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
Holbrook, Samuel		1891 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: 1918 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)		
Lighthouse Service (ME)		
From: 1915	To: 1918	
(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: 2-3007/040261

Attendant Signature:

CMRS Search Request Number(s):

Remarks: Submitted to Arch Search 10/2/24 KH
Soundex #416

'24 NOV 13 AM 11:54:23

SCREENING NOTES

☒ Reviewed and Nothing Removed KH ☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

8/31/1891

Employee Name: HOLBROOK, SAMUEL **DOB:** 1/1/1891, ME

SOUNDEX: H416

Records checked:

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

AND

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

If Negative:

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

If Negative:

CMRS: possible CG service	Area: _____	positive	negative
ARCIS: _____	Area: _____	positive	negative

Notes: **DOS: 1915 TO 1918; DOD: 1/1/1918, ME; LIGHTHOUSE SERVICE, ME**

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON

COMMISSIONERS

BESSIE P. BRUEGGEMAN
CHAIRMAN
HARRY BASSETT
JOHN M. MORIN

WM. McCAULEY
SECRETARY

November 2, 1932

In reply refer to File No. 26750

Mrs. L. O. Hanley, Gdn.,
South Thomaston, Maine.

Dear Madam:

Reference is made to the case of Samuel Holbrook, a former first assistant keeper employed at the Libby Islands Light Station, Bucks Harbor, Maine, who was fatally injured on June 16, 1918.

Inasmuch as Ethel Mae Holbrook became eighteen on October 26, 1932, compensation on her account should cease on October 25, 1932.

A check will go forward to you on November 2, 1932, for $7.33, which represents compensation on account of your ward for the period October 16 to October 25, 1932. Included in this check is the amount of $.04, which represents the adjustment under the amendment to the Compensation Act of February 12, 1927, for the period February 12 to February 15, 1927.

No further compensation will be due you as guardian subsequent to October 25, 1932.

Very truly yours,

VS/ML

W. R. Carpenter

Chief Claim Examiner

Official copy forwarded to The Superintendent of Lighthouses, U. S. Lighthouse Service, Department of Commerce, Portland, Maine.

W. R. Carpenter
Chief Claim Examiner.

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION
THE INTERIOR BUILDING
WASHINGTON

COMMISSIONERS
BESSIE P. BRUEGGEMAN
CHAIRMAN
CHAS. H. VERRILL
JNO. J. KEEGAN

S. R. GOLIBART, JR.
SECRETARY

FIRST DISTRICT.
FEB 16 1925
PORTLAND, MAINE.

In reply refer to File No. 26750

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

February 14, 1925.

Mrs. L. O. Hanley, Guardian,
South Thomaston, Maine.

Dear Madam:

Inasmuch as you were remarried on December 20, 1924, compensation on behalf of your child should be revised to $21.62 per month, effective the date of your remarriage. On February 16 a check will go forward to you covering the period of December 16 to 19, 1924, at the old rate of compensation, plus $40.36 covering the period of December 20, 1924, to February 15, 1925, inclusive, at the revised rate. In the future your semi-monthly checks will amount to $10.81.

Very truly yours,

John J. Keegan

Commissioner.

SCB/ids

Official copy forwarded to The Superintendent of Lighthouses, U. S. Lighthouse Service, Department of Commerce, Portland, Maine.

Commissioner.

Commissioner.

...MPENSATION COMMISSION
...ERIOR BUILDING
WASHINGTON

SUPT. OF LIGHTHOUSES
FEB 16 1925
PORTLAND, MAINE.

S. R. GOLIBART, JR.
SECRETARY

In reply refer to File No. 26750

February 14, 1925.

Mrs. L. O. Hanley,
South Thomaston, Maine.

Dear Madam:

Inasmuch as you were remarried December 20, 1924, compensation on your account ceased December 19, 1924. On February 16, 1925, a check will go forward to you in the amount of $4.03, covering compensation due from December 16 to December 19, 1924, inclusive. No further payments will be made to you as widow.

Very truly yours,

SCB/ids

Commissioner.

Official copy forwarded to The Superintendent of Lighthouses, U. S. Lighthouse Service, Department of Commerce, Portland, Maine.

Referring to the case of Samuel Holbrook, drowned June 16, 1918.

Commissioner.

C F O

CES*TAL

July 3, 1920.

United States Employees' Compensation Commission,
WASHINGTON, D C

Sir:

Re File 26750, letter of June 29, 1920, re information regarding body of Smauel Holbrook, former Assistant Keeper, Libby Islands Light Station, Maine:

I have to inform you that Mr. Holbrook was drowned off Libby Islands Light Station on June 16, 1918 and on September 1, 1918, his body was recovered near his former home, Isle au Haut, Maine. During this time the body drifted in a westerly direction a distance of approximately 67 miles.

Respectfully,

Superintendent of Lighthouses.

E

OFFICIAL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSION

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

1730 D STREET NORTHWEST

WASHINGTON

COMMISSIONERS

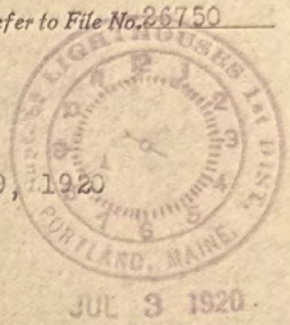
JNO. J. KEEGAN, CHAIRMAN
CHAS. H. VERRILL
MRS. FRANCES C. AXTELL

S. R. GOLIBART, JR.
SECRETARY

In reply refer to File No. 26750

D

June 29, 1920



The Superintendent of Light Houses,
Portland, Maine

Dear Sir:

With further reference to the case of Samuel Holbrook, assistant light keeper, who was drowned on June 16, 1918 off Libby Island Light Station, it is noted that his body was recovered a short time after this man disappeared. Will you kindly furnish this Commission with a statement setting forth the distance between the point where the body was found and where this man fell overboard.

Very truly yours,

Jno J Keegan
Chairman

E:W

DEPT. of LIGHTHOUSES 1st DIST. PORTLAND, MAINE.
OCT 25 1918

Official copy forwarded to the Lighthouse Inspector, Portland, Maine.

Chairman.

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION
UNION TRUST BUILDING
WASHINGTON

COMMISSIONERS
MRS. FRANCES C. AXTELL
JNO. J. KEEGAN CHAIRMAN
R. M. LITTLE

ARTHUR H. DEIBERT
SECRETARY AND SOLICITOR

In reply refer to File No. 26750

October 23, 1918.



Mrs. Samuel Holbrook,
Gardner Star Route,
Rockland, Maine.

Dear Madam:

Referring to your appointment as guardian of your minor child, Ethel Mae Holbrook, your claim has been approved and an award of $8.63 per month made to you until your daughter dies, marries or reaches the age of eighteen, or if over eighteen years of age and incapable of self-support, until she is able to support herself.

There will be forwarded to you in the course of the next few days, a check in payment of compensation for the period of June 16 to July 15, 1918, inclusive.

There is inclosed herewith a supply of forms to be used in claiming further compensation in your capacity as guardian. It is suggested that you execute one form on November 1 to cover the period of July 16 to October 31, inclusive, and then appear before a United States Administrative Officer in order that he may execute his certificate. The form should then be forwarded in the franked envelope which requires no postage. It will be satisfactory to the Commission for you to have the local postmaster execute the certificate of the Administrative Officer. After the submission of the first form the claims should be submitted on the 1st and 16th of each month to cover the half month immediately preceding and forwarded in accordance with the foregoing instructions.

Very truly yours,

E:EN

Chairman.

Inclosure 5436

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

UNION TRUST BUILDING

WASHINGTON

COMMISSIONERS

R. M. LITTLE
Chairman

Mrs. FRANCES C. AXTELL
Vice Chairman

JNO. J. KEEGAN

ARTHUR H. DEIBERT
Secretary and Solicitor

26750

August 7, 1918.

1st DIST. LIGHTHOUSE INSPECTOR PORTLAND, MAINE.
AUG 9 1918

Mrs. Samuel Holbrook,
Isle au Haut Light Station,
Isle au Haut, Maine.

Dear Madam:

Referring to your claim for compensation on account of the death of your husband, Samuel Holbrook, a former first asst. keeper employed at the Libby Islands Light Station, Bucks Harbor, Maine, your claim has been approved and an award of $30.22 per month made to you during widowhood.

The inclosed supply of forms is to be used in claiming further compensation in your capacity as widow. It is suggested that you execute one form on August 16 to cover the period of July 16 to August 15, inclusive, and then appear before a United States Administrative Officer in order that he may execute his certificate. The form should then be forwarded in the franked envelope which requires no postage. It will be satisfactory to the Commission for you to have the local postmaster execute the certificate of the Administrative Officer. After the submission of the first form the claims should be submitted on the 1st and 16th of each month to cover the half month immediately preceding and forwarded in accordance with the foregoing instructions.

It is suggested that you take the necessary steps to have a guardian appointed for your child and as your appointment as such would doubtless result in the eliminating of certain expenses incident to the appointment of a third party, it is suggested that you qualify as guardian. Certified copies of the guardianship papers should be forwarded to the Commission, at which time the matter of awarding compensation on account of your child will be taken up.

Very truly yours,

E/EH

Commissioner.



Official copy forwarded to the Lighthouse Inspector,
Portland, Maine.

Commissioner.

JCW*GFL

Your File No. 26750.

July 24th, 1918.

U. S. Employees' Compensation Commission,

Union Trust Building, Washington, D. C.

Gentlemen:

In reply to your letter of the 22nd instant, in the case of Samuel Holbrook, First Assistant Keeper, Libby Islands Light Station, Maine:

1. The increase of compensation and allowance for quarters and fuel are considered a part of the pay of his position.

2. It is considered that it was a part of Mr. Holbrook's duties to engage in fishing, since he was located at an isolated station, where it was necessary that he engage in fishing to obtain a part of his subsistence; also as he had no regular hours of employment (See Form C. A. 2, questions 20, 21, and 22) it is considered that he was on duty during the entire 24 hours of the day, unless on leave, which he was not at the time of the accident.

Respectfully,

G. R. S.

Supt. of Lighthouses.

MRS. FRANCES C. AXTELL
JNO. J. KEEGAN CHAIRMAN
R. M. LITTLE

ARTHUR H. DEIBERT
SECRETARY AND SOLICITOR

In reply refer to File No. 26750



July 22, 1918.

The Lighthouse Inspector,
Portland, Maine.

Dear Sir:

Referring to the case of Samuel Holbrook, First Assistant Keeper, Libby Islands Light Station, it is requested that a statement be furnished the Commission showing whether the increase of compensation, and the allowance for quarters and fuel, are considered a part of the pay of the position as First Assistant Keeper, in view of the fact that the initial report in this case gives the rate of pay as $576 per annum with subsistence valued at 30¢ per day.

It is further requested that you state whether or not it was considered a part of Mr. Holbrook's duties to engage in fishing, as he was doing when drowned, and also as to whether or not he was considered on duty during the twenty-four hours of the day.

Very truly yours,

Mrs. Frances C. Axtell
Commissioner.

E/AB

COPY

C. A. 5
Revised to Dec. 10, 1917

CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH

TO BE SUBMITTED TO THE UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, WITHIN ONE MONTH after death occurred. If not so submitted, an explanation of the delay must accompany the claim.

The persons to whom compensation may be paid are:

(a) The widow who was living with or dependent for support upon the deceased employee at the time of his death.
(b) The widower who was dependent upon the deceased employee at the time of her death.
(c) The unmarried children under 18, and those over 18 who are incapable of self-support.
(d) Parents partially or wholly dependent upon the deceased employee for support.
(e) Unmarried brothers, sisters, or grandchildren under 18 years of age, and those over 18 who are incapable of self-support, and who were wholly or partially dependent upon the deceased employee.
(f) Grandparents wholly or partially dependent upon the deceased employee.

Under the law, the term "child" includes stepchildren, adopted children, and posthumous children, but does not include married children. The terms "brother" and "sister" include stepbrothers and stepsisters, half brothers and half sisters, and brothers and sisters by adoption, but do not include married brothers or sisters. All of the above terms and the term "grandchild" include only persons who at the time of the death of the deceased employee are under 18 years of age or over that age and incapable of self-support. The term "parent" includes step-parents and parents by adoption. The term "widow" includes only the decedent's wife living with or dependent for support upon him at the time of his death. The term "widower" includes only the decedent's husband dependent for support upon her at the time of her death. The terms "adopted" and "adoption" as used in this law include only legal adoption prior to the time of the injury.

The claim should be signed by the person making the claim or his duly authorized representative. There should be given the names and addresses of all persons who may be entitled to compensation on account of death, together with the address of the person making the claim, which should be sworn to by the person entitled to compensation, or by the person authorized to act on his behalf.

Oaths of claimants residing in foreign countries should be made before a United States consular officer or secretary of legation; or, if before a local official, a certificate of such United States consular official or secretary of legation showing the authority of the local official to administer oaths should be annexed.

A certified copy of the death certificate should accompany this claim. If, for any reason, it can not be secured, give full explanation at the bottom of this sheet.

If the relationship to the decedent of any person entitled to claim compensation is that of adoption, a certified copy of the order of adoption should accompany this claim.

Itemized bills in duplicate covering the medical and burial expenses should be submitted with the claim.

1. Full name of deceased employee Samuel Holbrook
2. Age 26 3. Sex Male 4. Occupation Assistant Light Keeper
5. Was deceased able to speak English? Yes 6. If not, what language? -----
7. Time of injury: (a) June (Month.) (b) 16 (Date.) (c) 1918 (Year.) (d) 11 a m. (Hour, a. m. or p. m.)
8. Place where injury occurred Off Libby Islands Light Station, Maine (Place or establishment, as "post office," "navy yard," etc.)
9. Nature and extent of injury Death from accidental drowning
10. Date of death June 16, 1918
11. Place where death occurred Off Libby Islands Light Station, Maine
12. Rate of pay of deceased employee at the time of injury which resulted in death, $576.00 per annum base pay, plus $60.00 per annum, increase of compensation, quatters est. at $180. p. a. and subsistence valued at $ 30/100 per day; and fuel valued @ $112.12 per annum: total $1037.62 per annum.
13. Relationship to the deceased of the person claiming to be entitled to compensation Widow
14. Did deceased leave any other relatives entitled to compensation? Yes If so, give names, addresses, age, and relationship below.

(See instructions at top of form for classes of persons entitled to compensation.)

Name.	*Address.*	*Age.*	*Relationship.*
Ethel Mae Holbrook	Isle au Haut, Maine	3 yrs. 9 Mos.	Daughter

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: Mrs. Samuel Holbrook

(Seal Here)

Address: -- -- -- -- -- -- --
(Street and number.)

Isle au Haut, Maine
(City.) (State.)

State of Maine
Hancock } ss:

Subscribed and sworn to before me this 10th day of July, 1918

Percy T. Clark
(Signature of official administering oath.)

Notary Public, State of Maine
(Title.) (In and for.)

My commission expires Oct. 18 1919

9—626

(FORM A)

COPY

STATE OF MAINE

CERTIFICATE OF BIRTH

Child's name — Ethel Mae
Date of birth — Oct. 26 1914
Place of birth — Swan's Island,
Sex — F — Color — W
Living or stillborn — Living
No of child, 1st 2nd, etc. — First
Father's Name — Samuel Holbrook
" Birthplace — Swan's Island — Color W
" Residence — Swan's Island
" Occupation — Fisherman
Mother's maiden name — Bertha V. Royce
" Birthplace — Shrewsbury Mass. — Color W
I. B. Gage — M. D.
Swan's Island, Maine — July 13 1918
Use initial for Sex, Color, etc.
a true copy attest
L. B. Joyce — Town Clerk

Percy T. Clarke
(Signature of official administering oath.)

Notary Public, State of Maine
(Title.) (In and for.)

9—626

(FORM A)

COPY

STATE OF MAINE

CERTIFICATE OF BIRTH

Child's name Ethel Mae
Date of birth Oct. 26 1914
Place of birth Swan's Island,
Sex F Color W
Living or stillborn Living
No of child, 1st 2nd, etc. First
Father's Name Samuel Holbrook
" Birthplace Swan's Island Color W
" Residence Swan's Island
" Occupation Fisherman
Mother's maiden name Bertha V. Royce
" Birthplace Shrewsbury Mass. Color W
I. B. Gage M. D.
Swan's Island, Maine July 13 1918
Use initial for Sex, Color, etc.
a true copy attest
L. B. Joyce Town Clerk

Extract from the revised Statutes

CHAPTER 61

Section 18.
1. The record of birth shall state its date and place of occurence, full christian and surname, if named color and sex of child, whether living or stillborn, and the full christian and surnames, color, occupation, residence and birthplace of parents.

Sect. 19. The attending physician, accoucheur, midwife, or other person in charge who shall attend at the birth of any child, living or still born, within the limits of any town or city of this state, shall report to the clerk of such town or city, within six days thereafter, all the facts regarding such birth, as required in Section eighteen.

Sect 25. Parents shall give notice to the clerk of their city or town of the births or deaths of their children; every householder shall give notice of every birth or death happening in his house; the eldest person, next of kin, shall give such notice of the death of his kindred; the keeper of a workhouse, house of correction, prison, almshouse, hospital, or other institution, and the master or other commanding officer of a ship, shall give like notice of every birth or death happening among the persons under his charge.

The penalty section of this act, section 37, provides that if any person shall wilfully neglect or refuse to perform the duties imposed in the foregoing sections, it shall be a misdemeanor, and he shall be fined not more than $100 for each offense.

B

STATE OF MAINE

COPY

CERTIFICATE OF MARRIAGE

The laws of Maine provide for a fine not exceeding one thousand dollars, or imprisonment not exceeding five years to be the punishment of any clergyman or other person, who shall solemnize a marriage within the state unless commissioned or authorized by the Governor of Maine to solemnize marriages.

NO._____

1. Full name of groom, Samuel Holbrook
2. Age, 22 3. Color, W. 4. Occupation, Fisherman
5. Place of residence, Isle au Haut, Maine
6. Birthplace, Swans Island, Maine
7. Single, widowed or divorced, Single 8. Number of marriage, 1st
9. Father's Name, Elmer F. Holbrook(s)
10. Color W 11. Occupation, FLight Keeper
12. Residence, Isle au Haut, Maine
13. Birthplace, Swans Island, Maine
14. Mother's Maiden Name, Emma Amandy Stanley
15. Color, W 16. Occupation, Housewife
17. Residence, Isle au Haut, Maine
18. Birthplace, Swans Island, Maine

19. Full name of bride, Bertha V. Royce
20. Age, 21 21. Color W 22. Occupation, Machine Opr.
23. Residence, Belfast, Maine
24. Birthplace, Shrewsbury, Mass.
25. Single, widowed or divorced, Single. 26. Number of marriage, 1st
27 Father's name, Limon H. Royce not living
28. Color W 29 Occupation, Teamster
30. Residence --- --- ---
31. Birthplace, Rutland, Vt.
32. Mother's maiden name, Annie L. Deware
33. Color, W 34. Occupation, Housekeeper
35. Residence, Belfast, Maine
36. Birthplace, Yarmouth, Nova Scotia

TOWN CLERK'S OFFICE, TOWN of Isle au Haut 19 13

The intentions of Marriage between the parties above named were duly entered in this office, on the thirteenth of September A.D. 1913 and by me recorded according to law.

A true and attest copy Llewellyn Rich, TOWN CLERK

The parties above named were joined in marriage at Belfast Me. by me this Sixteenth day of October A.D. 1913
Rev. W. F. Sturdivant Clergyman or Justice of the Peace
Date of my commission from the Governor of Maine _____
Residence, Belfast, Maine

If other than White, (A) African,(M) Mulatto,(I) Indian, if other races, specify what. (Be very particular to fill all blanks. See other side of this page.)

SPECIAL NOTICE

This Certificate of the Clerk must be presented to the person who is to solemnize the marriage, before the ceremony is performed.

Every person authorized to unite persons in marriage shall make a record of every marriage solemnized by him, in the manner prescribed by law, and within SIX DAYS thereafter he shall deliver or forward to the Clerk of each town or city in which the marriage intention was recorded a copy of such record of marriage.

A similar return must also be made to the Clerk of the town or city in which the marriage was solemnized.

A penalty of not more than ONE HUNDRED dollars is incurred for violation of these provisions.

Chapter 61, Revised Statutes.

COPY

C. A. 5
Revised to Dec. 10, 1917

CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH

TO BE SUBMITTED TO THE UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, WASHINGTON, D. C., through official channels, WITHIN ONE MONTH after death occurred. If not so submitted, an explanation of the delay must accompany the claim.

The persons to whom compensation may be paid are:

(a) The widow who was living with or dependent for support upon the deceased employee at the time of his death.
(b) The widower who was dependent upon the deceased employee at the time of her death.
(c) The unmarried children under 18, and those over 18 who are incapable of self-support.
(d) Parents partially or wholly dependent upon the deceased employee for support.
(e) Unmarried brothers, sisters, or grandchildren under 18 years of age, and those over 18 who are incapable of self-support, and who were wholly or partially dependent upon the deceased employee.
(f) Grandparents wholly or partially dependent upon the deceased employee.

Under the law, the term "child" includes stepchildren, adopted children, and posthumous children, but does not include married children. The terms "brother" and "sister" include stepbrothers and stepsisters, half brothers and half sisters, and brothers and sisters by adoption, but do not include married brothers or sisters. All of the above terms and the term "grandchild" include only persons who at the time of the death of the deceased employee are under 18 years of age or over that age and incapable of self-support. The term "parent" includes step-parents and parents by adoption. The term "widow" includes only the decedent's wife living with or dependent for support upon him at the time of his death. The term "widower" includes only the decedent's husband dependent for support upon her at the time of her death. The terms "adopted" and "adoption" as used in this law include only legal adoption prior to the time of the injury.

The claim should be signed by the person making the claim or his duly authorized representative. There should be given the names and addresses of all persons who may be entitled to compensation on account of death, together with the address of the person making the claim, which should be sworn to by the person entitled to compensation, or by the person authorized to act on his behalf.

Oaths of claimants residing in foreign countries should be made before a United States consular officer or secretary of legation; or, if before a local official, a certificate of such United States consular official or secretary of legation showing the authority of the local official to administer oaths should be annexed.

A certified copy of the death certificate should accompany this claim. If, for any reason, it can not be secured, give full explanation at the bottom of this sheet.

If the relationship to the decedent of any person entitled to claim compensation is that of adoption, a certified copy of the order of adoption should accompany this claim.

Itemized bills in duplicate covering the medical and burial expenses should be submitted with the claim.

---

1. Full name of deceased employee Samuel Holbrook
2. Age 26 3. Sex Male 4. Occupation Assistant Light Keeper
5. Was deceased able to speak English? Yes 6. If not, what language? -----
7. Time of injury: (a) June (Month.) (b) 16 (Date.) (c) 1918 (Year.) (d) 11 a m. (Hour, a. m. or p. m.)
8. Place where injury occurred Off Libby Islands Light Station, Maine (Place or establishment, as "post office," "navy yard," etc.)
9. Nature and extent of injury Death from accidental drowning
10. Date of death June 16, 1918
11. Place where death occurred Off Libby Islands Light Station, Maine
12. Rate of pay of deceased employee at the time of injury which resulted in death, $576.00 per annum base pay, plus $60.00 per annum, increase of compensation, quarters est. at $180. p. a. and subsistence valued at $ 30/100 per day and fuel valued @ $112.12 per annum: total $1037.62 per annum.
13. Relationship to the deceased of the person claiming to be entitled to compensation Widow
14. Did deceased leave any other relatives entitled to compensation? Yes If so, give names, addresses, age, and relationship below.

(See instructions at top of form for classes of persons entitled to compensation.)

Name.	*Address.*	*Age.*	*Relationship.*
Ethel Mae Holbrook	Isle au Haut, Me.	3 yrs. 9 Mos.	Daughter

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: Mrs. Samuel Holbrook

(Seal Here)

Address: -- -- -- -- -- -- (Street and number.)

State of Maine
Hancock } ss: Isle au Haut, Maine (City.) (State.)

Subscribed and sworn to before me this 10th day of July, 1918

Percy T. Clark (Signature of official administering oath.)

My commission expires Oct. 18 1919

Notary Public (Title.), State of Maine (In and for.)

9—626

AFFIDAVIT IN SUPPORT OF CLAIM OF WIDOW OR WIDOWER.

(If there is no surviving widow or widower, but there are children living under 18 years of age, the guardian of such children should fill out first and second pages of this form, omitting only information called for by questions 2, 3, and 4 on this page.)

NOTICE. Section 39 of the Compensation Act of September 7, 1916, provides that whoever makes, in any claim for compensation, any statement, knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than $2,000, or by imprisonment for not more than one year, or by both such fine and imprisonment.

AFFIDAVIT IN SUPPORT OF CLAIM under the provisions of the Compensation Act of September 7, 1916, is hereby made by the undersigned:

1. Full name of deceased employee Samuel Holbrook

2. Date of marriage to deceased employee October 16, 1913
(A certified copy of the marriage certificate should be attached hereto.)

3. Date of birth of claimant: (a) March [redacted] (Month.) (b) 30th (Date.) (c) 1892 (Year.)

4. Number of children now living who are the issue of said marriage One

5. Number of children now living who were under 18 years of age at time of decedent's death One

6. Full names and dates of birth of children mentioned in reply to Question 5:
(A certified copy of the birth record of each child named herein should accompany this claim.)

Name.	*Date of birth.*
Ethel Mae Holbrook	October 26, 1914

7. Have the above-named children a guardian? --- 8. If so, give name and address of such guardian of each child (and furnish certified copy of appointment as guardian) ---

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: Mrs. Samuel Holbrook

Address: ---
(Street and number.)

Isle au Haut (City.), Maine (State.)

State of Maine
Hancock } ss:

Subscribed and sworn to before me this 10th day of July, 1918 (Seal)

Percy T. Clarke
(Signature of official administering oath.)

Notary Public. (Title.), State of Maine (In and for.)

9—626

My commission expires
Oct. 18th, 1919

AFFIDAVIT IN SUPPORT OF CLAIM OF DEPENDENTS OTHER THAN WIDOW OR WIDOWER AND CHILDREN UNDER 18.

NOTICE. Section 39 of the Compensation Act of September 7, 1916, provides that whoever makes, in any claim for compensation, any statement, knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than $2,000, or by imprisonment for not more than one year, or by both such fine and imprisonment.

AFFIDAVIT IN SUPPORT OF CLAIM under the provisions of the Compensation Act of September 7, 1916, is hereby made by the undersigned:

1. Full name of deceased employee .....

2. Relationship of claimant to deceased .....

3. Date of birth of claimant: (*a*) ..... (*b*) ....
(Month.) (Date.) (Year.)
(If under legal age, claim should be made by guardian.)

4. State amount of support received from deceased during the twelve months immediately preceding the injury resulting in decedent's death: $..... Give the amount and date of each contribution to support .....

5. What was your total income from all other sources during the twelve months immediately preceding the injury resulting in decedent's death? .....

6. What property do you own? State value and where located: .....
Real estate .....
Personal property .....

7. Did you live with the deceased during the year immediately preceding his death? .....

8. State in detail any other facts which will tend to show your dependence upon the deceased employee:

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: .....

Address: .....
(Street and number.)
.....
(City.) (State.)

.....
.....
} ss:

Subscribed and sworn to before me this ..... day of ....., 19

.....
(Signature of official administering oath.)

.....
(Title.) (In and for.)

9—920

PHYSICIAN'S CERTIFICATE.

1. Full name of deceased employee _____
2. Dates on which employee was attended by you _____
3. Date of employee's death _____, 19
4. Direct cause of death _____
5. Contributory cause of death _____
6. Was history of injury given in this case? _____ If so, state it briefly _____
7. In your opinion, was the death of the employee due to such injury? _____
8. Remarks: _____

I HEREBY CERTIFY that the answers to the above questions are true to the best of my knowledge and belief.

_____
(Signature of certifying physician.)

Address _____
(Street and number.)

_____, _____
(City.) (State.)

Date of this certificate, _____, 19

It is important that above certificate be furnished, but if for any cause it can not be secured, give full explanation below and submit such other proof of death as may be obtainable.

The persons whose names are here given were eye witnesses of the said accident namely, Justin Foss, Libby Island Light Station, Starboard, Me., and Wm. Kane, U.S.N.R.F., Headquarters at time (?) Machias, Maine.

CERTIFICATE OF OFFICIAL SUPERIOR.

(If report of death on Form No. C. A. 3 has not been forwarded to the Commission, such report should be made and accompany this claim for compensation.)

I HEREBY CERTIFY that the person on account of whose death the foregoing claim is made was employed by the United States when injured and official report of the death was made on July 3rd, 1918.
(Date.)

(If any circumstances have arisen which alter the conclusions stated in the official report of death, or if the official superior disagrees with any of the statements made in the claim for compensation, it is requested that a full explanatory statement be made below.)

Remarks: I personally visited the scene of this accident and endeavored, by the use of dynamite and by other means, to recover the body of the deceased, but without avail. Mr. Holbrook's body has not yet been recovered, and it seems to be the consensus of opinion among persons familiar with the locality in which he was drowned that it never will be.

_____
(Signature of official superior.)

Superintendent of Lighthouses, First District.
(Title.)

Signed this 16th day of July, 19 18.

at Portland, Maine.

9—1 26

McC-TAB.

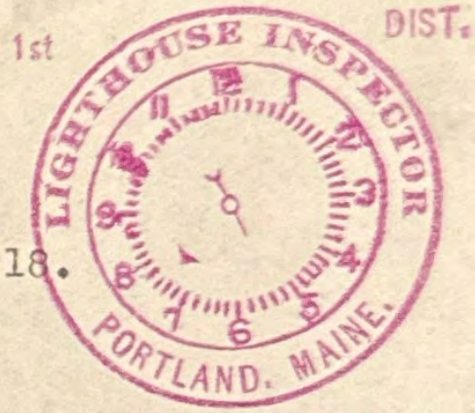
DEPARTMENT OF COMMERCE

BUREAU OF LIGHTHOUSES

WASHINGTON

Samuel Holbrook,
drowning.

July 10, 1918.



JUL 12 1918

Superintendent of Lighthouses, Portland, Me.

Referring to your letter of June 22, 1918, of the accidental drowning of Samuel Holbrook, 1st Asst. Keeper, Libby Island Light Station, Me.

This matter should be reported in the usual way, if not already done, directly to the United States Employees' Compensation Commission, Washington, D.C., for such action as it may deem appropriate to take. Be guided accordingly.

Bowerman

Acting Commissioner

ADDRESS ALL COMMUNICATIONS TO
HOUSE INSPECTOR
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

GFL

July 3rd, 1918.

United States Employees' Comp. Commission,

Union Trust Building, Washington, D. C.

Gentlemen:

Reverting to Form C. A. 2, "Report of Injury", submitted by this office on June 25th in the case of Samuel Holbrook, First Assistant Keeper Libby Islands Light Station, accidentally drowned on June 16th:

The names of further witnesses to this accident, as requested under question 41, are: Harry Coppel, William Kane, and Lloyd Meserve, all members of the U. S. Naval Reserve Force stationed at Libby Islands Light Station, Bucks Harbor, Maine.

Respectfully,

G. L. S.

Supt. of Lighthouses.

ALL COMMUNICATIONS TO
THOUSE INSPECTOR
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1st DIST.
LIGHTHOUSE INSPECTOR
PORTLAND, MAINE.
JUN 27 1918

FIRST DISTRICT

Libby Islands Lt.
(Station, Depot, or Vessel.)

June 25, 1918

Lighthouse Inspector.
Portland. Maine.

Sir:

Your letter of June 24. at hand. and am sending you three names of the men that saw the accident.

Mr Harry Gospel U.S.N.R.F
Mr William Kane " " "
Mr Lloyd Mesleve " " "
Libby Islands Lt Sta-
Stanboard. Maine.

Respectfully.
A. T. Faulkingham
Keeper.

C. A. 3

GFL

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY

(Cross out one.)

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

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Libby Islands Light Station (Arsenal, Navy Yard, etc.) Bucks Harbor (City or town.) Maine (State.)
4. Full name of injured employee Samuel Holbrook
5. Time of injury June 16th, (Date.), 19 18. Sunday (Day of week.) 11 A. (Hour, a. m. or p. m.) m.
6. Time employee stopped work June 16th (Date.), 19 18. " (Day of week.) 11 A. (Hour, a. m. or p. m.) m.
7. Time employee's pay stopped June 16th (Date.), 19 18. " (Day of week.) 12 P. (Hour, a. m. or p. m.) m.
8. First day employee was able to resume work ------- (Date.), 19 ---------- (Day of week.) ---------- (Hour, a. m. or p. m.) m.
9. Did employee return to the same work and at same rate of pay after termination of disability? No.
If so, when? ---------- If not, state character of work performed upon return to duty and rate paid employee for such work ----------
10. Actual time disabled (including Sundays and holidays) ----- days.
11. Number of days for which employee would have received pay had he not been disabled ----- days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? ----- If not, give dates on which subsistence was not furnished -----
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? No.
(b) Sick leave? No. (Give exact dates.)
14. Remarks Accidentally drowned. (Give exact dates.) Twelve and one-half days annual leave to credit.

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

REPORT OF DEATH

15. Time of death June 16th (Date.), 19 18. Sunday (Day of week.) 11 A. (Hour, a. m. or p. m.) m.
16. Place of death Off Libby Islands Light Station, (Name of hospital, establishment, etc.) Bucks Harbor, (City or town, and State.) Maine
17. Immediate cause of death Accidental drowning.
18. Widow of deceased employee Mrs. Samuel Holbrook, Isle au Haut Light Station, Isle au Haut, (Give full name.) (Address.) Maine.
19. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.
Ethel Mae Holbrook	3 yrs, 8 mos.

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

Name.	Relationship.	Address.
No others.		

Signed this 3rd day of July, 19 18,
at Portland, Maine.

G. E. S.
(Official superior.)
Supt., First Lighthouse District.
(Title.)

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

9—629

TERMINATION OF TOTAL OR PARTIAL DISABILITY

(Cross out one.)

1st DIST. LIGHTHOUSE INSPECTOR PORTLAND, MAINE. 29 1918

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

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Libby Islands L. S. (Arsenal, Navy Yard, etc.) Bucks Harbor (City or town.) Me (State.)
4. Full name of injured employee Samuel Holbrook.
5. Time of injury June 16, 1918 Sunday 11 a m. (Date.) (Day of week.) (Hour, a. m. or p. m.)
6. Time employee stopped work June 16, 1918 Sunday 11 a m. (Date.) (Day of week.) (Hour, a. m. or p. m.)
7. Time employee's pay stopped June 16, 1918 Sunday 11 a m. (Date.) (Day of week.) (Hour, a. m. or p. m.)
8. First day employee was able to resume work ——, 19 —— 12 p m. (Date.) (Day of week.) (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? No
If so, when? —— If not, state character of work performed upon return to duty and rate paid employee for such work ——
10. Actual time disabled (including Sundays and holidays) ——
11. Number of days for which employee would have received pay had he not been disabled —— days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? —— If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? No
(b) Sick leave? No (Give exact dates.)
14. Remarks Accidentally drowned (Give exact dates.) 12½ days annual leave to credit.

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

REPORT OF DEATH

15. Time of death June 16, 1918 Sunday 12 a m. (Date.) (Day of week.) (Hour, a. m. or p. m.)
16. Place of death Off Libby Islands L. S. Bucks Harbor Maine (Name of hospital, establishment, etc.) (City or town, and State.)
17. Immediate cause of death accidental drowning
18. Widow of deceased employee Mrs. Samuel Holbrook. (Give full name.) (Address.)
19. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.
Ethel Mae Holbrook	3 yrs. 8 mos.

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

Name.	Relationship.	Address.
No others.		

Signed this —— day of ——, 19——
at ——

(Official superior.)

(Title.)

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

9—629

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY

(Cross out one.)

1st DIST.

LIGHTHOUSE INSPECTOR 12 1 2 3 4 5 6 7 8 9 10 11 PORTLAND, MAINE.

29 1918

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

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Libby Islands L. S. (Arsenal, Navy Yard, etc.) Buck's Harbor (City or town.) Me (State.)
4. Full name of injured employee Samuel Holbrook.
5. Time of injury June 16 (Date.), 19 18 Sunday (Day of week.) 11 a m. (Hour, a. m. or p. m.)
6. Time employee stopped work June 16 (Date.), 19 18 Sunday (Day of week.) 11 a m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped June 16 (Date.), 19 18 Sunday (Day of week.) 12 p m. (Hour, a. m. or p. m.)
8. First day employee was able to resume work ——— (Date.), 19 ——— (Day of week.) ——— (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? No
If so, when? ——— If not, state character of work performed upon return to duty and rate paid employee for such work ———
10. Actual time disabled (including Sundays and holidays) ——— days.
11. Number of days for which employee would have received pay had he not been disabled ——— days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? ——— If not, give dates on which subsistence was not furnished ———
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? No
(b) Sick leave? No (Give exact dates.)
14. Remarks Accidentally drowned (Give exact dates.) 12½ days annual leave to credit.

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

REPORT OF DEATH

15. Time of death June 16 (Date.), 19 18 Sunday (Day of week.) 12 a m. (Hour, a. m. or p. m.)
16. Place of death Off Libby Islands L. S. (Name of hospital, establishment, etc.) Buck's Harbor Maine (City or town, and State.)
17. Immediate cause of death Accidental drowning
18. Widow of deceased employee Mrs. Samuel Holbrook. (Give full name.) (Address.)
19. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.
Ethel Mae Holbrook	3 yrs. 8 mos.

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

Name.	Relationship.	Address.
No others.		

Signed this ——— day of ———, 19———
at ———

(Official superior.)

(Title.)

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

9—629

C. A. 2.
Revised to Oct. 10, 1917. JCW*GFL

REPORT OF INJURY

[To be submitted to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., through official channels, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which results in any loss of time or in any medical treatment.]

Place of employment.

1. Department Commerce [War, Navy, etc.] 2. Bureau or office Lighthouses [Engineer, Navigation, etc.]
3. Place of employment Libby Islands Light Station, Bucks Harbor, Maine. [Arsenal, Navy Yard, etc.] [City.] [State.]
4. Reporting office Inspector, First Lighthouse District, Portland, Maine [Location of reporting office or division headquarters.]
5. Name of superintendent or foreman in charge when injury occurred A. T. Faulkingham

The injured employee.

6. Name of injured employee Samuel Holbrook [Give first name in full.] 7. Age 26 8. Sex Male
9. Home address Swans Island [Street and number.], ----- [City or town.], Maine [State.]
10. Married, ~~Single, Widowed~~ [Cross out two words.] 11. Speak English? Yes 12. If not, what language? -----
13. Was the injury reported to the official superior within 48 hours from time of injury? Yes
14. Was the injury caused by:
   (a) Willful misconduct of the employee? No.
   (b) Intention of employee to bring about the injury or death of himself or another? No.
   (c) Employee's intoxication? No.

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

15. Occupation and division First Assistant Keeper [Give both, as laborer, hull division; helper, machine shop, etc.] 16. Was employee doing his regular work? No. If not, what work? Fishing for subsistence.
17. How long employed at present work? April 20th, 1915.
18. How long at present work in this establishment? April 20th, 1915.
19. Rate of pay, $576. per annum and subsistence valued at $ 0.30 per day
20. Employee begins work at (No regular hours) [Hour, a. m. or p. m.] 21. Day's work terminates See "20" m. [Hour, a. m. or p. m.]
22. Hours worked per day See "20" 23. Days worked per week Seven
24. Date employee stopped work 6/16; day of week Sunday; hour of day 11 A. m. [a. m. or p. m.]
25. Date employee's pay stopped 6/16; day of week Sunday; hour of day 12 P. m. [a. m. or p. m.]

The injury.

26. Date of injury June 16th, 1918 27. Day of week Sunday 28. Hour of day 11 A. m. [a. m. or p. m.]
29. Place where injury occurred Off Libby Islands Light Station, Maine. [Give exact location, as name or number of building and division, etc.]
30. Name of machine, tool, or appliance in connection with which injury occurred
   (a) By what kind of power driven? (b) Hand feed or mechanical?
   (c) Part on which injury occurred
   (d) Was an improved safeguard in use at time of injury?
   If not, is it possible to provide such safeguard?
   (e) Was the machine, tool, or appliance out of order or ill-suited for the work?
   (f) Was employee instructed as to its use?
31. Describe in full how the injury occurred Accidental drowning by upset of boat from which decedent was fishing.
32. State part of body injured and nature and extent of injury, marking upon chart on reverse of this report the site of injury Death.
33. Did injury cause loss of any member or part of member? ----- If so, describe exactly Body not yet recovered.

Medical attendance.

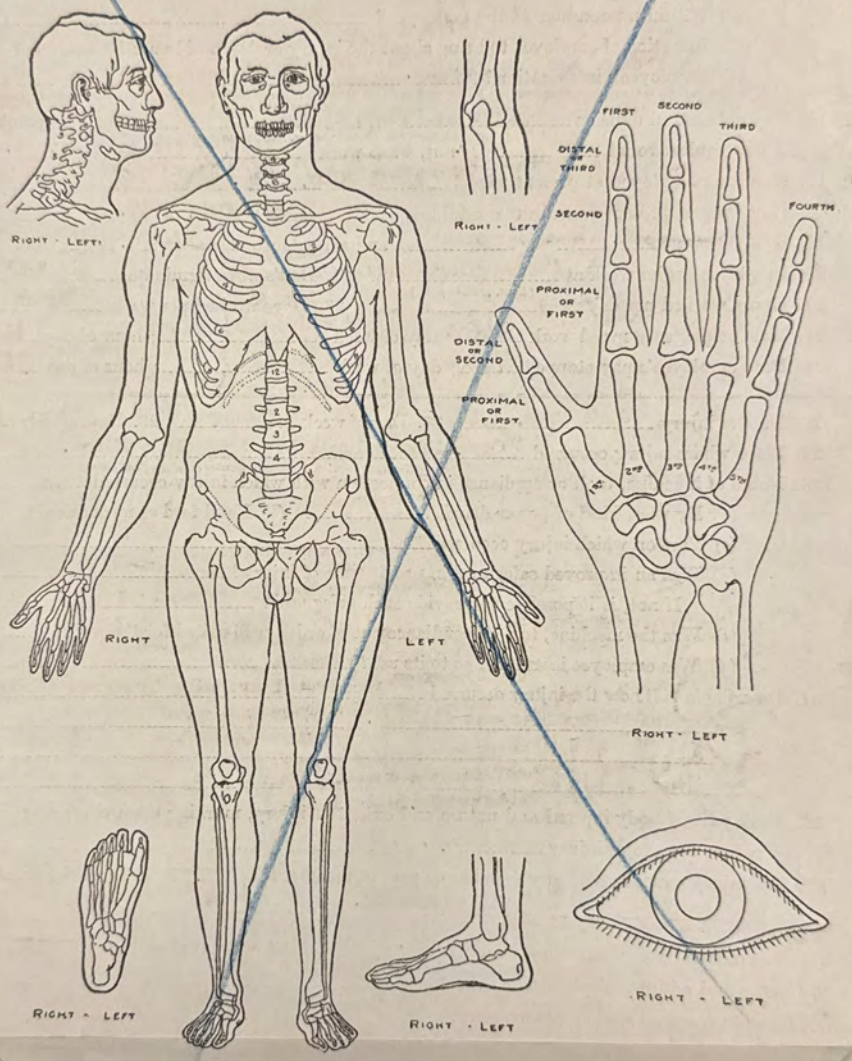
34. Was medical attendance provided? No. 35. How soon after injury? -----
36. Name and address of physician None.
37. To what hospital was employee sent? None.
   Location -----
38. If not sent to hospital, where sent? See "33".
39. Was transportation furnished at Government expense? -----
40. What is the probable length of disability? -----
[If injured employee has already returned to work, give date and hour.]

General.

41. Names and addresses of witnesses to injury
Justin A. Foss, Bucks Harbor, Maine. (Other witnesses to this accident, but names, etc., as yet unknown to this office, to be forwarded when same are received, together with Form C. A. 3.
42. Was employee injured while in performance of duty? Yes. If not, give detailed statement
43. Was the injury caused under circumstances creating a liability upon some person other than the United States to pay damages therefor? No.
[If so, a detailed statement should be forwarded with this report.]

Signed this 25th day of June, 1918.
at Portland, Maine.
[Signature of reporting officer.]
Inspector, 1st Lighthouse District.
[Title.]

9—585 [OVER]


RIGHT - LEFT
RIGHT - LEFT
FIRST
SECOND
THIRD
FOURTH
DISTAL OR THIRD
SECOND
PROXIMAL OR FIRST
DISTAL OR SECOND
PROXIMAL OR FIRST
RIGHT
LEFT
RIGHT - LEFT
RIGHT - LEFT
RIGHT - LEFT
RIGHT - LEFT

CES*GFL

Report of drowning,
Samuel Holbrook.

June 22nd, 1918.

Commissioner of Lighthouses, Washington, D. C.

In reference to my letter of the 19th instant, making report of accidental drowning of Samuel Holbrook, etc., after investigating the matter I have to submit the following report:

Mr. Holbrook and Mr. Justin A. Foss, the Second Assistant Keeper, left the station about 11 A. M. on June 16th for the purpose of fishing. The weather being very fine and the sea smooth they rowed to the south-westerly end of island, and after fishing there for about one hour they were informed by their wives that dinner was ready. They accordingly started to return to the station. Mr. Holbrook was sitting on a thwart, placed by him on the gunwales of peapod, pushing on his oars, while Mr. Foss was in the forward end of boat also rowing. Their attention was attracted by several sea birds which were fighting, and Mr. Foss looked over his shoulder at them, and at this time felt the boat gradually listing over. Upon looking around he saw Holbrook sliding over the side, capsizing the boat. Foss at once jumped over the opposite side and then proceeded to right the boat and climb back into her. Holbrook appeared to be standing straight up in the water a short distance away. There were two pairs of oard and the thwart upon which he had been sitting close to him, and Mr. Foss threw him the boat painter, requesting him to grab it, but Mr. Holbrook did not make any attemp to grab the painter, oars, or thwart. He ramained in this position for about one minute and then sank. Foss paddled the boat to a nearby ledge where the signalmen from the station assisted him in getting out on the ledge. He was later taken from the ledge by the Coast Patrol Boat and landed at the station. He was chilled and bruised but aside from this appeared to be in good condition.

The Keeper, upon his arrival at the station, at once organized a party and set traps and grappled for the body but without avail.

As soon as I received word from Mr. Holbrook's wife by telephone I communicated with the Commanding Officer of the Tender Hibiscus, and made preparations to proceed to the eastward at once. The Hibiscus was at this time lying at Custom House Wharf, Portland, Maine, with a large number of buoys to be set in the eastern part of the district.

I arrived at Libby Islands Light Station at 5.05, A. M., June 17th, and obtained dynamite and necessary apparatus to set same off, thinking perhaps that this would start the body from the bottom. This seemed to be practically all that could be done in the way of recovering the body and the Hibiscus proceeded to the westward at about 4, P. M.

Mr. Holbrook was a man 26 years of age, weighed over 200 pounds, and was over 6 feet tall. He was an excellent boatman, but was unable to swim. The accident happened within 100 yards of the point of the island, and in plain view of the people there. Mr. Holbrook had been in the Service three years the 20th of April, and was considered an excellent First Assistant Keeper. He was a man of excellent character. Mr. Holbrook leaves a wife and one small girl about 3½ years of age.

S.

The Keeper, upon his arrival at the station, at once organized a party and set traps and grappled for the body but without avail.

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S.

Inspector.

CES*GFL

Report of drowning,
Samuel Holbrook.

June 22nd, 1918.

Commissioner of Lighthouses, Washington, D. C.

In reference to my letter of the 19th instant, making report of accidental drowning of Samuel Holbrook, etc., after investigating the matter I have to submit the following report:

Mr. Holbrook and Mr. Justin A. Foss, the Second Assistant Keeper, left the station about 11 A. M. on June 16th for the purpose of fishing. The weather being very fine and the sea smooth they rowed to the south-westerly end of island, and after fishing there for about one hour they were informed by their wives that dinner was ready. They accordingly started to return to the station. Mr. Holbrook was sitting on a thwart, placed by him on the gunwales of peapod, pushing on his oars, while Mr. Foss was in the forward end of boat also rowing. Their attention was attracted by several sea birds which were fighting, and Mr. Foss looked over his shoulder at them, and at this time felt the boat gradually listing over. Upon looking around he saw Holbrook sliding over the side, capsizing the boat. Foss at once jumped over the opposite side and then proceeded to right the boat and climb back into her. Holbrook appeared to be standing straight up in the water a short distance away. There were two pairs of oard and the thwart upon which he had been sitting close to him, and Mr. Foss threw him the boat painter, requesting him to grab it, but Mr. Holbrook did not make any attemp to grab the painter, oars, or thwart. He ramained in this position for about one minute and then sank. Foss paddled the boat to a nearby ledge where the signalmen from the station assisted him in getting out on the ledge. He was later taken from the ledge by the Coast Patrol Boat and landed at the station. He was chilled and bruised but aside from this appeared to be in good condition.

The Keeper, upon his arrival at the station, at once organized a party and set traps and grappled for the body b/t without avail.

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S.

Inspector.

CES*GFL

June 22nd, 1918.

Mr. Alfred Ames,

Machias, Maine.

Sir:

Will you kindly forward to this office bill for dynamite, wire, and caps, and bill for services of man to handle same. Upon receipt of such bills, steps will be taken toward payment of same.

In this connection I take the opportunity to thank you very kindly and to assure you that your assistance in this matter was greatly appreciated.

Very respectfully,

Lighthouse Inspector.

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1st DIST.
LIGHTHOUSE INSPECTOR
PORTLAND, MAINE.
JUN 21 1918

FIRST DISTRICT

Libby Islands Me.
(Station, Depot, or Vessel.)

June 18 1918

D.

Light-house Inspector,
Portland, Me.

Sir:-

I returned Mr Bowker to Machias this A.M. also saw Mr Alfred Ames and he said that he would pay Mr Bowker for the work that he done at this Station and would send the bill to you.

I also thanked him for his kindnes for you, he said he was willing to do all he could to help us.

Respectfully
A. P. Faulkingham
Keeper.

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1st DIST.

LIGHTHOUSE INSPECTOR
PORTLAND, MAINE.
JUN 21 1918

FIRST DISTRICT

Libby Island Me
(Station, Depot, or Vessel.)

June 21 1918

S.

Light-House Inspector,
Portland. Me.

Sir=

This is to inform you that Mrs Holbrook has her household goods all packed and she left station for Isle Au Haut this afternoon at 2 30.

Respectfully
A. L. Faulkingham,
Keeper.

4061-W

Form 1204

CLASS OF SERVICE	SYMBOL
Telegram	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a telegram. Otherwise its character is indicated by the symbol appearing after the check.

WESTERN UNION TELEGRAM

NEWCOMB CARLTON, PRESIDENT GEORGE W. E. ATKINS, FIRST VICE-PRESIDENT

CLASS OF SERVICE	SYMBOL
Telegram	
Day Letter	Blue
Night Messa	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a telegram. Otherwise its character is indicated by the symbol appearing after the check.

1st DIS

RECEIVED AT

5477

LIGHTHOUSE INSPECTOR PORTLAND. MAINE. JUN 17 1918

103B MU 30 GOVT

MN MACHIAS MAINE 110PM JUNE 16-1918

LIGHTHOUSE INSPECTOR

PORTLAND MAINE

SAMUEL HOLBROOK FIRST ASSISTANT KEEPER LIBBYISLAND DROWNED WHILE FISHING WITH AUSTIN FOSS SECOND ASSISTANT THIS FORENOON FOSS SAVED BY NAVAL RESERVISTS BOAT CAPSIZED

T P HARRISON

114PM

GFL

Samuel Holbrook,
accidental drowning.

June 19th, 1918.

Commissioner of Lighthouses:

This is to report the death, by accidental drowning, on June 16th, of Samuel Holbrook, First Assistant Keeper of Libby Islands Light Station, Maine.

From information available to this office, it appears that Mr. Holbrook, and Mr. Justin A. Foss, the Second Assistant Keeper, went off in a small boat for the purpose of fishing, and that on their return trip Mr. Holbrook was thrown into the water and drowned. At last reports, the body of Mr. Holbrook had not been recovered.

A more complete report will be forwarded later.

In the absence and by direction of the Inspector:

Superintendent.

Form 111
GFL

OATH OF OFFICE

(Prescribed by Section 1757, Revis[illegible] Statutes)

COPY

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

I, Samuel Holbrook,

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

☞ (Sgd) Samuel Holbrook
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] 24th day of May, A. D. 1918.

(Affix official seal here) (Seal)

[4] (Name) Charles H. Dinsmore

(Official title) Notary Public.

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present 1st Asst. Keeper	$576. per annum	Libby Islands Light Station, Maine.
Former[5] 2nd Asst. Keeper	$456. " "	" " " " "

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

Office of Lighthouse Inspector, First District

Portland, Maine, (Address) MAY 25 1918 (Date)

The above-named appointee entered upon duty on May 21st, 1918. (Date)

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

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.
[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk.
[5] Give this information in all cases where new oath is required.
Failure to fill out this oath properly will result in its return for correction.

11—944

GENERAL APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON



May 16, 1918.

Mr. Samuel Holbrook,

Through the Commissioner of Lighthouses.

Sir:

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

First Assistant Keeper

in the Lighthouse Service

at a salary of Five Hundred and Seventy-six dollars per annum,

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

(By promotion from second assistant keeper at $456 per annum.)

By direction of the Secretary:

Respectfully,

(Signed) Clifford Hastings

Chief of Appointment Division.

C

Appropriation: Salaries, Keepers of Lighthouses.

Vice: Roscoe G. Johnson.

Legal Residence: Maine.

Original rd MAY 20 1918
Ent'd on duty MAY 21 1918
Oath dated MAY 24 1918
Oath rd Bu. MAY 25 1918

1 Insp.

USE TYPEWRITER—SEE INSTRUCTIONS ON BACK.

MAKE NO ENTRIES IN THIS COLUMN.

UNITED STATES BUREAU OF EFFICIENCY. FORM 8.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS. 8—4789-1

RECORD OF CIVIL EMPLOYEE.

JULY 1, 1916.

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

2. Department:
Commerce

3. Bureau, office, or service:
Lighthouses

4. Designation of position:
Assistant Keeper Lighthouse Service

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

6. Annual earnings: $565.80

7. Kind of appropriation: L S

8. Present rate of pay: $ 456. P A

9. Initial rate of pay: $ 456. P A

10. Total length of service (give the total of ALL U. S. GOVT. SERVICE with the exceptions stated on the back of this card)—
Years: 1 Months: 2½

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

12. Race: W

13. Sex: Male

14. Date of birth—
Month: August 31 Year: 1891

15. Kinds of schools attended, years attended, and degrees taken:
E 8

16. Marital condition: M

17. War veteran? No

18. Appointed from—
Congressional district and State: 3 Maine
County: Washington

19. Civil service status:
C

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

21. Place of employment—
City: Libby Islands L S Bucks Harbor
State: Maine

DO NOT FOLD THIS CARD.

11—5869

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

of Commerce

August 24, 1916.

nt of Commerce:

in data to the Bureau of Efficiency in con- of the probable cost of retirement of civil tment requests that you give to the best of d return this form to Inspector 1st. L.H.District practicable date. Please give this matter

E. F. Sweet
Acting Secretary.

Sbrook

al hours: 2 asst. Light Keeper

d from the Government during the year ended in service less than one year, state num- d total amount of compensation received,

ivil establishment of the United States. If

	From (date)	To (date)

ry into the Government service: $ 456.

ight
none
none
none

(e.g. law, architecture, business, political science, technical, etc.)

Degrees taken none

7. Marital condition, (single, married, widow, widower, or divorced) Married.

8. Service in Civil or Spanish War, Philippine Insurrection, Indian Campaign, or other military engagement none. If none so state ____.

9. Congressional District (under present Congressional apportionment) to which your present appointment is charged. Fourth; State, Maine County, Washington. Congressional District, ____.

10. If classified, indicate by "Yes" the method by which you originally obtained your competitive classified status. Competitive examination, Yes. Non-competitive examination, ____. Individual Executive order specifying you by name, ____. Blanket Executive order covering entire class, ____. Classified by Act of Congress, ____. Reinstated under individual Executive order, ____. Reinstated under blanket Executive order, ____. Reinstated in position classified by Executive order, ____. Reinstated in position classified by Act of Congress, ____.

Born Aug 31. 1891— Served 1 Year 2½ Months
Swans Island, Me

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

Form A.

Department of Commerce

August 24, 1916.

To Officers and Employees of the Department of Commerce:

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

E. F. Sweet
Acting Secretary.

---

1. Name: Samuel Holbrook.
2. Character of your work during official hours: 2 asst Light Keeper
3. Total amount of compensation received from the Government during the year ended June 30, 1916; $~~456.~~ 456.80 If in service less than one year, state number of months served, _____, and total amount of compensation received, $_____.
4. Service in any other department or civil establishment of the United States. If none, so state.

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

5. Rate of compensation at original entry into the Government service: $ 456.
6. Educational training:
   Elementary school, years Eight
   High school, years None
   College or University, years None
   Special courses of study, ~~years~~ None
   (e.g. law, architecture, business, political science, technical, etc.)
   Degrees taken None
7. Marital condition, (single, married, widow, widower, or divorced) Married.
8. Service in Civil or Spanish War, Philippine Insurrection, Indian Campaign, or other military engagement None. If none so state _____.
9. Congressional District (under present Congressional apportionment) to which your present appointment is charged.
   Congressional District, Fourth; State, Maine County, Washington
10. If classified, indicate by "Yes" the method by which you originally obtained your competitive classified status. Competitive examination, Yes. Non-competitive examination, _____. Individual Executive order specifying you by name, _____. Blanket Executive order covering entire class, _____. Classified by Act of Congress, _____. Reinstated under individual Executive order, _____. Reinstated under blanket Executive order, _____. Reinstated in position classified by Executive order, _____. Reinstated in position classified by Act of Congress, _____.

Born Aug 31. 1891—
Swans Island, Me

Served 1 Year 2 1/2 Months

To the SECRETARY OF COMMERCE:

SIR: I acknowledge receipt of a copy of Department Circular No. 253, of December 5, 1913, relating to political activity of officeholders, and fully understand its purport.

Samuel Holbrook
(Name.)

Asst Light Keeper
(Position.)

Lighthouse Inspector
RECEIVED
MAY 5 - 1915
First Dist. Portland, Me.

(Bureau, Office, or Service.)

Date, May 4th 1915

11—3914

PERSONAL QUESTION SHEET

DEPARTMENT OF COMMERCE
OFFICE OF THE SECRETARY
WASHINGTON

March 5, 1913.

To the Chiefs of Bureaus of the Department of Commerce:

For the purpose of enabling the Department to maintain a complete record of its officers and employees, you are requested to have every person hereafter appointed or employed in your Bureau, immediately upon his entrance on duty, answer each of the questions in Part I of this form and sign the same. The information given in Part I should be reviewed and approved in accordance with instructions. The information in Part II should be supplied as indicated and the form forwarded to the Department.

William C. Redfield
Secretary.

PART I.

(Part I should be filled out by the appointee or employee; but, if he is unable to write legibly, another person may write the answers at his dictation. In either case the statement should be signed by the appointee or employee. If he is unable to write, he may sign by mark in the presence of one witness. If he is unable to answer any question, he should indicate that fact.)

1. What is your full name? (Do not use initials, but spell out each name and state whether Mr., Miss, or Mrs. Example: Mr. John Richard Doe. If name itself is merely a letter, it should be so stated.)

Samuel Holbrook

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

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

Swans Island	Maine	Hancock	Third
City or town.	State or Territory.	County.	Congressional district.

4. What is your race? (Answer "white," "colored," or "Mongolian.") White

5. Where were you born? Swans Island

6. When were you born? August 31st 1891
Month. Day. Year.

11—1434

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

Elmer F Holbrook — (Name.) — Number and street.

Isle au Haut — City or town. — Maine — State or Territory.

8. Are there any members of your family, besides yourself, in the civil service of the United States? (If so, give below their names, relationships, the Departments and Bureaus or Services in which they are employed, and the positions they occupy.)

Name.	Relationship.	Department.	Bureau or Service.	Position.
Elmer F Holbrook	Father	C & L	Lighthouses	Keeper

9. If you were appointed through a civil service examination, state, as near as you recollect, the name and date of the examination. If not so appointed, state how you entered the service. (Examples: "By reinstatement," or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

—

10. Have you any physical disabilities? (If so, describe briefly. If you have defective eyesight, state whether corrected by glasses.)

No

11. Have you ever held any other position in the civil service of the United States? (If so, give below the Department and Bureau or Service in which you served, the position held, the salary you received, and the dates of your appointment and separation from the service.)

Department.	Bureau or Service.	Position.	Salary.	Appointed.	Separated.
No					

12. Do you hold any State or municipal office? (If so, state name of such office and compensation attached.)

No

13. Were you in the military or naval service of the United States during the Civil or Spanish-American War? (If so, give the information called for by the blanks below.)

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

14. If you served in the military or naval service of the United States at any time other than during the Civil or Spanish-American Wars, indicate such service in the spaces below.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

15. Are you the widow or orphan of an honorably discharged soldier or sailor? (If so, give the information called for by the blanks below.)

Name under which service was rendered No

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

16. What was your occupation prior to entering the United States civil service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 11, 12, 13, and 14.)

Shore fishing

17. What education have you received? (Indicate the grades of schools you have attended, and, in case you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1900; Columbia University, LL. B., 1903.)

Public School

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

no

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

no

20. Were the answers to the foregoing questions written by you? (If not, state the name and address of the person who wrote them for you.)

Yes

21. State the date upon which the above blanks were filled. May 4, 1915

(Signature) Samuel Holbrook

Witness:

In case signature is by mark.

P. O. Address: Bucks Harbor
City or town.

Number and street.

Maine
State or Territory.

(Where the appointee is to be employed outside of the District of Columbia the information given in Part I should be reviewed and approved by the officer in immediate charge before forwarding to the Bureau. Where he is to be employed in the District of Columbia, Part I should be reviewed and approved by the officer who executes Part II.)

Reviewed, approved, and forwarded May 5th, 1915

(Signature) C. E. Sherman

(Official title) Inspector 1st & 2d District

PART II.

(Part II should be executed by the executive officers of the various Bureaus of the Department, or, at their direction, by some official who can give the information desired. If unable to answer any question, indicate that fact.)

---

1. State the Bureau or Service, place, and district in which the person who answered the foregoing questions is employed:
Lighthouse Service (Bureau or Service.) Libby Island L. H. (Place (city, town, station, or vessel.)) First (District.)

2. To what position has he been appointed? Second Assistant Keeper

3. State the date of appointment. April 20, 1915

4. State the date the appointment was effective. (If appointment was made to take effect on date of oath, so state.)
Effective the date of entrance upon duty

5. State the date of the oath. May 4 1915

6. State the date the employee entered on duty. April 20, 1915

7. What is his salary? $ 456. per annum

8. From what appropriation is he paid? Salaries of Keepers of Light Houses

9. Is the position excepted, competitive, or unclassified under the civil service rules? Competitive

10. If classified, state the date of classification. May 6, 1896

11. In what manner did the employee enter the service? (Examples: "From stenography and typewriting examination;" or "without examination;" or "by reinstatement;" or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)
C.S. Examination Form 1025

12. Is the employee required to give bond? No

13. When the legal residence given in answer to question 3, Part I, differs from that given in the certificate of appointment, the discrepancy should be explained.
Legal residence same as given in the certificate of appointment

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

Reviewed, approved, and forwarded to the Department.

(Signature) C E Sherman

Date May 6th, 1915

(Official title) Inspector 1st L.H. Inspector

11—1434

PROBATIONARY APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHT
APR 22 191
HOUSES

April 20, 1915.

Mr. Samuel Holbrook,

Through the Commissioner of Lighthouses.

Sir:

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

Second Assistant Keeper

in the Lighthouse Service

at a salary of Four Hundred and Fifty-six dollars per ~~annum~~, effective on the date on which you entered upon duty in the above-mentioned position.

(By selection from certificate No. ------, and subject to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, to be found on the reverse hereof.)

By direction of the Secretary:

Respectfully,

(SIGNED) GEO. W. LEADLEY.

R
C

Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.
Vice: Roscoe G. Johnson.
Legal Residence: Maine.

11—1394

Form 73 G.K

NOMINATION

76.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT,

(City) Portland, Me., (Date) April 13, 191 5

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, Probationary appointment

Name, SAMUEL HOLBROOK — Legal residence, Maine

Position, Second Assistant Keeper — Salary, $486 per year.

Location, Libby Islands Light Station, Me. — Appropriation, Sal.,Kprs.,etc.

Effective April 15, 1915 { 'the actual date of entrance on duty, or / as soon thereafter as he enters on duty.

Former position, — Former salary,

Location,

Rank on eligible list, 1 Rating, A.K. Percentage, 92.75 Other eligibles considered:

Harry J. Jordan, Jr. (2), and Ernest L. Bathore (3)

Previous incumbent, Roscoe G. Johnson Services terminated, April 5, 1915.

Reason, Promoted.

Members of family in Government Service, Father.

Remarks: Quarters for families of keepers are provided.
Since this light station is provided with a steam fog signal and I.C.W. Lamp, and since Leo H.Lukaich, originally appointed to fill vacancy, has declined his appointment this being an isolated offshore station, an experienced man should be selected and ordered to report for duty at once.

Selection regular, subject to the action of the U. S. Civil Service Commission. , 191

S

Secretary, Civil Service District. — Inspector.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

---

1 Strike out the clause which does not apply.

11—2314

2 of 2

LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

8/31/1891

Employee Name: HOLBROOK, SAMUEL **DOB:** 1/1/1891, ME

SOUNDEX: H416

Records checked:

Agency: Commerce 6028 Area: Bay 10, Lower Catwalk positive (negative)

Agency: Commerce 6029 Area: Bay 10, Lower Catwalk positive (negative)

Agency: Old Commerce Area: Bay 10, Lower Catwalk (positive) negative

AND

Agency: Treasury 2189 Area: Bay 13, Lower Catwalk (positive) negative

Agency: Treasury 2188 Area: Bay 13, Lower Catwalk positive (negative)

Agency: Old Treasury Area: Bay 13, Lower Catwalk positive (negative)

If Negative:

Agency: Treasury SRCs series 1 Area: Bay 13, Lower Catwalk positive negative

Agency: Treasury SRCs series 2 Area: Bay 13, Lower Catwalk positive negative

Agency: Treasury SRCs series 3 Area: Bay 13, Lower Catwalk positive negative

Agency: Coast Guard SRCs Area: Bay 13, Lower Catwalk positive negative

If Negative:

CMRS: possible CG service Area: _____ positive negative

ARCIS: _____ Area: _____ positive negative

Notes: **DOS: 1915 TO 1918; DOD: 1/1/1918, ME; LIGHTHOUSE SERVICE, ME**

Samuel Holbrook

INACTIVE

LEGAL RESIDENCE.
Maine

STATUS

DESIGNATION	SALARY	BUREAU OR OFFICE	DATE OF EFFECT OF ACTION AUTHORIZED
2nd Asst. Kpr. Libby Islands L.S. Me	$456.	L. H.	Apr. 20, 1915.
1st " " " " " "	576.	"	May 21, 1918.
Died June 16, 1918.			
		INACTIVE	

11—1248

CLK

Form 73

NOMINATION

RECEIVED APR 14 1915 FIRST C. S. DIST

LIGHT APR 16 1915 HOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT.

Portland, Me., (City.) April 13 (Date.) 1915

THE COMMISSIONER OF LIGHTHOUSES:

CHIEF CLERK APR 17 1915

Action recommended, Probationary appointment

DIVISION OF APPOINTMENTS APPOINTMENT WRITTEN APR 20 DEPT OF COMMERCE

Name, SAMUEL HOLBROOK **Legal residence,** Maine

Position, Second Assistant Keeper **Salary,** $456 per year.

Location, Libby Islands Light Station, Me. **Appropriation,** Sal., Kprs., etc.

Effective April 15, 1915 { ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ or as soon thereafter as he enters on duty.

APR 17 3rd

Former position, **Former salary,**

Location,

CHIEF CLERK APR 19 1915

Rank on eligible list, 1 Rating, A.K. Percentage, 92.75 , Other eligibles considered:

Harry J. Jordan, Jr. (C), and Ernest L. Mathews (C)

Previous incumbent, Roscoe G. Johnson Services terminated, April 5, 1915.

Reason, Promoted. Effected

APPOINTMENTS APR 20 9th

Members of family in Government Service, Father.

Remarks: Quarters for families of keepers are provided.
Since this light station is provided with a steam fog signal and I.O.V. Lamp, and since Leo H.Luksich, originally appointed to fill vacancy, has declined his appointment, this being an isolated offshore station, an emergency is deemed to exist, and Mr. Holbrook has this day been directed to report for duty at once.

Selection regular, subject to the action of the U. S. Civil Service Commission. April 14, , 1915.

E. L. Reynolds

Acting *Secretary,* 1st *Civil Service District.*

Sherman

Inspector.

4/17/15 MBL

* no papers MBL

BUREAU OF LIGHTHOUSES
WASHINGTON

APR 16 1915

Submitted to the Secretary of Commerce, approved.
The Bureau concurs with the remarks of the Inspector in view of the emergency circumstances of the case.

April 19, 1915.

H. B. Bowerman

Acting Commissioner

APPROVED (prior date):

E. F. Sweet

Acting Secretary.

R
CV

* Strike out the clause which does not apply.

11—2314

PROBATIONARY APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

April 20, 1915.

Mr. Samuel Holbrook,

Through the Commissioner of Lighthouses.

Sir:

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

Second Assistant Keeper

in the Lighthouse Service

at a salary of Four Hundred and Fifty-six dollars per annum, effective on the date on which you enter upon duty in the above-mentioned position.

(By selection from certificate No. _____, and subject to a probationary period of not to exceed six months as provided by paragraph (c) of section 1 of civil-service rule VII, to be found on the reverse hereof.)

CHANGE REPORTED MAY 1915 C. S. COMMISSION

By direction of the Secretary:

Respectfully,

CARDED.

(SIGNED) GEO. W. LEADLEY

R
C

Chief of Appointment Division.

APPOINTMENT DIVISION ENTERED APR 20 1915 BY JOURNAL DEPT OF COMMERCE

Appropriation: Salaries, Keepers of Lighthouses.
Vice: Roscoe C. Johnson.
Legal Residence: Maine.

11—1394

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

LIGHT MAY 7 1915 HOUSES

CHIEF CLERK MAY 15 1915

I, SAMUEL HOLBROOK,

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

APPOINTMENTS MAY 15 915

☞ Samuel Holbrook
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] 4th day of May, A. D. 1915

(Affix official seal here)

[4] (Name) E. B. Sawyer

(Official title) Notary Public

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present 2nd Asst.Keeper	$456 per annum	Libby Islands Light Station, Me.
Former[5]	New appointee	

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

Office of Lighthouse Inspector, 1st District

Portland, Me., (Address), May 5th, 1915 (Date)

CARDED.

The above-named appointee entered upon duty on April 20, 1915. (Date)

C. E. Sherman
Inspector (Signature to be followed by title)

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

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

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

[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk.

[5] Give this information in all cases where new oath is required.

Failure to fill out this oath properly will result in its return for correction.

11—944

Ent'd

LIGHT
MAY 7 1915
HOUSES

Lighthouse Inspector
RECEIVED
MAY 27 1915
First Dist. Portland, Me.

PERSONAL QUESTION SHEET

DEPARTMENT OF COMMERCE
OFFICE OF THE SECRETARY
WASHINGTON

March 5, 1913.

CHIEF CLERK
JUN 1 1915

To the Chiefs of Bureaus of the Department of Commerce:

For the purpose of enabling the Department to maintain a complete record of its officers and employees, you are requested to have every person hereafter appointed or employed in your Bureau, immediately upon his entrance on duty, answer each of the questions in Part I of this form and sign the same. The information given in Part I should be reviewed and approved in accordance with instructions. The information in Part II should be supplied as indicated and the form forwarded to the Department.

APPOINTMENTS
JUN 2 1915

William C. Redfield
Secretary.

CARDED.

PART I.

(Part I should be filled out by the appointee or employee; but, if he is unable to write legibly, another person may write the answers at his dictation. In either case the statement should be signed by the appointee or employee. If he is unable to write, he may sign by mark in the presence of one witness. If he is unable to answer any question, he should indicate that fact.)

1. What is your full name? (Do not use initials, but spell out each name and state whether Mr., Miss, or Mrs. Example: Mr. John Richard Doe. If name itself is merely a letter, it should be so stated.)

Samuel Holbrook

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

Samuel Holbrook

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

Swans Island	Maine	Hancock	Third
City or town.	State or Territory.	County.	Congressional district.

4. What is your race? (Answer "white," "colored," or "Mongolian.") White

5. Where were you born? Swans Island

6. When were you born?

August	31st	1891
Month.	Day.	Year.

11—1434

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

Elmer F Holbrook — Name.
Isle-au-Haut — City or town.
Maine — Number and street. / State or Territory.

8. Are there any members of your family, besides yourself, in the civil service of the United States? (If so, give below their names, relationships, the Departments and Bureaus or Services in which they are employed, and the positions they occupy.)

Name.	Relationship.	Department.	Bureau or Service.	Position.
Elmer F Holbrook	Father	L & L	Light House	Keeper

9. If you were appointed through a civil service examination, state, as near as you recollect, the name and date of the examination. If not so appointed, state how you entered the service. (Examples: "By reinstatement," or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

U.S. Form 1025 April 13, 1914

10. Have you any physical disabilities? (If so, describe briefly. If you have defective eyesight, state whether corrected by glasses.)

No

11. Have you ever held any other position in the civil service of the United States? (If so, give below the Department and Bureau or Service in which you served, the position held, the salary you received, and the dates of your appointment and separation from the service.)

Department.	Bureau or Service.	Position.	Salary.	Appointed.	Separated.
No					

12. Do you hold any State or municipal office? (If so, state name of such office and compensation attached.)

No

13. Were you in the military or naval service of the United States during the Civil or Spanish-American War? (If so, give the information called for by the blanks below.)

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
No			

14. If you served in the military or naval service of the United States at any time other than during the Civil or Spanish-American Wars, indicate such service in the spaces below.

Company and regiment, or vessel.	Date enlisted.	Date discharged.	Cause of discharge.
	None		

15. Are you the widow or orphan of an honorably discharged soldier or sailor? (If so, give the information called for by the blanks below.)

Name under which service was rendered No

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

LIGHT
MAY 29 1915

16. What was your occupation prior to entering the United States civil service? (It is intended that the answer to this question shall state briefly the lines of work followed by you before receiving your present appointment, with the exception of your service indicated in answer to questions 11, 12, 13, and 14.)

Shore Fishing

17. What education have you received? (Indicate the grades of schools you have attended, and, in case you have attended schools of higher grade than high schools, give the institution, degrees received, and date in each case. Example: Public school; high school; business college; Cornell University, A. B., 1900; Columbia University, LL. B., 1903.)

Public School

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

none

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

none

20. Were the answers to the foregoing questions written by you? (If not, state the name and address of the person who wrote them for you.)

yes

21. State the date upon which the above blanks were filled. May 4, 1915

Witness:

In case signature is by mark.

(Signature) Samuel Holbrook

P. O. Address: Bucks Harbor
City or town.

Number and street.

Maine
State or Territory.

(Where the appointee is to be employed outside of the District of Columbia the information given in Part I should be reviewed and approved by the officer in immediate charge before forwarding to the Bureau. Where he is to be employed in the District of Columbia, Part I should be reviewed and approved by the officer who executes Part II.)

Reviewed, approved, and forwarded May 5th, 1915

(Signature) C. E. Sherman

(Official title) Inspector 1st Dist

PART II.

(Part II should be executed by the executive officers of the various Bureaus of the Department, or, at their direction, by some official who can give the information desired. If unable to answer any question, indicate that fact.)

---

1. State the Bureau or Service, place, and district in which the person who answered the foregoing questions is employed:

Lighthouse Service (Bureau or Service.) Libby Island L.H. (Place (city, town, station, or vessel.)) First (District.)

2. To what position has he been appointed? Second Assistant Keeper

3. State the date of appointment. April 20, 1915

4. State the date the appointment was effective. (If appointment was made to take effect on date of oath, so state.)

Effective the date of entrance upon duty

5. State the date of the oath. May 4, 1915

6. State the date the employee entered on duty. April 20, 1915

7. What is his salary? $456.— per annum

8. From what appropriation is he paid? Salaries of keepers of Light Houses.

9. Is the position excepted, competitive, or unclassified under the civil service rules? Competitive

10. If classified, state the date of classification. May 6, 1896

11. In what manner did the employee enter the service? (Examples: "From stenography and typewriting examination;" or "without examination;" or "by reinstatement;" or "by transfer from ——," stating Department, Bureau or Service, position, and salary, if known.)

C. S. Examination per Form 1025

12. Is the employee required to give bond? No

13. When the legal residence given in answer to question 3, Part I, differs from that given in the certificate of appointment, the discrepancy should be explained.

Legal Residence same as given in the Certificate of appointment

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

Reviewed, approved, and forwarded to the Department.

(Signature) C. E. Sherman

(Official title) Inspector 1st L.H. District

Date: May 5th, 1915

11—1434

CJL-MC

AFFIDAVIT TO ACCOMPANY CLAIM FOR DEFERRED CLASSIFICATION
BY NECESSARY EMPLOYEE IN SERVICE OF UNITED STATES.

LIGHT
JAN 31 1918
HOUSES

DISTRICT OF COLUMBIA, ss:

I, G.R.Putnam, do solemnly swear that I am an official of the Government of the United States and hold office of Commissioner of Lighthouses, and as such have direct supervision and control of the United States Lighthouse Service, under the Department of Commerce; that Samuel Holbrook, who is personally known to me, is now employed in the said United States Lighthouse Service in the First Lighthouse District, having headquarters at Portland, Maine, as Second Assistant Keeper of Libby Islands Light Station, Maine, of said Lighthouse Service, and that said employee has stated to me that he is 26 years old and resides at Bucks Harbor, Maine, and that Serial Number 2278 was given him by Local Board for the County of Washington, State of Maine, Calais, Maine, and that a claim for deferred classification was made by him in connection with his questionnaire under the Selective Service Regulations on the ground that he is an employee in the Service of the United States necessary to the adequate and effective operation of the branch of the service in which he is employed.

I do further solemnly swear that, in my opinion, the said employee is necessary to the adequate and effective operation of the said Lighthouse Service in the service of the United States, and cannot be replaced by another person without substantial material loss in the adequate and effective operation thereof, for the following reasons:

Mr. Holbrook entered the service of the Department of Commerce on April 20,1915, and has been continuously employed in his present position since that date.

His specific duties are assisting in the care and operation of the light and steam-fog signal at this station.

His services are necessary on account of his experience and ability in the operation of the steam-fog signal at this station. The position of keeper at this station requires that the men employed there shall have a knowledge of and be capable of maintaining the fog-signal. Libby Islands light station is both isolated and important and it is considered essential that only well-trained employees of the Lighthouse Service should be on duty there, and I am of the opinion that Mr. Holbrook's services are indispensable on account of the military importance of maintaining all light stations in an efficient manner, and prepared for any emergency.

The removal of this keeper would be the loss of a valuable employee who could not be replaced without substantial material loss in the adequate and effective operation of the light station where he is employed, aside from the very great difficulty in obtaining suitable applicants for the position. The position of keeper at this station requires considerable resourcefulness on the part of the persons holding same as it is an off-shore station, and at times communication with the mainland is very difficult.

(COPY) G R Putnam

Commissioner of Lighthouses.

Subscribed and sworn to before me in the District of Columbia this 31st day of January,1918.

(COPY) Henry R Mussey

Associate Member of Legal Advisory Board.

APPROVED:

(COPY) (SIGNED) A.L. THURMAN

Acting Secretary of Commerce.

#1

USE TYPEWRITER—SEE INSTRUCTIONS ON BACK.

UNITED STATES
BUREAU OF EFFICIENCY.
FORM 8.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.
8—4789-1

MAKE NO ENTRIES IN THIS COLUMN.

LIGHT
SEP 20 1916
HOUSES

RECORD OF CIVIL EMPLOYEE.

JULY 1, 1916.

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

2. Department:
Commerce

3. Bureau, office, or service:
Lighthouses

4. Designation of position:
Assistant Keeper Lighthouse Service

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

6. Annual earnings:
$565.80

7. Kind of appropriation:
L S

8. Present rate of pay:
$ 456. P A

9. Initial rate of pay:
$ 456. P A

10. Total length of service (give the total of ALL U. S. GOVT. SERVICE with the exceptions stated on the back of this card)—
Years: 1 Months: 2½

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

12. Race:
W

13. Sex:
Male

14. Date of birth—
Month: August 31 Year: 1891

15. Kinds of schools attended, years attended, and degrees taken:
E 8

16. Marital condition:
M

17. War veteran?
No

18. Appointed from—
Congressional district and State: 3 Maine County: Washington

19. Civil service status:
C

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

21. Place of employment—
City: Libby Islands L S Bucks Harbor State: Maine

DO NOT FOLD THIS CARD.

11—6869

Form 73
GFL

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF LIGHTHOUSE INSPECTOR, First DISTRICT.

LIGHT MAY 13 1918 HOUSES

Portland, Maine (City.), May 11th (Date.), 1918.

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROMOTION.

Name, Samuel Holbrook — Legal residence, Maine

Position, First Assistant Keeper — Salary, $576. per annum.

Location, Libby Islands Light sta., Me. — Appropriation, Sals., Kprs., ~~etc.~~

Effective May 21st, 1918, {'the actual date of entrance on duty, ~~or as soon thereafter as he enters on duty~~

Former position, Second Assistant Keeper — Former salary, $456. per annum.

Location, Libby Islands Light Station, Maine.

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

Previous incumbent, Roscoe G. Johnson — Services terminated, May 20th, 1918.

Reason, Resignation forwarded to Bureau this date.

Members of family in Government Service, Father is a light keeper in this district.

Remarks:

Selection regular, subject to the action of the U. S. Civil Service Commission. , 191

C. G. Sherman
Inspector, 1st Lighthouse District.

Secretary, Civil Service District.

APPOINTMENT DIVISION ACTION TAKEN MAY 14 1918 DEPARTMENT OF COMMERCE

CHIEF CLERK 18 MAY 13 PM 1 56

APPOINTMENTS 1918 APR 18 PM 2 53

BUREAU OF LIGHTHOUSES
WASHINGTON MAY 14 1918

Submitted to the Secretary of Commerce, approved.

J. Conway
Acting Commissioner

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

11—2314

GENERAL APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

May 16, 1918.

Mr. Samuel Holbrook,

Through the Commissioner of Lighthouses.

Sir:

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

First Assistant Keeper

in the Lighthouse Service

at a salary of Five Hundred and Seventy-six dollars per annum,

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

(By promotion from second assistant keeper at $456 per annum.)

By direction of the Secretary:

Respectfully,

(Signed) Clifford Hastings.

C

Chief of Appointment Division.

Appropriation: Salaries, Keepers of Lighthouses.

Vice: Roscoe G. Johnson.

Legal Residence: Maine.

APPOINTMENT DIVISION ENTERED MAY 16 1918 ON JOURNAL DEPARTMENT OF COMMERCE

Form 111
GFL

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHT MAY 27 1918 HOURS

1st DIST. MAY 24 1218 18 AM
LIGHTHOUSE INSPECTOR PORTLAND, MAINE.

MAY 25 1918

I, Samuel Holbrook,

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

1918 JUN 3 AM 10

Samuel Holbrook
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] 24th day of May, A. D. 1918

(Affix official seal here)

[4] (Name) Charles W. Donovan

(Official title) Notary Public

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present 1st Asst. Keeper	$576. per annum	Libby Islands Light Station, Maine.
Former[5] 2nd Asst. Keeper	$456. " "	" " " " "

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

Office of Lighthouse Inspector, First District

Portland, Maine, (Address) MAY 25 1918 (Date)

The above-named appointee entered upon duty on May 21st, 1918. (Date)

CARDED

C. E. Sumner, Inspector.
(Signature, followed by title)

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time after the date of appointment and prior to the payment of compensation, but no compensation shall be paid until the oath is executed in proper form.
[4] This oath should be taken before a justice of the peace, notary public, judge, clerk of a court, or any other officer having authority to administer oaths, but never before a collector of customs, as he has no power to administer oaths in such cases. In case the officer administering the oath has no seal, his official character should be duly certified to by the clerk of the proper court or the proper county clerk.
[5] Give this information in all cases where new oath is required.
Failure to fill out this oath properly will result in its return for correction.

11—944

1918 JUL 1 PM 2 34

5

COPY

APPOINTMENTS

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1918 JUL 1 PM 3 24

Office of Inspector, 1st District,
Portland, Maine.

June 19, 1918.

Samuel Holbrook,
accidental drowning.

Commissioner of Lighthouses:

This is to report the death, by accidental drowning, on June 16th, of Samuel Holbrook, First Assistant Keeper of Libby Islands Light Station, Maine. $576 per annum.

From information available to this office, it appears that Mr. Holbrook, and Mr. Justin A. Foss, the Second Assistant Keeper, went off in a small boat for the purpose of fishing, and that on their return trip Mr. Holbrook was thrown into the water and drowned. At last reports, the body of Mr. Holbrook had not been recovered.

A more complete report will be forwarded later.

In the absence and by direction of the Inspector:

(Signed) LUTHER

Superintendent.

APPOINTMENT DIVISION ENTERED JUL 10 1918 ON JOURNAL DEPARTMENT OF COMMERCE

Fluke 7-2-18

Bureau of Lighthouses, Washington
JUN 29 1918

Submitted to Secretary of Commerce for his information.

1918 JUL 1 PM 2 01

N. B. Bowman
Acting Commissioner.

CES-ROG

June 24, 1918, 9:20 AM

DEPARTMENT OF COMMERCE
Lighthouse Service.

Office of Inspector, 1st Dist
Portland, Me.

Report of drowning,
Samuel Holbrook.

June 22nd, 1918.

Commissioner of Lighthouses, Washington, D. C.

In reference to my letter of the 19th instant, making report of accidental drowning of Samuel Holbrook, etc., after investigating the matter I have to submit the following report:

Mr. Holbrook and Mr. Justin A. Foss, the Second Assistant Keeper, left the station about 11 A. M. on June 16th for the purpose of fishing. The weather being very fine and the sea smooth they rowed to the southwesterly end of island, and after fishing there for about one hour they were informed by their wives that dinner was ready. They accordingly started to return to the station. Mr. Holbrook was sitting on a thwart, placed by him on the gunwales of peapod, pushing on his oars, while Mr. Foss was in the forward end of boat also rowing. Their attention was attracted by several sea birds which were fighting, and Mr. Foss looked over his shoulder at them, and at this time felt the boat gradually listing over. Upon looking around he saw Holbrook sliding over the side, capsizing the boat. Foss at once jumped over the opposite side and then proceeded to right the boat and climb back into her. Holbrook appeared to be standing straight up in the water a short distance away. There were two pairs of oars and the thwart upon which he had been sitting close to him, and Mr. Foss threw him the boat painter, requesting him to grab it, but Mr. Holbrook did not make any attempt to grab the painter, oars, or thwart. He remained in this position for about one minute and then sank. Foss paddled the boat to a nearby ledge where the signalmen from the station assisted him in getting out on the ledge. He was later taken from the ledge by the Coast Patrol Boat and landed at the station. He was chilled and bruised but aside from this appeared to be in good condition. The Keeper, upon his arrival at the station, at once organized a party and set trawls and grappled for the body but without avail.

As soon as I received work from Mr. Holbrook's wife by telephone I communicated with the Commanding Officer of the Tender Hibiscus, and made preparations to proceed to the eastward at once. The Hibiscus was at this time lying at Custom House Wharf, Portland, Maine, with a large number of buoys to be set in the eastern part of the district.

I arrived at Libby Islands Light Station at 5.05, A. M., June 17th, and obtained dynamite and necessary apparatus to set same off, thinking that this would start the body from the bottom. This seemed to be practically all that could be done in the way of recovering the body and the Hibiscus proceeded to the westward at about 4, P.M.

Mr. Holbrook was a man 26 years of age, weighed over 200 pounds, and was over 6 feet tall. He was an excellent boatman, but was unable to swim. The accident happened within 100 yards of the point of the island, and in plain view of the people there. Mr. Holbrook had been in the Service three years the 20th of April, and was considered an excellent First Assistant Keeper. He was a man of excellent character. Mr. Holbrook leaves a wife and one small girl about 3½ years of age.

(Signed) Sherman.
Inspector.

1918 JUL 11 AM 9 06

SECRETARY
JUL 11 1918

JUL 5 - 1918

Bureau of Lighthouses, Washington

JUL 10 - 1918

Submitted to Secretary of Commerce for his information.

1918 JUL 10 PM 3 06

H. B. Haverman
Acting Commissioner.

Noted

1918 JUL 11 PM 3 56
APPOINTMENTS

File
Final

3615

ADDRESS ALL COMMUNICATIONS TO LIGHTHOUSE INSPECTOR PORTLAND, ME.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHT JUN 24 1918 HOUSES

CES*GFL

Hydrog.
Engr. Cons.
Mar. Engr.
Personnel
Accounts
Contracts
Chf. Clk.
Rep. Collr.
Cashr.

JUN 24 1918 9 20 AM

OFFICE OF INSPECTOR, 1ST DISTRICT
PORTLAND, ME.

Report of drowning,
Samuel Holbrook.

Wrote 6/24/18 for info. 7/10/18 Wrote abstr

Wrote letter of June 22nd, 1918.

Rec June 24 Submit to Dept for info. Mcg 7/2 KMM July 3

Commissioner of Lighthouses, Washington, D. C.

In reference to my letter of the 19th instant, making report of accidental drowning of Samuel Holbrook, etc., after investigating the matter I have to submit the following report:

Mr. Holbrook and Mr. Justin A. Foss, the Second Assistant Keeper, left the station about 11 A. M. on June 16th for the purpose of fishing. The weather being very fine and the sea smooth they rowed to the south-westerly end of island, and after fishing there for about one hour they were informed by their wives that dinner was ready. They accordingly started to return to the station. Mr. Holbrook was sitting on a thwart, placed by him on the gunwales of peapod, pushing on his oars, while Mr. Foss was in the forward end of boat also rowing. Their attention was attracted by several sea birds which were fighting, and Mr. Foss looked over his shoulder at them, and at this time felt the boat gradually listing over. Upon looking around he saw Holbrook sliding over the side, capsizing the boat. Foss at once jumped over the opposite side and then proceeded to right the boat and climb back into her. Holbrook appeared to be standing straight up in the water a short distance away. There were two pairs of oard and the thwart upon which he had been sitting close to him, and Mr. Foss threw him the boat painter, requesting him to grab it, but Mr. Holbrook did not make any attemp to grab the painter, oars, or thwart. He ramained in this position for about one minute and then sank. Foss paddled the boat to a nearby ledge where the signalmen from the station assisted him in getting out on the ledge. He was later taken from the ledge by the Coast Patrol Boat and landed at the station. He was chilled and bruised but aside from this appeared to be in good condition.

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Inspector.

JUL 10 1918

Bureau of Lighthouses, Washington

JUL 10 1918

Submitted to Secretary of Commerce for his information

A. B. B.
Acting Commissioner.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

GFL

Hydrog.
Engr. Cons.
Mar. Engr.
Personnel
Accounts.
Contracts
Chf. Clk.
Dep. Commr.
Commr.

Wrote 7/10/18

Noted for proper action 8/21/15 JM Jun 21

LIGHT
JUN 21 1918
HOUSES

OFFICE OF INSPECTOR, 1ST DISTRICT
PORTLAND, ME.
JUN 21 1918 8 51 AM

Samuel Holbrook,
accidental drowning.
abob

June 19th, 1918.

Commissioner of Lighthouses:

This is to report the death, by accidental drowning, on June 16th, of Samuel Holbrook, First Assistant Keeper of Libby Islands Light Station, Maine.

From information available to this office, it appears that Mr. Holbrook, and Mr. Justin A. Foss, the Second Assistant Keeper, went off in a small boat for the purpose of fishing, and that on their return trip Mr. Holbrook was thrown into the water and drowned. At last reports, the body of Mr. Holbrook had not been recovered.

A more complete report will be forwarded later.

In the absence and by direction of the Inspector:

Luther
Superintendent.

Bureau of Lighthouses, Washington
JUN 27 1918

Submitted to Secretary of Commerce for his information.

HTBB
Acting Commissioner.

GFL

(X)

a10