SEP 10 2024 PM12:14

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

Date: 9/9/2024

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Anderson, Kraig	
E-Mail Address:	**Phone Number:**
kraiga@gmail.com	858-357-5100

INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Gammon, Linwood, M.	553633 ✓BIRLS Roll	1907 (ME)

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1988 (ME)

State of Residence (upon entry into service):

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

Researcher Signature: Kraig Anderson

CIVILIAN SERVICE

(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	

Other Identifying Information (Maiden Name, Job Title, etc.)

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: 2-300525741 24

CMRS Search Request Number(s): 2-GG-DTOIYMI

Attendant Signature:

Remarks:

2024 OCT 29 PM12:23:03

SCREENING NOTES

- ☐ Reviewed and Nothing Removed SMH
- ☐ Items Removed and User Informed

Hold Requested:
- ☐ Yes
- ☐ No

Total Requests:

Screened Items:

- ☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:



SR# 2-30052574124

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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



2-DT0IYMI

Non-Registry Block:

Registry Number: ***00000 106 443***

Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***1W***

Reg Veteran's Name: *GAMMON LINWOOD M*

SR Veteran's Name: *GAMMON, LINWOOD M*

SSN: *004050818*

DOB: *01/01/1907*

POB: *ME*

SVN/SSN: *000553633*

Service Code: *CG*

Service Number:

SR Number: **2-30052574124**

Search Section: **5**

Record Charged to:

Name: Kevin Helenthal
Room#: 148
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: JMCMORRIS

Initials: _____

Date: _____

Notes:



2-DT0IYMI

All Records Ordered for this Service Request:
2-DT0IYMI

Service Request Received in Center Date:		09/27/2024 00:00:00
Search Request Created By:	KHELENTHAL	09/27/2024 07:42:59
Search Request Printed By:	DRWOLF	09/27/2024 11:09:08

VETERANS ADMINISTRATION
Form 3104
Rev. October 1944

Form 553 rec'd: Yes
Form 25-25-B rec'd: No

DISABILITY -- See additional

Request for Coast Guard Information

MAY 23 1946

For use of Adj. Div. (Organization unit) R-2 Togus, Maine (Location of requesting office) May 17, (Date), 1946

1. Name GAMMON (Last) Linwood (First) Milbrun (Middle) C No.—C 8,995,598
Converted Insurance No.—K
2. Service No.—S 553-633 National Service Life Insurance No.—N
3. Date(s) of entry into active service 10/13/42
4. Date(s) of discharge or release from active service Unknown
5. Character of discharge(s) Hon.
6. Last rank or rating MOMM1C(R) 7. Date of death
Place of last discharge SAPOBS #1, Boston, Mass.
Home address 66½ Ledgelawn Ave., Bar Harbor, Maine
Place of birth Fryeburg, Maine Date of birth 2-15-07

Alleged Disease or Injury, Date of Incurrence, Date(s) and Place(s) of Treatment:

S2E-05

DO NOT WRITE OR TYPE IN THIS MARGIN

ADDITIONAL: By WM. H. GOBRON, Adj. Officer

Kindly furnish date of discharge or release from active service. Form 553 received incomplete.

FROM: COMMANDANT, U.S.Coast Guard, Washington, D.C.
TO: Veterans Administration (PE-C) CG-783 23 May, 1946.

GAMMON, Linwood Milburn (553-633) Motor machinist's mate, first class.
Items 1,2,3,4,5, and 6 verified and found correct.
Additional information to items 3,4, and 5 is as follows:
(3) 9 September, 1942, enlisted in the U.S.Coast Guard Reserve, Portland, Maine., and assigned to active duty on 13 October, 1942.
(4-5) 1 May, 1946, discharged with an Honorable Discharge, by reason of expiration of enlistment, Boston, Mass.

Active duty from 13 October, 1942 to 1 May, 1946.

PHOTOSTAT COPIES

_____ CG Form 2525–B.
_____ Report Medical Survey.

DUPLICATE COPIES

_____ CG Form 2525–B.
_____ Medical Records.
_____ Report Medical Survey.

Commandant, United States Coast Guard.
By M.K. HUTCHINSON, By direction

65

16—36171-2 U. S. GOVERNMENT PRINTING OFFICE

MJ

(PEA-C)
CG- 783

6 March 1946

To: DCGO, 1ND (pra)

Subj: Gammon, Linwood M. (553-633) MoMM1c ; retention

1. In accordance with the above-named man's recent request, authority is granted to retain him in the Service until such time as he desires to be discharged, such retention not to extend beyond 30 June, 1946.

2. A copy of this letter will be made a part of the service record.

E. ZOOLE
By direction

U.S. COAST GUARD
MAIL SECTION (4)
MAILED MAR 7 - 1946

A 416 BEAPES:fh Return to 3-14

3-16

Ind-2
DCGO,1ND
pra-783
27 February, 1946

1946 MAR 4 14 32

To: The Commandant

Subj: GAMMON, Linwood M. (553-633) MoMMlc(R); retention in service; request for

Forwarded approved.

F. N. Martin

F. N. MARTIN
By direction

UNITED STATES COAST GUARD
Southwest Harbor, Maine

ADDRESS REPLY TO
COMMANDING OFFICER
CG DEPOT
AND REFER TO
File-701-p

1 February, 1946

To: COMMANDANT (PEA)

Via: Commanding Officer, CG Depot, Southwest Harbor, Maine
DCGO1ND, Boston, Mass.

Subj: GAMMON, Linwood S. (553-633) Mo.MM1c(R); retention in service; request for.

It is requested that I be retained in the CG RESERVE on active duty in my present status until 30 June, 1946, in accordance with Personnel Bullentin No. 94-45 (par 6-D and 6-E).

Linwood M. Gammon Mo.M.M.1/c R.
Linwood ~~S.~~ M. Gammon, MoMM1c(R)

Ind-1
CG Depot,
Southwest Harbor, Maine
1 February, 1946

To: DCGO1ND, Boston, Mass.

1. Forwarded approved.

2. Due to the present complement at Egg Rock Light Station being inexperienced, it is recommended that subject man be retained in the service for the period requested or until such time as an experienced man is available.

E. L. Silva
E. L. SILVA, Lieut., USCG

Ind-2
DCGO,1ND
pra-783
27 February, 1946

To: The Commandant

Subj: GAMMON, Linwood M. (553-633) MoMM1c(R) retention in service; request for

Forwarded approved.

F. N. MARTIN
By direction

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood		553-633	MoMM 1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE	01-084	Rockland, Me.	28 April, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG BARRACKS
(Minor unit)

1425, this date: Reported to this unit from CG BASE, SOUTHWEST HARBOR, ME., for assignment to temporary duty in connection with small arms instruction and range practice.

DUTY CODE No.: 06 D
AUTHORITY: SCGO/MEMO 10-45

M. A. Moses

M. A. MOSES (Commanding)
By direction

(Title)

fmv

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
NO POSTING REQUIRED PEA-E-37	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood		553-633	MoMM 1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG OPERATING BASE	01-084	Rockland, Me.	5 May, 1945
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG BARRACKS
(Minor unit)

1045, this date: Temporary duty at this unit completed.
Transferred to CG BASE, SOUTHWEST HARBOR, ME.,
for resumption of regularly assigned duties.

DUTY CODE No.: 06 D
AUTHORITY: SCGO/MEMO 10-45

M. A. MOSES (Commanding)
By direction

(Title)

fmv

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
NO POSTING REQUIRED PEA-E-3	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood	M.	553-633	Mo.M.M.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP - CAPE COD CANAL	01-196	Sandwich, Mass.	8 December, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CGB-34 (CAPTIVA) (01-196)
(Minor unit)

1630/1 December, 1944: TR from this unit to Commanding Officer, Depot, Southwest Harbor, Maine for assignment to duty as second assistant keeper at the Egg Rock Light Station.

DUTY CODE No.: (06)
AUTHORITY: L/DCG01ND/25 Nov (pra-783-531)
Order No. 29267
L/COTP/CCC/1 Dec.(783-531).

E. S. TUTTLE, JR., LIEUT., USCGR.
(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
NO POSTING REQUIRED PEA-E-33	

Machine Accounting
Punched
Verified

U. S. GOVERNMENT PRINTING OFFICE 16—29504-2

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON (Surname) | Linwood (First name) | M. (Middle initial) | 553-633 (Service No.) | MoMMMc(R) (Rank or rating)

COTP, Cape Cod Canal, Sandwich, Mass. ( ) Egg Rock Lt. Sta.(30)
Coast Guard Depot (Unit) | Southwest Harbor, Maine (Place) | 4 December, 1944 (Date)

01-038

2000-this date, rptd for duty from COTP, Cape Cod Canal, Sandwich, Mass., and assigned to duty at Egg Rock Light Station.

(30)
AUTHORITY:

DCGOlND Ord.# 29267

R. Olney Jr.
R. OLNEY, Jr. Bos'n, USCGR
(Commanding)

Acting
(Title)

RATE	R P	EXP ENL	PAY GRADE	NEX	PAY PER.	DIST.	FOR DOM.	DUTY
211			2			01	2	30
II	III	X	XIV	XV		XVII	XX	XXI

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

PEA-E 53

EXAMINED PEA-E-65

OPERATOR No. 10

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood	M.	(553-633)	MoMMMc(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP - CAPE COD CANAL	01-196	Sandwich, Mass.	1 December, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CGB-34(CAPTIVA)
(Minor unit)

1630, this date: TR fr this unit to CG Depot, Southwest Harbor, Maine for assignment to duty as second assistant keeper at the Egg Rock Light Station.

DUTY CODE No.: (06)
AUTHORITY: L/DCGO 1ND/25(pra-783-531); Order #29267; L/COTP/CCC/1 Dec., 1944(783-531)

(Commanding)
E. S. TUTTLE, JR., Lieut., USCGR
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

POSTING REQUIRED PEA-E-65

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON, (Surname)	Linwood (First name)	M. (Middle initial)	553-633 (Service No.)	Mo.M.M.1c.(R) (Rank or rating)

CG Rifle Range (Major unit)	Wakefield, Mass. (Unit Item No. or vessel's assigned district)	(Place)	3 September, 1944 (Date)

(Minor unit)

Wakefield, Mass.

1. Reported at 1100 this date for assignment to temporary duty (small arms practice).

2. Departed at 1100 SEP 10 1944 for resumption of regular duty temporary duty at this place having been completed.

DUTY CODE No.: 44
AUTHORITY: Ltr. COTP, Sandwich
73-783-671-531 dated 3 Sept.

L. O. DELCZIER
(Commanding)

Ch. Gunner, USCG
(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

PEA-E 33

U. S. GOVERNMENT PRINTING OFFICE 16—29594-2

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M. SANDWICH

GAMMON, Linwood M. (Name, surname first) | 553-633 (Service number) | MoMM1c (Rank or rating) | COTP, SANDWICH (Unit)

*REGULAR
*SPECIAL
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Buzzards Bay, Mass., Date _____, 19

To: COTP, Cape Cod Canal
Sandwich, Mass. (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
Lipectomy, lt. scapular area	256	4-26-44	4-28-44

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

Light duty for 10 days.

CONDUCT REPORT:

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

M.S. Dennis
M.S. DENNIS

P.A. Surg. (R) 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

DC 2 3 FILE G.M.

GAMMON, Linwood M. (Name, surname first) | 553-663 (Service number) | MoMM1c (Rank or rating) | COTP, SANDWICH (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 Sandwich, Mass., Date 26 April, 1944

To: Medical Officer-in-Charge
U.S. Coast Guard Infirmary
Buzzards Bay, Mass.

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 COTP, Cape Cod Canal, Sandwich, Mass.

Linwood M. Gammon
(Signature of patient)

E. S. TUTTLE, Lieutenant
Executive Officer, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Buzzards Bay, Mass., Date 26 April, 19 44

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

256 Lipectomy, lt. scapular area
(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 C.G. Infirmary {*hospital / *office} on 26 April, 1944

M.S. DENNIS
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.

16—27156-1

NCG 2681

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, warrent officer, and enlisted man upon original entry in the Coast Guard.

GAMMON, Linwood Milburn	553-633	Mo.M.M. 1/c. USCGR.
(NAME)	(SERVEIC NUMBER)	(RANK, RATING, OR GRADE

EDUCATION:

(a) Grammar School: 8 Grad. 8 th.
(Numbers of years attended, graduated) (Grade)

(b) High School: 2 Did not grad. 10 th.
(Number of years attended, grade completed or graduated.)

(c) Other: _____
(Number of years attended, grade attained, special studies)

_____
persued or completed and degrees received, of any.)

EXPERIENCE:

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

Aviation	( )	Aviation Machanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (Gereral)	( )	Engineer (Steam)	( )
Engineer (disel)	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitters	( )	Secretary	( )
Sign Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone lineman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (Electric)	( )

Special ability as interperter in foreign languages below.

NONE

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

Mechanic16 yrs.

Use reversed side of this form when necessary.

Linwood Milburn Gammon
LINWOOD MILBURN GAMMON

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON,	Linwood	M.	553-633	Mo.MM1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Egg Rock Light Station CG Depot (01-038)	Southwest Harbor, Maine	10 October, 1945
(Unit)	(Place)	(Date)

0900 this date, departed on twelve (12) days annual leave.

AUTHORITY:
1936(3) CG REGS

E. L. Silva
E. L. SILVA, Lieut., USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

N. C. G.-2500 C
Revised 1938

WAITING DISCHARGE
4-25-46

Service Record

GAMMON
(Surname)

LINWOOD MILBURN	553-633	NB
(Christian names)	(Service No.)	(Citizenship)

MO. M.M. 1/c., USCGR.	9 September, 1942	THREE (3)
(Enlisted as)	(Date)	(Term of years)

RECRUITING SUB-STATION,	PORTLAND, MAINE
(Ship or station)	(Place)

16—9677-1

CERTIFIED FOR MUSTERING-OUT
PAY

CODED
NO. 21.

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON,	Linwood	M.	553-633	Mo.MM1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

Egg Rock Light Station CG Depot (01-038)	Southwest Harbor, Maine	23 October, 1945
(Unit)	(Place)	(Date)

1155 this date, returned from twelve (12) days annual leave.

AUTHORITY:
1936(3) CG REGS.

E. L. Silva
E. L. SILVA, Lieut., USCG
(Commanding)

Commanding Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29504-1

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AND REGULATIONS OF THE VETERANS ADMINISTRATION WITHOUT REPORT OF PHYSICAL EXAMINATION

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: LINWOOD; Middle: MILBURN; Last name: GAMMON

2. HOME ADDRESS: Number, Street or rural route: 19 Nevens St.; County, city, town, or post office: Portland; State: Maine

3. I WAS BORN AT — City, town, or post office: Fryeburg; State: Maine; Day of month: 15; Month: February; Year: 1907; Age nearest birthday: 36

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 9 October 1942

5. PRESENT ORGANIZATION — Rank, grade, or rating: Mo.M.M.1c; Organization, regiment, station, ship, etc.: U.S.Coast Guard Reserve

6. SERIAL NUMBER: 553-633

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: None

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF: $ 10,000

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$ 7.70	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") no. IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ _____ POLICY NO. _____

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Evelyn L. Gammon	Wife	$10,000	19 Nevens St.Portland Maine
CONTINGENT	Myrtle M. Gammon	Mother	$10,000	61 Elmwood St.Portland Maine

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 5th day of November, 19 42. If no date is specified the insurance herein applied for shall become effective as follows:

a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or

b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.

(See reverse side, Paragraph 1, for further information as to effective dates of insurance)

THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO— Evelyn L. Gammon (Name) (Please print or type) 19 Nevens St.Portland Maine (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of October, to cover the monthly premium of $ 7.70 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ _____ to cover the first _____ premium of $ _____ on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT Boston Mass. ON THE 5th DAY OF November, 19 42

WITNESSED BY: E. D. Chilcote Pay Clerk

INFORMATION AS TO SERVICE CERTIFIED BY: E. D. Chilcote Pay Clerk
U.S.Coast Guard
(Rank and organization. See reverse side, Paragraph 6)

Linwood Milburn Gammon
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: $1,000 to $5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., $ _____ Premium: Mo. $ _____ Qr. $ _____ S. A. $ _____ A. $ _____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—18411-1

TERMINATION OF SERVICE
UNITED STATES COAST GUARD
NAVCG 2500-C (SUPPLEMENT) (REV. 10-45)

NAME	SERVICE NUMBER	RATING
GAMMON, Linwood Milburn	553-633	MOMM1C(R)
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL SEPARATION CENTER NO. 1	Boston, Mass.	4-29-46
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING**	**CONDUCT**
	3.61	4.0

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

PFWOAD: BAR HARBOR, ME.

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)

This is to certify that I have lost my CG ID Card.

68½ Ledgelawn Ave.,
Bar Harbor, Maine

ID CARD SENT TO IDENT SEC(INT)

Linwood M. Gammon
(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE
5-1-46	HONORABLE

REASON

Nav. S. and A. Form 550

MUSTERING OUT PAYMENT

COMMANDING OFFICER'S CERTIFICATE

I CERTIFY THAT GAMMON, Linwood M. 553-633 MOMM1C(USCGR)
Surname First Name Initial File or Service No. Rank or Rating & Branch of Serv.

IS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY 5-1-46 and that he (she) had active service in the armed forces
Date

60 days or more. AND IS ENTITLED TO PAYMENT UNDER THE MUSTERING OUT PAYMENT ACT OF 1944.
See Instructions (1) on Reverse

SERVICE RECORD does not show service outside continental limits of U.S. or in Alaska.
Enter (does)(does not)

M. HEKO, Lt., USCG
Name and Signature of Officer Authorized to Sign in accordance with Art. 2025(2)NR

SCEN #1, Boston
Activity from which Discharged

VETERAN'S CERTIFICATE

I hereby certify that I have made no previous application for mustering out payment under the MOP Act of 1944. I am aware of the fact that a duplicate application makes it a criminal offense under the United States Criminal Code.

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE — Have you served outside the continental limits of U.S. or in Alaska? no
Enter Yes or No

ADDRESS TO WHICH CHECKS ARE TO BE MAILED:

Linwood M. Gammon
Signature of Applicant

68½ LEDGELAWN AVE.
Number Street

BAR HARBOR, ME.
City Zone State

MUSTERING OUT PAYMENTS DIVISION DATA
Boston Section
MAY 9 1946
Date
Initial

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on P.V. 9748-46 Check No. 62884 Dated MAY 1 1946

D D MURPHY Lt. Comdr. USCG SDA USN 55-076
Type Name and Symbol No. of Disbursing Officer Making Initial Payment

INSTRUCTIONS ON REVERSE

CERTIFICATE NUMBER (VET)

NOV 2 1

(P)

NOTICE OF SEPARATION FROM THE U.S. NAVAL SERVICE—COAST GUARD

NAVCG-553 (Rev. 10-45)

1. C. G. SERVICE NO. 2. NAME (LAST) (FIRST) (MIDDLE) 3. RATE OR RANK
4. PERMANENT ADDRESS FOR MAILING PURPOSES.

GAMMON, Linwood Milbrun 553-633 MOMM1C(R)

68½ Ledgelawn Ave.,
Bar Harbor, Maine

5. PLACE OF SEPARATION

SEPCEN #1, Boston, Mass.

6. CHARACTER OF SEPARATION

HONORABLE

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

Same as above.

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
W	m	MARRIED.	yes.	2-15-07 at FRYEBURG, ME.

SEL. SER. DATA

13. REGISTERED [X] YES [ ] NO

14. SELECTIVE SERVICE BOARD OF REGISTRATION: Cumberland, Me.

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: 19 Nevens St., Portland, Me.

RECORD OF U.S.C.G. SERVICE

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)

[X] ENLISTED DATE 9-9-42 [ ] INDUCTED DATE [ ] COMMISSIONED DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 10-13-42

18. NET SERVICE (FOR PAY PURPOSES) (YRS, MOS, DAYS): 3 yrs. 7 mos. & 23 days.

19. PLACE OF ENTRY INTO ACTIVE SERVICE: PORTLAND, ME.

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.

QUALIFED AS MARKSMAN WITH RIFLE AND REVOLVER. QUALIFIED AS MARKSMAN AND SHARPSHOOTER WITH SUB-MACHINE.

21. RATINGS HELD: MOMM1C(USCGR)

22. FOREIGN AND/OR SEA SERVICE WORLD WAR II [X] [ ] YES [ ] NO

23. SERVICE SCHOOLS COMPLETED: NONE — WEEKS:

24. SERVICE (VESSELS AND STATIONS SERVED ON)

R.S.S., PORT., ME., CGRS, BOSTON, DTS, P'TOWN, ODCG01ND, COTP, SANDWICH, CG DEPOT, SW HBR., ME. REC. UNIT, BOSTON & SEPCEN #1, BOSTON, MASS.

PAY AND INSURANCE DATA

IMPORTANT: 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 U. S. AND FORWARD TO COLLECTIONS SUBDIVISION VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

25. KIND OF INSURANCE: NAT. SERV. LIFE INS.	25. KIND OF INSURANCE: U. S. GOVT. LIFE INS.	25. KIND OF INSURANCE: NONE	26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	27. MONTH NEXT PREMIUM DUE	28. AMOUNT OF PREMIUM DUE EACH MONTH	29. INTENTION OF VETERAN TO: (A) CONTINUE INS.	(B) CONTINUE ONLY $	(C) DISCONTINUE INS.

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$	$		

34. REMARKS

MOTOR MACHINIST'S MATE FIRST CLASS(RESERVE)
Entitled to wear American Area & World war two Victory Ribbons, and the CG Good Conduct Ribbon, and is discharged under the point system.

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

Helen Reich
HELEN REICH, Lt.(jg) USCGR(W)

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER

Henley Kimball Co.,
Portland, Me.

37. DATES OF LAST EMPLOYMENT: FROM: Mar. '26 TO: Sept. '42

38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.: Mechanic.

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)

Telephone Repair Work. Portland, Me.

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)

None.

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED) GRAM.: 8 H. S.: 2 COLL.:

42. DEGREES: —

43. MAJOR COURSE OR FIELD: —

44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE)

None.

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED

None.

47. DATE OF SEPARATION

48. SIGNATURE OF PERSON BEING SEPARATED

Linwood M. Gammon
LINWOOD M. GAMMON

2

TO: COAST GUARD HEADQUARTERS

UNITED STATES COAST GUARD
Boston, Massachusetts

Civil Readjustment Officer
Separation Center #1
30 April, 1946

To: GAMMON, Linwood M. 553-633 MoMM1c

Subj: Information for your guidance subsequent to discharge.

1. You are permitted to retain your uniform. Upon discharge, you may wear it enroute to your home for a period not in excess of 90 days. Wear your uniform in such a manner as not to discredit the service. After your arrival home, do not wear outer or distinctive parts of your uniform with civilian clothes.

2. If you reenlist in the Coast Guard or any other branch of the service, reveal the characher and the reason for your present discharge. Failure to do so is a serious offense.

3. You are advised to report to your local draft board not later than ten days after your arrival at home. Failure to do so is a serious offense under the Selective Service Act of 1940.

4. You will be afforded every assistance in seeking employment upon application to the Veterans' Representative, U. S. Employment Service. Your Civil Service Regional Office may also be of valuable assistance.

5. If you desire to continue government insurance subsequent to discharge, checks and money orders should be made payable to the Treasurer of the United States, and the premiums forwarded to Collections Sub-Division, Veterans' Administration, 346 Broadway, New York 13, N. Y., the first premium being accompanied by a statement of information indicating address, facts of discharge, description of policies, etc.

6. You are required to surrender all Identification Cards and you shall not use any identification card issued during service in the U. S. Coast Guard.

7. Since your discharge certificate is a valuable document, you will be wise to have it recorded in your city hall or county court house.

Helen Reich
HELEN REICH, Lieut.(jg)USCG(W)R.
Civil Readjustment Officer

Receipt of the above letter is hereby acknowledged, and I certify that my rights and benefits have been fully explained to me.

Linwood M. Gammon

N. C. G. 2500
(Rev. Dec. 1941)

H/D 212323 (August, 1
DCGGIND, BOSTON, MASS.

ENLISTMENT CONTRACT

United States ~~Coast Guard~~
Coast Guard Reserve

Enlistment of GAMMON, Linwood Milburn (Full name, surname to left); 553-633 (Service number); $114.00 (Pay per month)

Accepted for enlistment at PORTLAND, MAINE; Mo.M.M. 1/c. USCGR. (Rating in which enlisted)

Enlisted at RECRUITING SUB-STATION, PORTLAND, MAINE (INACTIVE DUTY) 9 September, 1942 (Date)

Transferred to ACTIVE DUTY, 13 October, 1942, DCGO FIRST NAVAL DISTRICT, BOSTON, MASS.

Occupation MECHANIC Citizenship* NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 15 February, 1907 Place of birth FRYEBURG, MAINE

Home address 19 NEVENS STREET, PORTLAND, MAINE (Street and number) (Town) (County) (State)

Married or Single MARRIED Name and address of next of kin or legal guardian EVELYN LOUISE GAMMON (Relationship) WIFE 19 NEVENS STREET, PORTLAND, MAINE (Address)

Continuous Service Certificate NONE (Number) Previous service (Coast Guard Reserve NONE (Yrs) (Mos) (Days)

First enlisted NONE (Date) at NONE (Place) and was last discharged NONE (Date) from NONE (Unit)

with NONE (Character) discharge as NONE (Rate) No. NONE

Previous Navy service NONE (Years) (Mos) (Days) Previous Marine Corps service NONE (Yrs) (Mos) (Days)

Previous Army service NONE (Years) (Mos) (Days) Age 35 Years 6 Months

Height 5 feet 6½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White

Personal characteristics, POST: NONE marks, etc. AMI; Wart on rt. side of forehead. Appendix Scar. TATTOO: rt. forearm "Liberty". VSLUA. S3 below rt. knee.

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 GEORGE FORNASH, C.W.T., (a) (Pro.) 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,

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

Second: I oblige and subject myself to serve { THREE (3) YEARS, FROM 9 September, 19[illegible] / during minority until _____, 1___ } unless sooner discharged by proper authority.

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 six 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 six 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, LINWOOD MILBURN GAMMON, 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.

Linwood Milburn Gammon

Linwood Milburn Gammon

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 9 th day of September, A. D. 1942

A. F. Jones

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

A. F. JONES, Lieut., USCG.

(Title)

Citizenship substantiated and contract perfected.

George Fornash

GEORGE FORNASH,

C.W.T., (a) Pro., U. S. C. G., Enlisting Officer.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

SERVICE RECORD

RECORD OF GAMMON, Linwood Milburn (Full name, surname to the left) 553-633 (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
REC.SUB-STA.PORT.ME.	10/13/42		Receiving Station, Boston	10-13-42	
Receiving Station, Boston	10-15-42		D.T.S.- P'TOWN	10-15-42	
D.T.S.- P'TOWN	11-3-42		CGO-1ND	11-3-42	
ODCGO,1ND	11-13-42	By dir.	Receiving Station, Boston	11-13-42	
Receiving Station, Boston	3-12-43	By Direction	COTP,SANDWICH	3/18/43	
COTP, Sandwich	12/1/44	Lt.Cdr.	CG Depot,S.W.Hbr,Me.	12-4-44	Bos'n
CG Depot,SW Hbr,Me.	4-24-46	Lt.	RECUNIT,BOSTON	4-24-46	By Dir
RECUNIT,BOSTON	APR 27 1946	By Dir.			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9676-1

RECORD OF GAMMON, Linwood Milburn (Full name, surname to the left) 553-633 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or special detail	Conduct	Signature
10-15-42	Mo.M.M.1c	(LESS THAN ONE MONTH)					4.0	
11-3-42		Less than one month					4.0	
11-13-42	Mo.M.M.1c.	LESS THAN ONE MONTH				ODCGO,1ND	4.0	By dir.
12-31-42	MoMM1c	3.2	—	—	—	Receiving Station, Boston	4.0	By Direc
3-12-43	MoMM1c	3.2	—	—	—	Receiving Station, Boston	4.0	By Direc
3/31/43	Mo.MM1c.	(LESS THAN ONE MONTH)				COTP,SANDWICH	4.0	
6-30-43	Mo.MM1c	3.5	3.5	3.8	3.5	COTP,SANDWICH	4.0	
9-30-43	Mo.MM1c	3.5	3.5	3.8	3.5	COTP,SANDWICH	4.0	
12-31-43	MoMM1c	3.7	3.5	3.8	3.5	COTP,SANDWICH	4.0	
3/31/44	MoMM1c.	3.7	3.5	3.8	3.6	COTP,CAPE COD CANAL	4.0	
6/30/44	MoMM1c	3.7	3.5	3.8	3.6	COTP, CAPE COD CANAL	4.0	Lt.Comr
9/30/44	MoMM1c	3.7	3.5	3.8	3.6	COTP, CAPE COD CANAL	4.0	LtCdr
12/1/44	MoMM1c	3.7	3.5	3.8	3.6	COTP, CAPE COD CANAL	4.0	LtComr
12-31-44	MoMM1c	(LESS THAN ONE MONTH)				CG Depot,SW Hbr.	4.0	Lt(jg).
3-31-45	MoMM1c	3.6	3.5	3.5	3.4	CG Depot,SW Hbr.	4.0	Lt(jg).
6-30-45	MoMM1c	3.6	- -	3.5	3.4	CG DEPOT, SW HARBOR	4.0	Lt(jg)
9-30-45	MoMM1c	3.5	3.2	3.5	3.2	CG DEPOT, SW HBR ME.	4.0	Lt.
12-31-45	MoMM1c	3.5	3.2	3.5	3.2	CG Depot, SW Hbr, Me.	4.0	Lieut.
3-31-46	MoMM1c	3.5	3.2	3.3	3.1	CG Depot,SW Hbr,Me.	4.0	Lt.
4-24-46	MoMM1c	Less than one month				CG Depot,SW Hbr, Me.	4.0	Lt.
APR 27 1946	MoMM1c	(LESS THAN ONE MONTH)				RECUNIT,BOSTON	4.0	By dir
Average		x x x x x x				x x x x x x x x 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.

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9670-1

RECORD OF GAMMON, Linwood Milburn 553-633
(Full name, surname to the left) (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

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
CG DEPOT, SW HBR, ME	12-24-45	Authorized to wear the ribbon of World War II Victory Medal. (Auth: ALNAV 352 22 October, 1945)	J. D. Sanderson
Sep Center L	4-30-46	Awarded Good Conduct Medal	[illegible] Lt (jg) USCG By C

RECORD OF GAMMON, Linwood Milburn (Full name, surname to the left) 553-633 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature
COTP, CAPE COD CANAL	9/10/44	Qualified as Marksman, rifle and revolver	Lt. Comdr.
CG.DEPOT,S.W.HARBOR,ME.	5-9-45	Qualified as Marsman & sharpshooter - RIFLE	
		Qualified with SUB-MACHINE	Lt(jg).

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From	Date To—	Duty	Signature
Rec.Sub.Sta.Port.Me.	10/13/42		Ass'nd.active duty	Lt.Comdr.
DCGO-1ND	11-3-42	11-13-42	MAss. Inst. of Tech.	By direction
COTP., SANDWICH	3-18-43	12/1/44	CGB-34	
COTP, CAPE COD CANAL	9/3/44	9/10/44	Small arms training Wakefield Rifle Range	Lt. Comdr.
6G.DEPOT,S.W.HARBOR, ME.	12-4-44		Egg Rock Lt.Sta.	Bos'n,(R)

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF GAMMON, Linwood Milburn (Full name, surname to the left) 553-633 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
REC.SUB.STA.,PORT.ME.	ENLISTED	9/9/42	30	30	0	George Gammon
COTP., SANDWICH	6-19-43	6-30-43	10	20	0	E. L. Mulcahy
COTP, SANDWICH	9-9-44		CREDIT	30	0	E. L. Little Lt.)R)
COTP, SANDWICH	11-11-44	11-24-44	12	18	0	E. L. Little Lt.(R)
CG DEPOT, SW HBR ME	9-9-45	CREDITED WITH	30	DAYS	LEAVE	L. L. Sikora Lt.
CG DEPOT, SW Hbr, Me.	10-10-45	10-23-45	12	18	0	[illegible]

16—9676

RECORD OF GAMMON, Linwood Milburn (Full name, surname to the left) 553-633 (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
Receiving Station, Boston			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			
D.T.S.-P'town			No deductible time while attached to this unit.			
ODCGO, 1ND			NO DEDUCTIBLE TIME WHILE ATTACHED			By dir.
Receiving Station, Boston			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			By Direct
COTP-CAPE COD CANAL			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			Lt. Comdr.
CG Depot, SW Hbr, Me.			No deductible time while attached to this unit.			Lt.
RECUNIT, BOSTON			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			By Dir.

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

Date ....., 19.... Place ..... Serial No. .....

Kind of discharge ..... Authority for .....

Discharged on account of .....

Is ..... recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

UNITED STATES COAST GUARD (SCGO(S) File 12-2)
Rockland, Maine

Office of the
Section Coast Guard Officer
Rockland, Maine
7 May 1945

RECEIVED
MAY 9 1945
U. S. COAST GUARD DEPOT
SOUTHWEST HARBOR, MAINE

Refer to File No. 73-783-463

To: Commanding Officer, CG Station, Southwest Harbor, Maine.

Subj: Small Arms Qualification Firing; scores for personnel.

1. In accordance with Chapter 19, Section 77 of LANDING FORCE MANUAL of the U. S. Navy (1938) you are directed to make the following entries in the service record of the below-named man under the Article entitled "Special Qualifications"

NAME	DATE	ARM AND SCORE
Linwood M. Gammon (553-633) MoMM1c	5 May, 1945	RIFLE - MARKSMAN and SHARPSHOOTER REVOLVER - UNQUALIFIED SUB-MACHINE GUN - QUALIFIED

2. In addition to instructions of paragraph (1) above this letter is to be filed in the man's service record.

H. I. BARTLETT
By direction.

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD DEPOT, Southwest Harbor, Maine.	9-12-45	10 October 1942

☐ BUREAU OF NAVAL PERSONNEL ☐ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GANNON	Linwood	Milburn	553-633	MoMMlc(R).

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	EVELYN LOUISE GANNON	Wife				
2		ALAN WAYNE GANNON	Son	8	45		
3							
4							
5							
6							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Portland, Maine	6-13-41	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☐ NO — IF SO, HOW WAS MARRIAGE DISSOLVED? ☐ DEATH ☐ DIVORCE ☐ ANNULMENT — IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE — ADDRESS OF DIVORCED WIFE

☐ BUREAU OF NAVAL PERSONNEL ☐ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GAMMON	Linwood	Milburn	553-633	MoMMlc(R).

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	EVELYN LOUISE GAMMON	Wife				
2		ALAN WAYNE GAMMON	Son	8	45		
3							
4							
5							
6							

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PRESENT MARRIAGE: land, Maine | DATE OF MARRIAGE: 6-13-41 | IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

EEN PREVIOUSLY MARRIED? ☐ NO | IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT | IF DIVORCED, GIVE DATE OF DIVORCE DECREE

IVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

RECEIVED
OCT 29 1945
U. S. COAST GUARD
SOUTHWEST HARBOR, MAINE

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY PORTLAND SECTION UNITED STATES COAST GUARD

DATE 26 OCTOBER, 1945

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (PR) (Pay Number) A MONTHLY FAMILY ALLOWANCE

OF $22 XX $27 (Strike Out One) EFFECTIVE SEPTEMBER (Month) 5 194

FA"A" IN LIEU OF MAQ(W)

J. A. MASON, ENSIGN, USCGR(W)
(Signature of Disbursing Officer) Sign Third Copy Only - (Pink)

W. E. SPARKS, SDA 551,530 DCGOIND

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

DUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

GENERAL INSTRUCTIONS
1933

1. A Health Record will be opened (issued) for each person commissioned, warranted, appointed, or enlisted in the Coast Guard: For cadets, upon reporting at the Academy; for an officer appointed from civil life, upon reporting at first unit; for enlisted persons, upon enlistment.

2. The medical officer, if any, shall have custody of the Health Records of all persons attached to the unit, including the personnel of smaller units attached to a larger unit. If there be no medical officer attached, the custody of the Health Records will devolve upon the executive officer, if he be a commissioned officer; otherwise the custody of the Health Records will devolve upon the commanding officer. The officer having custody of the Health Records shall be responsible for their proper care, continuation, and disposition.

3. In case of medical examination for promotion, retirement, annual commissioned officers' examination, or medical survey, the Health Record shall be furnished to the president of the board. If not received, it should be requested. When the board shall have finished with the Health Record, it shall be returned to its custodial officer. In all cases, brief notation of the findings of the board will be made on the Medical History Sheet, signed by the president of the board. This notation does not take the place of the full report which is submitted for administrative action.

4. A person on detached duty at some distance from where his Health Record would be kept may be given custody of his Health Record.

5. If a Health Record is lost or destroyed, a new one shall be immediately opened in full by the first custodial officer aware of such loss, who will note the fact in the new record and continue the record with such previous data as may be obtainable. If the old record be found, all data subsequent to its loss will be detached from the new and attached to the old record. A skeleton Health Record shall not be issued.

6. No photographs, folded papers, or forms are to be attached to the Health Record. The findings on laboratory and other reports in the case shall be entered on the Medical History Sheet.

7. **Transfer.**—Upon transfer of any person, except as a patient, the Health Record shall be forwarded through official channels to the new destination, or if the person is ordered to unusual, detached, or uncertain duty, it shall be retained or forwarded, as the case may be, with the person's service record. (See par. 4.)

8. The Health Record shall accompany a patient when transferred to or from hospital or when applying at an out-patient office. It shall not be forwarded through official channels, but shall be taken by the patient in a sealed envelope or by a responsible person accompanying him, and delivered with the patient to the official receiving the patient. Upon the patient's return to his unit the Health Record is to be delivered to the custodial officer.

9. If for any reason it becomes necessary to forward the Health Record to Headquarters, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

10. **Physical Examination Record.**—The Coast Guard Board or officer making the request for physical examination shall send to the medical board or officer two forms for physical examination record, already made out down to but not including place and date. The medical board or officer shall make out the rest of the Physical Examination Record in duplicate. In case of appointments or promotion of an officer, both forms shall be mailed by the board or officer direct to Headquarters. When promotion is made the original will be forwarded to the unit for insertion in the Health Record on top of the last Physical Examination Record. The Health Record shall be retained, but altered to show the promotion and new rank. No part of the Health Record is to be sent to Headquarters at this time. In case of enlistment both forms shall be returned to the enlisting officer, who will forward the original to Headquarters with other supporting papers after enlistment has been accomplished. The duplicate will be placed in the man's Health Record. In cases of reenlistment both forms will be forwarded to Headquarters for action and reenlistment will not be effected until duplicate copy is returned showing Headquarter's action. Upon receipt of duplicate copy from Headquarters same will be inserted in the Health Record.

11. The record shall be typewritten, if possible, and must be completely filled in as called for by the items on the form and in accordance with the instructions relative to the making of physical examinations. If any space is insufficient, the space under "Remarks" may be used.

12. The nature and degree of all physical defects of persons accepted for service in the Coast Guard must be fully described in order that no improper claims for compensation or pension may be allowed. Particular attention should be paid to those conditions which may not be disqualifying but which might be made the basis of such claims on the ground that they have developed or have become disabling while the person was in service. Waivers may be recommended by the medical examiner in accordance with the instructions relative to physical examinations, but the waiver must be authorized by the Commandant before the person is accepted.

16—25762-1

N. C. G.-2525 E
March 1938

TERMINATION OF HEALTH RECORD

Name GAMMON, Linwood Milburn

Rating MoMMlc Service Number 553-633

Place Boston, Mass. Date 4-30-46

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 None

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.

R. J. MITCHELL
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) X Lame back

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

X Linwood M. Gammon
X MoMMlc
Rank or Rating, U.S. Coast Guard.

Service terminated MAY 1 - 1946

At Separation Center #1
(Place)

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

M. HERKO
Lt. (Rank), Custodial Officer.

8

16—25760-1

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
REC.SUB.STA.,PORTLAND,ME.	9/9/42	10/13/42
Receiving Station, Boston	10-13-42	10-15-42
ODCGO,1ND	11-3-42	11-13-42
Receiving Station, Boston	11-13-42	3-12-43
COTP Sandwich	3-18-43	12/1/44
CG.DEPOT,S.W.Harbor,Me.	12-4-44	4-24-46
RECUNIT,BOSTON	4-24-46	APR 27 1946
Sep. Ctr. #1	4-30-46	
	MAY 1 - 1946	

8a

U. S. GOVERNMENT PRINTING OFFICE 16—25760-1

CGB 34 (YACHT)
Sandwich COTP

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD
(To be filled in by the Dental Officer)

GAMMON
(Surname)
Linwood M.
(Given name-s)
553-633 M.M. 1c.
(Rank or rate) (Service number)

INSTRUCTIONS

The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

H. S. PILLERSDORF
A. Dent. Surg. USPHS
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

DENTAL RECORD

Entries to cover entire period of service

Diagnosis and Treatment	Date	Signature
Exam X-Ray (C)	6/2/43	H.S.P.
#15 MO Amalgam Inserted	7/5/43	H.S.P.
Prophylaxis complete	8/11/43	H.S.P.
Completed		H.S.P.
COAST GUARD INFIRMARY COTP, CAPE COD CANAL Buzzards Bay, Mass.		
X-Ray #13 Extracted	4/18/44.	H.S.P.
Exam #31S-Alloy	5-4-45	ANTHONY LaFORGIA USPHS (R) A DENT SURG
EXAMINATION	APR 30 1945	A. Lazauskas

8

U. S. GOVERNMENT PRINTING OFFICE 2—16140

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name DAMON, Linwood M. (Surname first) Service Number 553-633

Age: Years 36 Months 6 Color White

For: Regular Reserve Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Mo.M.M. 1c.

Place Portland, Me. Date 8/21/42

Personal Medical History Pneumonia, Measles, Mumps, Whooping Cough, Tonsillectomy, Appendectomy

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

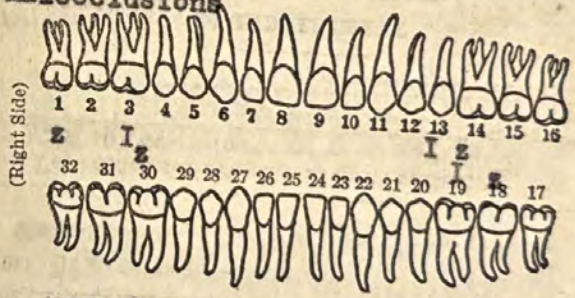
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

Malocclusions



Gums Normal

Height 66½ inches. Weight (stripped) 149 Lbs. Obesity No Temperature 37.0

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 124 Diastolic 80

Pulse before exercise 80, after exercise 104, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia Sp. Gr. 1018

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 8/21/42 Result Negative

8

16—27070-1

REMARKS: _____

CERTIFICATE

I certify that we have personally made this physical examination and find that Linwood M. Gammon

He is physically qualified for _____ (Enlistment, appointment, promotion)

He is physically qualified to perform the duties of No. M.M. 1/c. (Rank)
(Use in case of promotion of commissioned officer or annual examination)

He is not physically qualified for Enlistment

on account of Malocclusions

Edward R. Pelikan
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

28 August, 1942
(Date)

Place REC. SUB. STA., PORTLAND, MAINE

From: Officer-in-Charge

To: ~~Commandant~~ DMOIND, BOSTON, MASS.

1. Forwarded for action. Present status:

REGULAR RESERVE ENLISTMENT

George Fornash
GEORGE FORNASH, C.W.T., (a) Pro.
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. Coast Guard, Washington. Boston, Mass.,

31, August, 1942
(Date)

The findings of the certificate are not approved _____

WAIVER GRANTED HD, 8-11-42, #111500

By direction of the Surgeon General:

W. H. Armitage
Medical Director, U.S. Public Health Service.

District Medical Officer.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name GAMMON, Linwood (Surname first) Service Number 553-633

Age: Years 39 Months 7 Color W

For: Sep. fr. ser. (Special temporary or regular enlistment, appointment or promotion)

Rank or Rating mommlc

Place Boston, Mass. Date 4-30-46

Personal Medical History _____

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

Color blind? No Test used Plates

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

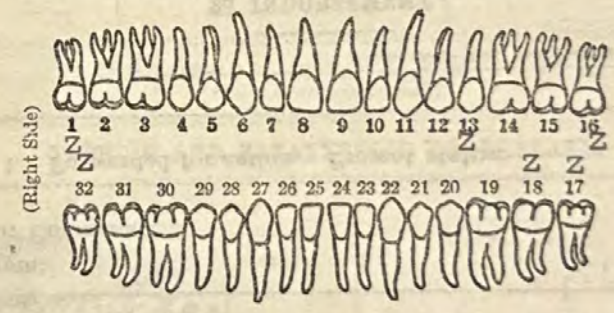
Eyes, eyelids, and reflexes Normal

Ears: Right Normal Left Normal (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".)



Gums Normal Temperature Normal

Height 67 1/2 inches. Weight (stripped) 152 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 92 Diastolic 54

Pulse before exercise 72, after exercise 88, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1.025

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 4-30-46 Result neg.

16—27070-1

REMARKS:

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that GAMMON, Linwood

He is physically qualified for Separation
(Enlistment, appointment, promotion)

He is physically qualified to perform the duties of _____ (Rank)
(Use in case of promotion of commissioned officer or annual examination)

He is not physically qualified for _____

on account of _____

R. J. MITCHELL
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name GAMMON, Linwood Milburn
(Surname first)

Rank or rating Mo.M.M. 1c Service number 553-633

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
10-16-42	E. Loken, Ph.M.3c	P.R.	E Loken, Ph.M. 3/c

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED First	Second	Third	SIGNATURE OF MEDICAL OFFICER
E.L. Ph.M.3c 10-16-42	R.C. Ph.M.3c 10-23-42	10-30-42	E Loken, Ph.M.3/c

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

1st Anti-Tetanic Inoc. 10-2-42 R. Chase Ph.M.3c
2nd " " " 9-12-43 Incidental Surg. USPHS

BOOSTER:

Date: Surg. USPHS
(Signature of medical officer)

BLOOD TYPE (INT) A---II

REMARKS:

Form NCG-2525D

MEDICAL HISTORY

Page 1

Surname GAMMON Service No. 553-633

Christian name-s Linwood Milburn

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Relief Station, Provincetown, Mass.
Oct. 17, 1942 Abrasion of right heel, 4001. Sulfathiazole dressing. Oct. 27 Merthiolate dressing. Not off duty. Inc. of service. Not misconduct.

D. H. Hiebert,
A.A. Surg.

COAST GUARD INFIRMARY, BUZZARDS BAY, MASS
28 April, 1944
Admitted: 26 April, 1944 for operation on lipoma, lt. scapular area.
Operated 4-26-44
Routine treatment.
Discharged 4-28-44, to return in three or four days to have sutures removed.
Fit for light duty

M.S. DENNIS
P.A. Surg. (R) USPHS

8

16—25658-1

INSTRUCTIONS

Enter result as "Primary reaction" (PR); "Accelerated reaction" (AR); "Immunity reaction" (IR) or "Failure" (F).

Inspect primary vaccinations ten (10) to fifteen (15) days after vaccination, revaccinations two (2) to four (4) days after revaccination and later if a primary or slow accelerated reaction is developing. Upon a revaccination first make a control scarification unless the "multiple pressure" method is used.

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination; such a reaction is evidence of immunity only if fully potent vaccine was used. The vaccine should be kept constantly at or below freezing or be used within two weeks after leaving the manufacturers and be kept in an icebox meanwhile. If these conditions are not known to have been fulfilled, an apparent immunity reaction should be marked with a question mark (IR?).

F.

Failures are all other reactions or no reaction.

U. S. GOVERNMENT PRINTING OFFICE 16—25750-1

N. C. G.-2525 C

VACCINATION AND INOCULATION RECORD

Name GAMMON, Linwood Milburn
(Surname first)

Rank or rating Mo.M.M. 1c Service number 553-633

SMALLPOX VACCINATION

Number of prior scars 1

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
10-16-42	E. Loken, Ph.M2c	P.R.	E Loken, Ph.M. 3/c

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

Dates Administered First	Second	Third	Signature of Medical Officer
E.L. Ph.M3c 10-16-42	R.C. Ph.M.3c 10-23-42	10-30-42	E Loken, Ph.M 2/c

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

1st Anti-Tetanic Prop. 10-2-42 R. Chase Ph.M.3c
2nd 4 " " " 4 9-12-43 Surgeon (R) USPHS.
Date

BOOSTER:

Date: Surg. USPHS
(Signature of medical officer)

16—25758-1

BLOOD TYPE (INT) A---II

Form NCG-2525D

MEDICAL HISTORY

Page 2

Surname GAMMON Service No. 553-633

Christian name-s Linwood

STATE NAME OF PLACE	DATE EACH NEW ENTRY
U.S. MARINE HOSPITAL, PORTLAND, MAINE	2 April, 1946

Dia: Observation back pain changed to Strain lumbo-sacral, chronic 056-434

~~CC: Weakness and occasional pain at base~~ of spine.

P.H. About September 1945 while lifting a heavy rock pt. felt a snap in lower back and since then has felt that ~~something was out of place. Had no~~ special treatment and has lost no time due to injury. Pain is not noticable when pt. works in erect position but has discomfort on bending forward.

~~P.E. Fairly well developed and nourished~~ white male. Not acutely ill. Stands without list. Motions normal. Slight prominence of spine in lower lumbar region otherwise negative.

~~Treatment: Admitted to inpatient treat~~ment 4-2-46 routine and ambulant.

4-6-46 May be discharged 4-8-46. Pt. ~~has been under observation for low back~~ pain of several months duration. Findings ~~essentially negative.~~ X-ray reveals no evidence of bone pathology. Symptoms are now minimal. Advised regarding ~~general care.~~

4-8-46 Discharged this date fit for duty. 6 days off duty.

T.A. Hathcock
T.A. HATHCOCK
Surgeon (R) USPHS.

APPROVED: L.C. Watkins
L.C. WATKINS, Sen. Surg. USPHS.
Medical Officer in Charge

16—25658-1

Page

Form NCG-2525D

MEDICAL HISTORY

Page 3

Surname GAMMON Service No. 553-633

Christian name-s ~~[illegible]~~ Linwood

STATE NAME OF PLACE	DATE EACH NEW ENTRY
RATING MoM^M 1c	
DATE OF BIRTH	2-15-07
PLACE OF BIRTH	Me.
SHIP OR STATION	
PHOTOFLUOROGRAPHIC EXAMINATION OF CHEST DCGO, 1ND BOSTON, MASS.	
DATE	APR 29 1946
FILM NO.	14346
X-RAY FINDINGS:	Very slight dorsal scoliosis. N.C.D.

W. K. COFFIN
M. C. USNR
Capt.

8

U. S. GOVERNMENT PRINTING OFFICE 16—25658-1

16—25658-1

SEE LIST BELOW --- ---

SEPCEN/1

Boston, Mass.

29 April, 1946

0910
4/29/46

CGRecSta, Boston, Mass.
Discharge.

L/CO CGRecSta, Boston, Mass. file:73-783-531-701

URQUHART, Alton H. 617-029 CBM
GLEASON, Carrol C. 3005-176 CBM
PASQUILL, Leonard L. 223-215 MM1c
AGISOTELIS, James G. 619-755 StM1c
KANE, William J. 619-742 SoM2c
YORK, Charles W. 705-594 S1c
GREENHALGE, Leonard 553-633 S1c
FORTE, Constabilo Jr. 686-931 S1c
QUINN, Everett W. 616-200 BM1c
GAMMON, Linwoee 553-633 MoMM1c
DAVIS, Nathaniel 220-873 BM2c
VACCA, James F. 685-080 S1c
MC GRATH, Edward J. 660-567 S1c
LAFFIN, John E. 619-953 S1c
EVERSON, Walter F. 686-972 S2c

H. WERKO Lieut., USCG
By direction

Ind-2
DCG01ND, Boston
File: pra-73-783

25 April, 1946
(DATE)

To: The CO, CG Personnel Separation Center No. 1 Boston

Subj: GAMMON, LINWOOD M. 553-633 MoMM1c

In accordance with the provisions of Personnel Bulletin #04-45, the discharge of the subject named man is authorized.

K. A. Jones

K. A. JONES
By direction

UNITED STATES COAST GUARD
Boston, Massachusetts

Address reply to :
RECEIVING UNIT, CG BASE
Constitution Wharf
Refer to file: 73-783

25 April, 1946
(Date)

To; District Coast Guard Officer, First Naval District

Via: CO, Receiving Unit, CG Base, Boston, Mass.

Subj; Discharge; request for

1. In accordence with the information contained in Personnal Bulletin #94-45, it is requested that I be discharged from the U.S. Coast Guard.

2. The following history of my C. G. Service is submitted for the information of the CO of this unit and C.G. Separation Center, in compliance with their instructions as contained in Pers. Bulletion #156-44. (Points)

(a) I was born on 15 February 1907 at Fryeburg Me. 19
(b) I enlisted in the CG on 9 Sept., 1942 at Portland Me.
(c) I was placed on Active Duty 13 Oct., 1942 at Portland Me. 21
(d) My address prior to enlistment was 19 Nevens St., Portland, Me.
(e) My address after discharge will be 68½ Ledge Lawn Ave., Bar Harbor, Me.
(f) I have the following dependents Wife, child
(g) I have approximately (500) lbs of household effects to be moved.
(h) I (XX) (DO NOT) Desire to travel via privately owned automobile.
(i) I have had None months sea duty aboard or overseas (Units) 40

Linwood M. Gammon

LINWOOD M. GAMMON 553-633 MoMMlc
Signature Service No, Rate

Ind-1
CO, Receiving Unit, CG Base
Boston, Mass.

To; District Coast Guard Officer, First Naval District

1. The above information has been verified from the above named man's enlistment contract and/or statement attached here too. He is in a transient status at this unit and is eligible for immediate discharge.

E. C. Hilton

E. C. HILTON
By direction

UNITED STATES COAST GUARD
Boston, Massachusetts

Address reply to :
RECEIVING UNIT, CG BASE
Constitution Wharf
Refer to file: 73-783

4/25/46
(Date)

To; District Coast Guard Officer, First Naval District

Via; CO, Receiving Unit, CG Base, Boston, Mass.

Subj; Discharge; request for

1. In accordance with the information contained in Personnal Bulletin #~~94-45~~, it is requested that I be discharged from the U.S. Coast Guard.

2. The following history of my C. G. Service is submitted for the information of the CO of this unit and C.G. Separation Center, in compliance with their instructions as contained in Pers. Bulletion #156-44. (Points)

(a) I was born on Feb. 15, 1907 at Fryeburg Maine 19
(b) I enlisted in the CG on Sept. 9, 1942 at Portland Me.
(c) I was placed on Active Duty Oct. 13, 1942 at Portland Me. 21
(d) My address prior to enlistment was 19 Nevens St. Portland, Me.
(e) My address after discharge will be 68½ Ledgelawn Ave. Bar Harbor, Me
(f) I have the following dependents Wife, Baby
(g) I have approximately (500) lbs of household effects to be moved.
(h) I ~~(Do)~~ (DO NOT) Desire to travel via privately owned automobile.
(i) I have had 0 months sea duty aboard or overseas none
(Units)

40

Linwood M. Hammon 553633 MoMM1c
Signature Service No, Rate

Ind-1
CO, Receiving Unit, CG Base
Boston, Mass.

To; District Coast Guard Officer, First Naval District

1. The above information has been verified from the above named man's enlistment contract and/or statement attached here too. He is in a transient status at this unit and is eligible for immediate discharge.

E. C. HILTON
By direction

PROCESSING SECTION OF
U. S. C. G. RECEIVING UNIT--CONSTITUTION
WHARF, BOSTON, MASSACHUSETTS

DATE 4/25/46

To: Processing Officer

Subj: SEPARATION FROM THE SERVICE; DATA CONCERNING:

I certify that the answers to the below-listed questions are true to the best of my knowledge.

QUESTIONS	HOW TO BE ANSWERED	ANSWER HERE
1. Upon separation from the CG, where will you establish your home and/or accept employment?	Name of City and State	Bar Harbor Maine
2. If a small town, near what large city is it located?	Name of City and State	
3. Have you an automobile located in the Boston Area?	Yes or No	No.
4. Do you have a dependent located in the Boston Area?	Yes or No	No.

IF YOU ARE A SECOND-CLASS P.O. OR BETTER ANSWER THE FOLLOWING QUESTIONS.

5. Do you have DEPENDENTS and/or household effects anywhere?	Yes or No	Yes
6. Where are your dependents and/or household effects now?	Name of City and State	Bar Harbor + Portland, Maine.
7. Do you desire to move them at Gov't expense?	Yes or No	Yes.
8. Where was your last permanent duty Station?	Name of UNIT	Egg Rock Lt. Bar Harbor, Maine.
9. Where was it located, or what was its Home Port?	Name of City, And State	— "
10. If you moved your dependents and/or HHE at Government expense when you went to sea or overseas, where did you move them to?	Name of City and State	

SIGNED: Linwood M. Hammon 553633 Mo.MM 1/c
(First Name) (Middle Initial) (Last Name) S.r.No. Rate

UNITED STATES COAST GUARD
Boston, Massachusetts.

DATE: 4/25/46

To: Processing Officer, Processing Unit.

Subj: Personnel Bulletin No. 84-45; information for.

I certify that the answers to the below-listed questions are true to the best of my knowledge.

INSTRUCTIONS: Answer questions Yes or No. If the answer to question #1 is No then XX ou the answer to questions #2 and #3.

1. Have you suffered any damage or loss of personal property in performance of duty: No

2. If you have suffered such damage or loss have you been repaid? _____

3. If you have not been paid, have you filed a claim? _____

4. Are you receiving the correct rate of pay? Yes

5. Is there any money still due you for leave rations for any leave taken since 1 July, 1945? No.

6. Have you been repaid for travel performed by YOU at your own expense on orders transferring you to this unit? Yes

Signed: Linwood R. Gammon 553633 Mo.M.M.1c
(First Name) (Middle Initial) (Last Name) (Serv #) (Rate)

Ind-1
DCGO,1ND
pra-783
25 March, 1946

RECEIVED
MAR 28 1946
U. S. COAST GUARD DEPOT
SOUTHWEST HARBOR, MAINE

To: Commanding Officer, CG Depot, Southwest Harbor, Maine

Subj: GAMMON, Linwood S. (553-633) MoMM1c(R); retention in service

Forwarded.

R. A. TAYLOR
By direction

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PEA-C) WASHINGTON 25, D. C.
REFER TO FILE: CG- 783

BOSTON DISTRICT
RECEIVED
11 MAR 1946
U. S. COAST GUARD

RECEIVED
MAR 28 1946
U. S. COAST GUARD DEPOT
SOUTHWEST HARBOR, MAINE

6 March 1946

To: DCGO, 1ND (pra)

Subj: Gammon, Linwood M. (553-633) MoMM1c ; retention

1. In accordance with the above-named man's recent request, authority is granted to retain him in the Service until such time as he desires to be discharged, such retention not to extend beyond 30 June, 1946.

2. A copy of this letter will be made a part of the service record.

E. ZOOLE
By direction

A 416

C

Ind-1
DCGO,1ND
pra-783
25 March, 1946

To: Commanding Officer, CG Depot, Southwest Harbor, Maine

Subj: GAMMON, Linwood S. (553-633) MoMM1c(R); retention in service

Forwarded.

R. A. TAYLOR
By direction

(13) TOP ROW: MAIN OCCUPATION - D. O. T. CODE 078
(14) BOTTOM ROW: SECONDARY OCCUPATION - D. O. T. CODE 36

(1)-Ⓑ NAME (PRINT CLEARLY) GAMMON (LAST) LINWOOD (FIRST) MILBURN (MIDDLE) — 553-633 SERVICE NUMBER — M○MM L C — HEIGHT 5 FT 6½ IN — WEIGHT 165 LBS — RACE W

(2) HOME ADDRESS 19 NEVENS STREET, PORTLAND, MAINE.

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

(4)-Ⓡ DATE OF BIRTH 15 FEB. 1907 — HOW LONG IN U. S. ____ YEARS

(5) CITIZEN [L-24] X — NON-CITIZEN [L-28] — TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS MARRIED — (7)-Ⓣ NUMBER OF DEPENDENTS ONE

(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	✓				
HIGH SCHOOL	2		✓	PORTLAND, ME.	GEN'L	1922
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						

(9)-Ⓡ TOTAL SCHOOL YEARS 10 — X X X X X X X X X X X X

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

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

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION 1 ST N.D — DATE 9 SEP. 1942

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	X			

(13)-Ⓣ MAIN OCCUPATION: AUTOMOBILE MECHANIC — YEARS AT IT 15 — WKLY. WAGE $30 00

D. O. T. CODE 5-81.010

JUST WHAT DID YOU DO? REPAIRS CARS AND TRUCKS. DISASSEMBLES AND OVERHAULS ENGINES, CLUTCHES, TRANSMISSIONS AND REAR ENDS. GRINDS VALVES AND REPLACES BROKEN PARTS. ADJUSTS BRAKES.

LAST DATE OF EMPLOYMENT AUG 1942

EMPLOYER HENLEY KIMBALL Co. (FIRM NAME)

ADDRESS OF EMPLOYER PORTLAND, MAINE

DEPT., SHOP OR BRANCH GARAGE — KIND OF BUSINESS SALES AND SERVICE

(14)-Ⓣ SECOND BEST OCCUPATION NONE — YEARS AT IT ____ — WKLY. WAGE $

D. O. T. CODE

JUST WHAT DID YOU DO?

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE
GRADE —SCORE	(15)-Ⓑ 77	(16)-Ⓑ 71	(17)-Ⓑ 142

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR
1. AMM - 01
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED
1. NONE
2.
3.

NON-ENGLISH S

ILLITERATE N

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

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

(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)
NONE							

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1. NONE			
2.			
3.			
4.			

(22) REMARKS:

(1) DUTIES - MoMM. ON CG. 34
(2) NO SEA DUTY
(3) HEALTH GOOD
(4) LIKES PRESENT ASSIGNMENT

PR 3.7 SS 3.5 MA 3.8 AL 3.5 CON 4.0

(23) NEXT OF KIN

NAME GAMMON, EVELYN, (WIFE)
ADDRESS 19 NEVENS STREET
CITY PORTLAND STATE ME.

(24)-(R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
9-9-42	PORTLAND, ME	MoMM 3/c	ENLISTMENT
10-15-42	DTS. P'TOWN	MoMM 3/c	BASIC
11-3-42	DCG-O. IND	MoMM 3/c	
3-18-43	COTP- CCC	MoMM 3/c	

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD DEPOT (Unit) SOUTHWEST HARBOR, MAINE (Place)

1 July, 1945 (Date)

FROM: GAMMON, Linwood M. (553-633) MoMM 1c USCGR.
SCGO, Rockland, Maine

To: COMMANDANT (via DCGO, 1stNavDist)

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:

Evelyn Louise Gammon (Full name of wife; if not married, so state)	70 Ledgelawn Ave., Bar Harbor, Maine (Address of wife)
None (Full name of child; if none, so state)	(Address of child)
(Full name of child: if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Myrtle Mae Gammon (Full name of relative)	Mother (Relationship)	61 Elmwood St., Portland, Maine (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:

William Gammon (Full name of relative)	Father (Relationship)	61 Elmwood St., Portland, Maine (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 day of July, 19 45

LINWOOD MILBURN GAMMON (Signature)

E. L. SILVA, Lieut.(jg) USCG. (Signature)

MoMM 1c USCGR. (Rank or rating)

Commanding Officer (Rank or title)

16—25753-1

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

CG Depot, Southwest Harbor, Maine
(Unit)

CAMMON, Linwood Milburn
(Name in full—surname to the left)

16 October, 1945
(Date)

553-633
(Service number)

Mo.M.M.1c (R)
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	10	13
Enlistment extended (for DOW years from)	1945	10	12
Date of discharge (_____) (Character of discharge)			
Total time of last enlistment period			

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

Absent Without Leave			Absent Due to Own Misconduct			Absent Due to Confinement		
From—	To—	Days	From—	To—	Days	From—	To—	Days
NONE			NONE			NONE		
						Total Absence (0 days)		0

NUMBER OF—		
Years	Months	Days
3	0	0
0	0	0
3	0	0

Creditable time served during last enlistment period

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.

R. L. SILVA,

Date 16 October, 19 45

(Rank) Lieutenant, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date _____, 19_____

_____
(Unit and place)

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

a period of _____ years from this date.

_____

(Rank) _____, U. S. C. G.
Commanding officer.

16—20908-1

GAMMON, Linwood Milburn (553-633) Mo.MMlc (R)

Egg Rock Light Sta. (30)
CG Depot (01-038) Southwest Harbor, Maine 16 October, 1945

Completed a three (3) year period of net service and will be credited with increased pay on the following statement of service:

Completed three (3) years in the CG RESERVE 10-12-45
AWL----------None
SICK Misc.----------None
NPDI----------None

NOW SERVING

P.B. 59-42

E. L. SILVA, Lieut., USCG

Commanding Officer

NCG 2599
U. S. Coast Guard
(Jan. 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood	M.	553-633	MoMMMo(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP, Cape Cod Canal, Sandwich, Mass. ( ) Egg Rock Lt. Sta.(30)
Coast Guard Depot — Southwest Harbor, Maine — 4 December, 1944
(Unit) (Place) (Date)

01-038

2000-this date, rptd for duty from COTP, Cape Cod Canal, Sandwich, Mass., and assigned to duty at Egg Rock Light Station.

(30)
AUTHORITY:

DCGCLND Ord./ 29267

R. OLNEY, Jr. Bos'n, USCGR
(Commanding)

Acting
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 16—29594-1

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood		553-633	Mo.M.M.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP - CAPE COD CANAL	01-196	Sandwich, Mass.	24 November, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CGB-34 (CAPTIVA)
(Minor unit)

0640/11 November, 1944: DPTD this unit on twelve (12) days annual leave of absence.

0010/24 November, 1944: RTND this unit on time from twelve (12) days annual leave of absence.

DUTY CODE No.: (06)
AUTHORITY: Art. 1936(3) Regs.

E. S. TUTTLE, JR., Lieut., USCGR
(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—29594-2

DEPARTED _____ RETURNED 0010 11/23/44

NCG 2519
(Revised Nov. 1939)

DUE TO RETURN BEFORE NOON 24 November, 1944

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD

Unit COTP - CAPE COD CANAL, Sandwich, Mass.

Date 8 November, 1944

From: GAMMON, Linwood (553-633)Mo.M.M.1c(R)
To: CAPTAIN OF THE PORT, CAPE COD CANAL
Via: Executive Officer

Subject: Leave of absence.

1. I request twelve (12) days' leave of absence to depart 11 November, 1944

2. My reason for the above request is Annual leave

Address while on leave: 19 Nevens St., Portland, Maine

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

Linwood M. Gammon
Linwood M. Gammon
(Signature)

1st Endorsement COTP, CAPE COD CANAL
Sandwich, Mass.
10 November, 1944

[a]~~Leave account certified correct.~~
Forwarded, approved.
[b]~~Forwarded, disapproved~~ SUBJECT TO IMMEDIATE 24 HOUR RECALL

Gasoline issued 11-3-44
WAR PRICE and RATIONING BOARD #2
CUMBERLAND COUNTY - PORTLAND, MAINE

E. S. TUTTLE, JR. Lieut., USCGR
~~Commanding~~ Executive Officer.

2d Endorsement COTP, CAPE COD CANAL
Sandwich, Mass.
10 November, 1944

[a]~~Forwarded, approved.~~
Returned, granted.
~~Returned, not granted~~ YOU ARE CAUTIONED NOT TO DISCUSS MATTERS OF MILITARY OR NAVAL INTEREST WITH ANY UNAUTHORIZED PERSONS.
[b]~~Forwarded, disapproved~~

L. C. ENGELL Lt.Comdr., USCG
~~District Commander~~ Commanding.
CAPTAIN OF THE PORT, CAPE COD CANAL

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

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

UNITED STATES COAST GUARD QUARTERS ALLOWANCE

DESIGNATION OF BENEFICIARIES FOR ~~DEATH GRATUITY~~

CGB-34
COTP - CAPE COD CANAL
(Unit)

Sandwich, Massachusetts
(Place)

1 October, 1944
(Date)

FROM: GAMMON, Linwood M. (553-633) Mo.M.M.1c.(R)

To: COMMANDANT (via DCGO1ND)

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:

Evelyn L. Gammon (Full name of wife; if not married, so state)	19 Nevens St., Portland, Maine (Address of wife)
none (Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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, 1944

E. S. TUTTLE, ~~W.~~ Lieut., USCGR
(Signature)

~~ative~~ Officer
(Rank or title)

Linwood M. Gammon
Linwood M. Gammon
(Signature)

Mo.M.M.1c.(R)
(Rank or rating)

16—25758-1

UNITED STATES COAST GUARD

CG Rifle Range
Camp Curtis Guild
Wakefield, Mass.
Refer to File: pra 227-670

11 September, 1944

To: GAMMON, Linwood (553-633) Mo.M.M.1c.(R)

Via: COTP., Cape Cod Canal, Sandwich, Mass.

Subj: Qualification as marksman, rifle; marksman, revolver; effective date 10 September, 1944.

1. In accordance with the Landing -Force Manual, U.S.N. 1938, Chapter 19, Revised 1943; Section 3, having fired the qualification courses for the record and training, you have qualified as marksman, rifle; marksman, revolver.

2. You are authorized to wear the proper insignia denoting such qualification for one year subsequent to the effective date.

3. Entry will be made in your service record to this effect.

Louis A. DeLozier

L. O. DELOZIER

TRANSFERS

CAPTAIN OF THE PORT, CAPE COD CANAL

SANDWICH, MASSACHUSETTS

DATE 1 December, 1944

GAMMON, Elmwood M. NAME [redacted] SERVICE NUMBER [redacted](R)

TRANSFERRED FROM COTP - CAPE COD CANAL Sandwich, Mass. TO CG DEPOT, Southwest Harbor, Maine

AUTHORITY _____

HOUR AND DATE OF DEPARTURE _____

GRANTED _____ days leave enroute.

LEAVE REMAINING _____ days annual, _____ days reenlistment

The following, marked (X), are transmitted herewith:

X SERVICE RECORD _____ INSURANCE RECORD

_____ Statement of service for longevity (____HL DATED_____ (Form 2511A)

_____ Continuous service certificate No._____ _____ Department ACTION_____

X HEALTH RECORD (FORM 2525) _____

_____ DESIGNATION OF BENEFICIARY FOR DEATH GRATUITY (FORM 2529) _____

(Signature of Officer in charge of unit FROM which transferred)

COAST GUARD _____
Depot, Southwest Harbor, Maine

HOUR AND DATE OF REPORTING _____
2000-4 December, 1944

ABOVE LISTED PAPERS RECEIVED.

(Signature of Officer in charge of Unit TO which transferred).

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

GAMMON, Linwood M. (Name, surname first) 553-663 (Service number) MoMMlc (Rank or rating) COTP, SANDWICH (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 Sandwich, Mass., Date 26 April, 1944

To: Medical Officer-in-Charge
U.S. Coast Guard Infirmary
Buzzards Bay, Mass.

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 COTP, Cape Cod Canal, Sandwich, Mass.

Linwood M. Gammon
Linwood M. Gammon (Signature of patient)

E. S. Tuttle
E. S. TUTTLE, Lieutenant, Executive Officer, U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Buzzards Bay, Mass., Date 26 April, 19 44

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

256 Lipectomy, lt. scapular area
(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 C.G. Infirmary {*hospital / *office} on 26 April, 19 44

M S Dennis
M.S. DENNIS
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.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

GAMMON, Linwood M.	553-633	MoMMlc	COTP, SANDWICH
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Buzzards Bay, Mass., Date _____, 19

To: COTP, Cape Cod Canal
Sandwich, Mass.
(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
Lipectomy, lt. scapular area	256	4-26-44	4-28-44

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

Light duty for 10 days.

CONDUCT REPORT:

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

M.S. Dennis
M.S. DENNIS

P.A. Surg. (R) 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

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

GAMMON	Linwood	M.	553-633	Mo.M.M.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COTP - CAPE COD CANAL	01-620	Sandwich, Mass.	12 September, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CGB-34 (CAPTIVA)
(Minor unit)

0720, 3 September, 1944: Dptd this unit to CGRS, Boston, Mass. FFT to Camp Curtis Guild, Wakefield, Mass. on TD in connection with small arms training.

1500, 10 September, 1944: Rtnd this unit fr Camp Curtis Guild, Wakefield, Mass. having completed TD.

DUTY CODE No.: (06)
AUTHORITY: L/DCGO1ND/29 Aug(pra-701-531);
L/SCGO/Chatham/30 Aug(701);
L/COTP/CCC/3(73-783-671-531)

L. O. ENGELL, Lieut. Comdr., USCG
(Commanding)

Captain of the Port
(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—29594-2

RECORD OF GAMMON, Linwood Milburn 553-633
(Full name, surname to the left) (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:

_____ (Years) _____ (Months) _____ (Days)

(Notations under article 10 to be considered when executing this article.)

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

The within-named man has been furnished travel allowance amounting to $_____ at the rate of _____ cents per mile from _____ to _____ _____ and paid $_____ in full to date of discharge. Name of pay officer _____

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { TO / NOT TO } REENLIST NEXT DAY.

Certified to be correct upon termination of service _____, 19____

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

T R E A S U R Y D E P A R T M E N T

UNITED STATES COAST GUARD RESERVE

I.....EVELYN LOUISE GAMMON.....wife of
.....LINWOOD MILBURN GAMMON.....certify
that I am fully aware of the fact that my husband is enlisting in the Coast Guard Reserve as.....MO. M.M. 1c.....to serve for a period of three (3) years and that his rate of pay will be.....ONE HUNDRED AND FOURTEEN ($114.00)- dollars per month.

I further certify that he is enlisting with my consent and knowledge and that I can foresee no reason for him or myself to seek his discharge prior to the expiration of his enlistment by reason of the fact that he cannot support himself and family on Service pay.

SIGN**** Evelyn Louise Gammon
EVELYN LOUISE GAMMON
(Signed)

Address:- 19 NEVENS ST., PORTLAND, MAINE.

Personally appeared before me Evelyn Louise Gammon a resident of Portland, in the county of Cumberland and State of Maine, who is well known to me as a credible person, and made oath to the foregoing statement, that it is correct and true, signed the same in my presence this 24th day of August 1942.

Nellie B. Stone
(Signature of Notary Public ~~or Officer Administering Oath~~).

7830

U. S. COAST GUARD
RECRUITING SUB-STATION
477 CONGRESS ST.
ARCADE-CHAPMAN BLDG.
PORTLAND, MAINE.

21 August, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.
To: District Coast Guard Officer, First Naval District.

Subject: **CAMMON, Linwood Milburn** : assignment of enlistment rating.

Reference: (a) Headquarter's circular letter 21 January, 1942.

1. It is requested that the subject named man be interviewed and examined for enlistment rating and his qualification therefor indicated on first indorsement hereof.

George Fornash
GEORGE FORNASH., C.W.T.

7830 1st. Indorsement First Naval District
Portland, Maine.

From: District Coast Guard Officer, First Naval District.
To: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.

1. Returned. Subject named man has been examined and is hereby certified to be qualified for enlistment rating of **Mo.M.M. 1/c.**

/s/ C. O. HEKLEBURG
CHIEF MACHINIST

783
702
531

RECRUITING SUB-STATION.

UNITED STATES COAST GUARD
Recruiting Sub-Station,
Portland, Maine.
9 September, 1942

From: Officer-in-Charge., Recruiting Sub-Station., Portland, Maine.
To: GAMMON, Linwood Milburn (553-633) Mo.M.M. 1c.,USCGR.

Subject: Orders; Assignment to inactive duty.

Reference: (a) H/L P-702 (21 January, 1942)

1. Having been enlisted in the Coast Guard Reserve this date, you are hereby ordered to inactive duty in the Coast Guard without pay. You will report to this office at 477 Congress Street, Chapman Building, Portland, Maine at 8:00 A.M. on Friday, 9 October, 1942.

2. No travel at Government expense is authorized.

3. Departed this office at 1130 this date

GEORGE FORNASH.

783-702-531
Recruiting Sub-Station

1 st. Indorsement

Portland, Maine.
9 September, 1942

1. Received at 1130 this date

Linwood Milburn Gammon

783-702-531
Recruiting Sub-Station,

2 nd. Indorsement

Portland, Maine.
9 September, 1942

1. I certify that the above-named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he does not have a claim pending therefor.

George Fornash
GEORGE FORNASH.

783
702
531

UNITED STATES COAST GUARD
Recruiting Sub-Station
Portland, Maine

RECRUITING SUB-STATION

3 October, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine
To: GAMMON, Linwood Milburn (553-633) Mo.M.M. 1c., USCGR.

Subject: Change of orders,

1. You are hereby ordered to disregard all orders received by you from this office up to the present time.

2. Your present inactive duty period has been extended for an indefinite time. You will remain on inactive duty until further notice from this office.

George Fornash

GEORGE FORNASH,
C.W.T.,(a) Pro.

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

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION., (Unit) PORTLAND, MAINE. (Place)

9 September, 1942. (Date)

From: GAMMON, Linwood Milburn(553-633) Mo.M.M.1c. USCGR.
To: COMMANDANT, (Via, Officer-in-Charge.)

1. In the enent 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.

EVELYN LOUISE GAMMON — 19 NEVENS ST., PORTLAND, MAINE.
(Full name of wife, if not married, so state) (Address of Wife)

NONE
(Full name of child, if none, so state) (Address of Child)

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

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

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

MYRTLE MAE GAMMON — MOTHER — 61 ELMWOOD ST., PORTLAND, MAINE.
(Full name of relative) (Relationship) (Address of Relative)

POTENTIAL
(State briefly wherein dependency exists)

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

WILLIAM GAMMON — FATHER — 61 ELMWOOD ST., PORTLAND, MAINE.
(Full name of relative) (Relationship) (Address of Relative)

POTENTIAL
(State briefly wherein dependency exists.)

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

Subscribed and sworn to before me
This 9 th. day of September 1942. :

Linwood Milburn Gammon
(Signature)
LINWOOD MILBURN GAMMON

A.F. Jones
A.F. JONES.,
(Signature)
Lieut. U.S.C.G.
(Title)

Mo.M.M.1c. USCGR.
(Rating)

A F F I D A V I T

I, GAMMON, Linwood Milburn, U.S. COAST GUARD RESERVE, being first duly sworn, upon oath depose and say that I am not drawing, a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, nor have I a claim pending therefor.

Linwood Milburn Gammon
LINWOOD WILBURN GAMMON
(Signature of Applicant)

Subscribed and sworn to before me this 9th day of September, 1942.

A. F. JONES A F Jones
(Signature of Administering Officer)

Lieut. U.S.C.G.
(Title)

N.C.G. No. 2599
U.S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

GAMMON,	Linwood	M.	553-633	Mo.M.M. 1c., USCGR.
(Surname)	(First Name)	(Middle)(Ini.)	(Service No.)	(Rank or rating)

RECRUITING SUB-STATION,	PORTLAND, MAINE	9 September, 1942
(Unit)	(Place)	(Date)

Enl. 1130; 9 September, 1942 for three (3) yrs. as Mo.M.M. 1c. in the U. S. Coast Guard Reserve and immediately assigned to inactive duty.

AUTHORITY: H/D 212323 (August, 1942)

George Fornash
(Commanding)

GEORGE FORNASH,
C.W.T.,(a)(Pro)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

N.C.G. No. 2668
Form approved by Comptroller General, U.S.
April, 13, 1934
(Revised 1937)

S.V.No._____
Pay No._____

REPORT OF CHANGE IN PAY STATUS.

GAMMON,	Linwood	M.	553-633	Mo.M.M. 1c., USCGR.
(Surname)	(First Name)	(Middle Ini)	(Service No)	(Rank or Rating)

RECRUITING SUB-STATION., PORTLAND, MAINE. 9 September, 1942
(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Enl. 1130; 9 September, 1942 for three (3) yrs. as Mo.M.M.1c in the Coast Guard Reserve and immediately assigned to inactive duty.

Not entitled to pay:

Not entitled to clothing bounty.

Not entitled to enlistment allowance.

PAFE: Portland, Maine.

I certify that the above named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he does not have a claim pending therefor.

AUTHORITY: H/D 212323 (August, 1942)

Geo Fornash
(Commanding)
GEORGE FORNASH.,
C.W.T., (a)(Pro.) U.S.C.G.
(Title)

---

1. Receipt of this authorized is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay Officer)

N.C.G. No. 2668
Form approved by Comptroller General, U.S.
April, 13, 1934
(Revised 1937)

S.V.No._____
Pay No._____

REPORT OF CHANGE IN PAY STATUS.

GAMMON,	Linwood	M.	553-633	Mo.M.M. 1c., USCGR.
(Surname)	(First Name)	(Middle Ini)	(Service No)	(Rank or Rating)

RECRUITING SUB-STATION., PORTLAND, MAINE. 9 September, 1942
(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

You are hereby authorized to adjust the pay accounts of the above named for the following reason:

Enl. 1130;9 September, 1942 for three (3) yrs. as Mo.M.M.1c in the Coast Guard Reserve and immediately assigned to inactive duty.

Not entitled to pay:

Not entitled to clothing bounty.

Not entitled to enlistment allowance.

PAFE: Portland, Maine.

I certify that the above named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he does not have a claim pending therefor.

AUTHORITY: M/D 212323 (August, 1942)

Geo Fornash
(Commanding)
GEORGE FORNASH.,
C.W.T., (a)(Pro.) U.S.C.G.
(Title)

---

1. Receipt of this authorized is hereby acknowledged. The accounts of the above named have been adjusted.

(Date) (Pay Officer)

NCG 2681

EDUCATIONAL AND SPECEAL QUALIFICATIONS

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

GAMMON, Linwood Milburn	553-633	Mo.M.M. 1/c. USCGR.
(NAME)	(SERVEIC NUMBER)	(RANK, RATING, OR GRADE

EDUCATION:

(a) Grammar School: 8 Grad. 8 th.
(Numbers of years attended, graduated) (Grade)

(b) High School: 2 Did not grad. 10 th.
(Number of years attended, grade completed or graduated.)

(c) Other:
(Number of years attended, grade attained, special studies)

persued or completed and degrees received, of any.)

EXPERIENCE:

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

Aviation	( )	Aviation Machanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (Gereral)	( )	Engineer (Steam)	( )
Engineer (disel)	( )	Lathe operator	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Photographer (general)	( )
Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitters	( )	Secretary	( )
Sign Painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone lineman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (Electric)	( )

Special ability as interperter in foreign languages below.

NONE

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

Mechanic16 yrs.

Use reversed side of this form when necessary.

Linwood Milburn Gammon

LINWOOD MILBURN GAMMON

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MAQ(W)

SECTION COAST GUARD OFFICER (Unit) ROCKLAND, MAINE (Place)

1 April, 1945 (Date)

FROM: GAMMON, Linwood M. (553-633) Mo.M.M.1c USCGR

To: COMMANDANT (via DCGO, 1st Naval District (fpd))

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)

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

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

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

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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, 19 45

M. A. MOSES
(Signature)

Ensign USCGR(W)
(Rank or title)

Linwood M. Gammon
LINWOOD M. GAMMON
(Signature)

Mo.M.M.1c USCGR
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

H/D 212323 (August, 1942)
DCGOIND, BOSTON, MASS.

N. C. G. 2500
(Rev. Dec. 1941)

ENLISTMENT CONTRACT

COUNTED

United States ~~xxxxxxxxx~~ CODED
Coast Guard Reserve

Enlistment of GAMMON, Linwood Milburn (Full name, surname to left); 553-633 (Service number); $114.00 (Pay per month)

Accepted for enlistment at PORTLAND, MAINE; Mo.M.M. 1/c. USCGR. (Rating in which enlisted)

Enlisted at RECRUITING SUB-STATION, PORTLAND, MAINE (INACTIVE DUTY) 9 September, 1942 (Date)

Transferred to ACTIVE DUTY, 13 October, 1942, DCGO FIRST NAVAL DISTRICT, BOSTON, MASS.

Occupation MECHANIC Citizenship* NB If naturalized, place and date of naturalization NONE Certificate No. NONE

Date of birth 15 February, 1907 Place of birth FRYEBURG, MAINE

Home address 19 NEVENS STREET, PORTLAND, MAINE
(Street and number) (Town) (County) (State)

Married or Single MARRIED Name and address of next of kin or legal guardian EVELYN LOUISE GAMMON WIFE 19 NEVENS STREET, PORTLAND, MAINE
(Relationship) (Address)

Continuous Service Certificate NONE (Number) Previous service (Reserve (Coast Guard NONE (Yrs) (Mos) (Days)

First enlisted NONE (Date) at NONE (Place) and was last discharged NONE (Date) from NONE (Unit)

with NONE (Character) discharge as NONE (Rate) No. NONE

Previous Navy service NONE (Years) (Mos) (Days) Previous Marine Corps service NONE (Yrs) (Mos) (Days)

Previous Army service NONE (Years) (Mos) (Days) Age 35 Years 6 Months

Height 5 feet 6½ inches. Weight 149 pounds.

Eyes Blue Sex Male Hair Brown Complexion Ruddy Color White ✓

Personal characteristics, ANT; Wart on rt. side of forehead. marks, etc. Appendix Scar. TATTOO: rt. forearm "Liberty". VSLUA. S3 below rt. knee.

POST: NONE

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 GEORGE FORNASH, C.W.T., (a) (Pro.) 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.

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

Second: I oblige and subject myself to serve { THREE (3) YEARS, FROM 9 September, 1942 / during minority until _____, 1___ } unless sooner discharged by proper authority.

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 six 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 six 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, LINWOOD MILBURN GAMMON, 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.

Linwood M. Gammon

Linwood Milburn Gammon

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 9 th day of September, A. D. 19 42

A. F. Jones

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

A. F. JONES, Lieut., USCG.

(Title)

Citizenship substantiated and contract perfected.

George Fornash

GEORGE FORNASH,

C.W.T., ~~(a) Pro.~~, U. S. C. G., Enlisting Officer.

Form NCG-2520
Revised Dec. 1938

This application blank will be forwarded with enlistment contract in cases of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

PRINT "APPRENTICE SEAMAN" ON LINE BELOW.

Position desired M.O. MM. 1c (R)

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.

Portland, Maine
(Place)

8-21, 1942
(Date)

PRINT INFORMATION BELOW.

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 35 years 6 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 Melburn Linwood M. Gammon

Date of birth February 15, 1907

Place of birth Fryeburg, Maine Citizenship American

Home address 19 Nevens St. Portland, Maine TELEPHONE NUMBER 3-6517

Are you married? Yes Number and relationship of persons dependent on you for support? 1

INDICATE ABSOLUTE DEPENDENCY ONLY. (Wife)

Are you prepared to support your dependents on service pay? Yes

Are your parents living? Yes Are your parents dependent on you for support? No

FATHER'S NAME AND ADDRESS IF LIVING

Name and address of next of kin William Gammon 61 Elmwood St. Portland

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 From—	Length of Employment To—	You were Employed as—
Henley Kimball Co.	380 Forest Ave Portland	Auto Sales & Service	1926	Now	Mechanic

Do you drink intoxicating liquors? If so, to what extent? Very little

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

(OVER)

16—25718-1

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):

GRAMMAR SCHOOL	HIGH SCHOOL	COLLEGE
1 2 3 4 5 6 7 8 (G)	(G) 1 2 3 4	1 2 3 4
NAME ADDRESS CITY - STATE DATES ATTD.		

West Grammar Lowell St. Portland, Maine 1918 To 1921

Deering High Stevens Ave Portland, Maine 1921 To 1923

Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? No

If so, state which ✓

Are you now or have you been a member of the National Guard? No

Produce your discharges from the U. S. Coast Guard, Navy, Marine Corps, Army, Naval Reserve, or National Guard.

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.

(Sign your full name here) Milburn Linwood M. Gammon

Accepted or rejected ACCEPTED Cause of rejection

Date 9 September, 1942

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.

DO NOT GIVE RELATIVES AS REFERENCES:

PERSONAL REFERENCES: George Fornash GEORGE FORNASH, C.W.T., (a) (Pro.) U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 16—25718-1

NAMES STREET & NUMBER CITY - STATE

1.
2.
3.

STATE YOUR HEIGHT (WITHOUT SHOES) 5'5" STATE YOUR WEIGHT (WITHOUT CLOTHING) 155 LBS. COLOR WHITE WERE YOU EVER REJECTED FOR ENLISTMENT IN THE ARMY OR MARINE CORPS? No IF SO WHY?

Form NCG-2679
(Rev. 11-1-39)

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, PORTLAND, MAINE
(Place)

22 August, 1942
(Date)

To Chief of Police, PORTLAND, MAINE

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.

LINWOOD MILBURN GAMMON
(Name of applicant)

EYES: BLUE HAIR: BROWN

35 yrs 6 mos. (Age) 5' 8" (Height) 155 lbs., (Weight) White (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? _____

George Fornash
GEORGE FORNASH, C.W.T., (a) Pro.
Recruiting Officer.

8/24/42
(Date)

To Recruiting Officer, Portland Me

The above information is submitted from the records of this office.

Edward S. Dodwell
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747-1

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



TREASURY DEPARTMENT

UNITED STATES COAST GUARD RESERVE

I.....EVELYN LOUISE GAMMON.....wife of
.....
.....LINWOOD MILBURN GAMMON.....certify
that I am fully aware of the fact that my husband is enlisting in the Coast Guard Reserve as.MO. M.M. 1c....., to serve for a period of three (3) years and that his rate of pay will be.ONE HUNDRED AND FOURTEEN ($114.00).- dollars per month.

I further certify that he is enlisting with my consent and knowledge and that I can foresee no reason for him or myself to seek his discharge prior to the expiration of his enlistment by reason of the fact that he cannot support himself and family on Service pay.

Evelyn Louise Gammon

SIGN**** EVELYN LOUISE GAMMON
(Signed)

Address:- 19 NEVENS ST., PORTLAND, MAINE.

Personally appeared before me Evelyn Louise Gammon a resident of Portland, in the county of Cumberland and State of Maine, who is well known to me as a credible person, and made oath to the foregoing statement, that it is correct and true, signed the same in my presence this 24th day of August 1942.

Nellie B. Stone

(Signature of Notary Public ~~or Officer Administering Oath~~.).

A F F I D A V I T

I, GAMMON, Linwood Milburn, U.S. COAST GUARD RESERVE, being first duly sworn, upon oath depose and say that I am not drawing, a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, nor have I a claim pending therefor.

Linwood Milburn Gammon
LINWOOD MILBURN GAMMON
(Signature of Applicant)

Subscribed and sworn to before me this 9th day of September, 1942.

A. F. JONES A F Jones
(Signature of Administering Officer)

Lieut. U.S.C.G.
(Title)

Pernis left ear 8 yrs. ago.
Pain over site of app.incision
exercise. No history chronic or

REMARKS: ~~acute disease other than~~
~~those mentioned.~~

CERTIFICATE

~~We~~ / I } certify that { ~~We~~ / I } have personally made this physical examination and find that GAMMON, Linwood M.

He is physically qualified for Special Duty
(Enlistment, appointment, promotion)

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

He is not physically qualified for _____

on account of _____

_____

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

M. ~~S.~~ Dennis, Asst. Surg.

1st INDORSEMENT

20 Nov., 1942
(Date)

Place Cambridge, Mass.

From: The Senior Naval Officer, M.I.T.

To: Commandant.

1. Forwarded for action. Present status: Transferred to USCG RS, Boston, Mass.

L. M. Harding
L.M. HARDING, By direction.
Commanding Dist. Comdr. Off. in Chg.
Lieut. ~~Comdr.~~, U.S.C.G.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are ~~not~~ approved _____

By direction of the Surgeon General:

_____
Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name GAMMON Linwood M (Surname first) Service Number 553-633

Age: Years 35 Months 9 Color white

For: Special Duty
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating M.Mlc

Place Boston, Mass. Date 5 November 1942

Personal Medical History Usual ch diseases Syphillis 1938 T&A 5 yrs old Appendix 1937 Denies any others.

Vision: R.E. 20/ 25 L.E. 20/ 25 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Plates

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

Eyes, eyelids, and reflexes Normal

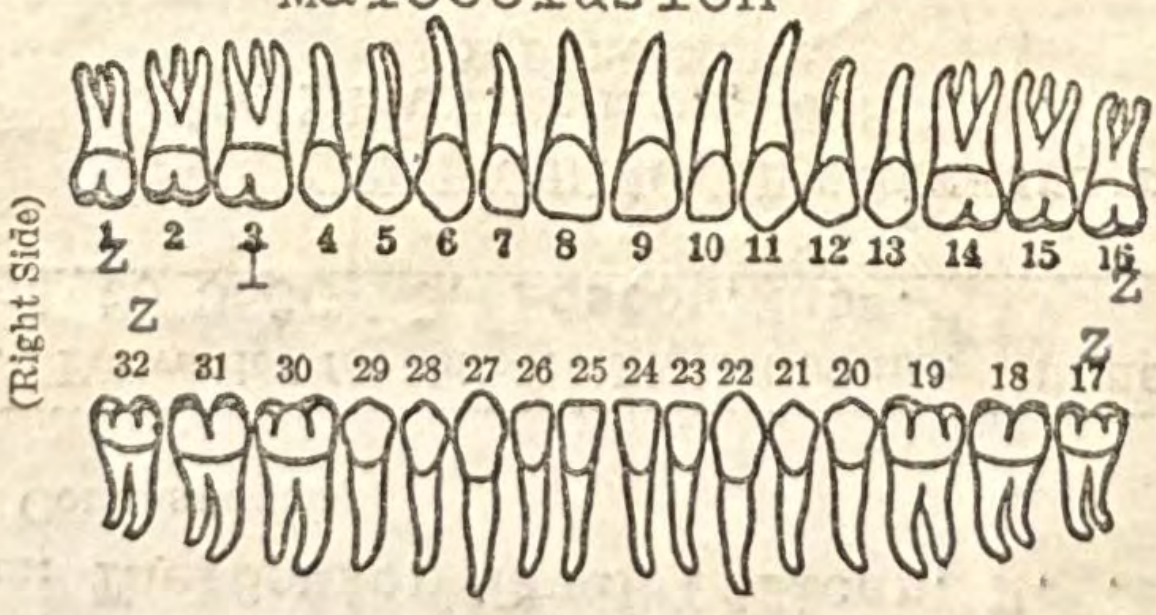
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

Malocclusion



Gums Normal Temperature 37.2

Height 66 inches. Weight (stripped) 148 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 112 Diastolic 80

Pulse before exercise 76, after exercise 84, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.025

Blood cells ____ Pus cells ____ Casts ____

Blood (if indicated) Hb ____% Reds ____ Whites ____

Wassermann or Kahn test: Date 11/5/42 Result ____

16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name GAMMON, Linwood M. Service Number 553-633
(Surname first)

Age: Years 35 Months 6 Color White

For: Regular: Reserve: Enlistment
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Mo.M.M. 1c.

Place Portland, Me. Date 8/21/42

Personal Medical History Pneumonia, Measles, Mumps, Whooping Cough, Tonsillectomy, Appendectomy

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

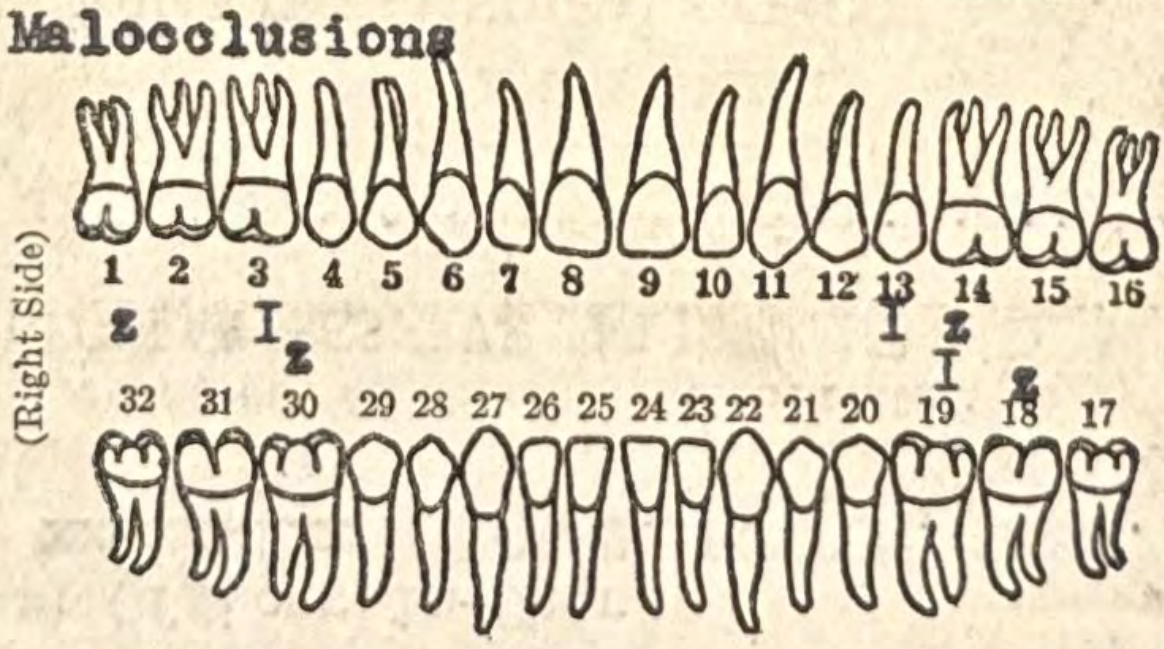
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

Malocclusions



Gums Normal Temperature 37.0

Height 66½ inches. Weight (stripped) 142 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 38 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 124 Diastolic 80

Pulse before exercise 80, after exercise 104, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia Sp. Gr. 1018

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 8/21/42 Result Negative

16—27070-1

REMARKS: ---

CERTIFICATE

~~I~~ } certify that { ~~I~~ } have personally made this physical examination and find that Linwood M. Gammon

He is physically qualified for ---
(Enlistment, appointment, promotion)

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

He is not physically qualified for Enlistment

on account of Malocclusions

Edward R. Pelikan *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

28 August, 1942
(Date)

Place REC.~~HOSP~~.STA., PORTLAND, MAINE

From: Officer-in-Charge

To: ~~Commandant~~ DMOIND, BOSTON, MASS.

---

1. Forwarded for action. Present status:

REGULAR RESERVE ENLISTMENT

George Fornash
GEORGE FORNASH, C.W.T., (a) Pro.
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington. Boston, Mass.,
31, August, 1942
(Date)

The findings of the certificate are not approved ---

WAIVER GRANTED HD, 8-11-42, #111500

By direction of the Surgeon General:

W. W. Armundus
Medical Director, U.S. Public Health Service.
District Medical Officer.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1942 16—27070-1

6-31

Orig. 3

FILE

COAST GUARD RESERVE

CODE SHEET FOR ENLISTED MEN

CARD #1

Name Frame, Donald Warren 45

Reserve District ..... Card No. 1 7-12

Service No. 5-84-135 Rate 023 Date of Enl. 08 2
Mo. Yr.

Date of exp. of enl. 08 5 Term of extension ..... Char. of enl. 0-1
Mo. Yr.

Prior Coast Guard Service ..... Army Service ..... Navy Service .....
Yrs. Mos. Yrs. Mos. Yrs. Mos.

Marine Corps Service ..... Total Service ..... Pay Period 0
Yrs. Mos. Yrs. Mos. Days

Next Pay Period 06 5 Pay Grade 9 Termination of Service .....
Mo. Yr.

Date of Termination .....
Mo. Yr.

CARD #2

Place of Original Enl. 046 Nativity 046 Citizenship 0 Color 6

Marital Status 0 Education 6 Trade ..... Special Training .....

Date of Birth 06 26 21 Campaign ..... Commissioned Service .....
Mo. Day Yr.

Unit .....

SHEEHAN

Form NCG-2678
June 1938

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION PORTLAND, MAINE
(Place)

22 August, 1942, 19
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: HENLEY KIMBALL CO., 380 FOREST AVE., PORTLAND, MAINE
(Name) (Address)

The man whose name appears below states he was (employed)—(taught) by you at

HENLEY KIMBALL CO., (Firm)—(School), 380 FOREST AVE., PORTLAND, MAINE (Place)

Mechanic, 16 years.
(as)—(in grade)

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.

GEORGE FORNASH, C.W.T., (a) Pro.
Recruiting Officer.

(Name of applicant) LINWOOD MILBURN GAMMON
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—(charge)? Yes (Yes—No) When? 1926, 19____, to To Date, 19____ Where? ____ As Mechanic

What was his (weekly wage)—(scholastic record)? 45.90

Why did he (leave)—(quit)? ____

How do you rate his—

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?	X		
General intelligence?	X		
Ability?	X		
Skill as a Mechanic?	X		

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.

The Henley-Kimball Co.
(Signature of reference)
S. B. Carans

Aug 26.1942, 19____
(Date)

(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746-1

Form NCG-2678
June 1938

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION PORTLAND, MAINE
(Place)

22August, 1942, 19
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: REGISTRAR, DEERING HIGH SCHOOL, STEVENS AVE., PORTLAND, MAINE
(Name) (Address)

The man whose name appears below states he was (employed)—(taught) by you at

DEERING HIGH SCHOOL, (Firm)—(School), STEVENS AVE., PORTLAND, MAINE (Place)

ATTENDED TWOYEARS, FINISHED 1923
(as)—(in grade)

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.

George Fornash
GEORGE FORNASH, C.W.T., (a) Pro.
Recruiting Officer.

(Name of applicant) LINWOOD MILBURN GAMMON
(Filled in by recruiting officer)

Are you related to the applicant? _____

Was the applicant ever in your (employ)—(charge)? _____ When? _____, 19____, to
(Yes—No)

_____, 19____ Where? _____ As _____

What was his (weekly wage)—(scholastic record)? Scholastic records destroyed in fire

Why did he (leave)—(quit)? Graduated

How do you rate his—

	CHECK ONE			
	Good	Average	Poor	
Trustworthiness?				
General intelligence?				
Ability?				
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 _____

What was his reputation and standing when in your (employ)—(charge)? _____

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars _____

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.

_____
(Signature of reference)

_____, 19____ _____
(Date) (Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746-1

UNITED STATES COAST GUARD.
Recruiting Sub-Station.
Portland, Maine.
9 September, 1942

Local Draft Board No. 3 .

PORTLAND, MAINE

Dear Sirs:

Please be advised that LINWOOD MILBURN GAMMON, of 19 Nevens Street, Portland, Maine has enlisted in the U.S. COAST GUARD RESERVE this date for three (3) years.

Very truly yours,

George Fornash

GEORGE FORNASH.,
C.W.T., (a) (Pro.)

783
702
531

UNITED STATES COAST GUARD
Recruiting Sub-Station
Portland, Maine
13 October, 1942

RECRUITING SUB-STATION

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine
To: GAMMON, Linwood Milburn (553-633) Mo.M.M. 1c., USCGR.

Subject: Orders to active duty, transfer.

Reference: (a) M/D 212323 (August, 1942)

1. Having been placed on inactive duty in the Coast Guard Reserve, you are hereby ordered to active duty this date in the Coast Guard. Upon receipt hereof, proceed to Boston, Mass., in company with and in charge of five (5) other recruits, and upon arrival thereat report to the District Coast Guard Officer, First Naval District, for further assignment to duty.

2. The travel necessary to the execution of these orders is required by the public interest, and is authorized chargeable against Headquarters travel allowance, Symbol No. 51-21. Allowances for subsistence and quarters as prescribed by Article 248, Pay and Supply Instructions are applicable in this case.

3. Transportation Request No. 43,653 and Coast Guard meal Ticket No. 102265, covering the cost of travel and meals for yourself and five (5) others, from Portland, Maine to Boston, Mass., is furnished you herewith. No other expense is deemed necessary for the execution of this order and none is authorized.

4. Departed at 1130 this date.

GEORGE FORNASH

783-702-531 1 st Indorsement Portland, Maine
Recruiting Sub-Station 13 October, 1942

1. Received at 1130 this date.

Linwood Milburn Gammon

783-702-531 2 nd Indorsement Portland, Maine
Recruiting Sub-Station 13 October, 1942

1. I certify that the above-named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he has no claim pending therefor.

George Fornash
GEORGE FORNASH

783
702
531

RECRUITING SUB-STATION.

UNITED STATES COAST GUARD
Recruiting Sub-Station,
Portland, Maine.

From: Officer-in-Charge, Recruiting Sub-Station., Portland, Maine.
To: CAMMON, Linwood Milburn (553-633) Mo. M.M. 1/c. USCGR.

Subject: Orders; Assignment to active duty.

Reference: (a) H/L P-702 (21 January, 1942.)

1. Having been enlisted in the Coast Guard Reserve and placed on inactive duty, you are hereby ordered to report this date at 8:00 A.M. on 13 October, 1942 at 477 Congress St. Chapman Building, Portland, Maine, for assignment to active duty.

2. It is suggested that you bring a small amount of money for such things as stamps, soap, cigarettes, etc., to last until your first pay day. You should bring your shaving gear and toilet articles. Do not bring any radios or cameras. It will not be necessary for you to take a large amount of clothing with you, because you will be outfitted at the station you are transferred to. It is suggested that you come neatly but not elaborately dressed.

George Fornash

GEORGE FORNASH,
C.W.T., (a)Pro.)

783
702
531

RECRUITING SUB-STATION

UNITED STATES COAST GUARD
Recruiting Sub-Station
Portland, Maine

3 October, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine
To: GAMMON, Linwood Milburn (553-633) Mo.M.M. 1c., USCGR.

Subject: Change of orders,

1. You are hereby ordered to disregard all orders received by you from this office up to the present time.

2. Your present inactive duty period has been extended for an indefinite time. You will remain on inactive duty until further notice from this office.

GEORGE FORNASH,
C.W.T.,(a) Pro.

783
702
531

RECRUITING SUB-STATION.

UNITED STATES COAST GUARD
Recruiting Sub-Station.
Portland, Maine.
9 September, 1942

From: Officer-in-Charge., Recruiting Sub-Station., Portland, Maine.
To: GAMMON, Linwood Milburn (553-633) Mo.M.M. 1c.,USCGR.

Subject: Orders; Assignment to inactive duty.

Reference: (a) H/L P-702 (21 January, 1942)

1. Having been enlisted in the Coast Guard Reserve this date, you are hereby ordered to inactive duty in the Coast Guard without pay. You will report to this office at 477 Congress Street, Chapman Building, Portland, Maine at 8:00 A.M. on Friday, 9 October, 1942.

2. No travel at Government expense is authorized.

3. Departed this office at 1130 this date

GEORGE FORNASH.

783-702-531
Recruiting Sub-Station

1 st. Indorsement

Portland, Maine.
9 September, 1942

1. Received at 1130 this date.

Linwood Milburn Gammon

783-702-531
Recruiting Sub-Station,

2 nd. Indorsement

Portland, Maine.
9 September, 1942

1. I certify that the above-named man has executed the required affidavit stating that he does not draw a pension, disability allowance, disability compensation, or retired pay from the Government of the United States, and that he does not have a claim pending therefor.

GEORGE FORNASH.

7830

U. S. COAST GUARD
RECRUITING SUB-STATION
477 CONGRESS ST.
ARCADE-CHAPMAN BLDG.
PORTLAND, MAINE.
21 August, 1942

From: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.
To: District Coast Guard Officer, First Naval District.

Subject: CAMMON, Linwood Milburn : assignment of enlistment rating.

Reference: (a) Headquarter's circular letter 21 January, 1942.

1. It is requested that the subject named man be interviewed and examined for enlistment rating and his qualification therefor indicated on first indorsement hereof.

George Fornash
GEORGE FORNASH.,C.W.T.

7830 1st. Indorsement First Naval District
Portland, Maine.

From: District Coast Guard Officer, First Naval District.
To: Officer-in-Charge, Recruiting Sub-Station, Portland, Maine.

1. Returned. Subject named man has been examined and is hereby certified to be qualified for enlistment rating of Mo.M.M. 1/c.

/s/ C. O. HEKLEBURG
CHIEF MACHINIST

1942 NOV 4 PM 4 17

3 — File 12

District Coast Guard Training Station
Provincetown, Massachusetts
3 November, 1942

Order No. 6725.
From: Commanding Officer, District Coast Guard Training Station, Provincetown, Massachusetts.
To: GAMMON, Linwood M.(553-633)Mo.M.M.1c.(R)

Subject: Orders; transfer; travel.

Reference: DCGO IND, Dispatch.

1. Upon receipt hereof proceed with and in charge of below named men to the District Coast Guard Office, First Naval District, 40 Broad Street, Boston, Massachusetts for further assignment to duty.

ASH, Joseph T.(595-652)Cox.(R)
LARSEN, Carlo J.(595-860)S.C.1c.(R)

2. The travel necessary to the execution hereof, is to be by Government conveyance.

3. Delivered and departed at 0530 this date.

R.E. STRUBLE

Copy to:
Headquarters
Dist. Pay Office
Dist. Personnel Office
File

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GAMMON, Linwood S.	553-633	MoMM1c (R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Depot (01-038)	Egg Rock Lt Station (01-043)	Southwest Harbor, Me.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT

DATE 24 April, 1946

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

TIME 0930

DATE 24 April, 1946

TRANSFERRED TO: CGRU, Constitution Wharf, Boston, Mass.

FOR Processing prior to discharge.

AUTH: C1CGD/0/No.46167 4-18-46

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PER-[illegible]

DUTY CODE NO. AUTH:

E. L. Silva

E. L. SILVA, Lieut., USCG.

(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

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

No. 6

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
GAMMON, Linwood M.	(553-633)	Mo.M.M.1c.(R)
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
SECTION CG OFFICE,		So.Portland,Me.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
01-093		25 April 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1130
DATE 15 April 1946
TRANSFERRED TO: CG DEPOT, Southwest Harbor, Maine,
FOR resumption of regularly assigned status at that unit.

AUTH: SCGO-So.Portland,Me. Ind-2, 4/15/46 on CG DEPOT, Southwest Harbor/L 4/2/46 (73-783-531).

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

NO PUSTING REQUIRED

DUTY CODE NO. AUTH:

ORA DOYLE, Lieut. Comdr., U.S.C.G.,
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

SEE LIST BELOW --- ---

SEPCEN/1

Boston, Mass.

29 April, 1946

0910
4/29/46

CGRecSta, Boston, Mass.
Discharge.

L/CO CGRedSta, Boston, Mass. file:73-783-531-701

ROUHART, Alton H. 617-029 CBM
GLEASON, Carrol C. 3005-176 CBM
PASQUILL, Leonard L. 223-215 MM1c
AGISOTELIS, James G. 619-755 StM1c
CRANE, William J. 619-742 SoM2c
YORK, Charles W. 705-594 S1c
GREENHALGE, Leonard 553-633 S1c
FORTE, Constabilo Jr. 686-931 S1c
QUINN, Everett W. 616-200 BM1c
GAMMON, Linwoee 553-633 MoMM1c
DAVIS, Nathaniel 220-873 BM2c
VACCA, James F. 685-080 S1c
MC GRATH, Edward J. 660-567 S1c
LAFFIN, John E. 619-953 S1c
EVERSON, Walter F. 686-972 S2c

M. MERKO Lieut., USCG
By direction

EXAMINED PEA-E

PEA-E
16

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

GAMMON, Linwood M. (553-633) DIST.C.G.TRAINING STATION Mo.M.M.1c(R) PROVINCETOWN,MASS.

(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Provincetown,Mass., Date 30 October, 1942

To: C/O DIST.TRAINING STATION (Coast Guard unit)

PROVINCETOWN,MASS. (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
Small-Pox Inoc.	0119	10-16-42	10-16-42
Anti-Tetanic Inoc.(1)	0121	10-20-42	10-20-42
Typhoid Inoc.(1)(2)(3)	0122	10-16-42	10-30-42
Abrasion of right heel	4001	10-17-42	10-27-42

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

Not concluded because of transfer.

CONDUCT REPORT:

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

D.H.HIEBERT, A...SURG., 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

FILE C.M.

FOLLOW INSTRUCTIONS ON BACK

GAMMON, Linwood (553-633) DIST.C.G.TRAINING STATION MoM.M.1c(R) PROVINCETOWN,MASS.
(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 Provincetown,Mass., Date 16 October, 19 42

To: MEDICAL OFFICER,U.S.PUBLIC HEALTH SERVICE
PROVINCETOWN,MASS.

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 DIST.C.G.TRA.STA. PROVINCETOWN,MASS.

Linwood M. Gammon (Signature of patient)

G.S.PARKER, Lieut.(j.g.) U.S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place ~~Provincetown,Mass.~~, Date 16 October, 19 42

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 Relief Station Provincetown,Mass {~~*hospital~~ / *office} on 16 October, 1942

D.H.Hiebert

D.H.HIEBERT, A.A.SURG., U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

RECRUITING SUB-STATION., (Unit) PORTLAND, MAINE. (Place)

9 September, 1942. (Date)

From: GAMMON, Linwood Milburn(553-633) Mo.M.M.1c. USCGR.
To: COMMANDANT, (Via, Officer-in-Charge.)

1. In the enent 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.

EVELYN LOUISE GAMMON — 19 NEVENS ST., PORTLAND, MAINE.
(Full name of wife, if not married, so state) (Address of Wife)

NONE
(Full name of child, if none, so state) (Address of Child)

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

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

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

MYRTLE MAE GAMMON — MOTHER — 61 ELMWOOD ST., PORTLAND, MAINE.
(Full name of relative) (Relationship) (Address of Relative)

POTENTIAL
(State briefly wherein dependency exists)

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

WILLIAM GAMMON — FATHER — 61 ELMWOOD ST., PORTLAND, MAINE.
(Full name of relative) (Relationship) (Address of Relative)

POTENTIAL
(State briefly wherein dependency exists.)

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

Subscribed and sworn to before me
This 9 th. day of September 19 42. :

A.F. Jones
A.F. JONES.,
(Signature)
Lieut. U.S.C.G.
(Title)

Linwood Milburn Gammon
(Signature)
LINWOOD MILBURN GAMMON

Mo.M.M.1c. USCGR.
(Rating)

NAV. S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 9,016,953

SUPERSEDES AUTH. NO.

SERVICE NO. ON PREVIOUS AUTH.

☐ SUPERSEDING
☐ SUPPLEMENTAL
☐

GAMMON, Linwood M. (553-633) Mo.M.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE | SERVICE NUMBER | RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Evelyn L. Gammon, 68½ Ledge Lawn Avenue, Bar Harbor, Maine.	Wife		
A		1	Alan W. Gammon	Son	8	45

BUREAU OF PERSONNEL COPY

T MAY 46
DIS 5-1-46
Ltr 2558

COMPUTED BY REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Sept.,1945
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 9 December, 1945

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, FA Section

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

Sept 45

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD DEPOT, Southwest Harbor, Maine.	9-12-45	10 October 1942

9.016 / 353

☒ BUREAU OF NAVAL PERSONNEL ☐ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GAMMON	Linwood	Milburn	553-633	MoMM1c(R).

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	EVELYN LOUISE GAMMON	Wife				
2		ALAN WAYNE GAMMON	Son	8	45	oh	
3		68½ Ledge Lawn Ave, Bar Harbor, Maine					
4							
5							
6							

1 MAY 46 DIS 5-1-46

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include*

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

Sept 45

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
COAST GUARD DEPOT, Southwest Harbor, Maine.	9-12-45	10 October 1942 9.016 953

☐ BUREAU OF NAVAL PERSONNEL ☐ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE CORPS

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
GAMMON	Linwood	Milburn	553-633	MoMM1c(R).

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	EVELYN LOUISE GAMMON	Wife				
2		ALAN WAYNE GAMMON	Son	8	45	nh	
3		68½ Ledge Lawn Ave, Bar Harbor, Maine					
4							
5							
6							

RECEIVED 1 MAY 46 DLS 5-1-46

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Portland, Maine	6-13-41	☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
☐ YES ☐ NO	☐ DEATH ☐ DIVORCE ☐ ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me this 12th *day of* September 19 45

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

E. L. Silva
E. L. SILVA, Lieut. USCG
(Signature of attesting officer)

Commanding Officer
(Title)

Linwood Milburn Gammon
(Signature of Serviceman)
MoMM.1c

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

CITY OF PORTLAND, MAINE

Record of Marriage

Name of Groom Linwood Milburn Gammon

Residence Portland, Maine

Name of Bride Evelyn Louise Welch

Residence Portland, Maine

Place of Marriage Portland, Maine

Date of Marriage June 13, 1941

Married By Cornelius E. Clark, Clergyman

Date of Record June 1941

Recorded by A. Edwin Smith, CITY CLERK.

City Clerk's Office, City of Portland, November 8, 1945

I, A. EDWIN SMITH, hereby certify that I hold the office of City Clerk, of the City of Portland, County of Cumberland, and State of Maine, that I have the custody of the record of marriages of said city, and that the above is a true copy of the record of said marriage.

IN TESTIMONY WHEREOF, *I have hereunto affixed my signature, and the seal of the City of Portland, this* Eighth *day of* November *A. D.* 1945

A. Edwin Smith

CLERK OF THE CITY OF PORTLAND.

Form T-1

RECORD OF A BIRTH

Place of Birth Bar Harbor,Me.

Street M.D.I.Hospital No.

Child's Name Alan Wayne Gammon

Date of Birth August 29,1945

Sex Male Color White

Living or Stillborn Living

No. of Child, 1st, 2nd, etc. 1st

No. of children of this mother now living 1

Father's Name Linwood Melbourne Gammon

" Color or Race White Age 38

" Birthplace Fryeburg,Me.

" Residence Bar Harbor,Me.

Street Ledgelawn Ave No. 70

Father's Occupation U.S.Coast Guard

Mother's Maiden Name Evelyn Louise Welch

" Color or Race White Age 26

" Residence Bar Harbor,Me.

" Birthplace Bath,Me.

" Occupation Housewife

Name and address of Physician (or other person) reporting said birth.

Chas.C.Morrison,M.D-Bar Harbor,Me

Date when received by Town Clerk 9/7/1945

State of Maine

I hereby certify that the above birth record is correct to the best of my knowledge and belief.

Harold P. Whitmore

Clerk of Bar Harbor,Me.

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.



ADDRESS REPLY TO
THE COMMANDANT (PMM)
REFER TO FILE: CG-73

BOSTON DISTRICT
RECEIVED
NOV 5
U.S. COAST GUARD

1 November, 1945 REC'D NOV 30 1945

To: CO, CG Depot, Southwest Harbor, Maine

Via: DCGO, 1st Naval District

Subj: Gammon, Linwood M. (553-633), Mo.M.M.1c(R); FA; application for

1. Reference is made to subject man's application dated 12 September, 1945, for the payment of a monthly FA to his wife, Evelyn L. Gammon, in behalf of herself and his son, Alan W. Gammon.

2. It is requested that subject man be instructed to inform HQ of the permanent mailing address of his wife inasmuch as this information was not given on his application for FA.

3. Subject man should be instructed also to furnish HQ with a certified copy of his certificate of marriage and a certified copy of the birth certificate of his son.

L. H. MORINE
By direction

RECEIVED
NOV 6 1945
U. S. COAST GUARD DEPOT
SOUTHWEST HARBOR, MAINE

Ind-1
DCGO 1ND (pmm)
5 November, 1945

To: CO, CG Depot, Southwest Harbor, Maine

STEPHEN HAINE
By direction

Ind-2
CG DEPOT, Southwest Harbor, Maine
27 November, 1945.

To: COMMANDANT (PMM-CG-73)

1. In accordance with basic communication birth and marriage certificates are forwarded herewith.

2. You are advised that the permanent mailing address of subject man's wife is:
Mrs. Linwood M. Gammon
68½ Ledge lawn Avenue
Bar Harbor, Maine

E. L. Silva

E. L. SILVA, Lieut. USCG
Commanding Officer

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
PROVINCETOWN	A.T. T.Y. & S.P.Inoc;Abrasion of	10-16-42		
	right heel		10-27-42	OP
BUZZARDS BAY M	Lipectomy, lt. scapular area	4-26-44	4-28-44	IP

NAME CAMMON, Linwood M.

SERVICE NO. 553-633

N. C. G. 9541A

GAMMON, Linwood Milburn
(NAME)

553-633
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

131319

BIRTH, DATE OF 15 Feb. 1907
BIRTH, PLACE OF Fryeburg, Me.
CITIZENSHIP N

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
RO. BOSTON						ORIG. ENL. REGULAR RESERVE 3 YEARS OR D. O. E. AUTH.
ACC. PORTLAND x	9-9-42	Mo. M. M. 1c.				INACTIVE DUTY
R.O. Boston Senior Naval officer		Mo. M. M. 1C.				Called to active duty
Inst. of Tech - Mass.	11-13-42	Mo. M. M. 1C				Tr.
Northport Sta. (NYD)	11-28-42	Mo. M. M. 1C				Tr.
COTP Boston	2-1-43	Mo. M. M. 1C				Tr. Captiva Mode Perm 3-12-43
COTP Cape Cod	3-18-43	Mo M M 1C				to Captivity
So. West. Harbor Dept	12-4-44	Mo M M 1C				Tr Egg Rock Light Sta
Coast Gp Base (61)	4-24-46	Mo M M 1C				To Rec Unit
SEPARATION CENTER NO. 1 Boston, Mass.	4-29-46	Mo M M 1C				To
PSC #1, Boston	5-1-46	Mo M M 1C	3	7	23	HD EXP. ENL. PB 94-45

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 DIEBOLD 2116-595

LATEST HOME ADDRESS

68 ½ Ledgelawn Ave.,
Bar Harbor, Me.

ABSENCES NOT CREDITABLE AND CONVICTIONS BY COAST GUARD COURTS

16—26829-1

UNIT	RATE	REASON	FROM—	TO—	YRS.	MOS.	DAYS	REMARKS