Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station.

If the above-named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER

You are authorized and directed* to make the following (CREDIT [X] CHECKAGE [ ]) in the pay account of the above-named individual. Your entry in the pay account should show:

Amount	Appropriation	Period
$15.90	2071203.001	11/9 - 12/31/46

Name of Accountable Officer

DISPOSITION: File original with your returns. File triplicate in the individual's service record, and return signed duplicate to Commandant (FA-PR), Coast Guard Headquarters, Washington 25, D. C.

Reason

Checked for Pub. Qtrs. for period 11/9 to 12/31/46, 53 days at rate of $0.90 per day in amount $63.60
Should have been checked 47.70
Overchecked $15.90

Overcheckage occurred on pay record closed to 31 December, 1946.

W.H. ROBERTS
By direction

EBH.

*The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-PR) with a brief statement of the reason for failure to make the adjustment.

Ship or station	Date
Comdr. 13th CG District, Seattle, Wash.	13 May, 1947

Adjustment has been made as requested and copy has been returned.

Name and Signature - Officer Making Adjustment

H E Major

Authorized Certifying Officer

H. E. MAJOR, LT-490, CPC, USCG

A-5723

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

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

UNIT	ADDRESS	DATE
HECETA HEAD LIGHT STA	FLORENCE, OREGON	16 June, 1947

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289)EM1c(AN)	Commander 13th CG District	OinC,CG GROUP NEWPORT,Ore

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
60	---	On or about 1 July,1947	24	24	23 September,1947

REASON FOR REQUEST:

To go on annual leave and to use up leave prior to re-enlistment.

My address on leave will be: I will notify my CO prior to departure.

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

Sidney H. Elder
Sidney H. Elder, EM1c (AN)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP, Newport, Oregon Date: 16 June,1947

Leave record indicates balance of 60 days' annual and --- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Relief will be furnished for subject man by this unit if not available from Seattle.

Richard C. Van Hine,CEM(L)
Officer-in-Charge
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Date:

Departed at _____ this date. This leave of absence will expire before _____, at _____ and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

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

Authority:

Signature and rank — Title

Ind.-6 Unit: Date:

Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

SR

4

ELDER, Sidney H.	219-289	EM 1c
CG GROUP NEWPORT	Heceta Head Light Station	Florence, Oregon
	13-073	8 July,1947

0900U Departed on 60 days leave
8 July,1947 Annual leave.

Art 1936 (3) CG REGS

0900U-8 July departed on 60 days leave of absence prior to reenlisting.

30

Art 1936 (3)
CG REGS

Richard C. Van Hine, CWO(L),Officer-in-Charge
CG Group,Newport,Ore

File

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

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UNIT	ADDRESS	DATE
HECETA HEAD LIGHT STA	FLORENCE, OREGON	16 June, 1947

FROM (REQUESTER):	TO	VIA
ELDER, Sidney H.(219-289)BM1c(AN)	Commander 13th CG District	OinC,CG GROUP NEWPORT,Ore

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
60	---	On or about 1 July,1947	24	24	23 September,1947

REASON FOR REQUEST:

To go on annual leave and to use up leave prior to re-enlistment.

My address on leave will be: I will notify my CO prior to departure.

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

Sidney H. Elder
Sidney H. Elder, BM1c (AN)
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP, Newport, Oregon Date: 16 June,1947

Leave record indicates balance of 60 days' annual and --- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Relief will be furnished for subject man by this unit if not available from Seattle.

Richard C. Van Hine, CBM(L)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
Officer-in-Charge

Ind.-2 Unit: Com13CGD(pmp) Date: 24 June, 1947

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

B. K. COOK, By direction
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG GROUP NEWPORT A Date: 8 July, 1947

Departed at 0900 this date. This leave of absence will expire before 0900 8th September,1947, at ---------- and is subject to the special instructions indicated on reverse hereof.

Richard C. Van Hine, CBM(L)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
Officer-in-Charge

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at ---------- this date, having taken ---------- days' leave and ---------- days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

Form D-147
U. S. Coast Guard

From _____

THESE FIVE FORMS ARE FOR DISCHARGE

To _____

1. **Remarks:**
On form 550 were it shows the address of the applicant put this notation instead of address "To be paid in lump sum of $(?) in accordanc with Alnav 360-45". (If in entilted to Mustering out Payment.)

2.
Have applicant sign all copies of forms.

Return discharge to this office for completinn of face and signature by district cmdr.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H (Name, surname first) 219-269 (Service number) HMC (Rank or rating) Hoeta Head Lt Sta Florence, Ore (Unit)

*REGULAR *SPECIAL *TEMPORARY RESERVE (Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date , 19 47

To: OinC, CG Group, Newport, Oregon (Coast Guard unit)

(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
SINUSITIS	1645	9/25	9/25

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.}

John A. Herdman, MD

MAS U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

treatment at {*office / *hospital} at for

(Diagnosis) since , 19 , has been

transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) 210-209 (Service number) BM2c (Rank or rating) Route Road 14 Sta Florence, Oregon (Unit)

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

*REGULAR *SPECIAL *TEMPORARY *RESERVE (Enlistment status) Place Newport, Oregon, Date 25 September, 1947

To: Dr John A. Hardiman, MD, AAS, USPHS

Newport, Oregon

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

Sidney H. Elder, (Signature of patient)

Richard C. Van Horn, CDR(E) Officer-in-Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 25 September, 19 47

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

SINUSITIS 1645

(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 _____, 19

John A. Hardiman

John A. Hardiman, MD

AAS U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

CHECKOFF LIST

RE-ENLISTMENT OF FORMER CG OR CGR PERSONNEL

NAME, NO. & RATING _____

DATE _____ AUTHORITY _____

PERIOD & TYPE OF ENLISTMENT _____ YRS. _____ STE _____ REG.

Enlistment Contract Show Auth.for re-enlist. CHANGED TO READ-RE--ENL. ✓

2529 - Designation of Beneficiaries ✓

Servic e Record Cover ✓

Art.1,3,6,8,9, of SR ✓

Pension Affidavit ✓

~~Certification that no promises have been made~~ _____

2511-Stmt.of Cred.Service ✓

2511A- do do do ✓

2599 Change of Personnel ✓

510 - Pay Record Order ✓

~~Certified true copy of Reenlistment~~ Auth: _____

~~Orders~~ _____

~~Sight Discharge~~ _____

Change Photo fm.old to new record if immediate Re-Enl. If not, 3 NEW photos _____

Entry on Discharge Cert. _____

~~Parents' Consent(if a minor) Also, if parents, divorced, require a copy of court order, giving one parent, custody of the child. CHECK to see that same parent with custody ALSO granted consent to enlist on Form 2551~~ _____

2515 - Fingerprint Rec. ✓

2515A- Index Fingerprint ✓

~~Temp.Ident.Card~~ _____

~~Wife's Consent~~ _____

Transfer important papers from Old SR to New _____

~~Police Card~~ _____

Seattle, Washington

C13CGD(Pra)
CG-73-531

29 July, 1946

To: EIDER, Sidney H. (219-289), BM1c, USCG

Subj: Orders; transfer; travel.

1. Effective upon receipt hereof you are relieved of further duty at CG Surplus Warehouse, Seattle, Washington and from all duty previously assigned. You are directed to proceed to Newport, Oregon and upon arrival thereat report to the CO, CG Group, Newport for assignment to duty at Heceta Head Light Station as relief for JOHNSTON, Charles H. (222-797), BM1c., USCG

2. Records will be carried on transfer.

3. This order constitutes a permanent change of station for you from Seattle, Washington to Heceta Head.

4. The public interests require this travel. Allowances for subsistence and quarters are prescribed in Art. 219(5) PandSI are applicable.

5. The expense incident to the travel herein authorized is chargeable to travel allotment symbol No. 13-20 (TONO 130591), reference to which will be made on all transportation requests.

6. You are warned that while in a travel status the intemperate use of alcoholic beverages or the discussion of Nava, affairs is strictly forbidden.

7. Delivered orders; departed at 0930, 29 July, 1946.

B.K. COOK
By direction

CC: Heceta Head Light Sta
CG Group, New Port, Ore.
Pay - Seattle
Accounting
PI Cards

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

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

UNIT	ADDRESS	DATE
Heceta Light Station	Heceta Light Station	6 August 1946

FROM (REQUESTER):	TO	VIA:
Sidney H.Elder BM 1c	Comdt.13th Coast Guard Dist.	Gr.Office Newport Oregon

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
30	2	15 August 1946	0	0	23 Sept. 1946

REASON FOR REQUEST:

Annual leave

My address on leave will be: Box 7 Kennydale, Washington.

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

Sidney H.Elder BM1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG GROUP NEWPORT, Newport, Oregon Date: 8 August, 1946

Leave record indicates balance of 30 days' annual and 30 days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☒ NOT APPROVED (because) Insufficient personnel to provide relief.

Returned ☐ GRANTED ☐ NOT GRANTED (because)

M. L. NEEDLES
By Direction
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Date:

Departed at _____ this date. This leave of absence will expire before _____, at _____ and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Unit CG GROUP, Newport, Oregon

Date 18 Oct., 1946

From: Sidney H. Elder BM1c
To: Commander 13th Coast Guard Dist.
Via: CG GROUP, Newport, Oregon

Subject: Leave of absence.

1. I request 7 days' leave of absence to depart 18 Oct., 1946

2. My reason for the above request is due to sickness in the family. My address while on leave will be Box 7 Kennydale, Washington.

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

Sidney H. Elder
Sidney H. Elder (Signature)

1st Endorsement

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

Merlin L. Needles, CBM
Commanding—Executive Officer.

2d Endorsement

[a]Forwarded, approved.
Returned, granted.
Returned, not granted

[b]Forwarded, disapproved

Merlin L. Needles, CBM, CO By direction
District Commander—Commanding.

3d Endorsement

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

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

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

Commandant.

[OVER]

16—8556-1

F818 (3-46)

PACIFIC TELEGRAM

CLASS OF SERVICE

Full Rate		Day Letter	SYMBOL DAY L	Night Letter	SYMBOL N L

IF NEITHER OF THE TWO SYMBOLS SHOWN ABOVE APPEARS AFTER THE CHECK (NUMBER OF WORDS) THIS IS A FULL RATE TELEGRAM. OTHERWISE ITS CHARACTER IS INDICATED BY THE SYMBOL APPEARING AFTER THE CHECK.

CHECK:

15 PD DBS 8 GOVT NEWPORT OREGON 137PM OCT 23 1946

TO:

SIDNEY H ELDER BM1C

CARE WESTERN UNION RENTON WASH

SEVEN DAY EXTENSION GRANTED TO RETURN 2 NOVEMBER

M L NEEDLES

140PM

This Telegram was read to

MRS. WINIFRED FLATEBO AT 5771 (SISTER)

AT 159PM BY 934 DATE OCT 23 1946

NCG 2519
(Revised Nov. 1939)

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Unit CG GROUP, Newport, Oregon

Date 18 Oct., 1946

From: Sidney H. Elder BM1c
To: Commander 13th Coast Guard Dist.
Via: CG GROUP, Newport, Oregon

Subject: Leave of absence.

1. I request 7 days' leave of absence to depart 18 Oct., 1946

2. My reason for the above request is due to sickness in the family. My address while on leave will be Box 7 Kennydale, Washington.

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

Sidney H. Elder
Sidney H. Elder
(Signature)

1st Endorsement

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

Merlin L. Needles
Merlin L. Needles, CBM
Commanding—Executive Officer.

2d Endorsement

[a]Forwarded, approved.
Returned, granted.
Returned, not granted

[b]Forwarded, disapproved

Merlin L. Needles
Merlin L. Needles, CBM, CO By direction
District Commander—Commanding.

3d Endorsement

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

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

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

Commandant.

[OVER]

16—8556-1

INSTRUCTIONS

Leave of absence will be granted in accordance with regulations.

When action by Headquarters is required upon an application for leave, this form will be submitted to Headquarters in triplicate.

This form will be used in all cases where leave of absence is granted to commissioned and warrant officers and enlisted men.

In cases where leave of absence is granted to a commissioned or warrant officer without reference to Headquarters, copy of this form will be forwarded to Headquarters immediately.

The following will be completed and forwarded to Headquarters in all cases where extension of leave of absence is granted to commissioned or warrant officers.

This form will not be used for requesting sick leave.

EXTENSION OF LEAVE OF ABSENCE

ELDER, Sidney H., B — (Name)

BM1c — (Rank or rating)

has this date 23 October, 19 46, been granted 17 days' extension of leave of absence, the same to take effect upon expiration of leave of absence indicated on the reverse side of this form.

R. G. MOHR — (Name)

Ship's Clerk

U. S. C. G.

By direction, Com13CGD(pmp)

District Commander—Commanding.

NOTE.—In reporting extensions of leave of absence, due care will be exercised to see that both sides of form are completed.

U. S. GOVERNMENT PRINTING OFFICE : 16—8556-1

NAVCG 2705
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

Elder

C. O. Order No. 157-46

CERTIFICATE OF ASSIGNMENT OF QUARTERS TO DEPENDENTS OF ENLISTED MEN (FIRST THREE PAY GRADES)

For the month of August, September, October, November & December, 1946, 19

CG GROUP, NEWPORT, OREGON

(Ship or station)

I CERTIFY that during the period indicated the enlisted men named below were assigned public quarters without charge for the use of their dependents and that there were no quarters assigned or occupied by or available for assignment for the dependents of other enlisted men at this station during the month stated.

SERVICE NO.	SURNAME	FIRST NAME	INITIAL	PERIOD (For month as stated above unless otherwise indicated)	
				From—	To—
215-648	NEEDLES,	Merlin	L.	8-27-46	11-30-46
219-289	ELDER,	Sidney	H.	11-9-46	12-31-46
110-476	VAN HINE,	Richard	C.	12-20-46	12-31-46

Richard C. Van Hine, CBM

(Name and signature)

Commanding Officer
CG GROUP, Newport, Ore

D. O. Certificate.—No rental allowance has been credited to the above listed enlisted men.

(D. O. Symbol number)

(D. O. Signature)

U. S. GOVERNMENT PRINTING OFFICE 16—87047-1

Newport, Oregon

CG GROUP

CG-73-531

30 December, 1946

From: CO CG Group. Newport, Oregon
To: Commander, 13th Coast Guard District (p)

Subj: ELDER, Sidney H. (219-289) BM1c, original orders of, request for

1. It is requested that the files in the 13th District Coast Guard Office be checked in an effort to locate the original orders of subject man.

2. Subject man was transferred from the Surplus Warehouse, Seattle, Washington, Seattle, Washington, to CG Group Newport, Oregon for assignment to duty at Heceta Head Light House, Florence, Oregon, under orders dated 29 July, 1946 CG-73-531. Subject orders were submitted to Seattle to substantiate his claim for travel expense at the time of this transfer and it is not known if the original orders were returned with the file copy of his voucher. The files of this unit, as well as the files at Heceta Head Light Station were searched with negative results. Subject man now desires to claim reimbursement for travel of his dependants which cannot be accomplished until such time as the original orders are found.

3. In event the original orders cannot be located it is requested that this unit be informed as to what action will be necessary before subject man can submit a claim for travel of dependants.

Richard C. Van Hine.

CC: To voucher section

SR

7.

REPORT OF CHANGE IN PERSONN

UNITED STATES COAST GUARD

NAVCG-2598 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
KLEE, Sidney H.	219-289	Bklr

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Newport, Oregon	Heceta Head Light Station	Florence, Oregon

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 12 Nov. 1946

TIME 0700
DATE 12 Nov. 1946

REPORTED FROM: 7 days leave of absence plus 17 days extension,
FOR to resume regular duties.

DUTY CODE NO. 30

AUTH: Art. 1936 (2) Regs. 18 Oct. 1946

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

Richard C. Van Hine
Richard C. Van Hine, CDR, CO, CG GROUP
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

423 9069

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. .....
Bu. Vou. No. .....

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

PAID BY
E. J. BRENNAN
CHIEF DISBURSING OFFICER
TREASURY DEPARTMENT
FEB 24 1947
DATE OF PAYMENT
SYMBOL 18-423
(For use of paying office)

THE UNITED STATES, DR.,

To Sidney H. Elder, BMlc, USCG (219-289)
Address Heceta Head Light Station
Florence, Oregon (38)

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from ..... 19....., to ....., 19....., as per itemized statement within, under authority No. ..... dated ....., 19....., copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19....., by ..... (Name of disbursing officer)

Transportation of dependents

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence		
Other	22	80
Travel		
TOTAL		

(Payee must not use this space)

Differences		
Amount verified; correct for	22	80
(Signature or initials)		

MEMORANDUM

22.80
CERTIFIED FOR PAYMENT $ 22.80
JAMES MORRISON
Certifying Officer
FEB 21 1947

The next previous voucher paid under the same travel authority was: D. O. Vou. No. .....

James Morrison, Lt. Comdr. USCG
Finance Officer
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
2071203.001	Pay & Allowances, Coast Guard, 1947	22.80	22.80

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
13-20 TONO. 130591 Tr.Auth. 131151			101		0213	22.80

Paid by Check No. 35912, dated FEB 24 1947, to ....., for $ 22.80 } on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42615-1

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters ..... see below ..... (Date) ..... (Hour)
2. Give duty status on first day of voucher period:

Arrived at ..... on ....., 19....., for temporary duty for approximate period .....

Approximate date of return to official headquarters ....., 19.....

DATE 1946	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB-** VOU. No.	AMOUNT CLAIMED SUBSISTENCE†		OTHER	
	Reimbursement for transportation of dependents:					
	Wife - Winifred L. Elder					
	Son - Preelin H. Elder, born 26 April, 1938					
	My last permanent duty station was Seattle, Washington					
	My new permanent duty station is Heceta Head Light Station, Florence, Oregon					
	Reimbursement is claimed in accordance with AlCoast 82-46, and Article 456, P&SI					
	Dependents were located at Kennydale (Seattle), Washington when change of station orders were received and traveled by private conveyance as follows:					
	Departed Kennydale (Seattle), Wash. 0700, 9 Nov. 1946					
	Arrived Heceta Head Light Sta., Florence, Oreg., 1900, 9 Nov. 1946					
	Seattle, Wash. to Florence, Oregon, 380 miles at 4¢ per mile				15	20
	" " " 380 miles at 2¢ per mile for son				7	60
	Dependents were last moved at Govt. expense from Ketchikan, Alaska to Kennydale, Wash. in May, 1942 under Evacuation Orders during the war.					
	TOTALS (to be carried forward to continuation sheet, if necessary)				22	80

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL TO—	FOR REIMBURSABLE ITEMS ONLY MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier
				"I CERTIFY EXCEPT AS NOTED HEREON THAT NO PRIOR CLAIM HAS BEEN PRESENTED BY ME OR BY ANY MEMBER OF MY FAMILY FOR THE REIMBURSEMENT FOR TRANSPORTATION OF DEPENDENTS AS CLAIMED HEREIN AND THAT NO TRANSPORTATION IN KIND HAS BEEN FURNISHED THEREFOR."				
				Sidney H. Elder, BMlc, USCG				
				TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)				

*Railroad, steamship, airplane, bus, motor vehicle, etc. Appropriate class of service or accommodations used—Railroad: F, first class; I, intermediate; M, mixed; C, coach; P, pullman accommodations: DR, drawing room; CP, compartment; BR, bedroom; SOS, single occupancy section; SEC, section; LB, lower berth; UP upper berth; S, seat. Motor vehicle: GA, Government automobile or motorcycle; PO, privately owned automobile or motorcycle.

GPO 16—42615-1

Newport, Oregon

CG GROUP

CG-73-531

27 January,1947

From: OinC, CG Group, Newport, Oregon
To: Commander, 13th CG District, Seattle, Washington (p)

Subj: ELDER, Sidney H.(219-289),BM1c, authority to incur expense,travel of dependents, request for

1. Authority is requested to Incur Expense for travel of the dependents of subject named man.

2. Subjects dependents were transported during the month of November,1946, from Kennydale, Washington to Heceta Head Light Station, Florence, Oregon via private conveyance.

3. The original orders covering Elders transfer are attached hereto.

Richard C. Van Hine

Incl:
Original travel orders of Elder,Sidney H.

All papers submitted
Signed Voucher
Certificate of dependency
authority to incur Expense
original orders etc
2-18-47
RVH

C13CGD (pra)
CG-73-531

29 July, 1946

To: ELDER, Sidney H. (219-289) EM1c, USCG

Subj: Orders; transfer; travel

1. Effective upon receipt hereof you are relieved of further duty at CG Surplus Warehouse, Seattle, Washington and from all duty previously assigned. You are directed to proceed to Newport, Oregon, and upon your arrival thereat report to the CO, CG Group, Newport for assignment to duty at Heceta Head Light Station as relief for JOHNSTON, Charles H. (222-797) EM1c, USCG.

2. Records will be carried on transfer.

3. This order constitutes a permanent change of stations for you from Seattle, Washington to Heceta Head.

4. The public interests require this travel. Allowances for subsistence and quarters are prescribed in Art., 219(5) PandSI are applicable. Travel at own expense is authorized in accordance with Art 423PANDSI.

5. The expense incident to the travel herein authorized is chargeable to travel allotment symbol No. 13-20 (TCNO 130591), reference to which will be made on all transportation requests.

6. You are warned that while in a travel status the intemperate use of alcoholic beverages or the discussion of Naval affairs is strictly forbidden.

7. Delivered orders; departed at 0930, 29 July, 1946.

B. K. COOK
By direction

CC: Heceta Head Light Sta.
CG Group, Newport, Ore.
Pay Seattle
Accounting
PI Cards

Ind-1
CG GROUP NEWPORT
Newport, Oregon
30 June, 1946

Arrived and reported 1515 this date and assigned duty at Heceta Head Light Sta.
M. L. NEEDLES By Direction

Form No. 1012a—Revised
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
July 19, 1937 (Amended Oct. 30, 1942
General Regulations No. 88

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 3354
Bureau No. _____

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

THE UNITED STATES, Dr., NAVY DEPARTMENT - COAST GUARD

To Sidney H. Elder

CG Cutter; Address: Newport

Newport, Oregon (38)

(Official Headquarters) (Residence (For use of Postal Service only))

PAID BY
E. J. BRENNAN
CHIEF DISBURSING OFFICER
TREASURY DEPARTMENT
SEP 20 1946
DATE OF PAYMENT
SYMBOL 18-423
(For use of Paying Office)

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 29 July, 1946, to 30 July, 1946, as per itemized statement within, under authority No. 73-531 dated 29 July, 1946, copy of which is attached,* or has been previously furnished with voucher No. _____, paid _____, 19____, by _____
(Name of disbursing officer)

AMOUNT	
DOLLARS	CENTS
$ 9	96

(Payee will NOT use this space)

Differences _____

Account verified correct for $ _____

(Signature or initials) _____

Sidney H. Elder
BM1c USCG 219-289

MEMORANDUM

The next previous voucher paid under the same travel authority was: D. O. Vou. No. _____, paid _____
(Date)

9.96
CERTIFIED FOR PAYMENT $ 9.96
9 Sept., 1946 JAMES MORRISON
Certifying Officer

M.L. NEEDLES
By Direction

ACCOUNTING CLASSIFICATION (For completion by administrative office)

Appropriation, Limitation or Project Symbol	Appropriation Title	Limitation or Project Amount	Appropriation Amount
2171203.001	Pay & Allowances, Coast Guard, 1947	$9.96	$ 9.96

Allotment Symbol	Amount	Obligations Liquidated	Cost Account Symbol	Cost Account Amount	Objective Classification Symbol	Objective Classification Amount
13-20 7010-130591	$		13-101	$	0231	$ 9.96

Paid by { Check No. 11129, dated SEP 20 1946, 19____, for $ 9.96 } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____ }

SIGN ORIGINAL ONLY

_____
(Signature of payee)

*If there was no prior authority state circumstances which rendered securing prior authority impracticable.

16—23954-2

ITEMIZED SCHEDULE OF TRAVEL AND OTHER EXPENSES

1. Date and hour of departure from official headquarters ---------- (Date) ---------- (Hour)
2. Give duty status on first day of voucher period:
   Arrived at ---------- on ----------, 19------,
   for temporary duty for approximate period ----------
   Approximate date of return to official headquarters ----------, 19------

GENERAL INSTRUCTIONS

1. The provisions of the travel regulations must be strictly observed in order to avoid suspensions and disallowances of amounts claimed.
2. When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
3. If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.
4. Expenditures should be shown by the day and fully explained.
5. Time of departure and arrival from each point of travel should be stated in chronological order in the body of the account.

DATE 19------	CHARACTER OF EXPENDITURE	SUB-VOU. No.	AMOUNT		NOTATIONS
			SUBSISTENCE	OTHER	(Payee must not use this column)
	FOR REIMBURSEMENT OF TRAVEL THAT WAS PERFORMED AT OWN EXPENCE AS PER ORIGINAL ORDERS ATTACHED				
7/29/46	0930 Departed CG Surplus Warehouse, Seattle, Washington				
7/30/46	1515 Reported CO, CG GROUP, Newport, Oregon				
	MILEAGE 332 Seattle, Washington to Newport, Oregon miles @ three (3) cents per mile			9.96	
	All travel performed at own expense.				
	NO GOVERNMENT TRANSPORTATION OF ANY KIND FURNISHED				

UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMDR.13th. CG DISTRICT

Seattle, Washington

REFER TO FILE
CG-531

3 January, 1947

From: Commander, 13th. Coast Guard District.
To: Commanding Officer, CG Group, Newport, Oregon

Subject: ELDER, Sidney H. (219-289), BM1c; original orders; information concerning.

1. In reference to your letter of 30 December, 1946 (File: CG-73-531), you are advised that the original orders of subject man are not on file in this office. However, carbon copies of subject orders are on file, copies of which are furnished herewith.

2. If the original orders cannot be located at subject man's present unit it will be necessary for him to refer to Coast Guard Headquarters for necessary authorization for transportation of dependents. He should furnish six copies of his original orders, six completed forms D-220, attached herewith, and in addition, the following statement will be necessary:

> "I hereby certify that my original orders have been lost; that reimbursement for travel of dependents has not been received; and that if original orders are located at a subsequent date, no further claim will be submitted".

3. Submit all papers to Coast Guard Headquarters via this office.

R. J. MOHR,
By direction

Incl: 1. Six copies of Form D-220
2. six copies of original orders.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

CG-4708-2M (REV. 9-48)

7

ELLER, Sidney H.	219-269	BM1
GROUP YAQUINA BAY, Newport, Ore.	Umpqua Head Light Station	Florence, Oregon
13th CG District Seattle, Wash.	13-073	12 February, 1949

16150
12 February, 1949

CG BASE, Seattle, Washington
Resumption of regular station and duties

CO. GROUP YAQUINA BAY, Travel orders dated 2-5-49

F.E. Barnett, CHCEM, CO. Group Yaquina Bay,
Newport, Oregon

Payroll Particulars			
Pay	District	Foreign Domestic	Duty

Detail	Pay	Foreign Domestic	Duty

Indexes	
Index	Coding

Machine Accounting
Punched
Verified

...RT OF CHANGE IN PERSONNEL
...ITED STATES COAST GUARD
...AVCG-2599 (REV. 6-45)

No. 45

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Commander, 13th CG District	DISTRICT TRANSIENT ROLL	Seattle, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-001	13-001	11 February, 1949

TIME 1030
DATE 2-9-49
REPORTED FROM:
FOR OPT, USMH, Seattle, Wn., pending further outpatient treatment and resumption of regular duty at Heceta Head LS.

DUTY CODE NO.
AUTH: Art. 3002 (1) Regs

TIME 1200
DATE 2-9-49
TRANSFERRED TO:
FOR CG Base, Seattle, Wn., for OPT, USMH, Seattle pending resumption of regular duty at Heceta Head LS.

AUTH: Ind-3/C13 on Group, Yaquina Bay/L 2-5-49 (73, 531)

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

SERVICE RECORD COPY

CC: Group, Yaquina Bay, Newport, Ore.

DUTY CODE NO.
AUTH:

ELMER WINBECK
(Commanding)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

RECEIVED
FEB 13 1949
NEWPORT, OREGON

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

B

No. 5

ELDER, Sidney H. 219-289 BM1

GROUP YAQUINA BAY, Newport, Ore. Heceta Head Light Station Florence, Oregon

13th CG District Seattle 13 - 073 8 February, 1949

0700U U.S. MARINE HOSPITAL, Seattle, Washington
8 February, 1949 Medical treatment

Com 13th CGD/D 050020Z (February) TOHO 131688

F.E. BARNETT, CBOSN, CO GROUP YAQUINA BAY, NEWPORT, ORE.

TC88, 186

STATEMENT OF TRAVEL

MODE OF TRAVEL (show abbreviated name of carrier and class of service used)	Greyhound Bus Co. ELDER S.H.
Agent's Valuation of ticket	$6.65
FROM	FLORENCE ORE.
TIME OF DEPARTURE ____ DATE ____	
TO	SEATTLE, WASH.
TIME OF ARRIVAL ____ DATE ____	
REMARKS	

THIS STUB IS FOR TRAVELER'S USE

Newport, Oregon

5 February, 1949
File: CC-73-531

TONO 131688

...roup Yaquina Bay, Oregon
...ey H. (219-289) BMI
...Charge, Heceta Head Light Station

...mporary duty, travel, medical treatment

1. Upon receipt hereof you will proceed to Seattle, Washington, and upon arrival thereat you will report to the Medical Officer in Charge, U.S. Marine Hospital, Seattle, Washington, for such medical treatment as he may deem necessary in your case. Upon completion of this temporary duty and when so directed by competent authority you will return to your regular Station and duties.

2. The public interests require this travel and it is authorized chargeable against district travel allotment, symbol 13-20, TONO 131688, reference to which will be made on all travel and/or reimbursement vouchers.

3. Travel in conjunction herewith may be made at own expense if so desired, in this connection attention is invited to Art. 438(1) PAMDSI. Allowances for subsistance and quarters as prescribed in Art. 439, PAMDSI are applicable in this case.

4. You are herewith handed your health record for safe delivery to the Medical Officer in Charge, U.S. Marine Hospital, Seattle, Washington.

5. Issued Government transportation request No.TC88,186 issued on Greyhound Bus Co. for transportation from Florence, Oregon to Seattle, Washington.

F.E. Barnett.

CC: Personnel
Pay
Acctg
HQ.

Ind-5

11 February, 1949
File: 73, 531

From: Commanding Officer, CG Base, Seattle, Washington
To: ELDER, Sidney H. (219-289) BM1, USCG - PRESENT

1. You reported to this unit in accordance with indorsement three of basic orders at 1010 this date for temporary duty and outpatient medical treatment at the USMH, Seattle, Washington.

2. In accordance with basic orders and since you have been released as fit for duty by indorsement four thereon, you are directed to proceed to Florence, Oregon and upon arrival thereat report to the OinC, Heceta Head Light Station for resumption of regular duty.

3. You were issued Government Transportation Request No. TC87,732 for transportation from Seattle, Washington to Florence, Oregon and CGMTs. Nos. 1369065 to 1369067, inclusive, for three (3) meals enroute.

4. Delivered and departed at 1100 this date.

L. O. ENGELL,
Acting.

Ind. 6
Heceta Head Light Station
Florence, Oregon.

12 February, 1949

1. Reported aboard this unit at 1615 this day and date, and resumed regular duty at 2400.

2. Attached herewith is meal ticket No. 1369067, not used in transit.

Clifford B. Hermann, Keeper. (oinc)

1369067 Cancelled and Mailed to CO 13th ND - FEB

Ind.-2
C.G. Represenative, U.S. Marine Hospital, Seattle, Washington
9 February, 1949

Reported for treatment 0845 -2/9/49

1. Having been seen in outpatient status, you will now report to the Personnel Officer, 13th. Coast Guard District, New World Life Bldg., 616 Second Avenue, Seattle, Washington for further orders.

2. You are now fit for duty, return Friday 11 February, 1949 at 1000 for further outpatient treatment.

3. Departed 1115 this date.

J.M. ORTBLAD
By direction

Ind-3
CCGD13(pmp)
Seattle, Washington 9 February, 1949

1. Having reported this office 1030 this date you are directed to report to CO, CG Base, Seattle, Washington for OPT, USMH, Seattle pending resumption of regular duty.

2. You are granted 48 hours liberty enroute to expire prior 1200, 11 February, 1949.

3. Delivered and departed 1200 this date.

ELMER WINBECK
By direction

Ind.-4
CG Represenative, U.S. Marine Hospital, Seattle, Washington
11 February, 1949

Reported 0820 this date.

1. Having now completed outpatient treatment, you will now return to the USCG BASE, 27th & Commodore Way, Seattle, Washington for further orders.

2. You are now fit for duty.

3. Departed 0915 this date.

J.M. ORTBLAD,
By direction



UNITED STATES COAST GUARD
Newport, Oregon

ADDRESS REPLY TO
Group Yaquina Bay, Oregon
AND REFER TO

5 February, 1949
File: CG-73-531

TONO 131688

From: Commander, Group Yaquina Bay, Oregon
To: ELDER, Sidney H. (219-289) BM1
Via: Officer in Charge, Heceta Head Light Station

Subj: Orders, temporary duty, travel, medical treatment

1. Upon receipt hereof you will proceed to Seattle, Washington, and upon arrival thereat you will report to the Medical Officer in Charge, U.S. Marine Hospital, Seattle, Washington, for such medical treatment as he may deem necessary in your case. Upon completion of this temporary duty and when so directed by comptent authority you will return to your regular Station and duties.

2. The public interests requires this travel and it is authorized chargeable against district travel allotment, symbol 13-20, TONO 131688, reference to which will be made on all travel and/or reimbursment vouchers.

3. Travel in conjunction herewith may be made at own expense if so desired, in this connection attention is invited to Art. 438(1) PANDSI. Allowances for subsistance and quarters as prescribed in Art. 439, PANDSI are applicable in this case.

4. You are herewith handed your health record for safe delivery to the Medical Officer in Charge, U.S. Marine Hospital, Seattle, Washington.

5. Issued Government transportation request No.TC88,186 issued on Grayhound Bus Co. for transportation from Florence, Oregon to Seattle, Washington.

F.E. Barnett.

CC: Personnel
Pay
Acctg
HQ.

Ind-1
Heceta Head Light Station
Florence, Oregon

8 February, 1949
File: CG-73-531

1. Delivered and departed at 0700 this date and place.

Clifford B. Hermann, Keeper.(OinC)

2/9/49

Standard Form No. 1012a (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. 423 17755
Bu. Vou. No. .....

PAID BY
PAUL D. BANNING
CHIEF DISBURSING OFFICER
TREASURY DEPARTMENT
JUN 8 1948
DATE OF PAYMENT
SYMBOL 18-490
(For use of paying office)

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

THE UNITED STATES, DR.,

To Sidney H. Elder, (219-289) BM1
Address Heceta Head Light Station
Florence, Oregon (38)

(Official duty station) (Residence (For use of Postal Service only))

FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from 10 May, 19 48 to 12 May, 19 48, as per itemized statement within, under authority No. TOIO 132368 dated 4 May, 19 48, copy of which is attached,* or has been previously furnished with Voucher No. ....., paid ....., 19 ....., by .....
(Name of disbursing officer)

AMOUNT CLAIMED		
FOR—	DOLLARS	CENTS
Subsistence	7	00
Other	2	00
Travel	11	07
TOTAL	20	07

(Payee must not use this space)
Differences .....
Amount verified; correct for .....
(Signature or initials) .....

Sidney H. Elder, (219-289)
22 May, 1948 BM 1

MEMORANDUM

F.E.BARNETT, CH.BOS'N, USCG

20.07 JUN 1 - 1948 R. L. EDWARDS,
CPC, USCG

The next previous voucher paid under the same travel authority was: D. O. Vou. No. ....., paid .....
(Date)

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)
2081200.200	86E CG-1948	20.07	20.07

ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
13-20 TOIO 132368			303		0232	20.07

Paid by Check No. 95733, dated JUN 8 1948, 19....., for $20.07 {on Treasurer of the United States in favor of payee named above.

MEMORANDUM

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for $....." and over his official title.

16—42815-1

1. Date and hour of departure from official headquarters ..... (Date) ..... (Hour)

2. Give duty status on first day of voucher period:

Arrived at ..... on ....., 19....., for temporary duty for

approximate period .....

Approximate date of return to official headquarters ....., 19.....

DATE 19--48	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB.** VOU. No.	AMOUNT CLAIMED SUBSISTENCE†		OTHER	
5-10	Reported Hecata Head Light Station, Florence, Ore 1000U		2	00		
5-11	Arrived Seattle Base, Seattle 0730U and departed 1100U		2	00	2	00
5-12	Arrived Hecata Head Light Station, Florence, Ore 1500U		3	00		
	Travel Hecata Head to Seattle Washington was procured at own expense and no part of the travel was performed on transportation request or via Gov't conveyance. Also no subsistance is claimed which was furnished by the Gov't. No meal tickets or cash for subsistecne advanced by the Govt. No Govt. quarters available enroute Seattle to Hecata Head. Sidney H. Elder, Lt 1					
	Travel Hecata Head to Seattle, Washington 369 miles @ 03¢ per mi				11	07
	Subs $7.00 Qtrs $2.00 Travel $ 11.07 Total 20.07					
	TOTALS (to be carried forward to continuation sheet, if necessary)		7	00	13	07

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL FROM— (Also show meter readings when travel was by automobile)	POINTS OF TRAVEL TO— (Also show meter readings when travel was by automobile)	FOR REIMBURSABLE ITEMS ONLY: MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED Include cash paid public carrier

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

ADDRESS REPLY TO
COMMANDER
13TH COAST GUARD DISTRICT (p)
AND REFER TO FILE: CG-73
531

SEATTLE 4, WASHINGTON

4 May, 1948

From: Commander, 13th CG District
To: ELDER, Sidney H. (219-289) BM1c, USCG

Via: CO, CG Heceta Head Light Station

Subj: Orders; temporary duty; travel

1. Upon receipt hereof and when so directed proceed to Seattle, Wash., and upon arrival thereat report to the CO, CG Base, for assignment to temporary duty in order to accept truck #T-11142 at that place. Upon completion of this temporary duty and when so directed, return and deliver truck #T-11142 to CG Heceta Head Light Station and resume your regular duties.

2. Travel necessary to the execution hereof is required by the public interests and is authorized, chargeable against 13 CG District Travel Allotment Symbol 13-20, TONO 132368.

3. Allowances for subsistence and quarters as prescribed by Art.439, P&SI, are applicable in this case. Travel at own expense and/or by privately-owned conveyance is authorized in accordance with Art.438 P&SI.

4. Records and accounts will be carried by you on transfer.

5. You will not be granted proceed time under these orders.

S. R. SANDS, Jr.,
By direction

CC: CGB, Seattle
Pay
File

JUN 1 - 1948
Certified for payment (Date)
Travel performed May 10-12, 1948
Between Heceta Head and Seattle, Wash.
X TSA & Trans. Exp. $20.07
Accounts of PAUL D. BANNING, CDO
Vou. # 423 17755 Date JUN 8 1948

R. E. Edwards, CPC, USCG
Authorized Certifying Officer

Ind. 1
Heceta Head Light Station
Florence, Oregon.

10 May, 1948

1. Delivered the above orders and departed at 1000 U this date and place.

2. All travel performed at own expense, no Govt. transportation of any kind furnished.

Clifford B. Hermann.

Clifford B. Hermann, Keeper
(OinC)

Ind-2
CG BASE
Seattle, Washington

11 May, 1948

Reported to this unit 0730 this date for TD in connection with picking up truck T 11142.

Departed this unit 1100 this date for delivery of truck T-11142 to Heceta Head Light Station, Florence, Oregon and for resumption of regular duty.

Roy Stockman

ROY STOCKMAN, Lieut., USCG
Personnel Officer

Ind-3
Heceta Head Light Station
Florence, Oregon

12 May, 1948

Reported to this unit 1800 this date with truck T-11142 and resumed regular duties.

Transportation from CG base Seattle was by Govt. vehicle.

Clifford B. Hermann

Clifford B. Hermann, Keeper
(OinC)

ELDER, Sidney H. 219-289 EM 1

CG GROUP NEWPORT Heceta Head Light Station Florence, Ore

13th CG Dist 13-073 12 May,1948

1800U
12 May,1948 Temporary duty Seattle,Wash
Resumption of regular Station and duties

30 Com.13th CG Dist/L 4 May,1948-CG-73-531 (p)

1000U
10 May,1948 CG Base Seattle, Wash
Temporary duty to accept delivery of new truck.

Com 13th CG Dist/L 4 May,1948-CG-73-531-(p)

1000U-10 May,1948, departed for CG Base Seattle, Washington to accept delivery of new truck.

1800U-12 May,1948, returned to Heceta Head Light Station, Florence, Oregon, temporary duty completed, and resumed regular Station and duties.

Above P.M.BARNETT,CH.BOS'N,CO. CG Group Newport,Ore

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

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

UNIT	ADDRESS	DATE
Heceta He ad Lt Sta	Florence, Oregon	7 August, 1948

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289)BM1	CO, GROUP YAQUINA BAY,NEWPORT,Ore	Keeper Heceta Head

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
4	--	On or about 23 August'48	None	14	23 September,1948

REASON FOR REQUEST:

To bring my wife home from the Marine Hospital,Seattle,Wash

My address on leave will be: 630 Sunset Blvd, % Mrs R.C.Storey, Renton, Washington Tel No.

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

Sidney H. Elder.
Sidney H. Elder, BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Heceta Head Lt Sta, Florence,Ore Date: 7 August, 1948
Leave record indicates balance of 17 days' annual and No days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

Clifford B. Hermann.
Clifford B. Hermann, Keeper
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Group Yaquina Bay,Newport,Ore Date: 7 August,1948
~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~
Returned ☒ GRANTED ~~☐ NOT GRANTED (because)~~

F.E.Barnett
F.E.BARNETT, CBOSN
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Head Lt Sta(Group Yaquina Bay) Date: 23 August,1948
Departed at 0600T this date. This leave of absence will expire before 0845T 28 August,1948, at Heceta Hd Lt Sta,Florence,Ore and is subject to the special instructions indicated on reverse hereof.

Richard C. Van Hine
Richard C. Van Hine
~~COMMANDING—EXECUTIVE—PERSONNEL OFFICER.~~
CO(Acting) Group Yaquina Bay,Newport,Ore

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank — Title

Ind.-6 Unit: Heceta Head Lt Station Date: 27 August,1948
Reported at 1700T this date, having taken 4 days' leave and NO days' TT.
1700-27th

F.E.Barnett
F.E.BARNETT,CBOSN, CO, Group Yaquina Bay
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Yaquina Bay Light Sta

ELLER, Sidney H (Name, surname first) 239-209 (Service number) WSp (Rank or rating) Yaquina, Ore (Unit)

FINAL MEDICAL CERTIFICATE

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

Place Newport, Oregon, Date 31 December, 19 47

To: CO, CG Group Newport
(Coast Guard unit)

Newport, Oregon
(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

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.

Dr John A. Hardiman

MC *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ (Diagnosis) since _____, 19 , has been

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Elder, Sidney H. (Name, surname first) 229-269 (Service number) HMC (Rank or rating) Coast Guard Lt Sta Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 22 December, 19 47

To: Dr John A. Hardiman, AAS, USPHS

Newport, Oregon

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

Sidney H. Elder (Signature of patient)

P. A. Barker, CHBOSN

Commanding U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 22 December, 19 47

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

Final immunization for typhoid

(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 _____, 19

Dr John A. Hardiman,

AAS U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

APPLICATION FOR LEAVE OF ABSENCE

UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

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

UNIT	ADDRESS	DATE
Heceta Head Lt Station	Florence, Oregon	12 December, 1947

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H. (219-289) BM1c	CO, CG Group, Newport, Oregon	---

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15	---	13 December, 1947	60	0	23 September, 1948

REASON FOR REQUEST:

To be with wife who is seriously ill.

My address on leave will be: Route 3, Box 145, Renton, Washington, % Mrs R.C. Storey, Phone

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

Sidney H. Elder, BM1c
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG Group Newport, Ore Date: 12 December, 1947

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

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

Authorized by Com 13CGD disp 120028Z(Dec)

F.E. BARNETT, Ch. Bos'n
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Hd Light Station Date: 13 December, 1947

Departed at 0600 this date. This leave of absence will expire before 0900 29 December, 1947, at HHLS, Florence, Ore and is subject to the special instructions indicated on reverse hereof.

F.E. BARNETT, CH. BOS'N
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.
CG Group Newport, Oregon

Ind.-5 Unit: Date:

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

Authority:

Signature and rank Title

Ind.-6 Unit: Date:

Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16-40220-2

[OVER]

HLINE, Sidney H.	219-289	EM 1c
CG GROUP NEWPORT	Necote Head Light Station	Florence, Oregon
13th CG Dist	13-073	23 December, 1947

COOU
13 December, 1947

Departed on 15 days leave.
Emergency leave.

Comdr 13th CG District dispatch 122023Z (Dec)& Comdt Circ 31-47

F.E. BARRETT, CH.BOS'N, CG, CG Group, Newport, Oregon

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

ELLER, Sidney E. | 229-269 | HM 1c | (Yaquina Bay Lt Sta.) CG Group, Newport, Ore

FINAL MEDICAL CERTIFICATE

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

Place _____, Date _____, 19

To: CO, CG Group Newport, Newport, Ore
(Coast Guard unit)

_____
(Address)

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

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

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.}

_____

_____ *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

(Route thru 14th Dist.)
CG GROUP
Newport, Oregon

ELDER, Sidney H. | 219-289 | HM 1c | (Unit)

(Name, surname first) (Service number) (Rank or rating)

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

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

Place Newport, Oregon, Date 11 December, 19 47

To: Medical Officer in Charge US MARINE HOSPITAL,
Seattle, Washington

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

Sidney H. Elder, HM1c
(Signature of patient)

F.E. BARRETT,
Ch. Boats
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place _____, Date _____, 19

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

(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 _____, 19

_____
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG-2592

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H (Name, surname first) 219-269 (Service number) HM2c (Rank or rating) Route Road 1A Sta Florence, Ore (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date _____, 19 47

To: CinC, CG Group, Newport, Oregon
(Coast Guard unit)

_____
(Address)

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

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

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.}

John A. Herdman, MD
AAS
_____ *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BAC

Elder, Sidney H. (Name, surname first) 210-209 (Service number) Wile (Rank or rating) Route Yard 14, Sta Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 25 September, 1937

To: Dr John A. Hardison, MD, AAS, USPHS
Newport, Oregon

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 CG Group, Newport, Oregon

Sidney H. Elder (Signature of patient)

Richard C. Van Horn, CDR(L)
Officer-in-Charge
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 25 September, 19 37

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

(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 _____, 19

John A. Hardison, MD
AAS
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

No. 2-123

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	CG BASE	Seattle, Wn.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-007		11 Feb., 1949

TIME
DATE 1010 11 Feb., 1949

REPORTED FROM:
FOR HECETA HEAD LS, via C13CGD, 48 hrs liberty enroute, outpatient treatment USMH, Seattle, Wn., pending resumption of regular duty.

DUTY CODE NO. 57 D

AUTH: CO, CG GROUP, YAQUINA BAY/L 2-5-49 File: 73, 531; Ind-3 C13CGD(pmp) 2-9-49

TIME
DATE 1100 11 Feb., 1949

TRANSFERRED TO:
FOR HECETA HEAD LS, Florence, Oregon, resumption of regular duty. (Auth. one (1) days' t.t., enroute; to report prior 2400, 12 Feb., 1949).

AUTH: CO, CG GROUP, YAQUINA BAY/L 2-5-49 File: 73, 531; Ind-3 C13CGD(pmp) 2-9-49.

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

DUTY CODE NO. _____ AUTH: _____

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 57 D AUTH: L. O. ENGELL, (Commander) USCG
Acting.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

CC: HQ
C13CGD
HECETA HEAD LS
SR
FILE

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

Newport, Oregon

11 January, 1950
File: 73

Group, Yaquina Bay

From: Commander, Group, Yaquina Bay, Oregon
To: Officer in Charge, Heceta Head Light Station

Subj: ELDER, Sidney H. (219-289) BM1; Temporary Motor Vehicle Operators Permit.

1. There is inclosed herewith temporary motor vehicle Operators permit No.13-073-609 for subject named man. Issue this permit to Elder after requiring him to sign both copies and return the file copy to this office together with his old permit.

2. When issuing this permit give Elder the following instructions;
(a) Government vehicles will not be driven in excess of 40 MPH.
(b) Speed at all times will be limited to that which will permit the vehicle to be kept under control, having due regard to existing road conditions, visibility, load, traffic, etc.
(c) Endewar to anticipate the other fellows errors in driving so as to avoid accident.
(d) Make every effort to avoid driving accidents.
(e) Purchase only standard grades of gasoline when credit cards purchases are necessary. Purchase of premium gasolines is not authorized.
(f) See that motor vehicle number is shown on all sales slips for credit card purchases.

F.E. BARNETT.

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

CG GROUP, YAQUINA BAY, OREGON (Unit) — NEWPORT, OREGON (Place)

3 January, 1950 (Date)

FROM: ELDER, SIDNEY H. (219-289) BM1

TO: COMMANDANT (via Commander, 13th CG District)

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

Winifred L. Elder (Wife) (Full name of wife; if not married, so state)	c/o Heceta Head Light Sta., Florence, Ore. (Address of wife)
Freeland H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs. R.C. Storey (Full name of relative)	Sister (Relationship)	Route 2, Renton, Washington. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs. O.E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 4th day of January, 1950

F.E. BARNETT, CBOSN.
(Signature)
Commanding Officer.
(Rank or title)

Sidney H. Elder
(Signature)
BM1
(Rank or rating)

16—25758-1

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

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

UNIT	ADDRESS	DATE
Heceta Head Light Station	Florence, Oregon	1 August, 1949

FROM (REQUESTER):	TO	VIA:
Elder, Sidney H. (219-289) BM1	C.O. CG Group, Yaquina Bay, Ore.	OinC, Heceta Head L.S.

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15		10 August, 1949	None	None	23 September, 1949

REASON FOR REQUEST:

Annual

My address on leave will be: Florence, Oregon

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

Sidney H. Elder
Sidney H. Elder, BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Heceta Head Light Station Date: 1 August, 1949

Leave record indicates balance of 45 ACE days' annual and ---------- days' Reenlistment Leave due.

Forwarded ☒ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

Clifford B. Hermann
Clifford B. Hermann
OinC
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: CG Group, Yaquina Bay, Oregon Date: 2 August, 1949.

~~Forwarded ☐ APPROVED ☐ NOT APPROVED (because)~~

Returned ☒ GRANTED ☐ ~~NOT GRANTED (because)~~

F.E. Barnett
F.E. Barnett, Chief Bosn.
DCGO—FORCE COMDR.—COMMANDING OFFICER.

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

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Heceta Head Light Station Date: 10 August, 1949

Departed at 0930 this date. This leave of absence will expire before 0900 26 August, 1949, at ~~Heceta Head Light Station~~ and is subject to the special instructions indicated on reverse hereof.

Clifford B. Hermann
Clifford B. Hermann, Keeper (OinC)
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: CCGD13(p) Date: 23 August, 1949

Granted 10 days extension of leave to expire before ~~noon~~ 0900, 5 September, 1949

Authority:

S.R. SANDS, Jr., Commander, USCG — Chief, Personnel Division, 13th CGD
Signature and rank — Title

Ind.-6 Unit: Date:

Reported at ---------- this date, having taken ---------- days' leave and ---------- days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

RECEIVED
AUG 25 1949
NEWPORT, OREGON

ELDER, Sidney H. (219-289) BM1

CCGD13(p)

23 August, 1949

10

xxxx 0900, 5 September, 1949.

S.R. SANDS, Jr., Commander, USCG

Chief, Personnel Division, 13th CGD

CC: Group, Yaqina Bay

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

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

Address reply to
THE COMMANDANT(PE-PR-6)
Refer to file: CG-73

28 July, 1948

From: Commandant.

To: Commanding Officer, CG Group, Newport, Oregon
Via: Commander, 13th Coast Guard District (pmp)

SUBJECT:
Statement of Service for longevity pay
~~Statement of service of~~.

Incl: Copy of Marine Corps Statement dated 12 November, 1941

1. The following is a statement of the service ~~of~~ to and including 22 September, 1947 of ELDER, Sidney Hayes (219-289) BM1, USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) FROM—	Absent Without Leave (Inclusive dates) TO—	Sickness Due to Own Misconduct (Inclusive dates) FROM—	Sickness Due to Own Misconduct (Inclusive dates) TO—	Nonperformance of Duty Because of (Inclusive dates) FROM—	Nonperformance of Duty Because of (Inclusive dates) TO—
9-23-41		None		None		None	
Enl. ext. 3 yrs from							
9-23-44	9-22-47 HD	None		None		None	
9-23-47							
Now serving							

	Yr	Mo	Days
Coast Guard Service ~~xHx~~	6	0	0
Navy Service			
Marine Corps Service	8	0	0
Lighthouse service	7	11	3
Total	21	11	3

Completed 21 years service 19 October, 1946

/S/ B. A. SHAW
B. A. SHAW
By direction.

CERTIFIED TO BE A TRUE COPY

Richard C. Van Hine, BMC(L)
CO (Acting)

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

ELDER, Sidney H. 219 - 289 BM1

Group, Yaquina Bay, Newport, Ore. Heceta Head Light Station Florence, Oregon.

13 - 075 13 - 73 27 August, 1949

0900U Granted 10 days extention leave of absence. REG ACC
26 August, 1949 Annual leave

CGHD13(p) Ind-5 CG-2519 dated 23 August, 1949

0930-10 August, 1949 departed on 15 days Annual leave (REG ACC) to expire prior
0900-26 August, 1949

F.E. BARNETT, CBOSN.

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H (Name, surname first) | 219-289 (Service number) | BMle (Rank or rating) | Heceta Head Lt Sta Florence, Ore (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 9/25, 19 47

To: OinC, CG Group, Newport, Oregon
(Coast Guard unit)

(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
SINUSITIS	1645	9-25	9-25

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.}

/s/ John A. Hardiman
John A. Hardiman, MD
AAS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BMlc (Rank or rating) | Heceta Head Lt Sta Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 25 September, 1947

To: Dr John A. Hardiman, MD, AAS, USPHS

Newport, Oregon

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 CG Group, Newport, Oregon

Sidney H. Elder
Sidney H. Elder
(Signature of patient)

Richard C. Van Hine, CDR(L)
Officer-in-Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 25 September, 19 47

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

SINUSITIS 1645

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

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at ____ {*hospital / *office} on 9/25, 19 47

John A Hardiman.
John A. Hardiman, MD
AAS U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

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

UNIT	ADDRESS	DATE
Heceta He ad Lt Sta	Florence, Oregon	7 August, 1948

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H.(219-289)BM1	CO, GROUP YAQUINA BAY,NEWPORT,Ore	Keeper Heceta Head

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
4	—	On or about 23 August'48	None	14	23 September,1948

REASON FOR REQUEST:

To bring my wife home from the Marine Hospital,Seattle,Wash

My address on leave will be: 630 Sunset Blvd, % Mrs R.C.Storey, Renton, Washington Tel No.

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

Sidney H. Elder, BM1
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: Heceta Head Lt Sta, Florence,Ore Date: 7 August, 1948
Leave record indicates balance of 17 days' annual and No days' Reenlistment Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

Clifford B. Herrmann, Keeper
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Group Yaquina Bay,Newport,Ore Date: 7 August,1948
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☒ GRANTED ☐ NOT GRANTED (because)

F.E.BARNETT, CBOSN
DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Date:
Departed at _____ this date. This leave of absence will expire before _____, at _____ and is subject to the special instructions indicated on reverse hereof.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted _____ days extension of leave to expire before noon, _____
Authority:

Signature and rank | Title

Ind.-6 Unit: Date:
Reported at _____ this date, having taken _____ days' leave and _____ days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2

[OVER]

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

File

REPORT OF CHANGE IN PERSONNEL

No. 9-493

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG Group	Seattle, Washington	28 Sept. 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
ALKI POINT LIGHT STATION	Alki Point, Washington	13- 300820

TIME 1500
DATE 9-26-51

REPORTED FROM: O,CCGD13 Seattle, Washington having REEN for ~~FOR~~ four (4) years, for assignment to duty.

AUTH: VO, C13CGD 9-26-51

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

FE-PR-35

J. D. GOOLSBY, SCLK, USCG
By direction
(Signature—Grade and Title)

CC: HQ
CCGD13
SR
CG Base
File

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	FE-PR-35	

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

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

REPORT OF CHANGE IN PERSONNEL

No. 9-436

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GROUP	Seattle, Washington	25 Sept., 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
ALKI POINT LIGHT STATION	Seattle, Washington	13-300820

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0800U
DATE 25 Sept., 1951

TRANSFERRED TO O, Comdr. 13th CG District, Seattle, Wn.,
FOR discharge (expiration of enlistment and authorized extension thereof) and reenlistment REGULAR COAST GUARD. EDA 9/25/51.

AUTH: Art. 589(1) CG Regs.

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

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-35

J. D. GOOLSBY, SCLK, USCG
(Signature—Grade and Title)
By direction

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CC: HQ
CCGD13(p)
SR
file

EXAMINED	POSTED	FLEX

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

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

REPORT OF CHANGE IN PERSONNEL

No. 9-150

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GROUP	Seattle, Washington	11 Sept., 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
ALKI POINT LIGHT STATION	Seattle, Washington	13-300820

TIME 1930
DATE 8 Sept., 1951

REPORTED FROM: CG BASE, Seattle, Washington,
FOR assignment to duty.

AUTH: C13CGD/L 8-30-51 file: p MM/P16-4; Ind-1 CG GROUP, Yaquina Bay 9-6-51 file: MM/P16-4.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

L. O. ENGELL, LCDR, USCG
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX
	9-150	

CC: HQ
C13CGD
SR
file

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

...T DEPARTMENT
...OAST GUARD
...-2589 (REV. 5-50)

REPORT OF CHANGE IN PERSONNEL

No. 1-140

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	**LOCATION**	**DATE**
CG GROUP	SEATTLE, WASHINGTON	6 September, 1951
UNIT TO WHICH ATTACHED	**LOCATION**	**ACCOUNTING CODE NO.**
CG BASE	SEATTLE, WASHINGTON	13-210800

TIME 1830
DATE 9-8-51

REPORTED FROM: CG Group, Yaquina Bay, Newport, Ore., via Heceta Head L
~~XXX~~ Lt Sta., Florence, Ore., for TD, FFT Alki Pt Lt Station for
du as OinC.
sub-unit of Base

AUTH: CCGD13/L 8-30-51 MM/P16-4

TIME 1830
DATE 9-8-51

TRANSFERRED TO: Alki Pt Lt Station for ~~XX~~ assignment to duty.
~~XXX~~ EDA 9-8-51

AUTH: CGBASE Ind-3/dtd 8 Sept.1951 P16-4/MM

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

AUTH:

OTHER CHANGES (SPECIFY)

FE-PR-48

L. O. ENGELL, LCDR, USCG
Commanding Officer
(Signature, Grade and Title)

CC: HQ
CCGD13
SR
CGBASE
File

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

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

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

REPORT OF CHANGE IN PERSONNEL

No. 5

LAST NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT GRADE OR RATING
ELDER, Sidney H.	219-289	BM1
REPORTING UNIT	LOCATION	DATE
CG Group, Yaquina Bay	Newport, Oregon	7 September, 1951
UNIT TO WHICH ATTACHED	LOCATION	ACCOUNTING CODE NO.
Heceta Head Light Station	Florence, Oregon	13-300165

TIME
DATE

REPORTED FROM:
FOR

AUTH:



TIME 1300U
DATE 9-6-51

TRANSFERRED TO: Alki Point Light Station, Seattle, Wash.
FOR ASDU

AUTH: C13CGD Order No. 130582 dtd 30 August, 1951, file MM/P16-4

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

AUTH:

OTHER CHANGES (SPECIFY) Authorized 2 days travel time and four (4) days proceed time and will report not later than 2400U, 12 September, 1951.

PE-PR-35

F. E. Barnett

F. E. BARNETT, CBOSN, Commander, CG Group, Yaquina Bay
(Signature—Grade and Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

EXAMINED	POSTED	FLEX

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RECEIVED MAY 14th COAST GUARD DISTRICT

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BM1 (Rank or rating) | Heceta Head Light Sta. (Unit)

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

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

Place Newport, Oregon, Date 8 May, 19 51

FILE T. Lee

To: Medical Officer in Charge
USPHS Relief Station
Newport, Oregon

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 Yaquina Bay LHouse., Newport, Oregon

Sidney H. Elder
(Signature of patient)

Nemo B. Pilkington,
BM1 (L) Act U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Date 5/8, 19 51

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

Arthritis, hypertrophic
(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 1 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at

{*~~hospital~~ / *office} on 5/8, 19 51

H. D. Barker, MD
AAS U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27158-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BM1 (Rank or rating) | Heceta Head Light Sta. (Unit)

FINAL MEDICAL CERTIFICATE

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

Place Newport, Oregon, Date 8 May 19 51

FILED T. LOS

To: ~~M&M~~ Yaquina Bay Lifeboat Station
(Coast Guard unit)

Newport, Oregon
(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

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

To have injections twice weekly

CONDUCT REPORT:

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

H. D. BARKER, MD

AAS U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. | 219-289 | BM1 | Heceta Head LT. Sta.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
XTEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Florence, Oregon, Date 20 March, 19 51

To: CG Group, Yaquina Bay
(Coast Guard unit)

Newport, Oregon
(Address)

FILED T. Lee

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Upper respiratory infection		3-20-51	3-20-51

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

Off duty to 3/22/51

CONDUCT REPORT:

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

H. D. Barker, MD
AAS U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

(Name, surname first) (Service number) (Rank or rating) (Unit)

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

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

Place Florence, Oregon, Date 20 March, 1951

To: Medical Officer in Charge
U.S.P.H.S. Relief Station
Newport, Oregon

FILE

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 Yaquina Bay LBSta., Newport, Oregon

Sidney E. Elder
(Signature of patient)

F. E. BARNETT
CBOSN U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Ore, Date 3-20, 1951

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

Upper respiratory infection
(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 3-20, 1951

H. D. BARKER, MD
AAS U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BM1[illegible] (Rank or rating) | Heceta Head Lt. Station (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date _____, 19

To: Yaquina Bay LBSta.
(Coast Guard unit)
Newport, Oregon
(Address)

FILE
T. LeB

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Arthritis, lumbar		22Sept'50	22Sept'50

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.}

H.D. BARKER, MD

U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

ELDER, Sidney H. (Service number)
(Name, surname first)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE [illegible] THE U. S. COAST GUARD

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

Place Newport, Oregon, Date 22 September 1950, 19

To: Officer in Charge
U.S.P.H.S. Releife Station
Newport, Oregon

FILE
T. Lee

SIR: You are requested to examine the above-named {~~X~~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 Yaquina Bay Lifeboat Station

Sidney H. Elder
Sidney H. Elder
(Signature of patient)

Nemo B. Pilkington, BM1(L)
By Dir.
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 22 September 1950, 19

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

Arthritis, lumbar
(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 25 Sept, 1950

H. D. Barker M.D. /R.A.C.
H. D. BARKER, MD
U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Elder Sidney Hayes	219-289	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☑ USCG

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

Winifred Lucille Elder — Wife

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

Heceta Head Light Station, Florence, Oregon

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

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Winifred Lucille Elder	Heceta Head Light Station, Florence, Oregon

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Freelin Hayes Elder	Heceta Head Light Station Florence, Oregon.		X	X		12

(*Continue on reverse side*)

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

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

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Edna Gladys Storey — Sister

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

630 Sunset Boulveard, Renton, Washington.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Geneva Lake Shirley — Sister

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

Route 3, Box 333B, Bothell, Washington.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
The Equitable Life Assurance Society of The United States.	New York 1, New York.	10 683 185

(*Continue on reverse side*)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Winifred Lucille Elder — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Heceta Head Light Station, Florence, Oregon — Eighty % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
U.S. Coast Guard, Newport, Oregon.	5 Sept., 1950	Sidney Hayes Elder Sidney Hayes Elder, BM1

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

16—61480-1

RECEIVED
OCT 4 1949
13th COAST GUARD DISTRICT
MAIL ROOM (CC)

REPORT OF CHANGE IN PERSONNEL

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

No. 7

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Yaquina Bay, Oregon	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13 - 075	13 - 073	21 October, 1949

TIME 2130U
DATE 20 October, 1949

REPORTED FROM: U. S. Marine Hospital, Seattle, Washington
FOR Resumption of regular station and duties.

AUTH: C13CGD/L p 73, 531 7 October, 1949.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

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

Vasil M. Alexandroff
Vasil M. Alexandroff, BM1 (L), Acting
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

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

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

RECEIVED
OCT 19 1949
13th COAST GUARD DISTRICT
MAIL ROOM (oo)

REPORT OF CHANGE IN PERSONNEL

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

No. 6

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219 - 289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Yaquina Bay, Oregon	Heceta Head Light Station	Florence, Oregon

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
13 - 075	13 - 073	18 October, 1949

TIME
DATE

REPORTED FROM:
FOR

PE-PH-39

AUTH:

TIME 0530U
DATE 17 October, 1949

TRANSFERRED TO: To U.S. Marine Hospital, Seattle, Washington on TD
FOR physical re-check.

AUTH: C13CGD/L p 73, 531 7 October, 1949.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

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

Vasil M. Alexandroff.
Vasil M. Alexandroff, BM1(L), Acting
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

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

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

RECEIVED
SEP 6 1949
13th COAST GUARD DISTRICT
MAIL ROOM (oc)

REPORT OF CHANGE IN PERSONNEL

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

49.

No. 7

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219 - 289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Group, Yaquina Bay, Oregon	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13 - 075	13 - 073	3 September, 1949

TIME 1830U
DATE 1 September, 1949

REPORTED FROM: 22 days leave of absence REG ACC
FOR Resumption of regualar Station and duties

AUTH: Comdt's Circ 31 - 47

PE-PR-39

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

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

F.E. BARNETT, CBOSN.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

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

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

...HANGE IN PERSON...
...EPARTMENT
...ites Coast Guard
(REV. 3-48)

49.

RECEIVED
AUG 29 1949
13th COAST GUARD DISTRICT
MAIL ROOM (dc)

No. 9

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219 - 289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Group, Yaquina Bay, Newport, Ore.	Heceta Head Light Station	Florence, Oregon.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13 - 075	13 - 73	27 August, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

PE-PR-39

TIME 0900U
DATE 26 August, 1949

TRANSFERRED TO: Granted 10 days extention leave of absence.REG ACC
FOR Annual leave

AUTH: CCGD13(p) Ind-5 CG-2519 dated 23 August, 1949

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

AUTH:

OTHER CHANGES (SPECIFY)

0930-10 August, 1949 departed on 15 days Annual leave (REG ACC) to expire prior
0900-26 August, 1949

EXTRA COMPENSATION

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

F.E. BARNETT, CBOSN.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

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

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

CHANGE IN PERSON
DEPARTMENT
States Coast Guard
(REV. 3-48)

MG.

RECEIVED
AUG 12 1949
MAIL ROOM (CS)
NO. 3
13th COAST GUARD DISTRICT

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219 - 289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, Yaquina Bay, Newport, Ore.	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13 - 075	13 - 073	10 August, 1949

TIME
DATE

REPORTED FROM:
FOR

AUTH:

PE-PR-39

TIME 0900U
DATE 10 August, 1949

TRANSFERRED TO: Departed 15 days leave of absence REG ACC
FOR Annual leave.

AUTH: Comdt's Circ 31 - 47

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

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

F.E. Barnett, CBOSN.
(Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

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

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

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

Address reply to
THE COMMANDANT

Washington 25, D. C.

28 February 1949
File: PA-PR 73

From: Commandant
To:
Via: Commander, 13th Coast Guard District (fp)

Subj: ELDER, Sidney H. (219-289) BM1, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1948
(b) Your letter 21 February, 1949, file CG-521

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
Amount Unpaid Last Acct. (From HF						x x	RL EDMANDS	
BM1 (12) 9/22/45	7/1	12/31	6	0	162.00	972.00	RL EDMANDS	CF
SUBS (NEWPORT)	7/1	6/30	0	0	1.20	x x	RL EDMANDS	RL EDMANDS
CCA 7/1/48						12.00	RL EDMANDS	RL EDMANDS
SUBS (NEWPORT)	7/1	12/31	6	0	1.50	276.00	RL EDMANDS	CF
CCA 10/1/48						12.00	RL EDMANDS	RLEDMANDS
	Amount Overpaid Carry Fwd.					x x		
					TOTAL	1272.00		

Charges: Description of item	Charges & Checkages	Start Symbol	Stop Symbol
Date Encl 9/23/41			
None pertinent			

Other pertinent information or remarks:

Mailed
2/28/49

SEE REVERSE

OM 6-6

ITEM 34:

Subs @ $1.50 paid in accord. Aldist 86-48# R. L. EDMANDS, ACO
Form 2705 filed 7/1/48 to 7/31/48 R. L. EDMANDS, ACO
Form 2705 filed 8/1/48 to 8/31/48 R. L. EDMANDS, ACO
Form 2705 Filed 9/1-9/31/48 R. L. EDMANDS, ACO
Form 2705 Filed 10/1-31/48 R. L. EDMANDS, ACO
Form 2705 filed 11/1-11/30/48 R. L. EDMANDS, ACO
Form 2705 filed 12/1-12/31/48 R. L. EDMANDS, ACO

Pay Record closed to 31 December, 1948 by RL EDMANDS

COPY

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Comdr. 13th CG Dist.
Seattle, Washington
REFER TO FILE

21 February, 1949
File CG-521

From: Commander 13th Coast Guard District
To: Commandant (FA-PR)

Subj: Statement of Pay Accounts, request for

For the purpose of crediting current pay accounts for credits which occured on previous pay accounts it is requested that a statement of pay accounts be forwarded to this unit for the period 7/1/48 to 12/31/48. Request statement of all credits in order that back longevity can be credited to former Light House personnel as listed below:

BALDWIN, George, C. 221-329
BEYER, Albert 221-078
CAMERON, Archie, C. 221-057
DORRANCE, Frank, W. 221-067
ELDER, Sidney, H. 219-289
ESKOLA, Arthur, H. 121-783
ENGLUND, Olof, W. 221-059
HARRIS, Joseph, A. 221-073
HASKETT, Wesley, L. 221-022
HAUG, Magnus, H.A. 221-054
HOWE, Nelse, A. 221-066
HOPE, Edward, C. 219-284
KASHEVAROFF, Nicholas (n) 219-288
KELSEY, Lyle, E. 219-291
KIMINKI, Orvie, A. 221-035
JENSEN, Ralph, L. 221-021
JOHNSON, Alfred, L. 219-260
WALTERS, Charles, F. 221-074
WOODS, Arthur, J. 221-065

JAMES MORRISON,
By direction

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

No. 7

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP YAQUINA BAY, Newport, Ore.	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13th CG District Seattle, Wash.	13-073	12 February, 1949

TIME 1615U REPORTED FROM: CG BASE, Seattle, Washington
DATE 12 February, 1949 FOR Resumption of regular station and duties

DUTY CODE NO. AUTH: CO. GROUP YAQUINA BAY, Travel orders dated 2-5-49

TIME TRANSFERRED TO:
DATE FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 62

DUTY CODE NO. AUTH: F.E. Barnett, CBOSN, CO. Group Yaquina Bay,
(Commanding) Newport, Oregon

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

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

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

No. 2-123

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP	CG BASE	Seattle, Wn.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-007		11 Feb., 1949

TIME 1010
DATE 11 Feb., 1949

REPORTED FROM HECETA HEAD LS, via C13CGD, 48 hrs liberty enroute, FOR outpatient treatment USMH, Seattle, Wn., pending resumption of regular duty.

DUTY CODE NO. 37 D

AUTH: CO, CG GROUP, YAQUINA BAY/L 2-5-49 File: 73, 531; Ind-3 C13CGD(pmp) 2-9-49

TIME 1100
DATE 11 Feb., 1949

TRANSFERRED TO: HECETA HEAD LS, Florence, Oregon, FOR resumption of regular duty. (Auth. one (1) days' t.t., enroute; to report prior 2400, 12 Feb., 1949).

AUTH CO, CG GROUP, YAQUINA BAY/L 2-5-49 File: 73, 531; Ind-3 C13CGD(pmp) 2-9-49.

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

DUTY CODE NO. _____ AUTH: _____

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 37 D AUTH:

L. O. ENGELL, LCDR, USCG
Acting, (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

CC: HQ
C13CGD
HECETA HEAD LS
SR
FILE

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

No. 45

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Commander, 13th CG District	DISTRICT TRANSIENT ROLL	Seattle, Wash.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-001	13-001	11 February, 1949

TIME 1030
DATE 2-9-49
REPORTED FROM: OPT, USMH, Seattle, Wn., pending further outpatient
FOR treatment and resumption of regular duty at Heceta Head LS.

DUTY CODE NO. AUTH: Art. 3002 (1) Regs

TIME 1200
DATE 2-9-49
TRANSFERRED TO: CG Base, Seattle, Wn., for OPT, USMH, Seattle
FOR pending resumption of regular duty at Heceta Head LS.

AUTH: Ind-3/C13 on Group, Yaquina Bay/L 2-5-49 (73, 531)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
62

CC: Group, Yaquina Bay, Newport, Ore.

DUTY CODE NO. AUTH:

Elmer Winbeck
ELMER WINBECK
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL — **No. 5**

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

RECEIVED 11 FEB 1949 CI3CGD

49

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
GROUP YAQUINA BAY, Newport, Ore.	Heceta Head Light Station	Florence, Oregon

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE
13th CG District Seattle	13 - 073	8 February, 1949

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME 0700U

DATE 8 February, 1949

TRANSFERRED TO: U.S. MARINE HOSPITAL, Seattle, Washington

FOR Medical treatment

AUTH: Com 13th CGD/D 050020Z (February) TONO 131688

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH: F.E. BARNETT, CBOSN, CO GROUP YAQUINA BAY, NEWPORT, ORE.

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

STATEMENT AND RECEIPT FOR MEDALS
TREASURY DEPARTMENT
U.S. COAST GUARD
CG-2927 (6-47)

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS AND/OR WORLD WAR II VICTORY MEDAL

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last) (First) (Middle)

ELDER, Sidney Hayes.

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
219-289	BM 1c	U.S.Coast Guard

HOME ADDRESS (Give Number, Street, City, Zone No., and State)

% Heceta Head Light Station, Florence, Oregon

INDICATE STATUS BY CHECK MARK

- [XX] Active duty USCG, ~~USCGR~~, or ~~USPHS~~
- [ ] Officer – (Inactive) USCGR or USPHS
- [ ] Retired from USCG or USCGR
- [ ] Discharged from USCG, USCGR, or USPHS
- [ ] Disenrolled from USCGR (T)

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- [ ] American Defense Service Medal
  - [ ] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [ ] World War II Victory Medal (No Clasp)

_____
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- [XX] American Defense Service Medal
  - [XX] Fleet Clasp
  - [ ] Sea Clasp
  - [ ] Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- [XX] World War II Victory Medal (No Clasp)

Sidney H. Elder
Sidney H. Elder
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

NCG-2822

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H.	219-289	P M1	Yaquina Bay IB Sta Newport, Ore.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date December, 1948

FILE

To: CO, Yaquina Bay IB Station
(Coast Guard unit)

Newport, Oregon
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Neuralgia			Dec 20 '48

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

Chest x-ray taken. Elder should return in about 2 weeks.

CONDUCT REPORT:

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

John A Hardiman MD

Dr. John A. Hardiman, MD

AAS *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

(Rate or rating) (Unit)

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

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

Place Newport, Oregon, Date 20 December, 1948

To: Dr. John A. Hardiman. AAS, USPHS

Newport, Oregon

FILE
T. LeB

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

Sidney H. Elder
Sidney H. Elder
(Signature of patient)

F.E. Barnett, CBOSN,
Commanding Officer U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 20 December, 1948

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

Keratitis et lumbar ved
(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 20 December, 1948

John A. Hardiman MD
John A. Hardiman, MD

AAS U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

No. 5-46

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP		Seattle, Washington
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13-007		12 May, 1948

TIME 0730
DATE 5-11-48
REPORTED FROM: Heceta Head Light Station, Florence, Oregon
FOR TD in connection with transferring truck T-11142 fm BASE, Seattle to Heceta Head LS, Florence, Ore.

DUTY CODE NO. 37 D AUTH: C13CGD/L 5-4-48 CG-73-531 (p)

TIME 1100
DATE 5-11-48
TRANSFERRED TO: Heceta Head Light Station, Florence, Oregon
FOR resumption of regular duty.

AUTH: C13CGD/L 5-4-48 CG-73-531 (p)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

PEA-E
62

DUTY CODE NO. AUTH:

Roy Stockman
ROY STOCKMAN, Lieut., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

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

No. 30-1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM 1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEWPORT	Heceta Head Light Station	Florence, Ore
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13th CG Dist	13-073	12 May,1948

TIME 1800U
DATE 12 May,1948
REPORTED FROM: Temporary duty Seattle,Wash
FOR Resumption of regular Station and duties

DUTY CODE NO. 30 AUTH: Com.13th CG Dist/L 4 May,1948-CG-73-531 (p)

TIME 1000U
DATE 10 May,1948
TRANSFERRED TO: CG Base Seattle, Wash
FOR Temporary duty to accept delivery of new truck.

AUTH: Com 13th CG Dist/L 4 May,1948-CG-73-531-(p)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

1000U-10 May,1948, departed for CG Base Seattle, Washington to accept delivery of new truck.

1800U-12 May,1948, returned to Heceta Head Light Station, Florence, Oregon, temporary duty completed, and resumed regular Station and duties.

FEB 62

DUTY CODE NO. AUTH: Above

F.E. Barnett

F.E.BARNETT,CH.BOS'N,CO. CG Group Newport,Ore
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 20

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM 1/c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEWPORT, ORE	Heceta Head Light Station	Florence, Ore

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
13th CG District	13-073	2 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RATING} FROM BM1c TO BM1 EFFECTIVE 2 April, 1948

DUTY CODE NO. 30 AUTH: Alcoast 19-48

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH: F. E. Barnett
F.E.BARNETT, CH.BOS'N, CO, CG GROUP, Newport, Oregon
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding
PEA-F 24	NOTED

MACHINE ACCOUNTING

Punched _____

Verified _____

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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H	219-289	BM1c	Heceta Hd Light Sta Florence, Ore
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 31 December, 19 47

To: CO, CG Group Newport
(Coast Guard unit)

Newport, Oregon
(Address)

FILE
T. LeB

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Typhoid Immunization Final	~	12-31-47	12-31-47

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.}

John A. Hardiman
Dr John A. Hardiman
AAS *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2532

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | BM1c (Rank or rating) | Heceta Head Lt Sta, Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 31 December, 1947

FILE
T. LeB

To: Dr John A. Hardiman, AAS, USPHS

Newport, Oregon

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

Sidney H. Elder
(Signature of patient)

F.E. BARNETT, CH.BOS'N
Commanding U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 31 December, 1947

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

Final innoculation for typhoid
(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 _____, 19

Dr John A. Hardiman,
AAS U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

OF LIGHTHOUSES

AUG 4 1939

Hayes

219-289

STATEMENT OF PREVIOUS MILITARY SERVICE.

SIDNEY ELDER (NAME - Print) | ASSISTANT LIGHTHOUSE KEEPER (GRADE) | 16th LIGHTHOUSE DISTRICT. UNIT AND DISTRICT TO WHICH ATTACHED

I HAVE HAD PREVIOUS MILITARY SERVICE UNDER THE UNITED STATES AS FOLLOWS:

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS		3/21/16	Seattle, Wash.	3/21/20	Bremerton, Wash.
COAST GUARD					
COAST AND GEODETIC SURVEY					

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

Sidney Elder
(SIGNATURE)

(PE-C)
CG-73

17 December, 1947

From: Commandant
To: Commander, 13th CG District (pmp)

Subj: Elder, Sidney H. (219-289) BM1c; designator (A-N); disapproval

The request contained in letter from the above-named man dated 7 November, 1947, file CG-73, with your indorsement thereon, is disapproved inasmuch as the designator (A-N) is only awarded those completing the Aids to Navigation course at Groton, Conn. If Elder desires such trainigg, it is suggested that he submit his request for consideration.

W. C. CAPRON
By direction

U. S. COAST GUARD
MAIL SECTION
FILED DEC 19 1947

BEABES:jhc
ret to 3-13

3-11

Ind-2
CMDR 13CHD (pmp)
28 November, 1947

U.S. COAST GUARD HDQTRS.
MAIL & FILES SECTION
RECEIVED DEC 2 1947 (2)

To: Commandant (PE)

Subj: ELDER, Sidney H. (219-289) BM1c; request (AN) designator

Forwarded, approved, for HQ consideration.

Elmer Winbeck
ELMER WINBECK
By direction

Newport 9r.
13.

1947 DEC 2 12 28
PEA-A

Must attend School to qualify for (AN) desig. Submit. If he so desires for the Enlisted Petty Officer

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD
Newport, Oregon

ADDRESS REPLY TO
CG GROUP
AND REFER TO CG-73

7 November, 1947

From: ELDER, Sidney H. (219-289) BM1c
To: COMMANDANT. (PMP)

Via: CO, CG Group Newport, Oregon
Commander, 13th CG District

Subj: Designator (an) request for

1. It is requested that authority be granted to affix the designator (AN) to my present rating of BM1c.

2. My reason for this request is that prior to my enlistment in the Coast Guard in 1941, I was employed by the U.S.Light House Service as a Light House Keeper for a period of some eight years. After enlisting in in the Coast Guard most of my service has been that connected with and at Light Houses. For that reason it is my desire to continue on at Light Stations.

RECEIVED
24 NOV 1947
C13CGD

Sidney H. Elder
Sidney H. Elder
(a19-289) BM1c

Ind 1
CG Group Newport
Newport, Oregon
7 November, 1947

1. Forwarded approved and recommended.

2. Subject man has been found to be thoroughly familiar with this type of duty. He is presently stationed at Heceta Head Light Station, Florence, Oregon and is adapted and well qualified for this type of duty.

Richard C. Van Hine
Richard C. Van Hine

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 8

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM 1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEWPORT	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
13th CG Dist	13-073	13 December, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0600U
DATE 13 December, 1947

TRANSFERRED TO: Departed on 15 days leave.
FOR Emergency leave.

AUTH: Comdr 13th CG District dispatch 120028Z (Dec)& Comdt Circ 31-47

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

PEA-E 62

F. E. Barnett

DUTY CODE NO.

AUTH: F.E. BARNETT, CH.BOS'N, CO, CG Group, Newport, Oregon
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

CG-73 (PE-PR-24)

18 November, 1947

From: Commandant (PE-PR-24)
To: Commander, CG Group Newport, Newport, Oregon

Via: Commander, 13th CG District

Subj: ELDER, Sidney H. (219-289) BM1c; submission of records

1. Your muster roll for September, 1947 states that subject man was discharged on 22 September, 1947, and reenlisted on 23 September, 1947, in the Regular Establishment. Headquarters has received ELDER's service record showing his discharge on the above date, but his reenlistment contract, with supporting papers was not received.

2. It is requested that ELDER's reenlistment contract and supporting papers be forwarded to the Commandant (PE-PR-24) promptly.

B. A. SHAW
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED NOV 19 1947

WH:PH:HOLDERBY: Ret. 3-13

W.H. alt pm

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

3

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEWPORT,ORE	Heceta Head Light Station	Florence, Oregon

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
13-073	6 September,1947

TIME 1530U
DATE 6th Sept.1947

REPORTED FROM: 60 days annual leave
FOR Resumption of regular Station and duties

DUTY CODE NO. 30 AUTH: Art 1936 (3) CG REGS.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

1530U-6 September,1947 returned from 60 days leave of absence having previously departed at 0900U-8 July,1947. subject leave granted prior to re-enlistment. NOT AOL.

PEA-E 62

DUTY CODE NO. AUTH:

Richard C. Van Hine

Richard C. Van Hine,CBM(L),OinC,CG Group,Newport,Cre
(*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H (Name, surname first) | 219-289 (Service number) | BM1c (Rank or rating) | Heceta Head Lt Sta Florence, Ore (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 9-25, 19 47

To: OinC, CG Group, Newport, Oregon
(Coast Guard unit)

FILE
T. LeB

(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
Sinusitis	1645	9-25	9-25

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.

John A Hardiman, MD
John A. Hardiman, MD
AAS
U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Elder, Sidney H. (Name, surname first) 219-289 (Service number) BM1c (Rank or rating) Coast Guard Base Lt Sta Florence, Oregon (Unit)

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

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

Place Newport, Oregon, Date 25 September, 1947

To: Dr John A. Hardiman, MD, AAS, USPHS

Newport, Oregon

FILE T. LeB

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 CG Group, Newport, Oregon

Sidney H. Elder
Sidney H. Elder (Signature of patient)

Richard C. Van Hine
Richard C. Van Hine, CBM(L)
Officer-in-Charge U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date 25 September, 19 47

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

Sinusitis 1645
(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

Newport {~~*hospital~~ *office} on 9/25, 19

John A. Hardiman
John A. Hardiman, MD
AAS U. S. Public Health Service.

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

WITNESS: ____ (Patient's signature)

____ (Signature of medical officer)

____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

4f 8 No. 8

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
ELDER, Sidney Hayes	219-289	BM 1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG GROUP NEWPORT, Newport, Ore	Heceta Head Light Station	Florence, Oregon
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
13th CG Dist	13-073	23 22 June, 1947

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

Issued Honorable discharge on 22 September, 1947, for serving a 3 Year enlistment, and a 3 year extension.

Re-Enlisted in regular establishment on 23 September, 1947 for a period of 4 years.

PAFE Ketchikan, Alaska
POD Newport, Oregon
Entitles to mileage
Creditable service this enlist & exten 6 years 0 months 0 days

DUTY CODE NO. 30 — AUTH: PB 103-44 Richard C. Van Hine

Richard C. Van Hine, CBM(L) CO, CG Group, Newport, Orego
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

4

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM 1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP NEWPORT	Heceta Head Light Station	Florence, Oregon

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
13-073	8 July,1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 0900U
DATE 8 July,1947

TRANSFERRED TO: Departed on 60 days leave
FOR Annual leave.

AUTH: Art 1936 (3) CG REGS

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

0900U-8 July departed on 60 days leave of absence prior to reenlisting.

PEA-E 62

DUTY CODE NO. 30

AUTH: Art 1936 (3) CG REGS

Richard C. Van Hine, CBM(L), Officer-in-Charge
CG Group, Newport, Ore (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

Form D-220
U.S. Coast Guard

OBLIGATION COPY

ESTIMATED COST OF THIS TRAVEL $ 100.00

From: EIDER, Sidney H. (219-289), BMlc.
To: Commander, 13th. Coast Guard District

Subj: Authority to incur expense for travel of dependents, request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below from Seattle, Washington to Heceta Head Light Station, Oregon during the month of NOVEMBER, 1946 19 ____, in connection with order of Comdr.13th.CGD(pra) CG-73-531 dated 29 July, 1946 dated _____ 19 __, which direct a permanent change of station from Seattle, Washington to Heceta Head Light Station, Oregon.

Name	Relationship	Date of birth of children
Winifred L. Elder	Wife	
Freelin H. Elder	Son	26 April, 1938

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by the Pay and Supply Instructions.

X Sidney H. Elder Bm1c
Siddey H. Elder

Ind-1

U.S. ~~Comdr.13th.CG District~~
Seattle, Washington

Authorized, cite authorization No. 131151 in all claims relative to this matter.

J. H. WAGLINE
By direction

Accts. Section
Date
Initial

Address Reply To:
COMDR13th.CGD (pra)
CG-73-531

UNITED STATES COAST GUARD
Seattle, Washington

29 July, 1946

To: ELDER, Sidney H. (219-289), BMlc., USCG

Subj: Orders; transfer; travel.

1. Effective upon receipt hereof you are relieved of further duty at CG Surplus Warehouse, Seattle, Washington and from all duty previously assigned. You are directed to proceed to New Port, Oregon, and upon arrival thereat report to the CO, CG Group, Newport for assignment to duty at Heceta Head Light Station as relief for JOHNSTON, Charles H. (222-797), BMlc., USCG.

2. Records will be carried on transfer.

3. This order constitutes a permanent change of station for you from Seattle, Washington to Heceta Head.

4. The public interests require this travel. Allowances for subsistence and quarters are prescribed in Art., 219(5) PandSi are applicable. Travel at own expense is authorized in accordance with Art. 423, PANDSI

5. The expense incident to the travel herein authorized is chargeable to travel allotment symbol No. 13-20, TONO 130591, reference to which will be made on all transportation requests.

6. You are warned that in a travel status the intemperate use of alcoholic beverages or the discussion of Naval Affairs is strictly forbidden.

7. Delivered orders; departed at 0930, 29 July, 1946.

s/s B.K. COOK
By direction

Voucher No. 423, 3351 for above travel paid on 9-20-46 in the amount of $9.96
Computation: Mileage Seattle, Wn. to Newport, Oregon:
By: H.E. MAJOR, 18-423

Ind-1
CG GROUP NEWPORT
Newport, Oregon
30 June, 1946

Arrived and reported 1515 this date and assigned duty at Heceta Head Light Sta.

s/s M.L. NEEDIES, By direction

CERTIFIED TO BE A TRUE COPY
Keith H. Jorgenson
KEITH H. JORGENSON, Lt.(jg) USCG

Sidney H. Elder
File 3-14
10/16/42
CHB.
219-289

Heceta Head Light Station
via Florence
Oregon
Dec. 6th

U. S. Coast Guard
Allotment Dishursing Officer
Washington 25, D. C.

Dear Sir:

I received my allotment check yesterday, but wish to make the address more specific, at the request of the postmistress at Florence. The address is: Heceta Head
Light Station
via Florence
Oregon

We are many miles from town, and our mail should be addressed to Heceta Head, via Florence, Oregon.

Thanking you for changing the address,

Sincerely

Winifred L. Elder

Address to be changed from

New Address to which ~~the~~ Check is to be Sent

Box 7

Street or R.F.D.

Heceta Head Light Station

City or P.O.

Kennydale

Florence

State

Washington

Oregon

Full name of enlisted man

Enlisted Man's service Number

Sidney H. Elder

219 - 289

My Name

First

Winifred

Initial

L.

Last

Elder

Relationship

Wife

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

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, Newport, Oregon	Heceta Head Light Station	Florence, Oregon
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 18 Oct, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1400
DATE 18 Oct, 1946
TRANSFERRED TO: Departed on 8 days leave of absence.
FOR

AUTH: Art. 1936 (3) Regs.

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

Merlin L. Needles
Merlin L. Needles, CBM. CO, By direction
(Commanding)

POSTING REQUIRED PER-1-44

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

CG-2888 (9-46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

ELDER, Sidney H. (Name—Surname to left) | B.M. 1/c (Rank or rating 31 Aug. 1946) | 219-289 (Signal or Service Number)

1(a). (*Following to be completed by all members on active duty on 1 September, 1946:*)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 102 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (*Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:*)

On 31 August, 1946, I had the following dependent:

(If none, so state) | Winifred L. Elder (Name of dependent) | Wife (Relationship)

2(a). (*Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:*)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (*Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:*)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state) | (Name of dependent) | (Relationship)

3. (*Following to be completed by all claimants:*)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Sidney H. Elder
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Newport, Oregon, this 28th day of December, 1946.

(SEAL)

G. T. Aitchison
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

Notary Public for Oregon.
My Commission Expires July 1, 1950.
(Title)

16—49451-1

4. ***(Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)***

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

Richard Carlstrom CSM — CG Group Newport, Ore.

(Signature of Commanding Officer) — *(Unit)*

5. ***(Following to be completed by the authorized certifying officer having custody of claimant's pay records:)***

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

$162.00		
(Monthly pay (base and longevity))	*(Officer monthly rental allowance)*	*(Officer daily subsistence allowance)*

H. E. Major 18 428

(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

RECEIVED
JAN 14 1947

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

Hg 7.

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
ELDER, Sidney H.	219-289	BM1c

MAJOR UNIT NAME / UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT NAME	LOCATION
CG GROUP, Newport, Oregon	Heceta Head Light Station	Florence, Oregon

DATE: 12 Nov. 1946

TIME 0700
DATE 12 Nov. 1946

REPORTED FROM: 7 days leave of absence plus 17 days extension,
FOR to resume regular duties.

DUTY CODE NO. 30 AUTH: Art. 1936 (3) Regs. 18 Oct. 1946

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

Richard C. Van Hine
Richard C. Van Hine, CBM, CO, CG GROUP
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

NO POSTING REQUIRED

Form 73

LAF:BA

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL
Telegraphic Reply Requested

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska, September 21, 1933, 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Probationary appointment — Legal residence, Alaska

Name, Sidney Elder — Proposed salary, $1380 p.a.

Position, Keeper in the Lighthouse Service — Proposed range, $1380-1740

Location, Additional Keeper at Large 16th Lighthouse District. — Appropriation, Salaries of Keepers at Lighthouses.

Effective, October 1, 1933. — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, New position — Former salary, -----

Location, 16th Lighthouse District — Former range, -----

Rank on eligible list, 2nd — Rating, Asst. Keeper — Percentage, 86.8/ Preference, Other eligibles considered:
(J.S.Washburn, M.L.Ballou and Henry Henn desire appointment only at Light-stations where quarters for families are provided)
J.C.Foord.....87.8 "C"
J.B.Lanterman....85.1 "C"

Previous incumbent and his pay, new position (47#845) — Services terminated, ---

Reason, (Request for reinstatement of the above position of Additional Keeper at large which was abolished by Bureau letter dated July 25, 1933, File RG-EK/EJD has been submitted this date.

Members of family in Government service, none.

Date of birth, November 20, 1893.

Remarks: Quarters for families of keepers are not furnished for additional keepers at large.
Not job employment.

Selection regular, subject to the action of the
U. S. Civil Service Commission, SEP 27 1933, 19
Through: Manager, 11th U. S. Civil Service District,
Seattle, Washington.

H. Jackson
Secretary, Civil Service District. McK

Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

October 3, 1933

Submitted to the Secretary of Commerce, approved, attention being invited to the Superintendent's letter of September 21, attached, recommending the re-establishment of this position, it having been discontinued at the close of June 30, 1933, to prevent impounding.

copy in File 1647

H. D. King
Acting Commissioner of Lighthouses.

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

11—2314

SS OF SERVICE DESIRED

Fast Day Message	
Night Message	
Night Letter	

atrons should mark an X opposite the ass of service desired; OTHERWISE HE TELEGRAM WILL BE TRANS-ITTED AS A FAST DAY MESSAGE

Form No. 123

ROUTINE

SIGNAL CORPS, UNITED STATES ARMY

WASHINGTON-ALASKA MILITARY CABLE AND TELEGRAPH SYSTEM

LIGHTHOUSES 1933 OCT - 2 - AM 8:58

TELEGRAM

NUMBER	TIME FILED	CHECK

SEND THE FOLLOWING MESSAGE:

c3—8126

SEATTLE WASH SEPT 27 1933

SUPERINTENDENT
SIXTEENTH LIGHTHOUSE DISTRICT
KETCHIKAN ALASKA

YOUR NOMINATION COVERING PROBATIONAL APPOINTMENT SIDNEY ELDER AS KEEPER TODAY APPROVED AND FORWARDED TO DEPARTMENT SUBJECT TO RECEIPT OF SERVICE RECORD CARD AND FINGERPRINT CHART PLEASE FORWARD

ELEVENTH CIVIL SERVICE DISTRICT

OFFICIAL BUSINESS

Manager, Eleventh U. S. Civil Service Dist.,
Post Office Building,
Seattle, Wash. M:K

COPY

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

1933 OCT 12 AM 10:09 LIGHTHOUSES

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

October 9, 1933.

M. Sidney Elder,

Through the Commissioner of Lighthouses.

Sir:

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

Keeper

in the Lighthouse Service

at a salary of Thirteen Hundred and Eighty dollars per annum

effective upon entrance on duty.

Nature of appointment: Probationary.

Civil Service authority: Manager, Eleventh Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

WM. J. GARDNER.

10/20/33

16
G

Chief of Appointment Division.

GOVERNMENT PRINTING OFFICE

Appropriation (unit): Field.

Vice: New position.

OCT 12 1933

Legal Residence: Alaska.

11-8667

commissioner of lighthouses

H-M

DISPATCH PLEASE SEND
VIA SIGNAL CO PS WAR

WASHINGTON DC
OCT 12 1933

USLHE KETCHIKAN ALASKA

APPOINTMENT SIDNEY ELDER AND REESTABLISHMENT POSITION
KEEPER AT LAROK APPROVED

PUTNAM

confirmation

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA

LAF:BA

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

1935 NOV - 1 - AM 11:32

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

October 20, 1933

Commissioner of Lighthouses
Washington, D. C.

Inclosed herewith is Personal History and Oath of Office in the case of Sidney H. Elder, covering his probationary appointment to position of Additional Keeper at Large, effective October 20, 1933, at $1380 per annum approved by Bureau telegram dated October 13, 1933.

Incl:
Personal History
Oath of Office

Superintendent

To dept 11/1/33 Hm

commissioner of lighthouses

H-M

DISPATCH PLEASE SEND
VIA SIGNAL CORPS WAR

WASHINGTON DC JUNE 14 1934

USLHR KETCHIKAN ALASKA

DETAIL GEORGE FRANCIS TO CAPE DECISION RELIEVE SIDNEY ELDER MEDICAL ATTENTION APPROVED

PUTNAM

confirmation

Form 73
LAF:BA

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

1934 DEC 26 AM 9 23

Ketchikan, Alaska, December 18, 1934, 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion — Legal residence, Alaska

Name, Sidney Elder — Proposed salary, $1500 p.a.

Position, Keeper in the Lighthouse Service. — Proposed range, $1500-1860

Location, Second Asst. Keeper Cape Decision Lightstation. — Appropriation, Salaries Keepers of Lighthouses

Effective, February 1, 1935 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Same — Former salary, $1380 p.a.

Location, Additional Keeper at Large, 16th Lighthouse District — Former range, $1380-1740

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

Previous incumbent and his pay, Alfred Schlais (Lt.#3275) / Services terminated, close January 31, 1935. to be $1500 p.a.

Reason, Nomination dated December 12th, 1934, submitted to Bureau recommending transf of Mr Schlais to Watchman, Ketchikan Lighthouse Depot.

Members of family in Government service, ...None.

Remarks:

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

Secretary, Civil Service District.

Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

December 26, 1934

Submitted to the Secretary of Commerce, approved., attention being invited to separate nomination proposing the transfer of Alfred Schlais to the position of watchman.

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

January 15, 1935.

Mr. Sidney Elder,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective February 1, 1935, or entrance on duty (change of station and duties).

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

Chief of Appointment Division.

From: $1380 per annum.

To: $1500 per annum.

Service and grade: Field.

Appropriation (unit):

16
B

JAN 21 1935

GOVERNMENT PRINTING OFFICE 11—9061

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA
FT

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

1935 APR - 15 - PM 3 : 20

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

April 5, 1935.

Commissioner of Lighthouses
Washington, D. C.

Referring to Department letter of January 15, 1935 promoting Sidney Elder from Additional Keeper at Large, $1380 per annum, (range $1380-1740p.a.) to 2nd Asst. Keeper at Cape Decision Lightstation, $1500 per annum (range $1500-1860. p.a.), the Bureau is advised that effective date of this change was March 21, 1935.

Superintendent.

APR 17 1935

For the Commissioner,

Chief Personnel Division.

F

6

FT.MD

Form 73

NOMINATION

SPECIAL

Telegraphic Reply Requested

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska (City) July 10 (Date), 1935

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Sidney H. Elder

Position, Keeper in the Lighthouse Service

Location, 1st. Assistant Keeper, Cape Decision Lighthouse, Alaska

Effective, ~~Same~~ July 15, 1935 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Legal residence, Alaska

Proposed salary, $1560. p.a.

Proposed range, $1560 -1920 p.a.

Appropriation, Salaries of Keepers of Lighthouses

Former position, Same

Location, 2nd. Assistant Keeper, Cape Decision Lighthouse, Alaska

Former salary, $1500.00 p.a.

Former range, $1500--1860 p.a.

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

(Lt. #3429)

Previous incumbent and his pay, William J. Donelly Services to be terminated, about July 15, 1935

Reason, Recommended for transfer and promotion to Temporary Additional Keeper, Cape St. Elias Lightstation, Alaska. See Form 73 of this date.

Members of family in Government service, None

Remarks:

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

Secretary, Civil Service District.

Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

JUL 18 1935

Submitted to the Secretary of Commerce, approved.

The original of this came back to me by R.G. this morning initialed + sent to Capt. Harman. Got it signed + sent to Capt. in p.m. HHM 8/1

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

August 6, 1935.

Mr. Sidney Elder,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty. (change of duties)

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,

WM. M. GARDNER

Chief of Appointment Division.

From: $1500 per annum.

To: $1560 per annum.

Service and grade: Field.

Appropriation (unit):

C

16

AUG 21 1935

GOVERNMENT PRINTING OFFICE 11—9051

commissioner of lighthouses
commerce branch 680

H-M

PRIORITY

DISPATCH PLEASE SEND
VIA SIGNAL CORPS WAR

WASHINGTON DC AUG 21 1935

GOVT USLHS LIGHTHOUSE SUPERINTENDENT KETCHIKAN ALASKA

PROMOTION SIDNEY ELDER FIRST ASSISTANT APPROVED

KING

confirmation

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA

FT

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

1935 SEP 10 AM 11:32

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

Sept. 6, 1935.

Commissioner of Lighthouses
Washington, D. C.

Referring to Department letter of August 6, 1935 promoting Sidney H. Elder from the position of 2nd Asst. Keeper at Cape Decision Lightstation Alaska, at $1500 p.a. (range $1500-1860 p.a.), to the position of 1st Asst. Keeper, same station, at $1560 p.a. (range $1560-1920 p.a.), the Bureau is advised that the effective date of this promotion was August 11, 1935.

For and in the absence of the Supt.

Asst. Superintendent.

- - - -

Bureau of Lighthouses, Washington, D.C., Sept. 16, 1935.

Submitted to Secretary of Commerce for information.

For the Commissioner:

W.P.Harman
Administrative Assistant

Form 73

LAF:INR

LIGHTHOUSES JUL 7 8 30 AM '36

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SPECIAL
Telegraphic Reply Requested.

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT,

Ketchikan, Alaska (City) June 29 (Date), 1936

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and demotion

Name, Sidney Elder

Position, Keeper in the Lighthouse Service

Location, 1st Asst. Keeper, Tree Point Lightstation Alaska

Effective, July 10, 1936

Legal residence, Alaska

Proposed salary, 1320 p.a.

Proposed range, 1320 - 1680 1240

Appropriation, Salaries - Keepers of Lighthouses

[1] ~~the actual date of entrance on duty,~~ or as soon thereafter as he enters on duty.

Former position, same

Former salary, 1560 p.a.

Former range, 1560 - 1920

Location, 1st Asst. Keeper, Cape Decision Lightstation, Alaska

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

(LT. #885)

Previous incumbent and his pay, August Waltenberg $1320 p.a. / Services to be terminated, Close of July 9, 1936 or thereafter

Reason, Nomination dated June 29, 1936 recommending transfer to Point Retreat Lightstation

Members of family in Government service, None

Remarks: Mr. Elder has consented to this reduction in pay by letter dated June 6, 1936. Section 2, Civil Service Rule 1, relating to religious opinions and affiliations will not be violated by the action recommended. It is recommended that this transfer be at Government expense, as it is not at the request of nor for the convenience of the employee. Travel Order No. 381 is inclosed with request that same be recommended for approval.

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

Secretary, Civil Service District.

Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

JUL - 7 1936

Submitted to the Secretary of Commerce, approved.

cancelled

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

issioner of lighthouses
commerc[illegible]ranch 680

h-m

Form A-88

[illegible]H PLEASE SEND
[illegible]IGNAL CORPS WAR

PRIORITY

WASHINGTON DC JUL 22 1936

GOVT USLHS SUPERINTENDENT LIGHTHOUSES KETCHIKAN ALASKA

TRANSFER SIDNEY ELDER AND PAUL STRAND APPROVED TRANSFER AUGUST WALTENBERG POINT RETREAT WITHOUT CHANGE PAY APPROVED REPORT EFFECTIVE DATE FORM SEVENTYTHREE A

COPY

KING

confirmation

Elder to Tree Point at $1320

Strand to Cape Decision at $1560

Waltenberg to Point Retreat at $1320

RY

6

DEPARTMENT OF COMMERCE
Bureau of Lighthouses
Washington

November 9, 1936

LIGHTHOUSES

Superintendent of Lighthouses, Ketchikan, Alaska.

DEC 4 11 48 AM '36

It is requested that the information indicated in the item checked below be furnished the Bureau promptly, with the return of the attached papers, if any.

NAME AND DESIGNATION Sidney Elder - 1st asst kpr.
Tree Point, $1320

(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet.
(3) Furnish oath of office.
(4) Furnish civil service form 375 in triplicate.
(5) Submit form SS-66, showing last day served by temporary appointee.
(6) Furnish standard form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in civil service form 2473, attached.
(8) Submit inclosed nominations through the District Civil Service Secretary.
(9) Furnish one copy certified form 2806.
(10) Miscellaneous.

Report effective date by indorsement hereon in duplicate. Authorized by Department letter dated July 14, 1936.

For the Commissioner:

HLM

R. J. Gross,
Chief of Personnel Division.

District 16th Date Nov. 23, 1936

Returned to Commissioner of Lighthouses: **with statement that Sidney Elder has not yet been transferred to Tree Point Light Station. The effective date will be reported as soon as transfer can be made which will be about March 10, 1937**

For and in the absence of the Superintendent of Lighthouses.

Dwight A. Chase, Assistant Superintendent.

DEC - 4 1936

Submitted to Secretary of Commerce for his information

For the Commissioner,

Chief, Personnel Division

This transfer was cancelled
13600 HLM 1/10/37

Form 73
LAF:PW

NOMINATION

SPECIAL

Telegraphic Reply Requested.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska, February 2, 1937
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and demotion — Legal residence, Alaska

Name, Sidney Elder — Proposed salary, 1260 P. A.

Position, Keeper in the Lighthouse service — Proposed range, 1260-1620

Location, Assistant Keeper Sentinel Island Lightstation, Alaska — Appropriation, Salaries keepers of lighthouses Acct. $240

Effective, February 21, 1937 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Same — Former salary, 1560 P. A.

Location, 1st Assistant Keeper Cape Decision Lightstation, Alaska — Former range, 1560-1920

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

(LT.#880) were

Previous incumbent and his pay, James H. Scriver $1260.p.a. Services terminated, close of 11/10/36

Reason, Transferred to temporary additional keeper at Cape Spencer Lightstation effective 11/11/36 by Department letter 11/11/36.

Members of family in Government service, none.

Remarks: The above recommended transfer and demotion is at Mr. Elder's own request on account of the fact that he desires a station where quarters are furnished for families of keepers. Section 2 of Civil Service Rule 1, relating to religious opinions or affiliations will not be violated by the action recommended. Dep't. letter of July 14, 1936 covering transfer of Sidney Elder to 1st assistant keeper at Tree Point Lightstation is being returned this date with recommendation that same be cancelled.

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

Secretary, Civil Service District.

Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

February 10, 1937

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses.

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

11—2314

LAF:PW

Superintendent, 16th Lighthouse District
LIGHTHOUSE
FEB 9 3 35 PM '37
Ketchikan, Alaska.

February 2, 1937

Commissioner of Lighthouses,
Washington, D. C.

1. There is returned herewith Department letter dated July 14, 1936, covering transfer of Sidney Elder from Cape Decision to 1st Assistant Keeper at Tree Point Lightstation, requesting that same be recommended for cancellation.

2. The above transfer has not been made effective owing to the fact that his services were needed at Cape Decision Lightstation.

3. Paul Strand, on account of his seniority over Mr. Elder, was recommended for transfer from Additional Keeper at Large to 1st Assistant Keeper at Tree Point Lightstation on January 30, 1937.

4. Mr. Elder has been recommended this date for transfer from Cape Decision to Assistant Keeper at Sentinel Island Lightstation, Alaska.

Superintendent.

Inc. Dep't. letter in duplicate.

- - - - - - - - - - - -

BUREAU OF LIGHTHOUSES
WASHINGTON

February 10, 1937.

Submitted to Secretary of Commerce for cancellation of Department letter dated July 14, 1936, for the reason given by the Superintendent.

For the Commissioner:

hlm/see
Encl.

Chief of Personnel Division

commissioner of lighthouses
commerce branch 680

hlm/sec ROUTINE

DISPATCH PLEASE SEND
BY SIGNAL CORPS WAR

WASHINGTON D C MAR 3 1937

GOVT USLHS LIGHTHOUSE SUPERINTENDENT KETCHIKAN ALASKA

TRANSFER PAUL STRAND TO TREE POINT AND SIDNEY ELDER TO SENTINEL ISLAND

APPROVED

PARK

CONFIRMATION

DEPARTMENT OF COMMERCE

DIVISION OF PERSONNEL

WASHINGTON

March 2, 1937.

Mr. Sidney Elder,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station).

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

By direction of the Secretary.

Respectfully,

F. A. DELONG

Acting Chief, Division of Personnel.

From: $1560 per annum.

To: $1260 per annum.

Service and grade:

Appropriation (unit): Field.

16
P

MAR - 4 1937

SUPERINTENDENT OF LIGHTHOUSES

AUG 12 1937

KETCHIKAN, ALASKA

DEPARTMENT OF COMMERCE
Bureau of Lighthouses
Washington

August 6, 1937

LIGHTHOUSES
AUG 21 11 43 AM '37

Superintendent of Lighthouses: **Ketchikan, Alaska**

It is requested that the information indicated in the item checked below be furnished the Bureau promptly, with the return of the attached papers, if any.

NAME AND DESIGNATION **Sidney Elder, Keeper, $1260**
Sentinel Island

(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet in duplicate.
(3) Furnish oath of office.
(4) Furnish civil service Form 375 in triplicate.
(5) Submit Form SS-66 in duplicate, showing last day served by temporary appointee.
(6) Furnish standard Form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in civil service Form 2473, attached.
(8) Submit enclosed nominations through the District Civil Service Secretary.
(9) Furnish one copy certified Form 2806.
(10) Miscellaneous.
Furnish in duplicate notice of date of entrance on duty in change authorized by Department letter dated March 2, 1937.

For the Commissioner:

W. P. Harman

W. P. Harman,
~~Executive~~, Administrative Assistant
~~Chief of Personnel Division~~

see

FT

Ketchikan, Alaska,

District **16th** Date **Aug. 13, 1937**

Returned to Commissioner of Lighthouses:

Effective date of entrance on duty of Sidney Elder to the position of Asst. Keeper, Sentinel Island LH, Alaska was June 16, 1937.

Superintendent of Lighthouses.

9265

BUREAU OF LIGHTHOUSES - WASHINGTON August 23, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

see

W. P. Harman,
Administrative Assistant

Form 73

NOMINATION

SPECIAL

Telegraphic Reply Requested

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 16th DISTRICT.

Ketchikan, Alaska (City), August 5 (Date), 1937

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and promotion

Legal residence, Alaska

Name, Sidney Elder

Proposed salary, $1500 p.a. 2 to 9 pts

Position, Keeper in the Lighthouse Service

Proposed range, $1500-1860 ✓

Location, Keeper, Tree Point Lightstation, Alaska

Appropriation, Salaries, Keepers of Lighthouses

Effective, August 16, 1937

[1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Assistant Keeper

Former salary, $1260 p.a.

Location, Sentinel Island Lightstation, Alaska

Former range, $1260-1620 ✓ 2 to 9 pts

Rank on eligible list, ---

Rating, --

Percentage, --

, Other eligibles considered:

Previous incumbent and his pay, Ray I. Loney $1500. (LL 884)

Services to be terminated, August 15, 1937 or thereafter.

Reason, Nomination dated June 4, 1937 for transfer of Mr. Loney to Keeper at Eldred Rock Lightstation.

Members of family in Government service, None.

Date of Birth: November 20, 1893

Remarks: Quarters are furnished by the Government for the families of Keepers at Tree Point Lightstation. It is recommended that this transfer be at Government expense, as it is not at the request of nor for the convenience of the employee. Travel Order No. 475 is inclosed with request that same be recommended for approval.

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

_____ Secretary, Civil Service District.

_____ Superintendent

Inc. T/O

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 10 1937

Submitted to the Secretary of Commerce, approved.

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

DEPARTMENT OF COMMERCE

DIVISION OF PERSONNEL
WASHINGTON

August 23, 1937.

Mr. Sidney Elder,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station and duties).

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

Chief, Division of Personnel.

From: $1260

To: $1500

Service and grade:

Appropriation (unit): Field.

D

COMMISSIONER OF LIGHTHOUSES
COMMERCE BRANCH 680

WASHINGTON D C AUG 25 1937

USLHS GOVT LIGHTHOUSE SUPERINTENDENT KETCHIKAN ALASKA

TRANSFER AND PROMOTION SIDNEY ELDER TO TREE POINT APPROVED

KING
- - - - -

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KETCHIKAN, ALASKA

LAF:FT

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
OCT 12 11 21 AM '37

OFFICE OF SUPERINTENDENT, 16TH DISTRICT
KETCHIKAN, ALASKA

~~Sept. 25,1937.~~

October 4,1937

Commissioner of Lighthouses
Washington, D. C.

The Bureau is advised that the effective date of transfer of Sidney Elder from Assistant Keeper, Sentinel Island Lightstation, $1260. P.A. (Range $1260-1620) to Keeper, Tree Point Lightstation, $1500 P.A.(Range $1500-1860) under Department letter dated August 23, 1937, is Sept. 10,1937.

Superintendent.

BUREAU OF LIGHTHOUSES
WASHINGTON

October 12, 1937

Submitted to the Secretary of Commerce for information.

For the Commissioner:

W. P. Harman,
Administrative Assistant

see

(COPY)

STANDARD FORM NO. 6
(Approved by the President 6/28/24)
Revised Dec. 5, 1930

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Commerce Lighthouse **Date** Oct.19, 1933.

1. Name in full (Mr., Miss, or Mrs.) Elder (Surname) Sidney (Given name) Hayes (Middle name)
2. Present address Ketchikan (Number) (Street) Box 1225 (City) (State)
3. Legal (voting) residence First Division (State and Congressional District) (County) (City or town)
4. Where born Pennsylvania (State or foreign country) Velanova (City or town) When born 11-20-1893 (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 Six 7 - 9 - 10 - 13 - 15 - 33
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	Depot	Laborer	3.00	9	8	33	9	22	33
"	"	"	5.04	10	31	32	11	4	32

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: NO

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	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 3-21-16	Discharged 3-21-20	Enlisted	Discharged
Rank ~~Private~~	Rank 1st Cl. Private	Rank	Rank
Organization U.S.M.C.	Organization U.S.M.C.	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
Ketchikan Spruce Mills	Setter in saw mill	Six Years
Lake Sawyer Lumber Co.	" and grader	Three Years
Renton Motor Co.	Mechanic	Three Years
Keyes Lumber Co.	Yard Foreman	Four Years.

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

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

16. In case of emergency, notify Mrs. S. H. Elder

Relationship Wife Post office address Ketchikan, Alaska

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

/s/ S. H. Elder
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1936 10—1930

U.S. COAST GUARD HQ.
RECD OCT 30 1939 BY
AMS

Copy of this form not sent to the Department

ndard Form No. 13
ved by the President
—Revised 1-10-28

ABSTRACT OF OFFICIAL RECORD OF U. S. GOVERNMENT EMPLOYEE

(For the use of the department to which the employee has been transferred)

INSTRUCTIONS

1. The act, approved February 14, 1922, prescribes that "each executive department, and each independent establishment of the Government not within the jurisdiction of any executive department, shall establish and maintain such record as will enable it to determine the amount deducted within each fiscal year from the basic salary, pay, or compensation of each employee within its jurisdiction to whom this act applies. When such employee is transferred from one office to another a certified abstract of his official record shall be transmitted to the office to which the transfer is made."

2. A complete official record in the Federal service of the employee named should be set forth on this abstract. If an employee is transferred to another department, an abstract will be prepared in duplicate, showing his appointment in the department from which transferred and all changes of grade or compensation while therein. The original, properly executed, will be transmitted to the department to which transferred, the duplicate to be retained in his personal file. Should such employee be again transferred the second department will prepare an abstract setting forth the data contained in that received by it, with the addition of his record while in the second department, such abstract to be transmitted to the department to which he is transferred, a duplicate being retained.
In the case of a reinstatement, the department in which the employee is reinstated should apply to the establishment in which the former service was rendered for an abstract of record in the case. Statements of employees must not be accepted unless verified from official records.

3. In Table II show the amount deducted for the retirement fund during each **fiscal year**, or part of **fiscal year**, the employee was in your service.

4. This certificate must be signed and countersigned (if necessary) by an official recognized by the Bureau of Pensions as authorized to sign certificate of administrative officer on application for refunds.

5. In the case service was per diem and continuous through the calendar year, so state; if intermittent, give dates of beginning and ending of actual employment, with the number of days served.

NAME: ELDER, Sidney — 20 November, 1893
(Surname first, Mr., Miss, or Mrs.) (Date of birth)

TREASURY DEPARTMENT - U. S. Coast Guard
(Department and office in which last service was had. See Paragraph 2 of Instructions)

Ketchikan, Alaska
(Place) (Date)

I. SERVICE RECORD

ESTABLISHMENT (a)	ACTION (b)	POSITION (Pay-roll title)	RATE OF PAY (c)	DATE EFFECTIVE
U.S.MARINE CORPS				
Seattle, Washington	Enlisted	Private		3-21-16
do	Hon.Dischg.	Private, 1st cl.		3-21-20
DEPT. COMMERCE				
16th LH District		Additional Keeper		
Ketchikan, Alaska	Prob. Appt.	at Large.	#$1380. A.	10-20-33
do (C.Decision LH)	Pro.	2d Asst. Keeper	# 1500. A.	3-21-35
do (C. Decision LH)	Pro.	1st Asst. Keeper	# 1560. A.	8-11-35
do (Sentinel I. LH)	Demo.(vol)	Asst. Keeper	## 1260.A.	6-16-37
do (Tree Point LH)	Keeper	Keeper	## 1500.A.	9-10-37
TREASURY DEPT.				
U. S. Coast Guard				
Ketchikan District	A.Trans.			
Ketchikan, Alaska	Reorgan.Plan			
(Tree Point LH)	#II, 5-9-39	Keeper	## 1500. A.	7-1-39
do	Resigned.	Keeper	## 1500. A.	9-22-41
INDUCTED INTO MIL. SERVICE OF COAST GUARD AS BOATSWAIN'S MATE 1st CLASS				9-23-41

Plus $60. valuation of quarters.
Plus $240. valuation of quarters.

U. S. COAST GUARD (12)
RECD SEP 30 1941

TOTAL GOVERNMENT SERVICE: 11 Years 11 Months 4 Days

10—1831

(a) Place the name of department, bureau, or office in which the service was performed.

(b) Indicate the nature of the action according to the following key abbreviations: PA, probational appointment; Exc., excepted from examination; E. O., Executive order; Rein., reinstatement; Trans., transfer; Pro., promotion; Red., reduction; Res., resignation; Rem. C., removed for cause; Rem. R., removed, reduction of force; L. W. O. P., leave without pay for periods of one month or more.

(c) Under rate of pay, do not include bonuses, allowances, overtime pay, or compensation given in addition to basic pay of positions as fixed by law or regulation.

II. STATEMENT OF DEDUCTIONS FOR RETIREMENT FUND—BY FISCAL YEARS

(See Instructions No. 3)

BEGINNING—			ENDING—			DEDUCTIONS		BEGINNING—			ENDING—			DEDUCTIONS	
Month	Day	Year	Month	Day	Year	Dollars	Cents	Month	Day	Year	Month	Day	Year	Dollars	Cents
None.															

Do records show employee has made application for refund of any portion of amount shown above? --- (Yes or No)

If the records show that refund of the above deductions has been made in whole or in part, state the amount or amounts, and period or periods covered and give claim number. (If none, so state) ---

State leaves of absence in current calendar year: annual ---; sick ---; without pay ---

State any leave of absence in excess of six months in the aggregate in any calendar year: 0

The foregoing is a complete abstract of the official record on file in this office showing all Federal service to date of the employee named herein.

F. A. ZEUSLER

Frank Tomkiel (Signature)

FRANK TOMKIEL
By direction. (Official title)

Countersigned ---, 19---

(Signature)

(Official title)

Furnished to:

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

10—1931 U. S. GOVERNMENT PRINTING OFFICE: 1931

Form 93

NOTICE OF RESIGNATION ~~OR DEATH~~

Treasury
DEPARTMENT ~~OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U.S.Coast Guard
~~OFFICE SUPERINTENDENT OF LIGHTHOUSES~~, of Commander Ketchikan DISTRICT.

Ketchikan, Alaska, 22 Sept. , 1941.

~~Commandant:~~
~~COMMISSIONER OF LIGHTHOUSES:~~

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

Name, Sidney Elder — Position, Keeper

Legal residence, Alaska — Station, Tree Point Lt. Sta., Alaska

Salary, $1500. per annum.

The acceptance of this resignation { ~~with~~ / without } prejudice is recommended effective at the close of 22 September, 1941.

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

REMARKS: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

Inducted into military service of Coast Guard as Boatswain's Mate, 1st Class effective 23 September 1941.

F. A. ZEUSLER

~~FRANK TOMKIEL~~
By direction. ~~Superintendent of Lighthouses~~

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

Referred to Mr. Herndon
10/6 for rank, pay,
etc. N.C.L.

TREASURY DEPARTMENT
U. S. COAST GUARD

Ketchikan, Alaska 23 Sept. 1941

Commander, Ketchikan District,
U. S. Coast Guard
Ketchikan, Alaska

Sir:

I hereby tender my resignation from the position indicated below: effective at the close of 22 September, 1941.

Position Keeper

Grade and salary $1500. A. (Range $1500-1860. A.)

Division Ketchikan District, Alaska

Station Tree Point Lt. Sta., Alaska

Reason for resigning Induction into military service of Coast Guard as

Sidney Elder.

Is above person unqulifiedly recommended for further Government employment? Yes.

Recommended that resignation be accepted (with) (without) prejudice.

Superior's remarks:

F. A. ZEUSLER

FRANK TOMKIEL
By direction.

Leave record during current calendar year

Annual 5½ Sick 0 Without Pay 0

Sick leave taken during last year of employment 0

Number of occasions when such leave was taken 0

FET
(Leave clerk)

3-12
File
PE-73

10 September, 1942.

From: Commandant.
To: District Coast Guard Officer, Ketchikan, Thirteenth Naval District.

Subject: ELDER, Sidney H. (219-289) B.M.1c.; orders; transfer; travel.

1. Transfer subject-named man to Seattle, Washington, directing him to proceed to that place and report to the District Coast Guard Officer, Thirteenth Naval District, for assignment to duty.

2. Travel will be charged against Headquarters' Symbol No. 51-20 (0230-5).

3. This order constitutes a permanent change of station for Elder, from his present permanent station to such permanent station as may be designated by the District Coast Guard Officer, Thirteenth Naval District.

E. J. ROLAND,
By direction.

Copy to:
DCGO Seattle, Thirteenth NavDist.

MAILED
SEP 11 1942
COAST GUARD

ROLAND 3211 3-11

B&P

73

NAVY DEPARTMENT
UNITED STATES COAST GUARD
KETCHIKAN, ALASKA

THIRTEENTH NAVAL DISTRICT
"HEMLOCK"

7 August, 1942

From: ELDER, Sidney H. (219-289) B.M.1c.
To: District Coast Guard Officer, Ketchikan, 13th Naval District.

Via: Commanding Officer, HEMLOCK.

Subject: Transfer: request for.

1. It is requested I be given a transfer to any unit in the SEATTLE DISTRICT. I have Nine Years Alaska duty in the U. S. Coast Guard and the U.S. Lighthouse Service.

Sidney H. Elder.
Sidney H. Elder

- -

73 1st Indorsement C.G.C. HEMLOCK
Ketchikan, Alaska
7 August, 1942

From: Commanding Officer, HEMLOCK.
To: District Coast Guard Officer, Ketchikan, 13th Naval District.

1. Forwarded, approved. Elder has been attached to this unit since 11 October, 1941. Efficiency marks for the quarter ending 30 June, 1942 are as follows: Proficiency in Rating 3.6; Ability as a leader of men 3.5; Seamanship 3.3; Mechanical Ability 3.2; Conduct 4.0.

J. H. JENSEN

Enl 9-23-41
BM1c 9-23-41

Yeo. BM1c - 63

2nd Indorsement 3-11

Office of D.C.G.O.
Ketchikan, Alaska
12 August, 1942

1942 AUG 23 AM 8 34

From: District Coast Guard Officer,
Ketchikan, 13th Naval District.

To: Commandant.

Via: District Coast Guard Officer,
Seattle, 13th Naval District.

Subject: Transfer; request for.

1. Forwarded, approved. No relief requested.

2. The applicant was inducted into military service, having been a lighthouse keeper. Tender, small boat, or captain of the port duty recommended.

F. A. ZEUSLER

Transfer to DCGO Seattle 13th ND for assignment to duty

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

C.G.C. HEMLOCK (Unit) — Ketchikan, Alaska (Place)

1 October, 1942 (Date)

FROM: ELDER, Sidney H. (219-289) B.M.1c.

TO: COMMANDANT (via Commanding Officer, HEMLOCK)

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:

Winifred L Elder (Full name of wife; if not married, so state)	Box 7, Kennydale, Washington (Address of wife)
Freeland H. Elder (Full name of child; if none, so state)	Same as above (Address of child)
(Full name of child; if none, so state)	(Address of child)
(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:

Mrs R. C. Storey (Full name of relative)	Sister (Relationship)	Route 2, Renton, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mrs O. E. Flatebo (Full name of relative)	Sister (Relationship)	Kennydale, Washington (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1942

O. E. JENSEN, Lieutenant, USCG
(Signature)

COMMANDING OFFICER, HEMLOCK
(Rank or title)

Sidney H. Elder.
Sidney H. Elder
(Signature)

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

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: DN20 Z QUAJ 030010 QUAH GR45

FROM: DCGO 13TH ND KETCHIKAN

ACTION: COMDT

INFORM:

FILE
WHC

TEXT

FROM SIDNEY H ELDER BM1C HEMLOCK X REQUEST AUTHORITY DURING MONTH OF MAY TRAVEL DEPENDENT WIFE WINIFRED L ELDER AND MINOR SON FREELEN HAYES ELDER AGE FOUR YEARS AND APPROXIMATELY 4000 POUNDS HHE KETHIKAN ALASKA TO KENNYDALE WASH MY HOME X CHECKAGE PAY ACCOUNT AUTHORIZED

1 1/2

Evacuee

HHE - $228.00

WB Def - 48.40

Asst. Comdt.	Law
Aviation Eng.	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Material
Civilian Personnel	Medical
Commandant	Merchant Ship
Communications	Operations
Const. & Repair	Permanent Board
Finance	Personnel
Group Training	Procurement
Inspector	Public Relations
Intelligence	Radio Engineering

OPERATOR'S RECORD AND DATE

TOD 0325 UR MAY 3/42 NM

OFFICIAL INITIALS

$

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept. 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

FILE
WHC

73
~~537~~
~~537~~

DATE 4 MAY 1942

FROM
COMMANDANT
COAST GUARD HEADQUARTERS

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
X	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

TO (FOR ACTION)
DCGO 18TH ND KETCHIKAN

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

Ø4125Ø

TEXT

YOUR 030010 X AFFIRMATIVE

Ref: From Sidney H. Elder B.M.1c, HEMLOCK, request authority during month of May travel dependent wife, Winifred L. Elder and minor son, Freelen Hayes Elder, age four years and approximately 4000 pounds HHE, Ketchikan, Alaska to Kennydale, Washington, my home. Checkage pay account authorized.

Ø4125Ø DN 7 MC

PERSONNEL

B & P
OPERATOR'S RECORD.

OFFICIAL BUSINESS.

AJC
INITIALS OF "RELEASING" OFFICER.

U. S. GOVERNMENT PRINTING OFFICE 2—15417

FILE
C.M.

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

FOLLOW INSTRUCTIONS ON BACK

ELDER, Sidney H.	219-289	BM.1c.	HEMLOCK
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Ketchikan, Alaska, Date 5/25/42, 19

To: _____
(Coast Guard unit)

_____
(Address)

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tetanus toxoid immunization		3/31/42	5/25/42

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

_____

_____

_____

CONDUCT REPORT:

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

R W Carr per R H Phillips
R.W.CARR
P.A.SURG.(R)
_____ *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 19 , has been
(Diagnosis)
transferred this date _____, 19 , to the U. S. Marine Hospital at _____
for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (8)
REC'D JUN 2 - 1942
FILE C.M.

ELDER, Sidney H. (Name, surname first) | 219-289 (Service number) | B.M.1c. (Rank or rating) | HEMLOCK (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 Ketchikan, Alaska, Date 31 March, 1942

To: Medical Officer in Charge
U.S. public Health Service
Ketchikan, Alaska

RECEIVED
10 JUN 1942
C. G. C HEMLOCK

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

Sidney H. Elder
(Signature of patient)

E. L. TILLETT,
Chief Bos'n. U. S. Coast Guard. (R)

RETURN MEDICAL CERTIFICATE

Place Ketchikan, Alaska, Date 3/31/42, 19

I CERTIFY that I have examined the above-named person and find him suffering from Tetanus toxoid immunization
(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 Ketchikan Relief {*hospital / *office} on 3/31/42, 19

R. W. Carr per R. A. Phillips
R. W. CARR,
P. A. SURG. (R) U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

PR-73.

7 November, 1941.

From: Commandant.
To : The Major General Commandant, U.S.Marine Corps, Washington, D.C.

Subject: ELDER, Sidney Hayes, ex-Private, U.S.Marine Corps; statement of service, request for.

1. It is requested that a statement of service in case of Elder, born 20 November, 1895, Villanova, Pennsylvania, be furnished this office. Please furnish two carbon copies and state whether or not any time was lost due to own misconduct, absence without official leave or for any other reason for which service is not creditable.

By direction:

N. R. STILES,
Commander, U.S.Coast Guard,
Assistant Personnel Officer.

RECEIVED
NOV 8 1941

Encl H.P. Bad.

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

U. S. COAST GUARD
OCT 23 1941

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
ELDER	Sidney	H.	219-289	B.M.1c.

(Unit)	(Place)	(Date)
KETCHIKAN BASE	Ketchikan, Alaska	10 October, 1941

1200 - 10-8 -41 - Reported for temporary duty and further transfer to HEMLOCK.
Entitled to subsistance allowance of $2.50 per day while attached this unit.
0815 - 10-11-41 - Departed for HEMLOCK for assignment to permanent duty.
Subsistence allowance of $2.50 per day ceases.

F. A. ZEUSLER

AUTHORITY:
Verbal Orders, DistC.

FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
(Commanding)

By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
			NOTED W.P.S.

U. S. GOVERNMENT PRINTING OFFICE

REMARKS: complete upper and lower edenture. (well fitting).

CERTIFICATE

~~XXX~~ / I } certify that { ~~XXX~~ / I } have personally made this physical examination and find that Sidney Elder

He is physically qualified for Induction into C. G.
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of B.M.1c.
(Use in case of promotion of commissioned officer or annual examination) (Rank)

~~He is not physically qualified for~~

~~XXXX

Form No. 2825 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

(To be completely made up by medical officer, in duplicate)

Name ELDER, Sidney (Surname first) Service Number - - -

Age: Years 46 Months 6 Color white

For: induction into the Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M.1c. Regular enlistment

Place USS HAIDA CG Date 5-15-41

Personal Medical History Appendectomy 1934. Seattle USMH 1939 with sprained back for 2 weeks has had usual childhood diseases.

Vision: R.E. 20/ 20 L.E. 20/ 20 Corrected: R.E. 20/ - L.E. 20/ -

Color blind? No Test used Ishihara

Hearing: Conversational speech R.E. 30/ 30 L.E. 30/ 30

Eyes, eyelids, and reflexes normal

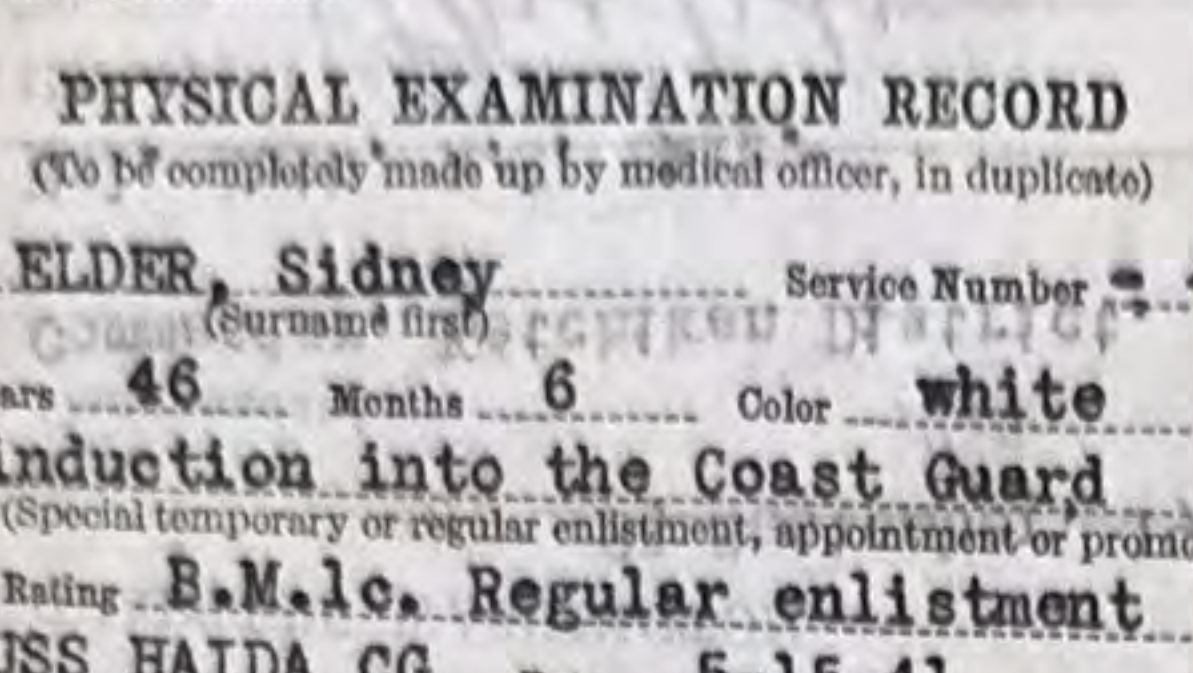
Ears: Right drum clear Left drum clear
(Condition of drum, discharge, etc.)

Head, face, and neck normal

Mouth, nose, and throat normal

Teeth (indicate on diagram: Missing, "z"; replaced, "x"; carious, "I".)

(Right Side)



complete edentures.

Gums normal

Temperature 36.8 C

Height 66 inches. Weight (stripped) 133 Lbs. Obesity no

Skin normal

Lymph. glands normal

Chest: Inspiration 34½ Expiration 32

Heart and blood vessels normal

Blood pressure: Systolic 120 Diastolic 70

Pulse before exercise 80, after exercise 120, after 2 min. 84

Lungs normal

Abdomen and pelvis normal - appendectomy sc.

Genito-urinary organs rt. ing. ring relaxed

HEADING [illegible] QUAJ GR 16

FROM	COMDT
ACTION	KETDIST
INFORM	

TEXT

FORM 2525B CASE SIDNEY ELDER KEEPER APPROVED THIS DATE X

INDUCTION AS BM1C REG ENL AUTHORIZED

	Asst. Comdt.	Law
	Aviation Eng.	Marine Engineering
	CG Reserve	Maritime Service
	Civil Engineer	Material
	Civilian Personnel	Medical
	Commandant	Merchant Ship
	Communications	Operations
	Const. & Repair	Permanent Board
	Finance	Personnel
	Group Training	Procurement
	Inspector	Public Relations
	Intelligence	Radio Engineering

2

TOD 2200 SEPT 22 SE M

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

S

U. S. COAST GUARD (18)

REC'D OCT 9 1941

U. S. COAST GUARD (19)

REC'D OCT 1941

Form No. 2678
TREASURY DEPARTMENT
U.S. Coast Guard
June 1938

SEP 1941
RECEIVED
KETCHIKAN DISTRICT
6756

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION Ketchikan, Alaska
(Place)

23 September, 19 41
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

FILE
W. P. S.

To: Ketchikan Spruce Mill (Name) Ketchikan, Alaska (Address)

The man whose name appears below states he was (employed)—~~(taught)~~ by you at

Ketchikan Spruce Mill (Firm)—~~(School)~~, Ketchikan, Alaska (Place)

laborer
(as)—~~(Subject)~~

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
Recruiting Officer.

(Name of applicant) Sidney H. Elder
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—~~(charge)~~? Yes (Yes—No) When? Spring of 1928, 19____, to Fall of 1933, 19____ Where? Ketchikan As Setter

What was his (weekly wage)—~~(scholastic record)~~? $30.00 to $36.00

Why did he ~~(leave)~~—(quit)? Personal Reasons

How do you rate his—

	Good	Average	Poor
		CHECK ONE	
Trustworthiness?		X	
General intelligence?		X	
Ability?		X	
Skill as a ____?			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars No

What was his reputation and standing when in your (employ)—~~(charge)~~? Good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars No

The above statement and answers ~~are in my own handwriting~~ (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

By M. J. Daly
(Signature of reference)

September 25, 19 41
(Date)

Ketchikan, Alaska
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—0746

Form 9626
TREASURY DEPARTMENT
U. S. Coast Guard
Sept. 1930

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

73

FILE

DATE 17 SEPTEMBER, 1941.

FROM XXXXXXXXXXXXXXXXXXXXXXXXXXXX COMMANDANT

TO (FOR ACTION)

CONKETDIST

UNLESS DESIGNATED OTHERWISE TRANSMIT THIS DISPATCH AS NITE.

TO (FOR INFORMATION)

	CODE
	CIPHER
	ACKNOWLEDGE
	PRIORITY
XX	ROUTINE
	ACKNOWLEDGE
	PRIORITY
	ROUTINE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

CG 59 WR L NPG T Z QUAH 172122 QUAJ GR 12

TEXT

YOUR 162330 NO RECORD RECEIPTD FORM 2525 BAKER CASE OF

SIDNEY ELDER

TOD WR NAVY 2122 59

INITIALS

S

OPERATOR'S RECORD.

OFFICIAL BUSINESS.

INIT.

U. S. GOVERNMENT PRINTING OFFICE 2—15417

RY DEPT. **U. S. COAST GUARD**

HEADING: YDN34 Z QUAJ 162330 QUAH GR 31

FROM: COMKETDIST

ACTION: COMDT

INFORM:

TEXT

DISTRICT RECORDS INDICATE FORM 2525 BAKER CASE OF SIDNEY ELDER
MAILED TO HDQTRS 11 JUNE 1941 X NO ANSWER RECEIVED
X REQUEST AUTHORITY INDUCT WHILE ELDER IS IN KETCHIKAN ON LEAVE

No record in book of Personnel doing them
FSK

Asst. Comdt.	Law
Aviation Eng.	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Material
Civilian Personnel	Medical
Commandant	Merchant Ship
Communications	Operations
Const. & Repair	Permanent Board
Finance	Personnel
Group Training	Procurement
Inspector	Public Relations
Intelligence	Radio Engineering

TOD 0354 SEPT 17/41 HK NM

WR

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS



U.S. COAST GUARD (10)
REC'D OCT 7 1941

U. S. COAST GUARD 730
REC'D OCT 9 1941

Mr. Jessen
Miners & Merchants
Ketchikan, Aaa.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Ketchikan, Alaska

Sidney H. Elder has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Frank Tomkiel

FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
Recruiting Officer.

1. How long have you known the applicant? About ten years. . . .
2. What is his general reputation in the community. . Good . . . .
3. Is he industrious? . . . . . I believe so. . . . . .
4. Is he trustworthy? . . . . . Yes . . . . . .
5. Is he married? . . . . . Yes . . . . . .
6. What are his usual habits as regards to sticking to his job? . . .
   He has always impressed with the fact that the job comes first.
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . Not to my knowledge . . . . . .
8. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . No . . . .
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? I have no knowledge.
10. Are you related to the applicant? No.

(SIGNATURE)

PO Box #1538
(STREET OR BOX NUMBER)

Ketchikan, Alaska
(CITY) (STATE)

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD
November 1939

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Ketchikan, Alaska
(Place)

23 September, 1941
(Date)

To Chief of Police, Kennydale, Washington

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard.

Sidney Hayes Elder
~~(Name of applicant)~~

45 years	5'6"	133 lbs.	white
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

Has the above-named man, from the records of your office, been in: (1) Reform school? no (2) Jail? no (3) Penitentiary? no (4) Convicted of crime? no (5) Arrested for any offense? no To your knowledge is he married or single? _____

Frank Tomkiel
FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
Recruiting Officer.

_____
(Date)

To Recruiting Officer, Ketchikan, Alaska

The above information is submitted from the records of this office.

Ernest Stewart
Chief of Police.
Chief Police Renton WN -

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

16—9747

1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



U. S. COAST GUARD (18)
RECD OCT 11 1941

SEP 1941
RECEIVED
KETCHIKAN DISTRICT
OFFICE

P. J. Gilmore
Gilmore Hotel
Ketchikan, Alaska

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE

Ketchikan, Alaska

Sidney H. Elder has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

Frank Tomkiel
FRANK TOMKIEL, Lieut.Comdr., U.S.C.G.
Recruiting Officer.

1. How long have you known the applicant? Since December 1935
2. What is his general reputation in the community. . . very good
3. Is he industrious? . . . . Yes . . . . .
4. Is he trustworthy? . . . . . Yes . . . . .
5. Is he married? . . . . . Yes . . . . .
6. What are his usual habits as regards to sticking to his job? He is a sticker . . . . . .
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . No . . . . . .
8. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . No . . . .
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? Marine Corps Reserve 1927-31
10. Are you related to the applicant? No

P. J. Gilmore
(SIGNATURE)

898
(~~STREET OR~~ BOX NUMBER)

Ketchikan Alaska
(CITY) (STATE)

STOCK FORM 2249
v. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared 23 September, 1941

Name: Elder, Sidney

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1500-1860) $1500 p.a. plus $240 p.a. Qtrs.	Boatswain's Mate, 1c. No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Ketchikan, Alaska Tree Point Lt. Sta., Alaska Civilian Employees, C. G.	Ketchikan, Alaska Tree Point Lt. Sta., Alaska Pay and allowances, C. G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☐ DEPRTMTL. ☐

EFFECTIVE *Remarks:* 23 September, 1941.

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-20-1893

LEGAL RESIDENCE: Alaska

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

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

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-16

DATE OF OATH

E. O. [illegible], Chief,
Civilian Personnel Section.

DATE APPROVED BY THE SECRETARY

BUREAU OR DIVISION PERSONNEL FILES

OCT 6 1941

OCT -7 1941

Form 93

NOTICE OF RESIGNATION ~~OR DEATH~~

Treasury
DEPARTMENT ~~OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U.S.Coast Guard
of Commander
OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES~~, Ketchikan DISTRICT.

Commandant:
~~Commissioner of Lighthouses:~~

Ketchikan, Alaska, 22 Sept. , 1941.

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

Name, Sidney Elder — Position, Keeper

Legal residence, Alaska — Station, Tree Point Lt. Sta., Alaska

Salary, $1500. per annum.

The acceptance of this resignation { ~~with~~ / without } prejudice is recommended effective at the close of 22 September, 1941.

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

REMARKS: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

Inducted into military service of Coast Guard as Boatswain's Mate, 1st Class effective 23 September 1941.

F. A. ZEUSLER
Frank Tomkiel
~~FRANK TOMKIEL~~
By direction. ~~Superintendent of Lighthouses.~~

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

NCG 2500-A
U. S. COAST GUARD

CODED
NO. 1.

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

I further agree to the extension of this enlistment by the Secretary of the Navy for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist; such additional time not to exceed beyond six months after the date of termination of the war or national emergency.

U. S. C. G. ODCGO 13th Naval District
(Unit)
Seattle, Washington
(Place)
23 September, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, Sidney Hayes Elder (219-289), B.M.1c., having
(Name of applicant) (Service number) (Rating)

on 23 September, 1944, enlisted in the U. S. Coast Guard under a contract of enlistment for a
(Date)

term of THREE year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of THREE year s from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Expiration of Enlistment and United States being in a state of war.

Sidney Hayes Elder.
Sidney Hayes Elder
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 23 day of September, A. D., 1944

S. T. ELLIS, Lieutenant (j.g.) USCG
(Commissioned officer, notary public)
By direction.

U. S. C. G. ODCGO 13th Naval District,
(Unit)
Seattle, Washington
(Place)
23 September, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

S. T. ELLIS, Lieutenant (j.g.) USCG
(Officer authorized to accept enlistment)
By direction.

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21000-1 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

ELDER, (Surname)	Sidney (First name)	H. (Middle initial)	(219-289) (Service No.)	B.M.1c. (Rank or rating)
ODCGO 13th ND (Major unit)	13-201 (Unit Item No. or vessel's assigned district)	Seattle, Wn. (Place)	23 September, 1944 (Date)	
(Minor unit)				

1530 23 September, 1944: Enlistment voluntarily extended for three (3) years duration of the war and for a period not to exceed six (6) months thereafter, this time and date.

ENTITLED TO MILEAGE

PAFE: Ketchikan, Alaska
POE : Seattle, Washington

ENTITLED TO REENLISTMENT ALLOWANCE OF $150.00

Entitled toan additional five (5%) increase in pay having completed a three year period of service on 22 September, 1944.

DUTY CODE No.: 18
AUTHORITY: Alcoast 83-41

S. T. ELLIS, Lieutenant (jg) USCG (Commanding)

By direction. (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—20504-2

UNITED STATES COAST GUARD
THIRTEENTH NAVAL DISTRICT

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

ODCGO 13th Naval District, Seattle, Washington (UNIT AND PLACE) DATE 22 September, 1944

ELDER,	Sidney	H.	(219-289)	B.M.1c.
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

This is to certify that the above named man has completed a continuous period of three years' active Coast Guard (Reserve) service on 22 September, , 1944, with no mark in conduct less than 4.0.

Accordingly, appropriate entry has been made in his service record, and the above named man has been authorized to wear the appropriate (ribbon) (~~star~~) in lieu of issue of actual award at this time.

~~Commanding Officer~~
S. T. ELLIS,
By direction.

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

...e to ...on of this enlistment by the ...y of the Navy for such additional ...as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist; such additional time not to exceed beyond six months after the date of termination of the war or national emergency.

U. S. C. G. ODCGO 13th Naval District (Unit)

Seattle, Washington (Place)

23 September, 1944 (Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, Sidney Hayes Elder (Name of applicant), (219-289) (Service number), B.M.1c. (Rating), having

on 23 September, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of THREE year s, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of THREE years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is Expiration of Enlistment and United States being in a state of war.

Sidney Hayes Elder.
Sidney Hayes Elder
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 23 day of September, A. D., 1944

S. T. ELLIS, Lieutenant (j.g.) USCG
By direction.
(Commissioned officer authorized to administer oath, notary public)

U. S. C. G. ODCGO 13th Naval District,
(Unit)

Seattle, Washington
(Place)

23 September, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

S. T. ELLIS, Lieutenant (j.g.) USCG
By direction.
(Officer authorized to accept reenlistment)

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.

Form 2681
TREASURY DEPARTMENT
U. S. Coast Guard

EDUCATIONAL AND SPECIAL QUALIFICATIONS

NOTE: Fill out and return to Headquarters (and District) one copy of this form in the case of each commissioned officer, warrant officer, and enlisted man upon original entry in the Coast Guard.

ELDER, Sidney H.	219-289	B.M.1c.
(NAME)	(SERVICE NUMBER)	(RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: 7 years graduated
(Number of years attended, graduated) (Grade)

(b) High School: 2 years.
(Number of years attended, grade completed or graduated)

(c) College: none
(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

Indicate in the parenthesis after each of the following, the number of years served at each, including up to present date:

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )	Electrician (general)	( )
Engineer (diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	(1½)	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

Set forth briefly, yet clearly, below any previous experience or training not covered above. Also set forth such remarks as will indicate more fully the experience you have had in trades which you have followed as well as such remarks you desire to make regarding education and courses pursued.

1 year at mechanic school, and 6 years as general mechanic.

Use reverse side of this form when necessary.

Sidney H. Elder
Sidney H. Elder
(SIGNATURE)

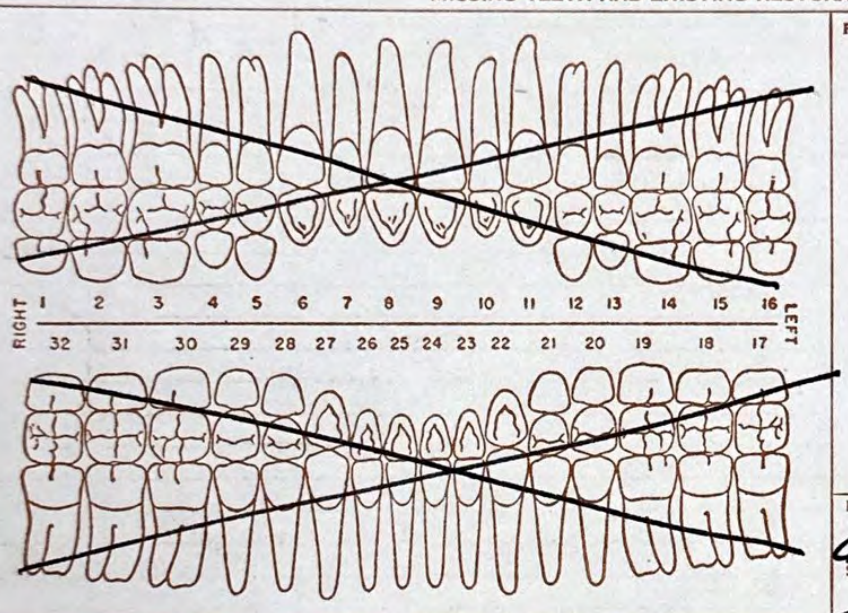
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION		OTHER (*Specify*)	1	2	3	4	1	2	3	4	5	

4. MISSING TEETH AND EXISTING RESTORATIONS

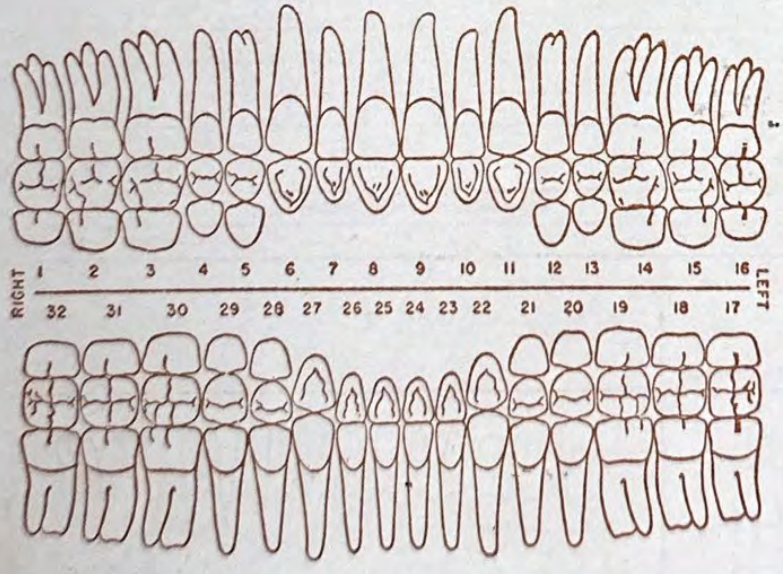


REMARKS: ~~Full Upper & Lower Dentures~~ (Satisfactory)

PLACE OF EXAMINATION	DATE
USPHS Hosp Seattle, Wn.	10-3-57

SIGNATURE OF DENTIST COMPLETING THIS SECTION: L. D. Caines

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (*Specify*)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS | OTHER (*Specify*)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
10-3-57	USPHS Hospital, Seattle, Washington	L. D. Caines

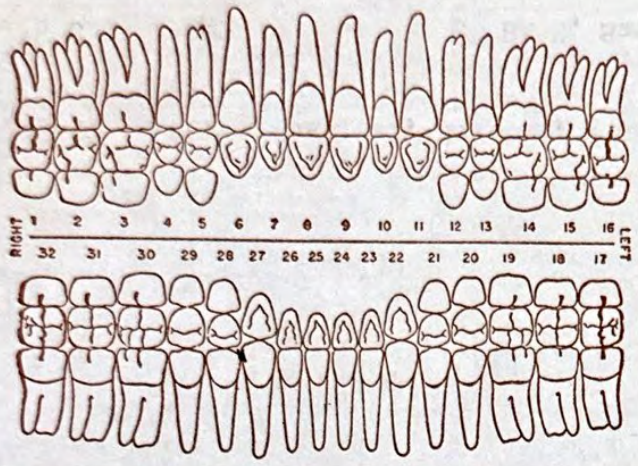
SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
Male	Cau	BM1	CG BASE, Seattle, Wn.	USCG	Treasury Dep't

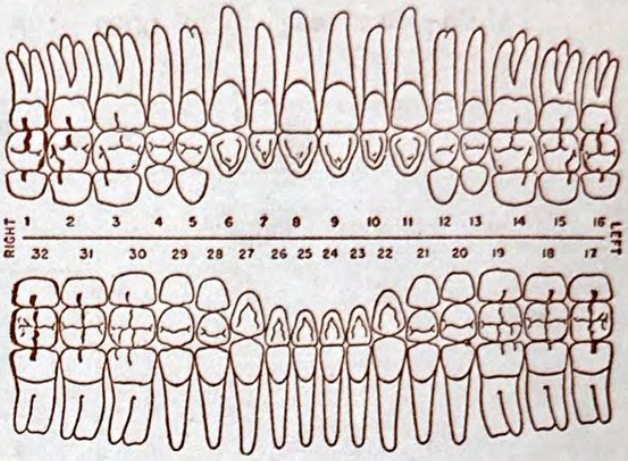
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
ELDER, Sidney H.	11-20-95	219-289

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
10-3-57	Exam		L. L. Caines 450 14th Seattle, Wn.	LLC

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—67875-2

L/S ALKI

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

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

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
ELDER SIDNEY H	[X] ACTIVE DUTY [ ] RETIRED	BM1	U.S.COAST GUARD	219-289	9/23/58

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS
WINIFRED L.ELDER	Wife	10/29/1908	3201 Alki Ave.Seattle 16,Wash.
FREELIN H.ELDER	Son	4/26/1938	3201 Alki Ave.Seattle 16,Wash.

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

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

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

[X] LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)* WELLSVILLE,WEST VIRGINIA

ON *(Date)* 25 February,1937 .

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

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

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

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

DD FORM 1 SEP 56 1171

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

11. REMARKS

14 June 1957
(Date)

The status and eligibility for privileges, and expiration date of eligibility to privileges of the dependent(s) named in this application has have been verified. A U. S. Military activity which can and does issue DD Form 1173 is hereby authorized to issue DD Form 1173 to such dependents(s). The issuing activity is requested to return the original completed application to: USCG Base, Seattle, Washington by endorsement hereon and indicate the card number issued to each dependant by name.

Name of Dependent	Eligible for following Benefits and Privileges	Expiration Date of Eligibility	Card Number Issued
Winifred L. ELDER	T, C, EU, MC(C), MC(US	26 September 1958	041, 172
Freelin H. ELDER	"DO"	26 Spetember 1958	041,173

R. J. MOHR, CHSCLK, W-3, USCG, PO.
(Signature - Name - Rank
Title of Verifying Officer

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG	
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
6/14/57	Sidney H. Elder Sidney H. ELDER

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

IV. AUTHENTICATION BY ISSUING AGENCY

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

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 041,172 - 173	6/14-57	26 September 1958
19. ORGANIZATION OF ISSUING OFFICER		
USCG Base, Seattle, Wn.		
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*		21. SIGNATURE OF ISSUING OFFICER
R. J. MOHR, CHSCLK, W-3, USCG, PO.		

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

DUPLICATE

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name ELDER, Sidney Hayes
(Surname first)

Rank or rating BM1 Service number 219-289

SMALLPOX VACCINATION

Number of prior scars 1

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
MAY 12 1953	PAUL M. KEGAN SURGEON, USPHS SEATTLE, WASH.	I.R.	PAUL M. KEGAN SURGEON, USPHS SEATTLE, WASH.

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

PRESCRIPTION BLANK

☐ INPATIENT
☐ ~~OUT~~PATIENT

FOR: Sidney Elder
PLEASE PRINT (Title) (First Name) (Initial) (Last Name)

WARD OR CLINIC _____ AGE _____ DATE MAY 12 1953

Gms. or Mils.

℞

Because of severe allergic type reaction in past - recommend that no further immunizations T.T. typhoid, para typhoid be given

Filled by _____

No. _____

Paul Kegan
(Signature)

Surg — USPHS

PHS-583 (HSP) REV. 8-51
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
16—62036-4 GPO

GIVE FULL DIRECTIONS FOR USE

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (*Number of previous vaccination scars*)

	DATE	ORIGIN	BATCH NUMBER	RESULT*		STATION	PHYSICIAN'S NAME
				2–3 DAYS	7–10 DAYS		
1							
2							
3							
4							
5							
6							

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1					
2					
3					

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau.	BM1		USCG	TREASURY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
ELDER, Sidney Hayes	20 November 1895	219-289

16—67730-1

IMMUNIZATION RECORD
Standard Form 601

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1	10-21-57	Influenza, Asian	1.0cc		USCGBase, Seattle, Wn.	R. M. Kintner SAS
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS (*Tuberculin, etc.*)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

REACTIONS (*To transfusions, drugs, sera, foods, allergens, etc.*)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (*International*)	Rh FACTOR	PHYSICIAN'S NAME
1				
2				
3				

REMARKS AND RECOMMENDATIONS (*Including history of diseases for which any of the above immunizing agents were given with year and place of attack*)

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATIONS NO. 2.

U. S. GOVERNMENT PRINTING OFFICE 16—67730-1

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
USPHS H. Seattle, Wn	8-18-52	9-26-52
CG BASE, SEATTLE, WN	APR 05 1954	

U. S. GOVERNMENT PRINTING OFFICE 16—25760-1

Form NAVCG-2525D

MEDICAL HISTORY

Surname ELDER Service No. 219-289

Christian name-s Sidney Hayes

STATE NAME OF PLACE DATE EACH NEW ENTRY

USPHS. Hospital, Seattle, Washington
Admitted to inpatient treatment on
18 August, 1952

DIAGNOSIS: 336-814F Epidermoid carcinoma, left vocal cord.

HISTORY: This 56-year-old white male was admitted with history of sudden onset of hoarseness July 17,1952. The hoarseness has continued until the time of admission. He states he never had hoarseness before and rarely had sore throats or laryngitis. Chest film taken in 1947 revealed a "spot" in the right lung which was said to have been carcinoma of the lung by some doctors. However, repeat of this x-ray showed no increase in size of the lesion in September 1951. Has been asymptomatic except for occasional cough. There is no history of cancer in his family. He smokes a package of cigarettes per day. His occupation when younger was that of worker in a sawmill but later did quite a good bit of shouting aboard Coast Guard vessels.

Past history: Occupation - Mechanical work previously; aboard ship and light houses for the past twenty years. Smokes a package of cigarettes per day for twenty years; no pipe or cigars. Family - Mother died of typhoid. Father died of hardening of the arteries, age 72. No family history of carcinoma, tuberculosis, heart or kidney disease. Adult illnesses included malaria, age 14. Had an appendectomy in 1934.

System review: Slightly deaf in both

ears for twenty years. Nocturia three times. Has had arthritic pain in spine and left hip for thirteen years.

PHYSICAL EXAMINATION: Blood pressure 116/75. Pulse 78. Temperature 98.6°. Weight 132 lbs. Patient is a thin, white male with hoarseness of the voice. Head and neck show no significant abnormality except for occasional soft node in each anterior cervical chain; also occasional shotty node in left posterior cervical triangle. Pharynx - Moderate lymphoid hyperplasia; some petschial hyperemia. Tonsils small, noninflamed. Larynx - A crusty grayish lesion was noted in the middle of the left vocal cord, appearing to go anteriorly but not posteriorly, well-demarcated. No edema of false cords, arytenoids, or hypopharynx. Cords approximate well and move equally. Ears Heard whispered voice at 1 ft. in each ear and spoken voice at 5 ft. in each ear.

Chest symmetrical with slight deformity. Lungs clear to percussion and auscultation. Heart not enlarged; rhythm regular; no murmurs. Right side of anal canal had palpably firm venous channels; no other rectal masses. Prostate normal. Remainder of physical examination revealed normal findings.

Chest x-rays 8/22/52 - "The right chest shows a somewhat rounded density, about 3 cm. in diameter near the axillary margin of the mid chest. There does not appear to be any rib involvement, although detail in the ribs is poor in this area. The lung markings extended to the root of the lung are prominent. Except for a slight pulmonary artery prominence, the mediastinal shadow is normal. The changes on the right side

Form NAVCG-2525D

MEDICAL HISTORY

Surname ELDER Service No. 219-289

Christian name-s Sidney Hayes

STATE NAME OF PLACE DATE EACH NEW ENTRY

have been present for a long time and probably represent scarring from an old empytema. There is no changed noted in the shadow since 9/21/51. The border, however, now is hazier than was noted in 1947." X-rays of the sinuses showed them to be clear.

LABORATORY DATA: Srandard Kahn negative WBC 12,900 with 68%neutrophils, 28% lymphocytes, 3% monocytes, and 1% eosinophils. Hemoglobin 15.8 gms.%. Sedimentation rate 13 mm. Bleeding time 1 minute and 15 seconds. Coagulation time 10 minutes and 30 seconds.

HOSPITAL COURSE: A laryngoscopy and biopsy were done on 8/19/52, with biopsy being taken from the middle third. This revealed squamous cell carcinoma. Subsequent laryngoscopy and biopsy with bites taken from the anterior limit of the left cord, posterior limit of the left cord, a bite from the mucosa over the left arytenoid eminence, and a bite from a polypoid bead on the lateral wall of the pharynx was taken. Pathology reports indicated carcinoma in only the bite taken from the anterior limit of the cord.

On 8/27/52 tracheotomy was done and patient allowed to become accustomed to the tracheotomy tube. Then on 9/2/52 laryngofissure was done with excision of all of the left cord and anterior 3 to 4 mm. of the right cord. Also a lymph node in the prelaryngeal fascia was excised and submitted with the cord specimen to the Laboratory for sectioning. The pathologic report revealed carcinoma of

the anterior portion of the left vocal cord, and there was no carcinoma extending to the line of excision anywhere. A button of cartilage had been removed from the left thyroid wing, and this revealed no invasion. The lymph node revealed no metastasis of carcinoma. His postoperative course following this was complicated by development of thrombophlebitis of the right forearm following an infusion. However, this subsided on antibiotic treatment along with continuous heat and elevation of the extremity. On 9/18/52 secondary closure of the skin edges of the tracheotomy wound was done and the sutures removed 9/25/52. He was discharged 9/26/52 with maximum hospital benefit, advised he would not be fit for duty for fourteen days and advised to return in one week for follow-up in the clinic.

E.A. SMARTZ, Surgeon, USPHS.

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)		
	UNIT	ATTACHED	DETACHED
	CG Base, Seattle, Wn.	9-8-51	9-8-51
	Alki Point Light Station	9-8-51	9-27-55
	Discharge and Reenlistment	9-27-55 (Alki Pt. L/S)	

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
ELDER, Sidney Hayes		

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ELDER, Sidney Hayes	BM1	219-289
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
3301 Alki Ave., Seattle, Washington	Discharge	8-23-55

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Caucasian			Treasury Department	CG BASE, Seattle, Washington

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11-20-95	Vill Nova, Penna.	Winifred Elder (Wife), Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Seattle, Washington	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
	X	19. NOSE
X		20. SINUSES
	X	21. MOUTH AND THROAT
	X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
	X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
	X	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Deflected nasal septum

Absence left vocal cord, Scar [illegible] neck-midline anteriorlly
High frequency deafness, presbycusis

Hyperopia, presbyopia, to right

34 38 34

Pilonidal dimple

RIQ surgical scar (appendectomy)

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)
O.—Restorable teeth
/.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 × 8).—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.019			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC	NSA # 209124, USPHS Hospital, Seattle, Wn. dtd 8-23-55	VDRL QUALITATIVE NEG.
Neg.	Neg.			

48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Normal	AB Pos.	WBC - 6300 HgB - 16.3

16—62288-1

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE	56. TEMP.
63½	144	Grey	Blue	☐ / ☒ / ☐ / ☐	97.6

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING		RECUMBENT		STANDING (3 min.)	
SYS.	122	SYS.	122	SYS.	132
DIAS.	76	DIAS.	76	DIAS.	76

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	142	72	72	72

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 30	CORR. TO 20/ 25	BY	S.	CX	J7	CORR. TO J2	BY
LEFT 20/ 25	CORR. TO 20/ 20	BY	S.	CX	J7	CORR. TO J2	BY

62. HETEROPHORIA (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT LEFT	PI Plates Normal		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
			Digital Normal

70. HEARING

RIGHT WV 1 /15 SV 30/30

LEFT WV 1 /15 SV 30/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192
RIGHT	35	17	40	47	67	65	60
LEFT	20	15	47	45	63	67	67

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

9-27-55 - Reenlisting this date in Reg. Enl. for a period of three (3) years in the rate of BM1.

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

#19. Deflected nasal septum
#21. Absence left vocal cord
#22. High frequency deafness, presbycusis
#24. Hyperopia and presbyopia to right
#32. Pilonidal dimple

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Discharge, U. S. Coast Guard

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN TRACY LEVY, SENIOR SURGEON, USPHS — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY Paul A. Berg, LT, USCG CHMILPERSECT, CCGD13 — SIGNATURE Paul A. Berg — NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE : 1953—O-243413 16-62288-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
13TH COAST GUARD DISTRICT
618 SECOND AVENUE
SEATTLE 4, WASH.

·p
L16-2
30 October 1957

From: Commander, Thirteenth CG District
To: Authorized Certifying Officer, O'C13CGD

Subj: Refund of prorata portion of reenlistment bonus

1. The records indicate that ELDER, Sidney H. (219-289)BM1, USCG re-enlisted in the U.S. Coast Guard on 27 September 1955 for three (3) years and was paid a reenlistment bonus in the amount of $90.00 nad is to be separated by reason of retirement on 1 November 1957.

Elmer Winbeck
ELMER WINBECK
By direction

"That portion of the above mentioned bonus required to be refunded has been recovered on the member's Military Pay Record (DD Form 113), in the amount of $27.25.

O. F. Marshall
O. F. MARSHALL, SPCK, W1, USCG
Authorized Certifying Officer

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
ALKI POINT LT/STA	SEATTLE 16, WASH.	21 October

FROM (REQUESTER):	TO	VIA:
ELDER Sidney H. BM1 (219-289)	COMMANDER CG GROUP, SEATTLE	OFFICER-in-CHARGE ALKI POINT LT/STA

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
6	24 October,1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE Alki Point Light Station, Seattle 16, Wash.

To Be Checked By Officers Only

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

SIGNATURE OF APPLICANT Sidney H. Elder
Sidney H. Elder

Ind.-1 Unit: Alki Point Light Station Date 21 October,1957

Date current leave accounting period began	Balance brought forward beginning of present accounting period
Number days' leave used during current accounting period	Date of expiration of current enlistment

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson KPR, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG Group, Seattle, Washington Date 21 October 1957

☒ Returned, GRANTED 05 days. ☐ ADVANCE REGULAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

R. J. MOHR, CHSCLK, W-3, USCG, PO.
(Signature, rank, and title)

Ind.-4 Unit: Alki Point Light Station Date 24 October 1957

Departed at 0800, this date. This leave expires before 0900, 30 October 1957

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 30 October,1957

Reported at 0800, this date, having used 5 days' leave.

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

16—40220-3

(Over)

UNITED STATES COAST GUARD

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

PE-1

TONO:

From:
To:
Via:

Subj: Retirement; travel

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed the effective date of your retirement as Therefore, on that date you are placed on the inactive retired list of the United States Coast Guard. You will be separated in accordance with Chapter 12, Personnel Manual.

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

3. Travel expenses incident to the execution of this order are chargeable to travel order number indicated above. Transportation of dependents and shipment of household goods to your home of selection will be provided at government expense only if completed within one year from date of retirement.

4. Your commanding officer will deliver this order without delay. You will then make an endorsement hereon showing place, time and date of receipt. Upon actual detachment, your commanding officer will further endorse this order to indicate time and date of your departure and your last permanent duty station. You will then retain the order until arrival at your home of selection, at which time a final endorsement must be made by you indicating place, time and date of arrival, and mode of travel utilized. When this final endorsement has been completed, the order should be forwarded to the District from which retired.

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

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2519 (REV. 11-53)

APPLICATION FOR LEAVE OF ABSE[illegible]

RECEIVED
AUG 27 2 57 PM '57
SEATTLE, WASH.

UNIT	ADDRESS	DATE
ALKI POINT LTSTA	SEATTLE 16, WASH.	12 AUGUST, ~~16~~ 1957

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H. BM1 (219-289)	Commander, CG Group, Seattle, SEATTLE, WASH.	Officer-in-Charge Alki Point Light ST.

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON:
8	0800, 16 August, 1957	☒ REGULAR ☐ REENLISTMENT ☐ EMERGENCY ☐ RECRUIT

ADDRESS ON LEAVE WILL BE Alki Point Light Station, Seattle 16, Washington

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

SIGNATURE OF APPLICANT Sidney H. Elder
~~Sidney H. Elder~~

End.-1 Unit: Alki Point Light Station Date 12 August 1957

RECEIVED
AUG 13 3 21 PM '57
SEATTLE, WASH.
CG BASE

Date current leave accounting period began	Balance brought forward beginning of present accounting period
Number days' leave used during current accounting period	Date of expiration of current enlistment

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson, KPR, OIC
(Signature, grade, and title)

End.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, grade, and title)

End.-3 Unit: CG Group, Seattle, Washington Date 14 August 1957

☒ Returned, GRANTED 8 days.

☐ ADVANCE ☐ ACCRUED REGULAR (Reason for leave) Leave.

☐ Returned, NOT GRANTED, because

R. J. MOHR, CHSCLK, W-3, USCG, PO
(Signature, grade, and title)

End.-4 Unit: Alki Point Light Station Date 16 August 1957

Departed at 0800, this date. This leave expires before 0900 ~~18~~ 25 August 1957

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson, KPR, OIC
(Signature, grade, and title)

End.-5 Unit: Alki Point Light Station Date 25 August 1957

Reported at 0800, this date, having used 8 days' leave.

Albert G. Anderson, KPR, OIC
(Signature, grade, and title)

16—40220-4

(Over)

ALLOTMENT AUTHORIZATION

NAV S. AND A. 545 (4M) (REV. 2-54)

D.O. WILL NOT FILL IN

RECEIVED

DATE AND BLOCK NO.

FILE/SERVICE NO.	NAME OF GRANTOR (Last)	(First)	(Initial)	RANK/RATE	COMPUTED BY	REVIEWED BY
314-393	ELDER,	Dixon	C.	ET3		

NEW ALLOTMENTS

No.	PURPOSE	MONTH FIRST PAY	MOS.	EXPIRES	AMOUNT	NAME (First, Middle Initial, Last) AND ADDRESS OF ALLOTTEE	BPC / CC	B / P	ACT. CODE	FT	P #	NO. MOS.	RETRO AMOUNT
1.	S	4-57	IND	IND	$50.00	Kenneth R. Elder 5032½ S. Van Ness Ave. Los Angeles, Calif.							
2.													
3.													
B	B					NAME OF OWNER							

BOND

- ☐ CO-OWNER
- ☐ BENEFICIARY — NAME
- ☐ SAFEKEEPING — NAME AND
- ☐ FORWARD TO → ADDRESS

PAPER CHECK INFORMATION

NOTE: If serviceman is to be discharged or released to inactive duty indicate date.

DATE

DISCONTINUANCES

No.	PURPOSE	STOP AFTER	MONTH FIRST PAY	AMOUNT	NAME OF ALLOTTEE	REAS. CODE	HOLD CARD INFORMATION	BPC. / CC	BP	ACT. CODE	DATE LAST PAYMENT	P #	F T	MOS. OVPD.
1.														
2.														
3.														

RECEIVED APR 18 2 59 PM '57 CG BASE SEATTLE, WASH.

STATEMENT OF EXISTING ALLOTS

Enter all existing allotments by type and amounts after all changes recorded hereon have been entered on pay record.

B $6.25
S 50.00

I certify that the prescribed entry (*entries*), including charge entry (*entries*) for the month (*months*) of first payment and/or stoppage, have been entered on the pay record of the individual concerned. I understand that I am responsible for any errors or omissions thereof.

REASON FOR STOP

1. GRANTOR'S REQUEST	7. GCM PRISONER
2. NEW ALLOT. REG.	8. CHANGE TO NSI OR GI
3. DISC., R.I.D.	10. WAIVER OF PREMIUM
4. TRAN. F. R., RET.	12. CHANGE IN INS. PLAN
5. ABSENTEE, DESERTER	
6. DEATH OF GRANTOR	

SHIP OR STATION AT WHICH PREPARED

U. S. COAST GUARD BASE, Seattle, Washington

POWER OF ATTORNEY (TO REGISTER ALLOTMENTS)

I do allot the sum(s) stated, per month of my pay as shown in the space captioned "New Allotments;" do appoint the person(s) named, therein, my attorney(s) to receive the sum(s) so allotted and do certify to the correctness of amounts shown in the space captioned "Existing."

PREPARED BY (Initials)	SIGNATURE OF DISBURSING OFFICER	SYMBOL NO.	DATE	SIGNATURE OF SERVICE MEMBER	FILE/SERV. NO. (Write in)
gmb.	H.M.COOPER,CHSPCK,W3.,USCG,ACO	5347	3/13/57	Dixon C. Elder	314-393

PREPARATION CHECK OFF LIST

- ☐ AMOUNTS ON 545 AGREE WITH REQUEST AND PAY RECORD ENTRIES
- ☐ ADDRESS CORRECT WHERE CHECKS ARE TO BE SENT
- ☐ VERIFY MONTH FIRST PAY DATE
- ☐ VERIFY STOP AFTER DATE
- ☐ VERIFY SERVICE NUMBER
- ☐ DISBURSING OFFICER'S SIGNATURE

34

RECEIVED
Nov 29 3 19 PM '56
CG BASE
SEATTLE, WASH.

FROM: Sidney H.Elder BM1 (219-289)
Name Rank Serial Number

TO: The Commanding Officer CG Group, Seattle,Washington
Organization

SUBJECT: The Servicemen's and Veterans Survivor Benefits Act of 1956.

I desire to take action as follows regarding insurance:

1. ☐ Cancel Waiver of premiums by May 1, 1957 and resume premium payments.

2. ☐ Take out a 5 year term policy between the time I am discharged from my present enlistment and December 31, 1956.

3. ☐ Replace a policy that I have surrendered for cash or allowed to expire.

4. ☒ None of the above

I understand that this is not a final and formal application.

Sidney H. Elder
Sidney H.Elder,BM1
Signature

Tear along this line

ALL PERSONNEL ARE REQUIRED TO FILL THIS OUT AND TURN IT OVER TO THEIR COMMANDING OFFICER.

YOUR COMMANDING OFFICER WILL ARRANGE FOR THE PREPARATION AND SUBMISSION OF THE PROPER OFFICIAL FORMS.

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

APPLICATION FOR LEAVE OF ABSENCE

UNIT	ADDRESS	DATE
ALKI POINT LIGHT STATION	SEATTLE 16, WASH.	21 DECEMBER, 1956

FROM (REQUESTER):	TO	VIA:
ELDER, Sidney H,(219-289) BM1	Commander CG Base, Seattle	Officer-in-Charge Alki Point Light Station

THE FOLLOWING LEAVE IS REQUESTED:

NUMBER OF DAYS	TO DEPART	REASON: ☒ REGULAR ☐ EMERGENCY ☐ REENLISTMENT ☐ RECRUIT
10	0800 28 December,1956	

ADDRESS ON LEAVE WILL BE

To Be Checked By Officers Only

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

SIGNATURE OF APPLICANT Sidney H. Elder
Sidney H. Elder BM1

Ind.-1 Unit: ALKI PT LTSTA Date 21 December 1956

Date current leave accounting period began	1 July 1956	Balance brought forward beginning of present accounting period	23
Number days' leave used during current accounting period	00	Date of expiration of current enlistment	26 September 1958

☒ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED, BECAUSE

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-2 Unit: Date

☐ FORWARDED, APPROVED ☐ FORWARDED, DISAPPROVED BECAUSE

(Signature, rank, and title)

Ind.-3 Unit: CG BASE, SEATTLE, WASH. Date 12-27-56

☒ Returned, GRANTED ØØ 10 days. ☐ ADVANCE REGUIAR Leave.
(Reason for leave)

☐ Returned, NOT GRANTED, because ☒ ACCRUED

R.J. Mohr, CPSCLK W-3, USCG
(Signature, rank, and title)
Personnel Officer

Ind.-4 Unit: Alki Point light Station Date 28 Dec. 1956

Departed at 0800, this date. This leave expires before 0800, 8 January,1957

at Alki Point Light Station and is subject to the instructions on the reverse hereof.

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

Ind.-5 Unit: Alki Point Light Station Date 8 January, 1957

Reported at 0800, this date, having used 10 days' leave.

Albert G. Anderson, KPR, OIC
(Signature, rank, and title)

16—40220-3

(Over)

Labor Council for Negro Rights.
Labor Research Association, Inc.
Labor Youth League.
League of American Writers.
Lictor Society (*Italian Black Shirts*).
Macedonian-American People's League.
Mario Morgantini Circle.
Maritime Labor Committee to Defend Al Lannon.
Massachusetts Minute Women for Peace
Maurice Braverman Defense Committee.
Michigan Civil Rights Federation.
Michigan School of Social Science.
Nanka Teikoku Gunyudan (*Imperial Military Friends Group or Southern California War Veterans*).
National Association of Mexican Americans (*also known as Asociacion Nacional Mexico-Americana*).
National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942).
National Committee for the Defense of Political Prisoners.
National Committee for Freedom of the Press.
National Committee to Win the Peace.
National Conference on American Policy in China and the Far East (*a Conference called by the Committee for a Democratic Far Eastern Policy*).
National Council of Americans of Croatian Descent.
National Council of American-Soviet Friendship.
National Federation for Constitutional Liberties.
National Labor Conference for Peace.
National Negro Congress.
National Negro Labor Council.
Nationalist Action League.
Nationalist Party of Puerto Rico.
Nature Friends of America (*Since 1935*).
Negro Labor Victory Committee.
New Committee for Publications.
Nichibei Kogyo Kaisha (*The Great Fujii Theatre*).
North American Committee to Aid Spanish Democracy.
North American Spanish Aid Committee.
North Philadelphia Forum.
Northwest Japanese Association.
Ohio School of Social Sciences.
Oklahoma Committee to Defend Political Prisoners.
Original Southern Klans, Incorporated.
Pacific Northwest Labor School, Seattle, Washington.
Palo Alto Peace Club
Partido del Pueblo of Panama (*operating in the Canal Zone*).
Peace Information Center.
Peace Movement of Ethiopia.
People's Drama, Inc.
People's Educational Association (*Incorporated under name Los Angeles Educational Association, Inc.*), also known as People's Educational Center, People's University, People's School
People's Institute of Applied Religion.
People's Radio Foundation, Inc.
Philadelphia Labor Committee for Negro Rights.
Philadelphia School of Social Science and Art.
Photo League (*New York City*).
Political Prisoners' Welfare Committee.
Polonia Society of the IWO.
Progressive German-Americans, also known as Progressive German-Americans of Chicago.
Proletarian Party of America.
Protestant War Veterans of the United States, Inc.
Provisional Committee of Citizens for Peace, Southwest Area.
Puertorriquenos Unidos (*Puerto Ricans United*).
Quad City Committee for Peace.
Revolutionary Workers League.
Romanian-American Fraternal Society.
Russian American Society, Inc.
Sakura Kai (*Patriotic Society, or Cherry Association, composed of veterans of Russo-Japanese War*).
Samuel Adams School, Boston, Mass.
Santa Barbara Peace Forum.
Schappes Defense Committee.
Schneiderman-Darcy Defense Committee.
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington.
Serbian-American Fraternal Society.
Serbian Vidovdan Council.
Shinto Temples.
Silver Shirt Legion of America.
Slavic Council of Southern California.
Slovak Workers Society.
Slovenian-American National Council.
Socialist Workers Party, including American Committee for European Workers' Relief.
Socialist Youth League.
Sokoku Kai (*Fatherland Society*).
Southern Negro Youth Congress.
Suiko Sha (*Reserve Officers Association, Los Angeles*).
Tom Paine School of Social Science, Philadelphia, Pennsylvania.
Tom Paine School of Westchester, New York.
Tri-State Negro Trade Union Council.
Ukranian-American Fraternal Union.
Union of American Croatians.
Union of New York Veterans.
United American Spanish Aid Committee.
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations.
United Committee of South Slavic Americans.
United Harlem Tenants and Consumers Organization.
United May Day Committee.
United Negro and Allied Veterans of America.
Veterans of the Abraham Lincoln Brigade.
Voice of Freedom Committee.
Walt Whitman School of Social Science, Newark, New Jersey.
Washington Bookshop Association.
Washington Committee to Defend the Bill of Rights.
Washington Committee for Democratic Action.
Washington Commonwealth Federation.
Washington Pension Union.
Wisconsin Conference on Social Legislation.
Workers Alliance (*since April 1936*)
Workers Party (*including Socialist Youth League*).
Yiddisher Kultur Farband.
Yugoslav-American Cooperative Home, Inc.
Yugoslav Seamen's Club, Inc.

THE FOLLOWING ADDITIONS TO AND DELETIONS FROM THE ABOVE LIST HAVE BEEN MADE BY SUBSEQUENT EXECUTIVE ORDERS AND LETTERS:

American Polish League

California Labor School, 216 Market Street San Francisco, California, is amended to read California Labor School, 321 Divisadero Street, San Francisco, California

II. DECLARATION. ***(Concealment of, misrepresentation as to, or failure to divulge in full, conduct or associations of the character set forth in the provisions at the time of execution of this certificate may constitute grounds for court martial, discharge, separation, or other disposition of personnel. Penalties for making a false statement may be very severe. If Federal Constitutional privilege against self-crimination, i. e., the making of a statement which will expose you to criminal trial, is claimed about all or any part of any conduct, membership, or association in question, you may so claim under Remarks below, "Federal Constitutional privilege is claimed" or "Federal Constitutional privilege is claimed as to . . . ," describing the specific part of any conduct, membership, or association about which claim is made.)***

CERTIFICATION

I certify, as regards the standards of conduct, or membership in or association with, certain organizations, that:

1. *I have read the provisions applying to standards of conduct and membership in or association with certain organizations and I understand them.*
2. *If I have engaged in any such conduct, I have so indicated the nature thereof under Remarks below.*
3. *I have entered under Remarks below, the name(s) of the organization(s) from the above list of which I am or have been a member, or by which I am or have been employed, or which I have attended or been present at, or engaged in, organizational or social activities or activities which they sponsored, or for which I have sold, given away or distributed written, printed, or otherwise recorded matter published by them, or with which I have been identified or associated in some other manner.*
4. *If I have not engaged in any such conduct, or have not been associated in any manner with listed organizations, or have never been a member or participated in the activities of any pro-communist, pro-Nazi, or pro-Fascist organizations in foreign countries, I have so indicated by writing "NONE" or "None to my knowledge" under Remarks below.*
5. *I understand that if what I state below is found to be incorrect, incomplete, or misleading in any important particular, I may be subject to prosecution and punishment under the appropriate laws of the United States.*
6. *I understand the meaning of the statements made in the certifications above.*

REMARKS (*Use the space provided below and attach additional sheets, if necessary, for a full detailed statement. If associated with any of listed organizations, specify nature and extent of association with each including dates, places, and credentials now or formerly held*)

none
None

TYPED FULL NAME OF PERSON MAKING CERTIFICATION	SERVICE NO. (*If any*)	SIGNATURE OF PERSON MAKING CERTIFICATION
Sidney Hayes Elder	219-289	Sidney H. Elder

GIVEN UNDER MY HAND THIS 27th DAY OF September 1955 AT Seattle, Wn.

TYPED NAME, GRADE AND ORGANIZATION OF WITNESSING OFFICER	SIGNATURE OF WITNESSING OFFICER
PAUL A. BERG, LT, USCG	

U. S. GOVERNMENT PRINTING OFFICE : 1954—O-317360

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3490-(10-53)

ELECTION OF OPTIONS UNDER THE UNIFORMED SERVICE CONTINGENCY OPTION ACT OF 1953

DATE: 12 April 1954

LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE OR RATE
ELDER	Sidney	Hayes	219-289	BM1

PERMANENT ADDRESS	STATUS	DATE OF BIRTH	YEARS SERVICE FOR PAY PURPOSES
Alki Point Light Station, Seattle 6, Washington	X ACTIVE ☐ INACTIVE ☐ RETIRED	20 Nov. 1895	26 IF RETIRED, DATE OF RETIREMENT

CHECK APPROPRIATE SQUARES

A. ☒ I DO *NOT* DESIRE TO ELECT ANY OF THE OPTIONS UNDER PUBLIC LAW 239. *(See Note 1 on reverse of form)*

B. I HEREBY ELECT THE FOLLOWING OPTION OR OPTIONS: *(See Note 2 on reverse of form)*

OPTION	1/8	1/4	1/2	
1				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW. *(See Note 3 on reverse of form)*
2				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY SURVIVING CHILDREN. *(See Note 4 on reverse of form)*
3				OF MY *REDUCED* RETIRED PAY PAYABLE TO OR ON BEHALF OF MY WIDOW *AND* SURVIVING CHILDREN. *(See Note 5 on reverse of form)*
4	☐ NO FURTHER DEDUCTIONS SHALL BE MADE FROM MY RETIRED PAY COMMENCING WITH THE FIRST DAY OF THE MONTH FOLLOWING THE DATE ON WHICH THERE IS LEFT NO BENEFICIARY ELIGIBLE TO RECEIVE THE ANNUITY SELECTED. I WISH TO COMBINE THIS OPTION WITH OPTION NUMBER _____. *(See Note 6 on reverse of form)*			

C. *IMPORTANT:* IF EITHER OPTION 1 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION:

FULL NAME OF SPOUSE	DATE OF BIRTH OF SPOUSE
PLACE OF MARRIAGE *(City, County, State)*	DATE OF MARRIAGE

HAVE YOU BEEN MARRIED PREVIOUSLY? ☐ YES ☐ NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

HAS YOUR SPOUSE BEEN MARRIED PREVIOUSLY? ☐ YES ☐ NO IF "YES" GIVE THE FOLLOWING INFORMATION CONCERNING EACH PREVIOUS MARRIAGE:

DATE DISSOLVED	PLACE OF DISSOLUTION	METHOD OF DISSOLUTION

SERVICE RECORD COPY

D. *IMPORTANT:* IF EITHER OPTION 2 OR OPTION 3 IS ELECTED, FURNISH THE FOLLOWING INFORMATION: *(If child is step-child or adopted child, so indicate in remarks column)*

NAME OF EACH ELIGIBLE CHILD	DATE OF BIRTH	REMARKS

I UNDERSTAND THAT IF I HAVE AN OPTION IN EFFECT DURING ANY PERIOD WHEN I AM NOT RECEIVING RETIRED PAY FROM THE COAST GUARD I WILL BE REQUIRED TO DEPOSIT WITH THE TREASURER OF THE UNITED STATES THE AMOUNT OF MONEY THAT WOULD HAVE BEEN WITHHELD FROM MY RETIRED PAY WERE I RECEIVING SUCH PAY. I REALIZE THAT A FAILURE TO MAKE ANY SUCH DEPOSIT WILL MAKE ME LIABLE FOR THE AMOUNT OF SUCH REQUIRED DEPOSIT, AND I HEREBY CONSENT TO THE DEDUCTION, FROM ANY COMPENSATION SUBSEQUENTLY DUE TO ME FROM THE COAST GUARD, OF AN AMOUNT SUFFICIENT TO PAY ANY SUCH ARREARS, PLUS COMPOUND INTEREST. I HAVE CAREFULLY READ THE COMPLETED FORM, AND I CERTIFY THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Sidney Hayes Elder

Sidney Hayes Elder
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____, 19_____.

SIGNATURE AND TITLE OF ATTESTING OFFICER OR NOTARY PUBLIC *(Note 7)*

3 X 5

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3433 (Rev. 11-53)

STATEMENT OF SERVICE - RETIRED PERSONNEL

LAST NAME	FIRST NAME	MIDDLE INITIAL	SERVICE NUMBER
ELDER	Sidney	H.	219-289

DATE OF BIRTH (Mo.-Day-Yr.)	GRADE OR RATE IN WHICH SERVING	PERMANENT GRADE OR RATE	GRADE OR RATE IN WHICH PLACED ON RETIRED LIST	EFFECTIVE DATE OF RETIREMENT (Mo.-Day-Yr.)
November 20 1895	BM1	BM1	BM1	November 1 1957

REASON FOR RETIREMENT: 20 Year service

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

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

TYPE OF SERVICE	FOR RETIREMENT (Active)			FOR PAY PURPOSES (Active and Inactive)		
	YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
COAST GUARD	16	1	8	16	1	8
LIGHTHOUSE	7	11	3	7	11	3
BUREAU MARINE INSPECTION						
ARMY						
NATIONAL GUARD						
NAVY						
NAVAL RESERVE						
NAVAL MILITIA						
MARINE CORPS	4	0	0	8	0	0
AIR FORCE						
COAST & GEODETIC SURVEY						
INDICATE OTHER SERVICE HERE:						
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT	28	0	11	32	0	11

DATE	SIGNATURE
October 31 1957	A. E. McLANE

FOR USE BY MRS

TYPE RETIREMENT	PHYSICAL DIAGNOSIS	FILE NUMBER

Gill: Return to 3-13

PE-70

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

4393 Treasury CGHQ Wash.D.C.

NAME	SERVICE NO.	DATE OF RETIREMENT	RETIRED GRADE OR RATE
ELDER, Sidney Hayes	219-289	11-1-57.	BM1

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

ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION	ENLISTED	DISCHARGED	MARK	PERIOD	COMPUTATION
9-23-41	9-22-47	4.	72M	288.					
9-23-47	9-25-51	4	48 "	192.					
9-26-51	9-26-55	4.	48 "	192.					
9-27-55	11-1-57	4	25 "	100.					
TOTAL			193 "	772.			TOTAL		

FINAL AVERAGE CONDUCT MARK	ENTITLED TO 10% FOR GOOD CONDUCT (Check appropriate box)	✓	YES		NO
4.					

DATE	COMPUTED BY	DATE	VERIFIED BY
10-30-57	Stricklen	10-30-57	M. E. Johnson.

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

6084 COMPUTATION OF AVERAGE CONDUCT MARKS FOR RETIRED PERSONNEL

28 0
~~27 5~~ 11 Service for Retirement 13CGD ELDER, Sidney H. (ltr- 4-5-57) 219-289 BM1
Yrs. Mos. Days (Name) (Service No.) (Rate)

as of 31 March, 1957

Age 12-1-57 = 70 70 only 11-1-57
75 70 20-year
min good conduct

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	15	6	8
NAVY			
ARMY			
MARINE CORPS (Reg)	4	0	0
LIGHTHOUSE (Retirement)	7	11	3

4.0 from enlistment up to June
Checked by Mrs O'Donnell 4-17-57

TOTAL SERVICE FOR RETIREMENT 27-5-11

INACTIVE SERVICE (Specify) Marine Corps Reserve	4	0	0
LIGHTHOUSE (For Pay Purposes)	7	11	3
TOTAL SERVICE FOR PAY PURPOSES	31	5	11

HIGHEST RANK OR RATING HELD BM1

Service Computed by E. Hillman 4/16/57
Service Verified by LDL 4/16/57
am

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: ELDER, Sidney Hayes
2. SERVICE NUMBER: 219-289
3a. GRADE, RATE OR RANK: BM1
b. DATE OF RANK (Day, Month, Year): 9-26-51
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: TREASURY - USCG
5. PLACE OF BIRTH (City and State or Country): Villanova, Pennsylvania
6. DATE OF BIRTH: DAY 20 MONTH Nov YEAR 1895
7a. RACE: Caucasian
b. SEX: Male
c. COLOR HAIR: Grey
d. COLOR EYES: Grey
e. HEIGHT: 5'6"
f. WEIGHT: 148
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Married
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: GS8
b. MAJOR COURSE OR FIELD: Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: RETIRED
b. STATION OR INSTALLATION AT WHICH EFFECTED: Coast Guard Base, Seattle, Washington
c. REASON AND AUTHORITY: Commandant letter(PE-1) dtd 9-13-57,TONO 51145/ 99201X, CODE 231. Retired after 30 years active Federal Service
d. EFFECTIVE DATE: DAY 31 MONTH Oct. YEAR 57
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: Alki Point Light Station, Seattle, Washington
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD-217-CG

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: NOT APPLICABLE
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: NOT APPLICABLE
16. DATE INDUCTED: DAY MONTH YEAR NOT APPLICABLE
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: NOT APPLICABLE

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY MONTH YEAR NOT APPLICABLE
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [X] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER:
b. TERM OF SERVICE (Years): 03
c. DATE OF ENTRY: DAY 27 MONTH Sept. YEAR 55
20. PRIOR REGULAR ENLISTMENTS: Four (4)
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: BM1
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): 3201 Alki Ave., Seattle, Washington
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): Ketchikan, Alaska
24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	0 2	00	05
	(2) OTHER SERVICE	29	11	07
	(3) TOTAL (Line (1) + line (2))	31	11	12
b. TOTAL ACTIVE SERVICE		31	11	12
c. FOREIGN AND/OR SEA SERVICE				

25a. SPECIALTY NUMBER AND TITLE:
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER:
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: None
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
None	- - - - - - - - -	- - - - - - - - - - -

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: None

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: None
c. MONTH ALLOTMENT DISCONTINUED: NOT APPLICABLE
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): None
b. VA CLAIM NUMBER: C. NOT APPLICABLE

AUTHENTICATION

32. REMARKS: Not entitled to MOP. Placed on retired list 1 November 1957. Effective date of permanent retirement 31 October 1957.
XXXX

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

DISPOSITION DATA

CG Base, Seattle, Washington (Ship or station) (Location) On 31 October 1957 (Date) the below-named individual was

☐ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☒ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☒ Released from active duty ☐ Continued on active duty Normal date of expiration of enlistment 26 (Day) September (Month) 1958 (Year)

Reason Retired after 30 yrs. active Federal Ser Type discharge certificate HONORABLE

Authority: HQ(PE-1) ltr dtd 9-13-57, TONO 51145/99201X. CODE 213. 231

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Seattle, Washington (Place) ON 27 September 1955 (Date)

☒ Accepted for enlistment at ☐ Ordered to active duty from Seattle, Washington (Place) ON 27 September 1955 (Date)

Home address at time of enlistment, induction, or order to active duty 3201 Alki Ave., Seattle 6, Washington

TRAVEL DATA

I hereby elect travel allowance to NOT APPLICABLE (Location)

Place of NOT APPLICABLE (See travel instructions)

SIGNATURE NOT APPLICABLE

PE-PR-35

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for THIRTY Forty (Words) 30 40 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 26 years service for pay purposes on 10-19-51 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS Placed on permanent retired list effective 1 November 1957. AFID Card Number 139413 Surrendered and destroyed. Final Average Marks: PIR - 3.84; Conduct - 4.0. Not entitled to MOP.

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
R. J. MOORE	CHSCLK, W-3, USCG, PO	413-58

DISBURSING DATA

Travel allowance credited, $ ---- Cash settlement for unused accrued leave (40 days) $462.80

NAME OF A. C. O. O. F. MARSHALL, SPCK,W1,USC

Computation:

DUE AT DISCHARGE, $ 359.07

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
ELDER,	Sidney	Hayes	219-289	BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

ALKI POINT LIGHT STATION

Course of instruction in "Code of Conduct For Members of the Armed Forces of The United States" completed..

R. J. Mohr, CHSCLK W-3, USCG
Personnel Officer

31 October 1957: Permanently retired 31 October 1957. Placed on retired list effective 1 November 1957. Auth: Commandant ltr (PE-1) dtd 9-13-57, TONO 51145/99201X.

Permanent address for mailing purposes: 3250 California Ave.
Seattle 16, Washington

R. J. MOHR, CHSCLK, W-3, USCG
Personnel Officer

RECORD OF TRANSFER

DATE TRANSFERRED		AUTHORITY	
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

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

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER,	Sidney	H.	219-289

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3306 (4-52)

MARKS

1. DATE	2. Reason	3. Rate	4. PIR	5. ALOM	6. Conduct	7. Ship or Station	8. Signature
*9-30-55	EQM & RQM	BM1	3.8	3.7	4.0	ALKI POINT LTSTA	LYNN L. BAKER, LCDR., CO, Act/
*12-31-55	EQM	BM1	3.8	3.7	4.0	ALKI POINT L/S	V. A. JOHNSON, CDR, CO
*3-31-56	EQM	BM1	3.8	3.7	4.0	ALKI POINT L/S	V. A. JOHNSON, CDR, CO
*6-30-56	EQM	BM1	3.8	3.8	4.0	Alki Pt. LtSta	V. A. JOHNSON, CDR, CO
7-19-56	DET OF CO	BM1	3.8	3.8	4.0	Alki Pt. LtSta	LYNN L. BAKER, LCDR, CO
*9-30-56	EQM	BM1	3.8	3.8	4.0	Alki Pt. Lt Sta	W. H. DEVAN, CDR, USCG, CO
* 31 DEC 1956	EQM	BM1	3.8	3.8	4.0	Alki Pt. Lt Sta	[illegible]
* MAR 31 1957	EQM	BM1	3.9	3.8	4.0	ALKI PT. LT STA	[illegible]
* 6-30-57	EQM	BM1	3.9	3.8	4.0	ALKI PT. LT STA	[illegible]
*9-30-57	EQM	BM1	3.9	3.8	4.0	ALKI PT, LT STA	[illegible]
10-31-57	Retired	BM1	3.9	3.8	4.0	ALKI PT. LT STA.	[illegible], USCG, CO.
10-31-57	Final Mks	Average BM1	3.84	3.77	4.0	ALKI PT. LT. STA.	[illegible], USCG, CO.

NAME (Last) ELDER (First) Didney (Middle) Hayes SERVICE NO. 219-289

MARKS

16—66652-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3305 (4-52)

LEAVE RECORD

DATE: 9-27-55 Credit brought forward from previous record 00 DAYS

AUTHENTICATED BY Paul A. Berg, LT, USCG
CHMILPERSECT, O'CCGD13

LEAVE TAKEN (INCLUSIVE DATES) FROM DAY—MO.—YR.	TO DAY—MO.—YR.	NO. DAYS	KIND	CREDITED DATE DAY—MO.—YR.	CREDITED DAYS	Balance DAYS	SHIP OR STATION	SIGNATURE
9-27-55 - Reen. this date in Reg. Enl. for 3 yrs in rate of BM1. AUTH: Sec. 12-3-19A CG Regs.						00	O'CCGD13(p)	Paul A. Berg, LT, USCG CHMILPERSECT, O'CCGD13
Paid $694.20 for 60 days accrued LV in accordance with Art. 7-A-75 Pers.Manual on 9/27/55 at Seattle, Washington.								H. M. COOPER, ACO
				ANCR 30 Jun 56	23	23	ALKI PT. L/S	R.J. Mohr, CHSCLK W-3, USCG Personnel Officer
29 Dec 56	7 Jan 57	10	A			13	ALKI PT. L/S	R.J. Mohr, CHSCLK W-3, USCG Personnel Officer
				30 JUN 1957	30	43	CG BASE, SEATTLE, WASH.	R.J. Mohr, CHSCLK W-3, USCG Personnel Officer
17 Aug 57	24 Aug 57	08	A			35	CG BASE, SEATTLE, WASH.	R.J. Mohr, CHSCLK W-3, USCG Personnel Officer
25 Oct 57	29 Oct 57	05	A			30	Alki Pt. L/S	R.J. MOHR, CHSCLK, W-3, USCG, P
				RET CRED 31 Oct 57	10	40	Alki Pt. L/S	R.J. MOHR, CHSCLK, W-3, USCG, P
Paid $462.80 for 40 days accrued LV in accordance with Art. 7-A-75 Pers. Manual on 10-31-57 at Seattle, Washington.								
O. F. MARSHALL, SPCK, W1, USCG. Authorized Certifying Officer								

DEDUCTIBLE TIME (Inclusive Dates)

FROM	TO	NO. DAYS	CAUSE (SEE INSTRUCTIONS)	SHIP OR STATION	SIGNATURE

(Last) (First) Sidney (Middle) Hayes SERVICE NO. 219-289

16—66741-1

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

10-3-57

USPHS Hospital, Seattle, Washington

I certify that I have today examined the below named person and find that he has the following disease or physical condition likely to result in physical disability or death: NONE

Other defects noted:
1) Septal deflection left
2) High frequency deafness
3) Relaxed left ingunal ring

In my opinion those defects numbered 1,2,3 are incident of service.

In my opinion those defects numbered _____ are not incident of service.

L. A. GAUL, M.D.
SR. SURGEON, USPHSH

I certify to the best of my knowledge and belief, that I have the defects as noted above.

Sidney H. Elder

Service terminated 31 October 1957 (Date) at U. S. Coast Guard Base, Seattle, Washington (Place) by reason of RETIREMENT

over 30 years active federal service
(Expiration of Enlistment, Physical Disability, Undesirability, etc)

R. J. MOHR, CHSCLK, W-3, USCG
(Rank) Custodial Officer

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
Male	Cau	BM1	USCG BASE	USCG	Treasury Dep't

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
ELDER, Sidney H.	219-289 11-20-95	219-289

16—67726-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
ELDER, Sidney H.	BM1	219-289
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
3201 Alki Avenue, Seattle 16, Washington	Retirement	10-3-57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	9. TOTAL YRS. GOVT. SERVICE CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Cau			Treasury Dep't	USCG BASE, Seattle, Washington

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11-20-95	VillanNova, Pa.	Winifred (Wife) same as # 4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USPHS Hospital, Seattle, Washington	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
	X	19. NOSE
X		20. SINUSES
	X	21. MOUTH AND THROAT
	X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
	X	31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
	X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
	X	41. NEUROLOGIC (*Equilibrium tests under item 78*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ VAGINAL ☐ RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Septal deflection left

Larynx surgery 1952, absence of left uveal cord.
High frequency deafness

Relaxed left inguinal ring

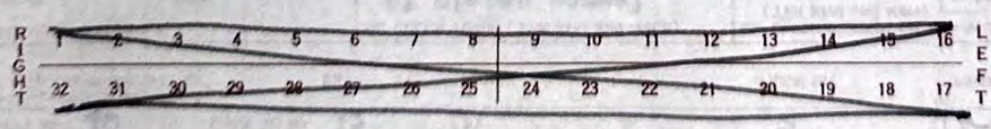
Appendectomy scar

Absent right knee jerk

(Continue in item 73)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively*)

O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures



REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: SP. GR. 1.023			46. CHEST X-RAY (*Place, date, film number, result*)	47. SEROLOGY (*Specify test used and result*)
ALBUMIN	SUGAR	MICROSCOPIC		
neg	neg		14 x 17 NSA USPHS Hospital, Seattle, Wash. dtd 10-3-57	VDRL, QUALITATIVE NEG
48. EKG	**49. BLOOD TYPE AND RH FACTOR**		**50. OTHER TESTS**	
			WBC-8500 HgB-17.2	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER	MEDIUM	HEAVY	OBESE	56. TEMP.
64	148	Gray	Gray	☐	☒	☐	☐	97.8

57. BLOOD PRESSURE (*Arm at heart level*)

SITTING	SYS. 120	RECUMBENT	SYS. 120	STANDING (5 min.)	SYS. 136	
	DIAS. 72		DIAS. 72		DIAS. 80	

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72	138	72	72	72

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 50	CORR. TO 20/ 15	BY	S. CX	L-J7	CORR. TO JT BY
LEFT 20/ 40	CORR. TO 20/ 15	BY	S. CX	L-J7	CORR. TO JT BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT LEFT	PI Plates normal		UNCORRECTED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV 0 /15 SV 12/30

LEFT WV 1 /15 SV 15/30

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	8000 8192
RIGHT	30	28	50	50	60	62	62
LEFT	20	12	52	52	62	75	70

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

(*Use additional sheets of plain paper if necessary*)

74. SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

19 Septal deflection left
21 Absence of left uveal cord
22 High frequency deafness
31 Relaxed left ingunal ring
41 Absent right knee jerk

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Retirement

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN L. A. GAUL, M.D. SR. SURGEON, USPHSH — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY ELMER WINBECK, LCDR, USCG CHMILPERSECT, 13CGD — SIGNATURE Elmer Winbeck — NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE : 1953—O-243413 16—62288-1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-2113 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0800	24 Oct. 57
LEAVE OR LIBERTY EXPIRED	0900	30 Oct. 57
RETURNED TO COAST GUARD JURISDICTION	0800	30 Oct. 57

NUMBER DAYS CHARGED TO LEAVE RECORD Five (5)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	ELMER WINBECK	LCDR, USCG, CHMILPERSECT	399-58

SHIP OR STATION: O'C13CGD, Seattle, Washington

NAME OF A. C. O.:

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
ELDER,	Sidney	Hayes	219-289	BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3312 REVISED
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
NOVEMBER 12, 1953

INDIVIDUAL ORDER TO ADJUST PAY RECORD

1. LEAVE RATIONS OR LOSS OF PAY BY REASON OF ABSENCE:

- [X] ON ANNUAL LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON SICK LEAVE, AOL or AWOL period, if any, excused as unavoidable
- [ ] ON ANNUAL LEAVE, AOL period, if any, not excused as unavoidable
- [ ] ON SICK LEAVE, AOL period, if any, not excused as unavoidable
- [ ] WITHOUT LEAVE, not excused as unavoidable
- [ ] OVER LIBERTY, not excused as unavoidable

	HOUR	DATE
DEPARTURE	0800	8-16-57
LEAVE OR LIBERTY EXPIRED	0800	8-25-57
RETURNED TO COAST GUARD JURISDICTION	0800	8-25-58

NUMBER DAYS CHARGED TO LEAVE RECORD Eight (8)

Credit leave rations and/or check pay in accordance with the Comptrollers Manual.

2. CHANGE RATE: TO _____ (*Rate*) FROM _____ (*Rate*)

EFFECTIVE _____ (*Date change effected*) AUTHORITY _____ AUTHORITY RECEIVED _____ (*Date*)

3. CHANGE IN SERVICE FOR PAY PURPOSES:

	YEARS	MONTHS	DAYS
OTHER SERVICE*			
COAST GUARD SERVICE			
NET SERVICE OF			

ON _____ (*Date*) COMPLETED

* *Career Compensation Act of 1949. Statement of service filed in service record.*

4. COMMUTED RATIONS: FROM _____ (*Date*) TO _____ (*Date*)

Permission to mess separately has been granted. Commutation of rations to a mess or subsistence in kind has not and will not be authorized or furnished for this period.

5. SUBSISTENCE ALLOWANCE: FROM _____ (*Hour and date*) TO _____ (*Hour and date*) AT $ _____ per day

Rations in kind not available or furnished for this period.

6. QUARTERS ALLOWANCE: _____ (*Date*) TO _____ (*Date*) AT $ _____ per mo.

No Government quarters available. AND/OR AT $ _____ per day

7. MISCONDUCT: The below-named individual has been incapacitated for duty from _____ (*Date of admission*)

to _____ (*Date of discharge*) as a result of his own: [ ] INTEMPERATE USE OF DRUGS [ ] INTEMPERATE USE OF ALCOHOLIC LIQUORS

8. MISCELLANEOUS PAY ORDERS:

The Authorized Certifying Officer is authorized and directed to adjust pay record of the below-named individual for the reason and period stated above.

NOTE: VOID IF MORE THAN ONE ITEM IS COMPLETED

EFFECTIVE FOR ITEM 1 (Number) ONLY	SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
	ELMER WINBECK	LCDR, USCG, CHMTLPERSECT	389-58
SHIP OR STATION		NAME OF A. C. O.	
O'C13CGD, Seattle, Washington			

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
ELDER,	Sidney	Hayes	219-289	BM1

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3313 (Rev. 2-54)
Form approved by
Comp. Gen., U. S.
March 5, 1954

ORDER TO ENTER ACCOUNT

INSTRUCTIONS

1. To be prepared in quadruplicate. Original and all copies to be signed by the commanding officer, executive officer, or other officer designated by the district commander or commanding officer to sign "by direction" in accordance with U. S. Navy Correspondence Manual as amended for Coast Guard use (*Chapter V, Section A*). The original will be placed in the service record, one copy to the Commandant (PE), and two copies to the Authorized Certifying Officer.

2. Section I will be completed for commencement of pay in the following cases:

a. Upon enlistment, induction, or reenlistment.

b. For enlisted members of the Reserve or retired enlisted members reporting for active duty or for training duty with pay.

3. Section II will be completed, in addition to Section I, when the enlisted person is eligible for reenlistment bonus or enlistment allowance upon reenlistment. (*Page 1b, of the service record [Form CG-3301B], is used for payment of reenlistment bonus upon extension of enlistment.*)

4. Section III will be completed upon the surrender, apprehension, or delivery of a deserter by the first Coast Guard unit taking custody of the deserter. Return of an absentee will be entered in Item 1 of page 12, of the service record (*Form CG-3312*), not on this page.

SECTION I — ACCEPTANCE

ACCEPTED FOR (Check appropriate box)				DATE OF ENLISTMENT, INDUCTION OR REENLISTMENT
ENLISTMENT		INDUCTION	XX REENLISTMENT	27 September 1955
LOCATION (City and state)				PERIOD OF ENLISTMENT OR REENLISTMENT
Seattle, Washington				THREE (3) Years

FILL IN THE FOLLOWING INFORMATION REGARDING ACTIVE DUTY IN CASES OF RESERVISTS AND RETIRED ENLISTED MEN

ORDERED TO ACTIVE DUTY FROM (City and state)	DATE OF ENTRY TO PAY STATUS	DATE REPORTED FOR ACTIVE DUTY
- - - - - - -	- - - - -	- - - - -

SECTION II — LAST PREVIOUS ENLISTMENT (For reenlistment bonus or enlistment allowance)

DATE OF DISCHARGE	TYPE OF DISCHARGE	REASON FOR DISCHARGE
9-26-55	HONORABLE	EEXT1

NET ACTIVE SERVICE DURING THIS ENLISTMENT			NET ACTIVE SERVICE TO DATE OF DISCHARGE			NUMBER OF DAYS TIME LOST AWOL, AOM, NPDI
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
04	00	01	25	11	07	None

DATE OF PAYMENT OF LAST ENLISTMENT ALLOWANCE (If none paid, so state)	NUMBER OF PRIOR ENLISTMENT BONUSES PAID
26 September 1951 - $200.00	None

SECTION III — RETURN OF A DESERTER

DESERTED FROM		TAKE UP ACCOUNT (Enter date following day of return to Coast Guard jurisdiction)
SHIP OR STATION	DATE	
- - - - - - - -	- - - - - - -	- - - - - - -

SECTION IV — REMARKS (Refer to section number and item in question in each instance)

PAID $ 200.00 - 2ND REENLISTMENT BONUS ON SEC. 207

9/27/55 AT SEATTLE, WASHINGTON

BY DIRECTION

M. M. COOPER, CHPCLK, W2, USCG
Authorized Certifying Officer

SECTION V — CERTIFICATION

THE AUTHORIZED CERTIFYING OFFICER IS AUTHORIZED AND DIRECTED TO ENTER ACCOUNT OF THE INDIVIDUAL NAMED BELOW AND TO CREDIT PAY AND ALLOWANCES AS PROVIDED BY LAW AND REGULATIONS.

SHIP OR STATION	NAME OF A.C.O.	
O'CCGD13, Seattle, Washington		
C. O. ORDER NO.	TYPED NAME, GRADE AND TITLE	SIGNATURE
51-56	PAUL A. BERG, LT, CHMILPERSECT, CCGD13	Paul A. Berg

NAME (Last, first, middle)	SERVICE NO.	RATE
ELDER, Sidney Hayes	219-289	BM1

NOTE: ALL ITEMS WHICH DO NOT APPLY TO THIS ORDER SHALL BE LINED OUT BEFORE SIGNATURE IS AFFIXED.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1954—J-261732

I, ELDER, Sidney Hayes (219-289) BM1, U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 27 September 1955 for a period of three (3) years, being eligible to receive a reenlistment bonus under the Provisions of Section 207 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under the provisions of Section 207 of the Career Compensation Act of 1949, as amended.

Sidney H. Elder

Sidney H. Elder

It has been determined form the records available at this unit, that this is the second reenlistment or extension of enlistment entered into by subject named man after 1 October 1949, for which a reenlistment bonus was payable; that he has 25 years 11 months and 07 days active federal service to date of reenlistment as distinguished from creditable service for basic pay.

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3309 (Rev. 8-53)
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
APRIL 15, 1952

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

SC-50-56

DISPOSITION DATA

CCGD13, Seattle, Washington (Ship or station) (Location) On 26 September 1955 (Date) the below-named individual was

☒ Discharged ☐ Released from active duty ☐ Transferred to the reserve ☐ Retired ☐ Deceased ☐ Temporarily physically retired ☐ Other (Specify in remarks)

This individual was: ☐ Released from active duty ☐ Continued on active duty

Normal date of expiration of enlistment 25 (Day) September (Month) 1955 (Year)

Reason EXTL

Type discharge certificate HONORABLE

Authority: Sec. 12-3-42(A)1 CG Regs.

ENLISTMENT DATA

☒ Enlisted at ☐ Inducted at Seattle, Washington (Place) ON 26 September 1951 (Date)

☐ Accepted for enlistment at ☐ Ordered to active duty from (Place) ON (Date)

Home address at time of enlistment, induction, or order to active duty 3201 Alki Ave., Seattle 6, Washington

TRAVEL DATA

I hereby elect travel allowance to NOT ENTITLED (Location)

Place of (See travel instructions)

SIGNATURE Sidney N. Elder
Sidney H. Elder

MISCELLANEOUS DATA

☐ Reenlisted on board ☒ Elected cash settlement for SIXTY (Words) 60 (Figures) Days unused leave ☐ Elected to carry over unused leave to new enlistment

☐ Not entitled settlement unused leave ☐ Enter checkage for ____ Days excess leave From ____ To ____

Completed 26 years service for pay purposes on 10-19-51 Payment of discharge gratuity ☐ Is directed ☒ Is not directed

REMARKS Issued Honorable Discharge this date by reason of EXTL. NAVPERS AFID Card being retained by man pending issue of new card. Final Average Marks: PIR - 3.64; Conduct - 4.0. IssuedCG 1A2. Entitled to initial MOP, total amount $200. 550 attached. RECOMMENDED FOR REENLISTMENT. Reenlisting 9-27-55 in Reg. Enl. for a period of 3 years.

The authorized certifying officer is authorized and directed to credit travel allowances and other allowances as provided by law and regulations and to close account if required in accordance with current instructions.

SIGNATURE	GRADE AND TITLE	C. O. ORDER NO.
PAUL A. BERG	LT, CHMILPERSECT, CCGD13	50-56

DISBURSING DATA

Travel allowance credited, $ NONE Cash settlement for unused accrued leave (60 days) $ 694.20

NAME OF A. C. O. H. M. COOPER

Computation:

DUE AT DISCHARGE, $ 694.20

PERSONAL FUNDS, $

GRATUITY CREDITED, $

Ship or station

NAME (Last)	(First)	(Middle)	SERVICE NO.	RATE
ELDER,	Sidney	Hayes	219-269	BM1

dition of 4-52 may be used

16—66654-2

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SERVICE NUMBER	3. GRADE — RATE — RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
ELDER, Sidney Hayes	219-289	BM1 9-23-41	USCG

5. QUALIFICATIONS

SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION (DAY / MONTH / YEAR)	7. TYPE OF SEPARATION
- - -	- - - - -	26 / Sept. / 1955	DISCHARGE

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
Sec. 12-3-42(A)1 CG Regs.	O'CGDD13, Seattle, Washington

10. DATE OF BIRTH (DAY / MONTH / YEAR)	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
20 / Nov. / 1895	Villanova, Penn.	Male	Cauc	Grey	Blue	63½"	144

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY / MONTH / YEAR
	X	- - -	- - - - -	- / - - - - / -

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT

YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	- - - - - - -	- - - - - - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: [ ] ENLISTED [XX] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY

18. GRADE — RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BM1

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY / MONTH / YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State)
26 / Sept. / 1951	Seattle, Wn.	3201 Alki Ave., Seattle, KING, Washington

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (USCG) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	10	00	03
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	04	00	01
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	11	03
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	29	11	07

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY

DAY	MONTH	YEAR	AMOUNT
-	- - - -	- - -	- - - -

26. FOREIGN AND/OR SEA SERVICE

YEARS	MONTHS	DAYS
00	00	00

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

National Defense Service Medal

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Alki Point Light Station Seattle, Washington	NONE

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSES	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
NONE LUMP SUM PAYMENT $200.00	- - -	- - -	NONE

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance will lapse. (B) Term insurance not under waiver same as (A) above. (C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet 9-3) When paying premiums give full name, address, Service Number, Policy Number(s), Branch of Service, date of separation. Contact nearest VA office for information concerning Government Life Insurance.

32A. KIND & AMT. OF INSURANCE & MTHLY. PREMIUM	32B. ACTIVE SERVICE PRIOR TO 26 APRIL 1951	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
INDEMNITY	[XX] YES [ ] NO [ ] UNKNOWN	- - -	- - - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
$466.20	NONE	J. F. CANNON, CDO, USCG

AUTHENTICATION

38. REMARKS (See reverse)

RECOMMENDED FOR REENLISTMENT
REENLISTED ON BOARD 9-27-55

SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)
PAUL A. BERG, LT, USCG
CHMILPERSECT, CGDD13

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.: None — CLAIM NUMBER: - - - -

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM / TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
- - - / - - -	- - - -	- - - - - - -

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[XX] YES [ ] NO	Married	8	4	0	- - -	- - - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State): 3201 Alki Ave., Seattle, KING, Washington

48. SIGNATURE OF PERSON BEING SEPARATED: Sidney H. Elder

DD FORM 1 JUL 52 214 — EDITION OF 1 JAN 50 IS OBSOLETE

ARMY: TO HQ ARMY AREA IN WHICH SERVICEMAN'S HOME IS LOCATED.
AIR FORCE: TO NUMBERED AIR FORCE UNDER CONAC HAVING JURISDICTION OVER ADDRESS SHOWN IN ITEM 47.
MARINE CORPS: TO MARINE CORPS RECRUITING AREA HAVING JURISDICTION OVER STATE INDICATED IN ITEM 47.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3307 (12-53)

ADMINISTRATIVE REMARKS

SHIP OR STATION

O'CCGD13, Seattle, Washington

27 September 1955 - Reenlisted this date in Reg. Enl. for a period of three (3) years in the rate of BM1. AUTH: Sec. 12-3-19A CG Regs.

Transferred this date to the Alki Point Light Station, Seattle, Washington for resumption of regular station and duties.

PAUL A. BERG, LT, USCG
CHMILPERSECT, CCGD13

I. ELDER, Sidney H. (219-289) BM1, U. S. Coast Guard, having reenlisted in the Regular Coast Guard on 27 September 1955 for a period of three (3) years, being eligible to receive a reenlistment bonus under the provisions of Section 208 of the Career Compensation Act of 1949, as amended; do hereby elect to receive a reenlistment bonus under the provisions of Section 207 of the Career Comoensation Act of 1949, as amended.

Sidney H. Elder

RECORD OF TRANSFER

DATE TRANSFERRED	AUTHORITY		
RATE	DATE OF RATE	SIGNATURE	GRADE AND TITLE

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

RECORD OF RECEIPT

REPORTED AT (Ultimate destination)	DATE REPORTED	SIGNATURE (Grade and title)
ALKI POINT LIGHT STA	27 September 1955	J. D. GOOLSBY, CHSCLK, USCG, PO

NAME (Last)	(First)	(Middle)	SERVICE NO.
ELDER,	Sidney	Hayes	219-289

ADMINISTRATIVE REMARKS

16—66780-2

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3303 (4-52)

CLASSIFICATION TRAINING AND RATING SHEET

1. RATING AND JOB CLASSIFICATION RECORD

Date	Rating	Designator	Other Qualification	Authority	Signature (Grade and Title)	Unit
9-26-51	BM1				J.D. GOOLSBY, SCLK, USCG Personnel Officer	BASE Seattle, Wash.

2. RECORD OF SERVICE SCHOOLS ATTENDED

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

NAME AND LOCATION

DATE ENROLLED	CLASS NO.	COURSE LENGTH	RATING ON GRADUATION
DATE COMPLETED	CLASS STANDING IN CLASS GRADUATED ____ OF ____		FINAL MARK (Std. Score)

GRADUATED *If no, give reason.
☐ YES ☐ NO*

SIGNATURE

3. GENERAL EDUCATIONAL DEVELOPMENT AND TESTING RECORD

Standard Tests Scores UNK.

GCT	MK	AR	MA	READ	EK	CA	SP	PI	OTHER

HIGHEST SCHOOL LEVEL ATTAINED
UNK.

LANGUAGE QUALIFICATIONS

4. RECORD OF COAST GUARD INSTITUTE COURSES COMPLETED

Date Completed	Name of Course	Mark	Signature

5. RECORD OF OTHER OFF-DUTY STUDY (USAFI COURSES, ETC.)

Date Completed	Name of Course	Mark	Signature

NAME (Last)	(First)	(Middle)		Service Number		RATING
ELDER	Sidney	Hayes		219-289		BM1

RECORD OF EMERGENCY DATA

SEE INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. PRESENT SERVICE NO.	3. RANK/RATE	4. DATE OF BIRTH	5. RELIGION
ELDER, Sidney Hayes	219-289	BM1	11-20-95	P

6. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE	7. PRIOR MIL. SERVICE	8. FORMER SERVICE NO.
Ketchikan, T.A.	[X] Yes [ ] No	UNKNOWN
	9-23-55 (DATE LAST ENTRY)	9. SOCIAL SECURITY NO. 535-38-1517

FIRST NAME—MIDDLE NAME—LAST NAME (If deceased, so state)	ADDRESS
10. WIFE OR HUSBAND (If none, so state) Winifred L. Elder	3201 Alki Ave., Seattle, Washington

11. NAME OF CHILDREN (If none, so state. If step or adopted, so state)	ADDRESS	MARRIED YES	MARRIED NO	SEX	DATE OF BIRTH
Freelin Hayes Elder	Same as #10		X	M	4-26-38

12. FATHER Deceased	ADDRESS N/A	
13. MOTHER Deceased	ADDRESS N/A	
14. ADULT NEXT OF KIN NOT NAMED IN ANY OTHER ITEM Edna G. Storey	ADDRESS 3806 134th NE, Kirkland, Washington	

14a. ALL PERSONS RECEIVING MORE THAN 50 PERCENT OF THEIR SUPPORT FROM ME (OTHER THAN WIFE OR CHILDREN UNDER 21)	ADDRESS	RELATIONSHIP	DATE OF BIRTH
NONE	N/A		

15. PERSON(S) NAMED ABOVE WHO ARE NOT TO BE NOTIFIED DUE TO ILL HEALTH	ADDRESS
NONE	N/A

DESIGNATIONS

		FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS	RELATIONSHIP
16. BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILD(REN). NAME PARENTS OR BROTHERS OR SISTERS ONLY (P. L. 881 84th Congress).		Edna G. Storey	Same as #14 23120 7th Ave.	Sister
		Geneva L. Shirley	Bothell, Wn.	Sister
17. BENEFICIARY OR BENEFICIARIES FOR UNPAID PAY AND ALLOWANCES (P. L. 147, 84th Congress). PERCENT OF SHARES MUST TOTAL 100 PERCENT.	100 %	Winifred L. Elder	Same as #10	Wife
	%			
18. PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS.	PERCENT OF PAY EACH MO. 100%	Winifred L. Elder	Same as #10	Wife

19. INSURANCE POLICIES IN FORCE INCLUDING USGLI AND NSLI (Agencies to be notified in case of death in active service)

FULL NAME AND ADDRESS OF COMPANY	ADDRESS OF OFFICE RECEIVING PAYMENT OR HOME OFFICE	POLICY NO.
Equitable Life Assurance Society of the U.S. 393 7th Ave., New York 1, N.Y.	Skinner Building, Seattle, Wn.	10 683 185

20. SERVICE ORGANIZATION AND ADDRESS OF DESIGNATOR	DATE SIGNED
Alki Point Light Station, U. S. Coast Guard, Seattle, Washington	14 September 1957

21. SIGNATURE OF WITNESS	22. SIGNATURE OF DESIGNATOR
Albert G. Anderson	Sidney H. Elder
Albert G. Anderson	Sidney H. Elder

DD FORM 1 Dec 56 **93-1** Previous Editions are obsolete.

For Navy, Marine Corps, and Coast Guard use: Will be used in lieu of DD Form 93.

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-3301 (4-52)

ENLISTMENT CONTRACT U. S. COAST GUARD

REENLISTMENT

1. SERVICE NO.	2. NAME (Last)	(First)	(Middle)	3. RATE ABBREV.	4. YEARS EDUCATION
219-289	EIDER,	Sidney	Hayes	BM1	8

5. PLACE OF BIRTH (City)	(State)	6. DATE OF BIRTH DA.	MO.	YR.	7. RELIGION	8. CITIZENSHIP
Villanova,	Pennsylvania	20	Nov.	95	Protestant	[X] NB [ ] NZ [ ] other (specify)

9. MARITAL STATUS	10. HOME ADDRESS (Street)	(City)	(County)	(State)
Married	3201 Alki Avenue,	Seattle,	KING,	Washington

11. DATE OF OATH DA.	MO.	YR.	12.	13. ENLISTED FOR	14. TEST SCORE	15. PRIOR SERVICE
27	Sept	55	[ ] FIRST ENLISTMENT [X] REENLISTMENT	THREE YRS.		[X] YES [ ] NO

16. ACCEPTED AT (City)	(State)	17. ENLISTED AT (Unit)	(City)	(State)
Seattle,	Washington	O'CCGD13	Seattle,	Washington

18. SELECTIVE SERVICE LOCAL BOARD NO. (City, county, State)	19. SELECTIVE SERVICE REGISTRATION NO.
NOT REGISTERED	- - - - -

20. DATE LAST ENL. DA.	MO.	YR.	21. BRANCH OF SERVICE	22. DATE LAST DISCHARGED DA.	MO.	YR.	23. TYPE OF DISCHARGE	24. PRIOR NET SERVICE FOR PAY PURPOSES
26	Sept	51	U. S. Coast Guard	26	Sept	55	HONORABLE	29 YRS. 11 MOS. 07 DAS.

25. PRIOR ACTIVE DUTY	26. DATE TRANSFERRED DA.	MO.	YR.	27. TRANSFERRED TO	
25 YRS. 11 MOS.	27	Sept	55	Alki Pt LS, resumption of duty	[X] Active duty for [ ] Inactive duty

28. DESCRIPTION 535-38-1517

SEX	RACE (See Instructions reverse side)	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	COMPLEXION
Male	Caucasian	Grey	Blue	63½"	144	Fair

29. MARKS AND SCARS
Two 2" Scars on right leg; 3" appendectomy scar

I am not drawing, nor have I a claim pending, on account of my own service, for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Lieutenant PAUL A. BERG of the United States Coast Guard, as follows:

First: To enter the United States Coast Guard and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { 03 years from 27 September, 1955 / during minority until 26 Sept., 1958 } and as required by the attached Certificate of Obligated Service unless sooner discharged by proper authority, and on the conditions contained in Title 14, United States Code, Sec. 365 to 368, cited on back hereof. In the event of war or national emergency proclaimed by the President to exist during my term of service, I additionally oblige and subject myself to serve until 6 months after the end of the war or national emergency if so required by the Secretary unless I voluntarily reenlist or extend my enlistment. I understand that when so detained, I am not entitled to enlistment allowance or reenlistment bonus and that in time of war the addition of one-quarter pay as provided by Title 14, United States Code, Section 367, is not applicable. I also oblige myself, during the above service, to comply with and be subject to such laws, regulations, and discipline for the government of the Coast Guard as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by proper authorities.

Third: I am of the legal age to enlist; I have never deserted from and I am not a member of any of the Armed Forces of the United States, or any reserve component thereof; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reason given by me to the recruiting officer prior to enlistment.

Fourth: I understand that upon enlistment in the Coast Guard Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war, or when as proclaimed by the President a national emergency exists, and that I may be required to perform active duty throughout the war or until the national emergency ceases to exist and for 6 months thereafter.

Fifth: I understand that if I become a candidate for any Academy of one of the Armed Forces, or Officers Training School thereof, and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Enlistment: I, Sidney Hayes Elder do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America; that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the laws and regulations governing the Coast Guard including the Uniform Code of Military Justice.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Signature in own handwriting (surname to right) Sidney Hayes Elder Sidney Hayes Elder

Subscribed and sworn to before me this 27th day of September, A. D. 1955 Citizenship substantiated and contract perfected.

Signature and Grade PAUL A. BERG, LT, USCG Official Title CHMILPERSECT, CGD13

READ CAREFULLY

PROVISIONS OF LAW CONTAINED IN TITLE 14, UNITED STATES CODE, SECTIONS 365 TO 368

This enlistment contract is subject to the provisions of law contained in Title 14, United States Code, sections 365 to 368 inclusive, dealing respectively with—

(1) VOLUNTARY EXTENSION OF ENLISTMENTS, with reenlistment benefits saved, and without loss of benefits to which entitled had enlistment not been extended;

(2) RETENTION BEYOND TERM OF ENLISTMENT IN CASE OF DISABILITY for purpose of hospitalization because of disease or injury incident to service and not due to misconduct;

(3) DETENTION BEYOND TERM OF ENLISTMENT (a) where enlistment expires while serving elsewhere than at a shore station in the U. S., (b) while awaiting disciplinary action or trial and disposition of case, (c) during a period of war or national emergency, (d) for not exceeding thirty days when required in the public interests, (e) for the purpose of making good time lost because of unauthorized absence or confinement under sentence or awaiting disposition of case if trial results in conviction, and (f) to make good time lost due to disability due to own misconduct;

(4) DISCHARGE IN CASE OF UNDER-AGE ENLISTMENT upon timely application of parent or guardian of man under twenty-one years of age who enlisted without the written consent of his parent or guardian.

INSTRUCTIONS

For Reserve enlistments type in "RESERVE" after Coast Guard in caption. Commands are cautioned that this page is an enlistment contract and care shall be taken that all applicable items are properly completed. Erasures or interlineations are prohibited on this page.

In all items where date entries appear use figures for day, abbreviation for month, and figure for year.

All signatures shall be made in blue or black ink.

Under item 8—NB stands for "native born" and NZ stands for Naturalized, in reference to United States citizenship.

Item 10—Home address shall be as defined in Joint Travel Regulations article 1150(3).

Under item 14 "Test Score" refers to the present AFQT or any later test that may be substituted therefor.

Under item 27, when a man is reenlisted and retained on board the enlisting unit, the words "retained on board enlisting unit" shall be entered.

In item 28, race shall be limited to the following entries: Caucasian, Negroid, Mongolian, Indian (American), Malayan.

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