NPRC **MPR SEARCH REQUEST**

National Archives and Records Administration



C-0007122034



S-0028242090

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

Registry Number: B0001 044 609

Facility & Floor/Level to: STL1 **Module/Bay: 15** **Row: 27E**

Case Number: C-0007122034

Reg Veteran's Name: MILLS FLAVEL J

Case Veteran's Name: MILLS, FLAVEL J

SSN: 241482351

DOB:

POB:

SVN/SSN: 000236100

Service Code: CG

Service Number:

Core: Archival
Team: Public Research Room

Searcher Name: Adon Brunson
Initials: _____
Date: _____

Record Charged to:

Name: Lillian Hunt

Room#: 148

Phone#:

Prepped
SKM
4-10-2026

Notes:

All Records Ordered for this Case:
S-0028242090



S-0028242090

Case Received in Center Date: 03/12/2026, 02:10:04 PM
Search Request Created By: Lillian Hunt 03/12/2026, 02:19:06 PM
Search Request Printed By: Cassidy Coleman 03/16/2026, 07:50:51 AM

CMRS Report Generated by Cassidy Coleman on 03/16/2026

3-17

122 NPRC B 1 044 609
MILLS FLAVEL J CG 000 23 6100

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records).

FINDING AID REPORT

NA FORM 13096 (9-85)

PAGE 00777 BATCH 115N PAGE 0022

ACT. CODE / FILE IDENT.	SERVICE IDENTIFICATION NUMBER	NAME	SERVICE CODE	REGISTER NUMBER
V	241 48 2351	NOT FOUND		

DATE 12/17/87

RECORD CHARGED TO:
NPRC ORGANIZATIONS

☐ _____
(CASE ROUTING CODE)

☐

☐ RESEARCH ROOM, 2045
- ☐ EQUIFAX
- ☐ MILIREC

☐

OCCUPANT AGENCIES

☐ BPLNO, 3475
☐ NMLNO, 3475
☐ CIA, 220A
☐ DIS-NACC, 4305
☐ EEA, 4615
☐ FAA, 220C
☐ FBI, 170
☐ MARCOR LN O, 3475
☐ NAVAL RESERVE, 3150
☐ NRC, 1725
☐ OPM (INV DIV), 190
☐ OSI, 220C
☐ VALNO, 220D

OTHER ORGANIZATIONS
OFFICE/SYMBOL

☐ ARPC, Denver
☐ HQ MC, Wash. D.C.
☐ HQUSCG, Wash. D.C.
☐ NMPC, Wash. D.C.
☐ USAFMPC, RAFB
☐ USARCPAC
☐

DATE _____
CLERK'S INITIALS _____

FINDING AID REPORT

NA FORM 13096 (9-85)

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records).

PAGE 00778 BATCH 1154, PAGE 0023

DATE 12/17/87

ACT. CODE FILE IDENT.	SERVICE IDENTIFICATION NUMBER	NAME	SERVICE CODE	REGISTER NUMBER
V	000 23 6100			
	000 23 6100	JONES RUSSELL W	6M	P 0000 609 650
	000 23 6100	MILLS FLAVEL J	CG	B 1 044 609
	000 23 6100	PRICE JOE P	QM	P 4494 009 001

RECORD CHARGED TO:
NPRC ORGANIZATIONS

☐ _____
(CASE ROUTING CODE)

☐

☐ RESEARCH ROOM, 2045
- ☐ EQUIFAX
- ☐ MILIREC
- ☐

OCCUPANT AGENCIES
- ☐ BPLNO, 3475
- ☐ NMLNO, 3475
- ☐ CIA, 220A
- ☐ DIS-NACC, 4305
- ☐ EEA, 4615
- ☐ FAA, 220C
- ☐ FBI, 170
- ☐ MARCOR LN O, 3475
- ☐ NAVAL RESERVE, 3150
- ☐ NRC, 1725
- ☐ OPM (INV DIV), 180
- ☐ OSI, 220C
- ☐ VALNO, 220D
- ☐

OTHER ORGANIZATIONS
OFFICE/SYMBOL
- ☐ ARPC, Denver
- ☐ HQ MC, Wash. D.C.
- ☐ HQUSCG, Wash. D.C.
- ☐ NMPC, Wash. D.C.
- ☐ USAFMPC, RAFB
- ☐ USARCPAC
- ☐

DATE _____
CLERK'S INITIALS _____

★U.S.GPO:1986-0-491-865/20060

236-100
MILLS, Flavel Jackson
B.M.1c.
Grantsboro, North Carolina

Norfolk, Virginia

6. CHARACTER OF SEPARATION: Honorable

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT: Reenlisting in CG

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
W	M	Married	Yes	11-9-1907, Pamlico, N.C.

13. REGISTERED (SEL. SER. DATA): ☐ YES ☒ NO

14. SELECTIVE SERVICE BOARD OF REGISTRATION

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: Ridge, Maryland

RECORD OF U.S.C.G. SERVICE

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)
☒ re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED
DATE 3-26-43 DATE DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 26 March, 1942

18. NET SERVICE (FOR PAY PURPOSES) (YRS. MOS. DAYS): 6 - 0 - 0

19. PLACE OF ENTRY INTO ACTIVE SERVICE: RO, Norfolk, Virginia

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: Qualifications of ratings held

21. RATINGS HELD: B.M.1c.

22. FOREIGN AND/OR SEA SERVICE WORLD WAR II: ☐ YES ☒ NO

23. SERVICE SCHOOLS COMPLETED: None — WEEKS

24. SERVICE (VESSELS AND STATIONS SERVED ON): TUE MARSHES L STA:. YORK SPIT L STA: CG DEPOT HOBUCKEN, N.C. OC5CGD.

PAY AND INSURANCE DATA

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

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

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$ 574.30	$ 23.80	200.00	W M PARKER PC

34. REMARKS

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)
J. R. SCULLION,
Commander, USCG,
Civil Readjustment Officer,
Fifth Coast Guard District.

EDUCATIONAL AND TRAINING DATA

36. NAME AND ADDRESS OF LAST EMPLOYER: Coa st Guard - Lighthouse service

37. DATES OF LAST EMPLOYMENT: FROM: TO:

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

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA): Reenlistingin Coast Guard

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): —

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED): GRAM.: 7 | H. S.: 2 | COLL.:

42. DEGREES

43. MAJOR COURSE OR FIELD

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

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED: None

47. DATE OF SEPARATION: 3-25-43

48. SIGNATURE OF PERSON BEING SEPARATED: Flavel Jackson Mills

1

TO: COAST GUARD VETERAN

INC 4C

Veterans Administration

REQUEST FOR INFORMATION

1A. ADDRESS CODE: 13

1B. TYPE OF CLAIM: Burial

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [X] SERVICE [ ] MEDICAL [ ] DENTAL [ ] CLINICAL [ ] OTHER

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
VA Regional Office
251 N. Main Street
Winston-Salem, NC 27155

5B. ORIGINATING UNIT: 318/212 B mn

6. FILE NO (Include prefix): XSS 241-48-2351

7. INSURANCE NO:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): Mills, Flavel J.

9A. ALL SERVICE NOS: 236-100

9B. SOCIAL SECURITY NO.: 241-48-2351

10. DATE OF BIRTH: 11-9-07

11. PLACE OF BIRTH: Pamlico, NC

12. DATE OF DEATH: 5-27-87

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK AND ORGANIZATION
A.	3-26-42	3-25-48	Hon.	Navy - Coast Guard
B.				
C.				

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

21. ADDITIONAL INFORMATION REQUESTED
Not sure if this service is Navy or CG. Pls. verify all ADD's & RD's for periods of service. If not a Navy Ser. pls advise.

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: [X] NONE [ ] RESERVE OBLIGATION (Complete item 22B) [ ] RETIRED (Complete item 22C) [ ] UNKNOWN

22B. OBLIGATION TERMINAL DATE:

22C. RETIRED STATUS: [ ] IN PAY STATUS [ ] NONPAY STATUS [ ] TEMPORARY DISABILITY RETIRED LIST [ ] RETIRED-STATUS UNKNOWN

23. DATE: 12-10-87

24. SIGNATURE AND TITLE OF VA OFFICIAL: G H Bartruff - Adj Off.

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

[ ] AVAILABLE REQUESTED RECORDS FORWARDED

[ ] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT

[X] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

14a 2-15-51 14a BMC

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	3/2/88	
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					
			OTHER RECORDS					

N. C. G.-2500 C
Revised 1938

C.G. Depot Hobucken, NC 2-1-51

RETIRED
FEB 1 1951

Service Record

MILLS.
(Surname)

FLAVEL JACKSON	236-100	NB
(Christian names)	(Service No.)	(Citizenship)
BM1.	26 MARCH 1948	THREE (3)
(Enlisted as)	(Date)	(Term of years)
CG DEPOT	HOBUCKEN, N.C.	
(Ship or station)	(Place)	

16—9677-1

MILLS, Flavel Jackson — 236-100
(NAME) — (SERVICE NUMBER)

MARITAL STATUS M
NUMBER OF DEPENDENTS

Other creditable service— YRS. MOS. DAYS

Birth, date of 9 November, 1907
Birth, place of Pamlico, N.C.
Citizenship N.

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
Depot Hobucken (05)	2-1-51	BM1				RECAD this date having ret 1-31-51.
DEPOT HOBUCKEN (05)	2-15-51:	BM1				Perm. ret.

SPEC. QUALIF:

EXP. of CUR. ENL: RACE:

EXT. of EN: (NPDI)

EDUCATION:

SERVICE SCHOOLS COMPLETED: Resident. Correspondence

HOME ADDRESS on ENLISTMENT:

COURTS:

Former lighthouse employee appointed pursuant to Act of August 5, 1939.

MILLS, Flavel Jackson
(NAME)

236 100
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

Other creditable service— YRS. MOS. DAYS

Birth, date of 9 November, 1907.

Birth, place of Pamlico, North Carolina.

Citizenship N.

16—11203

UNIT	DATE	RATE	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
NORFOLK DIST.	3-26-42	B.M.1c.				Orig. Enl. REGULAR Three Years or D.O.E.
TUE MARSHES LT.STA.	3-26-42	B.M.1c.				TR. 8-31-43
York Spit Lt Sta	3-2-45	BMic				TR
York Spit Lt Sta (05)	3-26-45	BMic		JUN 1 1946		Ext 1 yr
Light Sta (05)	12-13-46	BMic				TR (Hotchkiss Depot)
Light Sta Sta (05)	3-25-48	BMic				RE (Expd Ext) Art 5a(2), Reg.
Light Sta Sta (05)	3-26-48	BMic				RE 2nd 2 yrs Reg.
Light Station (05)	3-26-50	BM1				Sta. Keeper

REPORT SYMBOL. (N) BB-1

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3. GRADE - RATE - RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
MILLS, Flavel Jackson	236-100	BM1 2 Apr. 1948	USCG(RET.)

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - -	- - - -	15	Feb.	1951	* RETIREMENT

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
PE-1 23 Jan. 1951 Headquarters Letter AUTH. 515058	Norfolk, Virginia

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
9	Nov.	1907	Pamlico, North Carolina	Male	Caucasian	Brn.	Blue	5'8½"	160

SELECTIVE SERVICE DATA

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

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

SERVICE DATA

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

18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: B.M. 1c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
26	March	1942	Norfolk, Virginia	Ridge, Maryland

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET (Coast Guard) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	-	-	-
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	8	10	20
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES U.S.N.	16	8	27
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	25	7	17

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

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

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

Entitled to the following Medals: American Area, American Defense, World War 2 Victory.

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
Service on ships	- - - -

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST. GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From—To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
- - -	- -	- -	- - -

INSURANCE AND PAY DATA

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

32. KIND OF INSURANCE (amount and premium due each month): N. S. L. I.	U. S. G. L. I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
$5,000. ($4.75)	NONE	ALLOTMENT CONTINUED	- - -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
RETIREMENT(pay cont)	- - -	- - -

AUTHENTICATION

38. REMARKS (Continue on reverse)

* Retired for 20 Years Service
(Retired 2-1-51 Recalled to active duty 2-1-51
Resume retired status 2-15-51.)

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)

O. C. Hinnen
Lieutenant, USCG

PERSONAL DATA

40. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)
COMPENSATION, PENSION, INSURANCE, BENEFITS, ETC. - - - CLAIM NUMBER - - -

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

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAMMAR	HIGH SCHOOL	COLLEGE	DEGREE(S)	MAJOR COURSE OR FIELD
☒ YES ☐ NO	Married	7	2	-		- - -

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	48. SIGNATURE OF PERSON BEING SEPARATED
Grantsboro, North Carolina	

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

DD FORM 214

HEADQUARTERS COPY

Army and Air Force: Attach To Service Record
Navy: To Bureau of Naval Personnel, Washington, D. C.
Marine Corps: Affixed to Service Record Book
Coast Guard: To HQ, Coast Guard, Washington, D. C.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951-970641

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

NAVCG-553 (Rev. 10-45)

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

236-100
MILLS, Flavel Jackson
B.M.1c.
Grantsboro, North Carolina

5. PLACE OF SEPARATION: Norfolk, Virginia

6. CHARACTER OF SEPARATION: Honorable

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT: Reenlisting in CG

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
W	M	Married	Yes	11-9-1907, Pamlico, N.C.

SEL. SER. DATA — 13. REGISTERED: ☐ YES ☒ NO — 14. SELECTIVE SERVICE BOARD OF REGISTRATION

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: Ridge, Maryland

RECORD OF U.S.C.G. SERVICE

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

☒ re-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

DATE 3-26-43 DATE DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 26 March, 1942

18. NET SERVICE (FOR PAY PURPOSES) (YRS, MOS, DAYS): 6 - 0 - 0

19. PLACE OF ENTRY INTO ACTIVE SERVICE: RO, Norfolk, Virginia

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: Qualifications of ratings held

21. RATINGS HELD: B.M.1c.

22 FOREIGN AND/OR SEA SERVICE WORLD WAR II: ☐ YES ☒ NO

23. SERVICE SCHOOLS COMPLETED: None — WEEKS:

24. SERVICE (VESSELS AND STATIONS SERVED ON): TUE MARSHES L STA: YORK SPIT L STA: CG DEPOT HOBUCKEN, N.C. OC5CGD.

PAY AND INSURANCE DATA

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

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

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$ 574.30	$ 23.80	200.00	W M P RKER PC

34. REMARKS

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

J. R. SCULLION,
Commander, USCG,
Civil Readjustment Officer,
Fifth Coast Guard District.

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER: Coast Guard - Lighthouse service

37. DATES OF LAST EMPLOYMENT: FROM: TO:

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

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA): Reenlisting in Coast Guard

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): --

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED) GRAM.:	H. S.: 2	COLL.:	42. DEGREES	43. MAJOR COURSE OR FIELD
7				

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

45. RIGHT INDEX FINGERPRINT



46. OFF DUTY EDUCATIONAL COURSES COMPLETED: None

47. DATE OF SEPARATION: 5-25-46

48. SIGNATURE OF PERSON BEING SEPARATED: Flavel Jackson Mills

2

TO: COAST GUARD HEADQUARTERS

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
23 January, 1951
FILE: AUTH: 515058

From: Commandant
To: MILLS, Flavel Jackson (236-100)BM1, USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, Hoboken Depot, USCG, Mesic, N. W.

Subj: Release from retention on active duty after retirement; travel

1. Effective 15 February, 1951, you are released from active duty and will resume retired status.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will forward a photostatic copy of your pay record to the Commandant (FA), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (FA) of your mailing address and you will thereafter notify the Commandant (FA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your home of selection, action is final and no further designation may be made.

6. Your commanding officer will indorse this order to indicate place, time and date of delivery and time and date of your detachment and departure. You will indorse this order to show place, time and date of receipt, place selected by you as your permanent home after retirement, and time and date of arrival at your permanent home.

F. V. HELMER
By direction

KIERBOW:me Ret 3-11

B 884

-MILLS-

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
22 January, 1951

FILE:

From: Commandant
To: MILLS, Flavel Jackson (236-100)BM1, USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, Hobucken Depot, Music, N. C.

Subj: Retirement

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed 31 January, 1951, as the effective date of your retirement. You are, however, in accordance with the provisions of the Selective Service Act of 1948 (Public Law 759 - 80th Congress), as amended by Public Laws 599 and 850 - 81st Congress, retained on active duty until 15 February, 1951. Report to the Commanding Officer of the unit from which retired for assignment to active duty.

2. In view of your retention on active duty, no travel is authorized herein. When you are returned to inactive duty on the retired list, Article 138 (6) (h), Pay and Supply Instructions will apply.

3. Your commanding officer will indorse this order to indicate place, time and date of delivery. You will indorse this order to show place, time and date of receipt. Your service record will be closed out and forwarded and a new service record prepared in accordance with instructions contained in Personnel Circular No. 10-50.

4. A copy of these orders will be furnished by your commanding officer to the certifying officer having custody of your pay record.

F. V. HELMER
By direction

Incls (2)

KIERBOW:me-ae Ret 3-11

B 8849 TREASURY-CGHQ-WASH.,D.C.

REPORT OF CHANGE IN PERSONN
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 23

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT HOBUCKEN		Mesic, N. C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-660690		2 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

1115, 31 January, 1951: Released from all duties previously assigned and placed on the retired list of the U. S. Coast Guard this time and date.

H/L 1/22/51 PE-1

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.)
df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Mabel Mills (37) — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, North Carolina

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

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*	ADDRESS *(Number, street, city, zone, and State)*
Mabel Mills (37)	Hobucken, North Carolina

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Flavel Jackson Mills Jr.	United States Air Force		XX	X		17
Sarah Alice Mills	Hobucken, N.C.		XX		X	15
Judy Christine Mills	Hobucken, N.C.		XX		X	11
Linda Gray Mills	Hobucken, N.C.		XX		X	10
Harold Lee Mills	Hobucken, N.C.		XX	X		8

(Continue on reverse side)

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

9. NAME OF MOTHER (or *female guardian*) *(First name, middle name, last name)*	ADDRESS *(Number, street, city, zone, and State)*
Beulah Hill (59)	Atlantic, N. C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME: Beulah Hill — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: Atlantic, N. C.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME: DessieRena Roberts (48) — RELATIONSHIP: Mother in law

ADDRESS *(Number, street, city, zone, and State)*: Grantsboro, N. C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Company	Washington, D. C.	1565170

(Continue on reverse side)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME: Mabel Mills — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C. — RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG Depot, Hobucken, N.C.	2/1/51	Flavel J. Mills Flavel J. Mills

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

16—61480-1

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

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

Mabel Mills (37) — Wife

ADDRESS (*Number, street, city, zone, and State*)

Hobucken, North Carolina

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

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Mabel Mills (37)	Hobucken, North Carolina

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Flavel Jackson Mills Jr.	United States Air Force		XX	X		17
Sarah Alice Mills	Hobucken, N.C.		XX		X	15
Judy Christine Mills	Hobucken, N.C.		XX		X	11
Linda Gray Mills	Hobucken, N.C.		XX		X	10
Harold Lee Mills	Hobucken, N.C.		XX	X		8

(*Continue on reverse side*)

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

9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Beulah Hill (59)	Atlantic, N. C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Beulah Hill — Mother

ADDRESS (*Number, street, city, zone, and State*)

Atlantic, N. C.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

DessieRena Roberts (48) — Mother in law

ADDRESS (*Number, street, city, zone, and State*)

Grantsboro, N. C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Company	Washington, D. C.	1565170

(*Continue on reverse side*)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Mabel Mills — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Hobucken, N.C. — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG Depot, Hobucken, N.C.	2/1/51	Flavel J. Mills

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

16—61480-1

F.J.M

CONDUCT OR ASSOCIATIONS WHICH MAY BE CONSIDERED AS ESTABLISHING REASONABLE GROUND FOR REJECTION OR PERSONS SEEKING TO BE ENLISTED, REENLISTED OR APPOINTED IN ANY COMPONENT OF THE COAST GUARD.

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

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

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

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

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

Membership in, affiliation with, or sympathetic association with, any foreign or domestic organization, association, movement, group or combination or persons.

(1) Which practices, seeks to practice, or advocates:

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

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

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

F.J.M

CONSOLIDATED LIST OF ORGANIZATIONS PREVIOUSLY DESIGNATED AS WITHIN EXECUTIVE ORDER NO. 9835 BY LETTERS OF 24 NOVEMBER, 1947, 27 MAY, 1948, and 21 APRIL, 1949 ACCORDING TO THE CLASSIFICATIONS OF SECTION

Totalitarian

Black Dragon Society
Central Japanese Association (Beikoku Chuo Nipponjin Dai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
Heimuska Kai, also known as Hokubei Heieki Gimusha Kai, Zaibei Nihonjin, Juiyaku Gimusha Kai, and Zaibei Hoimusha Kai (Japanese Residing in America Military Conscripts Association)
Hinede Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War Veterans
Hokubei Zaigo Shoko Dan (North American Reserve Officers Associations)
Japanese Association of America
Japanese Overseas Central Society (Kaigai Doho Chuo Kai)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku Iin Kai (Current Affairs Association)
Kibie Seinen Kai (Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan)
Nanka Teikoku Gunyudan (Imperial Military Friends Group of southern California War Veterans)
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
Peace Movement of Ethiopia)
Sakura Kai (Patriotic Society, or Cherry Association - composed of veterans of Russo-Japanese war)
Shinto Temples
Sokoku Kai (Fatherland Society)
Suiko Sha (Reserve Officers Association of Los Angeles)

Fascist

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NADAP, Overseas Branch of Nazi Party
Association of German Nationals (Reichsdeutsche Vereinigung)
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
Citizens Protective League

F.J.M

Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U.S.A. Inc. (Associazione Nazionale Conbattenti Italiani; Federazione degli Stati Uniti d' America)
Friends of the New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund)
Kyffhaeuser Fellowship (Kyffhaeuser-Kameradschaft)
Kyffhaeuser War Relief ((Kffhaeuser-Kameradschaft)
Lictor Society (Italian Black Shirts)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Illinois
Action Committee To Spain Now
American League Against War and Fascism
American Association for Reconstruction in Yugoslavia, Inc.
American Committee for European Workers' Relief
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Committee for Protection of Foreign Born
American Council for a Democratic Greece
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Russian Institue, New York
American Russian Institute, Philadelphia
American Russian Institute (of San Francisco)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
California Labor School, Inc., 216 Market Street, Sand Francisco, California
Central Council of American Women of Croatian Descent, aka Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder

FJM.

Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
Civil Rights Congress and its affiliates
Comite Coordinador Pro Republica Espanola
Committee to Aid the Fighting South
Committee for A Democratic Far Eastern Policy
Commonwealth College, Mena, Arkansas
Communist Party, USA
Communist Political Association
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council of African Affairs
Council for Pan-American Democracy
Dennis Defense Committee
Detroit Youth Assembly
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
International Labor Defense
International Workers Order, including People's Radio Foundation, Inc.
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Labor Research Association, Inc.
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Negroes Congress
National Federation for Constitutional Liberties
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
People's Educational Association
People's Institue of Applied Religion
People's Radio Foundation, Inc.
Philadelphia School of Social Science and Art.

F.J.M

Photo League (New York City)
Progressive German-Americans, aka Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Massachusetts
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Southern Negro Youth Congress
Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
United Committee of Suth Slavic Americans
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America
United Spanish Aid Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League **
Tiybg Communist League

Subversive

Communist Party, USA
Communist Political Association
German-American Bund
Independent Socialist League
Workers Party **
Young Communist League

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

American Christian Nationalist Party

F.J.M

Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Clans, Incorporated
Protestant War Veterans of the United States
Silver Shirt Legion of America

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

Communist Party, U. S. A.
Communist Political Association
Industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Party **
Young Communist League

** Name change to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name. Independent Socialist League, "announced by Attorney General under date of 26 September, 1949.

F. J. M.

AFFIDAVIT
FOR APPLICANTS FOR ENLISTMENT, REENLISTMENT
OR APPOINTMENT IN THE U. S. COAST GUARD CONCERNING
THEIR LOYALTY TO THE UNITED STATES

I have read the attached list of organizations, associations, movements, groups, and combinations of persons, and of those listed I am or have been a member of; am or have been employed by; have attended, been present at, or engage in, organizational or social activities of or sponsored by; have sold, given away or distributed written printed, or otherwise recorded matter published by; or have in any other manner been identified or associated with; the following:

NONE

(for each name stated, set forth a detailed account of nature and extent of association with and activities in connection with the organization, association, movement, group, or combination indicated, including dates, placed, precise description of credentials now or formerly held, and, to the greatest extent recollected, names and addresses of other similarly associated or acting. Attach as many extra sheets as necessary for this purpose. If Federal constitutional privilege is claimed as respects the association in question or as to all or any part of activities in connection with any of the names set forth, the applicant may statee either, "Federal constitutional privilege is claimed, ""or "Federalconstitutional privilege is claimed, as to _____" (describing the specific portions of association or activities as to which the claim is made.)

I have further read or had explained to me, and fully understand the matter copied above, constituting a description of present or pase conduct or associations deemed by the Commandant of the Coast Guard to constitute sufficient grounds for rejection applicants for membership in the Coast Guard. I have engaged in conduct or associations of or similar to the nature of those s et forth only to the following extent:

NONE

(Attach additional sheets as necessary to a full detailed statement. If Federal constitutional privilege is claimed, state such claim, as described above.)

I understand that false representation concerning; or failure to fully disclose (in the absence of an express claim of privilege), any detail of association with, or activities in connection with, any of the associations, movements, groups, or combinations listed on the attached sheet which I have initialed, or any detail of present or past conduct or associations of or similar to the character of those copies above shall constitute grounds for bringing me to trial before a general court martial with possible consequent conviction and imprisonment, of for subsequently separating me from the Coast Guard under conditions other than honorable with or without any precedent court-martial procedure. I further understand that even though I am not accepted for enlistment or appointment in the Coast Guard, I may be subject to civil prosecutions for false certification in any of the foregoing respects. Fully appreciating the foregoing, I hereby certify that the statements above constitute a correct and full disclosure (to the extent that privilege has not been expressly claimed)of all my present and past connections of any nature with any one or more of the groups named on the attached list, and of any of those set forth in paragraph 2 of reference (a), copied above, in which I am now engaging or have at any time engaged.

Given under my hand this 1st day February, 19 51.

Flavel J. Mills

Flavel J. Mills

Witnessed this 1st
day of February
19 51

J. W. BOLDING, LTJG, USCG

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

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

RE ENLISTMENT OF MILLS, Flavel Jackson (Full name, surname to left); 236-100 (Service number); $148.50 (Pay per month)

Accepted for enlistment at Hobucken, North Carolina; BMlc. (Rating in which enlisted)

Enlisted at COAST GUARD DEPOT, Hobucken, N.C.; 26 March, 1948 (Date of enlistment)

Transferred to - - -

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

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

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

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

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

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

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

Flavel Jackson Mills

Flavel Jackson Mills
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 26th day of March, A. D. 1948

L. R. CHENOWETH, Ship's Clerk, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief, Military Personnel Section, 5CGD.
(Title)

Citizenship substantiated and contract perfected.

L. R. CHENOWETH.

Ship's Clerk, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
CG LT. ATTENDANT STA. (By dir. CO, Comdr. 5th CGD)	C.R. fm BMic to BMi. Auth: P. C. # 36-47	APR 2 1948	L. R. CHENOWETH Ship's Clerk, By Dir.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF MILLS, Flavel Jackson 236-100

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

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature
CG Depot, Hobucken, N.C. (O, Comdr., 5th CGD)	APR 2 8 1950	Petty Officer Certificate of Appointment to Rating of BM1 to rank as such from 3/26/42, delivered.	A. N. WARD, LTJG, USCG By Direction

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
MAR 3 1 1948	BM 1/c	3.7	3.7	3.7	3.7	4.0	Hobucken Depot (O, Comdr. 5th CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
6-30-48	BM1.	3.5	3.5	3.7	3.5	4.0	Hobucken Depot (O, Comdr. 5th CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
9-30-48	BM1.	3.5	3.5	3.7	3.5	4.0	Hobucken Depot (O, Comdr. 5th CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
12-31-48	BM1	3.5	3.5		3.5	4.0	Hobucken Depot (O, Comdr. 5th CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
3-31-49	BM1	3.7	3.5	3.7	3.5	4.0	CGD HOBUCKEN (O,C5CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
6-30-49	BM1	3.7	3.5	3.7	3.5	4.0	CGD Hobucken (O, Comdr. 5th CGD) L. R. CHENOWETH Ship's Clerk, By Dir.
9/30/49	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken (O,C5CGD) A. N. WARD, LTJG, USCG By Direction
12/31/49	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken, N.C. (OC5CGD) A. N. WARD, LTJG, USCG By Direction
3/31/50	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken (OC5CGD) A. N. WARD, LTJG, USCG By Direction
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

MILLS, Flavel J. 236-100

Date	Rate	Proficiency in Rating	Seamanship	Mechanical Ability	Ability as Leader of men	Conduct	UNIT	SIGNATURE
6/30/50	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken (O,C5CGD)	A. N. WARD, LTJG, USCG By Direction
9/30/50	BM1	3.7	3.5	3.7	3.5	4.0	Depot, Hobucken,NC (O,Comdr5h CGD)	[illegible] By direction
12/31/50	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot,Hobucken,N.C., (O,Comdr.,5th CGD)	W. BOLDING, LTJG USCG By direction
1/31/51	BM1	3.7	3.5	3.7	3.5	4.0	Depot, Hobucken,NC (O,Comdr.,5CGD)	W. BOLDING, LTJG USCG By direction
		3.647				4.0		

MILLS, Flavel Jackson (Name) 23[illegible]00 (Service No.)

L-E-A-V-E A-C-C-O-U-N-T

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	CO'S SIGNATURE AND UNIT
REASON	DATE	NO. DAYS	FROM (Inclusive dates)	TO	TYPE OF LV.	REASON FOR LV.	NO. DAYS	NO. DAYS	
DIS	3-25-48	23						55	L. R. CHENOWETH Ship's Clerk, By Dir.
	COMPENSATED FOR 60 DAYS ACC LV DUE ON DIS IN AMT. OF $								
IC (REEN)	3-26-48	00						00	L. R. CHENOWETH Ship's Clerk, By Dir.
ANCR	6-30-48	8	- - - - -	Hobucken Depot	- - - -	- - -		8	L. R. CHENOWETH Ship's Clerk, By Dir.
BBF.	7-1-48	8	- - - - -	Hobucken Depot	- - - -	- - -		8	L. R. CHENOWETH Ship's Clerk, By Dir.
ANCR.	JUN [illegible]	30	- - - -	CG DEPOT, Hobucken, N. C.		- - -		38	L. R. CHENOWETH Ship's Clerk, By Dir.
BBF.	JUL 1 1949	38	- - - -	CG DEPOT, Hobucken, N. C.		- - -		38	L. R. CHENOWETH Ship's Clerk, By Dir.
RET.									

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM (Inclusive dates)	TO	REASON	NO. DAYS	CO'S SIGNATURE AND UNIT

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service Number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason & Date	Creditable service for leave purposes Mos.	Days	No. of days earned	Departed Hour	Date	Returned Hour	Date	Type and reason	No. days	Bal. due	Signature and Unit
BBF 7/1/49	--	--	38	- - - -	CG DEPOT, Hobucken, N.C.			- - - - -		38	/s/L.R.CHENOWETH
ANCR 6/30/50	12	0	30	- - - -	CG DEPOT, Hobucken, N.C.			- - - - -		60	A. N. WARD, LTJG, USCG By direction
BBF 7/1/50	--	--	60	- - - -	CG DEPOT, Hobucken, N.C.			- - - - -		60	A. N. WARD, LTJG, USCG By direction
RET. ~~1/31/51~~ 2-15-51	7	0	~~18~~ 19	- - - -	Depot, Hobucken, N.C.			- - - - -		60	W. GOLDING, LTJG USCG By direction

Entitled to and elects to receive compensation for sixty (60) days accrued leave due on retirement.

Elects TA to Grantsboro, N.C., HA of selection.

W. GOLDING, LTJG USCG
By direction

1-31-51 (2-16-51) Paid this date, $ 616.80 for 60 days unused leave as listed: LSL(BP&L) 60 days $ 499.80, LSL (Allow) 60 days $ 117.00, in the accounts of Paul D. Banning, Chief Disbursing Officer, Symbol 1376.

L. D. YOUNG, Ch. Pay Clerk, USCG
Authorized Certifying Officer, 5th CG Dist Office

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

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

From (Inclusive dates)	To	Reason	Months	Days	Signature and Unit
		Entitled to compensation for only 60 days on resumption of retired status 2-15-51. M.J. 8/14/51			

RECORD OF _____ _____
(Full name, surname to the left) (Service Number)

10. TRIALS BY COURTS MARTIAL

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

11. DEDUCTIBLE TIME

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

Period		Reason	Time Lost			Signature and Unit
			Longevity		Enl.	
From	To	AOL, AOM, etc	Mos.	Days	Days	
(Inclusive dates)						

3-12-21

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

Unit	Date	Cause	Place of burial	Disposition of effects	Was death in line of duty?	Signature
CG Depot, Hobucken NC(C5CGD)	1/31/51	Retirement				

14. RETIREMENT

Unit	Date	Cause	Authority	Signature
CG Depot, Hobucken NC(C5CGD)	1/31/51	Retirement	HL 1/22/51 PE-1	J. W. HOLDING, LTJG USCG By direction

RECORD OF MILLS, Flavel Jackson (Full name, surname to left) 236-100 (Service No.)

7. COMMENDATIONS AND AWARDS

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

Ship or Station	Date	Remarks
CG Depot, Hobucken, NC. (O. Comdr. 5th CGD)	3-25-48	*Authorized to wear American Area Campaign Ribbon (H/L (PMM) 10-30-45 CG-670) *Authorized to wear World War Two Victory Medal. Auth: ALNAV 352, 1945 *Authorized to wear Good Conduct Ribbon for period of 3/26/42 to 3/25/45. Auth: PB 86-44. *Issued U. S. Coast Guard Good Conduct Bar for period of creditable service from 3/25/45 to 3/25/48 (PB 86-44 and PB 91-4? L. R. CHENOWETH Ship's Clerk, By Dir.
CG Depot, Hobucken, N.C. (O. Comdr. 5th CGD)	3-26-48	* Issued World War II Victory Medal & American Defense Medal. L. R. CHENOWETH Ship's Clerk, By Dir.

* Abstracted fm. previous S/R.

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

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

Mabel Mills 37 yrs — Wife

ADDRESS (*Number, street, city, zone, and State*)

Hobucken, N.C.

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

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*) — ADDRESS (*Number, street, city, zone, and State*)

Mabel Mills, 37 yrs — Hobucken, N.C.

7. CHILDREN FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE MARRIED	CHECK ONE SINGLE	SEX M	SEX F	AGE
Flavel Jackson Mills Jr. 17 yrs	United States Air Force		x	x		17
Sarah Alice Mills.	Hobucken, N.C.		x		x	15
Judy Christine Mills	Hobucken, N.C.		x		x	11
Linda Gray Mills	Hobucken, N.C.		x		x	10
Harold Lee Mills	Hobucken, N.C.		x	x		8

(*Continue on reverse side*)

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

Deceased

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

Beulah Hill 59 yrs — Atlantic, N.C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Beulah Hill — Mother

ADDRESS (*Number, street, city, zone, and State*)

Atlantic, N.C.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Dessie Rena Roberts, 48 yrs — Mother in Law

ADDRESS (*Number, street, city, zone, and State*)

Grantsboro, N.C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Copany.	Washington, D.C.	15695170

(*Continue on reverse side*)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME — RELATIONSHIP

Mabel Mills — Wife

ADDRESS (*Number, street, city, zone, and State*) — RECEIVE EACH MONTH

Hobucken, N.C. — 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Coast Guard Depot, Hobucken, N.C.	9-1-50	Flavel J. Mills Flavel J. Mills

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

16—61480-1

Kolb[illegible] HAS

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

31 March, 1949.

From: Commandant.

To: Commanding Officer, Light Stations, 5th CG District
Via: Commander, 5th CG District
SUBJECT: MILLS, Flavel Jackson (236-100) BM1; USCG

Statement of service of.

Ref: Your letter dated 15 February, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
16 Years 8 Months 27 Days Lighthouse Service Creditable for Longevity.							
USCG							
3-26-42 Enl. Ext. 3 Yrs. from 3-26-45							
	3-25-48 HD	None		None		None	
3-26-48							
Now Serving.							

B. A. Shaw
[illegible] USCG
[illegible] Direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

31 March, 1949.

From: Commandant.

To: Commanding Officer, Light Stations, 5th CG District
Via: Commander, 5th CG District
SUBJECT: MULLS, Flavel Jackson (236-100) BM1; USCG

Statement of service of.

Ref: Your letter dated 15 February, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
16 Years 8 Months 27 Days	Lighthouse Service Creditable for Longevity.						
USCG							
3-26-42							
Enl. Ext. 3 Yrs. from 3-26-45							
	3-25-48	None		None		None	
3-26-48							
Now serving.							

B. A. Shaw
[illegible] USN
By Direction

U. S. GOVERNMENT PRINTING OFFICE 16—32053-3

NAVCG 2702-A
U. S. COAST GUARD
Form approved by
Comptroller General, U. S.
August 7, 1943

QUARTERS

VOUCHER FOR ~~INCREASED~~ ALLOWANCES

1 July, 1950
*(Date)

MILLS, (Surname) Flavel (First name) J. (Initial)

BM1 (Rank) CG Depot, Hobucken, North Carolina (Ship or station)

1. I CERTIFY that I am entitled to the ~~increased rental and subsistence~~ quarters allowances provided for ~~an officer~~ a member with dependents by reason of the dependency of the below-named person. (Show data for one dependent only.)

Lawful wife Mabel (First name) E. (Middle name) Mills (Surname) 10-19-31 (Date of marriage)

Coast Guard Depot, Hobucken, N.C. (Address)

Legitimate child (under 21) _____ (First name) _____ (Initial) _____ (Surname)

_____ (Address) _____ (Date of birth)

Certificate required by chapter II, P. & S. I., attached hereto.

Adopted child (under 21) _____ (First name) _____ (Initial) _____ (Surname)

_____ (Address) _____ (Date of birth)

Mother Father _____ (First name) _____ (Initial) _____ (Surname)

_____ (Address)

_____ (Effective date Comptroller General determination of dependency) _____ (Number and date Comptroller General decision)

"SERVICE RECORD COPY"

I CERTIFY that I have contributed to the support of my (mother) (father) during the period since _____ (date of last voucher) an average of $_____ per month in cash or its equivalent, without any consideration in return, which contribution represents (her) (his) chief source of support, and each and every statement set forth in the affidavit ~~(Std. Form 1037)~~ dated _____ attached hereto, is true and correct and so remains at this time except as noted on the reverse hereof.

2. I FURTHER CERTIFY that my dependents ~~are not~~ _____ (Insert are or are not) in occupancy of public quarters without charge (except for brief visits in quarters assigned to another ~~officer~~ member.

3. There has been no change in the above-stated dependency since ~~26 March, 1948~~ _____ (Date of last voucher), except

_____ (Material change, e. g., divorce, death, child becoming of age, etc.)

_____ (Date)

4. I will immediately notify my disbursing officer of any changes in the above-stated dependency.

Flavel J. Mills

Flavel J. Mills, BM1

_____ (Signature and rank)

_____ (D. O. symbol number)

*—1/1 or 7/1 except for first or change voucher.

U. S. GOVERNMENT PRINTING OFFICE 16—37013-2

Flavel J. 236-100 BM1

HT ATTENDANT STATION Hobucken, N.C.

7 March, 1950

1000
3/7/50 CG Depot, Elizabeth City, N.C.
resumption of regular duty.

Art. 710, Regs.

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction df

Flavel J. 236-100 BM1

Elizabeth City, N.C.

7 March, 1950

1540
3/5/50 CG Light Attendant Station, Hobucken, N.C.
TAD.

Art. 710, Regs.

1430
3/6/50 CG Light Attendant Station, Hobucken, N.C.
resumption of regular duty.

Art. 710, Regs.

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction df

lavel J. 236-100 BM1

T ATTENDANT STATION Hobucken, N.C.

7 March, 1950

CG Depot, Elizabeth City, N.C.

0300
3/5/50 TAD.

Art. 710, Regs.

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction df

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

2

CG DEPOT, Hobucken, North Carolina
(Unit)

MILLS, Flavel J.
(Name in full—surname to the left)

25 March, 1948
(Date)

236-100
(Service number)

BMlc, USCG
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	3	26
Enlistment extended (for 3 years from)	1945	3	26
Date of discharge (HONORABLE) (Character of discharge)	1948	3-	25

	NUMBER OF—		
	Years	Months	Days
Total time of last enlistment period	6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

PAID PREVIOUS ENLISTMENT ALLOW. 3-26-45 ON EXT. OF ENL.

Total Absence (0 days)

Creditable time served during last enlistment period	6	0	0

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

L. R. CHENOWETH,

Date 25 March, 1948 (Rank) Ship's Clerk, U. S. C. G.
xCommanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 26 March, 1948

CG DEPOT, Hobucken, North Carolina
(Unit and place)

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

a period of three years from this date.

L. R. CHENOWETH,

Ship's Clerk

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

16—20008-1

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

31 March, 1949.

From: Commandant.

To: Commanding Officer, Light Stations, 5th CG District
Via: Commander, 5th CG District
SUBJECT: MILLS, Flavel Jackson (236-100) BM1; USCG

Statement of service of.

Ref: Your letter/dated 15 February, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
16 Years 8 Months 27 Days Lighthouse Service Longevity. Creditable for							
USCG							
3-26-42							
Enl. Ext. 3 Yrs. from 3-26-45							
	3-25-48 HD	None		None		None	
3-26-48							
Now Serving.							

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

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Comp (21) prior to 7/1/48

Will complete 24 on

6/28/49

CG 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

MILLS, (Surname)	Flavel (First name)	J. (Middle initial)	236-100 (Service No.)	BM1 (Rank or rating)

CG Depot (O,C5CGD) (Unit)	Hobucken, N. C. (Place)	29 June, 1949 (Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Completed a 24 year period of net service and will be credited with increased pay in accordance with the following statement:

Total service in USLHS	16 years	8 months	27 days
Total service in USCG (To date of 6-29-49)	7 years	3 months	3 days
Total service	24 years	no months	no days

Inducted in the Coast Guard under authority of ACT of 8-5-39.
Now serving

AUTHORITY:

PC 21-47
PC 26-49
HQ Form 2511 dtd 3-31-49

L. R. CHENOWETH, SCLM, USCG
(Commanding)
By direction
(6-29-49 trp)
(Title)

---

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

(Date) .....

(Pay officer) .....

U. S. GOVERNMENT PRINTING OFFICE 16—44336-2

MILLS, Flavel J. 236-100 BM1

OG LIGHT ATTENDANT STATION Hobucken, N. C.

05-199 2 April, 1948

xxxx BM1c BM1 4-2-48

PC 36-47

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction dfm

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

NAVCG-553 (Rev. 10-45)

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

236-100
MILLS, Viavel Jackson
B.M.1c.
Grantsboro, North Carolina

5. PLACE OF RATION

Norfolk, Virginia

6. CHARACTER OF SEPARATION

Honorable

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

Reenlisting in CG

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
N	M	Married	Yes	11-9-1907, Pamlico, N.C.

SEL. SER. DATA

13. REGISTERED ☐ YES ☒ NO

14. SELECTIVE SERVICE BOARD OF REGISTRATION

15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE

Ridge, Maryland

RECORD OF U.S.C.G. SERVICE

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

☒ RE-ENLISTED ☐ INDUCTED ☐ COMMISSIONED

DATE 3-26-42 DATE DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE

26 March 1942

18. NET SERVICE (FOR PAY PURPOSES) (YRS, MOS, DAYS)

6 - 0 - 0

19. PLACE OF ENTRY INTO ACTIVE SERVICE

RD, Norfolk, Virginia

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.

Qualifications of ratings held

21. RATINGS HELD

B.M.1c.

22 FOREIGN AND/OR SEA SERVICE WORLD WAR II ☐ YES ☒ NO

23. SERVICE SCHOOLS COMPLETED | WEEKS

None

24. SERVICE (VESSELS AND STATIONS SERVED ON)

TUG MARSHES L STA: YORK SPIT L STA: CG DEPOT HOBUCKEN, N.C. OC5CGD.

PAY AND INSURANCE DATA

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

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

30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER
$ 574.30	$ 25.80	200.00	W M PARKER PC

34. REMARKS

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

J. R. SCULLION,
Commander, USCG,
Civil Readjustment Officer,
Fifth Coast Guard District.

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER

Coast Guard - Lighthouse service

37. DATES OF LAST EMPLOYMENT FROM: TO:

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

---

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

Reenlisting in Coast Guard

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)

---

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED) GRAM.: 7 | H. S.: 2 | COLL.:

42. DEGREES

43. MAJOR COURSE OR FIELD

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

45. RIGHT INDEX FINGERPRINT



46. OFF DUTY EDUCATIONAL COURSES COMPLETED

None

47. DATE OF SEPARATION

5-25-46

48. SIGNATURE OF PERSON BEING SEPARATED

8

TO: SELECTIVE SERVICE

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD DEPOT — Hobucken, North Carolina
(Unit) (Place)

26 March, 1948
(Date)

MILLS, Flavel J. (236-100) BMlc, USCG

FROM: Comdr, 5th CG District

TO: COMMANDANT (via _____)

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

Mabel E. Mills	Grantsboro, North Carolina
Linda G. Mills (daughter)	Same
Judy C. Mills (daughter)	Same (Address of wife)
Sarah A. Mills (daughter)	Same
Flavel J. Mills Jr. (son)	Same (Address of child)
Harold L. Mills (son)	Same
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Sulah Hill	Mother	Atlantic, North Carolina
(Full name of relative)	Relationship.	(Address of relative)

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

L. R. SHERWOOD day of, Ship's Clerk 19 USCG.

Chief, Military Personnel Section, 5CCD.
(Signature)

(Rank or title)

Flavel J Mills
Flavel J. Mills,
(236-100) BMlc USCG
(Signature)

(Rank or rating)

16—25758-1

MILLS, Flavel J. 236-100 BMlc

CG LIGHT ATTENDANT STATION Hobucken, N. C.

05-199 26 March, 1948

3-26-48: Reenlisted this date in the RE of the CG for a period of 3 years in the rating of BMlc.

PC 103-44

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction

dfm

MILLS, Flavel J. 236-100 BM1c

CG LIGHT ATTENDANT STATION Hobucken, N. C.

05-199 26 March, 1948

3-25-48: Issued HONORABLE DISCHARGE by reason of expiration of enlistment and extension thereof.

Art. 589(1) Regs.
& PC 57-44

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction

dfm

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

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

MILLS,	Flavel	J.	256-100	RdM
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG DEPOT	Hoboken, N.J.	26 March, 1948
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Completed six (6) years creditable service on 26 March, 1948 and will be credited with increase in pay accordingly:

Enlisted in USCG 6 yrs. - - - - - - - - - - - - - - - - 3-26-42
DEDUCTIBLE TIME - - - - - - - - - - - - - - - - - - - NONE
Enl. Vol. extended 3 yrs. - - - - - - - - - - - - - - 3-26-45
DEDUCTIBLE TIME - - - - - - - - - - - - - - - - - - - NONE
Completed 6 yrs. - - - - - - - - - - - - - - - - - - 3-26-48

Still serving.

AUTHORITY: PB 59-42 & PC 21-47.

L. R. CHENOWETH, Ship's Clerk, USCG
(Commanding)

Chief, Military Personnel Section, 8CGD.
(Title)

---

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

(Date) .....

(Pay officer) .....

U. S. GOVERNMENT PRINTING OFFICE 1943 O 534889

"SERVICE RECORD COPY"

ROUTINE CHECK LIST FOR PERSONNEL BEING DISCHARGED

I - CIVIL READJUSTMENT ROOM 248 3-25-48 (date) BB (initial)

II - MILITARY PERSONNEL OFFICE ROOM 202 _____ (date) _____ (initial)

IIII - PAY OFFICE ROOM 234 _____ (date) _____ (initial)

IIII - WELFARE OFFICE ROOM 244 3-25-48 (date) ERS (initial)

✓ 1. Complete termination of service sheet

✓ 2. Issue discharge certificate

✓ 3. Issue HD button and Honorable Service Lapel Button

✓ 4. Form 550 (MOP Form)

✓ 5. Form 510 (For discharge and mileage)

✓ 6. Form 2599 (Report of Change of Personnel)

7. Pick up identification card

8. Close out termination sheet in Health Record

9. Issue information furnished persons on discharge

✓ 10. Issue Good Conduct Awards & letter of entitlement to Medals

11. President's appreciation Sheet, if not previously issued

✓ 12. Satisfactory Service Card

13. Issue discharge emblems

✓ 14. Complete Form 553 (Civil readjustment form)

AUTHORITY FOR DISCHARGE **Article 589(1), CG Regs & PB 57-44**

AVERAGE MARKS: PROFICIENCY IN RATING 3.7 CONDUCT 4.0

PAFE OR HA: ~~Mxxxxxxxx~~ Ridge, Maryland MILEAGE $23.80

SERVICE OUTSIDE THE CONTINENTAL LIMITS OF THE UNITED STATES ~~XXX~~ NO

CREDITABLE SERVICE TO 3-25-48 6 Years 0 months 0 days

ACCRUED LEAVE DUE 60 (days due) AMOUNT $400.50 CARRY OVER ON REEN? ~~YES~~ NO

HOME ADDRESS ON DISCHARGE Grantsboro, N.C.

mm/3/17/48

24 May, 1941.

Director of Personnel,
Treasury Department,
Washington, D. C.

Sir:

Reference is made to the Civil Service Commission's letter of March 5, 1941 (SR:MEC:BA), and previous correspondence regarding a discrepancy in the date of birth of Flavel J. Mills, keeper at Point No Point Light Station.

Mr. Mills was unable to obtain a birth certificate made from information filed at the time of birth becuase the vital statistics of North Carolina were not kept until 1913. He submitted the inclosed report from the Bureau of the Census, which shows that in April 1910 he was two years old, which would make his year of birth 1907. Since there was no discrepancy in the date of the month or the month of the year, the report from the Bureau of the Census appears sufficient to establish his correct date of birth as November 9, 1907. The record of this office has been noted to show that date.

By direction of the Commandant,

Very truly yours,

T. O. ROBERTSON,
Chief, Civilian Personnel Section.

MAY 26 1941

B. V. S. Form 33A
20M—8-40

North Carolina State Board of Health

A 3114

BUREAU OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH

1. PLACE OF BIRTH:
   (a) County: Gaston
   (b) Township: No. 2
   (c) City or town: Gastonia
   (d) Street, hospital or institution:

Registration District No. 16 04 Certificate No.

2. RESIDENCE OF MOTHER at time of this birth:
   (a) State: N. C. (b) County: Gaston
   (c) City or town: Gastonia
   (d) Street or RFD:

3. FULL NAME OF CHILD: Flavel J. Mills

4. Sex: Male | 6. Twin or triplet: — If so—born 1st, 2nd, or 3rd: — | 7. Legitimate? | 8. Date of birth: Nov. 9 1907

FATHER OF CHILD

9. Full name: Frank Mills
10. Color or race: White 11. Age at time of this birth: 25 yrs.
12. Birthplace: Gaston (City, town or county) (State or foreign country)
13. Usual occupation: Farming
14. Industry or business:

MOTHER OF CHILD

15. Name before marriage: Beulah Paul
16. Color or race: White 17. Age at time of this birth: 18 yrs.
18. Birthplace: Hartsville (City, town or county) (State or foreign country)
19. Usual occupation: Housekeeper
20. Industry or business:

21. Children born to this mother (at time of this birth): (a) How many other children of this mother are now living? Not any.
(b) How many other children were born alive but are now dead? None. (c) How many children were born dead? None.

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, OR RELATIVE

I hereby certify that I ~~was present~~ attended at the birth of this child who was born alive at about 2 0 m. on the date above stated, and that other information given was furnished by Beulah Mills, related to the child as mother.

(Signed) Beulah Mills

~~M.D., Midwife~~ parent ~~or other~~ Date signed Sept. 12 1940

Address Gastonia, N. C.

Witness to signature (When signed by mark)

DO NOT WRITE IN THIS SPACE.

Confirmed by:
Sworn statement: yes
Supporting affidavit: yes
Documentary proof:
Filed 9-18, 1940 By M.C.A.

Filed Sept. 12, 1940 Mrs. Rosa Davis Local registrar

THIS IS TO CERTIFY that the above is a true copy of the birth certificate of Flavel J. Mills filed in this office.

C. V. Reynolds

State Registrar.

75

OFFICE OF COMMANDER
NORFOLK DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

NORFOLK, VA.

U. S. COAST GUARD
REC'D APR 23 1941

22 April, 1941.

From: Commander, Norfolk District.
To: Commandant.

Subject: Flavel J. Mills, keeper, Point No Point Light Station, date of birth.

Reference: (a) Headquarters' letter 21 August, 1940 (CP-75).
(b) Headquarters' form letter 13 Jan., 1941 (CP-75).
(c) District letter 12 Oct., 1940 (75).
(d) District letter 22 Jan., 1941 (75).

Inclosure: (A) Letter from Bureau of the Census 19 April, 1941.

1. Inclosure (A) shows that the subject employee was two years old at the time the census was taken, on 15 April, 1910. Thus, he would have been three years old on his birthday that year. Accordingly, the year of his birth would have been 1907, which is in agreement with the date claimed by Mr. Mills.

2. It is, therefore, recommended that 9 November, 1907, be accepted as the correct date of birth of this employee.

C. J. Sullivan

C. J. SULLIVAN,
By direction.

CP-75

13 January, 1941.

From: Commandant. Norfolk District.
To: Commander,

It is requested that the information indicated in the items checked below be furnished Headquarters promptly, with the return of the attached papers, if any.

Flavel J. Mills, keeper.

NAME AND DESIGNATION _____

(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet in duplicate.
(3) Furnish certified statement of unappointed service in duplicate.
(4) Furnish oath of office in duplicate.
(5) Furnish Civil Service Form 375 in triplicate.
(6) Submit Form SS-66 in duplicate, showing last day served by temporary appointee.
(7) Furnish standard Form 13 in quadruplicate (abstract of official record).
(8) Furnish documentary evidence of date of birth as prescribed in Civil Service Form 2473, attached.
(9) Submit enclosed nominations through the District Civil Service Secretary.
(10) Furnish one copy of certified Form 2806.
(11) Forward promptly address to which retirement pay checks are to be mailed.
(12) Have the enclosed form signed and returned.
(13) Furnish Form 3464a, Personnel Information Sheet.

Please expedite compliance with instructions contained in Headquarters' letter of 8 November, 1940, in regard to submission of documentary evidence to establish the date of birth of Mr. Mills, which will meet the requirements of one of the paragraphs of the Civil Service Commission's form 2473.

By direction,

N. R. STILES,
Assistant Personnel Officer.

JAN 15 1941

MAIL DESK

Form 2767
March 1939

UNITED STATES CIVIL SERVICE COMMISSION
Washington, D. C.

SR:MEC:BA

...March 5, 1941.....

(miss Cavanaugh's wire #305 called Comm 4-17-41 and related circumstances.

Director of Personnel
Room 26, U. S. Treasury Building
Treasury Department
Washington, D. C.

Sir:

The Commission will appreciate information showing the action taken on the Department's ~~its~~ letter of 9-18-40 relative to the date of birth of Flavel J. Mills, keeper, fifth lighthouse district, Norfolk, Virginia.

By direction of the Commission:

Very respectfully,

L. A. Moyer,
Executive Director and Chief Examiner.

CP 75

February 20, 1941.

Director of Personnel,
Treasury Department,
Washington, D.C.

Sir:

Reference is made to the Civil Service Commission's letter of July 25, 1940, and your letter of September 5, 1940, regarding the date of birth of Flavel J. Mills, keeper at Point No Point Light Station.

This office is in receipt of a letter from the Norfolk District Office of this Service to the effect that Mr. Mills has been unable to establish his correct date of birth by one of the methods outlined in Form 2473, but that he is still endeavoring to get the evidence from the Bureau of the Census. However, it advised Mr. Mills that due to the large number of such requests and the lack of additional help it would be unable to furnish any information promptly. However, when he can establish the correct date, evidence will be forwarded promptly.

By direction of the Commandant,

Very truly yours,

R. J. GROSS,
Chief, Civilian Personnel.

FEB 20 1941

75

U. S. COAST GUARD
RECD JAN 3 1941

75

OFFICE OF COMMANDER
NORFOLK DISTRICT

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
NORFOLK, VA.
22 January, 1941

From: Commander, Norfolk District.
To: Commandant.

Subject: Flavel J. Mills, Keeper, Point No Point Light Station - Date of birth.

Reference: (a) Headquarters form letter 13 January, 1941(CP-75).

Inclosure: (1) Post card from Census Bureau dated 12 December, 1940.

1. In connection with above reference, Headquarters is informed that the only method available by which it is hoped to establish the correct date of birth in the case of subject employee is by securing information from the Census Bureau. On 9 December, 1940 this information was requested of that Bureau. The attached reply was received. It is gathered from the inclosure that early action can not be contemplated.

C. J. Sullivan

C. J. SULLIVAN,
By direction.

DEPARTMENT OF COMMERCE 12-12-40
BUREAU OF THE CENSUS D-63736
Washington Re: Mills, Flavel Jackson

Your recent request for information contained in the census records will be complied with at the earliest possible date. The Bureau of the Census is receiving more requests for information of this character than it can promptly handle. No additional force can be employed on this work because of the limited appropriation made by the Congress. The requests are answered in the order received and as promptly as practicable.

cc

W. L. Austin

Director.

CP-75

8 November, 1940.

From: Commandant.
To: Commander, Norfolk District.

Subject: Flavel J. Mills, keeper, Point No Point Light Station; date of birth.

Reference:
(a) Your letter 12 October, 1940 (75).
(b) Headquarters letter 21 August, 1940 (CP-75).
(c) Civil Service Commission's letter 25 July, 1940 (SRS:AZ:JA Audit).
(d) Department letters 1 August, 1940, and 5 September, 1940.

Inclosure:
1. Form 2473; procedure for establishing date of birth.

1. The documentary evidence furnished by your office with reference (a) is a "delayed certificate of birth," and it is shown thereon that it was filed with the Bureau of Vital Statistics of the North Carolina State Board of Health on 12 September, 1940.

2. Your attention is invited to paragraph (1) of the inclosure to the effect that a certified copy of the public record is acceptable but that "the record must be based on information filed at the time of birth or shortly thereafter." Since the document furnished in this case does not meet that requirement, it is requested that this employee be instructed to obtain documentary evidence which will meet the requirements of one of the paragraphs of the inclosure. A written statement in triplicate signed by the employee is also to be furnished showing the reason why he cannot obtain evidence in accordance with the procedure stated in the first or any other paragraph of the inclosure preceding that under which he is able to obtain satisfactory evidence.

3. It is requested that the district office examine any evidence furnished by this employee to see that it meets the Commission's requirements before forwarding it to Headquarters.

By direction,

MAILED
NOV 9 1940
MAIL DESK

N. R. STILES,
Assistant Personnel Officer.

RETOR

75

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
NORFOLK DISTRICT

Norfolk, Va., 12 Oct., 1940.

U. S. COAST GUARD
RECD OCT 15 1940

From: Commander, Norfolk District.
To: Commandant.

Subject: Flavel J. Mills, keeper, Point No Point Light Station, date of birth.

Reference: (a) Headquarters' letter 21 August, 1940 (CP-75).

Inclosure: (1) Certified Copy of Birth Certificate.

1. In compliance with paragraph one of Civil Service Commission Form 2473 for the establishment of date of birth, there is forwarded herewith a certified copy of the Birth Certificate of Flavel J. Mills, showing his date of birth as 9 November, 1907.

2. It is recommended that this date be accepted as Mr. Mills' correct date of birth.

C. O. Peel

C. O. PEEL,
By direction.

CP-75

September 18, 1940.

Director of Personnel,
Treasury Department,
Washington, D. C.

Sir:

With reference to your letters of August 1 and September 5 regarding the correct date of birth of Flavel J. Mills, keeper in the Norfolk District, this office has requested the district to have Mr. Mills furnish documentary evidence to establish his correct date of birth, and this will be submitted when available.

By direction of the Commandant.

Very truly yours,

R. J. GROSS,
Chief, Civilian Personnel.

SEP 18 1940

TREASURY DEPARTMENT

WASHINGTON

PERSONNEL DIVISION

September 5, 1940.

TO Capt. C. H. Jones

FROM Mr. Ballinger

Subject: Date of Birth of Flavel J. Mills

With reference to our memorandum of August 1, 1940, regarding the above subject, to date this office has not received a reply.

The Civil Service Commission informed us that when Mr. Mills filed appointment forms in connection with classification he gave his date of birth as November 9, 1907, whereas subsequent reports to the Commission show date of birth as November 9, 1908.

In view of the above discrepancy, it will be necessary for Mr. Mills to establish his date of birth, and the Commission requests that forms sent with previous memorandum be used to establish the correct date. It is requested that evidence of date of birth be forwarded through this office accompanied by a letter of transmittal in duplicate.

It will be appreciated if you will look into this matter and send us a reply at your earliest convenience.

E. R. Ballinger
Director of Personnel

By H M Stauder

/edw

CP-75

21 August, 1940.

From: Commandant.
To: Commander, Norfolk District.

Subject: Flavel J.Mills, keeper, Point No Point Light Station; date of birth.

References: (a) Department letter, 1 August, 1940
(b) Civil Service Commission letter, 25 July, 1940.
(c) Civil Service Form 375.
(d) Personal History Sheet.

Inclosure: 1. Civil Service Commission Form 2473.

1. In references (a) and (b) the Department and the Civil Service Commission referred to the fact that there is a discrepancy in the year of birth given by Mr. Mills in references (c) and (d), it being shown in reference (c) that he was born on November 9, 1907, and in reference (d), on November 9, 1908.

2. The Commission has requested that correct date of birth be established by documentary evidence. It is requested that the procedure outlined in the inclosure be followed, and the evidence submitted as early as practicable.

By direction,

N. R. STILES,
Assistant Personnel Officer.

MAILED
AUG 22 1940
MAIL DESK

TREASURY DEPARTMENT

WASHINGTON

PERSONNEL DIVISION

August 1, 1940.

TO Capt. C. H. Jones

FROM Mr. Ballinger

Subject: Date of birth of Flavel J. Mills

We are informed by the U. S. Civil Service Commission that when above subject filed appointment forms in connection with classification he gave his date of birth as November 9, 1907, whereas subsequent reports to the Commission show date of birth as November 9, 1908.

In view of the above discrepancy, it will be necessary for Mr. Mills to establish his date of birth, and the Commission requests that enclosed forms be used to establish the correct date.

It is requested that evidence of date of birth be forwarded through this office accompanied by a letter of transmittal in duplicate.

E. R. Ballinger

E. R. Ballinger,
Director of Personnel.

COMMISSIONERS
HARRY B. MITCHELL, PRESIDENT
LUCILLE FOSTER MCMILLIN
SAMUEL H. ORDWAY, JR.
LAWSON A. MOYER, CHIEF EXAMINER

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

ADDRESS ONLY
"CIVIL SERVICE COMMISSION"
IN YOUR REPLY REFER TO
FILE SRS: AZ:JA
AND DATE OF THIS LETTER
Audit

July 25, 1940

The Honorable
The Secretary of Treasury

Sir:

The Commission wishes to call attention to the variance in the date of birth of the following employee of your organization:

Name: Flavel J. Mills
Examined on Record: November 9, 1907 (Appt. Forms filed in connection with Classification)
Reports of Changes: November 9, 1908 (Commerce Jr. Sheet 39-94)
Position and Service: Keeper, $1440 per annum, 5th Lighthouse District, Norfolk, Virginia.

In accordance with the provisions of the Retirement Act it is necessary that this Commission have a record of the correct date of birth of each employee. If this discrepancy is not due to a typographical error, it is requested that evidence as outlined in the inclosed Form 2473 be obtained and forwarded to the Commission at an early date. If none of the forms of evidence mentioned in paragraphs 1 to 4, inclusive, is available, a statement to that effect should be made, and correspondence in support of such a statement should be submitted, the attached Form 2933 completed in detail and forwarded direct to The Director of the Census, Washington, D. C.

If, however, it develops that the record of your office agrees with that of the Commission, the discrepancy having occurred in typing the date of birth on the report of changes, it will not be necessary for proof to be submitted. The Commission should, however, be promptly advised to this effect by letter.

By direction of the Commission:

Or if this employee has not already established his date of birth

Very respectfully,

L. A. Moyer
Executive Director and Chief Examiner

Inclosure #149182
Form 3415
March 1939

2NC4085 8/10/87 SP

OUT/COLOR-CODE..... C/O DATE..... SEARCHER..... ADDRESS-CODE 13

SSAN/SN	NAME	SVC-CODE	REGISTRY-NO.	
241 48 2351	N O T F O U N D			RUN DATE 07/24/87
000 23 6100	JONES RUSSELL W	QM	P 0000 609 650	RUN TIME 10.54
000 23 6100	MILLS FLAVEL J c/o	CG	B 1 044 609	RUN PAGE 00652
000 23 6100	PRICE JOE P	QM	P 4494 009 001	INQ PAGE 00001

Commandant
U.S. CGuard
7/27/87

NC 4

==========REQUEST FOR INFORMATION VA FORM 70-3101-4 JUL 1986==========

DATE 07-21-87 VA-INS-NO. VA-FILE-NO. 241 48 2351

TYPE-OF-REQUEST ORIGINAL
TYPE-OF-CLAIM BURIAL
DATA-REQUESTED SERVICE

1. NAME MILLS,FLAVEL,J
2. SSAN 241-48-2351
3. SERVICE-BRANCH COAST GUARD
4. DATE-OF-BIRTH 11-09-07
5. PLACE-OF-BIRTH
6. DATE-OF-DEATH 05-27-87

VETERANS ADMINISTRATION (318)
251 NORTH MAIN ST.
WINSTON-SALEM NC 27155

ORIGINATING-UNIT ADJUDICATION 2122

	7. ENT ACT DUTY	8. SEP ACT DUTY	9. CHAR	10. SVC NUMBER	11. LAST GRADE, RATE, RANK, AND/OR ORGANIZATION	12. SEP FORM ON FILE
A	03-26-42	03-25-48	UNV	236100	E-1 USCG	NO
B						

13. SUBSEQUENT-RES/RET-STATUS NONE 14. TERMINAL-DATE 15. RET-STATUS

16. ALLEGED DISEASE/INJURY 17. TREATMENT-DATES 18. PLACE-OF-TREATMENT 19. TYPE
A

20. COMPLETE VERIFICATION OF SERVICE.

( ) AVAILABLE REQUESTED RECORDS FORWARDED.

( ) ITEMS 1, AND 2 OR 10 (WHICHEVER WAS THE IDENTIFIER) AND 7-9 VERIFIED CORRECT.

(X) ITEMS 1, AND 2 OR 10 (WHICHEVER WAS THE IDENTIFIER) AND 7-9 VERIFIED CORRECT, EXCEPT

GA. 2-1551
9A HONI - RETIRED

PRIOR LIGHT HOUSE SERVICE
6-19-25 TO 3-26-42

ENCLOSURES ( )X-RAYS ( )CLINICAL RECORDS
( )HEALTH RECORDS ( )DENTAL RECORDS
( )ENTRANCE PHYSICAL ( )MEDICAL RECORDS
( )SEPARATION PHYSICAL ( )OTHER RECORDS

SIGNATURE AND TITLE

NC 1-21-88

DATE

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CERTIFICATION BY UNIFORMED SERVICES

In response to the request on the reverse of this form the following information is hereby certified.

NAME OF VETERAN AS SHOWN IN MILITARY FILE	SERVICE NUMBER
SAME AS FURNISHED BY SSA ☐ YES ☐ NO	SAME AS FURNISHED BY SSA ☐ YES ☐ NO

A–CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939 X

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE	3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL)
26 March 1942 1 February 1951 (Recalled to Active Duty)	1 February 1951 16 February 1951	Retired - Honorable Resumed Retired Status

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

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ VOLUNTARY ENLISTMENT ☐ INDUCTION THROUGH MILITARY DRAFT ☐ CALL OR RECALL FROM MILITARY RESERVE

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

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

B–SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY *(See instructions on reverse side)*

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

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

C–CERTIFICATION OF EVIDENCE OF AGE OR DATE OF BIRTH IN MILITARY FILE

NAME OF RECORD OR DOCUMENT	DATE RECORD ESTAB.	PLACE OF BIRTH

DATE OF BIRTH	AGE *(If date of birth not given)*	DATE AS OF WHICH AGE WAS GIVEN *(e.g., date of entry)*

REMARKS BY CERTIFYING ORGANIZATION

RETIRED: 1 February 1951 - 20 years service
Recalled to Active Duty 1 February 1951 and Resumed Retired Status 16 February 1951
AUTHORITY: Title 14, U. S. Code, Section 355
Retired pay based on years of service
Gross retired pay per month- $281.82 (PL 90-207).

NAME OF CERTIFYING ORGANIZATION	SIGNATURE	
U. S. COAST GUARD	G. F. LEWIS, CWO2, USCG	
	RANK OR TITLE	DATE
	Chief, Morale Services Branch	12/17/69

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

1. IDENTIFICATION OF VETERAN *(to be completed by Social Security Administration)*

NAME USED IN SERVICE *(Last, first, middle)*	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Mills, Flavel Jackson	11/9/07		241-48-2351

PERIODS OF ACTIVE MILITARY SERVICE

BRANCH OF SERVICE	DATE ACTIVE DUTY BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
Coast Guard	3/26/42	2/15/51	236-100	BMI

PERIODS OF MILITARY RESERVE MEMBERSHIP DATING AFTER DUTY SHOWN ABOVE. IF NONE, CHECK THIS BLOCK. XX

BRANCH OF SERVICE	DATE MEMBERSHIP BEGAN	DATE MEMBERSHIP ENDED	SERVICE NUMBER	RATE OR RANK
AccNO	5290			

PRESENT STATUS *(or status at death):* XX Military Retiree ☐ Discharged *(No current military status)*

2. CERTIFICATION REQUESTED *(Social Security will check applicable blocks)*

☐ active service after Sept. 7, 1939 *(Part A on reverse)* XX retired or retainer pay *(Part B on reverse)* ☐ evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

In all cases, please verify the veteran's name and service number furnished by the Social Security Administration. If identical with the military file, check "Yes" in the spaces provided on the reverse of this form; if different, check "No" and enter the name and/or service number shown in the military file.

Then certify the information requested by the Social Security Administration in item 2 above. All applicable items in the block are to be filled in by the certifying organization. If you need additional space or remarks are appropriate, use the "Remarks" space on the reverse.

The duplicate copy of this form should be kept in the veteran's military file whenever a certification about retired or retainer pay (Part B) is furnished. If there is ever a subsequent change made in the retirement record which affects the information furnished, the Social Security Administration should be advised accordingly.

PART A – This information permits the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940–July 24, 1947) or post-World War II (July 25, 1947–December 31, 1956) for which military service wage credits may be granted. List each period of service and identify all periods of service designated as "active duty for training."

PART B – Social Security needs this information to determine whether wage credits are precluded because another Federal Agency has determined that a periodic benefit is payable based in whole or part on active military service in World War II or post-World War II.

Military retired pay is based on the WW II or post-WW II period of service, as the case may be, if active service in the period *has ever* been directly credited (used) in establishing eligibility to the retired pay, or in computing the amount of such pay. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated the same as a normal retirement for purposes of completing this form. A decision to retire an individual, when officially approved, constitutes a retirement even though for any reason no retired pay is ever made.

Items 1(c) and (d) – Active service was "used" in establishing eligibility to retired pay if it comprises part of the total minimum service required for retirement according to the provisions of law under which the veteran was actually retired. The fact that he was eligible for retirement under some other provision of law is immaterial.

Item 2(a) – Retired pay is "fixed" when one of several applicable formulas for computing retirement pay is selected. If the individual is given the option of deciding which formula is to be used, the pay is not "fixed" until the selection is made and approved.

Items 2(a), (b) and (c) – A "multiple of active service" is that number used to represent years of active service when computing retirement pay. For purposes of this multiple, fractions of one-half year or more of active service are counted as a whole year. However, when computing longevity retirement and pay from the Public Health Service, the multiple is the last full year.

Item 3 – The terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act).

PART C – This information is requested where proof of the veteran's age is needed to adjudicate his Social Security claim.

The oldest record giving the veteran's date of birth or age should be certified. However, if a later record contains discrepant date of birth or age, certify that record as well. (The "Remarks" block may be used as necessary.)

When certifying *age*, it is important to show the date as of which the age was given. For example, some World War I discharge or separation records may show the veteran's age when he entered service. In this case, the date of entry into service is the "Date As of Which Age Was Given" while the date of discharge may be the "Date Record Established."

SOCIAL SECURITY ADMINISTRATION
308 New St.
New Bern, N. C. 28560

The information requested in item 2 above is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran. All available identifying information has been provided.

SIGNATURE OF SSA OFFICIAL
David Bryan

TITLE: District Manager

DATE: 11/24/69

FORM SSA-654 (5-67)

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

To:

Date Prepared 26 March, 1942

Name: Mills, Flavel J.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

Effective: 26 March, 1942.

	FROM	TO
Position	Keeper	
Grade		
Salary	Field (Range $1440-1800) $1440 p.a. plus $60 p.a.qtrs.	Pentewain's Rate, first class. No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Va.	Norfolk, Va.
Post of Duty	The Marshes Lt.Sta., Va.	The Marshes Lt.Sta., Va.
Appropriation	Civilian Employees, C. G.	Pay and allowances, C. G.
Allotment		
FIELD ☐ DEPRTMTL ☐	FIELD ☒ DEPRTMTL ☐	

Remarks:

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

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

No

SUBJECT TO RETIREMENT ACT?

Lighthouse Act 6-20-18

DATE OF OATH

CHARLES PIOZET

DATE APPROVED BY THE SECRETARY

APR 22 1942

BUREAU OR DIVISION PERSONNEL FILES

UNIT[illegible] STATES TREASURY DEPARTM[illegible]NT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 26 March, 1942

Name: Mills, Fiavel J.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

Effective: 26 March, 1942.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1440-1800) $1440 p.a. plus $60 p.m.qtrs.	Boatswain's Mate, first class. No change in pay and allowances, Sec. 7, Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Norfolk, Va. Two Marshes Lt.Sta., Va. Civilian Employees, C. G.	Norfolk, Va. Two Marshes Lt.Sta., Va. Pay and allowances, C. G.

FIELD ☐ DEPRTMTL ☐ — FIELD ☒ DEPRTMTL. ☐

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

N. Carolina

SEX

M

NATURE OF POSITION

NEW	ADDTL. IDENT.
VICE VACANCY	VICE

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

No

SUBJECT TO RETIREMENT ACT?

Lighthouse Act 6-20-19

DATE OF OATH

T. O. ROBERTSON, Chief,
Civilian Personnel Section.

DATE APPROVED BY THE SECRETARY

XXXXXXX
DATE

BUREAU SUSPENSE AND FILE COPY

APR 18 1942

C.C.C. mcf

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME MILLS (Surname) Flavel (First) J (Initial)

SERVICE NUMBER 236-100 RANK OR RATE BM1

Retired 2-1-51 Recalled active duty 2-1-51 Resumption

RETIREMENT DATE ~~2-1-51~~ 2-16-51 REASON FOR RETIREMENT ~~20 year service~~

HAS INDIVIDUAL EVER HELD A RANK OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? YES [ ] NO [x]

ON ENLISTED 20-YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED YES [x] NO [ ]

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS. MOS. DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS. MOS. DAYS
COAST GUARD	8 - 10 - 20	8 - 10 - 20
LIGHTHOUSE	16 - 8 - 27	16 - 8 - 27
BUREAU MARINE INSPECTION		
ARMY		
NATIONAL GUARD		
NAVY		
NAVAL RESERVE		
NAVAL MILITIA		
MARINE CORPS		
COAST & GEODETIC SURVEY		
INDICATE OTHER SERVICE HERE:		
TOTAL SERVICE Resumption TO EFFECTIVE DATE OF RETIREMENT 2-16-51	25 - 7 - 17	25 - 7 - 17

SIGNATURE: B.A. SHAW

DATE 27 February 1951

B 7211 TREASURY-CGHQ-WASH.,D.C.

Return 3-13

10

23 9 5 Service for Retirement

Yrs. Mos. Days

MILLS, Flavel J. (Name)

236-100 (Service No.)

BM1 (Rate)

1 10

MAR 31 1949

as of 25-7-5

ACTIVE SERVICE

	YEARS	MONTHS	DAYS
COAST GUARD	7	0	5
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE (Retirement)	16	8	27
TOTAL SERVICE FOR RETIREMENT	23	9	2
INACTIVE SERVICE (Specify)			
LIGHTHOUSE (Longevity)	16	8	27
TOTAL SERVICE FOR LONGEVITY	23	9	2

66

Highest rank or rating held between ~~7-24-41 and 6-30-46~~ BM1

489

Name MILLS, Flavel Jackson Service No. 236-100

Date of Retirement _____ Retired rank or rate _____

If man has held a rank or rating higher than present retired rank or rating, indicate highest rank or rating held during CG service _____

COMPUTATION OF AVERAGE CONDUCT MARKS

Enlisted	Discharged	Mark	Period	Computation
3-26-47	3-25-48	40	12	488
3-26-48	1-31-51	40	34	136
	TOTALS		106	424

Final average conduct mark 4.0

Entitled to 10% for good conduct yes (yes or no)

Computed by W. Sherman Verified by _____

B-150

SERVICE RECORD

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF M[illegible]S, Flavel Jackson 236-100

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

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
MAR 31 1948	BM1/c	3.7	3.7	3.7	3.7	4.0	Hobucken Depot /s/ L.R. CHENOWETH (O,Comdr,5thCGD) Ship's Clerk, USCG
6-30-48	BM1.	3.5	3.5	3.7	3.5	4.0	Hobucken Depot /s/ L.R. CHENOWETH (O,Comdr,5thCGD) Ship's Clerk, USCG
9-30-48	BM1.	3.5	3.5	3.7	3.5	4.0	Hobucken Depot /s/ L.R. CHENOWETH (O,Comdr,5thCGD) Ship's Clerk, USCG
12-31-48	BM1	3.5	3.5	—	3.5	4.0	Hobucken Depot /s/ L.R. CHENOWETH (O,Comdr5th CGD) Ship's Clerk, USCG
3-31-49	BM1	3.7	3.5	3.7	3.5	4.0	CGD HOBUCKEN /s/ L.R. CHENOWETH (O,C5CGD) Ship's Clerk, USCG
6-30-49	BM1	3.7	3.5	3.7	3.5	4.0	CGD Hobucken /s/ L.R. CHENOWETH (O,Comdr,5thCGD) Ship's Clerk, USCG
9/30/49	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken /s/ A.N.WARD,LTJG, (O,C5CGD) USCG, By Direction
12/31/49	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot,Hobucken /s/ A.N.WARD,LTJG, N.C. (OC5CGD) USCG, By Direction
3/31/50	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken /s/ A.N.WARD,LTJG, (OC5CGD) USCG, By Direction
6/30/50	BM1	3.7	3.5	3.7	3.5	4.0	CG Depot Hobucken /s/ A.N.WARD,LTJG, (O,C5CGD) USCG, By Direction
9/30/50	BM1	~~3.7~~	~~3.5~~	~~3.7~~	~~3.5~~	~~4.0~~	Depot,Hobucken,NC /s/ J.W.BOLDING,LT
AVERAGE	X X X X						(O,Comdr5hCGD) JG, USCG,By directio

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

Certified to be a true copy:
J.W. BOLDING, LTJG, USCG

16—9676-2

Form 375
February 1937

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

1. (a) Give your name Flavel Jackson Mills (b) Are you a citizen of the United States? Yes (Yes or No)

2. Give (a) the date of your birth Nov. 9, 1908 (b) the place of your birth Pamlico, N. C.

3. Give in the blanks below a detailed statement of your education, including dates:

(a) Grammar school: Attended from Sept, 1914 to May, 1922 Highest grade completed 7th

(b) High school: Name and location None

Attended from ____, 1____, to ____, 1____ Highest grade completed ____ Were you graduated? No.

(c) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		
None								

(d) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course

None

(e) Have you ever been admitted to the bar? No Of what State? None When? ———

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment. List employments chronologically, beginning with the earliest.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City Light- State ship	From 6/19, 19 25 To 12/31, 19 25	Lightship No. 80	67.50 per M.	Fireman on ship.
2	City Light- State ship	From 1/1, 19 26 To 6/30, 19 33	Lightship No. 72	72.50 per month	Fireman on ship.
3	City Light- State ship	From 7/1, 19 33 To 12/4, 19 33	Lightship No. 107	do.	do.
4	City Light- State ship	From 12/5, 19 33 To 3/8, 19 39	Lightship No. 116	77.50 per month	Oiler on lightship and am still employed there now with a Civil Service rating.
5	City State	From ____, 19____ To ____, 19____			
6	City State	From ____, 19____ To ____, 19____			
7	City State	From ____, 19____ To ____, 19____			
8	City State	From ____, 19____ To ____, 19____			
9	City State	From ____, 19____ To ____, 19____			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE

16—497

Form 375
February 1937

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Rating .....

Application No. .....

The applicant will carefully fill ALL blank spaces

Position sought Lighthouse Keeper
(Give exact title of position or examination)

in the Fifth Lighthouse District.
(Office in which the position exists)

Present position (if now employed) Oiler (Title)
Lighthouses (Department and bureau or office)

N. B.—Applicant will write plainly full name (If a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant Flavel J. Mills,

Number and Street .....

Post Office Oriental

County Pamlico

State or Territory N. C.

Applicant will not fill the following blanks

Kind of examination .....

Place .....

Date .....

Application ..... *approved* ....., 19....

By whom ..... *approved* .....

U. S. GOVERNMENT PRINTING OFFICE 10—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

Have knowledge of motor launches, machinery of the engine room of vessels, all gained while employed as listed on reverse side.

6. If not now employed, state how long you have been unemployed employed.

7. If ever in the United States military or naval service, give dates of enlistment and discharge none

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? Yes

(b) If so, give information indicated regarding each examination.	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")
	Oiler	Norfolk, Va.	Approximately May 1938	Yes

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Flavel J. Mills
(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant, this 11th day of March, 1939, at city [or town] of Norfolk, county of Norfolk, and State [or Territory or District] of Va.

(*Signature of officer*) H. E. Nebel

(*Official title*) .....

RESPONSE TO REQUEST FOR SEPARATION DOCUMENTS / INFORMATION

DATE OF INQUIRY	RECEIVED ON	IN BEHALF OF
		Mabel J. Mills Mills, Ethel J. 236-1

REFERRED TO NPRC BY

MILITARY SERVICE DOCUMENTS ARE EXTREMELY IMPORTANT. GUARD THEM CAREFULLY AGAINST LOSS OR DAMAGE. TO AVOID DELAYS IN OBTAINING THESE DOCUMENTS IN THE FUTURE, WE SUGGEST THAT YOU MAKE COPIES OF THE ENCLOSED DOCUMENTS.

- [x] The attached document(s) is (are) furnished in response to the request. DD214 ending in 51 + partial 05-Lighthouse dtd 43-14-39 + Resignation Fr Lighthouse 3/26/42 - No other info found in file
- [ ] In response to your request, both deleted/undeleted copies of your separation document(s) are attached.
- [ ] The attached separation document may include the following information: Authority for separation, reason for separation, reenlistment eligibility code, and Separation (SPN/SPD) Code. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.
- [ ] DD Form 214, Report of Separation from Active Duty, is not issued when a service member dies while on active duty. We are furnishing the notification of death that was issued to the next of kin in lieu of the requested document.
- [ ] Service members who are dropped from the rolls of the military service are not issued a Report of Separation or a Discharge Certificate. Enclosed is a copy of the order effecting discharge.
- [ ] Because of an error on the separation document we have instead furnished NA Form 13038, Certification of Military Service. This will verify military service and may be used for any official purpose. The veteran may request that the separation document be corrected.
- [ ] A seal has been affixed to the enclosed document(s) to attest to its/their authenticity.
- [ ] Discharge certificates are prepared in the original only; therefore, copies cannot be furnished.
- [ ]

Mrs Mabel J. Mills
Rt. 1 Box 85
Grantsboro, NC 28529

NCPM

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132

DATE: 12-9-87

REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on the reverse. If more space is needed, use plain paper.

DATE OF REQUEST: 10-15-87

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and [illegible] and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and routing the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with [illegible] include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

SECTION I—INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
C.G. MILLS, FLAVEL JACKSON	241 48 2351	11-09-1907	PAMLICO CO., N.C.

5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)

BRANCH OF SERVICE (Also, show last organization, if known)	DATES OF ACTIVE SERVICE: DATE ENTERED	DATE RELEASED	Check one: OFFICER	Check one: ENLISTED	SERVICE NUMBER DURING THIS PERIOD
COAST GUARD	1942	1951		X	
LIGHTHOUSE SERVICE	1925	1942			

6. RESERVE SERVICE, PAST OR PRESENT — If "none," check here ▷ ☐

a. BRANCH OF SERVICE	b. DATES OF MEMBERSHIP: FROM	TO	c. Check one: OFFICER	c. Check one: ENLISTED	d. SERVICE NUMBER DURING THIS PERIOD
			☐	☐	

7. NATIONAL GUARD MEMBERSHIP (Check one) ☐ a. ARMY ☐ b. AIR FORCE ☒ c. NONE

d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP: FROM	TO	g. Check one: OFFICER	g. Check one: ENLISTED	h. SERVICE NUMBER DURING THIS PERIOD
				☐	☐	

8. IS SERVICE PERSON DECEASED — ☒ YES ☐ NO — If "yes," enter date of death: 5-27-1987

9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST — ☒ YES ☐ NO

SECTION II—REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3

2. IF YOU ONLY NEED A STATEMENT OF SERVICE — check here ☐

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUEST (Complete a or b, and c)

		YEAR ISSUED	
☒	a. REPORT OF SEPARATION (DD Form 214 or equivalent)		This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (Item 5 of this form).
☐	b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character of discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.

c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST

NEVER RECEIVED ONE

4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED

TO COMPLETE PAPERWORK FOR DEATH BENEFITS

6. REQUESTER

a. IDENTIFICATION: (check appropriate box)

☐ Same person identified in Section I ☒ Surviving spouse

☐ Next of kin (relationship) _____

☐ Other (specify)

b. SIGNATURE (see instructions 3 and 4 on reverse side)

Mabel J. Mills

5. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side)

I hereby authorize release of the requested information/documents to the person indicated at right (Item 7).

VETERAN SIGN HERE ▷ _____

(If signed by other than veteran, show relationship to veteran)

7. Please type or print clearly — COMPLETE RETURN ADDRESS

Name, number and street, city, State and ZIP code

MRS. MABEL J. MILLS

RT. 1 BOX 85

GRANTSBORO, N.C. 28529

TELEPHONE NO. (Include area code) ▷ 919 249-0541

INSTRUCTIONS

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please give careful consideration to and answer each item on this form. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. This will help us to give you the best possible service.

2. Charges for service. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee you will be notified as soon as that determination is made.

3. Restrictions on release of information. Information from records of military personnel is released subject to restrictions imposed by the military departments consistent with the provisions of the Freedom of Information Act of 1967 (as amended 1974) and the Privacy Act of 1974. A service person has access to almost any information contained in his own record. The next of kin *(see item 4 of instructions)* if the veteran is deceased and Federal officers for official purposes are authorized to receive information from a military service or medical record only as specified in the above cited Acts. Other requesters must have the release authorization, in item 5 of the form, signed by the veteran or, if deceased, by the next of kin. **Employers and others needing proof of military services are expected to accept the information shown on documents issued by the Armed Forces at the time a service person is separated.**

4. Precedence of next of kin. The order of precedence of the next of kin is: unremarried widow or widower, eldest son or daughter, father or mother, eldest brother or sister.

5. Location of military personnel records. The various categories of military personnel records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. For each military service there is a note explaining approximately how long the records are held by the military service before they are transferred to the National Personnel Records Center, St. Louis. Please read these notes carefully and make sure you send your inquiry to the right address. *(If the person has two or more periods of service within the same branch, send your request to the office having the record for the last period of service.)*

6. Definitions for abbreviations used below:

NPRC--National Personnel Records Center PERS—Personnel Records
TDRL—Temporary Disability Retirement List MED—Medical Records

SERVICE	NOTE	CATEGORY OF RECORDS —— WHERE TO WRITE	ADDRESS CODE
AIR FORCE (USAF)	*Air Force records are transferred to NPRC from Code 1, 90 days after separation and from Code 2, 30 days after separation.*	Active members (includes National Guard on active duty in the Air Force), TDRL, and general officers retired with pay.	1
		Reserve, retired reservist in nonpay status, current National Guard officers not on active duty in Air Force, and National Guard released from active duty in Air Force.	2
		Current National Guard enlisted not on active duty in Air Force.	13
		Discharged, deceased, and retired with pay (except general officers retired with pay).	14
COAST GUARD (USCG)	*Coast Guard officer and enlisted records are transferred to NPRC 3-6 months after separation*	Active, reserve, and TDRL members.	3
		Discharged, deceased, and retired members *(see next item)*.	14
		Officers separated before 1/1/29 and enlisted personnel separated before 1/1/15.	6
MARINE CORPS (USMC)	*Marine Corps records are transferred to NPRC 4 months after separation*	Active and TDRL members, reserve officers, and Class II enlisted reserve.	4
		Class III reservists and Fleet Marine Corps Reserve members.	5
		Discharged, deceased, and retired members *(see next item)*.	14
		Officers and enlisted personnel separated before 1/1/1896.	6
ARMY (USA)	*Army records are transferred to NPRC as soon as processed (about 30 days after separation)*	Reserve, living retired members, retired general officers, and active duty records of current National Guard members who performed service in the U.S. Army before 7/1/72.*	7
		Active officers (including National Guard on active duty in the U.S. Army).	8
		Active enlisted (including National Guard on active duty in the U.S. Army) and enlisted TDRL.	9
		Current National Guard officers not on active duty in the U.S. Army.	12
		Current National Guard enlisted not on active duty in the U.S. Army.	13
		Discharged and deceased members *(see next item)*.	14
		Officers separated before 7/1/17 and enlisted separated before 11/1/12.	6
		Officers and warrant officers TDRL.	8
NAVY (USN)	*Navy records are transferred to NPRC 6 months after retirement or complete separation.*	Active members (including reservists on active duty)—PERS and MED	10
		Discharged, deceased, retired (with and without pay) less than six months, TDRL, drilling and nondrilling reservists — PERS only	10
		Discharged, deceased, retired (with and without pay) less than six months, TDRL, drilling and nondrilling reservists — MED only	11
		Discharged, deceased, retired (with and without pay) more than six months (see next item)—PERS & MED	14
		Officers separated before 1/1/03 and enlisted separated before 1/1/1886—PERS and MED	6

** Code 12 applies to active duty records of current National Guard officers who performed service in the U.S. Army after 6/30/72.*
Code 13 applies to active duty records of current National Guard enlisted members who performed service in the U.S. Army after 6/30/72.

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE)—Where to write / send this form for each category of records

1	USAF Military Personnel Center Military Personnel Records Division Randolph AFB, TX. 78148	5	Marine Corps Reserve Forces Administration Center 1500 E. Bannister Road Kansas City, MO 64131	8	USA MILPERCEN Attn: DAPC-PSR-R 200 Stovall Street Alexandria, VA 22332	12	Army National Guard Personnel Center Columbia Pike Office Building 5600 Columbia Pike Boulevard Falls Church, VA 22041
2	Air Reserve Personnel Center 7300 East 1st Avenue Denver, CO 80280	6	Military Archives Division National Archives & Records Service General Services Administration Washington, DC 20408	9	Commander U.S. Army Enlisted Records and Evaluation Center Ft. Benjamin Harrison, IN 46249	13	The Adjutant General *(of the appropriate State, DC, or Puerto Rico)*
3	Commandant U.S. Coast Guard Washington, DC 20590			10	Chief of Naval Personnel Department of the Navy Washington, DC 20370		
4	Commandant of the Marine Corps Headquarters, U.S. Marine Corps Washington, DC 20380	7	Commander U.S. Army Reserve Components Personnel & Administration Center 9700 Page Boulevard St. Louis, MO 63132	11	Naval Reserve Personnel Center New Orleans, LA 70146	14	National Personnel Records Center (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
22 January, 1951

FILE:

From: Commandant
To: MILLS, Flavel Jackson (236-100)BM1, USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, Hobucken Depot, Mesic, N. C.

Subj: Retirement

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed 31 January, 1951, as the effective date of your retirement. You are, however, in accordance with the provisions of the Selective Service Act of 1948 (Public Law 759 - 80th Congress), as amended by Public Laws 599 and 850 - 81st Congress, retained on active duty until 15 February, 1951. Report to the Commanding Officer of the unit from which retired for assignment to active duty.

2. In view of your retention on active duty, no travel is authorized herein. When you are returned to inactive duty on the retired list, Article 138 (6) (h), Pay and Supply Instructions will apply.

3. Your commanding officer will indorse this order to indicate place, time and date of delivery. You will indorse this order to show place, time and date of receipt. Your service record will be closed out and forwarded and a new service record prepared in accordance with instructions contained in Personnel Circular No. 10-50.

4. A copy of these orders will be furnished by your commanding officer to the certifying officer having custody of your pay record.

F. V. HEIMER
By direction

Incls (2)

B 8849 TREASURY-CGHQ-WASH.,D.C.

Ind-1
Norfolk, Virginia

p
29 January, 1951
MM/P19-2

From: Commander, 5th Coast Guard District
To: MILLS, Flavel Jackson (236-100) BM1, USCG

Forwarded for compliance.

J. W. BOLDING
By direction

Ind-2

31 January, 1951

CGDepot, Hobucken, Mesic, N. C.

From: MILLS, Flavel Jackson (236-100), BM1, USCG
To: Commander, 5th Coast Guard District

Received at 1115, this date and place.

Flavel Jackson Mills

NAVCG 2533
U. S. COAST GUARD
October 1937

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

Home
(Unit) ~~Home~~
Grantsboro, North Carolina
(Place)
8 February, 1951

Upon being retired from active duty on 15 February, 1951, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Mabel Mills (38) (F) Wife	Mabel E. Mills
Sarah Alice Mills (15) (F) Daughter	Sarah Alice Mills
Judy Christine Mills (11) (F) Daughter	
Linda Gray Mills (10) (F) Daughter	
Harold Lee Mills (M) (8)	

I hereby certify that the above signatures were signed in my presence this _____, 19____

_____
(Signature of certifying officer and title)

Flavel J. Mills
(Signature of retired person)

BM1
(Rank or rating)

HEADQUARTERS First Endorsement, Washington _____, 19____

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

By direction,

_____
(Rank)
Assistant Commandant.

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

NAVCG 2533
U. S. COAST GUARD
October 1937

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

Home
(Unit) Home
Grantsboro, North Carolina
(Place)
8 February, 1951

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Mabel Mills (38) (F) Wife _____
(Name, age, sex, and nature of dependency) (Signature)

Sarah Alice Mills (15) (F) Daughter _____
(Name, age, sex, and nature of dependency) (Signature)

Judy Christine Mills (11) (F) Daughter _____
(Name, age, sex, and nature of dependency) (Signature)

Linda Gray Mills (10) (F) Daughter _____
(Name, age, sex, and nature of dependency) (Signature)

Harold Lee Mills (M) (8) _____
(Name, age, sex, and nature of dependency) (Signature)

I hereby certify that the above signatures were signed in my presence this _____, 19____

_____
(Signature of certifying officer and title)

_____
(Signature of retired person)

_____
(Rank or rating)

HEADQUARTERS First Endorsement, Washington _____, 19____

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_____

By direction,

_____
(Rank)
Assistant Commandant.

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

NCG 2500-C
(Rev. June 1942)

Sheet 1

SERVICE RECORD

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service number)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
			CG Depot, Hobucken, Mesic, N.C. (O,Cdr5CGD) Retained on active duty immediately upon retirement.	2/1/51	J.W. BOLDING, LTJG USCG By direction

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date		Duty	Signature
	From—	To—		

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Conduct	Signature
2-15-51	BM1	LESS THAN ONE MONTH				4.0	J.W. BOLDING, LTJG USCG By direction
AVERAGE	X X X X						

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

7. COMMENDATIONS AND AWARDS

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

Ship or station	Date	REMARKS

16—9676-2

CG 2500-C
(Rev. 4-49)

(7)

Sheet 2

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service number)

8. LEAVE RECORD

ACCRUED LEAVE				LEAVE TAKEN							
Reason and Date	Creditable service for leave purposes: Months	Creditable service for leave purposes: Days	Number of days earned	Departed: Hour	Departed: Date	Returned: Hour	Returned: Date	Type and reason	Number of days	Balance due	SIGNATURE AND UNIT
Recalled to active duty 2/1/51			0	CG Depot, Hoboucken, Mesic, N. C.						0	J. W. BOLDING, LTJG USCG By direction
RET 2-15-51	0	15	2	5th Coast Guard District Office, NorVa.						2	J. W. BOLDING, LTJG USCG By direction
Entitled to compensation of 2 days' accrued leave due on retirement. Home of selection on retirement - Grantsboro, N.C.											J. W. BOLDING, LTJG USCG By direction

2-15-51 Paid this date, $ 20.56 for 2 days accrued leave as listed: LSL(BP&L) 2 days $ 16.66, LSL (Allow) 2 days $ 3.90, in the accounts of Paul D. Banning, Chief Disbursing Officer, Symbol 1376.

L. D. YOUNG, Ch. Pay Clerk, USCG
Authorized Certifying Officer, 5th CG Dist Office,

not entitled to 2 days comp.

NO MUSTERING OUT PAYMENT MADE

L. D. YOUNG, Ch. Pay Clerk, USCG
Certifying Officer, OC5CGD

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

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

From— (Inclusive dates)	To—	Reason	Months	Days	Signature and Unit
		Entitled to compensation for 60 days only on retirement 2/15/51 in accordance with Comptroller General's decision.			M.D. 8/14/51.

(3)

16—9676-3

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236- 100 (Service number)

10. TRIALS BY COURTS MARTIAL

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

11. DEDUCTIBLE TIME

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

Period From— To— (Inclusive dates)	Reason (AOL, AOM, etc.)	Time Lost: Longevity Months	Time Lost: Longevity Days	Time Lost: Enlistment Days	Signature and Unit

12. ON DESERTION

Unit	Date	Remarks	Signature

13. DEATH

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

14. RETIREMENT

Unit	Date	Cause	Authority	Signature

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

REPORT OF CHANGE IN PERSON.
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 24

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT HOBUCKEN		Mesic, N. C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-660690		2 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
0900, 1 February, 1951: Recalled from the retired list of the U. S. Coast Guard this date, and immediately assigned to active duty.

H/L 1/22/51 PE-1

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding)

df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

6. EFFICIENCY MARKS

DATE	RATE	PRO IN RATING	SEA	MECH ABILITY	ALM	CONDUCT
MAR 31 1948	BM1/c	3.7	3.7	3.7	3.7	4.0
6-30-48	BM1	3.5	3.5	3.7	3.5	4.0
9-30-48	BM1	3.5	3.5	3.7	3.5	4.0
12/31/48	BM1	3.5	3.5		3.5	4.0
3/31/49	BM1	3.7	3.5	3.7	3.5	4.0
6/30/49	BM1	3.7	3.5	3.7	3.5	4.0
9/30/49	BM1	3.7	3.5	3.7	3.5	4.0
12/31/49	BM1	3.7	3.5	3.7	3.5	4.0
3/31/50	BM1	3.7	3.5	3.7	3.5	4.0
6/30/50	BM1	3.7	3.5	3.7	3.5	4.0
9/30/50	BM1	3.7	3.5	3.7	3.5	4.0
12/31/50	BM1	3.7	3.5	3.7	3.5	4.0
1/31/51	BM1	3.7	3.5	3.7	3.5	4.0

CERTIFIED TO BE A TRUE COPY:

J. W. BOLDING, LTJG, USCG

F.J.M

CONDUCT OR ASSOCIATIONS WHICH MAY BE CONSIDERED AS ESTABLISHING REASONABLE GROUND FOR REJECTION OR PERSONS SEEKING TO BE ENLISTED, REENLISTED OR APPOINTED IN ANY COMPONENT OF THE COAST GUARD.

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

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

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

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

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

Membership in, affiliation with, or sympathetic association with, any foreign or dorestic organization, association, movement, group or combination or persons.

(1) Which practices, seeks to practice, or advocates:

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

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

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

F.J.M

CONSOLIDATED LIST OF ORGANIZATIONS PREVIOUSLY DESIGNATED AS WITHIN EXECUTIVE ORDER NO. 9835 BY LETTERS OF 24 NOVEMBER, 1947, 27 MAY, 1948, and 21 APRIL, 1949. ACCORDING TO THE CLASSIFICATIONS OF SECTION

Totalitarian

Black Dragon Society
Central Japanese Association (Beikoku Chuo Nipponjin Dai)
Central Japanese Association of Southern California
Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)
Heimuska Kai, also known as Hokubei Heieki Gimusha Kai, Zaibei Nihonjin, Jwiyaku Gimusha Kai, and Zaibei Hoimusha Kai (Japanese Residing in America Military Conscripts Association)
Hinode Kai (Imperial Japanese Reservists)
Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War Veterans
Hokubei Zaigo Shoke Dan (North American Reserve Officers Associations)
Japanese Association of America
Japanese Overseas Central Society (Kaigai Doho Chuo Kai)
Japanese Overseas Convention, Tokyo, Japan, 1940
Japanese Protective Association (Recruiting Organization)
Jikyoku Iin Kai (Current Affairs Association)
Kibie Seinen Kai (Association of U. S. citizens of Japanese ancestry who have returned to America after studying in Japan)
Nanka Teikoku Gunyudan (Imperial Military Friends Group of southern California War Veterans)
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
Peace Movement of Ethiopia)
Sakura Kai (Patriotic Society, or Cherry Association - composed of veterans of Russo-Japanese war)
Shinto Temples
Sokoku Kai (Fatherland Society)
Suiko Sha (Reserve Officers Association of Los Angeles)

Fascist

American Nationalist Party
American National Labor Party
American National Socialist League
American National Socialist Party
American Patriots, Inc.
Ausland-Organization der NADAP, Overseas Branch of Nazi Party
Association of German Nationals (Reichsdeutscho Vereinigung)
Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
Citizens Protective League

F.J.M

Committee for Nationalist Action
Dante Alighieri Society
Federation of Italian War Veterans in the U.S.A. Inc. (Associazione Nazionale Conbattenti Italiani; Federazione degli Stati Uniti d' America)
Friends of the New Germany (Freunde des Neuen Deutschlands)
German-American Bund (Amerikadeutscher Volksbund)
German-American Republican League
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)
Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund)
Kyffhaeuser Fellowship (Kyffhaeuser-Kameradschaft)
Kyffhaeuser War Relief ((Kffhaeuser-Kameradschaft)
Lictor Society (Italian Black Shirts)
Mario Morgantini Circle
National Blue Star Mothers of America
Nationalist Action League

Communist:

Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Illinois
Action Committee To Spain Now
American League Against War and Fascism
American Association for Reconstruction in Yugoslavia, Inc.
American Committee for European Workers' Relief
American Committee for Spanish Freedom
American Committee for Yugoslav Relief, Inc.
American Committee for Protection of Foreign Born
American Council for a Democratic Greece
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League for Peace and Democracy
American Peace Mobilization
American Polish Labor Council
American Russian Institue, New York
American Russian Institute, Philadelphia
American Russian Institute (of San Francisco)
American Russian Institute of Southern California, Los Angeles
American Slav Congress
American Youth Congress
American Youth for Democracy
Armenian Progressive League of America
California Labor School, Inc., 216 Market Street, Sand Francisco, California
Central Council of American Women of Croatian Descent, aka Central Council of American Croatian Women, National Council of Croatian Women
Citizens Committee to Free Earl Browder

F.B.I.

Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
Civil Rights Congress and its affiliates
Comite Coordinador Pro Republica Esponola
Committee to Aid the Fighting South
Committee for A Democratic Far Eastern Policy
Commonwealth College, Mena, Arkansas
Communist Party, USA
Communist Political Association
Connecticut State Youth Conference
Congress of American Revolutionary Writers
Congress of American Women
Council of African Affairs
Council for Pan-American Democracy
Dennis Defense Committee
Detroit Youth Assembly
Friends of the Soviet Union
George Washington Carver School, New York City
Hawaii Civil Liberties Committee
Hollywood Writers Mobilization for Defense
Hungarian-American Council for Democracy
International Labor Defense
International Workers Order, including People's Radio Foundation, Inc.
Jefferson School of Social Science, New York City
Jewish Peoples Committee
Joint Anti-Fascist Refugee Committee
Labor Research Association, Inc.
League of American Writers
Macedonian-American People's League
Michigan Civil Rights Federation
Michigan School of Social Science
National Committee for the Defense of Political Prisoners
National Committee to Win the Peace
National Council of Americans of Croatian Descent
National Council of American-Soviet Friendship
National Negroes Congress
National Federation for Constitutional Liberties
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
People's Educational Association
People's Institue of Applied Religion
People's Radio Foundation, Inc.
Philadelphia School of Social Science and Art.

F.J.M

Photo League (New York City)
Progressive German-Americans, aka Progressive German-Americans of Chicago
Proletarian Party of America
Revolutionary Workers League
Samuel Adams School, Boston, Massachusetts
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian Vidovdan Council
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League
Southern Negro Youth Congress
Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
United Committee of Suth Slavic Americans
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America
United Spanish Aid Committee
Veterans of the Abraham Lincoln Brigade
Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Commonwealth Federation
Wisconsin Conference on Social Legislation
Workers Alliance
Workers Party, including Socialist Youth League **
Tiybg Communist League

Subversive

Communist Party, USA
Communist Political Association
German-American Bund
Independent Socialist League
Workers Party **
Young Communist League

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

American Christian Nationalist Party

F.J.M.

Association of Georgia Klans
Columbians
Knights of the White Camellia
Ku Klux Klan
Original Southern Clans, Incorporated
Protestant War Veterans of the United States
Silver Shirt Legion of America

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

Communist Party, U. S. A.
Communist Political Association
Industrial Workers of the World
Nationalist Party of Puerto Rico
Socialist Workers Party
Workers Party **
Young Communist League

** Name change to "Independent Socialist League" announced by organization in April, 1949. Similar designation under the new name, Independent Socialist League, "announced by Attorney General under date of 26 September, 1949.

L. J. M.

AFFIDAVIT
FOR APPLICANTS FOR ENLISTMENT, REENLISTMENT
OR APPOINTMENT IN THE U. S. COAST GUARD CONCERNING
THEIR LOYALTY TO THE UNITED STATES

I have read the attached list of organizations, associations, movements, groups, and combinations of persons, and of those listed I am or have been a member of; am or have been employed by; have attended, been present at, or engage in, organizational or social activities of or sponsored by; have sold, given away or distributed written printed, or otherwise recorded matter published by; or have in any other manner been identified or associated with; the following:

NONE

(for each name stated, set forth a detailed account of nature and extent of association with and activities in connection with the organization, association, movement, group, or combination indicated, including dates, placed, precise description of credentials now or formerly held, and, to the greatest extent recollected, names and addresses of other similarly associated or acting. Attach as many extra sheets as necessary for this purpose. If Federal constitutional privilege is claimed as respects the association in question or as to all or any part of activities in connection with any of the names set forth, the applicant may statee either, "Federal constitutional privilege is claimed, ""or "Federalconstitutional privilege is claimed, as to _____" (describing the specific portions of association or activities as to which the claim is made.)

I have further read or had explained to me, and fully understand the matter copied above, constituting a description of present or pase conduct or associations deemed by the Commandant of the Coast Guard to constitute sufficient grounds for rejection applicants for membership in the Coast Guard. I have engaged in conduct or associations of or similar to the nature of those s et forth only to the following extent:

NONE

(Attach additional sheets as necessary to a full detailed statement. If Federal constitutional privilege is claimed, state such claim, as described above.)

I understand that false representation concerning; or failure to fully disclose (in the absence of an express claim of privilege), any detail of association with, or activities in connection with, any of the associations, movements, groups, or combinations listed on the attached sheet which I have initialed, or any detail of present or past conduct or associations of or similar to the character of those copies above shall constitute grounds for bringing me to trial before a general court martial with possible consequent conviction and imprisonment, of for subsequently separating me from the Coast Guard under conditions other than honorable with or without any precedent court-martial procedure. I further understand that even though I am not accepted for enlistment or appointment in the Coast Guard, I may be subject to civil prosecutions for false certification in any of the foregoing respects. Fully appreciating the foregoing, I hereby certify that the statements above constitute a correct and full disclosure (to the extent that privilege has not been expressly claimed)of all my present and past connections of any nature with any one or more of the groups named on the attached list, and of any of those set forth in paragraph 2 of reference (a), copied above, in which I am now engaging or have at any time engaged.

Given under my hand this 1st day February, 19 51.

Flavel J. Mills

Flavel J. Mills

Witnessed this 1st
day of February
19 51

J. W. BOLDING, LTJG, USCG

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

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

Mabel Mills (37) — Wife

ADDRESS (*Number, street, city, zone, and State*)

Hobucken, North Carolina

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

6. SPOUSE (*First name, middle name, last name*) (*If none, or if deceased or divorced, so state*)	ADDRESS (*Number, street, city, zone, and State*)
Mabel Mills (37)	Hobucken, North Carolina

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS (*Number, street, city, zone, and State*)	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Flavel Jackson Mills Jr.	United States Air Force		XX	X		17
Sarah Alice Mills	Hobucken, N.C.		XX		X	15
Judy Christine Mills	Hobucken, N.C.		XX		X	11
Linda Gray Mills	Hobucken, N.C.		XX		X	10
Harold Lee Mills	Hobucken, N.C.		XX	X		8

(*Continue on reverse side*)

8. NAME OF FATHER (*or male guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Deceased	
9. NAME OF MOTHER (*or female guardian*) (*First name, middle name, last name*)	ADDRESS (*Number, street, city, zone, and State*)
Beulah Hill (59)	Atlantic, N. C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Beulah Hill	Mother
ADDRESS (*Number, street, city, zone, and State*)	
Atlantic, N. C.	

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

11. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
DessieRena Roberts (48)	Mother in law
ADDRESS (*Number, street, city, zone, and State*)	
Grantsboro, N. C.	

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Company	Washington, D. C.	1565170
	(*Continue on reverse side*)	

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

13. FIRST NAME—MIDDLE NAME—LAST NAME	RELATIONSHIP
Mabel Mills	Wife
ADDRESS (*Number, street, city, zone, and State*)	RECEIVE EACH MONTH
Hobucken, N.C.	100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
CG Depot, Hobucken, N.C.	2/1/51	Flavel J. Mills

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

16—61480-1

COMMANDER 5TH COGARD DIST NORFOLK

31 JAN 1951

DEFERRED

$7,9J V BEK NR2

BEP B69
BEPJ115
NMNM BEKJ BEMAG 222

DE BEPJC 79
NM 302330Z
FM COMDT COGARD
TO BEKJ/CCGD FIVE
BEMAG/CCGD SEVEN
CRNC

PO TO P X REVERT FOLLOWING OFFICERS TO PERMANENT ENLISTED STATUS EFFECTIVE 31 JAN 1951 ACCORD TREASURY LTR 30 JAN 1951 AND DUE DECLINATION PERMANENT APPOINTMENTS ABOVE ENLISTED OR RETIREMENT 1 FEB 51 AS AUTHORIZED X FIVE CREL E EDMOND J ST JOHN 25288 USCG TO RMC X PCLK AUGUSTUS C HIDSETT 26606 USCG TO SKC X BOSN IVEY R KING 25889 USCG TO BMC X BOSN CLAUD C DAVIS 26364 USCG TO BMCL X BOSN PAUL L TROSSBACH 26363 USCG TO BMC X SEVEN X MACH JOHN P BARTHOLOMEW 25966 USCG TO MMC X BOSNS DAVIS AND TROSSBACH BEING ISSUED APPOINTMENT LETTERS TO BOSN PAREN RETIRED PAREN EFFECTIVE 2 FEB 1951

ACTION-P

DE BEKJ R 2 DP 0238Z

Form 2770
May 1939

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

SR:MEC:BA

August 8, 1941

Director of Personnel
Room 26, U. S. Treasury Building
Treasury Department
Washington, D. C.

Sir:

Receipt is acknowledged of evidence

relative to the date of birth of Flavel J. Mills,

employed as keeper, fifth lighthouse district,

Norfolk, Virginia,

who furnishes a U. S. Census report as of April 15, 1910

which shows age as 2 years,

showing that November 9, 1907 is the correct date of birth.

Accepted in absence of preferred forms of evidence.

Notation accordingly is being made on the records of this office.

By direction of the Commission:

Very respectfully,

L. A. MOYER,
Executive Director and Chief Examiner.

GPO 16—5663

EST. STOCK FORM
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 22 January, 1942.

Name: Mills, Floyd J.

From: U. S. Coast Guard

Bureau No.: 1234

Change in post of duty.

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1440-1800)	Field (Range $1440-1800)
Salary	$1440 p.a. plus $60 p.a.Qtrs.	$1440 p.a. plus $60 p.a.Qtrs.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Virginia	Norfolk, Virginia
Post of Duty	Point No Point Lt. Sta., Md.	Two Marshes Lt. Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☒ DEPRTMTL. ☐	FIELD ☒ DEPRTMTL. ☐
EFFECTIVE	16 February, 1942.	

Remarks:

Justification: This is a regular position in the authorized complement of the Station and it is necessary that it be filled in order that the work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-9-1907

LEGAL RESIDENCE: N. Carolina

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE: William E. Davidson (separated)

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

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-19-16

DATE OF OATH

T. O. ROGERS
Civil--

Chief, Division of Personnel.

DATE APPROVED BY THE SECRETARY

NAVY

BUREAU SUSPENSE AND FILE COPY

FEB 26 1942

Form 73

U. S. COAST GUARD (6)
RECD JAN 3 1942

NOMINATION

5th Naval District. Norfolk, Va., U. S. Coast Guard - 13 January 1942.

COMMANDANT:

Action recommended Transfer

Name Flavel J. Mills Date of Birth 9 Nov., 1907 Legal Res. N. C.

	From-	To-
Position	Asst. Keeper #1738	2d Asst. Keeper
Pay and grade	Plus $60 for qtrs. ✓ $1440 p.a. ($1440-1800) ✓	Plus $60 for qtrs. $1440 p.a. ($1440-1800)
Station	Point No Point Light Station, Md.	Tue Marshes Light Station, Va.
Appropriation	Civilian Employees, C. G.	Civlian Employees, C. G.

Effective ~~1 February, 1941~~ or as soon thereafter as he enters on duty.

Rank on eligible list -- Rating -- Percentage -- Other eligibles: --

Vice William L. Davidson Pay $1440 p.a. Services terminated 7 Nov., 1941.

Reason Resigned.

Remarks:

Selection regular, _____, 19__

C. J. SULLIVAN.
By direction.

Manager, 4th Civil Service District

75

U. S. COAST GUARD
RCVD FEB 23 1942

United States Coast Guard
Norfolk, Va.

Date 21 Feb., 1942.

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Sr. Coast Guard Officer, 5th Naval District.
To: Commandant.

Name Flavel J. Mills

Nature of Action Transfer

Effective date of change 16 Feb., 1942.

	FROM	TO
Position	(Asst.) Keeper	(2d Asst.) Keeper
Pay	$1440 p.a.	$1440 p.a.
Salary Range	$1440-1800	$1440-1800
Valuation of Quarters	$60 per annum	$60 per annum
Station	Point No Point Lt. Sta., Md.	Tue Marshes Lt. Sta., Va.

Remarks: This change is reported in accordance with Department letter of approval dated (~~performed in Form 2249~~) 22 Jan., 1942.

Signature C. J. SULLIVAN.
By direction.

(This space for use of Headquarters)

U. S. COAST GUARD (3)
JAN 24 194[illegible] RECD FEB 22 1942
NORFOLK D[illegible]

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. CP-75

HEADQUARTERS

UNITED STATES COAST GUARD

WASHINGTON 22 January, 1942.

file

From: Commandant.
To: Senior Coast Guard Officer, Fifth Naval District.

Subject: MILLS, Flavel J., keeper; transfer of.

Reference: (a) Form 73 dated January 13, 1942.

1. Since no change in designation, range or salary is involved, the proposed transfer of Mr. Mills to Tue Marshes Light Station, Virginia, may be made without prior approval of the Department. It is requested that your office report the effective date of the transfer to Headquarters, using the lower part of this letter for the purpose.

N. R. STILES,
By direction.

---

75 1st Indorsement Norfolk, Va.,
20 Feb., 1942.

From: Senior Coast Guard Officer, 5th Naval District.
To: Commandant, Coast Guard Headquarters.

1. Returned with information that the above transfer of Mr. Mills to position of 2d Assistant Keeper, Tue Marshes Light Station, Va., became effective on 16 February, 1942.

C. J. SULLIVAN,
By direction.

FOR DEFENSE
BUY
UNITED
STATES
SAVINGS
BONDS
AND STAMPS

CP-75

22 January, 1942.

file

From: Commandant.
To: Senior Coast Guard Officer, Fifth Naval District.

Subject: MILLS, Flavel J., keeper; transfer of.

Reference: (a) Form 73 dated January 13, 1942.

1. Since no change in designation, range or salary is involved, the proposed transfer of Mr. Mills to Tue Marshes Light Station, Virginia, may be made without prior approval of the Department. It is requested that your office report the effective date of the transfer to Headquarters, using the lower part of this letter for the purpose.

N. R. STILES,
By direction.

[illegible]

JAN 23 19[illegible]

Mrs. Thos

75-53.

75
531

Box 540
Federal Building

Norfolk, Virginia.
4 February, 1942.

U. S. COAST GUARD (16)
REC'D FEB - 4 1942

From: Senior Coast Guard Officer, Fifth Naval District.
To : Floyd J. Mills - Assistant Keeper, Point No Point Light Station, Ridge, Maryland.

Subject: Orders; transfer; travel.

1. You are directed to proceed to the Tue Marshes Light Station, Virginia, so as to report on 16 February, 1942, for duty as Second Assistant Keeper

2. You will be allowed per diem in lieu of subsistence as follows: $3.50 including time on commercial vessels where price of passage includes subsistence, subject to the provisions of the Standardized Travel Regulations and Headquarters' letter, 1 September, 1940 (File - [illegible]). Travel will be performed by common carrier.

3. The travel necessary to the execution of this order is required by the public interests.

4. The expense incident to the travel herein authorized is chargeable to Norfolk District's travel allotment, Symbol No. 03.

C. J. SULLIVAN,
By direction.

Copy to: Headquarters.

CP 75

15 August, 1941.

From: Commandant.
To: Commander, Norfolk District.

Subject: Flavel J. Mills, keeper; date of birth.

Reference: (a) Civil Service Commission's letter of 5 August, 1941 (SRPMEC:BA).

1. In reference (a) the Civil Service Commission advised that it had accepted the evidence submitted to establish the correct date of birth of Mr. Mills as November 9, 1907. It is requested that your record be noted accordingly, and that Mr. Mills be instructed to use that date on all official papers requiring date of birth.

N. R. STILES,
By direction.

MAILED
AUG 16 1941

Budget Bureau No. 76-R157 1.
Approval expires 11-30-51.

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

INSURANCE NUMBER ASSIGNED

FILE

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)

FLAVEL JACKSON MILLS

2. INSURANCE FILE NO.

FN –

FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)

GRANTSBORO. N.C.

4. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS XX ☒ COAST GUARD

5. SERVICE SERIAL NO.

236-100

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 13 178 793 in the amount of $5,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (See *Instr.* 2.)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)

$ 5.000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)

☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*

☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR

☒ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: July 1951

AMOUNT OF ALLOTMENT: $ 4.75

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C. ☒ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
MABEL MILLS. GRANTSBORO. N.C.	WIFE	ALL	
JUDY L. MILLS. SAME	DAUGHTER		
LINDA G. MILLS. SAME	DAUGHTER		
BULAH HILL. ATLANTIC. N.C.	MOTHER		
HAROLD LEE MILLS	SON		

12. MAIL POLICY TO (*Name and address*)

FLAVEL J MILLS, GRANTSBORO. N.C.

13. WITNESSED BY (*See Instruction 7*)

14. SIGNED AT (*Address*)

15. DATE: 7-28-51

16. ADDRESS OF WITNESS

17. SIGNATURE OF APPLICANT (*Do not print*)

Flavel J Mills

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-2

3-13
File

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PMM
19 June 1951
FILE: PMM:
L13

From: Commandant
To: MILLS, Flavel J. (236-100)BM1, USCG; Retired
Grantsboro, North Carolina

Subj: National Service Life Insurance, Policy No. N 13 178 793;
Expiration of term insurance.

1. There is herewith forwarded a notification from the Veterans Administration that the $5,000 level term National Service Life Insurance issued under policy number N 13 178 793 will expire on 31 July 1951. In order that you may continue to have the protection of this insurance, it must be renewed or, if you prefer, it may be converted to one of the six permanent plans, i.e., Ordinary Life, 30-Payment Life, 20-Payment Life, 20-Year Endowment, Endowment at age 60 or Endowment at age 65.

2. In view of the fact that the application for renewal of insurance on the five-year level term plan or application for converted insurance must reach the Veterans Administration before the expiration of the current term period, you are urged to take immediate steps toward completing the application and making the necessary allotment adjustment.

3. There is in effect at the present time an allotment of your pay in the amount of $3.85 per month for premiums on National Service Life Insurance as follows:

$3.85-$5,000 Level Term Insurance N/ 13 178 793 Effective 1 August 1943

If the insurance is renewed, a new allotment in the amount of $4.75 should be established effective with the month of first payment July, 1951 and the present allotment of $3.85 will be discontinued with the month of last payment June, 1951 to conform with administrative change authorized by Headquarters.

4. The completed application, in duplicate, together with the necessary allotment adjustment (Forms CG-2528 and CG-2528-A) should be forwarded to Commandant (PMM) for transmittal to the Veterans Administration.

5. Advise Commandant (PMM) of action that will be taken by you in connection with your National Service Life Insurance.

Incls.
1. VA ltr FL9-355
2. Form VA9-1658
3. Form VA9-358
4. Form CG-2528
5. Form CG-2528-A
6. Pamphlet VA9-3
7. Envelope MJM:ceb

JUN 20 1951

N.W.SPROW
By direction

MJM

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

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

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

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE
Flavel Mills Flavel Jr.	256-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☑ USCG

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable)	RELATIONSHIP (If friend, so state)
Mabel E. Mills	Wife

ADDRESS (Number, Street, City and State)

Grantsboro, N. C.

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

6. SPOUSE (First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)	ADDRESS (Number, Street, City and State)
Mabel E. Mills	Grantsboro, N. C.

7. CHILDREN — FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS (Number, Street, City and State)	MARRIED OR SINGLE	SEX	AGE
F. J. Mills Jr.	U.S.A.F.	single	male	18
Sarah Alice Mills	Grantsboro, N. C.	"	female	16
Judy Christine Mills	" " "	"	female	12
Linda Grey Mills	" " "	"	female	10
Harold Lee Mills	(Continue on reverse side) "	"	male	8

8. NAME OF FATHER (or male guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)
Deceased	

9. NAME OF MOTHER (or female guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)
Mrs. Harmon Hill	Atlantic, N. C.

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

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Mrs. Harmon Hill	Mother

ADDRESS (Number, Street, City and State)

Atlantic, N. C.

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

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
Mrs. Dessie Roberts	Mother In-law

ADDRESS (Number, Street, City and State)

Grantsboro, N. C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

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

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP

ADDRESS (Number, Street, City and State)	RECEIVE EACH MONTH % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
	5-9-51	Flavel J. Mills

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

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

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

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

1. DESIGNATOR'S LAST NAME–FIRST NAME–MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
Mills, Flavel Jackson	236-100	BM 1	

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

ADDRESS *(Number, Street, City and State)*: Grantsboro N. C.

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

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)*: Mabel E. Mills — ADDRESS *(Number, Street, City and State)*: Grantsboro, N. C.

7. CHILDREN FIRST NAME–MIDDLE NAME–LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
F. J. Mills Jr.	U.S.A.F.	single	male	18
Sarah Alice Mills	Grantsboro, N. C.	"	female	16
Judy Christine Mills	" " "	"	female	12
Linda Grey Mills	" " "	"	female	10
Harold Lee Mills	" " "	"	Male	8

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)*: deceased — ADDRESS *(Number, Street, City and State)*:

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)*: Mrs. Harmon Hill — ADDRESS *(Number, Street, City and State)*: Atlantic, N. C.

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

10. FIRST NAME–MIDDLE NAME–LAST NAME: Mrs. Harmon Hill — RELATIONSHIP: Mother

ADDRESS *(Number, Street, City and State)*: Atlantic, N. C.

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

11. FIRST NAME–MIDDLE NAME–LAST NAME: Mrs. Jessie Roberts — RELATIONSHIP: Mother In law

ADDRESS *(Number, Street, City and State)*: Grantsboro N. C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	

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

13. FIRST NAME–MIDDLE NAME–LAST NAME: — RELATIONSHIP:

ADDRESS *(Number, Street, City and State)*: — RECEIVE EACH MONTH % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
	5-9-51	Flavel J. Mills

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

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 24

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT HOBUCKEN		Mesic, N. C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-660690		2 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
0900, 1 February, 1951: Recalled from the retired list of the U. S. Coast Guard this date, and immediately assigned to active duty.

H/L 1/22/51 PE-1

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.)

df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 23

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT HOBUCKEN		Mesic, N. C.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-660690		2 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)
1115, 31 January, 1951: Released from all duties previously assigned and placed on the retired list of the U. S. Coast Guard this time and date.

H/L 1/22/51 PE-1

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.) df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	BM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Mabel Mills 37 yrs — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C.

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

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Mabel Mills, 37 yrs — ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Flavel Jackson Mills Jr. 17 yrs	United States Air Force		x	x		17
Sarah Alice Mills.	Hobucken, N.C.		x		x	15
Judy Christine Mills	Hobucken, N.C.		x		x	11
Linda Gray Mills	Hobucken, N.C.		x		x	10
Harold Lee Mills	Hobucken, N.C.		x	x		8

(Continue on reverse side)

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

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Beulah Hill 59 yrs — ADDRESS *(Number, street, city, zone, and State)*: Atlantic, N.C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME: Beulah Hill — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: Atlantic, N.C.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME: Dessie Rena Roberts, 48 yrs — RELATIONSHIP: Mother in Law

ADDRESS *(Number, street, city, zone, and State)*: Grantsboro, N.C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Copany.	Washington, D.C.	15695170

(Continue on reverse side)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME: Mabel Mills — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C. — RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
Coast Guard Depot, Hobucken, N.C.	9-1-50	Flavel J. Mills

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 43; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61490-1

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

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

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

1. DESIGNATOR'S LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK, OR RATE	4. SERVICE
Mills, Flavel Jackson	236-100	EM1	☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG

5. FIRST NAME—MIDDLE NAME—LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)*: Mabel Mills 37 yrs — RELATIONSHIP *(If friend, so state)*: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C.

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

6. SPOUSE *(First name, middle name, last name) (If none, or if deceased or divorced, so state)*: Mabel Mills, 37 yrs — ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C.

7. CHILDREN — FIRST NAME—MIDDLE NAME—LAST NAME	ADDRESS *(Number, street, city, zone, and State)*	CHECK ONE: MARRIED	CHECK ONE: SINGLE	SEX: M	SEX: F	AGE
Flavel Jackson Mills Jr. 17 yrs	United States Air Force		X	X		17
Sarah Alice Mills.	Hobucken, N.C.		X		X	15
Judy Christine Mills	Hobucken, N.C.		X		X	11
Linda Gray Mills	Hobucken, N.C.		X		X	10
Harold Lee Mills	Hobucken, N.C.		X	X		8

(Continue on reverse side)

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

9. NAME OF MOTHER *(or female guardian) (First name, middle name, last name)*: Beulah Hill 59 yrs — ADDRESS *(Number, street, city, zone, and State)*: Atlantic, N.C.

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

10. FIRST NAME—MIDDLE NAME—LAST NAME: Beulah Hill — RELATIONSHIP: Mother

ADDRESS *(Number, street, city, zone, and State)*: Atlantic, N.C.

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

11. FIRST NAME—MIDDLE NAME—LAST NAME: Dessie Rena Roberts, 48 yrs — RELATIONSHIP: Mother in Law

ADDRESS *(Number, street, city, zone, and State)*: Grantsboro, N.C.

VOLUNTARY ENTRIES

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

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
Peoples Life Insurance Copany.	Washington, D.C.	15695170

(Continue on reverse side)

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

13. FIRST NAME—MIDDLE NAME—LAST NAME: Mabel Mills — RELATIONSHIP: Wife

ADDRESS *(Number, street, city, zone, and State)*: Hobucken, N.C. — RECEIVE EACH MONTH: 100 % OF MY PAY.

MILITARY ADDRESS: Coast Guard Depot, Hobucken, N.C. — DATE SIGNED: 9-1-50 — SIGNATURE OF DESIGNATOR: Flavel J. Mills / Flavel J. Mills

DD FORM 1 JAN 50 93 REPLACES NME FORM 93, 1 OCT 48; NAVMC 118 (15 PD); NAVPERS 601, PAGES 7 AND 8; AND NCG 2829, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

16—61480-1

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1

20 December, 1950
FILE:

From: Commandant
To: Commanding Officer, Hobucken Depot, Mesic, N. C.
Via: Commander, 5th CG District

Subj: MILLS, Flavel Jackson (236-100)BM1 ; retirement and recall to active duty of

1. The request of the subject-named man for retirement under the provisions of Title 14, United States Code, Section 355, has been approved by the Commandant, such retirement to be effective on 31 January, 1951; however, it is anticipated that he will be recalled to active duty on 1 February, 1951 in the rating in which he is serving on 31 January, 1951, and that he will be directed to report to the Commanding Officer of his present unit for assignment to duty.

2. Forward to the Commandant (PE) without delay a transcript of subject-named man's quarterly "conduct" marks for his current enlistment.

B. H. BRALLIER
By direction

1730 DEC 21 13 52
PEA-A

KIERBOW:me-ae Ret 3-11

B 8834 TREASURY-CGHQ-WASH., D.C.

REPORT OF CHANGE IN PERSON
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

HQ

No. 243

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
5TH CG DISTRICT OFFICE		Norfolk, Virginia
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-510000		15 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

"SERVICE RECORD COPY"

AUTH:

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

12-PD-19

AUTH:

OTHER CHANGES (SPECIFY)

1300, 15 February, 1951: Released from retention on active duty. Permanent home address is - Grantsboro, North Carolina.

HQ
Auth. 515058

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
XO, By direction
(Commanding)

ps

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
23 January, 1951
FILE: AUTH: 515058

MILLS

From: Commandant
To: [redacted], Flavel Jackson (236-100) BM1, USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, Hoboken Depot, USCG, Hoboken, N. J.

Subj: Release from retention on active duty after retirement; travel

1. Effective 15 February, 1951, you are released from active duty and will resume retired status.

2. Prior to actual detachment, you will be informed of your rights and benefits as a veteran. DD Form 214, Report of Separation from the Armed Forces of the United States, will be issued by Headquarters and forwarded to you after your release from active duty.

3. Your commanding officer will immediately furnish a copy of this order to the certifying officer having custody of your pay record. The certifying officer will forward a photostatic copy of your pay record to the Commandant (FA), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

4. You will immediately notify the Commandant (FA) of your mailing address and you will thereafter notify the Commandant (FA) of any change in that address.

5. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if completed within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your home of selection, action is final and no further designation may be made.

6. Your commanding officer will indorse this order to indicate place, time and date of delivery and time and date of your detachment and departure. You will indorse this order to show place, time and date of receipt, place selected by you as your permanent home after retirement, and time and date of arrival at your permanent home.

F. V. HELMER
By direction

KIERBOW:me Ret 3-11

U. S. COAST GUARD
Accounting Office
FUNDS AVAILABLE
Date: JAN 30 1951
Initials

B 8848

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U. S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D. C.

PE-1
22 January, 1951

FILE:

From: Commandant
To: MILLS, Flavel Jackson (236-100)EM1, USCG
Via: (1) Commander, 5th CG District
(2) Commanding Officer, Hobucken Depot, Mesic, N. C.

Subj: Retirement

1. Your application for retirement has been approved by the Commandant pursuant to the provisions of Title 14, United States Code, Section 355, and he has fixed 31 January, 1951, as the effective date of your retirement. You are, however, in accordance with the provisions of the Selective Service Act of 1948 (Public Law 759 - 80th Congress), as amended by Public Laws 599 and 850 - 81st Congress, retained on active duty until 15 February, 1951. Report to the Commanding Officer of the unit from which retired for assignment to active duty.

2. In view of your retention on active duty, no travel is authorized herein. When you are returned to inactive duty on the retired list, Article 138 (6) (h), Pay and Supply Instructions will apply.

3. Your commanding officer will indorse this order to indicate place, time and date of delivery. You will indorse this order to show place, time and date of receipt. Your service record will be closed out and forwarded and a new service record prepared in accordance with instructions contained in Personnel Circular No. 40-50.

4. A copy of these orders will be furnished by your commanding officer to the certifying officer having custody of your pay record.

F. V. HELMER
By direction

Incls (2)

KIERBOW:me-ae Ret 3-11

B 8849 TREASURY-CGHQ-WASH.,D.C.

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PE-C) WASHINGTON 25, D. C.
REFER TO FILE: CG--73

15 March, 1950

From: Commandant
To:
Commanding Officer, Coast Guard Depot, Hobucken, Mesic, N. C.
Via:
Commander, Fifth Coast Guard District (pmp)
Subj: ; request for retirement;
acknowledgement of (236-100)BM1
MILLS, Flavel J.
Ref: (a) Mills' letter dated 7 March, 1950, bearing your indorsement

Advise the above-named man that his request for retirement by reason of completion of twenty or more years of service has been received at HQ and that his application will be considered in any future selection of men for retirement under the 20 year enlisted retirement law.

F. V. HELMER
By direction

CORRESPONDENCE:me Return to 3-11

1950 MAR 15 15 01
PEA-A

A-6288 am

UNITED STATES COAST GUARD

ADDRESS REPLY TO

AND REFER TO

3-11



7 March 1950

From: Flavel J. Mills, (236-100) BM1. Coast Guard Depot, Hobucken, N.C.
To: Commandant, Washington, D.C. Via Commander 5th C.G.District.
Subj: Retirement, Request For.

It is respectfully requested that I be given consideration for retirement under the 20 year retirement act, I will have completed 25 years in the former Lighthouse Service and Coast Guard on the 19th June 1950, my service has been continous and without any bad marks to my knowledge, I would appreciate any action taken to put my name on file.

Flavel J. Mills

Flavel J. Mills BM1 (O-1n-C)

Ind-1

10 March, 1950
pmp 73

From: Commander, 5th Coast Guard District
To: Commandant (PO)

Forwarded for Headquarters consideration.

A. N. Ward

A. N. WARD,
By direction

REPORT OF CHANGE IN PERSONN

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 162

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG LIGHT ATTENDANT STATION		Hobucken, N. C.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-199		19 April, 1950

TIME 1830
DATE 4/14/50

REPORTED FROM: CG Base, Portsmouth, Virginia
FOR resumption of regular duty, having departed 0230, 4/13/50 on TAD for the purpose of indoctrination in connection with the reporting of Work Orders.

AUTH: Art. 710, Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.)

df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 4-086

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
COAST GUARD BASE		Portsmouth, Va.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-007		14 April, 1950

TIME 0930
DATE 4/13/50
REPORTED FROM: CG DEPOT, Hobucken, N. C.
FOR TAD.

AUTH: CCGD5/O 051967-50

TIME 1315
DATE 4/13/50
TRANSFERRED TO: CG DEPOT, Hobucken, N. C.
FOR resumption of duty.

AUTH: --

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

FE-PR-19

E. A. COFFIN, JR., CDR.
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-43)

No. 350

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG LIGHT ATTENDANT STATION		Hobucken, N.C.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-199		7 March, 1950

TIME 1000
DATE 3/7/50

REPORTED FROM: CG Depot, Elizabeth City, N.C.
FOR resumption of regular duty.

AUTH: Art. 710, Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

PE-PR-23

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.)

df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 349

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT		Elizabeth City, N.C.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-167		7 March, 1950

TIME 1540
DATE 3/5/50
REPORTED FROM: CG Light Attendant Station, Hobucken, N.C.
FOR TAD.

AUTH: Art. 710, Regs.

TIME 1430
DATE 3/6/50
TRANSFERRED TO: CG Light Attendant Station, Hobucken, N.C.
FOR resumption of regular duty.

AUTH: Art. 710, Regs.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							
								PE-FR-19

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.) df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS

EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 346

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG LIGHT ATTENDANT STATION		Hobucken, N.C.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-199		7 March, 1950

TIME
DATE

REPORTED FROM:
FOR

AUTH:

TIME 0300
DATE 3/5/50

TRANSFERRED TO: CG Depot, Elizabeth City, N.C.
FOR TAD.

AUTH: Art. 710, Regs.

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

AUTH:

OTHER CHANGES (SPECIFY)

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

PE-PR-19

A. N. WARD, LTJG, USCG
Chief, Military Personnel Section
By direction (Commanding.)

df

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL

RATE	DIST.	FOR. DOM.		UNIT		RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL

GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

CG 2668
Form Approved by Comptroller General, U. S.
April 13, 1934
(Revised 1937)

File

S. V. No. .....
Pay No. .....

REPORT OF CHANGE IN PAY STATUS

1st Ltr

MILLS, (Surname) Flavel (First name) J. (Middle initial) 236-100 (Service No.) BM1 (Rank or rating)

CG Depot (Unit) Hobucken, N. C. (Place) 29 June, 1949 (Date)
(O,C5CGD)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Completed a 24 year period of net service and will be credited with increased pay in accordance with the following statement:

Total service in USLHS	16 years	8 months	27 days
Total service in USCG (To date of 6-29-49) Ntl'ind.	7 years	3 months	3 days
Total service	24 years	no months	no days

Inducted in the Coast Guard under authority of ACT of 8-5-39.
Now serving

AUTHORITY:

PC 21-47
PC 26-49
MQ Form 2511 dtd 3-31-49

L. R. CHENOWETH, SCLK, USCG (Commanding)
By direction
(6-29-49 trp)
(Title)

---

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

(Date) (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—44336-2

REPORT OF CHANGE IN PERSONNEL
TREASURY DEPARTMENT
United States Coast Guard
CG-2560 (REV. 3-48)

LH
B.A.S.

No. 302

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
5TH CG DISTRICT OFFICE		Norfolk, Virginia
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
05-510000		15 February, 1951

TIME
DATE
REPORTED FROM:
FOR

AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

1300, 15 February, 1951: Released from retention on active duty. Permanent home address is - Grantsboro, North Carolina.

HQ
Auth. 515058

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

J. W. BOLDING, LTJG, USCG
XO, By direction (Commanding.)
ps

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

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

RE ENLISTMENT OF MILLS, Flavel Jackson (Full name, surname to left); 236-100 (Service number); $148.50 (Pay per month)

Accepted for enlistment at Hobucken, North Carolina; BMlc. (Rating in which enlisted)

Enlisted at COAST GUARD DEPOT, Hobucken, N.C.; 26 March, 1948 (Date of enlistment)

Transferred to - - -

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

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

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

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

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

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

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

Flavel Jackson Mills

Flavel Jackson Mills
(Signature in own handwriting; surname to right)

Subscribed and sworn to before me this 26th day of March, A. D. 1948.

L. R. CHENOWETH, Ship's Clerk, USCG
(Commanding officer, notary public, or other officer qualified to administer oaths)

Chief, Military Personnel Section, 5CGD.
(Title)

Citizenship substantiated and contract perfected.

L. R. CHENOWETH,

Ship's Clerk, *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

under authority of .....

(Signature of man)

(Signature of commanding officer)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD DEPOT (Unit) — Hobucken, North Carolina (Place)

26 March, 1948 (Date)

FROM: MILLS, Flavel J. (236-100) BMlc, USCG

TO: COMMANDANT (via Comdr, 5th CG District)

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

(Full name of wife; if not married, so state)	(Address of wife)
Mabel E. Mills	Grantsboro, North Carolina
Linda G. Mills (daughter)	Same
Judy C. Mills (daughter)	Same
Sarah A. Mills (daughter)	Same
Flavel J. Mills Jr. (son)	Same
Harold L. Mills (son)	Same

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Bulah Hill	Mother	Atlantic, North Carolina

Potential.
(State briefly wherein dependency exists)

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

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

CODED NO. 7

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 26th day of March, 1948

L. R. CHENOWETH, Ship's Clerk, USCG.
(Signature)

Chief, Military Personnel Section, 5CGD.
(Rank or title)

Flavel J. Mills
Flavel J. Mills,
(Signature)

(236-100) BMlc.
(Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD DEPOT — (Unit)

Hobucken, North Carolina — (Place)

26 March, 1948 — (Date)

FROM: MILLS, Flavel J. (236-100) BMlc, USCG
Comdr, 5th CG District

TO: COMMANDANT (via _____)

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

Mabel E. Mills (Full name of wife; if not married, so state)	Grantsboro, North Carolina (Address of wife)
Linda G. Mills (daughter)	Same
Judy C. Mills (daughter)	Same
Sarah A. Mills (daughter)	Same
Flavel J. Mills Jr. (son) (Full name of child; if none, so state)	Same (Address of child)
Harold L. Mills (son) (Full name of child; if none, so state)	Same (Address of child)
(Full name of child; if none, so state)	(Address of child)

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

Dulah Hill (Full name of relative)	Mother Potential.	Atlantic, North Carolina (Address of relative)

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 26th day of March, 1948

A. R. CHENOWETH, Ship's Clerk, USCG.
(Signature)
Chief, Military Personnel Section, 5CGD.
(Rank or title)

Flavel J. Mills
Flavel J. Mills.
(Signature)
(236-100) BMlc.
(Rank or rating)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U. S. COAST GUARD DEPOT — (Unit)

Hobucken, North Carolina — (Place)

26 March, 1943 — (Date)

MILLS, Flavel J. (236-100) BMlc, USCG

FROM: Comdr, 5th CG District

TO: COMMANDANT (via _____)

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

(Full name of wife; if not married, so state)	(Address of wife)
Mabel E. Mills	Greensboro, North Carolina
Linda G. Mills (daughter)	Same
Judy C. Mills (daughter)	Same
Sarah A. Mills (daughter)	Same
Flavel J. Mills Jr. (son)	Same
Harold L. Mills (son)	Same

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Sulah Hill	Mother	Atlantic, North Carolina

Potential.

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 26th day of March, 1943.

L. R. CHAMBERLAIN, Ship's Clerk, USCG.

(Signature)

Chief, Military Personnel Section, 5CGD.

(Rank or title)

Flavel J. Mills

Flavel J. Mills, (236-100) BMlc.

(Signature)

(Rank or rating)

16—25758-1

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

Service Record

MILLS,
(Surname)

Flavel Jackson (Christian names) | 236-100 (Service No.) | NB. (Citizenship)

B.M.1c. (Enlisted as) | 26 MARCH, 1942. (Date) | THREE. (Term of years)

COAST GUARD OFFICE - 5TH NAVDIST. (Ship or station) | Norfolk, Virginia. (Place)

16—9677

CERTIFIED FOR MUSTERING

APPLICATION MADE FOR LUMP SUM MOP

NAV. S. AND A. FORM 550

MUSTERING OUT PAYMENT

256-100	MILLS,	Floyd	J.	BM1c, USCG,
(File or service No.)	(Surname)	(First name)	(Initial)	(Rank or rating and branch of service)

25 March, 1948	U.S.Coast Guard Depot, Hoboken, N.J.	Over 60 days
(Date discharged or released from active duty)	(Activity from which discharged)	(Length of service—Enter (less than 60 days) or (60 days or more))

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

COMMANDING OFFICER'S CERTIFICATE:

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

(Sign original only)

L. R. CUNNOWETH, Ship's Clerk, USCG
(Name and signature of officer authorized to sign in accordance with article 2035(2)NR)

VETERAN'S CERTIFICATE:

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

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

Floyd J Mills
Floyd J. Mills
(Signature of applicant)

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

(Omit address if service is LESS than 60 days)

(Number) (Street)

Grantsboro, (City) (Zone) North Carolina (State)

DISBURSING OFFICER'S PAYMENT DATA

LUMP SUM MOP 200.00 Alnav, 360-45

Paid $100.00 on 408-2138 (Public voucher) 70,221 (Check number) 3-26-48 (Date)

PAUL D. BANNING, CH. DISBURSING OFFICER 18-475
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

MUSTERING OUT PAYMENT DIVISION DATA

QUADRUPLICATE

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

NAME	SERVICE NUMBER	RATING
MILLS, Flavel Jackson	236-100	BMlc, USCG
UNIT: CG DEPOT, Hobucken, N.C.	LOCATION: Hobucken, N.C.	DATE REPORTED: 13 December, 1946
FINAL AVERAGE EFFICIENCY MARKS →	PROFICIENCY IN RATING: 3.7	CONDUCT: 4.0

PAFE OR PFWOAD (Whichever is applicable for determination of travel allowance)
Norfolk, Virginia — Elect TA Ridge, Maryland (HA)

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

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

By reason of immediate reenlistment

PLA-L 18

CODED NO. 7

Flavel J. Mills
Flavel J. Mills
(Signature of dischargee)

DISCHARGE

DATE	KIND OF DISCHARGE	SERIAL NUMBER
3-25-48	HONORABLE DISCHARGE	NONE

REASON	AUTHORITY
By reason of expiration of enlistment and extension thereof.	Article 589(1), CG Regulations Personnel Bulletin No. 57-44.

DISCHARGE EMBLEMS

RECEIPT OF THE FOLLOWING IS ACKNOWLEDGED (Check)
[ ] HONORABLE DISCHARGE BUTTON [X] HONORABLE SERVICE BUTTON [X] HONORABLE SERVICE

Previously Issued. Issued CG Satisfactory Service Card No. 010513.

SIGNATURE OF DISCHARGEE
Flavel J. Mills
Flavel J. Mills

MUSTERING OUT PAY (Check)

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

TRAVEL ALLOWANCE & PAY

PAID TRAVEL ALLOWANCE AT RATE OF FIVE CENTS PER MILE		TOTAL TRAVEL ALLOWANCE
FROM: Ridge, Maryland (HA)	TO: Hobucken, North Carolina (POD)	23.80
TOTAL AMOUNT PAID FOR TA & PAY (In full to date of Discharge): $74.30	CHECK NO.: Cash	NAME OF PAY OFFICER: W. M. PARKER, PAY CLERK, USCG.

CREDITABLE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	6	0	0

Certified to be correct upon termination of service.

SIGNATURE OF COMMANDING OFFICER OR OFFICER-IN-CHARGE
L. R. CHENOWETH, Ship's Clerk, USCG - By direction

USCG PERSONNEL SEPARATION CENTER NUMBER 5th CG District

ACCRUED LV DUE: 60

3-26-48 - Reen in the REG of the CG for a period of 3 yrs. as BMlc.
Entitled to $ 150.00 REEN ALLOW.

(P)

UNITED STATES COAST GUARD

POST OFFICE BOX 540
NORFOLK 1, VA.

ADDRESS REPLY TO THE
DISTRICT COAST GUARD OFFICER
FIFTH NAVAL DISTRICT
REFER TO FILE: CG-73-783

(pmm)

25 March, 1948

To: MILLS, Flavel J. (236-100) BMlc, USCG

Subj: Good conduct awards; delivery of

1. It is a pleasure to award you the inclosed Good Conduct Medal for your period of creditable enlisted service in the United States Coast Guard Reserve ending 25 March, 1945, together with one bar for your periods of creditable service ending 25 March, 1948.

2. You are authorized to have engraved on the back of the Good Conduct Medal your name and the name of the vessel or station to which you were attached on the date you became entitled thereto, together with the date of completion of your first period of creditable service. Authority is also granted to engrave the name of the appropriate vessel or station on the face of each bar and the date of completion of the creditable service period on the reverse thereof.

3. Complete and return the inclosed receipt card.

L. R. CHENOWETH
By direction

Incls
1. 1 Good Conduct Medal
2. 1 Good Conduct Bars
3. 1 Receipt card

(Place) CG Depot, Hobucken, N.C.
(Date) 25 March, 1948

Sir:

Receipt is acknowledged of:

1 Good conduct medal for period ending 3-25-45
1 Good conduct bars for period ending 3-25-48

Flavel J. Mills

(Sign here) Flavel J. Mills.
(Man's name)

236-100 BM1c.
(Service No.) (Rating)

U. S. COAST GUARD
WASHINGTON 25. D. C.

OFFICIAL BUSINESS

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

The Commandant (PMM)
U. S. Coast Guard
Washington, 25, D.C.

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

~~REN~~LISTMENT of MILLS, Flavel Jackson (Full name, surname to left) 236-100 (Naval service number) as B.M.1c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station COAST GUARD OFFICE, 5th/ District, Norfolk, Virginia, (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Norfolk, Virginia. (Place)

1. I, Flavel Jackson Mills (Full name), this 26th day of March, 1942, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ---

2. I was born in Pamlico, North Carolina., on 9 November, 1907 Citizenship [a] NB

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

If intentions declared, place and date of declaration ---

Home address Ridge, Maryland.

Full name and address of the following: Mabel Mills - Ridge, Maryland. (Wife, if any)
Linda G. Mills (daughter - 1 year); Judy C. Mills (daughter - 3 years); Sarah A. Mills (daughter - 7 years); Flavel J. Mills, Jr. (son - 9 years); all residing at Ridge, Md.
(Children under 21 years of age. Specify ages of children)

Bulah Mill - Atlantic, North Carolina. (Mother, if living) Widowed? No -remarried

---
(Next of kin, or person interested, if there are none of the above)

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

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

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

NEVER
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on ---, 19---, from ~~Cutter~~ Station (Strike out one)
with --- (Kind of discharge) discharge, herewith submitted, serial No. ---

9. I agree to and with the United States of America, represented by C.J. SULLIVAN, Lt. Comdr. (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case, if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by C.J. SULLIVAN, Lt. Comdr. (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Flavel Jackson Mills (Name of person enlisting) who has hereunto signed his

[a] Citizenship: Use expressions "NB" for native-born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8430

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

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. J. Sullivan
C. J. SULLIVAN, Lt. Comdr. USCG.
(Signature and rank of enlisting officer)

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

C. J. Sullivan
C. J. SULLIVAN,
Lt. Comdr., U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

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

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

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of enlisted person)

Subscribed and sworn to before me this 26th day of March, A. D. 1942

C. J. Sullivan
C. J. SULLIVAN, Lieut. Comdr. USCG.
By direction, District Coast Guard Officer, 5th Naval Dist.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 34 years 3 months. Height 5 feet 8½ inches. Weight 150¼ pounds. Eyes blue

Hair brown Complexion ruddy Color white Married yes

Distinguishing marks Mole under right jaw; Appendectomy scar.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

Enlistment effected pursuant to the Act of August 5th, 1939.

J. Sullivan
Enlisting Officer.

16—8420

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

SERVICE RECORD

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
DCGO-5thNAVAL DIST.	3-26-42		TUE MARSHES LIGHT STATION	3-26-42	
True Meadow Light Sta (CDC Gr 5 USD)	2-2-45		York Spit Light Sta (CDCGr 5 USCGR)	3-2-45T	
York Spit Lt Sta (5th C G D)	12-12-46	P. A. MAIER, Lt. USCG By Dir.	CG Depot Curtis Bay Md (5th C G D)	12-13-46	P. A. MAIER, Lt. USCG By Dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9670-1

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special qualification or special detail	Conduct	Signature
12/31/42	B.M.1c	3.5			3.5		4.0	s/
MAR 31 1943	B.M.1c	4.0	3.9		3.9	DCGO, 5th NAVDIST	4.0	
6-30-43	BM1c	3.5	3.5		3.5	DCGO, 5th NAVDIST	4.0	
9-30-43	BM1c	3.5	3.5		3.5	DCGO, 5th NAVDIST	4.0	
DEC 31 1943	BM1c	3.6	3.5		3.5	DCGO, 5th NAVDIS	4.0	
MAR 31 1944	BM1c	3.8	3.9	3.8	3.6	True Marshes Light Sta (DCGO, 5TH ND)	4.0	
JUN 30 1944	BM1c	3.6	3.7	3.6	3.7	True Marshes Lt Sta.	4.0	
9 30 44	BM1	3.8	~~3.9~~ 3.8	~~3.9~~ 3.8	~~3.9~~ 3.8	True Marshes L.S.	4.0	
12-31-44	BM1c	3.8	3.8	3.8	3.8	True Marshes Light Sta	4.0	
3-2-45	BM1c	3.8	3.8	3.8	3.8	True Marshes Light Sta	4.0	
3/26/45	Enlistment voluntarily extended for a period of three years effective 3/26/45							
3-31-45	BM1c	3.8	3.8	3.8	3.8	York Spit Light Sta (DCGO, 5TH ND)	4.0	
6-30-45	BM1c	3.8	3.8	3.8	3.8	York Spit Light Sta (DCGO, 5TH ND)	4.0	
9-30-45	BM1c	3.8	3.8	3.8	3.8	York Spit Lt. Sta (DCGO, 5TH ND)	4.0	
DEC 31 1945	BM1c	3.8	3.8	3.8	3.8	York Spit Lt. Sta (DCGO, 5TH ND)	4.0	
3-31-46	BM1c	3.7	3.7	3.7	3.7	York Spit Lt Sta (5TH CGD)	4.0	
JUN 30 1946	BM1c	3.7	3.7	3.7	3.7	York Spit Lt Sta (5TH CGD)	4.0	
SEP 30 1946	BM1c	3.7	3.7	3.7	3.7	York Spit Lt Sta (5TH CGD)	4.0	
12-12-46	BM1c	3.7	3.7	3.7	3.7	York Spit Lt Sta (5TH CGD)		
12-31-46	BM1c	LESS THAN ONE MONTH				CG Depot, Hoboken, N.J.	4.0	
MAR 31 1947	BM1c	3.7	3.7	3.7	3.7	CG Depot, Hoboken	4.0	
JUN 30 1947	BM1c	3.7	3.7	3.7	3.7	CG Depot, Hoboken	4.0	
SEP 30 1947	BM1c	3.7	3.7	3.7	3.7	CG Depot, Hoboken	4.0	
DEC 31 1947	BM1c	3.7	3.7	3.7	3.7	CG Depot, Hoboken	4.0	
3-26-42	BM1c	LESS THAN ONE MONTH				DC 60, 5TH ND	4.0	s/
3-31-42	BM1c	LESS THAN ONE MONTH				True Marshes Lt. Sta (DCGO, 5TH ND)	4.0	s/
6-30-42	BM1c	3.5^			3.5^	True Marshes Lt. Sta (DCGO, 5TH ND)	4.0	s/
9-30-42	BM1c	3.5^			3.5^	True MARSHES L.S. (DCGO, 5TH ND)	4.0	s/
Average	XXXXX					XXXXXXXXXXXXX		

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676-1

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. York Spit Light Station
(Unit)
Perrin, Virginia
(Place)
26 March, 1945
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Flavel Jackson Mills (Name of applicant), 236-100 (Service number), BMlc (Rating), having on 26 March, 1942 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of three years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is in accordance with Alcoast 83-41

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 26th day of March, A. D., 1945

D. E. SPINNEY, Ensign, USCG(WR)
(Commanding officer or notary public)

U. S. C. G. YORK SPIT LIGHT STATION
(Unit)
PERRIN, VIRGINIA
(Place)
26 March, 1945
(Date)

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

D. E. SPINNEY, Ensign, USCG(WR)
(Officer authorized to accept extension)

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

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

RECORD OF MILLS, Flavel Jackson 236-100
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
York Spit Light Station (DCGO 5ND)	6/6/45	Authorized to wear Good Conduct Ribbon for period of 3/26/42 to 3/25/45. Auth: PB 86-44	
DCGO, 5thNAVDIST	JAN 22 1946	Authorized to wear World War Two Victory Medal. Auth: ALNAV 352, 1945.	D. E. SPINNEY Ens., USCGR(W)-By dir.
DCGO, 5thNAVDIST	JAN 22 1946	Authorized to wear American Campaign Ribbon. Auth: ALNAV 351, 1945.	D. E. SPINNEY Ens., USCGR(W)-By dir.
CG Depot, Hobucken, N.C. (C. Comdr. 5th CGD)	3-25-48	Issued Good Conduct Medal for period of creditable service from 3/26/42 to 3/25/45.	L. B. CHADWICK Chief Clerk, By Dir.
	3-25-48	Issued World II Victory Medal & Amer. Defense Medal.	L. B. CHADWICK Chief Clerk, By Dir.

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RECORD OF MILLS, Flavel Jackson 236-100
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
THE MARSHES LIGHT STATION	3/26/42		Keeper	s/
DcGo, 5ND	9-20-44	9-27-44	6 da AL(c)	
DcGo, 5ND - The Marshes LT. STA.	11-21-44	11-27-44	6 da. AL(c)	
(DCGO, 5ND) The Marshes Lt. Sta.	12-20-44	12-26-44	6 da AL(c)	
(DCGO, 5ND) The Marshes Lt. Sta.	1-20-45	1-26-45	6 da AL(c)	
(DCGO, 5ND) The Marshes Lt. Sta.	2-17-45	2-23-45	6 da AL(c)	
(DCGO 5ND) York Spit Lt. Sta.	3-17-45	3-23-45	6 da AL(c)	
(DCGO 5ND) York Spit Lt Sta.	4-21-45	4-27-45	6 days AL (c)	
(DCGO 5ND) York Spit Lt. Sta.	5-18-45	5-24-45	6 days AL (c)	
York Spit Lt Sta (DCGO 5ND)	6-18-45	6-24-45	6 days AL (c)	
York Spit Lt. Sta (DCGO 5ND)	7-16-45	7-22-45	6 days AL(c)	
York Spit Lt. Sta. (DCGO 5ND)	8-10-45	8-16-45	6 days AL(c)	
York Spit Lt. Sta (DCGO 5ND)	9-19-45	9-25-45	6 days AL(c)	
York Spit Lt. Sta. (DCGO 5ND)	10-16-45	10-23-45	6 days AL(c)	
York Spit Lt. Sta (DCGO 5ND)	11-23-45	11-29-45	6 days AL(c)	
York Spit Lt Sta (DCGO 5ND)	12-21-45	12-27-45	6 days AL(c)	
York Spit Lt Sta (DCGO 5ND)	2-8-46	2-14-46	6 days AL(c)	
York Spit Lt. Sta. (DCGO 5ND)	3-6-46	3-12-46	6 days AL(c)	
York Spit Lt. Sta. (5th CGD)	4-19-46	4-25-46	6 days AL(c)	
York Spit Lt. Sta (5th CGD)	6-3-46	6-10-46	6 days AL(c)	
York Spit Lt Sta (5th CGD)	7-25-46	8-1-46	6 days AL(c)	
York Spit Lt Sta (5th CGD)	8-26-46	9-2-46	6 days AL(c)	

By Dir. F. A. MAIER, Lt. (jg)

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF MILLS, Flavel J. 236 -100

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

ACCRUED CREDITS			LEAVE TAKEN					BAL. DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE				CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO. DAYS	FROM	TO	REASON	NO. DAYS	
IC	9-1-46	39						39					F. A. MAIER By direction F. A. MAIER, By dir.
			11-22-46	11-30-46	AL	9							
AN-CR	6-30-47	25						55					R. F. Rea R.F. REA, By dir.
BBF	7-1-47	55						55					R. F. Rea R.F. REA, By dir.
		23						60					L. B. Blumenath L. B. CHENOWETH Ship's Clerk, By Dir.
DIS	3-25-48	23						60					L. B. Blumenath L. B. CHENOWETH Ship's Clerk, By Dir.

COMPENSATED FOR 60 DAYS' ACCRUED LV. DUE ON DISCHARGE IN THE AMOUNT OF $ 400.50

512

RECORD OF LEAVE ACCRUED

MILLS, Flavel J. (236-100) BM1c — YORK SPIT LT STATION

Date of entry March 26, 1942
Service 26 March, 1942 to 30 June, 1942

Active service for which leave accrued	3 mos 5 days
Leave earned	8
Leave taken	-0
Leave credit 1 July, 1940	
Leave taken	
Absences	
Leave earned fiscal year	
Leave credit 1 July, 1941	
Leave taken	
Absences	
Leave earned fiscal year	
Leave credit 1 July, 1942	8
Leave taken	- 8
Absences	NONE
Leave earned fiscal year	30
Leave credit 1 July, 1943	30
Leave taken	- 0
Absences	NONE
Leave earned fiscal year	30
Leave credit 1 July, 1944	60
Leave taken	-30
Absences	NONE
Leave earned fiscal year	30
Leave credit 1 July, 1945	60
Leave taken	-44
Absences	NONE
Leave earned fiscal year	30
Leave credit 1 July, 1946	46
Leave taken	-12
Leave earned fiscal year (July & August, 1946)	5
Leave accrued on 31 August, 1946	39

Leave to be credited on 1 September, 1946	39
Leave for which entitled to compensation	0
TOTAL	39

22 October, 1946 (date). I certify that the above statement is true and correct to be best of my knowledge.

Flavel J. Mills (sign)

Sworn to before me this 22nd day of October, 1946.

F. A. MAIER, Lt(jg), USCG
Commissioned officer or notary public

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

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
C.G.O. 5TH NAVAL D.	CREDIT	3/26/43	✓	30	0	
DC90, 5ND	3-26-43	credit	2d yr.	30	0	
DC90, 5ND	9-20-43	9-27-43	8 ✓	22	0	
DC60, 5ND	8-26-44		credit	30	0	
DC60, 5ND	9-27-44	9-29-44	2 ✓	28	0	
DC60, 5ND	10-18-44	10-27-44	8 ✓	20	0	
DC60, 5ND	11-27-44	11-30-44	2 ✓	18	0	
DC60, 5ND	12-26-44	12-29-44	2 ✓	16	0	
Tue Marshes Lt. Sta (5ND)	1-26-45	1-29-45	2 ✓	14	0	
Tue Marshes Lt. Sta (DC60 5ND)	2-23-45	2-28-45	4 ✓	10	0	
York Spit Lt. Sta.	Reenlistment lv.		— — —	30	30	
York Spit Lt. Sta (DC60 5ND)	3-23-45	3-26-45	2 ✓	28	30	
York Spit Lt. Sta (DC60 5ND)	4-27-45	4-30-45	2 ✓	28	30	
York Spit Lt. Sta (DC60 5ND)	5-24-45	5-28-45	3 ✓	27	30	
York Spit Lt. Sta (DC60 5ND)	6-24-45	6-28-45	3 ✓	27	30	
York Spit Lt. Sta (DC60 5ND)	7-22-45	7-27-45	4 ✓	18	30	
York Spit Lt. Sta (DC60 5ND)	8-16-45	8-21-45	4 ✓	14	30	
York Spit Lt. Sta (DC60 5ND)	9-25-45	9-26-45	3 ✓	11	30	
York Spit Lt. Sta (DC60 5ND)	10-23-45	10-25-45	2 ✓	9	30	
York Spit Lt. Sta (DC60 5ND)	11-29-45	12-3-45	3 ✓	6	30	
York Spit Lt. Sta (DC60 5ND)	12-27-45	12-31-45	3 ✓	3	30	
York Spit Lt. Sta (DC60 5ND)	2-14-46	2-17-46	2 ✓	1	30	
York Spit Lt. Sta (DC60 5ND)	3-12-46	3-14-46	1 ✓	0	30	
York Spit Lt. Sta (5TH CG)	3-26-46	Credit	—	30	30	
York Spit Lt. Sta (5TH CG)	4-25-46	4-27-46	3 ✓	28	30	
York Spit Lt. Sta (5TH CG)	6-10-46	7-4-46	24 ✓	28	6	
York Spit Lt. Sta (5TH CG)	8-1-46	8-3-46	2 ✓	26	6	
York Spit Lt. Sta (5TH CG)	9-2-46	9-4-46	2 ✓	24		
York Spit Lt. Sta (5TH CG)	9-20-46	9-24-46	4 ✓	20		

(5)

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RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-1 00 (Service No.)

10. ABSENT FROM DUTY

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

Unit	Months	Days	From—	To—	Remarks	Signature
[illegible]	NO DEDUCTIBLE TIME WHILE ATTACHED				TO THIS UNIT	
[illegible]	NO DEDUCTIBLE TIME WHILE ATTACHED				TO THIS UNIT	
York Spit Lt Sta (stf CGD)	NO DEDUCTIBLE TIME WHILE ATTACHED				TO THIS UNIT	F. A. MILLER, JR. (Yn) by Dir.

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
York Spit Lt.Sta.		Enlistment voluntarily extended for a period of three (3) years and duration but not to exceed six (6) months thereafter, effective 3/26/45, and otherwise entitled to an Honorable Discharge.	

12. ON DISCHARGE

Date [illegible], 19[illegible] Place [illegible] 20 20 Serial No. [illegible]

Kind of discharge [illegible] Authority for [illegible]

Discharged on account of [illegible]

Is [illegible] recommended for reenlistment.

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

SIGNATURE [illegible]

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF MILLS, Flavel Jackson (Full name, surname to the left) 236-100 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

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

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

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

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

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

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

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

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

NAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG DEPOT		Hoboken, N.J.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-199	13 December, 1946

TIME 1000
DATE 12-13-46
REPORTED FROM: York Spit Light Station
FOR assignment to duty.

DUTY CODE NO. 17-D AUTH: Art 710 Regs

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

F. A. MAIER
Chief Military Personnel Section
(Commanding)
By direction dcg-g-38

CG-2888 (9-46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

MILLS, Flavel J.	BM1c	236-100
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

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

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 39 days. I hereby make claim for compensation for the excess of such amount over 60 days.

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

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

(If none, so state)	Mabel E. Mills (Name of dependent)	Wife (Relationship)

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

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

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

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

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

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

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

Flavel J Mills
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Norfolk, Virginia this 22nd day of October, 1946

(SEAL)

F. A. MAIER, Lt(jg), USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. ***(Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)***

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

F. A. MAIER, Lt(jg), USCG — York Spit Light Station
By direction — Off,Comdr,5th CG District

(Signature of Commanding Officer) *(Unit)*

5. ***(Following to be completed by the authorized certifying officer having custody of claimant's pay records:)***

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(Monthly pay (base and longevity)) *(Officer monthly rental allowance)* *(Officer daily subsistence allowance)*

(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

Personnel 58 Service Record Cy.

PAY ADJUSTMENT VOUCHER

NAV. S. and A[illegible]rm 540
(adapted for [illegible]st Guard 7-44)

Date: 7 Ju[illegible], 1945

FILE OR SERVICE NO.	SURNAME	FIRST NAME	MIDDLE INITIAL
236-100	MILLS	Flavel	J.

CLASS	DESIGNATION	PAY GROUP NUMBER
	EM1c	44

TO COMMANDING OFFICER OR: DCGO, 5ND

Deliver this Voucher to the disbursing officer of your ship or station or, if no disbursing officer is attached, deliver to the next disbursing officer making payment.

If the above-named individual has been transferred, forward this voucher to the commanding officer of the activity to which transferred.

TO DISBURSING OFFICER:
You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☒) in the pay account of the above-named individual. Your entry in the pay account should show:

AMOUNT	APPROPRIATION	PERIOD
$3.60	1740900 = $1.20 1758900 = $1.20	July 1943-Dec. 1944

SYMBOL NUMBER	NAME OF ACCOUNTABLE OFFICER
See	Reverse

DISPOSITION: File original with your returns. File triplicate in the individual's service record, and return signed duplicate to Central Pay Records Section, Coast Guard Headquarters, Washington 25, D.C.

REASON

Allot: "M" First pay. July, 1943 - Indef. amt. $3.85
Payee: Treas. U.S. DCGO, 5ND
Checked for the above allot. for the period of July 1943 - Dec. 1944 in the amt. of $3.65 per month. "M" allotment in the amt. of $3.85 per mo. which was registered with the month of first payment July 1943 is still in force. Continue checkage in the amount of $3.85 per month. Undercheckage occurred on Vos. Nos. 2375 and 4539. (over)

*The directive herein made is based on a thorough examination of all records available to Central Pay Records Section. If the disbursing officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Audit and Examination Section with a brief statement of the reason for failure to make the adjustment.

R. D. FRITZ, Lieut. Comdr., USCG
Chief, Central Pay Records Section
U. S. Coast Guard Headquarters

Edw B all

SHIP OR STATION	DATE
DCGO 5ND (DIST.DET.LT.STATIONS)	7/13/45

Adjustment has been made as requested and copy has been returned.

SYMBOL NUMBER	NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT
#551370	A. R. BORRODES, Lieut., USCG Ass't. Pay Officer, 5 ND

skj

District De[illegible]l Light Station, 5ND, Aug. and [illegible]pt. 1943 payrolls settled in the account of E. E. Miller, SDA, 55-075-0. Vos. Nos. 43, 2506, 4603, 6508, 8495, 10390, 12252, 13957 and 15840. District Detail Light Station, 5ND, Oct. 1943 - June 1944 payrolls, settled in the account of L. Maher, SDA, 55-1160 and pay record closed to 31 December, 1944.

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT York Spit Light Station ADDRESS Perrin, Va. DATE 7 June, 1945
(DCGO,5ND)

MILLS	Flavel	J.	236-100	BMlc
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on 26 March, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named man has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time

D.E.SPINNEY
By direction

To: The Commandant (PMM)

CC: MILLS, Flavel J. (236-100) BMlc
York Spit Light Station, Perrin, Va.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MILLS, Flavel J	236-100	SM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
YORK SPIT LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-152)	27 March, 1945

TIME
DATE — REPORTED FROM:
FOR

DUTY CODE NO. — AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1130-27 March, 1945: Rptd from DISTRICT OFFICE, Norfolk, Va. for resumption of regular duty having reported that office at 1000, 26 March, 1945, from AL(C) 6 and AL 2 having departed this unit AL(C) & AL at 0700, 17 March, 1945.

DUTY CODE NO. 30-D — AUTH: Art.710 Regs.

R. E. SPINNEY
Asst. Records & Assgn. Officer
By direction
(Commanding)

rmd-L-29

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL			SERVICE No.	PRESENT RANK OR RATING
MILLS,	Flavel	J	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-001)	26 March, 1945

TIME 1000
DATE 3-26-45
REPORTED FROM: AL granted by the York Spit Light Station, ~~York~~ Perrin, Va.

DUTY CODE NO. 18-D AUTH: PB 107-44

TIME 1500
DATE 3-26-45
TRANSFERRED TO: YORK SPIT LIGHT STATION, Perrin, Va.
FOR resumption of regular duty.

AUTH: Art.710 Regs

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
By direction (Commandant) rmd

COPY 2599
SERVICE RECORD

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

YORK SPIT LIGHT STATION
(Unit)

MILLS, Flavel Jackson
(Name in full—surname to the left)

26 March, 1945
(Date)

236-100
(Service number)

MMlc
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for 3 years)	1942	3	26			
Enlistment extended (for 3 years from)	1945	3	26			
Date of discharge ( ) (Character of discharge)						
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

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

D. E. SPINNEY

Date 26 March, 1945

(Rank) Ensign, U. S. C. G. R
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 26 March, 1945

YORK SPIT LIGHT STATION, PERRIN, VIRGINIA
(Unit and place)

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

a period of three years from this date.

D. E. SPINNEY,

(Rank) Ensign, U. S. C. G. R
Commanding officer.

16—20908-1

TRANSCRIPT OF EFFICIENCY MARKS

MILLS, Flavel Jackson (236-100) BM1c

DATE	PROF. IN RATING	SEA.	MECHANICAL ABILITY	ABILITY AS LEADER	CONDUCT
12/31/42	3.5			3.5	4.0
3/31/43	4.0	3.9		3.9	4.0
6/30/43	3.5	3.5		3.5	4.0
9/30/43	3.5	3.5		3.5	4.0
12/31/43	3.6	3.5		3.5	4.0
3/31/44	3.8	3.9	3.8	3.6	4.0
6/30/44	3.6	3.7	3.6	3.7	4.0
9/30/44	3.8	3.8	3.8	3.8	4.0
12/31/44	3.8	3.8	3.8	3.8	4.0
3/2/44	3.8	3.8	3.8	3.8	4.0

D. E. SPINNEY
Ensign USCG(WR)

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL			SERVICE No.	PRESENT RANK OR RATING
MILLS	Flavel	J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
TUB MARSHES LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-153	13 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. ~~30-D~~

AUTH:

TIME 1400
DATE 3-2-45

TRANSFERRED TO: YORK SPIT LIGHT STATION, Perrin, Va.
FOR duty.

AUTH Art 710 Reg.

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
By direction (Commanding) pmf-L-6

COPY 2599
SERVICE RECORD

REPORT OF CHANGE IN PERSONN
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL			SERVICE No.	PRESENT RANK OR RATING
MILLS	Flavel	J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
YORK SPIT LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-152	13 March, 1945

TIME 1500
DATE 3-2-45

REPORTED FROM: TUE MARSHES LIGHT STATION, Perrin, Va.
FOR assignment to duty.

DUTY CODE NO. 30-D AUTH: Art 710 Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
By direction (Commandant) pmf-L-6

COPY 2599
SERVICE RECORD

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	12/28/43	26 Feb., 1942

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

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
MILLS,(Sr.) Flavel J.	236-100	B.M.1c.

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	x	Mable Elizabeth Mills Grantsboro, N. C.	Wife				
2		Flavel Jackson Mills, Jr. Same	Son	1	33		
3		Sarah Alice Mills Same	Daughter	3	35		
4		Judy Christine Mills Same	Daughter	11	38		
5		Linda Gray Mills Same	Daughter	6	40		
6		Harold Lee Mills Same	Son	5	42		

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Portsmouth, Virginia	10/19/31	☐ YES ☐ NO

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY DCGO 5th N. D. Norfolk, VA.

DATE 30 December, 1943

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (68 *Pay Number*) A MONTHLY FAMILY ALLOWANCE

OF $22 ~~XX~~27 *(Strike Out One)* EFFECTIVE December *(Month)* 1943

Carried on the District Detail Light Stations payroll for the month of December, 1943 Vo. #4603, in the accounts of L. MAHER SDA USN 55-116-0.

Horace H. Ambrose, Pay Clerk, USCG.
Assistant Pay Officer
(Signature of Disbursing Officer) *Sign Third Copy Only - (Pink)*

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

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

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

APPLICATION FOR FAMILY ALLOWANCES — NAVY DEPARTMENT — SUPPLEMENTARY APPLICATION

NAVPERS-618

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	1/31/44	26 March, 1942

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

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
MILLS, Flavel J.	236-100	B.M.1c.

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Dessie Roberts Granteboro, N. C.	Mother-in-law			None	25.00
2							
3							
4							
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

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

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
SUPPLEMENTARY APPLICATION	FEBRUARY, 1944

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY DCGO, 5th NavDist.

DATE 10 February, 1944

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (68 Pay Number) A MONTHLY FAMILY ALLOWANCE

OF $27.00 (Strike Out One) EFFECTIVE February (Month) 1944

District Detail Light Station, 5th N. D.
February, 1944 Vo. No. 8495 (January, 1944)
L. MAHER SDA, USN #55-116-0.

HORACE H. AMBROSE, Pay Clerk, USCG
(Signature of Disbursing Officer) Assistant Pay Officer

Sign Third Copy Only - (Pink)

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

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

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

From compensation of

MILLS, Flavel J. (236-100

APPLICATION FOR ALLOTMENT DCGO 5ND (Dist. Detail Light Stations

PAYABLE TO

Name: Treasurer of the United States

Address: Washington, D. C.

First payment: Month Nov., 194 4

Last payment: Month _____, 194 ____

Monthly allotment in the amoun

Eighteen and 75/100 - - - - - - - - - ($ 18.75) Dollars.

(Words) (Figures)

Number of months Indefinite

(Words) (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay, as above.

X Flavel J. Mills

Rank or rating SK1/c, U. S. C. G.

2 November, 194 4

Approved, allotment granted.

R. S. BLANDFORD, Ens., USCGR(W)

Commanding

D.C.G.O. By direction *District.*

Witnessed and registered 8 Nov., 194 4

G. E. WYMAN, Pay Clerk, USCGR

Pay Officer, DCGO 5ND #551160

skj

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

Allotment Disbursing Officer.

M.C.

William P. Leavitt X

(Over)

DO NOT FOLD -- MAIL FLAT

DCGO 5ND NOV 17 DISBURSING OFFICE

ALLOTMENT STOPPAGE

LS 68

From compensation of

MILLS, Flavel J. (256-100)

Amount $ 100.00

PAYABLE TO

Name Mabel Mills

Street and No.

Post office Oriental State N. C.

Stop allotment after payment

for the month of January 19 44
for which checkage has been made.

REASON FOR STOPPAGE: Account Overpaid

By request of Pay Officer

(Signature of Allotter)

Rank or rating

APPROVED:

J. D. BUTTERFIELD, Ens, (WR) USCG.
By direction (DCGO, 5ND)
Commanding or
Commander District

STOPPAGE REGISTERED, Date 11 February, 1944

U. S. C. G.

Pay Officer HORACE H. AMBROSE, Pay Clerk, USCG

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been discontinued as requested.

HS

Allotment Disbursing Officer.

Delivery of War Bonds to addresses outside the continental United States or to ships temporarily suspended.

It is requested that, beginning November, 1944, monthly deductions of $ 18.75 be made so that United States War Bonds of $ 25.00 denomination may be issued in the name of

Flavel J. Mills

(First name, in full) (Middle name or initial, if any) (Last name)

You may use your home address on the face of a War Bond or "c/o U. S. Coast Guard, Washington, D. C."

(State your Address)

You may name either a co-owner or a beneficiary, but not both.

Co-owner Mr. / Mrs. Mrs. Mabel Mills / Miss

(Given name, in full) (Middle name or initial) (Last name)

Address Greensboro, North Carolina

Beneficiary Mr. / Mrs. / Miss

(Given name, in full) (Middle name or initial) (Last name)

Address

Either co-owner may redeem the bonds without the signature of the other. The beneficiary may redeem bonds only if surviving the owner. War Bonds may not be reissued during the lives of the persons named in order to change the registration; however, bonds registered in one name alone may be reissued to add the name of a beneficiary.

Do you want your bonds held without charge in safekeeping? If so, indicate where:

____ Hold at Treasury Department. ____ Hold at Federal Reserve Bank of ____

Mail bonds to me at The Marshes Light Station, Perrin, Virginia

(Not to be filled in if bonds are to be held for safekeeping)

Signature of purchaser X Flavel J Mills SM 1/c The Marshes Light Station

Name Rank or Rating Station

FOR INFORMATION OF PAY OFFICER

(FA-AR)
CG-522

9 September, 1943

Treasurer of the United States
Washington, D. C.

Subj: Allotment for payment of National Service Life Insurance premiums:
MILLS, Flavel J. (236-100), B.M.1c, DCGO 8th Navdist

Amount and month of first payment: $3.85 July 1943

Dear Sir:

The above named person has authorized a monthly allotment from his pay, in your favor, as indicated. Payment will be made on the last day of each month without action on your part.

Very truly yours,

C. L. HERNDON
Lieutenant, USCG
Allotment Disbursing Officer

ACKNOWLEDGMENT

This signifies that Form 2528, registered by the above named has been received and allotment started.

Allotment Disbursing Officer
Office of Finance and Supply

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD OFFICE (Unit) — Norfolk, Virginia, (Place)

26 March, 1942. (Date)

FROM: MILLS, Flavel Jackson (236-100), B.M.1c.

TO: COMMANDANT (via District Coast Guard Officer, Fifth Naval District.)

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

(Full name of wife; if not married, so state)	(Address of wife)
Mabel Mills	Hankton, N.C. Ridge, Maryland.
Linda G. Mills (daughter)	same address
Judy C. Mills (daughter)	same address
Sarah A. Mills (daughter)	same address
Flavel J. Mills, Jr. (son)	same address
Harold L. Mills (son)	"

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Beulah Hill	mother	Atlantic, North Carolina.

Not dependent
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

Subscribed and sworn to before me this 26th day of March 19 42

[redacted]

G. J. SULLIVAN,
(Signature)
Lt. Comdr. USCG.
Rank or title

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

SIGNED Flavel Jackson Mills
Flavel Jackson Mills,
B.M.1c. USCG.
Rank or Rating

2—10348 U S GOVERNMENT PRINTING OFFICE

NCG 2500-A
U. S. COAST GUARD

MAY 1 1945
CODED
NO. 1

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. York Spit Light Station
(Unit)

Perrin, Virginia
(Place)

26 March, 1945
(Date)

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

I, Flavel Jackson Mills (Name of applicant), 236-100 (Service number), BMlc (Rating), having

on 26 March, 1942 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of three years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is in accordance with Alcoast 83-41

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 26th day of March, A. D., 1945

D. E. SPINNEY, Ensign, USCG(WR)
(Commanding officer or notary public)

U. S. C. G. YORK SPIT LIGHT STATION
(Unit)

PERRIN, VIRGINIA
(Place)

26 March, 1945
(Date)

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

D. E. SPINNEY, Ensign, USCG(WR)
(Officer authorized to accept extension)

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

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

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

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

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

YORK SPIT LIGHT STATION
(Unit)

MILLS, Flavel Jackson
(Name in full—surname to the left)

26 March, 1945
(Date)

236-100
(Service number)

BM1c
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	3	26
Enlistment extended (for 3 years from)	1945	3	26
Date of discharge (_____) (Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	3	0	0

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

D. E. SPINNEY

Date 26 March, 1945 (Rank) Ensign, U. S. C. G. WR

Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 26 March, 1945

YORK SPIT LIGHT STATION, PERRIN, VIRGINIA
(Unit and place)

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

a period of three years from this date.

D. E. SPINNEY,

(Rank) Ensign, U. S. C. G. WR

Commanding officer.

16—20903-1

TRANSCRIPT OF EFFICIENCY MARKS

MILLS, Flavel Jackson (236-100) BM1c

DATE	PROF. IN RATING	SEA.	MECHANICAL ABILITY	ABILITY AS LEADER	CONDUCT
12/31/42	3.5			3.5	4.0
3/31/43	4.0	3.9		3.9	4.0
6/30/43	3.5	3.5		3.5	4.0
9/30/43	3.5	3.5		3.5	4.0
12/31/43	3.6	3.5		3.5	4.0
3/31/44	3.8	3.9	3.8	3.6	4.0
6/30/44	3.6	3.7	3.6	3.7	4.0
9/30/44	3.8	3.8	3.8	3.8	4.0
12/31/44	3.8	3.8	3.8	3.8	4.0
3/2/44	3.8	3.8	3.8	3.8	4.0

D. E. SPINNEY
Ensign USCG(WR)

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

U.S. COAST GUARD APR 10 1942 NOTED PR-14

REENLISTMENT of MILLS, Flavel Jackson 236 100 236-100 as B.M.1c.
(Full name, surname to left) Naval (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station COAST GUARD OFFICE, 5th/ District, Norfolk, Virginia.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Norfolk, Virginia.
(Place)

1. I, Flavel Jackson Mills (Full name), this 26th day of March, 1942, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows:

2. I was born in Pamlico, North Carolina., on 9 November, 1907 Citizenship [a] NB

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

If intentions declared, place and date of declaration ____

Home address Ridge, Maryland.

Full name and address of the following: Mabel Mills - Ridge, Maryland. (Wife, if any)
Linda G. Mills (daughter - 1 year); Judy C. Mills (daughter - 3 years); Sarah A. Mills (daughter - 7 years); Flavel J. Mills, Jr. (son - 9 years); all residing at Ridge, Md. (Children under 21 years of age. Specify ages of children)

Bulah Hill - Atlantic, North Carolina. (Mother, if living) Widowed? No -remarried

(Next of kin, or person interested, if there are none of the above)

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

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

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

NEVER
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on ____, 19____, from ~~Cutter~~ Station (Strike out one)
with ____ discharge, herewith submitted, serial No. ____
(Kind of discharge)

9. I agree to and with the United States of America, represented by C. J. SULLIVAN, Lt. Comdr. (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by C. J. SULLIVAN, Lt. Comdr. (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the said Flavel Jackson Mills (Name of person enlisting) who has hereunto signed his

[a] Citizenship: Use expressions "NB" for native-born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By C. J. Sullivan
C. J. SULLIVAN, Lt. Comdr. USCG.
(Signature and rank of enlisting officer)

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

C. J. Sullivan
C. J. SULLIVAN,
Lt. Comdr., *U. S. C. G., Enlisting Officer.*

---

11. OATH OF ALLEGIANCE

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

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

Flavel Jackson Mills
Flavel Jackson Mills
(Signature of enlisted person)

Subscribed and sworn to before me this 26th day of March, A. D. 1942

C. J. Sullivan
C. J. SULLIVAN, Lieut. Comdr. USCG.
By direction, District Coast Guard Officer, 5th Naval Dist.
(Comdg. officer, officer in charge of a unit, or notary public)

---

12. DESCRIPTIVE LIST

Age 34 years 3 months. Height 5 feet 8½ inches. Weight 150½ pounds. Eyes blue

Hair brown. Complexion ruddy. Color white. Married yes.

Distinguishing marks Mole under right jaw; Appendectomy scar.

---

13. CERTIFICATE AS TO PARENT OR GUARDIAN

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

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

Enlistment effected pursuant to the Act of August 5th, 1939.

C. J. Sullivan
Enlisting Officer.

Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

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

APPLICATION FOR ENLISTMENT

Position desired C. M. 1c

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

Norfolk Virginia
(Place)
26. March, 1942
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 34 years 3 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Flavel Jackson Mills

Date of birth 9. Nov. 1907

Place of birth Pamlico. N.C. Citizenship Native Borned

Home address Ridge, Maryland

Are you married? yes Number and relationship of persons dependent on you for support? 5
wife and four children

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

Are your parents living? Mother Are your parents dependent on you for support? no

Name and address of next of kin Mabel Mills. Ridge, Maryland

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U. S. Lighthouse	Service				

Do you drink intoxicating liquors? If so, to what extent? no

Have you ever been arrested? If so, for what? no
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? no

(OVER)

2—13412

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

I completed grammer school, Pamlico N.C.

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

If so, state which

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

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

Have you ever applied for enlistment in the Coast Guard? no

When did you apply? Where?

Were you accepted or rejected? If rejected, state why

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

(Sign your full name here) Flavel J Mills

Accepted or rejected Cause of rejection

Date

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

U. S. C. G.

To Whom it may concern:

This is to certify that I, the undersigned, Bulah Hill residing in the town of Atlantic, the state of North Carolina, being duly sworn deposes and states that the said Flavel Jackson Mills was of my knowledge born in Pamlico, North Carolina. on the 9th day of November 1907.

Bulah Hill

Bulah Hill
(mother)

Personally appeared before me Bulah Hill a resident of Atlantic N.C. who is well known to be a credible person, and made oath that the foregoing statement relating to the birth of Flavel Jackson Mills is correct and true, and signed the same in my presence this 1 day of April 1942.

Sterling P. Robinson N.P.
(Signature of Notary Public or officer authorized to administer oath).

(Seal)

My Commission Expires April 9-1943

Form No. 2680
TREASURY DEPARTMENT
U. S. Coast Guard

CONSENT OF WIFE

APR 4 - 1942
NORFOLK DISTRICT

Place Ridge md

Date March 30th 1942

I, Mabel Mills, the wife of Flavel Jackson Mills certify that should my husband, the said Flavel Jackson Mills be accepted for enlistment in the U. S. Coast Guard as B.M.1c. no effort will be made to secure his discharge on the grounds of dependency, or the need for his presence at home; that his rate of pay is $120.00 per month; that the term of enlistment is for three years; / and for further extension as may be necessary due to war, and that I am not aware of any circumstances now existing or that can be foreseen that will cause me to request his discharge prior to the expiration thereof.

Mabel Mills
Mabel Mills
(Signature)

Address: Ridge, St Marys Co. md.

Personally appeared before me Justice of the Peace a resident of Ridge, in the county of St Marys and state of md, who is well known to be a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 30th day of March 1942.

Wm S Raleigh JP
(Signature of officer authorized to administer oaths)

SEAL

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD
April 1938

[redacted]

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD OFFICE (Unit) — Norfolk, Virginia, (Place)

26 March, 1942. (Date)

FROM: MILLS, Flavel Jackson (236-100), B.M.1c.

To: COMMANDANT (via District Coast Guard Officer, Fifth Naval District.)

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

(Full name of wife; if not married, so state)	(Address of wife)
Mabel Mills	Ridge, Maryland.
Linda G. Mills (daughter)	same address
Judy C. Mills (daughter)	same address
Sarah A. Mills (daughter)	same address
Flavel J. Mills, Jr. (son)	same address

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Bulah Hill	mother	Atlantic, North Carolina.

Not dependent
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

Subscribed and sworn to before me this 26th day of March 1942

[redacted]

C. J. SULLIVAN,
(Signature)
Rank Lt. Comdr. USCG.
or title

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

SIGNED Flavel Jackson Mills
Flavel Jackson Mills,
Rank or Rating B.M.1c. USCG.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U. S. Coast Guard **Date** Sept. 13. 1939

1. Name in full (Mr., Miss, or Mrs.) Mills (Surname) Flavel (Given name) Jackson (Middle name)
2. Present address (Number) (Street) Ridge (City) Md. (State)
3. Legal (voting) residence North Carolina 3rd (State and Congressional District) Pamlico (County) Pamlico (City or town)
4. Where born N. C. (State or foreign country) Pamlico County (City or town) When born 11/ 9/ 1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you wife. age 25. three children. 6. 4. 9 mo.
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
USLHS	LS "80	Fireman	67.50	6	19	25	12	31	25
USLHS	LS 72	Fireman	72.50	1	1	26	6	30	33
USLHS	LS 107	Fireman	72.50	7	1	33	12	4	33
USLHS	LS 116	Oiler	77.50	12	5	33	5	25	39
USLHS	Pt no pt LH	asst keeper	120.00	5	25	39			

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

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
R W. Mills	Position Oiler Department or office U S C G	Brother
W. G. Simpson	Position Oiler Department or office U S C G	Brother in law
Clarence Mills	Position Drag tender Department or office U S E D	Brother

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

N.O.
(Title) (Location) (Date appointment expires)

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

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

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

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

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

nif
52790

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

Address reply to:
COMMANDANT
U.S. COAST GUARD
WASHINGTON, D.C. 20226

3-13

PS-1
1741
6 May 1966

From: Commandant
To: MILLS, Flavel J. 236 100 BM1, USCG, Retired
Grantsboro, N. C.

Subj: National Service ~~Life~~ Insurance, Expiration of Term Period, Policy Number V 1655 79 13

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1655 79 13 will expire on 31 July 1966

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 8.25	allotment discontinued with month of last payment	June 1966
$ 12.00	allotment established with month of first payment	July 1966

3. CG Form 4222, Allotment Action Request, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS-1) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

R. C. BOARDMAN
By direction

Encl:
(1) VA Form 9-452b
(2) CG Form 4222
(3) Envelope
(4) CGHQ-3646

JSHOLLAND: jsh 6 May 1966

Keep Freedom in Your Future With U.S. Savings Bonds

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.)

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE

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

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

16. In case of emergency, notify Mrs Flavel J. Mills

Relationship wife Post office address Oriental North Carolina

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

Flavel J. Mills
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form has not been sent to Headquarters.

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CGHQ-3867 (Rev. 8-71)	**CERTIFICATION FOR DEATH CLAIM PAYMENT**	DATE 23 July 1987

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	SOCIAL SECURITY NUMBER
MILLS, Flavel J.	236 100	BM1, Retired	241 48 2351

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

ESTAB'D DATE OF DEATH 27 May 1987

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
Mabel J. Mills 100%	widow	Route 1, Box 85 Grantsboro, NC 28529

☒ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

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

☐ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

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

ENCLOSURE(S)

(1) Form No. SF-1174
(2) Death Certificate

TYPED NAME AND TITLE OF APPROVING AUTHORITY	SIGNATURE
R. R. HARBER Chief, Retired Military Affairs Branch	

PREVIOUS EDITIONS MAY BE USED

KAW AA H 7/24/87

CLAIM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

General Information: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

Part A

1. Name(s) and social security number(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
Mabel J. Mills Rte. 1, Box 85 Grantsboro, N.C. 28529 SSN [redacted]	Wife	4. Is designation of beneficiary for unpaid compensation on file with service? Yes (Yes or No) 5. Are you named beneficiary? Yes (Yes or No)
6. Name, rank or rating, service number, and social security number of decedent Flavel J. Mills, BM1, USCG SSN 241-48-2351	7. Date of death May 27, 1987	8. Name of service USCG, Retired 9. Decedent's domicile Rte. 1, Box 85 Grantsboro, N.C. 28529

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? YES

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and social security number	Age	Relationship to deceased	Address

(Continued on other side)

Standard Form 1174
June 1972
4 GAO 26.1

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed _____ (Executor or administrator) of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of

_____ (Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____ (Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.

Part E

Have the funeral expenses been paid? Yes (Yes or No) (If paid, receipted bill of the undertaker must be attached hereto.) Whose money was used to pay the funeral expenses? Personal funds - Mabel J. Mills Wife

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith

PLEASE SIGN HERE

X Mabel J. Mills (Signature of claimant) 7/17/87 (Date) X _____ (Signature of claimant) _____ (Date)

Mabel J. Mills
Rte. 1, Box 85 (Street address)

Grantsboro, N.C. 28529 (City, State, and ZIP code)

(Street address)

(City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

(TWO WITNESSES)

We certify that we are well acquainted with the above Mabel J. Mills (Name(s) of claimant(s)) *and that the signature(s) of the claimant(s) was (were) affixed in our presence.*

X Sarah M. Williams (Signature of witness)

SARAH M. WILLIAMS
RTE. 1, BOX 181 (Street address)

ELLAVILLE, GEORGIA 31806 (City, State, and ZIP code)

X David G. Bell (Signature of witness)

DAVID G. BELL
RTE. 1, BOX 84 (Street address)

GRANTSBORO, N.C. 28529 (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

* GPO: 1974 O-526-533

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

BOOK 25 PAGE 479

Registration District No. 00-00 Local No. _____

Type, or print in permanent black ink.

DECEASED

1. Name of Deceased (First)	(Middle)	(Last)	2. Sex	3. Date of Death (Month, Day, Year)
FLAVEL	JACKSON	MILLS	MALE	MAY 27, 1987

4. Color or Race	5a. State or Foreign Country of Birth (If not U.S.A. or Canada, name country)	5b. County of Birth	6. Date of Birth (Month, Day, Year)	7. Age (In years if 100 or over; if under 1 year, months, days, or hours)
CAUC.	NORTH CAROLINA	PAMLICO	NOVEMBER 9, 1907	79

8a. Place of Death-County	8b. City or Town	8c. Name of Hospital or Institution (If not in a hospital, give street and number)	8d. If Dead on Arrival, Specify Exact Location (Street and Number)	8e. Inside City Limits (Yes or No)
PAMLICO	GRANTSBORO	HOME ROUTE 1, BOX 85		NO

9a. Residence - State	9b. County	9c. City or Town	9d. Street and Number or R.F.D. & Box No.	9e. Inside City Limits (Yes or No)
NORTH CAROLINA	PAMLICO	GRANTSBORO	ROUTE 1, BOX 85	NO

10. Citizen of What Country?	11. Married, Never Married, Widowed, Divorced (Specify)	12. Surviving Spouse (If Wife, Give Maiden Name)
USA	MARRIED	MABEL JOYNER MILLS

13. Social Security Number	14a. Usual Occupation (Kind of work done during most of life, even if retired)	14b. Kind of Business or Industry	15. Was Decedent Ever in U.S. Armed Forces? (Yes or No)
241-48-2351	RETIRED U.S.COAST GUARD	U.S. MILITARY	YES

PARENTS

16. Father's Name	17. Mother's Maiden Name
FRANK FULCHER MILLS	BEULAH PAUL

18a. Informant's Name and Address	18b. Relation to Deceased
MABEL JOYNER MILLS ROUTE 1, BOX 85 GRANTSBORO, N.C.	WIFE

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

		Approximate Interval Between Onset and Death
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	(a) Immediate Cause: STROKE (SUDDEN)	SUDDEN
	(b) Due to, or as a consequence of:	
19.	(c) Due to, or as a consequence of:	

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a. PARKINSON'S DZ, BRONCHITIS, HYPERTHYROIDISM

20b. Autopsy? (Yes or No)	20c. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No)	22. Time of Death
NO		NO	11 P.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

Sign with permanent black ink.

23a. Name and Title of Certifier (Type or Print)	23b. Address	23d. Date Signed
ERNEST C DUNN JR	RFD 727 BAYBORO NC 28515	5/29/87

23c. Signature of Certifier: [signature]

BURIAL

24a. Burial, Cremation, Other (Specify)	24b. Date	24c. Name of Cemetery or Crematory	24d. Location (City, Town or County) (State)
BURIAL	5-30-1987	GREENLEAF MEMORIAL PARK	NEW BERN, N.C.

25. Funeral Home Name	Address	26. Signature of Funeral Director	License No.
NORRIS FUNERAL HOME, INC.	ALLIANCE, N.C.	[signature]	FSL 33

27a. Date Rec'd by Local Reg.	27b. Signature of Registrar	28. Signature of Embalmer (If embalmed)	License No.
05-29-87	[signature]	[signature]	FSL 702

DHS 1872
FORM 8
REV. 7/79

THIS IS A TRUE AND CERTIFIED COPY ISSUED BY PAMLICO COUNTY REGISTER OF DEEDS, BAYBORO, N. C. THIS THE 29 DAY OF May 2007
JOYCE E. CARAWAN, REGISTER OF DEEDS
BY [signature] DEPUTY

3-13

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS		
MILLS, Flavel J.	☐ ACTIVE DUTY	☒ RETIRED	
3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
BM1	USCG	236 100	

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)*_____

ON *(Date)*_____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under REMARKS the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☐ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

Privileges:
T, C, EU, MC (US)

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
USCG (RETIRED)	GRANTSBORO, NORTH CAROLINA
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
9 May 1958	Flavel J. MILLS

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
N2,012,033	9 May 1958	INDEFINATE USCG RET

20. ORGANIZATION OF ISSUING OFFICER	
STATION HOSPITAL, USMCAS, CHERRY POINT, NORTH CAROLINA	
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
J. W. MC QUERRY, LT MSC USN MEDPERSO	

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 31 AUG 1987

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

MILLS, Flavel Jackson 236 100 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 27 May 1987
Place: Grantsboro, NC
Cause: Stroke

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

9 November 1907 Pamlico, NC

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

NOT APPLICABLE

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

241 48 2351 E-6 over 22 years service $1491.00 per month

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED: 1 February 1951* 20 Years Service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mrs. Mabel J. Mills, widow, Route 1, Box 85, Grantsboro, NC 28529 (1) (3)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Notified by Mr. Arnath - 9 June 1987

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

NOT REGISTERED 26 March 1942 Norfolk, VA - USCG

11. PRIOR SERVICE DATA

☒ YES ☐ NO FLHS now USCG

12. REMARKS

RETIRED PAY DISCONTINUED ON DATE OF DEATH

NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

*Recalled to active duty 1 February 1951

Resumed retired status 16 February 1951

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

15. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

R. R. HARBER
Chief, Retired Military Affairs Branch

DD FORM 1 MAR 80 1300

JLJACKSON:Jlj

9/1/87

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
MILLS, Flavel J.	☐ ACTIVE DUTY ☒ RETIRED	BMI	USCG	236 100	

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7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS

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T, C, EU, MC (US)

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USCG (RETIRED)	GRANTSBORO, NORTH CAROLINA
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
9 May 1958	Flavel J. MILLS

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

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M2,012,033	9 May 1958	INDEFINATE USCG RET

20. ORGANIZATION OF ISSUING OFFICER

STATION HOSPITAL, USMCAS, CHERRY POINT, NORTH CAROLINA

20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER
J. W. MC QUERRY, LT MSC USN MEDPERSO	

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN
NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED
FILE

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)

FLAVEL JACKSON MILLS

2. INSURANCE FILE NO.
FN –
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.
236-10 D

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 13 178 795 in the amount of $5,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)
$ 5,000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A.
☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☒ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: July 1951

AMOUNT OF ALLOTMENT: $ 4.75

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C.
☒ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Mabel Mills Grantsboro, N.C.	Wife	all	
Judy C. Mills same	Daughter		
Linda L. Mills same	Daughter		
Harold L. Mills same	Son		
Beulah Hill Atlantic, N.C.	Mother		

12. MAIL POLICY TO (*Name and address*)
Flavel J. Mills Grantsboro, N.C.

13. WITNESSED BY (*See Instruction 7*)

14. SIGNED AT (*Address*)

15. DATE
7-28-51

16. ADDRESS OF WITNESS

17. SIGNATURE OF APPLICANT (*Do not print*)

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56860-2

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN
NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)

FLAVEL JACKSON MILLS

2. INSURANCE FILE NO.

FN –

FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)

4. BRANCH OF SERVICE

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.

236-100

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. 13 178 795 in the amount of $5,000, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)

$ 5.000

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)

☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*

☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR

☒ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: July 1961

AMOUNT OF ALLOTMENT: $ 4.75

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C. ☒ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
MABEL MILLS Grantsboro, N.C.	Wife	all	
Judy C. Mills Grantsboro, N.C.	Daughter		
Linda J. Mills Grantsboro, N.C.	Daughter		
Harold Lee Mills Grantsboro, N.C.	Son		
Beulah Hill Atlantic, N.C.	Mother		

12. MAIL POLICY TO (*Name and address*)

Flavel J. Mills Grantsboro, N.C.

13. WITNESSED BY (*See Instruction 7*)

14. SIGNED AT (*Address*)

15. DATE: 7-28-51

16. ADDRESS OF WITNESS

17. SIGNATURE OF APPLICANT (*Do not print*)

Flavel J. Mills

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

VA FORM 9-1658 OCT 1948 EXISTING STOCKS OF VA FORM 9-1658, AUG 1948, WILL BE USED.

16—56869-2

INSTRUCTIONS

1. RENEWAL

RENEWAL OF NATIONAL SERVICE LIFE INSURANCE ON THE 5-YEAR LEVEL PREMIUM TERM PLAN.—Pursuant to the provisions of an amendment approved June 29, 1948, amending subsection 602 (*f*) of the National Service Life Insurance Act of 1940, as amended (Public Law 838, 80th Congress, approved June 29, 1948), all or any part of National Service Life Insurance on the 5-year level premium term plan, in any multiple of $500 and not less than $1,000, issued before January 1, 1948, may be renewed without medical examination for an additional 5-year period, upon application therefor and payment of the premium at the 5-year level premium term rate required at the attained age of the insured, before the expiration of the first term period.

2. EFFECTIVE DATE OF RENEWED INSURANCE

The renewal of the insurance for an additional 5-year period will become effective as of the day following the expiration of the preceding term period.

3. TOTAL DISABILITY INCOME PROVISION

(*a*) If the total disability income provision is in effect on a term policy which is being renewed, such protection may be continued and attached to the new policy by payment of the appropriate premium.

(*b*) If the total disability income provision is not in effect on the term policy which is being renewed, and the insured desires to apply for the benefit at the time of renewal, Veterans Administration Form 9–1606, "Application for Total Disability Income Provision Under the National Service Life Insurance Act of 1940 as Amended," should be completed in addition to this form.

4. PAYMENT OF PREMIUM

Payment of premium on National Service Life Insurance may be made by allotment from service pay (monthly [The allotment must be effected prior to the expiration of the term which will pay the first premium either by advance or deduction.]); deduction from Veterans Administration compensation, pension, or retirement pay (monthly, when insurance is in force); direct remittance to the Veterans Administration by money order, postal note, check, or draft made payable to the Treasurer of the United States. If premiums are not currently being paid by deduction from compensation, pension, or retirement pay due and payable monthly by the Veterans Administration, the first premium for the renewed insurance must be paid directly with this application, and if desired, deduction may then be authorized for the payment of subsequent premiums. If the premiums are currently being paid by this method, deductions may be authorized to pay the first and subsequent premiums for the renewed insurance. CASH (CURRENCY AND/OR COIN) TENDERED BY MAIL IS AT THE INSURED'S OWN RISK.

5. BENEFICIARIES

The insured may designate as principal and/or contingent beneficiary or beneficiaries any person or persons, firm, corporation, or other legal entity (including the estate of the insured) individually or as trustee. Any named beneficiary may be designated as "Principal Beneficiary" or "Contingent Beneficiary." Any named beneficiary who is not designated as "Contingent Beneficiary" will, in general, be presumed to be a principal beneficiary. A contingent beneficiary is a person designated to receive the insurance if the principal beneficiary predeceases the insured, or if the principal beneficiary, not entitled to settlement in one sum, dies prior to receiving any or all of the guaranteed monthly installments. The insured will have the right at any time, and from time to time, and without the knowledge or consent of the beneficiary or beneficiaries to cancel the beneficiary designation, or to change the beneficiary. Upon receipt by the Veterans Administration, a valid designation or change of beneficiary will be deemed to be effective as of the date of execution: *Provided*, That any payment made, before proper notice of designation or change of beneficiary has been received in the Veterans Administration, will be deemed to have been properly made and to satisfy fully the obligations of the United States under such insurance policy to the extent of such payments. A designation of beneficiary, but not a change of beneficiary, may be made by last will and testament duly probated. The insured cannot assign his National Service Life Insurance.

6. OPTIONAL SETTLEMENT

National Service Life Insurance shall be payable in accordance with the following optional modes of settlement:

(*a*) *Option 1.*—In one sum (face amount less any indebtedness).

(*b*) *Option 2.*—In equal monthly installments of from thirty-six (36) to two hundred forty (240) in number, in multiples of 12. If Option 2 is selected, the number of monthly installments must be specified also in the "Option" column of the "Designation of Beneficiary and Selection of Optional Settlement" section of the application.

(*c*) *Option 3.*—In equal monthly installments for one hundred twenty (120) months certain with such payments continuing during the remaining lifetime of the first beneficiary.

(*d*) *Option 4.*—As a refund life income in monthly installments payable for such period certain as may be required in order that the sum of the installments certain shall equal the face value of the contract, less any indebtedness, with such payments continuing throughout the lifetime of the first beneficiary: *Provided*, That such optional settlement shall not be available in any case in which such settlement would result in payments of installments over a shorter period than one hundred twenty (120) months.

During his lifetime the insured may select an optional settlement or revoke a previous selection of an optional settlement. No selection or revocation will be valid unless and until notice thereof is received in the Veterans Administration. A selection or change of option may not be made by last will and testament, except in connection with a designation of a beneficiary by last will and testament. Option 3 or 4 may not be selected where the beneficiary is a firm, corporation, legal entity (including the estate of the insured), or trustee. If no option is selected by the insured, settlement will be made in 36 equal monthly installments but the designated beneficiary may elect to receive settlement under Option 2, 3, or 4. If the insured selects Option 1, the beneficiary upon the death of the insured may elect Option 2, 3, or 4. In the event of the death of such beneficiary, the present value of any unpaid guaranteed installments will be payable to the estate of the beneficiary to the exclusion of any contingent beneficiary designated by the insured. If the insured makes no selection or selects Option 2, 3, or 4 and the principal beneficiary and contingent beneficiary, if any, die before receiving the guaranteed number of installments thereunder, the present value of such remaining unpaid installments will be payable to the estate of the insured. No payment will be made to any estate where such payment would escheat. THE INSURED MAY SELECT MORE THAN ONE OPTION AND SEPARATE OPTIONS FOR SEPARATE BENEFICIARIES. If the insured selects one of the installment options for the principal beneficiary, he may select a different option for the contingent beneficiary, to be effective in the event the principal beneficiary dies before receiving any payments. If the insured selects one of the installment options for the principal beneficiary, he may name a contingent beneficiary to receive the present value, in one sum, of any remaining unpaid guaranteed installments upon death of the principal beneficiary. In that event, the contingent beneficiary upon the death of the principal beneficiary, in lieu of payment in one sum, may elect to receive the remaining unpaid guaranteed monthly installments as they become due in accordance with the mode of settlement established at the time of death of the insured.

7. SIGNATURE OF THE INSURED

Signature of the insured should be in ink and witnessed by a person other than a designated beneficiary.

8. DISPOSITION OF THIS FORM

When completed, this form should be forwarded immediately to the office of Veterans Administration having jurisdiction of the policyholder's insurance records. If the applicant is in active military service, the application when completed should be placed in military or naval channels, through the officer responsible for insurance activities within his unit of organization for direct transmittal to the Veterans Administration, Washington 25, D. C.

U. S. GOVERNMENT PRINTING OFFICE 16—56869-1

CG-52790

SSN 241-48-2351

TO:

MARK APPROPRIATE ADDRESS ON REVERSE OF THIS FORM.

VERIFICATION OF U.S. MILITARY SERVICE

(Required under provisions of Civil Service Retirement Act.)

FILE NUMBER: CSA-1 041 026
RCH:PDS:grm

DATE: July 3, 1967

REQUEST		REPLY	
APPLICANT HAS FURNISHED THE FOLLOWING INFORMATION. PLEASE VERIFY EACH ITEM WITH YOUR RECORDS.		IF CORRECT CHECK HERE	IF NOT CORRECT, SUPPLY CORRECT DATA BELOW.
NAME	Flavel Jackson Mills	✓	
DATE OF BIRTH	November 9, 1907		
BRANCH	Coast Guard	✓	
SERVICE NO.	236100	✓	
LAST RATING OR GRADE	BM 1/c		
ORGANIZATION AT DISCHARGE			

DATES OF ACTIVE FEDERAL SERVICE			ALWAYS COMPLETE THIS BLOCK →		SHOW TYPE OF SEPARATION FOR EACH PERIOD OF ACTIVE SERVICE. →
FROM	TO		FROM	TO	
03/26/42	02/21/51		3-26-42	2-15-51	HON REL

FURNISH INCLUSIVE DATES OF ANY TIME LOST → ☐ AS FOLLOWS: ☑ NONE

PLEASE FURNISH IF CHECKED: (USE REMARKS SPACE)

- ☐ CHANGES IN RATING OR GRADE FOR SERVICE AFTER JULY 31, 1920.
- ☐ CHANGES IN ORGANIZATION, CAMP, SHIP, STATION, ETC., AFTER JULY 31, 1920.
- ☐ SEE OTHER SIDE FOR REQUESTED INFORMATION NOT OTHERWISE PROVIDED FOR ON THIS FORM.

NOTE: ABOVE BOXES TO BE CHECKED ONLY WHEN ABSOLUTELY NECESSARY TO ADJUDICATE CLAIM.

SIGNATURE OF U.S. CIVIL SERVICE COMMISSION OFFICIAL

Andrew E. Ruddock

ANDREW E. RUDDOCK, DIRECTOR
BUREAU OF RETIREMENT AND INSURANCE

REMARKS (USE OTHER SIDE OF THIS FORM IF ADDITIONAL SPACE IS NEEDED)

16 years, 8 months, 27 days prior Lighthouse service

RETURN TO:

United States Civil Service Commission
Bureau of Retirement and Insurance
Washington, D.C. 20415

Items above checked are verified by our records. Items considered inaccurate have been correctly shown in the reply portion.

BW 7-14-67

M Patton

RECORDS OFFICE OFFICIAL SIGNATURE (Show Title, Department, etc.)

BRI 46-143
JUNE 1965

U.S. Department of Transportation
United States Coast Guard

Commandant
United States Coast Guard

Washington, D.C. 20593-0001
Staff Symbol: G-PS-1
Phone: (202)267-2254

1770
23 July 1987

Veterans Administration
Regional Office
Federal Building
241 North Main Street
Winston-Salem, NC 27102

RE: BM1 Flavel J. MILLS 236 100
SS# 241 48 2351, USCG, Retired

Dear Sir:

Subject's widow has made application for an annuity under the Survivor Benefit Plan (PL92-425). In order to determine the amount of annuity payable by the service department, it is requested that you advise if the widow is entitled to Dependency and Indemnity Compensation payment. If so, please furnish the amount and the effective date.

Sincerely,

R. R. HARBER
Chief, Retired Military Affairs Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. DD-1884
(2) Death Certificate

K RW 7/24/87

REQUEST FOR CHECKAGE

NAV. S. AND A. FORM 542

DATE: 6/7/51

FILE OR SERVICE No.	SURNAME	FIRST NAME	MIDDLE INITIAL
236-100	MILLS	Flavel	J.

CLASS	DESIGNATION	PAY GROUP No.
USCG	BM1	85

TO COMMANDING OFFICER OF Commandant (FA-1):

Deliver this Request for Checkage to the disbursing officer of your ship or station, or if no disbursing officer is attached, deliver to the next disbursing officer making payment.

If the above-named individual has been transferred, forward this request to the commanding officer of the activity to which transferred.

DISBURSING OFFICER: The pay account of the above-named individual is to be checked in the amount stated below. Your entry in the pay account should show:

AMOUNT	APPROPRIATION	G.A.O. CERT. No.	SYMBOL No. (ACCOUNTABLE OFFICER)
$1.92	20X1201.001	FY-51	1376

DISPOSITION: File original with your returns. File triplicate in the individual's service record and return signed duplicate to me.

REASON

(Hereunder give sufficient information to enable officer making checkage to fully inform individual concerned.)

N allotment should have been for period 1/1 - 2/15/51 @ $3.84 per mo.- - - - - - - -$7.68

N allotment checked for period 1/1 - 2/15/51 @ $3.84- - - - - - - - - - - - - - - $5.76

Underchecked - - - $1.92

Ref: HQ Ltr. 21 May 1951, file FA-1

PE-63

SYMBOL No.	NAME AND SIGNATURE—REQUESTING OFFICER
1376	E. E. HELFST, CPCLK, USCG, Auth. Cert. Offr. 5COD.

SHIP OR STATION

C5COD, Norfolk, Va. (In Transit)

SHIP OR STATION	DATE
HEADQUARTERS- RETIRED ROLL	30 June 1951

Checkage has been made as requested and copy has been returned.

SYMBOL No.	NAME AND SIGNATURE—OFFICER MAKING CHECKAGE
346	A. W. MEANS, CPCLK, USCG., ACO.,

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—41140-1

V&D.

STATEMENT OF SERVICE - RETIRED PERSONNEL

NAME MILLS (Surname) Flavel (First) J (Initial)

SERVICE NUMBER 236-100 RANK OR RATE BM1

Retired 2-1-51 Recalled active duty
2-1-51 Resumption

RETIREMENT ~~DATE~~ 2-16-1951 REASON FOR RETIREMENT 20 year service

HAS INDIVIDUAL EVER HELD A RANK OR RATE HIGHER THAN THAT HELD ON THE EFFECTIVE DATE OF RETIREMENT? YES [ ] NO [X]

ON ENLISTED 20-YEAR RETIREMENTS, INDICATE WHETHER 10% ADDITIONAL FOR GOOD CONDUCT IS AUTHORIZED YES [X] NO [ ]

TYPE OF SERVICE	FOR RETIREMENT (ACTIVE) YRS. MOS. DAYS	FOR PAY PURPOSES (ACTIVE & INACT.) YRS. MOS. DAYS
COAST GUARD	8 - 10 - 20	8 - 10 - 20
LIGHTHOUSE	16 - 8 - 27	16 - 8 - 27
BUREAU MARINE INSPECTION		
ARMY		
NATIONAL GUARD		
NAVY		
NAVAL RESERVE		
NAVAL MILITIA		
MARINE CORPS		
COAST & GEODETIC SURVEY		
INDICATE OTHER SERVICE HERE:		
		PE-63
Entitled 21 years 7-1-1948 (Act 6/24/48)		
Completed 24 years 6-28-1949		
TOTAL SERVICE TO EFFECTIVE DATE OF RETIREMENT Resumption 2-16-1951	25 - 7 - 17	25 - 7 - 17

Certified to be a true copy
B. A. Shaw
B. A. SHAW,
Chief, Enlisted Processing and Records Section.

SIGNATURE: B.A. SHAW

DATE 27 February, 1951

B 7211 TREASURY-CGHQ-WASH.,D.C.

UNITED STATES COAST GUARD

JUN 8 - 1951

ADDRESS REPLY TO THE
COMMANDER,
FIFTH COAST GUARD DISTRICT
POST OFFICE BOX 540
NORFOLK 1, VIRGINIA

7 June 1951
GD5/MM/L16-4

From: Commander, 5th Coast Guard District (f)
To: Commandant (FA-1)

Subj: MILLS, Flavel J. (236-100) BM1, USCG; pay account overpayment in

Reference is made to Headquarters' Letter 21 May 1951, FA-1. Review of pay record opened 1 January 1951, on subject named man indicates undercheckage of NSLI allotment $1.92, for period 1/1 - 2/15/51, and request for checkage in the above amount is enclosed herewith.

E. E. Helfst.

E. E. HELFST
By direction

Incls:
Copy HQ Ltr. 21 May 1951
Request for Checkage $1.92

FA-1
21 May 1951

From: Commandant
To: Commander, 5th CG District (f)

Subj: MILLS, Flavel J. (236-100) BM1, USCG, (Retired); final pay accounts; overpayment in

1. Photostatic copy MILLS' pay record opened 1 January 1951 is inclosed. Closing of final pay record by HQ would indicate an overpayment in the amount of $1.92, with entries as follows:

Credits:		
Amount unpaid last acct.	X.XX	
Pay 1/1-2/15/51 @ 249.90 per mo.	374.85	
SMA 1/1-2/15/51 @ 4.20 per mo.	6.30	
Subs 1/1(1300)2/15/51 45-2/3 da. @ 2.25 per da.	102.75	
LSL 60 days EP&L (1/31/51)	499.80	
LSL 60 days Allow (1/31/51)	117.00	
LSL 2 days EP&L (2/15/51)	16.66	
LSL 2 days Allow (2/15/51)	3.90	
TA (2/15/51) Norfolk,Va. to Grantsboro,N.C. (181 mi)	9.05	
Total		$1130.31
Charges:		
NSLI (Jan & Feb)	7.68	
Tax withheld	X.XX	
Payments	1124.55	1132.23
Overpaid		$ 1.92

2. No action will be taken by HQ pending receipt of additional information. If review indicates that items as listed above are correct, Request for Checkage should be submitted to HQ (FA-1), with attached copy of this letter in order that retired pay may be checked for overpayment of $1.92.

R. L. EDMANDS
By direction

Incl:
Photostat of pay record

mailed
5/22/51

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

FA-1
1 August 1951

MEMORANDUM FOR CHIEF, PROCESSING AND RECORDS SECTION,
ENLISTED PERSONNEL DIVISION Station 3 - 13

Subj: MILLS, Flavel J. 236-100 USCG (Ret) ; unused leave

It is requested that Pay Records Subsection, Station 6 - 4, be informed the amount of unused accrued leave to MILLS' credit to date ~~xxxxxxxxxxxxx~~ retired status was resumed 2/15/51.

L. SERRIN
Pay Records Subsection

MEMORANDUM FOR CHIEF, PAY & AUDIT SECTION, STA 6-4

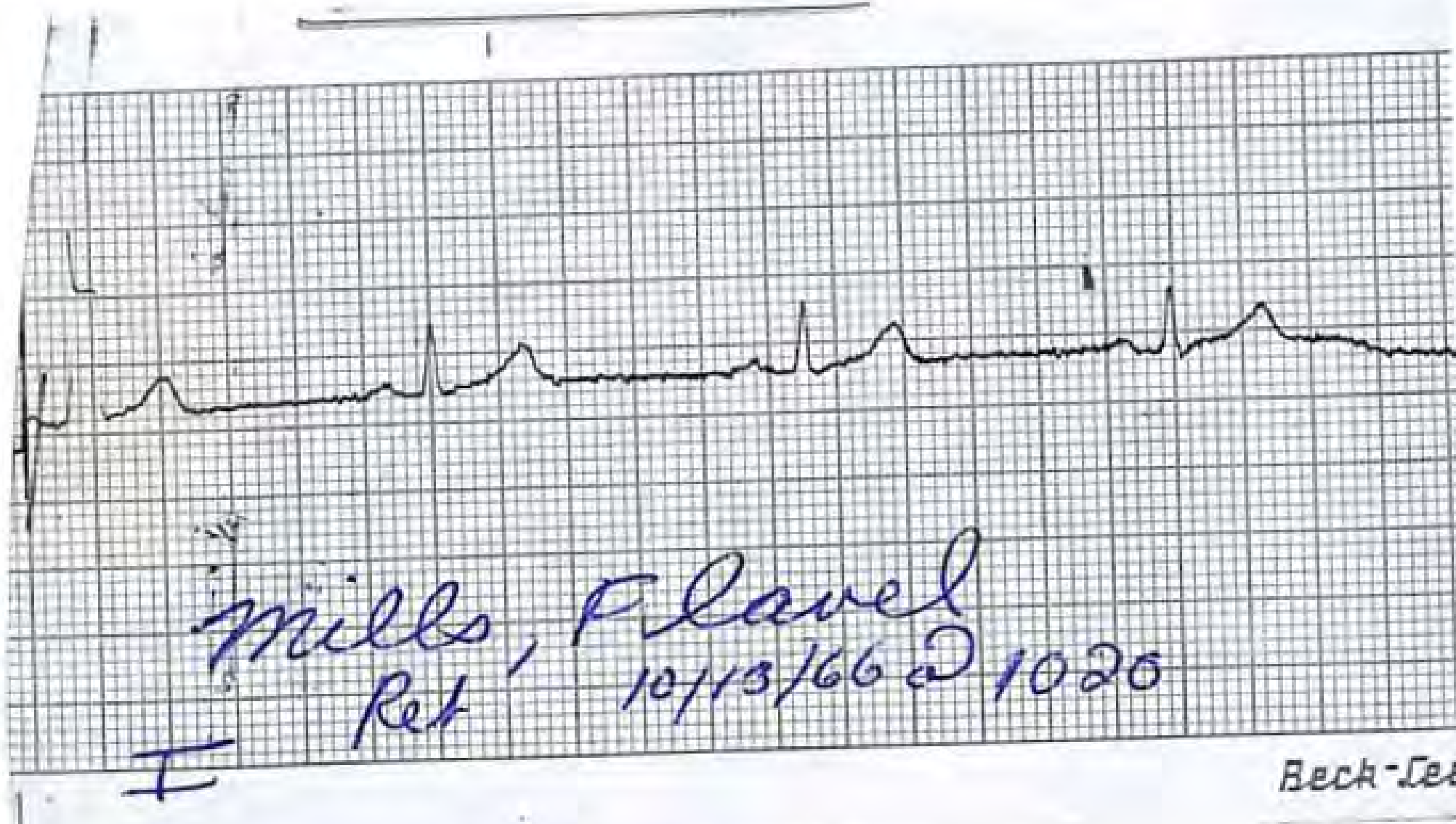
Recomputation of the leave account for subject man indicates that he was entitled to compensation for 60 days unused leave on retirement 2/15/51.

B.A.SHAW,
by direction

MDY

Y 000236100

000236100 MILLS FLAVEL J CG B 1 044 609 0 000 000


Mills, Laurel
Ref 1 10/13/66 D 1020
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Beck-Lee Corporation

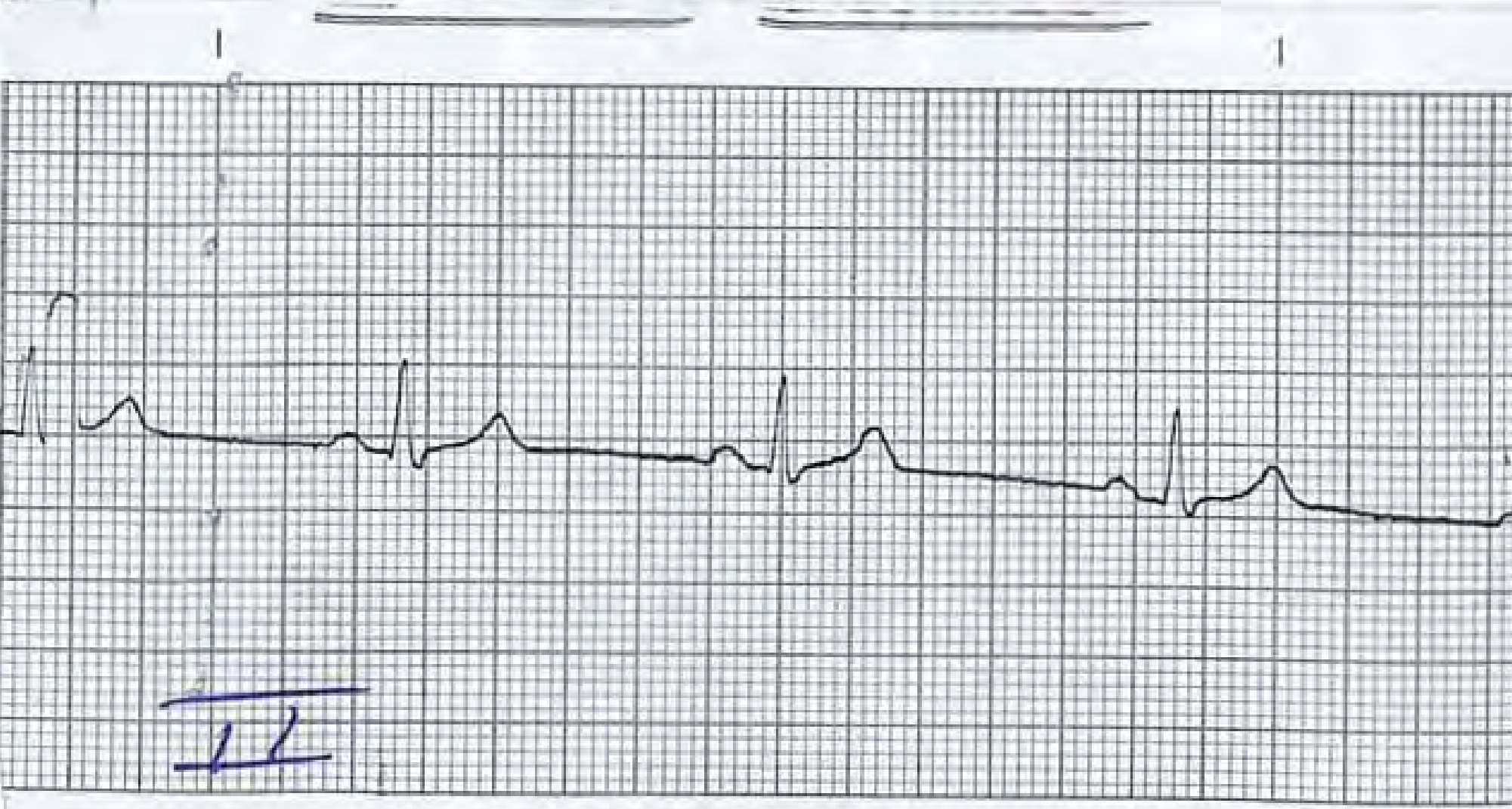


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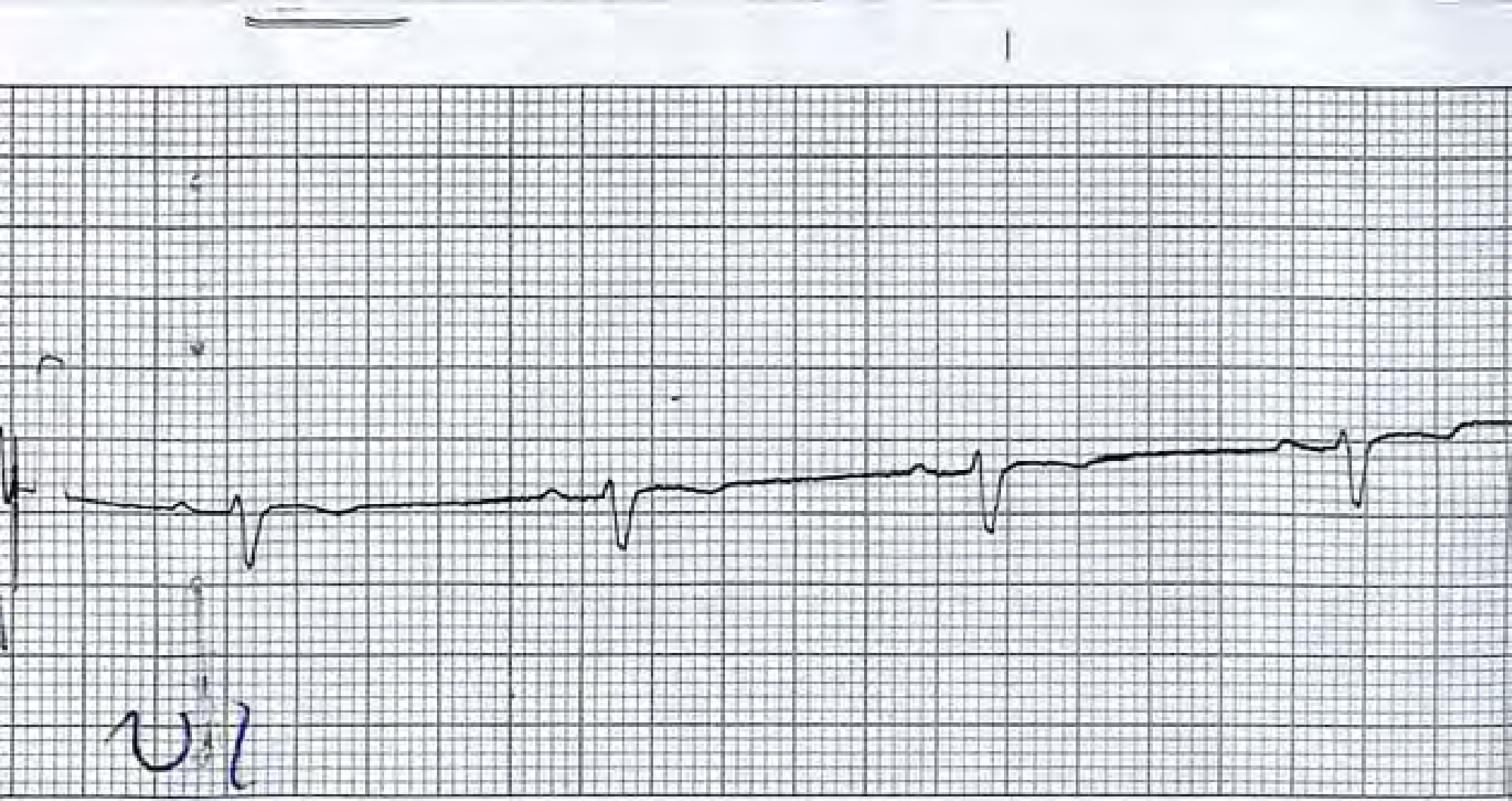
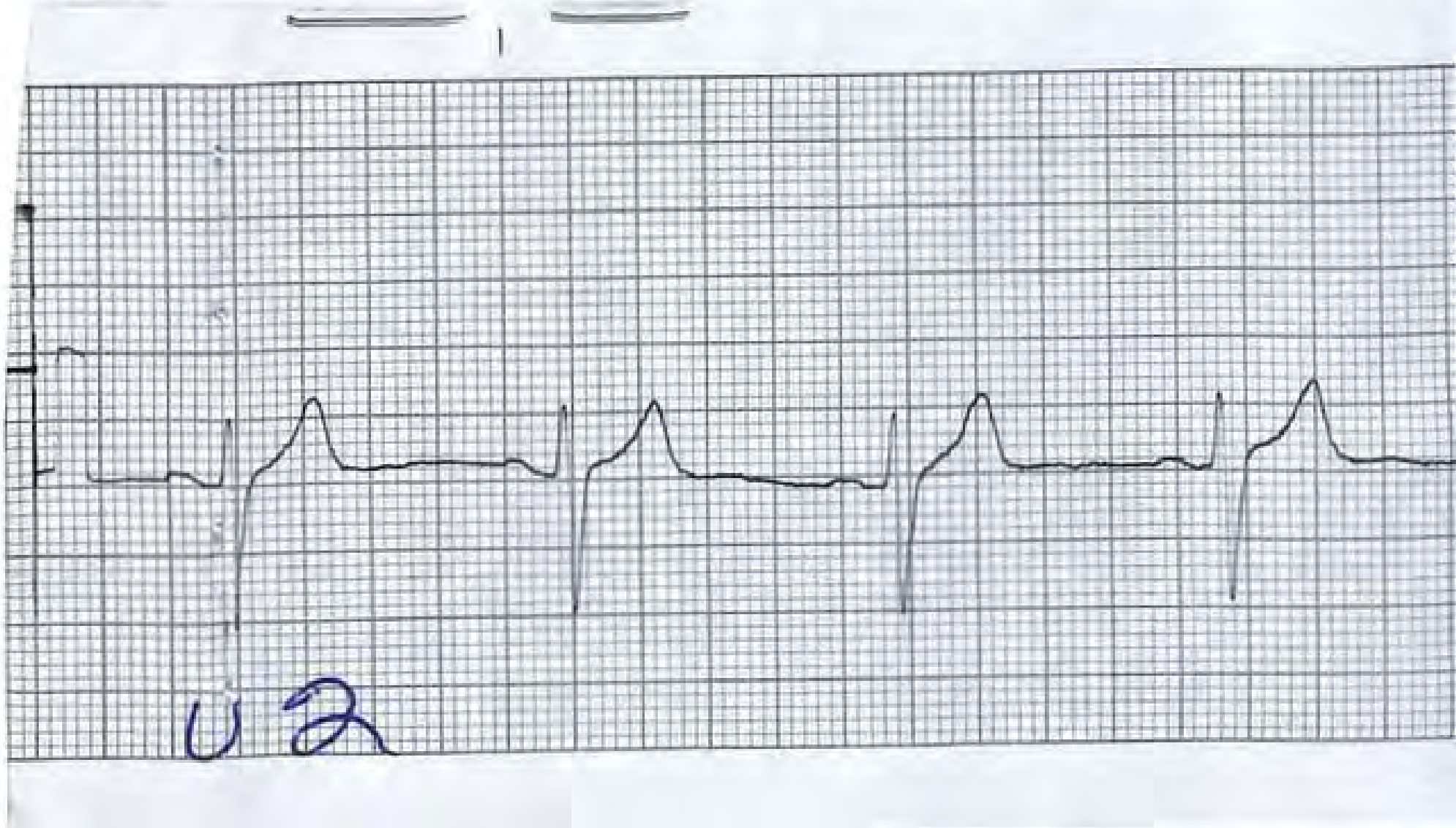
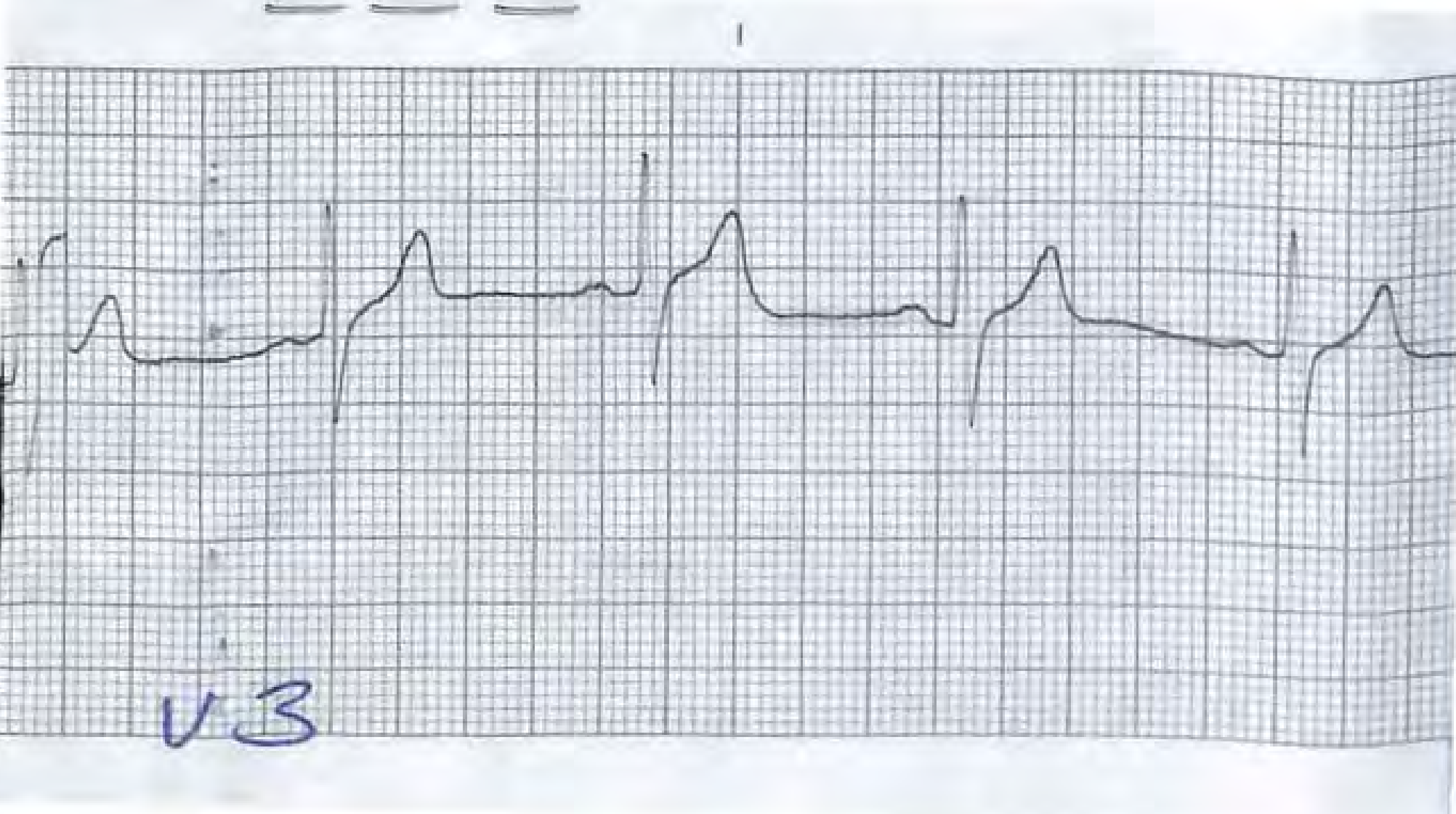


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Beck-Lee Corporation


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AVR


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V3

10/13/66
CJUS

Standard Form 520
Rev. August 1954
Bureau of the Budget
Circular A-32

CLINICAL RECORD | ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG ☑ YES ☐ NO

CLINICAL IMPRESSION: arthritis ? Congenital

MEDICATION: Digoxin

☐ EMERGENCY ☑ ROUTINE ☐ BEDSIDE ☑ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN	DATE
59	M	WM			120/90		13 Oct 66

RHYTHM: NSR

AXIS DEVIATION (QRS): +45

RATES: AURIC. 72 VENT. 72

INTERVALS: PR WNL QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal

(Continue on reverse)

NO. ECG	SIGNATURE	TITLE	DATE
	[signature]	LT MC USN	

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

MILLS, FLAVEL

RET.

REGISTER NO.

WARD NO. ESC

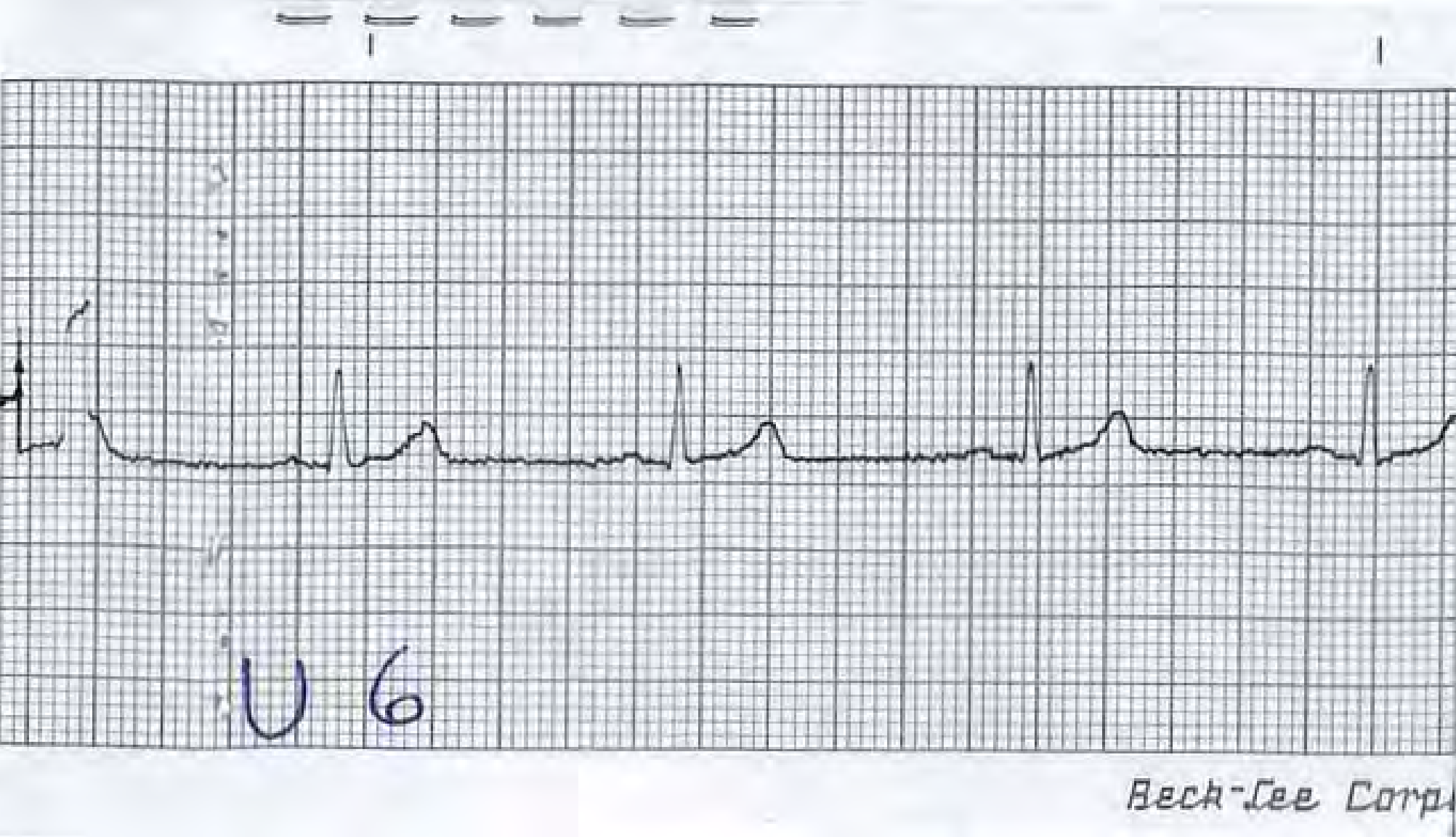
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)



CHART NO. GOS-62



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U 6
Beck-Lee Corp

Standard Form 520
Rev. August 1954
Bureau of the Budget
Circular A-32

CLINICAL RECORD | **ELECTROCARDIOGRAPHIC RECORD**

PREVIOUS ECG: ☑ YES ☐ NO

CLINICAL IMPRESSION: Hx suggestive of angina

MEDICATION: Lidocain, Butazolidine

☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☑ AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN	DATE
59	M	Wh.	5'9"	170	128/88	Bowe	29 Sept 66

RHYTHM

AXIS DEVIATION (QRS)

RATES: AURIC. VENT.

INTERVALS: PR QRS QT

P WAVES

QRS COMPLEXES

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal

(Continue on reverse)

NO. ECG	SIGNATURE	TITLE	DATE
	[signature]	LT MC USN	

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

MILLS, FLAVEL

RET. / USCG

REGISTER NO.

WARD NO. ESC

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

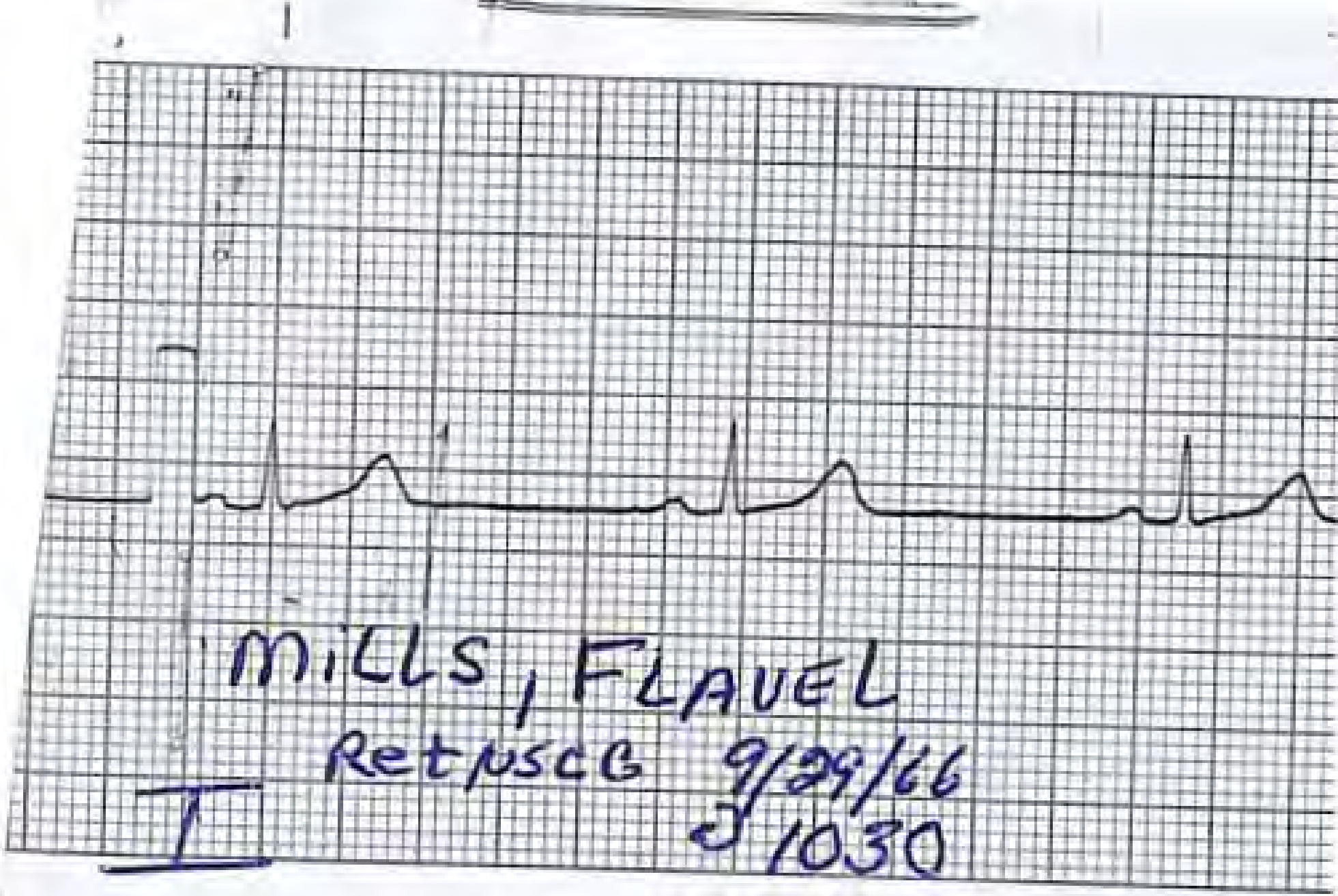
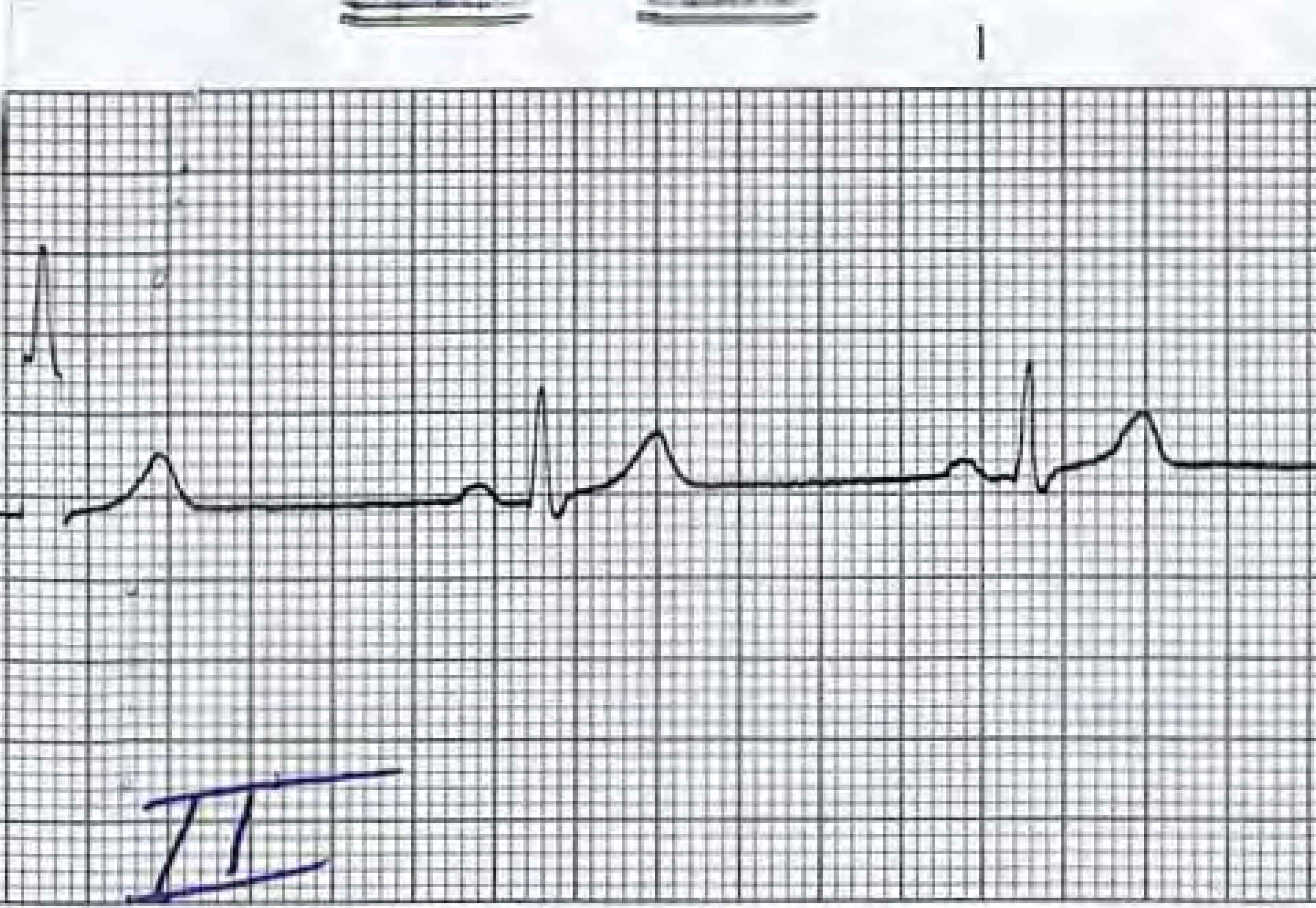
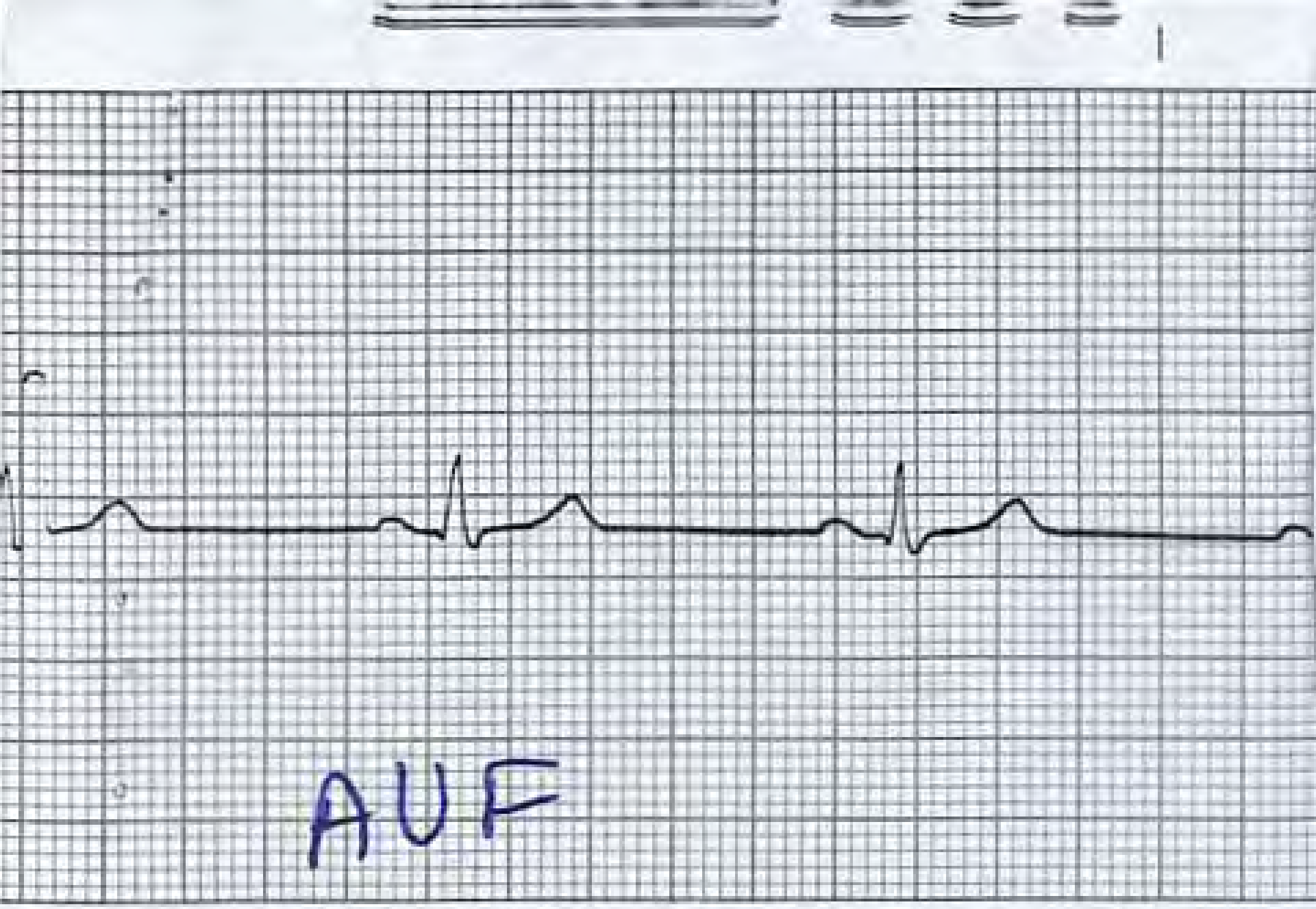


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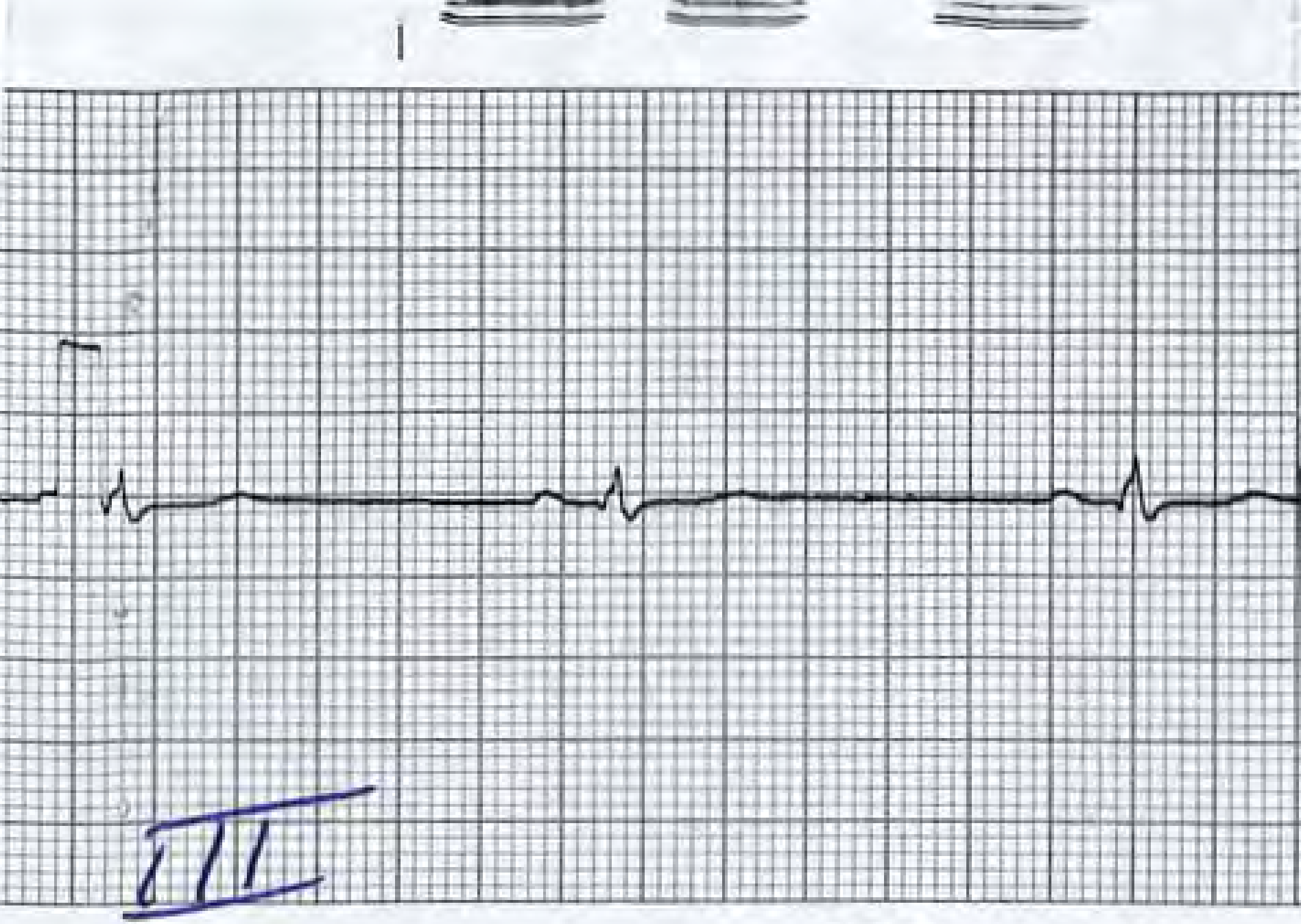
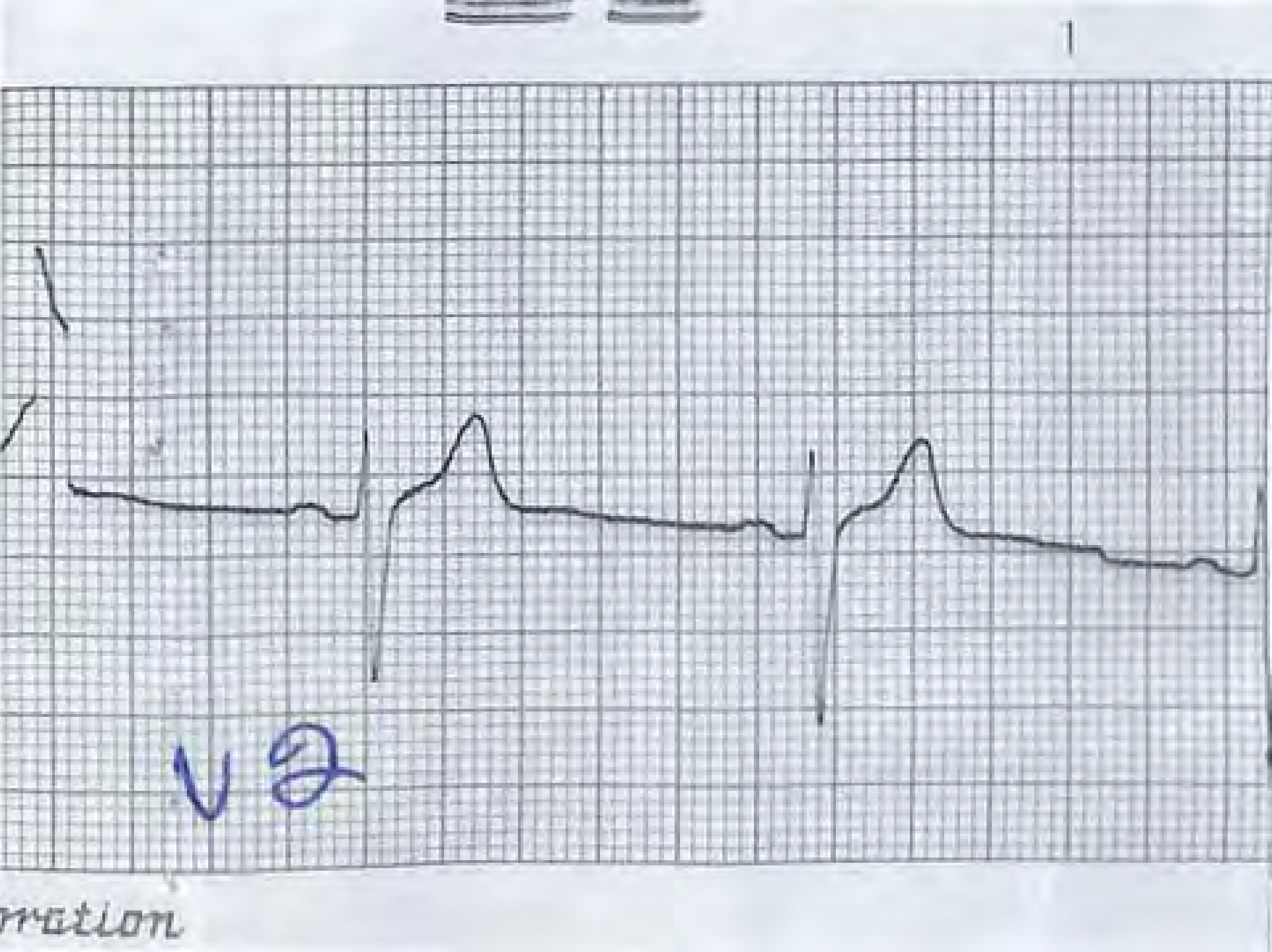


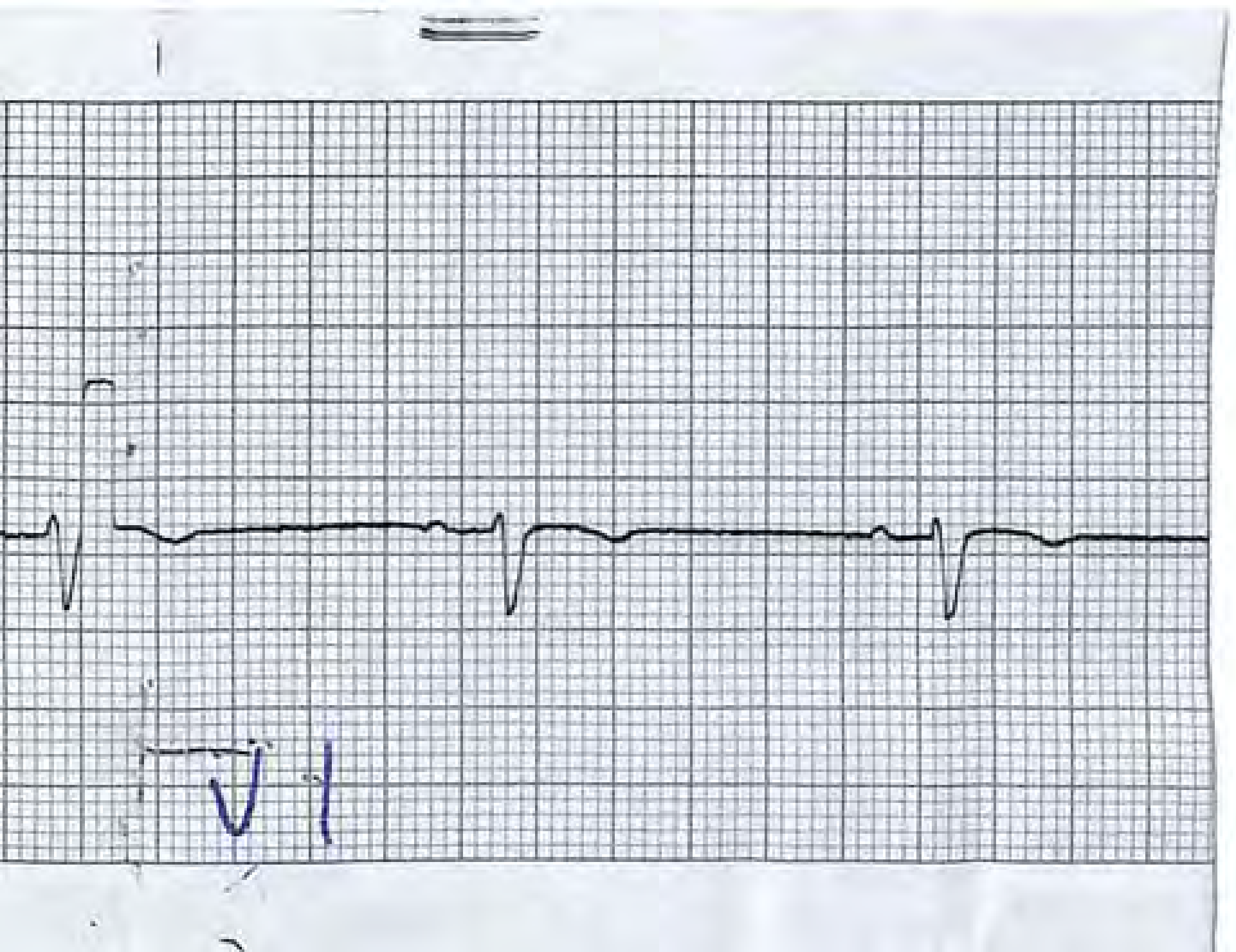
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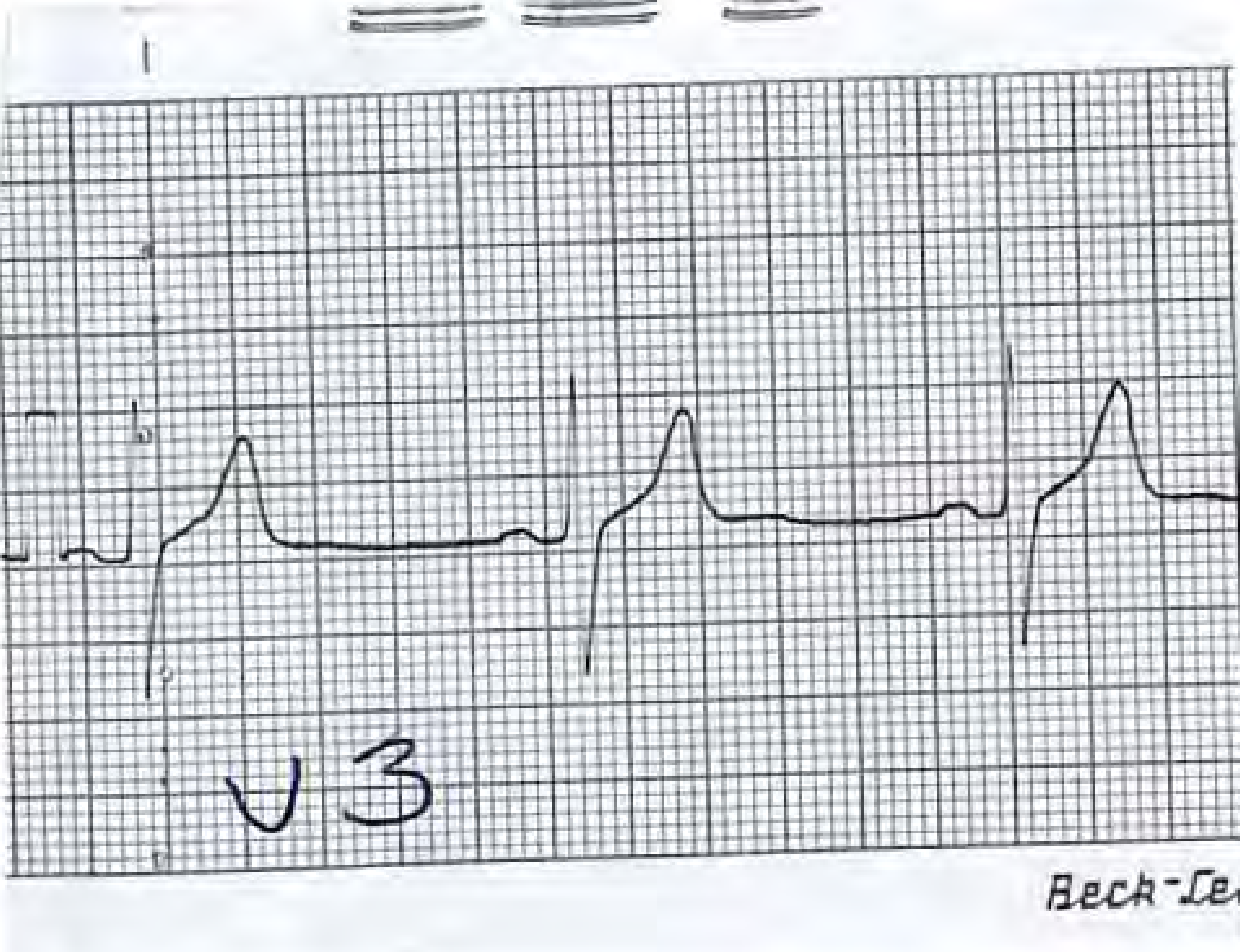


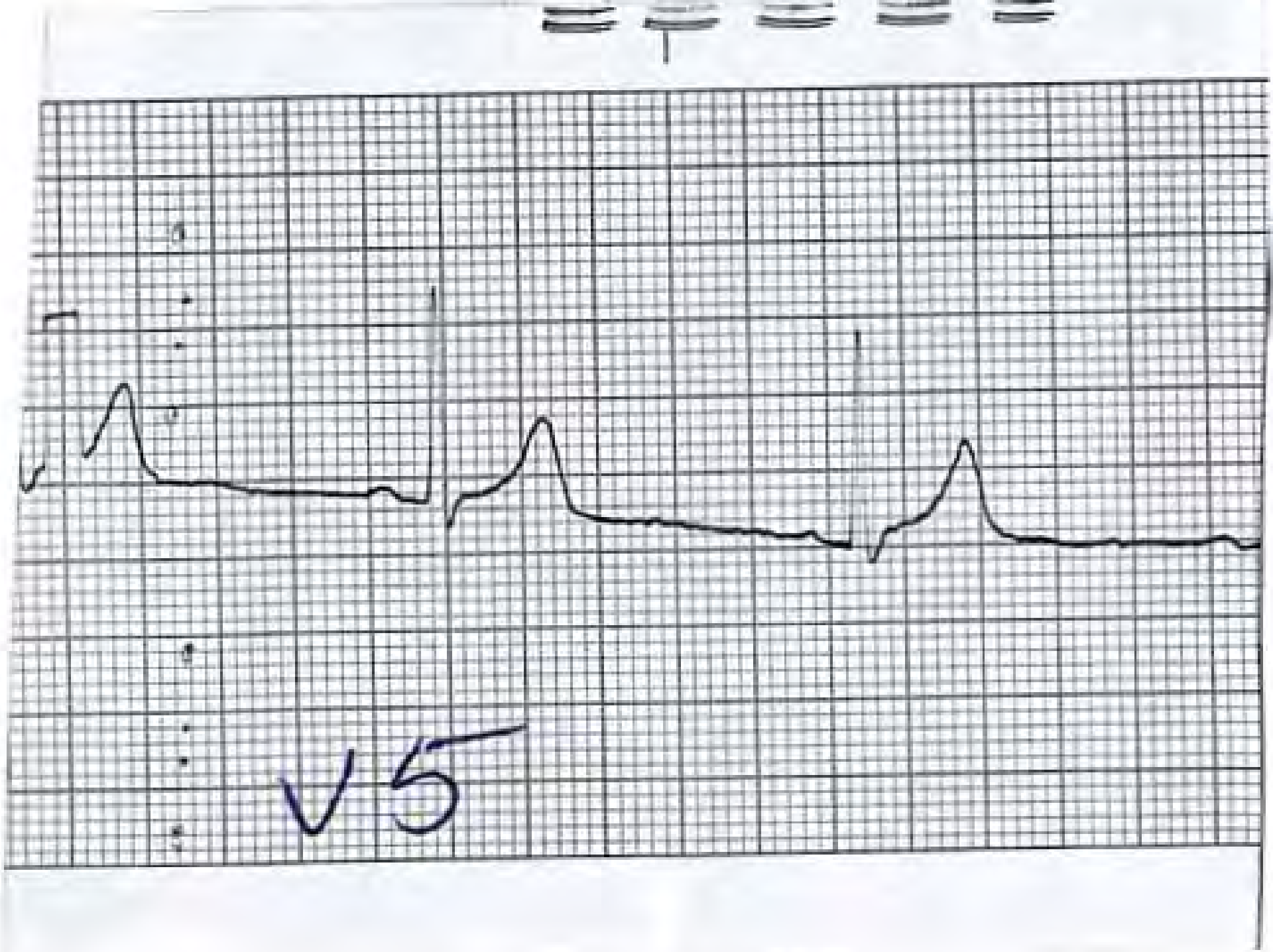
Beck-Lee Corporation

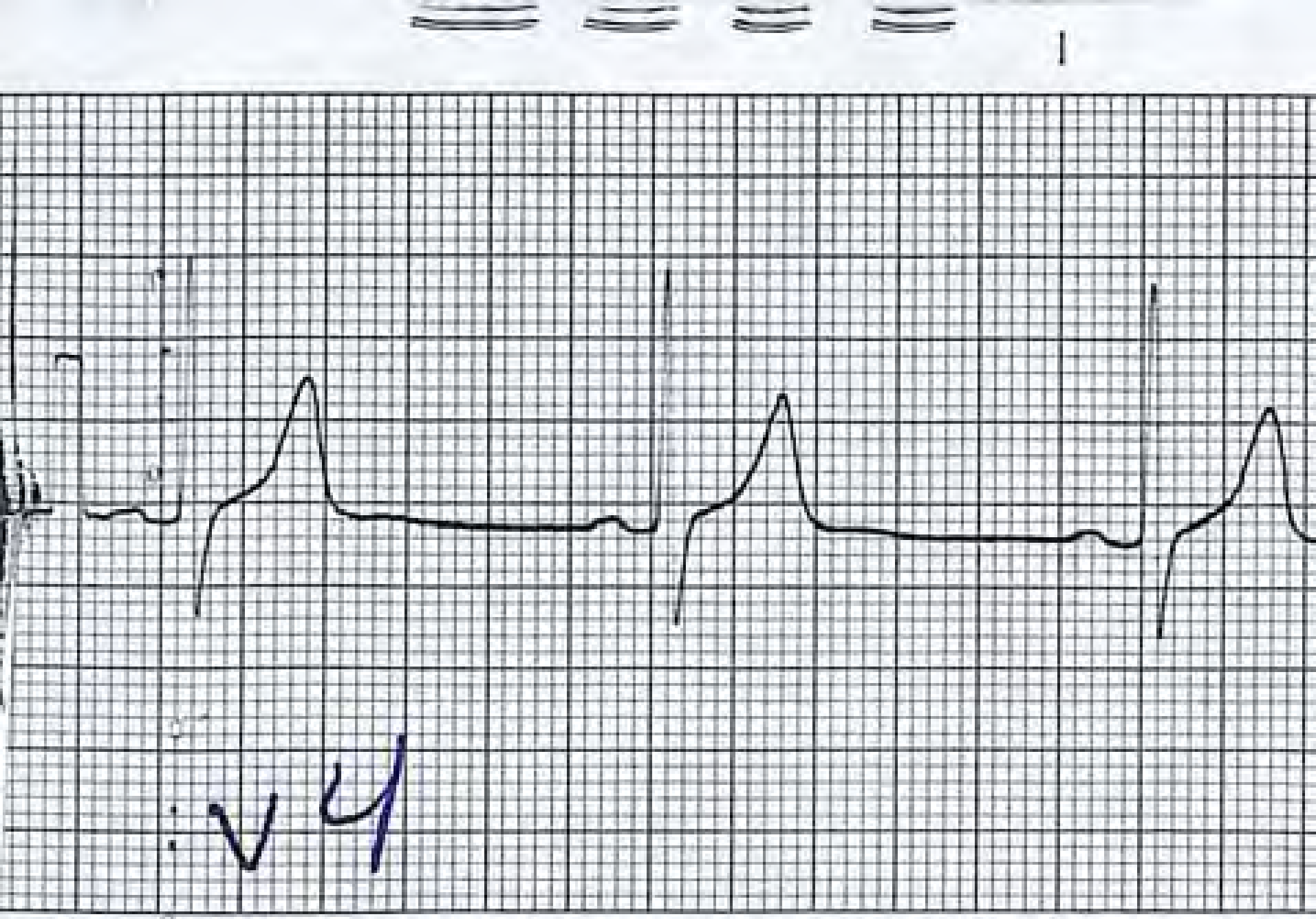


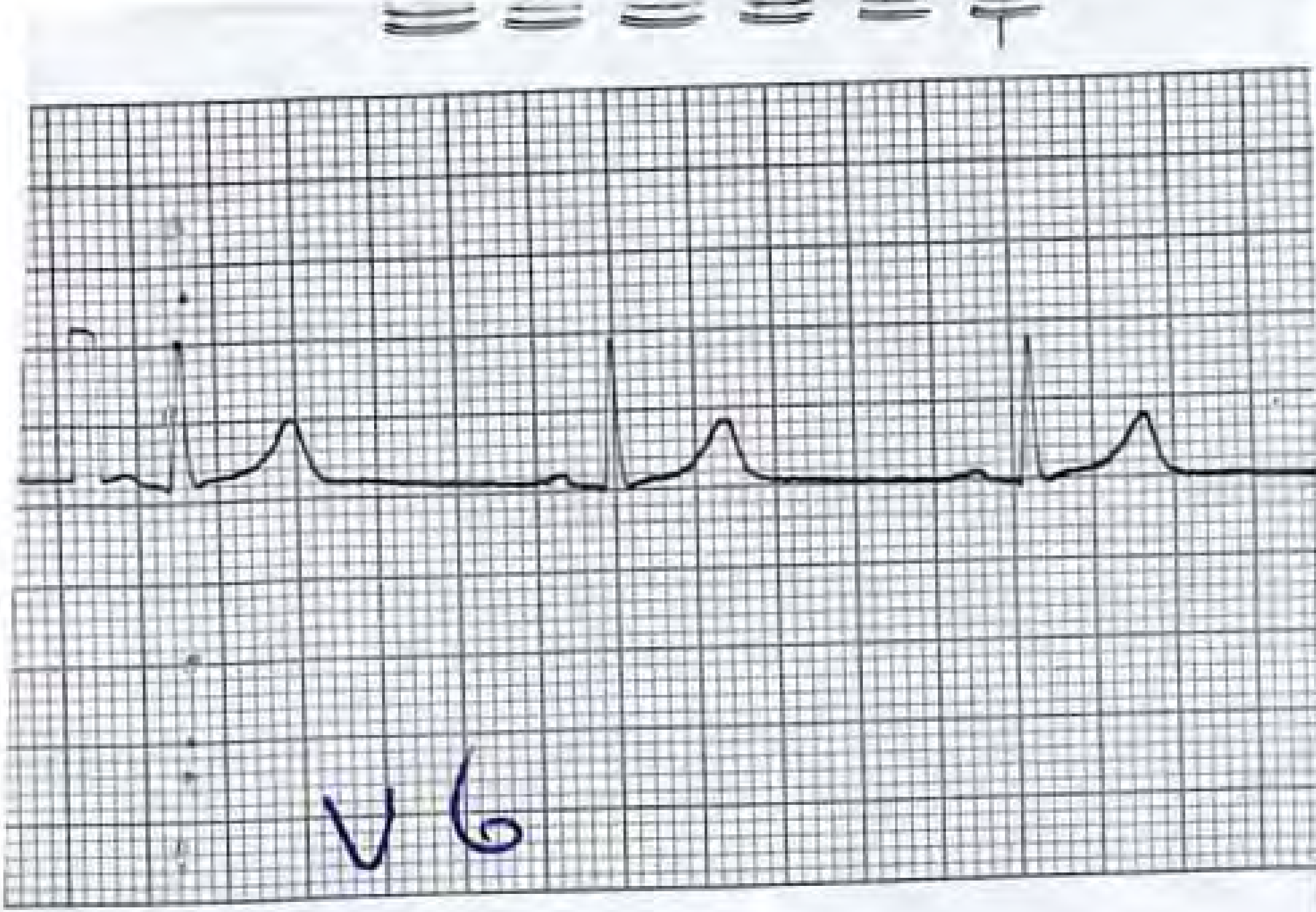
rration


V1


V3


V5


I
V4


V6

SICK CALL TREATMENT RECORD
NAVMED 10 (REV. 3-58) FRONT

(TYPE OR PRINT BELOW IDENTIFICATION DATA)

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	RATE/SERVICE NUMBER	DATE OF BIRTH	
MILLS,	FLAVEL		Ret/USCG	1907	☐ USN ☐ USMC

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
	STATION HOSPITAL USMCAS, CHERRY PT., N. C.
4 MAY 1967	STATION HOSPITAL USMCAS, CHERRY PT., N. C. Repill scrip for Arthritis. Also has pain in Rx - Alik for " " ASA " refill Indocin " " Maalox refill Wessel Lt
4 AUG 1967	STATION HOSPITAL USMCAS, CHERRY PT., N. C. Rt. ear infection. Aerosporin wick. Otitis Externa (R) Burows Sol. Pen VK 250 mg TID Zorfa
18 MAR 1968	STATION HOSPITAL USMCAS, CHERRY PT., N. C. Needs Physical for insurance

(Over)

MILLS, FLAVEL

REGISTER OR UNIT NO. | D NO. 086 | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE | DATE COLLECTED 30 Jan 67

CLINICAL DATA

T. arunin

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

W.B.C	6500	R.B.C.	
DIFFERENTIAL COUNT		HEMATOCRIT	41
NEUTROPHILES	50	HEMOGLOBIN	
BLASTS		BLEEDING TIME	
MYELOCYTES		COAGULATION TIME	
BANDS		BLOOD MORPHOLOGY; REMARKS	
LYMPHOCYTES	46		
MONOCYTES	2		
EOSINOPHILES	1		
BASOPHILES	1		
PLATELETS	100 90		
SEDIMENTATION RATE	14 8		
C.S.R.			

DATE OF REPORT 1-30-67 | SIGNATURE (Specify Lab. if not part of reporting facility) Roschmon

NAME OF MEDICAL FACILITY

Standard Form 514-B—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58—16—56274-6

HEMATOLOGY

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1966—215-198

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
MEDICINE	OSC	30 Jan 67

REASON FOR REQUEST (Complaints and findings)

59 Y.O.W.M. with progressive stiffness and pain (L) hip and intermittent episodes pain & stiffness (R) & (L) knees becoming more severe. Various medications including Butazolidin, Indocin, ASA gr XV QID leave, not held Sx. Active attempt at PT - passive motion & whirlpool. This is debilitating. LAB = Leukopenia & Butazolidin

PROVISIONAL DIAGNOSIS

Would appreciate suggestions as to management.

Xrays = MINIMAL changes

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

10 FEB 1967
INTERNAL MEDICINE CLINIC
U. S. NAVAL HOSPITAL
CAMP LEJEUNE, N. C.
1030

59 y.o. retired USCG & degenerative arthritis, calcific Bursitis for several years & X Ray changes.

PE Limitation of motion in all joints & crepitus upon auscultation.

Imp moderately severe Degenerative arthritis.

Suggest ① Local moist heat
② ASA TABS III Q 4 HRS while awake
③ Indocin TABS QID
④ Neralox 30 ml QID
⑤ Limit Physical Activity during Intensity of Attacks
⑥ Serum Ca, P, alk Phos, Uric Acid PBI / USCG

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
R Calvo			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
MILLS, PLAVE		

CONSULTATION SHEET
Standard Form 513
513-104-02

SICK CALL TREATMENT RECORD
NAVMED 10 (REV. 3-58) FRONT

BM1 (TYPE OR PRINT BELOW IDENTIFICATION DATA) USCG RETIRED

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	FILE/SERVICE NUMBER	DATE OF BIRTH	☐ USN ☐ USMC
MILLS,	FLAVEL	J.	236-100	9 NOV 09	

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
	NO KNOWN ALLERGIES
4 NOV 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28533 OFFICER SICK CALL 0935
	Pt. in c complaint of "ARTHRITIS in Lt. KNEE & BACK." — Leon H. Austin, Hm2
	Possibility of retiring discussed. He will initiate papers & will need medical statement re/ disability.
	ASA → Gastric distress & tinnitus on '26/day.
	Dijest (1) 150 Meralax following ASA qX qZ4 during daytime —
	(2) continue heat at night & P.T therapy - passive movement & whirlpool ? Yeast in ESCals
	(3) Retrivent to be initiated
	(Did not repeat CBC - leukopenia from Butazolidine)
	PE/ Tenderness medial femoral condyle (L) knee today. No effusion or joint thickening noted. Changes commensurate ? osteolytic formation of ? cartilage osteoarthritis
	Bare
30 JAN 1967	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28533 OFFICER SICK CALL 1300
	Pt. in c complaint of "BACK HURTING REAL BAD." — Leon H. Austin, Hm2.

(Over)

NAVMED 10 (REV. 3-68) BACK

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
8 FEB 1967	STATION HOSPITAL No known allergies MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28525 OFFICER SICK CALL 1400 Pt. in to pickup NAVMED-10 for Medical Clinic at Camp Lejeune for consultation. Leon H. Austin, jr. M.D.

PATIENT'S LAST NAME – FIRST NAME – MIDDLE NAME

MILLS, FLAVEL

REGISTE

RET

WARD NO.

OSC

AGE 59 SEX M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED

(L) shoulder, (L) knee PA + lat. Chest.

REQUESTED BY

Bonner

DATE OF REQUEST

13 OCT 66

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

arthritis.

FILM NO. 5639-66

DATE OF REPORT

RADIOGRAPHIC REPORT

CHEST: The PA view is at least double exposed with a lumbar spine projected over the chest and is totally unsatisfactory for any type of evaluation.
LEFT KNEE: A single lateral view was submitted for evaluation which demonstrates no abnormality. This is not considered a complete examination.
LEFT SHOULDER: Normal study.
RIGHT SHOULDER: There are calcific deposits adjacent to the greater tuberosity compatible with calcific bursitis. The study is otherwise normal.(Bonner)

RKC

LCDR. R. K. CURETON MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

USNH, Camp Lejeune, North Carolina

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A – 32 (Rev.)

RADIOGRAPHIC REPORT

519-205

13 OCT 66 T called = Dr Turner about Mr Mills.

Plan: ① D/C toxic drugs (WBC now 3,400)

② Begin program of whirlpool, active & passive exercises in ESC — daily for this week.

③ consider job change — call Boarmen & Dr. Cook (O & N doctors)

④ salicylates —

ASA 600 mg. q 24. drug daytime

(3.6 Gms/day to start)

N Bowe

MILLS, FLAVEL

REGISTER OR U[illegible]NO. RET | WARD NO. Q5C | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE [illegible] | DATE COLLECTED 13 Oct 66

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

✓	W.B.C	3,450		R.B.C.	
✓	DIFFERENTIAL COUNT		✓	HEMATOCRIT	40
	NEUTROPHILES	52		HEMOGLOBIN	
	BLASTS			BLEEDING TIME	
	MYELOCYTES			COAGULATION TIME	
	BANDS			BLOOD MORPHOLOGY: REMARKS	
	LYMPHOCYTES	39			
	MONOCYTES	7			
	EOSINOPHILES				
	BASOPHILES	2			
	PLATELETS	Adequat			
✓	SEDIMENTATION RATE				
✓	C.S.R.				

DATE OF REPORT | SIGNATURE—(Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

514-308

Standard Form 514-B—Rev. June 1959. Bureau of the Budget Circular A-52 GPO c58—16—56274-6

HEMATOLOGY

MILLS, FLAUEL

REGISTER OR UNIT NO. RET | W. O. OSC | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE Bamet 13 Oct 66 | DATE COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

W.B.C	3,450	R.B.C.		
DIFFERENTIAL COUNT		HEMATOCRIT	40	
NEUTROPHILES	52	HEMOGLOBIN		
BLASTS		BLEEDING TIME		
MYELOCYTES		COAGULATION TIME		
BANDS		BLOOD MORPHOLOGY: REMARKS		
LYMPHOCYTES	39			
MONOCYTES	7			
EOSINOPHILES				
BASOPHILES	2			
PLATELETS	Adequate			
SEDIMENTATION RATE	15			
C.S.R	3			

DATE OF REPORT | SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Standard Form 514-8—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58—16—56274-6

HEMATOLOGY

Standard Form 539
Rev. August 1954
Promulgated By Bureau
of the Budget Circular A-32

DO NOT ADMIT

CLINICAL RECORD | **ABBREVIATED CLINICAL RECORD**

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

59 y.o. WM c progressive arthritic symptoms (L) hip, with episodes of pain in (L) shoulder & (R) elbow over the past several years. The (L) hip pain has become progressively worse, with missing about 4 days' work in past two weeks. (DAR Foreman).

Suggestion of angina in history

PE/(1) LOM {flexion / ext. rotation (R) hip

(2) LOM {flexion / ext. rotation (L) hip

R 7 L.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

(3) Slight tenderness (L) knee. No effusion (Joint tenderness). no LOM.

(4) (R) shoulder LOM → pain, adduction to → 30°

(5) (L) shoulder LOM → pain " " → 10°

Hip (1) arthritis, probably osteoarthritis now debilitating. Treated c knee physical therapy (heat, exs), ASA, Indocin, Butazolidine.

(2) ? cardiac disease.

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
[signature]	13 OCT 66		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

MILLS FLAVEL

RET / ~~USN~~ USCG

REGISTER NO.	WARD NO.

ABBREVIATED CLINICAL RECORD
Standard Form 539

16—61555-3

DOCTOR'S ORDERS (*Date and sign all orders*)

13 OCT 66

① Dx = osteoarthritis
② ~~Bed rest~~ ~~& BRP~~
③ General diet
④ Whirlpool daily for 20 minutes in warm bath in ESCALL including bath lips (to waist).
⑤ Heat to low back area QID for 20 - 30 minutes.
⑥ ASA gr X pc & qhs
⑦ CBC, U/A, VDRL
⑧ LE prep

J Bane

TEMPERATURE–PULSE–RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES

U. S. GOVERNMENT PRINTING OFFICE : 1957—O-420461 16—61555-2

NAVMED 10 (REV. 3-58) BACK

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
12 OCT 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28533 OFFICER SICK CALL 0940 Pt. in c complaint of "BACK TROUBLE" Leon H. Austin, HM2.
	Rather incapacitated — admit to BM JBon
21 OCT 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28533 OFFICER SICK CALL 1320 Pt. in c complaint of "HAVING TROUBLE c KNEES" BILATERAL. Leon H. Austin, HM2.
	Pt - progressively becoming more incapacitated knees swell, ankles & hips painful & also has painful R thumb - has strong family hx arthritis what sounds like Rheumatoid. TAKES. 3 ASA Q2h (20-25/day) - is not holding him says has been having dark BM's - 2 wks ago Was put on pt c whirlpool & passive Exercises x 1 day & made his knees swell & hurt so bad he couldn't continue. Is benefitted by ~~rest~~ Rest periods during the day but c present job is on feet considerably — also worse c Recent weather RTC Monday to See Dr. Bonner ① looks like will have to change Jobs - This will probably help a lot. ② would you consider Steroids or gold Rx? or Refer to Specialist - Is this simply osteoarthritis or Rheumatoid? Desirey

SICK CALL TREATMENT RECORD
NAVMED 10 (Rev. 3-58) FRONT
0105 200 0201

BM-1

USCG--RETIRED

(TYPE OR PRINT BELOW IDENTIFICATION DATA)

LAST NAME	(FIRST NAME)	(MIDDLE NAME)	FILE/SERVICE NUMBER	DATE OF BIRTH	☐ USN ☐ USMC
MILLS,	Flavel	J.	236-100	9 NOV 07	

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
	No known allergies
7 SEP 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA OFFICER SICK CALL 0920 Pt. RETURNED TO SICK CALL UPON DR's REQUEST. Leon H. Austin, Hm 2 - Butazolidin 100 mg TID X1 week - Indocin TID - Darvon TID 4/4. [signature]
14 SEP 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA OFFICER SICK CALL 0930 Pt. IN C COMPLAINT OF BACK PAIN Leon H. Austin, Hm 2 Still having considerable pain L leg - notes it gets weaker L foot - having some trouble driving. will try to 1 Dose Indocin to 150-200 mg/day Disp 25 mg 5X daily 125 mg. RTC 26 Sept -
	Talked to wife on phone - she is worried about "nervousness", apparently just anxiety - not personality change. Doing somewhat better R/L pain past 2 days. When seen - R/O angina + CHF. Desney [signature]
29 SEP 1966	STATION HOSPITAL MARINE CORPS AIR STATION CHERRY POINT, NORTH CAROLINA 28533 OFFICER SICK CALL 0936 Pt. IN C COMPLAINT OF "BACK + HIP TROUBLE." (Over) Leon H. Austin, Hm 2

MILLS, FLAEL

REGISTER OR UNIT NO. 236/100 LJC NO. ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE Blane 29 Sep 66

DATE AND HOUR COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

UREA N			TRANSAMINASE
GLUCOSE			✓ URIC ACID 5.1 mgm%
CHOLESTEROL			
ESTERS			✓ LATEX FLOC. Neg
BILIRUBIN (TOTAL)			
BILIRUBIN (DIRECT)			
B.S.P.			REMARKS:
THYMOL TURBIDITY			
Cephalin Flocculation	24 HR.	48 HR.	
PROTEIN TOTAL			DATE OF REPORT 10/5/66 SIGNATURE (Specify Lab. if not part of requesting facility) Vinney
ALBUMIN			
Alkaline Phosphatase			NAME OF MEDICAL FACILITY
ACID PHOSPHATASE			

N

Standard Form 514-D—Rev. June 1959. Bureau of the Budget Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1961—580420

BLOOD CHEMISTRY

MILLS LAVEL
USCG Ret

REGISTER OR UNIT NO.	WARD NO. ESC	☐ BED PATIENT ☐ AMBULATORY
REQUESTED BY & DATE	DATE & TIME COLLECTED	
CLINICAL DATA		

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME

W.B.C.	7650	R.B.C.			
DIFFERENTIAL COUNT		HEMATOCRIT	39		
NEUTROPHILES	41	HEMOGLOBIN			
BLASTS		BLEEDING TIME			
MYELOCYTES		COAGULATION TIME			
BANDS		BLOOD MORPHOLOGY: REMARKS			
LYMPHOCYTES	57				
MONOCYTES					
EOSINOPHILES	2				
BASOPHILES					
PLATELETS					
SEDIMENTATION RATE					
C.S.R.					

DATE OF REPORT	SIGNATURE (*Specify Lab. if not part of requesting facility*)
	NAME OF MEDICAL FACILITY

Standard Form 514--B--Rev. Dec. 1964
Bureau of the Budget Circular A-32

☆ GPO : 1965 OF-777-871 (38-E)

HEMATOLOGY

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
28 Sept 66	59 yo. WM. being treated for osteoarthritis of (L) hip. Has had progressive (L) hip pains for several yrs. Hx of (L) chest constant aching pain radiating around to (L) axilla & (L) scapula area 1 month ago. EKG WNL then. Positive findings included ↓ strength & sensation (L) arm & hand + tingling (? & hyperventilation), ↓ strength & sensation (L) arm. Xrays showed early osteophytosis in lumbar spine. No ↓ exercise tolerance, no dyspnea at rest. No chest pain since 1 mo ago.
7 Oct	Hip pain has become incapacitating. walks, drives car. P/E HEENT - arteriole narrowing CHEST - WNL CVR - No (M) No S3. ABD - No organ. No masses. Convex. No scars. JOINTS - + Pos (R) SLR. leg raising. - (R) paravertebral muscle spasm - Slight flexion & rotation convex to (L). - Slight tenderness (L) medial knee — Fair

(R) 128/90 (L) 128/88

120 "↓" 10 lbs 480

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
—	Prim. Protein — ① hip - abduction & ext. rotation.
—	DDx: ① Sacroiliac hip tenderness.
	Imp ① osteoarthritis, but minimal Hx, W's of ① sacroiliac joint ① acetabulum & hip ② doubt enough evidence of heart disease. Hx suggestive of angina, though.
	Disp intensive Rx + this weekend: ① PB 32 mg. TID x 3d ② Robaxin 10m TID x 3d ③ bed rest ④ heat QID x 3d ⑤ Indocin 25 mg. QID ⑥ ASA gr X QID ⑦ uric acid = 5.1 mg% ⑧ CBC ⑨ Watex floc. - neg
	11 weeks

U. S. GOVERNMENT PRINTING OFFICE 16—67728-1

MILLS FIAVEL
USCG Ret

REGISTER OR UNIT NO. | WARD NO. ESC | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY: Johnson | DATE OF REQUEST

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE	St. Clear
REACTION	and
SPECIFIC GRAVITY	Pos
ALBUMIN	neg
SUGAR	neg
ACETONE	
BILE	

MICROSCOPIC REMARKS

Essi Negative
slide very clear

DATE OF REPORT 7/6/66 | SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Standard Form 514-A—Rev. June 1950
Bureau of the Budget Circular A-32

GPO 638 : 16—38264-F

URINALYSIS

WET Reading.

PATIENT'S LAST NAME – FIRST NAME – MIDDLE

MILLS, FLAVEL
Ret USCG

REGISTER NO.

WARD NO. ESC

AGE 54 | SEX M | (Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED
C, T, L Spine AP + lat

REQUESTED BY Mahoney

DATE OF REQUEST 16 Aug 66

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS
PE of multiple peripheral neuropathy Upper + lower EXTS
C shooting pain esp of (R) arm (L) chest + (R) leg. Imp - osteoarthritis changes

FILM NO. 5639-66

DATE OF REPORT

RADIOGRAPHIC REPORT
To Lejeune

LUMBAR SPINE: There is no evidence of compression fracture or dislocation. A normal lumbar lordotic curve as well as the disc spaces are well maintained. There is early osteophytosis involving the margins of L4 and 5. There are no other remarkable findings.

DORSAL SPINE: There is a minimal S-shaped scoliosis convex to the left in the upper dorsal spine centered at D3 and convex to the right in the lower dorsal spine centered at D8. Here, also, early degenerative arthritic changes are noted characterized by marginal spurring, which is not prominent. The vertebral bodies otherwise appear normal. Incidentally noted are scattered small calcific densities

(Cont.)

SIGNATURE (Specify location of laboratory if not part of requesting facility)

USNH, Camp Lejeune, North Carolina

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A – 32 (Rev.)

RADIOGRAPHIC REPORT

519-205

(Cont)

throughout both lung fields probably indicating healed histoplasmosis.

CERVICAL SPINE: There is straightening of the normal cervical lordotic curve with minimal reversal of this curve in the lower cervical spine. There is moderate narrowing of the C5-6 disc space with a lesser amount of narrowing of the C6-7 disc space. Prominent spurring is present about the margins at the C5-6 level and less conspicuous spurs are noted at the interspace below that. There are no other remarkable findings.

H. L. POPE, LCDR, (MC) USN

NAVMED 10 (REV. 3-58) BACK

DATE	NAME OF TREATING FACILITY, COMPLAINT, TREATMENT ADMINISTERED, SIGNATURE AND RANK/RATE OF PERSON ADMINISTERING TREATMENT
16 AUG 1966	STATION HOSPITAL USMCAS, CHERRY PT., N. C.

Pain in Chest since AM,

59yo let onset sharp cutting pain from ⓛ ant chest around lat ribcage
Pt has numb feeling Pain.
Has FH heart disease & MI Heart attack in pat
onset at breakfast today — lasted about
5 min — Husband similar type pain off & on
X 2 yrs but never this bad. Took NTG tab 4 life
~~times~~ which did not alter pain.
~~had so diaphoresis~~ had some diaphoresis
after took NTG got Headache.
NO FH Diabetes.

T-72
BP 140/80

Pt has mod DOE but no chest pain, NO PND or
ankle Edema. has periodic painful swelling in knees
PE - WDWN WM in no distress
HEENT - WNL
chest clear A&P Heart RsRS ⓜ PMI 5th ICS mid
Abd - +BS not palp
Back - full ROM - various positions cause
chest pain - has trigger points on ⓛ
axil chest & Tenderness in muscles
ET: has Sig hx of ↓ strength & sensation ⓛ arm
& hand - has tingling sensation now.
NEURO - Sensory - ↓ Sensation ⓛ hand & arm
motor ↓ strength ⓛ " " "
Mental intact
CN - intact II → XII
cerebellar - intact.

RETIRED BM1

NAVMED-H-10
(11-51)

SICK CALL TREATMENT RECORD

NAME MILLS, Flavel J (Surname--Christian Name(s)) FILE OR SERVICE NO. 236-100

DATE	COMPLAINT	TREATMENT	DISPOSITION	INIT.
	U. S. Marine Corps Air Station			
3-11-58	Cherry Point, N. C.			
	To EENT.	Ref gen	D	N-G
	USMCAS Cherry Point, N. C.			
SEP 8 1958	C/C/D – Pt request to See M.O. about Cold Shots			
	PBZ & Ephedrine.			
FEB 3 1959	Ear. ache – bilat.	R>L for 10 d.		
	No recent cold; hearing Sl. ↓; ears seem to open momentarily on deglutition.			
	Seen by private physician who removed Sm. amt. of wax, but nothing else done.	P 76 T-98		
	Ext. canals both r. Sl. reddened; R. drum sl. scarred & yellowish discolor. inf. as if purulent material in inner ear & may bulge sl.			
	L. drum sl. scarred & may also bulge sl.			
	No inflammation dyspn.	Throat – sl. injected; no growth		
	Ref. Fri if not better	Ben-ephedrine	D	FNH
10/3/60	Sore around heart			
	B/P 104/60 P-68			
	Has dull ache around left heart on coughing & deglution. Has radiating pain. Hear pericardial rub of heart disease. Vital signs O.K. Will get EKG			

(Over)

DATE	COMPLAINT	TREATMENT	DISPOSITION	INIT.
11-1-61	Sprained ~~Ankle~~ leg (L)	10-31-61		

54 yr. old retired coastguardsman who works at O & R was pulling a car trailer (2 wheel) at Home yesterday when his foot slipped and the tongue came down across his groin & thigh.

Exam: Seems to have quite a bit of pain while walking. Exam reveals most of the pain to be in area of gracilis muscle also tender over groin and iliac crest. no evidence of hematoma

Rec: x-ray hip.
no fracture seen.

Dyp: Contusion & possibly some intra tissue bleeding.

Rec: off wt. bearing
Mephenesin, APC, Darvon

J. Jennich

STOCK FORM 41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 22 January, 1942.

Name: Mills, Hazel J.

From: U. S. Coast Guard

Bureau No.: 1234

Change in post of duty.

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1440-1800)	Field (Range $1440-1800)
Salary	$1440 p.a. plus $60 p.a.Qtrs.	$1440 p.a. plus $60 p.a.Qtrs.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Norfolk, Virginia	Norfolk, Virginia
Post of Duty	Point No Point Lt. Sta., Md.	Tue Marshes Lt. Sta., Va.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.
Allotment		
	FIELD ☐ DEPRTMTL. ☒	FIELD ☐ DEPRTMTL. ☐

EFFECTIVE
Remarks: 16 February, 1942.

Justification: This is a regular position in the authorized complement of the Station and it is necessary that it be filled in order that the work of the Service may be carried on.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 11-9-1907

LEGAL RESIDENCE: N. Carolina

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

*William D. Davidson (separated)

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

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-16

DATE OF OATH

CHARLES PIOZET

DATE APPROVED BY THE SECRETARY

FEB 27 1942

BUREAU OR DIVISION PERSONNEL FILES

FILE 3-

PS-1
9 May 1956
L-13

From: Commandant
To: MILLS, Flavel J. (236-100) BM1, USCG, Retired
Grantsboro, North Carolina

Subj: National Service Life Insurance, Policy V 16 557 913; Expiration of term period

Ref: (a) Veterans Administration Form 9-453, countersigned 30 April 1956

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 16 557 913 will expire on 31 July 1956.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$4.75 Allotment discontinued with month of last payment June 1956
$6.00 Allotment established with month of first payment July 1956

NAV S & A Form 545, Allotment Authorization is herewith enclosed. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form 9-453 should be retained for your personal file.

MAY 9 1956

B. V. HALL
By direction

Encl: (1) VA Form 9-453
(2) NAV S & A Form 545
(3) Envelope

MJM:rar rm 2111 sta 2-4

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Box 540
Federal Building

Norfolk, Virginia,
26 March, 1942.

From: MILLS, Flavel Jackson (236-100), B.M.1c.
To : U. S. Civil Service Commission, Washington, D. C.

Via : District Coast Guard Officer, Fifth Naval District and Commandant, U. S. Coast Guard.

Subject: Resignation; request for.

1. It is requested that my resignation from the Civil Service be made effective, 25 March, 1942, since I have been inducted into the Coast Guard this date.

Flavel J. Mills.

73
COAST GUARD OFFICE

First Indorsement

Norfolk, Virginia,
26 March, 1942.

1. Forwarded, approved, in accordance with the instructions contained in paragraph 6 of Headquarters' letter, 23 March, 1940.

C. J. SULLIVAN,
By direction.

NOTED
PR-14

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NORFOLK, VA.

LMF

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 5TH DISTRICT
NORFOLK, VA.

March 14, 1939

SERVICE RECORD

Flavel J. Mills

From	To	Position	Station	Monthly Pay
6/19/25	12/31/25	Fireman	Relief L.S.No.72 & 80	$67.50
1/01/26	6/30/33	Fireman	do	72.50
7/01/33	12/04/33	Fireman	Lightship No. 107	72.50
12/05/33	6/15/38	Oiler	Lightship No. 116	72.50
* 6/16/38	Present Time	Oiler	do	77.50
* 3/29/38	Classified	"		

Certified Correct:

W. L. Rebbel

W. L. Rebbel,
Chief Clerk.

Veterans Administration

REQUEST FOR INFORMATION

1A. ADDRESS CODE: 13

1B. TYPE OF CLAIM: Burial

2. SEPARATION FORMS ON FILE: [X] YES [ ] NO

3. DATA REQUESTED: [X] SERVICE [ ] MEDICAL [ ] DENTAL [ ] CLINICAL [ ] OTHER

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

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE
VA Regional Office
251 N. Main Street
Winston-Salem, NC 27155

5B. ORIGINATING UNIT: 318/212B mn

6. FILE NO (Include prefix): XSS 241-48-2351

7. INSURANCE NO:

8. LAST NAME - FIRST NAME - MIDDLE INITIAL (Under which served): M. Ills Flavel J

9A. ALL SERVICE NOS: 236-100

9B. SOCIAL SECURITY NO: 241 48 2351

10. DATE OF BIRTH: 11 9 07

11. PLACE OF BIRTH: ~~Aug~~ Pamlico NC

12. DATE OF DEATH: 5-27-87

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK AND ORGANIZATION
A.	3-26-42	3-25-48	Hon.	Navy - Coast Guard.
B.				
C.				

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

21. ADDITIONAL INFORMATION REQUESTED
Not sure if this is Navy or CG. Pls verify all ADD's & CUD's for all periods of ser. If not CG pls. advise.

22A. SUBSEQUENT RESERVE OR RETIRED STATUS: [X] NONE [ ] RESERVE OBLIGATION (Complete item 22B) [ ] RETIRED (Complete item 22C) [ ] UNKNOWN

22B. OBLIGATION TERMINAL DATE:

22C. RETIRED STATUS: [ ] IN PAY STATUS [ ] NONPAY STATUS [ ] TEMPORARY DISABILITY RETIRED LIST [ ] RETIRED-STATUS UNKNOWN

23. DATE: 12 10 87

24. SIGNATURE AND TITLE OF VA OFFICIAL: J. H Bertruff - Adj Off

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

[ ] AVAILABLE REQUESTED RECORDS FORWARDED
[ ] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT
[X] ITEMS 8 & 9, AND 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

HA 2-15-51
15A Hon. Retired
16. Coast Guard

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION		NC 1-11-89
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS					RB
			OTHER RECORDS					

STANDARD FORM No. 6
(Approved by the President 3/23/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment USLHS **Date** 5/30/39

1. Name in full (Mr., Miss, or Mrs.) Mills (Surname) Flavel (Given name) Jackson (Middle name)
2. Present address Point (Number) No. Point (Street) L H Ridge (City) Md. (State)
3. Legal (voting) residence 5 District (State and Congressional District) Pamlico (County) Pamlico (City or town)
4. Where born North Carolina (State or foreign country) Pamlico (City or town) When born 11/9/1908 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you wife & three children
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
USLHS	LS 80	fireman	6750	6	19	1925	12	31	1925
USLHS	LS 72	fireman	7250	1	1	1926	6	30	1933
USLHS	LS 107	fireman	7250	7	1	1933	12	5	1933
USLHS	LS 116	Oiler	7750	12	5	1933	5	25	1939
USLHS	pt no pt LH	asst keeper	120.00	5	25	1939			

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

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
Randolph Mills	Position Oiler Department or office USLHS	Brother
Wilbur Simpson	Position Oiler Department or office USLHS.	Brother in law
J J Paul	Position Cook Department or office USLHS	Cousin

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

no
(Title) (Location) (Date appointment expires)

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

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

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

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

Enlisted ____ Discharged ____ Enlisted ____ Discharged ____

Rank ____ Rank ____ Rank ____ Rank ____

Organization ____ Organization ____ Organization ____ Organization ____

[OVER]

10—1930

X 7NC3 MILLS FLAVEL J CG

000 23 6100 MILLS FLAVEL J CG B 1 044 609

11/19/87 mx

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

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

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

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

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

16. In case of emergency, notify Mrs F. J. Mills

Relationship wife Post office address Oriental

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

Flavel J Mills
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Eod may 19 1939

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

April 1, 1939.

Mr. Flavel J. Mills,

Through the Commissioner of Lighthouses.

Sir:

You have been appointed (subject to taking the oath of office*)

Keeper

in the Lighthouse Service

at a salary of Fourteen Hundred and Forty dollars per annum

effective upon entrance on duty. 5-19

Nature of appointment: Change from Oiler at $77.50 a month in the nonappointed service.

Civil Service authority: Certificate No. Z-7576.

Service and grade:

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER

K
5

Chief, Division of Personnel.

Appropriation unit: Field.

Vice: W. D. Rawls.

Legal residence: North Carolina.

*Oaths of office are required only for original appointments, inter-departmental transfers, and reinstatements.

U. S. GOVERNMENT PRINTING OFFICE 11—12150

Form 73
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
Approved Sept. 1, 1938

LMF

NOMINATION

5th LIGHTHOUSE DISTRICT Norfolk, Virginia (City) March ~~24~~ 23, (Date), 1939

COMMISSIONER OF LIGHTHOUSES:

Action recommended Change in designation and Promotion

Name Flavel J. Mills Date of birth Nov. 9, 1908 Legal residence N. C.

	From—	To—
Position,	Oiler	Asst. Keeper
Pay and grade	$77.50 p.m. ($72.50-77.50)	$1440 ($1440-1800) Plus $60 p.a. for qtrs.
Station	Chesapeake Lightship 116	Point No Point Lt. Sta., Md.
Appropriation	Sal. L. H. Vessels	Sal. L. H. Keepers.

Effective April 1, 1939 [~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.]

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

Vice W. D. Rawls (LT.#1238) Pay $1440 p.a. Services terminated On or about Mar.31,1939

Reason Transfer and Promotion

REMARKS:[2] There is no suitable register available, and this man is well qualified for the position. His appointment would be very much in the interest of the Service.

Selection regular, ..., 19.....

Manager, Civil Service District.

N. C. Manyon,
Superintendent of Lighthouses.

BUREAU OF LIGHTHOUSES, WASHINGTON, March 24, 1939, 19

Submitted to the Secretary of Commerce, approved., copy of service record accompanying. This employee was given a classified status effective March 29, 1938.

W. P. HARMAN

Acting Commissioner of Lighthouses.

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

11—2314

PE-3
13 November 1952
MR

From: Commandant
To: BM1 Flavel J. Mills (236-100) USCG, Retired, Grantsboro, North Carolina.

Subj: Retired Identification Card

1. As requested in your communication of recent date, an application for a Retired Identification Card is forwarded herewith.

2. It is requested that after completion of the enclosed application, you return it to HQ, together with a photograph of yourself, 1" x 1 5/16" in size, full face, uncovered, plain white background.

3. A self-addressed envelope is enclosed for your convenience.

Mailed 11/13/52

B. A. SHAW,
By direction

Encl: Self-addressed envelope
Application for ID Card

SHAW:eb-return t o. 3-13

Please send me the necessary forms to get a permanent ID card.

Thank you.

Flavel J. Mills

Flavel J. Mills. BM1 (236-100)

Grantsboro, N. C.

2-10

Mr. Akre

UNITED STATES COAST GUARD

Address Reply To:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D. C.

PS
9 October 1952
File: P19

From: Commandant
To: Flavel Jackson Mills (236-100)EM1 USCG(RET.)
Grantsboro, North Carolina

Subj: DD Form 214 and Form DD-217 CG; forwarding of

1. DD Form 214, Report of Separation from the Armed Forces of the United States, is being prepared for you, and the preliminary papers necessary for its completion are forwarded herewith. You are requested to fill in the spaces checked on the rough form, sign your name in Item #48 of the smooth fan-fold, and return all copies in the inclosed envelope. Upon receipt, DD Form 214 will be completed and the original, seventh, and eighth copies forwarded to you for your permanent possession.

2. Form DD-217 CG is also inclosed. You are requested to sign and forward it to this Section. The Form will be returned to you after it has been certified and laminated. Your signature should be placed on the back of Form DD 217CG in space provided therefor.

O. C. HINDEN
By direction

Completed & Mailed Back Nov. 17, 1952

Encls.
1. Preliminary papers for DD-214
2. Form DD-217

393 Treasury, CGHQ, Wash., D. C.

Treasury Department
CG-10003 (Rev. 8-48)

UNITED STATES COAST GUARD

For File 3-13 on

Address reply to
THE COMMANDANT

Washington 25, D. C.

15 June, 1949
File: FA-PR 73

From: Commandant
To: Commander, 5th Coast Guard District (fp)
Via:

Subj: MILLS, Flavel J. (236-100) BM1, USCG
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1948
(b) Your letter 10 June, 1949, file 521

The following credits and/or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl

By direction

Credits: Description of item	1948 From	1948 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
Amount Unpaid Last Acct.	(From	BF				xx xx	WM PARKER	
BM1(6) 3-25-48	7-1	12-31	6	- -	148.50	891.00	WM PARKER	✓
Subs C5CGD	7-1	6-30	0	- 0	1.20	xx xx	WM PARKER	WMPARKER
CCA 7-1-48						12.00	WM PARKER	WMPARKER
Subs (C5CGD)	7-1	12-31	-	- 184	1.50	276.00	WM PARKER	✓
CCA 10-1-48						12.00	WM PARKER	WM PARKER
	Amount Overpaid Carry Forward					x x		
					TOTAL	1191.00		

Charges: Description of item Date Enl. 3-26-42	Charges & Checkages	Start Symbol	Stop Symbol
Gov't Qtrs @.90 from 7-1-48 to 12-31-44	165.60	WM PARKER	✓

Other pertinent information or remarks:

Pay Record closed to 31 December, 1948 by WM PARKER

Mailed 6/16/49 on

one CM 6-6

B 907

UNITED STATES COAST GUARD
POST OFFICE BOX 540
NORFOLK, VA.

JUN 14 1949

Address reply to
Commander, 5th CG District
Refer to file 521

10 June, 1949

From: Commander, 5th CG District
To : Commandant (FA-PR)

Subj: Abstract of pay account; request for.

It is requested that this office be furnished an abstract of Pay credits & ckgs eff same credited MILLS, Flavel J. (236-100) BM1 for the period 7/1/48 to 12/31/48.

L. D. YOUNG
By direction.

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

31 March, 1949.

From: Commandant.

To: Commanding Officer, Light Stations, 5th CG District
Via: Commander, 5th CG District
SUBJECT: MILLS, Flavel Jackson (236-100) BM1; USCG

Statement of service of.
Ref: Your letter/dated 15 February, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
16 Years 8 Months 27 Days Lighthouse Service Creditable for Longevity.							
USCG							
3-26-42							
Enl. Ext. 3 Yrs. from 3-26-45							
	3-25-48 HD	None		None		None	
3-26-48							
Now Serving.							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13
jam

3-31-49

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-4)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

31 March, 1949.

From: Commandant.

To: Commanding Officer, Light Stations, 5th CG District
Via: Commander, 5th CG District
SUBJECT: MILLS, Flavel Jackson (236-100) BM1; USCG

Statement of service of.
Ref: Your letter/dated 15 February, 1949.

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM—	TO—	FROM—	TO—	FROM—	TO—
16 Years 8 Months 27 Days Lighthouse Service Creditable for Longevity.							
USCG 3-26-42 Enl. Ext. 3 Yrs. from 3-26-45	3-25-48 HD	None		None		None	
3-26-48 Now Serving.							

B.A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

UNITED STATES COAST GUARD
POST OFFICE BOX 540
NORFOLK 1, VA.

Address reply to the
COMMANDER,
FIFTH COAST GUARD DISTRICT (mp)
Refer to file: CG-73

15 February, 1949

From: Commander, 5th CG District
To: Commandant (PE)

Subj: MILLS, Flavel J. (236-100) BM1, USCG ; Statement of Service, request for

1. It is requested that a statement of service on Form 2511-B on subject-named man be forwarded to this office for the purpose of computing pay.

2. Records indicate that subject-named man first enlisted in the USCG 26 March, 1942, having previously had Lighthouse Service since 19 June, 1925.

L.R. CHENOWETH
By direction

Light station - 5th District ✓

3-13 FILE

23 - 9 - 2 (3/31/49) MILLS, Flavel J. (236-100) BM1

MILLS, Flavel J. ✓ (236-100) ✓ BM1
(Name) (Service Number) (Rate)

	Years	Months	Days
Active service to and including 31 March 1949			
COAST GUARD	7	0	5
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE	16	8	27
TOTAL SERVICE FOR RETIREMENT	23	9	2
Inactive Service			
TOTAL SERVICE FOR LONGEVITY	23	9	2

TM

Entitled to 10% for conduct _____
(Yes - No)

BM1

ACTIVE DUTY PAY $_____ YEARS OF SERVICE _____

PERCENTAGE FOR SERVICE _____% PERCENTAGE FOR CONDUCT _____%

MAXIMUM PERCENTAGE ALLOWED BY LAW OR TOTAL _____

GROSS RETIRED PAY $_____

15 September, 1949
PE-C 73

From: Commandant
To: Commanding Officer, Coast Guard Depot, Hobucken, North Carolina
Via: Commander, Fifth Coast Guard District (pmp)

Subj: MILLS, Flavel J. (236-100)BM1; retirement request, cancellation of

Your application for retirement under the 20-year enlisted retirement law has been withdrawn from Headquarters eligibility list in accordance with your request of 31 August, 1949. Should you desire to be considered for retirement at some future date it will be necessary for you to submit another written application.

W. C. CAPRON
By direction

CORRESPONDENCE:me Return to 3-13

9/16/49

NITED STATES COAST GUARD

ADDRESS REPLY TO

AND REFER TO

U. S. COAST GUARD
MAIL & REC
SEP 14 1949

31 August 1949

From: Flavel J. Mills. 236-100. BM1, Coast Guard Depot, Hobucken, N.C.
To: Commandant, Via Commander 5th C.G.District, (pmp)
Subj: Retirement, Cancellation Of

Reference my letter dated 16 March 1947, file 73. request for retirement under the 20 year retirement Act,

If possible please cancell my request for retirement as unusually heavy expenses have occured since my request for retirement, If I was retired in near future it would cause hardship on myself and family

Flavel J. Mills
Flavel J. Mills (236-100) BM1

Ind-1

12 September, 1949
File: pmp-73

From: Commander, 5th CG District
To: Commandant (PE-C)

Forwarded, approved, for Headquarters' consideration.

L. R. CHENOWETH
By direction

3 13

File

3-13 FILE

(PE-C)
CG-
73

31 March, 1947

From: Commandant
To: Commander, 5th CG District (pmp)

Subj: ; request for retirement;
acknowledgement of
Mills, Flavel V. (236-100) BM1c

Ref: (a) Mills'letter of 16 March, 1947, file 73, with your indorsement thereon

Receipt is acknowledged of reference (a) requesting retirement under the 20 year Retirement Act, and it has been placed on file. You will be advised when action is taken in this case.

C. C. Knapp
C. C. KNAPP
By direction

21

U. S. COAST GUARD
MAIL SECTION
MAILED APR 3 - 1947

A-5057

MEADES:jhc
Return to 3-12

ORR

UNITED STATES COAST GUARD



ADDRESS REPLY TO

CG DEPOT, HOBOKEN, N. C.

AND REFER TO 73

16 March, 1947

From: MILLS, Flavel J. (236-100) BMlc,CO, CG DEPOT, HOBOKEN, N.C.
To: COMMANDANT (PE).

Via: COMMANDER, FIFTH CG DISTRICT, NORVA.

Subj: Retirement; request for.

1. Having completed sixteen years, nine months, and five days in the former Lighthouse Service and four years, eleven months, and twenty-one days service in the U.S. Coast Guard, a total of twenty-one years, eight months, and twenty-six days combined service, it is requested that I be placed on the retired list in accordance with existing regulations.

2. I have had no mark lower than 4.0 in conduct during my Coast Guard service.

Flavel J. Mills
FLAVEL J. MILLS, BMlc.

Ind-1
O,Comdr,5CGD (pmp)
Norfolk, Virginia

18 March, 1947

From: Commander, 5th CG District
To: The Commandant (PE)

Forwarded for Headquarters consideration.

F. A. MAIER,
By direction

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 000029

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG LIGHT ~~ATTENDANT~~ STATION		Hobucken, N. C.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
05-199		2 April, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {~~RATE~~ / RATING} FROM BM1c TO BM1 EFFECTIVE 4-2-48

DUTY CODE NO.
AUTH: PC 36-47

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction dfm

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding
PEA-E 44	NOTED

MACHINE ACCOUNTING
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG 4589 (REV. 6-45)

No. 000284

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG LIGHT ATTENDANT STATION		Hobucken, N. C.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
05-199		26 March, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

3-26-48: Reenlisted this date in the RE of the CG for a period of 3 years in the rating of BM1c.

DUTY CODE NO.
AUTH: PC 103-44

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction

dfm

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		038	031	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
			3/26/48

Records	
Posting	Coding
	CODED NO. 10

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2589 (REV. 6-45)

NO. 000283

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
MILLS, Flavel J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG LIGHT ATTENDANT STATION		Hobucken, N. C.

MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM NO.	DATE
05-199		26 March, 1948

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

3-25-48: Issued HONORABLE DISCHARGE by reason of expiration of enlistment and extension thereof.

DUTY CODE NO.
AUTH: Art. 589(1) Regs. & PC 57-44

L. R. CHENOWETH,
Chief, Military Personnel Section
By direction
dfm

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
	CODED NO. 10

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 10—40355-2

RECEIVED
OCT 29 1946

CG-2888 (9-46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Print or Type—
Do Not Use Pencil

MILLS, Flavel J.	BMlc	236-100
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

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

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 39 days. I hereby make claim for compensation for the excess of such amount over 60 days.

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

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

	Mabel E. Mills	Wife
(If none, so state)	(Name of dependent)	(Relationship)

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

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

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

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

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

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

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

Flavel J. Mills
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Norfolk, Virginia
this 22nd day of October, 1946

(SEAL)

F. A. MAIER, Lt(jg), USCG
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. ***(Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:)***

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

F. A. MAIER, Lt(jg), USCG — York Spit Light Station
By direction — Off, Comdr, 5th CG District

(Signature of Commanding Officer) — *(Unit)*

5. ***(Following to be completed by the authorized certifying officer having custody of claimant's pay records:)***

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

(Monthly pay (base and longevity)) | *(Officer monthly rental allowance)* | *(Officer daily subsistence allowance)*

(Signature of authorized certifying officer)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451–1

PAY ADJUSTMENT VOUCHER

NAV. S. and A. Form 540
(adapted for Coast Guard 7-44) 58 Date: 7 Jul, 1945

FILE OR SERVICE NO.	SURNAME	FIRST NAME	MIDDLE INITIAL
236-100	MILLS	Flavel	J.

CLASS	DESIGNATION	PAY GROUP NUMBER
	Mile	4

TO COMMANDING OFFICER OF, DCGO, 5ND

Deliver this Voucher to the disbursing officer of your ship or station or, if no disbursing officer is attached, deliver to the next disbursing officer making payment.

If the above-named individual has been transferred, forward this voucher to the commanding officer of the activity to which transferred.

TO DISBURSING OFFICER:
You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☒) in the pay account of the above-named individual. Your entry in the pay account should show:

AMOUNT	APPROPRIATION	PERIOD
$3.60	1750900 = $2.40 1750900 = 1.20	July 1943-Dec. 1944

SYMBOL NUMBER	NAME OF ACCOUNTABLE OFFICER
See	Reverse

DISPOSITION: File original with your returns. File triplicate in the individual's service record, and return signed duplicate to **Central Pay Records Section, Coast Guard Headquarters, Washington 25, D.C.**

REASON

Allot: "B" First pay. July, 1943 - Indef. amt. $3.65
Payee: Treas. U.S. DCGO, 5ND
Checked for the above allot. for the period of July 1943 - Dec. 1944 in the amt. of $3.65 per month. "B" allotment in the amt. of $3.65 per mo. which was registered with the month of first payment July 1943 is still in force. Continue checkage in the amount of $3.65 per month. Undercheckage occurred on Vou. Nos. 2375 and 4539. (over)

*The directive herein made is based on a thorough examination of all records available to Central Pay Records Section. If the disbursing officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Audit and Examination Section with a brief statement of the reason for failure to make the adjustment.

R. D. FRITZ, Lieut. Comdr., USCG
Chief, Central Pay Records Section
U. S. Coast Guard Headquarters

Edw Bell

SHIP OR STATION	DATE
DCGO 5ND (DIST. DET. LT. STATIONS)	7/13/45

Adjustment has been made as requested and copy has been returned.

SYMBOL NUMBER	NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT
551370	A.R. BORROWES, LIEUT. (USCG) ASST PAY OFFICER, 5ND

District Detail Light Station, 5ND, Aug. and Sept. 1943 payrolls settled in the account of E. E. Miller, SDA, 55-075-0. Vos. Nos. 43, 2506, 4603, 6508, 8495, 10390, 12252, 13957 and 15840. District Detail Light Station, 5ND, Oct. 1943 - June 1944 payrolls, settled in the account of L. Maher, SDA, 55-1160 and pay record closed to 31 December, 1944.

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT York Spit Light Station (DCGO,5ND) ADDRESS Perrin, Va. DATE 7 June, 1945

MILLS	Flavel	J.	236-100	BM1c
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on 25 March, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named man has been authorized to wear appropriate (ribbon) (star) in lieu of issue of actual award at this time

D.E.SPINNEY
By direction

To: The Commandant (PMH)

CC: MILLS, Flavel J. (236-100) BM1c
York Spit Light Station, Perrin, Va.

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MILLS, Flavel J	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
YORK SPIT LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-152)	27 March, 1945

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

1130-27 March, 1945: Rptd from DISTRICT OFFICE, Norfolk, Va. for resumption of regular duty having reported that office at 1000, 26 March, 1945, from AL(C) 6 and AL 2 having departed this unit AL(C) & AL at 0700, 17 March, 1945.

NO POSTING REQUIRED PE-E-63

DUTY CODE NO. 30-D AUTH: Art.710 Regs.

B. E. SPINNEY
Asst. Records & Assgn. Officer
By direction rmd-L-29

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
MILLS, Flavel J	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
DISTRICT OFFICE		Norfolk, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
(05-001)	26 March, 1945

TIME 1000
DATE 3-26-45

REPORTED FROM: AL granted by the York Spit Light Station, ~~FORX~~ Perrin, Va.

DUTY CODE NO. 18-D AUTH: PB 107-44

TIME 1500
DATE 3-26-45

TRANSFERRED TO: YORK SPIT LIGHT STATION, Perrin, Va.
FOR resumption of regular duty.

AUTH: Art.710 Regs

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

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

D. E. SPINNEY
(Commanding)
By direction rmd

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding
NO POSTING REQUIRED PEA-E-3	

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MILLS Flavel J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
TUE MARSHES LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-153	13 March, 1945

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. ~~30-D~~ AUTH:

TIME 1400
DATE 3-2-45

TRANSFERRED TO: YORK SPIT LIGHT STATION, Perrin, Va.
FOR duty.

AUTH: Art 710 Reg.

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

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PE-F-6

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
By direction (Commanding) pmf-L-6

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

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

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

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

104

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
MILLS Flavel J.	236-100	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
YORK SPIT LIGHT STATION		Perrin, Va.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
05-152	13 March, 1945

TIME 1500
DATE 3-2-45

REPORTED FROM: TUE MARSHES LIGHT STATION, Perrin, Va.
FOR assignment to duty.

DUTY CODE NO. 30-D AUTH: Art 710 Regs.

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH.

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-62

DUTY CODE NO. AUTH:

D. E. SPINNEY
Asst. Records & Assignment Officer
(Commanding)
By direction pmf-1-6

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
20	2	05	2	3D
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 62	

Machine Accounting	
Punched OPERATOR No. 23	
Verified	

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

Form No. 33
DCGO, 5ND(f)
(Tentative)

FEB 3 1945

5TH NAVAL DISTRICT

UNITED STATES COAST GUARD
Post Office Box #540
Norfolk, 1, Va.

Name Flavel J. Mills Service No. 236-100

Rank or Rate B.M. 1c Station Fire marshal Lt Sta

The essential features of National Service Life Insurance have been explained to me and I do not desire to make application at this time for the following reasons:

I have other insurance's

Amount of Government or National Service Life Insurance now being carried $5000.

Flavel J. Mills
Signature

Witness:

J. Sliver Asst. Keeper
Insurance Officer

1-30-45
Date

INSTRUCTIONS:

This form must be completed and signed in duplicate by each officer and enlisted person of the U.S.Coast Guard, 5ND, REGARDLESS OF THE AMOUNT OF INSURANCE NOW IN FORCE.

In the case of an officer, both original and duplicate must be mailed to the Insurance Officer, DCGO, 5ND, P.O. Box 540, Norfolk, 1, Va.

In the case of an enlisted person, the original must be filed in serviceman's jacket and the duplicate only must be mailed to the Insurance Officer, DCGO, 5ND, P.O. Box #540, Norfolk, 1, Va.

See District Personnel Circular No. 3-45 for additional details.

...nce Form 343

OCT 1 1943

COAST GUARD

SEP 25 1943

Boatswain's Mate First Class 236 100

MILLS, Flavel Jackson 13 178 793
USCG
TueMarshes Lt. Station
Norfolk, Virginia

x date of birth.

FBNY C 9-53
MGP:YS

FILE
M.B.

mmcd

(PEA) CG-73 8 October, 43.

Commandant, U. S. Coast Guard.

MILLS, Flavel Jackson (236-100) boatswain's mate, first class.
Enlisted 26 March, 1942 in the U. S. Coast Guard at Norfolk, Virginia,
for three years.
Now assigned to Coast Guard Lighthouse Station, Tue Marshes, Norfolk, Virginia.
Born 9 November, 1907 in Pamlico, North Carolina.
On active duty from 26 March, 1942 to present time.
(Former Lighthouse Service).

S. C. CRANDALL, By direction.

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

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

FILE

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

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Flavel; Middle: Jackson; Last name: Mills

2. HOME ADDRESS: Number, Street or rural route; County, city, town, or post office; State: Oriental, North Carolina.

3. I WAS BORN AT: City, town, or post office; State: Pamlico, N. C.; Day of month: 9; Month: November; Year: 1917; Age nearest birthday: 26

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 26 February, 1942

5. PRESENT ORGANIZATION Rank, grade, or rating: USCG BMle. Organization, regiment, station, ship, etc.: TueMarshes Lt. Station

6. SERIAL NUMBER: 236-100

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

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

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF: $5,000.00

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$3.85	$	$	$	$

11. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No. IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ None POLICY NO. Non
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Mabel Mills	Wife	Full	Oriental, N. C.
CONTINGENT				

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

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of August, 43. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO—
Mrs. Mabel, Mills, (Name) (Please print or type) Oriental, North Carolina. (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of July, to cover the monthly premium of $3.85 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

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

SIGNED AT Norfolk, Virginia. ON THE 21 DAY OF July, 19 43

WITNESSED BY: and

INFORMATION AS TO SERVICE CERTIFIED BY:
H. L. HARRIS, Lt. USCGR.,
Military Morale Officer.
(Rank and organization. See reverse side, Paragraph 6)

Flavel Jackson Mills
(Applicant sign here. Do not print signature)

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

DO NOT USE THIS SPACE

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

Beneficiary

Action taken

Examiner Reviewer

Certificate issued Policy issued

16—18411-1

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Box 540
Federal Building

Norfolk, Virginia,
26 March, 1942.

From: MILLS, Flavel Jackson (236-100), B.M.1c.
To : U. S. Civil Service Commission, Washington, D. C.

Via : District Coast Guard Officer, Fifth Naval District
and Commandant, U. S. Coast Guard.

Subject: Resignation; request for.

1. It is requested that my resignation from the Civil Service be made effective, 25 March, 1942, since I have been inducted into the Coast Guard this date.

Flavel J. Mills
Flavel J. Mills.

73
COAST GUARD OFFICE

First Indorsement

Norfolk, Virginia,
26 March, 1942.

1. Forwarded, approved, in accordance with the instructions contained in paragraph 6 of Headquarters' letter, 23 March, 1940.

C. J. SULLIVAN,
By direction.

FOR DEFENSE
BUY
UNITED
STATES
SAVINGS
BONDS
AND STAMPS

Mem for Civilian Pe onnel.

MILLS, Flavel Jackson (236-100) B.M.1c.
Tue Marshes Light Station.
Married.
Resigned Lighthouse Service 3-25-42. Salary was $1440 plus $60.
Inducted in Coast Guard as B.M.1c. 3-26-42.

Change in status —
Conduct to remain 8
Oct 8-5-39.
Same as L.H.

REMARKS: .....

NOTED
PR-14

CERTIFICATE

~~We~~ } certify that { ~~Each~~ } have personally made this physical
I I

examination and find that MILLS, Flavel J.

He is physically qualified for Induction Coast Guard Reg. Estab.
(Enlistment, appointment, promotion)

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

He is not physically qualified for .....

on account of .....

Wm. H. Hosfield

Wm. H. Hosfield, PA *Surgeon, U.S. Public Health Service* (R)

1st INDORSEMENT

26 March, 1942.
(Date)

Place Norfolk, Virginia,

From: DCGO, Fifth Naval District.

To: Commandant.

1. Forwarded for action. Present status:
Enlisted this date from former Lighthouse Service.

C. SULLIVAN,
Commanding—Dist. Comdr.-Of. in Chg.

By direction.

2d INDORSEMENT

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

MAY 4 1942
(Date)

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

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1. .....

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

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

PHYSICAL EXAMINATION RECORD

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

Name MILLS, Flavel J. Service Number _____
(Surname first)

Age: Years 34 Months 4 Color White

For: Induction Coast Guard (Reg. Estab.)
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 1c.

Place Norfolk, Va. Date 9 March, 1942

Personal Medical History Appendectomy 1940; no other serious illness, injury, nor operations.

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

Color blind? No Test used Ishihara plates

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

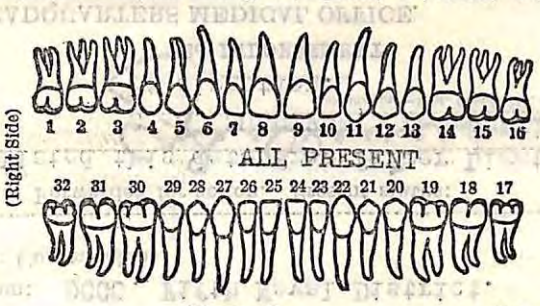
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Normal Temperature 36.9°C

Height 68½ inches. Weight (stripped) 150¼ lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39½" Expiration 36"

Heart and blood vessels Normal

Blood pressure: Systolic 126 Diastolic 80

Pulse before exercise 80, after exercise 116, after 2 min. 80

Lungs Normal

Abdomen and pelvis old appendectomy scar.

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1.010

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 3/9/42 Result Negative

2—16141

REMARKS: ---

NOTED PR-14

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that MILLS, Flavel J.

He is physically qualified for Induction Coast Guard
(Enlistment, appointment, promotion)

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

He is not physically qualified for ---

on account of ---

Wm. H. Hosfield

Wm. H. Hosfield, PA Surgeon, U.S. Public Health Service. (R)

1st INDORSEMENT

26 March, 1942.
(Date)

Place Norfolk, Virginia.

From: DCGO, Fifth Naval District.

To: Commandant.

1. Forwarded for action. Present status:
Enlisted this date from former Lighthouse Service.

O. J. SULLIVAN,
Commanding—Dist. Comdr.-Of. in Chg.
By direction.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved ---

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

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

PHYSICAL EXAMINATION RECORD

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

Name MILLS, Flavel J. (Surname first) Service Number

Age: Years 34 Months 4 Color White

For: Induction Coast Guard (Reg. Estab.)
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B. M. 1c.

Place Norfolk, Va. Date 9 March, 1942

Personal Medical History Appendectomy 1940; no other serious illness, injury, nor operations.

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

Color blind? No Test used Ishihara plates

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

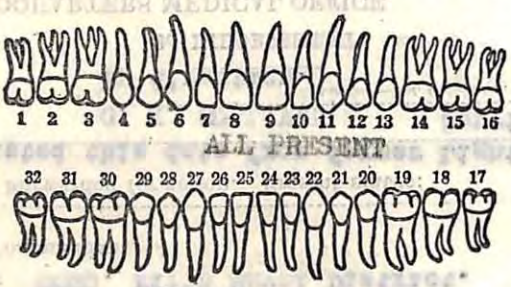
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



(Right Side)

Gums Normal Temperature 36.9°C

Height 68½ inches. Weight (stripped) 150¼ Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39½" Expiration 36"

Heart and blood vessels Normal

Blood pressure: Systolic 136 Diastolic 80

Pulse before exercise 80, after exercise 116, after 2 min. 80

Lungs Normal

Abdomen and pelvis old appendectomy scar.

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.010

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 3/9/42 Result Negative

2—16141

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

COAST GUARD OFFICE (Unit) — Norfolk, Virginia, (Place)

26 March, 1942. (Date)

From: MILLS, Flavel Jackson (236-100), B.M.1c.

To: Commandant (via District Coast Guard Officer, Fifth Naval District.)

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

(Full name of wife; if not married, so state)	(Address of wife)
Mabel Mills	Ridge, Maryland.
Linda G. Mills (daughter)	same address
Judy C. Mills (daughter)	same address
Sarah A. Mills (daughter)	same address
Flavel J. Mills, Jr. (son)	same address

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Bulah Hill	mother	Atlantic, North Carolina.

Not dependent
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

Subscribed and sworn to before me this 26th day of March 19 42

[redacted]

C. J. SULLIVAN,
(Signature)

Rank Lt. Comdr. USCG.
or title

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

Signed Flavel Jackson Mills
Flavel Jackson Mills,

Rank or Rating B.M.1c. USCG.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

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

REPORT OF CHANGE IN PERSONNEL

MILLS,	Flavel	Jackson	236-100	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

COAST GUARD OFFICE	Norfolk, Virginia.	26 March, 1942.
(Unit)	(Place)	(Date)

Enlisted this date for a period of three years in the Regular Establishment and for further extension as may be necessary due to war.

1630, 26 March, 1942, assigned duty Tue Marshes Light Station.

AUTHORITY: HL 12 February, 1942 (P-75).

J. F. SULLIVAN,
(Commanding)
By direction.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
			NOTED PR-14

U. S. GOVERNMENT PRINTING OFFICE

September 12, 1938

Class. app. in file of Gherman C. Briggs, oiler

Norfolk, Virginia

Celus K. Duncan	Quartermaster	5	$72.50 p.m.	8-11-38
Marshall B. Forrest	Quartermaster	5	77.50	8-11-38
Gherman C. Briggs	Oiler	5	72.50	8-18-38
Clarence Brooks	Boatswain	5	80.00	8-18-38
William H. Brown	Oiler	5	77.50	8-18-38
Flavel J. Mills	Oiler	5	72.50	8-19-38

For the Commissioner:

R. J. GROSS
Chief of Personnel Division

hlm/see

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NORFOLK, VA.

LL:PL

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 5TH DISTRICT
NORFOLK, VA.

May 11, 1938.

SERVICE RECORD

Flavel J. Mills

From	To	Position	Vessel	Monthly Pay
6/19/25	12/31/25	Fireman	Relief Lightships 72 & 80	$67.50
1/1/26	6/30/33	Fireman	Relief Lightships 72 & 80	72.50
7/1/33	12/4/33	Fireman	Lightship 107	72.50
12/5/33	Present Time	Oiler	Lightship 116	72.50

Certified Correct:

W. L. Rebbel,
Chief Clerk, 5th Lighthouse District.

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NONCOMPETITIVE)

Any false statement in an application, or alteration of a voucher or certificate, or presentation to the Commission of any such paper, is a violation of the law and punishable as such. All answers must be in ink or typewriting. If more space is required, an additional sheet securely fastened to this form may be used. Answers on such sheet should be numbered to correspond to questions.

GIVE DATES AND PERIODS OF TIME REQUIRED IN YEARS AND MONTHS AS ACCURATELY AS POSSIBLE

1. (a) Give your name Flavel Jackson Mills (b) Are you a citizen of the United States? yes (Yes or No)

2. Give (a) the date of your birth Nov. 9. 1907. (b) the place of your birth Pamlico N.C.

3. Give in the blanks below a detailed statement of your education, including dates:

(a) Grammar school: Attended from Sept. 1913 to June 1924 Highest grade completed 7th

(b) High school: Name and location

Attended from ____, 1____ to ____, 1____ Highest grade completed ____ Were you graduated? ____

(c) College or university (Give both graduate and undergraduate work)		Dates of attendance (Give month and year)		Semester-hours credit received	Major subject		Degree conferred	Date of degree
Name	Location	From	To		Name	Sem. hrs. in major		

(d) Specify here any specialized courses which you have completed in high school, college, or elsewhere, and indicate the credits received for each course

(e) Have you ever been admitted to the bar? No Of what State? When?

4. Furnish in the blanks below a complete, comprehensive statement, showing every employment you have had since you first began to work, including your present employment, and accounting for all periods of unemployment.

	Place of employment	Dates of employment (Month and year)	NAME AND ADDRESS OF EMPLOYER (Give street address and city and State. If unemployed, give own address at that time)	Yearly salary or net earnings	NAME OF POSITION AND DESCRIPTION OF DUTIES
1	City Porta State Va.	From June 19 1925 To Dec 31 1925	U S Light house service	$810.00	Fireman Light Ships
2	City Porta State Va.	From Jan 1 1926 To June 30 1933	" "	$870.00	" "
3	City Porta State Va.	From July 1 1933 To Dec 4 1933	" "	$870.00	Fireman Light ship 107
4	City Porta State Va.	From Dec 5 1933 To present time	" "	$870.00	Oiler L. S 116
5	City State	From ____, 19____ To ____, 19____			
6	City State	From ____, 19____ To ____, 19____			
7	City State	From ____, 19____ To ____, 19____			
8	City State	From ____, 19____ To ____, 19____			
9	City State	From ____, 19____ To ____, 19____			

IF MORE SPACE IS REQUIRED, CONTINUE YOUR ENTRIES ON A SEPARATE SHEET ARRANGED AS ABOVE 16—197

Form 375
Feb. 1936

UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D. C.

TEMPORARY APPOINTMENT, TRANSFER, REINSTATEMENT, OR PROMOTION, ETC.

(NON-COMPETITIVE)

Rating Non-competitive

Application No. ____

The applicant will carefully fill ALL blank spaces

Position sought Miller

(Give exact title of position or examination)

in the P. K. Lewis

(Office in which the position exists)

Present position (if now employed) Miller P. K. Lewis

(Title) (Department and bureau or office)

N. B.—Applicant will write plainly full name (if a woman, stating whether Miss or Mrs.) and post-office address in the blanks below. The address here given will be treated as the applicant's post-office address until notification of change is made to the Commission in writing.

Name of Applicant } Flavel Jackson Mills

Number and Street

Post Office Oriental

County Pamlico

State or Territory North Carolina

Applicant will not fill the following blanks

Kind of examination

Place

Date

Application ____ approved ____, 19__

By whom ____ approved

U. S. GOVERNMENT PRINTING OFFICE 10—497

5. If you have any practical knowledge of a mechanical trade, name the trade or trades, and state the time you have worked at each, and when, where, and under whom, giving places and dates. (If you have served an apprenticeship, so state.)

6. If not now employed, state how long you have been unemployed Still employed

7. If ever in the United States military or naval service, give dates of enlistment and discharge

8. (a) Have you ever filed an application with this Commission or its representative for any branch of the United States Government service? no.

(b) If so, give information indicated regarding each examination.	Name each position for which examined, or for which application was filed	In what city were you, or are you to be, examined?	Give the date of each examination (Month and year)	Did you pass? (Answer "Yes" or "No")

I, the undersigned, do solemnly swear (or affirm) that the statements made by me in answer to each and all of the foregoing questions are full and true to the best of my knowledge and belief. SO HELP ME GOD.

If female, prefix "Miss" or "Mrs."

(*Signature of Applicant*) Flavel Jackson Mills

(Sign your first name in full, your middle initial or initials, if you have any, and your surname in full)

THIS APPLICATION WILL NOT BE ACCEPTED IF THE JURAT OR OATH IS OMITTED

JURAT OR OATH

[The following oath must be taken before a NOTARY PUBLIC, or other officer authorized to administer oaths for general purposes, *before whom the applicant must appear in person.*]

Subscribed and duly sworn to before me according to law by the above-named applicant, this 21st day of May, 1937, at city [or town] of Oriental, county of Pamlico, and State [or Territory or District] of N. C.

(*Signature of officer*) Cecil A. Jones

(*Official title*) Local Agent

File 2-13
Ol
BE-71

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDER
5TH COAST GUARD DISTRICT
BOX 540, NEW POST OFFICE BLDG.
NORFOLK 1, VA.

RECD
1954 FEB 19 AM 11 44

p
18 February 1954
GD5/P1

From: Commander, Fifth CG District
To: Commandant (OIN)

Subj: MILLS, Flavel Jackson (236-100) BM1, USCG (Retired), Identification Card; request for

1. Subject man contacted this command and stated that he has never been issued Identification Card DD2-CG. His retirment was effective 15 February 1951, and current place of residence is Grantsboro, North Carolina.

V. O. Johnson

V. O. JOHNSON,
By direction

p
18 February 1954
GD5/P1

From: Commander, Fifth CG District
To: Commandant (OIN)

Subj: MILLS, Flavel Jackson (236-100) BM1, USCG (Retired), Identification Card; request for

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V. O. JOHNSON,
By direction

FEB 19 11 AM 54 RECEIVED

FAMILY ALLOWANCES AUTHORIZATION

TO PAY OR DISCONTINUE
NAV. S. and A. Form 546

☐ START ☒ STOP ☐ SUPERSEDING ☐ NO. 846,871

F.C.C. NEW	DATE RECEIVED	BLOCK NO.	SUPERSEDES NO.	DISCONTINUES NO.	(Number ↑)
				1,504,843	

F.C.C. PREVIOUS		SERVICE NO.	SERVICEMAN'S NAME (Last, first, middle)	RATE	PREVIOUS SERV. NO.
		236-100	MILLS, Flavel J.	EM1	

DEBIT AMOUNT	CREDIT AMOUNT	ACTION CODE	PAYEE	BEGINNING OR STOP AFTER DATE	NAME AND ADDRESS OF PAYEE	RELATIONSHIP	BIRTH DATE / REASON DISCONTINUED	CHECKAGE / DATE LAST PAYMENT	CLASS	CODE	PT	P#	MOS. RET. / OVP.	TOTAL AMOUNT RETROACTIVE
	✓ x x x	88	P	12-43	Mable E. Mills Grantsboro, North Carolina.	Wife			A					
x x x				4-50										x x x
	x x x				Flavel J. Mills, Jr., Sarah A. Mills	Son Dau.	1-33 3-35		A A					
x x x														x x x
	x x x				Judy C. Mills Linda G. Mills	Dau. Dau.	11-38 6-40		A A					
x x x														x x x
	x x x				Harold L. Mills	Son	5-42		A					
x x x														x x x
	x x x	88	P	2-44	Dessie Roberts Grantsboro, North Carolina.	Mother in-law			B					
x x x				4-50										x x x
	x x x													
x x x														x x x
		TOTALS ←	DATE OF APPLICATION		DATE REPORTING FOR ACTIVE DUTY								TOTAL RETROACTIVE AMOUNT	

DISCONTINUANCE

REMARKS

FA Amount $197. No lump sum checkage.

Entitlement ceased 4-50.

ITEM SUSPENDED

CHECKAGE (LL)

LAST MONTH CHECKAGE

COMPUTED BY

EDITED BY

REVIEWED BY

DATE rwl 5 May, 1950

Chief, FA Section
BY AUTHORITY OF THE SECRETARY OF THE NAVY

BUPERS COPY

RECEIVED

971

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,504,843

[x] SUPERSEDING

[ ] SUPPLEMENTAL

[ ]

SUPERSEDES AUTH. NO. 977,928

SERVICE NO. ON PREVIOUS AUTH. Same

S & A FORM 66 (REVISED SEPT. 1943)

X

MILLS, Flavel J. (236-100) B.M.1c.

SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE — SERVICE NUMBER — RATING

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Mable E. Mills, Grantsboro, North Carolina.	Wife		
A		1	Flavel J. Mills, Jr., Same.	Son	1	33
A		1	Sarah A. Mills, Same.	Daughter	3	35
A		1	Judy C. Mills, Same.	Daughter	11	38
A		1	Linda G. Mills, Same.	Daughter	6	40
A		1	Harold L. Mills, Same.	Son	5	42
A	P	2	Dessie Roberts, Grantsboro, North Carolina.	Mother-in-law		

JAN 1 7 1944

BUREAU OF PERSONNEL COPY

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: February, 1944

DATE 15 March, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

ALLSET — MFD BY THE EGRY REGISTER CO., PATENTED

S & A FORM 66
(REVISED SEPT. 1943)

RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 977,928

SUPERSEDES AUTH. NO. _____

SERVICE NO. ON PREVIOUS AUTH. _____

☐ SUPERSEDING

☐ SUPPLEMENTAL

☐

MILLS, Flavel J. (SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE)

(236-100) (SERVICE NUMBER)

B.M.1c. (RATING)

CLASS	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Mable E. Mills, Mebane, North Carolina.	Wife		
A		1	Flavel J. Mills, Jr., Same.	Son	1	33
A		1	Sarah A. Mills, Same.	Daughter	3	35
A		1	Judy C. Mills, Same.	Daughter	11	38
A		1	Linda G. Mills, Same.	Daughter	6	40
A		1	Harold L. Mills, Same.	Son	5	42

BUREAU OF PERSONNEL COPY

COMPUTED BY	REVIEWED BY	CHECKAGE (LEGAL LIMITATION)	TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION	
DATE REPORTING FOR ACTIVE DUTY	
MONTH OF FIRST REGULAR PAYMENT CLASS A	Dec., 1943
MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1	
INITIAL PAYMENT AUTHORIZED FOR MONTH OF	None
BLOCK NUMBER	

REMARKS: (EXPLAIN LEGAL LIMITATION. EXCEPTIONS TO AGE LIMITATIONS, ETC.)

None

DATE 5 January, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS - 2ND SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, Military Morale Section

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

Dec 1943

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	12/28/43	26 Feb., 1942

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
MILLS, (S...)	Flavel	J.	236-100	B.M.1c.

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

	DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1		x	Mable Elizabeth Mills Grantsboro, N. C.	Wife			August, 50 & 43	
2			Flavel Jackson Mills, Jr. Same	Son	1	33		
3			Sarah Alice Mills Same	Daughter	3	35		
4			Judy Christine Mills Same	Daughter	11	38		
5			Linda Gray Mills Same	Daughter	6	40		
6			Harold Lee Mills Same	Son	5	42		

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Portsmouth, Virginia	10/19/31	☐ YES ☐ NO

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me this 28 *day of* December *19* 43

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

E. S. Blandford

E. S. BLANDFORD, Ens. (WR) — (Signature of attesting officer)

USCG. — (Title)

Flavel J Mills — (Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	12/26/43	26 Feb., 1942

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
MILLS, ~~(Grr)~~	Flavel	J.	236-100	B.M.1c.

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Mable Elizabeth Mills Grantsboro, N. C.	Wife				
2		Flavel Jackson Mills, Jr. Same	Son	1	33		
3		Sarah Alice Mills Same	Daughter	3	35		
4		Judy Christine Mills Same	Daughter	11	38		
5		Linda Gray Mills Same	Daughter	6	40		
6		Harold Lee Mills Same	Son	5	42		

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Portsmouth, Virginia	10/19/31	☐ YES ☐ NO

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

DO NOT WRITE BELOW THIS LINE

PAID BY CHECK NO. _____ DATED _____ FOR $ _____ ON TREASURER OF THE UNITED STATES

IN FAVOR OF THE PAYEES NAMED ABOVE.

DUPLICATE: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

FSB ANSD S.A. Ltr BB/27ee Feb 1944

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

SUPPLEMENTARY APPLICATION

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	1/31/44	26 March, 1942

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

NAME OF SERVICEMAN (Last) (First) (Middle)	SERVICE NUMBER	RATING
MILLS, Flavel J.	236-100	B.M.1c.

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

	DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1		x	Dessie Roberts Grantsboro, N. C.	Mother-in-law			None	25.00
2								
3								
4								
5								
6								

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
	977.928	

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

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
SUPPLEMENTARY APPLICATION	FEBRUARY, 1944

Subscribed and sworn to before me this 31 *day of* January, *19* 44

(Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

J. D. Butterfield
J. D. BUTTERFIELD, Ens. (WR) USCG.
(Signature of attesting officer) *(Title)*

Flavel J Mills
(Signature of Serviceman)

DO NOT WRITE BELOW THIS LINE

ORIGINAL: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

APPLICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT — **SUPPLEMENTARY APPLICATION**

NAVPERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Tue Marshes Light Station	1/31/44	26 March, 1942

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

NAME OF SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
MILLS,	Flavel	J.	236-100	B.M.1c.

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

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Dessie Roberts Grantsboro, N. C.	Mother-in-law			None	25.00
2							
3							
4							
5							
6							

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

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

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE
	9 11 928	

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

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

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

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

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
SUPPLEMENTARY APPLICATION	FEBRUARY, 1944

DO NOT WRITE BELOW THIS LINE

PAID BY CHECK NO. _____ DATED _____ FOR $ _____ ON TREASURER OF THE UNITED STATES

IN FAVOR OF THE PAYEES NAMED ABOVE.

DUPLICATE: For Navy Personnel - Forward directly to Bureau of Naval Personnel.
For Marine Corps Personnel - Forward directly to Commandant, U. S. Marine Corps.
For Coast Guard Personnel - Forward to Commandant, U. S. Coast Guard, Via the disbursing officer carrying the man's pay account.

DO NOT WRITE ON REVERSE SIDE OF THIS FORM

PHONE 20-1
OFFICE HOURS:
7:00 TO 10:00
3:00 TO 6

DR. S. E. McCOTTER

REG. No. 1384
BAYBORO, N. C.

DATE _____

PATIENT'S NAME 2-24-44 ADDRESS _____

Rx This is to certify that I am a practicing Physician licensed by the State of N.C.

I certify, that I have been ~~I~~ Laurence Hertford Roberts Physician for last 20 years and know his Physical Condition. Mr Roberts is age man of 73 years old he has High blood pressure and

_____ M.D.

around $150.00 for the past year

(b) If you do not maintain your own household, state the name and relationship of the person with whom you reside, and whether that person furnishes you board and lodging without cost to you.

5. (a) If any persons related to you are listed in 4(a), above, are any of them now gainfully employed?

no
(Yes or no)

(b) If yes, list them here:

Name	Occupation	Present Monthly Earnings	Payments to You for His or Her Room and Board (per Month)	Other Cash Contributed to You (per Month)
(1)		$	$	$
(2)				
(3)				

6. State the amount of any of the following types of income received by you or your husband (or wife) during the past 12 months:

(a) Rents, $ 110.00 from farm Payments from boarders, $ none

(b) Alimony payments, $ none Contributions from other relatives, $ none

(c) From investments, savings, or insurance, $ none

(d) Aid from welfare organizations, $ 19.00 per month

7. Do you own (or live on) a farm? yes If answer is yes, complete 7(a) and 7(b).
(Yes or no)

(a) Cash you received during the last 12 months from sale of livestock and farm produce, $ none

(b) Value of farm products used in your household during the last 12 months, $ none

8. How much rent do you pay per month? [illegible] how much are your monthly payments? $ none

9. Do you (or does your husband or wife) own real estate (other than your home) or personal property (cash, stocks, bonds, etc.)? no
(Yes or no)

If so, list each item and its value

16—35422-1

PHONE 20-1
OFFICE HOURS:
7:00 TO 10:00
3:00 TO 6

DR. S. E. McCOTTER

REG. NO. 1384
BAYBORO, N. C.

DATE 8-30-

PATIENT'S NAME _____ ADDRESS _____

℞

asthma so he is
unable to work
S E McCotter MD.

_____ M. D.

10. List any large debts owed by you or your husband or wife:

Description	*Amount*
	$

11. (*a*) Amounts contributed to you during the preceding 12 months by person in the Service:

Payments for Room and Board of Enlisted Person	*Amount Contributed for Your Support*	*Payments for Room and Board of Enlisted Person*	*Amount Contributed for Your Support*
Jan., $	$ 25.00	July, $ ~~20.00~~	$ 20.00
Feb.,	25 00	Aug.,	25.00
Mar.,	20.00	Sept.,	25.00
Apr.,	30.00	Oct.,	20.00
May,	15.00	Nov.,	20.00
June,	25.00	Dec.,	25.00

(*b*) What other contributions did the enlisted person make to you in the form of labor or goods:

	Description of Service	*Estimated Value*
1944	Supplying wood for fuel	$ 10.00
1943	Supplying wood for fuel, trips to Dr.	40.00
19		

(*c*) If he or she did not contribute previously because he or she was too young or was unemployed, explain briefly why you consider yourself to be dependent at this time.

Further, I hereby swear (affirm) that when and if I am no longer dependent upon the person in service for a substantial portion of my support, I will notify the Commandant, United States Coast Guard, Washington, D. C., at once to discontinue any family allowance granted in my favor.

Mrs Dessie Roberts
(Signature of dependent)

Subscribed and sworn to before me at Grant Co. Ky., this 23 day of Feby, 1944

J. L. Scott
(Name)

My Com. Expires 12/22-1945
(Title) N. P.

U. S. GOVERNMENT PRINTING OFFICE 16—35422-1

NAVCG 2569
Sept. 1943

UNITED STATES COAST GUARD

ADDRESS REPLY TO THE COMMANDANT (PMM)
WASHINGTON 25, D. C.
REFER TO FILE: CG-73

15 February, 1944

Mrs. Dessie Roberts
Grantsboro, North Carolina

Dear Madam:

Mills, Flavel J. (236-100) an enlisted member of the U. S. Coast Guard, has filed an application for the payment of a monthly family allowance to you as a dependent under the provisions of the Servicemen's Dependents Allowance Act of 1942, as amended.

You are requested to execute the attached affidavit in full, answering every question, and return it to the Commandant, United States Coast Guard Headquarters, Washington, D. C., for use in passing upon the application. Use the enclosed envelope; it requires no postage. The affidavit must be executed by you inasmuch as you have been designated as payee for the monthly family allowance. After you have answered all the questions on the form, you must sign it in the presence of a notary public.

If you do not desire to claim dependency, please inform the Commandant, United States Coast Guard Headquarters, Washington, D. C., in order that the amount deducted from the enlisted person's pay account may be refunded.

Yours very truly,

F. S. Homeyer

Lieutenant, USCGR
Chief, Family Allowance Section.

AFFIDAVIT TO BE EXECUTED BY INDIVIDUAL CLAIMING DEPENDENCY

Important Notice

In order to show that you are eligible for a Family Allowance as a dependent of an enlisted member of the Coast Guard, you are asked to give a full answer to every question in this form. The answers you give will be considered as confidential by the Navy Department. Severe penalties involving fines and imprisonment are prescribed by various statutes of the United States where a claimant makes a statement of a material fact, knowing it to be false, or fraudulently accepts any payments to which he is not entitled.

1. (*a*) Your name Roberts (Last name) Dessie (First name) (Middle name) (*b*) Your age 54

(*c*) Your residence (Street address or R. F. D.) Grantsboro (City or post office) N. C. (State)

(*d*) Your present occupation Housewife Name and address of your employer

Present monthly earnings from above occupation, $ none

(*e*) Your husband's (or wife's) occupation physically unable to work

Employer Monthly earnings, $

NOTE.—If the wage earner is unemployed by reason of mental or physical defect, a licensed doctor's certificate setting forth the degree and duration of such disability must accompany this affidavit. If receiving compensation as a result of such disability state amount, $ (Per week)

(*f*) What is your Social Security No.? none

2. Relationship of enlisted person to you (for example, son) Son Inlaw Age 36

Married? yes (Yes or no)

3. (*a*) State whether you are single, married, widowed, divorced, or living apart under a legal separation Married (*b*) If your husband or wife is deceased, or is divorced or separated from you, state date of death, divorce, or separation (Month) (Year)

4. (*a*) If you maintain your own household, list the members:

	Name	*Date of Birth—Month and Year*	*Relationship*
(1)	L. H. Roberts	2—3—1871	Husband
(2)	L. H. Roberts Jr.	10—16—1929	Son
(3)	Lena Belle Roberts	5—20—1928	Daughter

Your average monthly living expenses for the past year, $ 62.75 (per month). 16—35422-1

Children work as farm labor when not in school. I estimate their earnings to be

U.S. COAST GUARD,
(Family Allowance)

S.V. NO. _____

NOTICE OF CONTINUATION OF FAMILY ALLOWANCE BENEFITS

MILLS,	FLAVEL	J.	236-100	EM1
(Surname)	(First name)	(Middle Initial)	(Serv. No.)	(Rating)

HOBUCKEN DEPOT	Hobucken, N.C.	11/21/49
(Unit)	(Place)	(Date)

From: AUTHORIZED CERTIFYING OFFICER
To: FIELD BRANCH, BuSandA, Cleveland, Ohio

1. I certify that the pay of the individual whose name appears above has been computed and that he is entitled to continue receiving family allowance benefits under the Career Compensation A ct of 1949.

L. D. YOUNG, CPCTK, USCG
(Name) (Rank)
Authorized Certifying Officer

NOTICE OF ENLIST ENT CONTRACTED PRIOR 1 JULY, 1946

(If the individual concerned is serving in an enlistment or an extension of enlistment effective prior to 1 July, 1948, the following certificate will be signed by the Commanding Officer. If this portion does not apply, it will be left blank, and the words "D OES NOT APPLY" inserted over space provided for Commanding Officer's signature)

I CERTIFY THAT THE ENLISTMENT OF THE ABOVE NAMED MAN WAS CONTRACTED PRIOR TO 1 JULY, 1946.

_____
(Commanding Officer)

Distribution
Original to Field Branch, Allotment Div.
BuS&A, Cleveland Ohio.
1 copy to Commandant (PTM), U.S.C.G.
1 copy filed as sub-voucher
1 copy retained by Auth. Cert. Officer
1 copy placed in service record.

CGHQ-9731 (Rev. 12-49)

Date: 5 May, 1950 MONTHLY FAMILY ALLOWANCE

To: Pay Records Subsection, Station 6-6
From: Military Morale Division

MILLS, Flavel J. (236-100)	BM1	5th CGD
Class A	$22.00	Began: Dec. 1943
Class A & B	27.00	Began: Feb. 1944
		Ter. April 1950
Disbursing Officer	Monthly Checkage	Month of First Entitlement

88 No lump sum checkage.

S. K. FRICK
Chief, FA Section

B 4990 rwl

on list 5/1/50 - stopallot.

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS
NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL
FOR FAMILY ALLOWANCE PURPOSES

DATE 22 April, 1950

MAY 3 1950

MILLS, Flavel J. (236-100) BM1, USCG
(NAME) (SERVICE NO) (RATING)

To: Chief, Miltary Morale Division, CG HQ, Washington, 25, d.c.

You are hereby notified of change in status as indicated below in the case of the person named above.

(X)* Checkage is being discontinued as provided in regulations after checkage for the month of APRIL, 1950 .

( )* Checkage is being continued as required by regulations pending notification to stop.

5/1/50
DATE OF CHANGE IN STATUS

"88-Career Compensation Act.1949
NATURE OF CHANGE IN STATUS

* Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.

Govt. contribution - $ 170.00
FA- AB Mo. first payment 2/44
FA amount $ 197.00
Name of payee (s): Mable E. Mills
Dessie Roberts
Lump sum checkage FA - No Lump Sum Checkage
Entitlement ceased 4/50

L. D. YOUNG, CPCLK, USCG
Authorized Certifying Officer
C5CCD, Box 540, Norfolk 1, Va.

CG HEADQUARTERS WASHINGTON 25, D.C.

5 May, 1950
DATE

Receipt of the above notification is hereby acknowledged. Family allowance payments will be terminated after payment for the month of April, 1950 .
Gov. Cont. $170.

Chief, Military Morale Division

rwl

G-PS-1
1-800-424-7950

1770
6 July 1987

Mrs. Mable J. Mills
Route 1, Box 85
Grantsboro, NC 28529

Dear Mrs. Mills:

Information has been received at Coast Guard Headquarters of the death of your husband, BM1 Flavel J. MILLS, USCG, Retired. I wish to extend to you and your family my sincere sympathy in your great loss.

You can be assured that we at Coast Guard Headquarters will help you in every way possible to facilitate applying for Federal Benefits that may be available to you.

The enclosed benefit guide briefly explains the assistance and survivor Benefits furnished by the Coast Guard as well as other governmental agencies. The enclosed forms are forwarded to aid you in filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Your husband designated you to receive the final pay due at his death. Four forms, No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you. Return the original and two copies of the completed claim to this office.

An annuity was provided for you by your husband under the Survivor Benefit Plan. In order that the Coast Guard may begin payment of your annuity, it is requested that you complete and sign forms No. DD-1884, Application for Annuity, on the front and back and return them to this office with a copy of your marriage certificate and your husband's death certificate. VA form No. 21-534, Application for Dependency and Indemnity Compensation or Death Pension by Surviving Spouse or Child, should be completed and forwarded to your local VA office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

mailed

R. R. HARBER
Chief, Retired Military Affairs Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. SF-1174
(5) Form No. 40-1330
(6) Form No. DD-1884
(7) Form No. W-4P
(8) Benefit Guide
(9) Envelope

EMWHITEHEAD:EMW

6 July 1987

7/7/87

Nigh Visit
CG 52790
FILED
PE-90

3.13

1741
14 June 1966

From: Commandant
To: MILLS, Flavel J. 236 100 BM1, USCG, Retired
Grantsboro, North Carolina

Subj: National Service Life Insurance, converting to Modified Life Plan

1. Receipt is acknowledged of Form 29-358B, Application for conversion of National Service Life Insurance and your check in the amount of $11.10 for Conversion of your insurance to the Modified Life Plan.

2. It is requested that the enclosed CG Form 4222, Allotment Action Request in the amount of $8.25 with month of last payment July 1966 and $11.10 with month of first payment August 1966 be signed where indicated and returned to Commandant (PS-1) in the enclosed preaddressed envelope.

R. C. BOARDMAN
By direction

Encl: (1) CG Form 4222
(2) Envelope

JSHOLLAND: jsh 14 June 1966

Retired
Box 438
Gv 26
6 1A-2

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PS-1
L-13
26 May 1961

From: Commandant
To:
MILLS, Flavel J.(236-100)BM1,USCG, Retired
Grantsboro,North Carolina

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1655 79 13

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1655 79 13 will expire on 31 July 1961.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 6.00 allotment discontinued with month of last payment June 1961.
$ 8.25 allotment established with month of first payment July 1961.

3. NAVCOMPT Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) NAVCOMPT Form 545
(3) Envelope

BBJackson:bbj 26 May 61

21429 TREAS. CGHQ. WASH., D.C.

File EJ

UNITED STATES COAST GUARD
Washington 25, D. C.

16 July, 1954

From: Commandant
To: BM1 Flavel J. Mills (236-100) USCG, Retired, Grantsboro, N. C.

Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 100854 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) PUT NO OTHER DATA ON THE CARD ITSELF.

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

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: Flavel J. Mills
To: Commandant

Card returned for validating and completion.

Flavel J. Mills
Signature

IND-2

From: Commandant
To: BM1 Flavel J. Mills, USCG, Retired

AUG 11 1954

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandant ~~together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)~~

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

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: Flavel J. Mills
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. ~~My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).~~

Flavel J. Mills
Signature

GPO DSO 3-258

PE-71

FROM:
TO: Commandant

File
OJ

Subject: Armed Forces Identification Card, application for

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

Mills	FLAVEL	JACKSON	236-100	BM1, USCG (Ret)
LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE

Date of Birth 10-9-07 Weight 160 lbs Height 5 ft 9 inches

Color Hair BROWN Color Eyes BLUE Blood Type .....
(Optional)

Grantsboro, North Carolina

100854

Flavel J. Mills
SIGNATURE

GPO DSO 3-257

FEDERAL STOCK NUMBER SECTION

OF THE

FIFTH COAST GUARD DISTRICT
GENERAL STORES STOCK LIST

SUPPLY DEPOT, PORTSMOUTH, VA,

CG-287-5 (FSC)

1 JULY 1954

NOTE: This sheet and the attached pages with Federal Stock Numbers shall be inserted at the end of the General Stores Stock List CG-287-5 (August 1953).

File-3-L3 7795

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-10204 (Rev. 12-48)

PAY ADJUSTMENT VOUCHER

Date: 13 July 1951

FILE OR SERVICE NO.	SURNAME	FIRST NAME	MIDDLE INITIAL
236-100	MILLS	Flavel	J. USCG (Ret.)

DESIGNATION	PAY GROUP NUMBER
EM1	85

TO: ~~Commanding Officer or Commander of~~ Chief, Allotment and Retired Pay Subsection CGHQ

Deliver this voucher to the authorized certifying officer having custody of pay records of your ship or station.

If the above named individual has been transferred, forward this voucher to the commanding officer of the unit to which transferred.

TO: AUTHORIZED CERTIFYING OFFICER

You are authorized and directed* to make the following (CREDIT ☐ CHECKAGE ☒) in the pay account of the above named individual. Your entry in the pay account should show:

AMOUNT	APPROPRIATION	PERIOD
$20.56	20X1201.001 OPERATING EXPENSES, COAST GUARD	2/1/51 - 2/15/51

NAME OF ACCOUNTABLE OFFICER

DISPOSITION: File original with your return. File triplicate in the individual's service record, and return signed duplicate to Commandant (FA-PR), Coast Guard Headquarters, Washington 25, D. C.

Reason

Retired 2/1/51. Recalled to active duty 2/1/51.
Resumed Retired Status 2/16/51.

Credited 60 days unused accrued leave (BP&L and Allow) on retirement	$616.80	
and 2 additional days on resumption of retirement	20.56	$637.36
Entitled to 60 days unused accrued leave on release from active duty 2/15/51		616.80
	Overcredited —	$ 20.56

SEE REVERSE

* The directive herein made is based on a thorough examination of all records available to HEADQUARTERS. If the authorized certifying officer has knowledge that a previous adjustment has been made for the same item, this voucher should be returned to Commandant (FA-PR) with a brief statement of the reason for failure to make the adjustment.

SHIP OR STATION	DATE
Headquarters, Retired Roll	31 July 1951

Adjustment has been made as requested and copy has been returned.

NAME AND SIGNATURE - OFFICER MAKING ADJUSTMENT

H. W. MEANS, CPCLK, USCG., Authorized Certifying Officer PE 63

If checkage is for credit to other than current appropriation, complete the following:

Schedule of Collections 436-0305, Dated 31 July 1951
C/D NO. _____, Dated 31 July 1951, Symbol 346
Accounts of Paul D. Banning, CDO, for Month of July 1951

V 820.cod m3

B 6165 TREASURY-CGHQ-WASH.,D.C.

No cash settlement is payable for unused accrued leave to members who, upon retirement, are continued on active duty.

Cash compensation for unused accrued leave, not to exceed sixty days, standing to a member's credit, is payable at date of his release from active duty. (Assistant Comptroller General's Decision B-95042 dated January 31, 1951).

H. W. MEANS
By direction

LS 6-4

BLOOD TYPE [illegible]

1-6

MILLS,
(Surname in capital letters)

Flavel Jackson
(Christian name(s) in full)

236-100
(Service number)

Five Mos Dr
Ft Sta

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING B.M.1c.

CHANGES

PE-68

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

Form 2525
TREASURY DEPARTMENT
U.S. COAST GUARD
October 1936

2—16139

GENERAL INSTRUCTIONS

1933

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

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

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

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

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

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

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

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

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

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

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

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

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Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

MILLS,
(Surname)

Flavel Jackson
(Given name-s)

B.M.cl. 236-100
(Rank or rate) (Service number)

INSTRUCTIONS

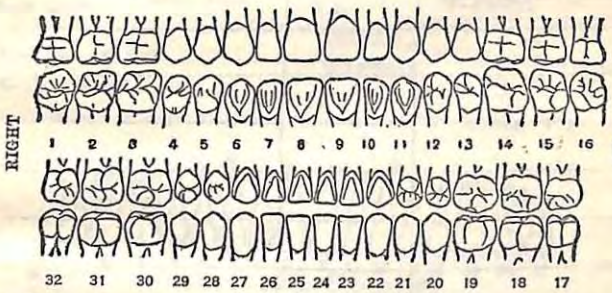
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

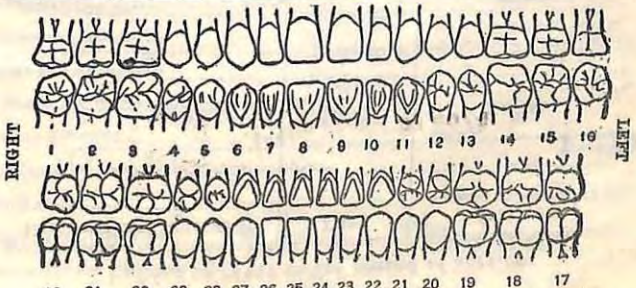
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

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

PHYSICAL EXAMINATION RECORD

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

Name MILLS, Flevel J. (Surname first) Service Number

Age: Years 34 Months 4 Color White

For: Induction Coast Guard (Reg. Estab.)
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating D. E. 1c.

Place Norfolk, Va. Date 9 March, 1942

Personal Medical History Appendectomy 1940; no other serious illness, injury, nor operations.

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

Color blind? No Test used Ishihara plates

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

Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



Gums Normal Temperature 98.9°C

Height 68½ inches. Weight (stripped) 150½ Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39½" Expiration 38"

Heart and blood vessels Normal

Blood pressure: Systolic 126 Diastolic 80

Pulse before exercise 80, after exercise 116, after 2 min. 80

Lungs Normal

Abdomen and pelvis old appendectomy scar.

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds Neg.

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.010

Blood cells Pus cells Casts

Blood (if indicated) Hb % Reds Whites

Wassermann or Kahn test: Date 3/9/42 Result Negative

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DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE

REMARKS: .....

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that MILLS, Flavel J.

He is physically qualified for Induction Coast Guard Reg. Estab.
(Enlistment, appointment, promotion)

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

He is not physically qualified for .....

on account of .....

Wm. H. Hosfield

Wm. H. Hosfield, PA Surgeon, U.S. Public Health Service (R)

1st INDORSEMENT

26 March, 1942.
(Date)

Place Norfolk, Virginia.

From: DCGO, Fifth Naval District.

To: Commandant.

1. Forwarded for action. Present status: Enlisted this date from former Lighthouse Service.

C. J. SULLIVAN,
By direction. Commanding—Dist. Comdr.-Of. in Chg.

2d INDORSEMENT

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

.....
(Date)

The findings of the certificate are not approved .....

By direction of the Surgeon General:

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

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

.....
(Date)

From: Commandant.

To:

1.

.....

Insert this copy in health record.

By direction,

.....
Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

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

VACCINATION AND INOCULATION RECORD

Name MILLS, Flavel Jackson
(Surname first)

Rank or rating B.M.c1. Service number 236-100

SMALLPOX VACCINATION

Number of prior scars none

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
9-26-49	W.H. Willis M.D. USPHS		

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
9-26-49	10-3-49	10-10-49	William H. Willis M.D. U.S.P.H.S. M.D
11/15/50 Booster			B.D. Jones

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

9-26-49 tetanus .5 cc. with
10-10-49 " .5 cc. with
11/15/50 Booster

B.D. Jones
(Signature of medical officer)

2—16142

INSTRUCTIONS

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

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

PR.

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

AR.

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

IR.

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

F.

Failures are all other reactions or no reaction.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16142

Form NAVCG-2525D

MEDICAL HISTORY

Page _____

Surname MILLS Service No. 236-100

Christian name-s Fluvel J.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U.S. MARINE HOSPITAL
NORFOLK, VIRGINIA
~~DATE ADMITTED: 1-29-46~~
TIME ADMITTED: 2000

DIAGNOSIS: Observation of Maxillary sinuses
320-00D
~~No disease Y00-000~~
NOT DUE TO OWN MISCONDUCT

VENEREAL: None

~~CHIEF COMPLAINT:~~ "~~Headaches 6 or 7 years.~~ Nasal obstruction and congestion 4 years".

PRESENT DISEASE: Pt. states that he never had any headaches to speak of until a ~~head injury occured 6 or 7 yrs. ago.~~ He has had occasional headaches since then, it is in the nature of a steady, throbbing ache, particularly in the occipital and temporal regions. Has had a continuous ~~headache for 3 wks.~~

EXAMINATION: Physical examination is ~~unremarkable.~~

LABORATORY: Urine, Negative, 1-29-46
Urine, Negative, 1-30-46
Kahn and Eagle, Negative, 1-30-46
~~Hgb. 13.4 WBC 5,200~~

SUMMARY: This patiant has been examined and found to have the above diagnosis. Recommendation upon discharge is: Fit for ~~duty.~~

HOSPITALIZED: 10 days

DISCHARGED: 2-8-46

16—25658-2

OVER
0

Page

Ralph E. Porter

Ralph E. Porter, Medical Director
Medical Officer In Charge

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

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Page _____

Surname MILLS, Service No. 236-100

Christian name-s Flavel Jackson

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Form No. 2525 E
TREASURY DEPARTMENT
U. S. Coast Guard
March 1938

TERMINATION OF HEALTH RECORD

Name MILLS, Flavel Jackson

Rating B.M.1c. Service Number 236-100

Place _____ Date _____

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

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

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

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

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

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

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

_____

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

Service terminated _____
(Date)

At _____
(Place)

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

_____

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
TUE MARSHES LIGHT STATION	3/26/42	

RETIRED

MILLS, Flavel Jackson (236-100)

RETI

52790