Otho Bounds

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Form 9

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

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

Name Otho Bounds Date of birth September 27, 1867

Designation Keeper

RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military, naval, and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately)

	Beginning			Ending			Remarks
	Month	Day	Year	Month	Day	Year	
Army							
Navy							
Marine Corps							
~~Civilian employment~~ Asst. Kpr.	June	27	1907	May	24	1914	
Keeper	May	25	1914	May	7	1915	
Asst. Keeper	Dec.	20	1915	Sept.	16	1916	7 days leave without pay beginning 7/11/17.
Keeper	Sept.	17	1916	July	31	1919	to 7/17/17 incl.
Asst. Keeper	August	1	1919	Mar.	31	1922	
1st Asst. Keeper	April	1	1922	Jan.	31	1924	
Keeper	Feb.	1	1924	Sept.	26	1937	
Total service		29 years, 7 months, ~~18~~ 11 days.					

Does applicant receive or has he applied for a pension from the Government under any law? No If so, give number of pension certificate or of claim: --

Amended to include qtrs. as result Comp. Gen. Dec. B-70029 dated 10-23-47

STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

Designation	Beginning			Ending			Number Days in Pay Status (P. D. or P. H. personnel)	Rate of Pay	Pay Received
	Month	Day	Year	Month	Day	Year			
Pay	Sept.	27	1932	Sept.	26	1937	5 yrs.	total	8700.00
Quarters	Nov.	1	1933	Sept.	26	1937	3Y 10M 26D	60.00 mo.	234.32
									8934.32

Total compensation for last five years of active service $8934.32

Average compensation for last five years of active service $1786.86

Annual rate of retired pay ($1786.86 × years 29.6138 ÷ 40) = $1322.89
(Not exceeding 30)

U. S. GOVERNMENT PRINTING OFFICE 16—35893-1

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Department of Commerce and Labor

EFFICIENCY REPORT

LIGHT HOUSE BOARD
JUN 8 1909
NO

(Read the instructions on the reverse side of this Form before attempting to fill it out.)

1. Bureau Light-House Service 2. Where employed Sharps Island L-S., Md.
3. Name Otho Bounds 4. Where born Maryland
5. Age 41 6. Position Assistant Keeper
7. Compensation $40 a mo. 8. When appointed (a) June 27, 1907
9. How appointed (b) Through Civil Service Examination
10. Appointed from — State: Maryland; Congressional District: First; County: Somerset
11. Status under Civil Service Rules (c) Classified competitive
12. Is the employee an honorably discharged soldier or sailor? No
13. Other Government service None
14. Duties (describe fully) Assists in care and maintenance of station.
15. Efficiency — Quantity of work (d): 9/10; Quality of work (e): Good; Interest manifested in work (f): Yes
16. Is this employee fully earning the salary he is now receiving? Yes
17. Remarks (g)

Robt. F. Russell
Commander, U. S. N., Inspector, 5th Light House Dist. *Head of Bureau or Office.*

CAPTAIN, U. S. N.
NAVAL SECRETARY

June 5, 1909

11—3005

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READ THE INSTRUCTIONS ON PAGE 3

Department of Commerce and Labor

EFFICIENCY REPORT

MAY 13 1911

(The parenthetical letters refer to instructions on page 3, which instructions should be read and understood before attempting to fill out the form.)

1. Name Otho Bounds 2. Age 43 (Last birthday.)

3. Bureau Lighthouse Service 4. Position Assistant Keeper.

5. Compensation $40. per mo. 6. Where employed Sharps Island Light, Md.

7. When appointed (*a*) June 27, 1907 8. How appointed (*b*) Through Civil Service examination.

9. Status under Civil Service Rules (*c*) Classified competitive.

10. Is the employee an honorably discharged soldier or sailor? No.

11. Does the employee receive a pension? No. If so, state the amount

12. Other Government service None.

13. Duties (describe fully) Assists in care and maintenance on station.

14. Has the employee special qualifications? No. If so, state them

15. Efficiency (*d*):

	Averages.	Relative weights.	Products of averages multiplied by weights.	
Quantity of work	90	2	180	00
Quality of work	85	3	255	00
Interest manifested in work (see also Question 17)	85	3	255	00
Attendance	100	2	200	00
Total		10	890	00
Average percentage			89	00

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16. In the following form state the number of days of annual leave, sick leave, and leave without pay taken in each of the years 1908, 1909, and 1910:

1908.			1909.			1910.		
Annual.	Sick.	Without pay.	Annual.	Sick.	Without pay.	Annual.	Sick.	Without pay.

17. Is this employee a purely routine employee, or does he manifest interest, not only in his own work but also in the work of the office or bureau as a whole, to the extent of overtime work or voluntary efforts by suggestion or otherwise to add to its efficiency? (Answer fully.) Is not a purely routine employee and manifests interest in his work and in the service.

18. On the basis of efficiency alone, is this employee overpaid or underpaid as compared with others in your office engaged on the same grade of work, or is his salary a fair equivalent for the service rendered? (Answer fully.) Fair equivalent.

If the present salary is above or below a fair equivalent, state what, in your opinion, it should be.

19. Is this employee superannuated? No. If so, what percentage of salary is unearned?

20. Remarks: (*e*)

The official who is primarily responsible for the statements herein submitted will sign here—

W R D Stuyer

Commander, U. S. N. Inspector, 5th Dist.

The official who approves the statements thus submitted will sign here—

Chief of Bureau or Office.

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ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
BALTIMORE, MD.

Department of Commerce and Labor
LIGHTHOUSE SERVICE

L. H. INSPECTOR,
5th DIST.
MAY 4 1914

INSPECTOR	✓
CHIEF CLK.	
SUPT.	
1st A. SUPT.	
2nd A. SUPT.	
3rd A. SUPT.	
LAMPIST	
A. & D. M.	
OPR.	
FORM 1	✓
COST REC.	
CALL FILE	
ADDRESS	
FILE	

LIGHT
MAY 6 1914
HOUSES

FIFTH DISTRICT

Sharps Island, Md,
(Station, Depot, or Vessel.)
May 1st, 1914,

Light-House Inspector,
Baltimore,
Md.

Sir,

In reply to your letter of April 14th, 1914, regarding the promotion, and appointment to the position of Keeper of Stoopers Island Light-Station, would say that I make application for the position.

Respectfully,
Otho Bowdoin,
Asst. Keeper,

Issd K. T. Hockley
Keeper

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April 9, 1915.

Sir:

The Department is in receipt of your resignation, dated April 1, 1915, as keeper of Hooper Island Light Station, Maryland, at $600 per annum, in the Lighthouse Service, and has accepted the same, upon the recommendation of the Acting Commissioner of Lighthouses, to take effect at the close of a date later to be determined and reported to the Department.

By direction of the Secretary:

Respectfully,

Chief of Appointment Division.

Mr. Otho Bounds,
Through the Commissioner of Lighthouses.

CARDEX
APPOINTMENT DIVISION ENTERED APR 9 - 1915 DEPT. OF COMMERCE
CHANGE REPORTED MAY 1915 L. H. COMMISSION.

R
C

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4

LIGHT
APR 4 1916
HOUSES

Engrg.
Engr. Comm.
Mar. Engr.
Personnel
Accounts.
Contracts
Chf. Clk.
Dep. Commr.
Comstr.

April 4, 1916.

Commissioner of Lighthouses:

For the reasons set forth in the Fifth Inspector's letters of the 25th and 28th ultimo, and in accordance with the Bureau's recommendation of the 1st instant, the Department hereby waives the provision of the leave regulations which requires that at stations where two keepers are authorized neither keeper shall be absent more than four days without providing at his own expense a substitute satisfactory to the inspector, and approves the applications of Otho Bounds, assistant keeper of Seven Foot Knoll Light Station, Maryland, for 9 days' leave with pay from January 4th to 12th, and 6 days' leave with pay from February 5th to 10th, 1916.

The papers which the Bureau requested be returned are enclosed herewith.

(SIGNED) A. L. THURMAN

(SIGNED) A. L. THURMAN

Acting Secretary.

Bureau of Lighthouses, Washington.

JEL
Set inclosures.

APR 5 1916

To Lighthouse Inspector, Baltimore, Md.,
for his information, guidance, and files of office.

Papers accompanying your letter of March 25, 1916, are inclosed.

Acting Commissioner.

1803

Enclosure No. 1543.
C

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ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
BALTIMORE, MD.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

L. H.
INSPECTOR
APR 6 1915
BALTIMORE,
MD.

FIFTH DISTRICT

Hooper Island Light,
(Station, Depot, or Vessel)

April 1st, 1915.

LIGHT
APR 1915
HOUSES

Lighthouse Inspector:-
Baltimore,
Md.

Sir:-

I herewith tender my resignation as Lighthouse keeper, to take effect as soon as I can be relieved

Respectfully
Otho Bounds,
Keeper.

Inspector	
Chief Clerk	
Superintendent	
1 A. Supt.	
2 A. Supt.	
3 A. Supt.	
Draftsman	
Mechanician	
Accounts	
Hydrographer	
Ordering	
Personnel	✓
Cost Keeping	
File Clerk	
When Aned	
File	

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GENERAL APPOINTMENT

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

September 8, 1916.

Mr. Otho Bounds,

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 Six Hundred and Forty-eight dollars per annum,

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

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

APPOINTMENT DIVISION ENTERED SEP 8 - 1916 ON JOURNAL DEPT. OF COMMERCE

CANCELED.

By direction of the Secretary:

Respectfully,

(SIGNED) W. S. GILCHRIST

R
C

Acting Chief of Appointment Division.

ORDER REPORTED SEP 1916 U. S. COMMISSION.

Appropriation: Salaries, Keepers of Lighthouses.

Vice: John L. Ennis.

Legal Residence: Maryland.

11—3692

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Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Department of Commerce and Labor

LIGHTHOUSE SERVICE

LIGHT HOUSES SEP 26 1916
APPOINTMENT OCT 6 1916
OCT 6

I, Otho Bounds

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

Otho Bounds
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this[3] 19th day of Sept, A. D. 191 6

(Affix official seal here)

[4](Name) F. C. Ruffhead

(Official title) Chief Clerk, 5th L. H. Dist.

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment
Present Keeper	$648. p.a.	Hooper Island L.S., Md.
Former[5] Asst. Keeper	$516. p.a.	Lower Cedar Point L.S. and Lower Cedar Point Light, Md.

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

REOM

Office of Lighthouse Inspector, 5th District

Baltimore, Md., (Address) Sept. 25, 1916 (Date)

The above-named appointee entered upon duty on Sept. 17, 1916 (Date)

In absence and by direction of the Inspector,

CARDED

(Signature, followed by title) Supt., L.S.

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

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

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

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

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

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

11—944

OCT - 9 1916

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ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
BALTIMORE, MD.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHT
AUG 31 1917
HOUSES

REOM.

APPOINTMENT DIVISION
NECESSARY
NOTION TAKEN
SEP 10 1917
DEPARTMENT OF COMMERCE

OFFICE OF INSPECTOR, 5TH DISTRICT
BALTIMORE, MD.

CHIEF CLERK
SEP 8 1917

August 29, 1917

Commissioner of Lighthouses, Washington, D.C.

Subject: Leave of absence without substitute, Otho Bounds.

Reference: Form 65 and Form 76 attached. (Please return when they have served their purpose).

There are inclosed Form 65, report of Hooper Island L.S., Md. for the month of July 1917 and Form 76 of Aug. 1, 1917 granting 13 days and 2 hours of shore liberty to the keeper of this station, Mr. Otho Bounds.

At the time the shore liberty was granted it was not noticed that Mr. Bounds as per Form 65 had failed to provide a substitute, his statement on Form 76 that he had furnished substitute in the person of Albert Tyler, Hoopersville, Md., being taken at its face value.

Although this keeper's absence from duty on shore liberty during the preceding part of the calendar year has not been excessive, I am inclined to believe he was lax in the matter of furnishing a substitute in this instance and keeping in mind the best interests of the service in this district and particularly at this station I recommend that pay for 7 days be deducted from keeper Bounds' pay check for August 1917, the 7 days constituting the period during which he was absent and should have furnished substitute, in accordance with the regulations.

King
Lighthouse Inspector.

McC.
2 inclosures.

Bureau of Lighthouses,
September 7, 1917.

Submitted to Secretary of Commerce recommending that Bounds be charged with 7 days' leave without pay, effective beginning July 11, 1917, during which period he failed to furnish substitute. It is suggested that the accompanying inclosures (forms 65 and 76) be returned to this office with the Department's response in this case.

Acting Commissioner

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September 10, 1917.

Commissioner of Lighthouses:

For the reasons stated in the Fifth Inspector's letter of the 29th ultimo, forwarded by the Bureau on the 7th instant, the Department approves the recommendation that Otho Bounds, keeper of Hooper Island Light Station, Maryland, be charged with 7 days' leave without pay, effective beginning July 11, 1917, during which period he failed to furnish a substitute.

The papers which accompanied the Bureau's recommendation are returned herewith, as requested.

(SIGNED) E. F. SWEET

Acting Secretary.

APPOINTMENT DIVISION ENTERED SEP 10 1917 DEPT OF COMMERCE

Enclosure 997.
L

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ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR
BALTIMORE, MD.

HDK--REOM.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHT
NOV 24 1917
HOUSES

OFFICE OF INSPECTOR, 5TH DISTRICT
BALTIMORE, MD.

Nov. 23, 1917

Mr. Otho Bounds, Keeper,
Hooper Island Light Station,
Hoopersville, Md.

Subject: Letter of caution.

CHIEF CLERK
DEC 5 1917

Since the receipt of your letter of October 16, 1917 in the matter of motor boat No. 26, I visited Hooper Island Light Station and in view of the generally satisfactory condition of the station I shall take no further action at this time than to caution you against writing such deliberately misleading letters as yours of July 23.

Upon reading carefully this letter, I note that it is so worded that there is probably not a directly false statement therein but I am satisfied, however, that the letter was written with the intention of throwing blame for which you were responsible upon another person.

Although as stated above, the condition of Hooper Island Light Station at this time is generally satisfactory, it is not in my opinion in as good condition as when you took charge and somewhat more active and intelligent interest is expected to be displayed by you in the future.

H. D. King

Lighthouse Inspector.

C O P Y for the information of the Commissioner of Lighthouses in accordance with Par. 508, Regulations 1914.

King

DEC 4 - 1917

Lighthouse Inspector.

Submitted to Secretary of Commerce for his information.

File

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Form 73

NOMINATION

JFR

DEPARTMENT OF COMMERC.
LIGHTHOUSE SERVICE

LIGHT SEP 7 1916 HOUSES

OFFICE OF LIGHTHOUSE INSPECTOR, 5th DISTRICT,

Baltimore, Md. (City.) September 6 (Date.), 1916.

CHIEF CLERK SEP 8 1916

APPOINTMENTS SEP 8 1916

THE COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and promotion.

Name, Otho Bounds. Legal residence, Allen, Md.

Position, Keeper. Salary, $648.00 per annum.

Location, Hooper Island L.S.,Md. Appropriation, Salaries, Keepers of Lighthouses.

Effective Sept. 16,1916. {the actual date of entrance on duty or as soon thereafter as he enters on duty.

Former position, Assistant Keeper. Former salary, $516.00 per annum.

Location, Lower Cedar Point L.S.,Md.

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

Previous incumbent, John L. Ennis. Services terminated, to close of Sept. 15,1916.

Reason, Recommended Transfer to Keeper Seven-Foot Knoll L.S.,Md.,effective Sept.16, 1916, recommended.

Members of family in Government Service, None.

Remarks: This recommendation is made in accordance with request of Mr. Bounds.

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

King

Secretary, Civil Service District. Lighthouse Inspector.

9-8-16

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 7 1916

Submitted to the Secretary of Commerce, approved.

Acting Commissioner

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

11—2314

DEPARTMENT OF COMME.

APPOINTMENT DIVISION

Otho Bounds (Name)

Maryland (Legal Residence)

STATUS

11—8940

DESIGNATION	ACTION	SALARY	BUREAU—SERVICE—STATION	DATE OF EFFECT
Asst Keeper		420	L.H. Sharps Isd, Md	June 27,
" "	Change	40 p.mo.	" " "	July 1,
" "	"	480 pa	" " "	July 1, 19
Keeper	Prom.	608	" Hooper Isd L.S. Md	May 25,
RESIGNED CLOSE OF		—	close May 7, 1925	
Asst Keeper	Reins	480	L.H.-Seven Foot Knoll L.S. Md.	Dec. 20,
Keeper	Trans.	516	" Lower Cedar Pt S.S. etc Md	May 1, 19
Keeper	Prom	648	" Hooper's Isd L.S. Md.	Sept. 17, 19
"	Inc	960	" " "	Nov 1 1918
"	Change	780	" " "	Aug 1, 19
"	Prom.	840	" " "	Dec. 20,
"	Trans	900	" Sandy Pt L.S., Md	April 1,
"	Incr.	960	" " " "	July 10,
Keeper	Trans.	960	" Seven Foot Knoll, Md	Feb. 1, 192
"	Read of Pay	1200	" " "	July 1, 192
"	" "	1500	" " "	Feb. 1, 19
"	Inc	1560	" " "	July 1,
"	INCREASE IN COMPENSATION	1620	" " "	JAN 1 1927
"	COMPENSATION Act. May 28, 1928.	1680	" " "	JUL 1 1928
"	COMPENSATION Act. July 3, 1930	1740	" " "	JUL 3 1930
"	Trans (73a)	1740	" Love Point L.S.	Dec. 16, 19
	Retired (age) close Sept. 30, 1937.			
	$1288.20 pa.			

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DEPARTMENT OF COMME.
APPOINTMENT DIVISION

Otho Bounds (Name) — Maryland (Legal Residence)

STATUS

11—8040

DESIGNATION	ACTION	SALARY	BUREAU—SERVICE—STATION	DATE OF EFFECT
Keeper		420	L.H. Sharps Isd, Md	June 27, 1907
"	Change	45 p.mo.	" " "	July 1, 1908
"	"	480 pa.	" " "	July 1, 1912
er	Prom.	600	" Hooper Isd L.S. Md	May 25, 1914
	RESIGNED CLOSE OF	—	close May 7, 1915	
Keeper	Reins	480	L.H.-Seven Foot Knoll L.S. Md.	Dec. 20, 1915
er	Trans.	516	" Lower Cedar Pt S.S. etc Md	May 1, 1916
per	Prom	648	" Hooper's Isd L.S. Md	Sept. 17, 1916
	Ins	960	" " "	Nov 1, 1918
	Change	780	" " "	Aug 1, 1919
	Prom.	840	" " "	Dec 20, 1920
	Trans	900	" Sandy Pt L.S., Md	April 1, 1922
	Incr.	960	" " " "	July 10, 1923
ker	Trans.	960	" Seven Foot Knoll, Md	Feb. 1, 1924
	Read of Pay	1200	" " "	July 1, 1924
	" "	1500	" " "	Feb. 1, 1925
	Incr	1560	" " "	July 1, 1925
	INCREASE IN COMPENSATION	1620	" " "	JAN 1 1927
"	COMPENSATION Act. May 28, 1928.	1680	" " "	JUL 1 1928
"	COMPENSATION Act. July 3, 1930	1740	" " "	JUL 3 1930
"	Trans (73a)	1740	" Love Point L.S.	Dec. 16, 1930
	Retired (Age)	close Sept. 30, 1937.		
		$1288.20 pa.		

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1241

PERSONNEL CLASSIFICATION BOARD FORM NO. 14—FIELD QUESTIONNAIRE
(To be filled out in accordance with the instructions given in P. C. B. Forms Nos. 15 and 16)

Bureau No. 1t. *Sheet No.* 5(b)-111

Space reserved for the use of the Board

1. Bounds (Surname) Otho (Given name) (Initial)
2. Department Comerce
3. Bureau Lighthouse
4. Field service Lighthouse Service
5. (a) Field station Seven Foot Knoll Light Station
   (b) Subdivision
   (c) City or town State
6. Pay roll title Light Keeper
7. Customary office title Keeper
8. Present administrative allocation $1560-1860 1680.
9. Present gross rate of pay $ None
10. Deduction for allowances $ 1680.
11. Net rate paid in cash $

12. Indicate by an "X" in the proper box or boxes the kind of allowances, if any, received by the employee:
☐ House ☒ Room { ☐ Furnished ☐ Heat ☒ Fuel ☐ Uniform Meals per day: ☐ 1 ☐ 2 ☐ 3 ; ☒ Unfurnished ☒ Light ☐ Laundry ☐ Subsistence or rations in kind }

13. Describe any other allowance, privilege, or perquisite of value

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost Uniform, approximately $15.

15. (a) Regular hours of work: From none m. to m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer 66 Winter 66 (c) If not a full time and all-the-year-round position, state number of hours per day;
number of days per { week / month / year } (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty Subject to call for emergency duty throughout 24 hours

16. (a) Rate of pay for overtime None (b) Amount of overtime pay in last 12 months

17. (a) Does the employee in any way direct or supervise other employees? Yes (b) If so, in what way? (See Form 16 before answering)
By example and direct personal instruction. Keeper and assistant commonly work side by side or watch and watch on same work.
(c) How many? One

18. If the employee supervises other persons through immediate contact, give the name and the sheet numbers of such persons. (For such of these as may not be covered by questionnaires, give number and kinds by occupations.) If the employee exercises supervision through section or division heads, give the title of such sections or divisions and the names and sheet numbers of their heads.

George C. Hanley, 5(b)112

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
By periodical (usually semi-annual or more frequent) inspection of his station by district superintendent or his representative, and by review in district office of monthly reports and annual property returns.

20. What is the name, official position, and sheet number of the employee's immediate superior? H.D.King, Supt. of Lighthouses, 5(a)1

21. Employee's education: Strike an "X" over the number representing the highest grade or year completed in each type of school:

Elementary								High				Normal				College				Postgraduate or professional				(Kind)
1	2	3	4	5	6	7	X 8	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	

Other education (describe): None, Composed and Certified by Otho Bounds

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?
Waterman and Boatman all my life
Nos 21+22 Composed and Certified by Otho Bounds.

10—1856

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23. TO THE EMPLOYEE: Describe in detail the work you do. Put each distinct duty, task, or process in a separate paragraph. Explain first those that require most of your time. Explain occasional duties last. In the column at the left opposite each paragraph enter the approximate percentage of your time devoted to the work described in that paragraph. DO NOT ATTEMPT TO COMPOSE THIS STATEMENT WITHOUT FOLLOWING THE INSTRUCTIONS OF P. C. B. FORM NO. 15.

Percentage of working time	
.50	Standing Watch, Sunset to midnight. Attending light, trimming and filling lamps
.20	Household duties. Cooking, sweeping scrubbing and keeping Station clean,
.20	Care of Station, Chipping iron. Polishing brass and painting Station.
.05	Going to P.O;
.05	Going after Provisions.
	Have one (1) Assistant,
	Isolated Station, four (4) miles to Post Office.
	Six (6) miles to Store.

24. I hereby certify that the foregoing was composed by me after reading P. C. B. Form No. 15, and that it is a true statement of my duties.

Otho Bowers.
(Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same

This employee is principal keeper in charge of a lighthouse built on submarine foundation. The structure consists of a 2 story house about 30 feet square on a foundation inter-braced iron piles, and surmounted by a glazed lantern containing Fresnel lens for display of light which may be either kerosene wick lamp or incandescent oil vapor apparatus. The house is also equipped with fog bell operated by clockwork. Communication with shore is by motor launch kept at station. Each of two keepers is allowed 8 days ashore per month and when both are at station, they divide watches of light and fog signal. The principal keeper is in responsible charge and his first duty is to see that the light never fails to burn from sunset to sunrise nor the fog signal to sound when needed. All apparatus is required to be kept in perfect condition of cleanliness and operating efficiently and the entire structure thoroughly clean and well painted inside and outside, and minor repairs made as needed within his capacity. Owing to exposed location and salt water, proper preservation of metal work, especially iron foundations, requires constant attention. He is also required to keep all station records including journal watch book, fog-signal record and property accounts.

(Date) (Signature of head of field office or station) (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked _____ In my judgment the compensation of this position should be in a range from $ 1560 to $ 1860

SEP 25 1928 H. B. BOWERMAN Acting Commissioner of Lighthouses

(Date) _____, 1928 (Signature of head of bureau or his representative) (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928 10—1856

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PS-1
19 September 1957
P6-2

Mrs. Mattie Bounds
633 Truitt Street
Salisbury, Maryland

My dear Mrs. Bounds:

Receipt is acknowledged of your letter of 3 September 1957 advising us of the death of your husband, Otho Bounds, Keeper, former Lighthouse Service, now United States Coast Guard, Retired.

It is requested that a certified copy of the certificate of death be forwarded to Commandant (PS-1) for our records.

At the time of death there was due the estate of your husband retired pay for the month of July and 1 August 1957. Retirement benefits paid by the Coast Guard cease at the death of a retired member. Death benefits for the Widows of certain employees of the former Lighthouse Service are provided by Public Law 719, 81st Congress, approved 19 August 1950. The Civil Service Commission is charged with the responsibility for administering the Act and that agency has devised a form to be used by eligible widows for making application for the benefits of this Act. Widows eligible for benefits should write direct to the Retirement Division, U. S. Civil Service Commission, Washington, D. C. for the application form, and information as to the procedure for making claim therefor.

If you husband had service other than that with the former Lighthouse Service, it may be possible that as his legal widow death benefits provided by laws administered by another agency, such as the Veterans Administration or Social Security Administration may be available. In that event it is suggested that you contact the department concerned relative to your eligibility.

The forms necessary to effect settlement of the final retired pay are herewith enclosed. If a legal representative is appointed to administer the estate of your husband, the person appointed should complete the enclosed Forms No. 1055, claim for the final retired pay and attach thereto a copy of the Court Order as evidence of the appointment. If a legal representative is not appointed, the next of kin, or the person who paid or will pay the funeral expenses, should execute the enclosed Forms No. 1055, in the presence of two witnesses, taking care to answer all questions as checked. If the funeral expenses have been paid, a bill receipted by the undertaker should be forwarded, otherwise, the undertaker should sign the enclosed waiver form. This information is required to support the claim for the retired pay due on the date of death.

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PS-1
19 September 1957
P6-2

Mrs. Mattie Bounds
633 Truitt Street
Salisbury, Maryland

When the enclosed forms have been completed, return them to Commandant (PS-1) in the enclosed pre-addressed envelope which requires no postage.

Very truly yours,

R. R. CURRY
Captain, U. S. Coast Guard
Chief, Special Services Division
By direction of the Commandant

Encl:
(1) Form No. 1055
(2) Waiver
(3) Envelope

MJM:rar return to room 2111, sta 2-4

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Standard Form No. 1055—Revised
Form prescribed by Comp. Gen., U. S.
April 5, 1951
General Regulations No. 104—Rev.

(Read carefully instructions on reverse)

CLAIM AGAINST THE UNITED STATES FOR AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR

(See Instruction (b) on Reverse)

1. I/we, the undersigned, hereby make claim as widow (Relationship) for amounts due from the United States in the case of Otho Bounds (Name of decedent) who died on the 1st day of September, 19 57, while domiciled in the State of Maryland

2. The basis of this claim is as follows: Keeper, former Lighthouse Service, now United States Coast Guard, Retired
(State nature of claim, amount, name and location of Department or Agency involved)

3. Has there been or will there be appointed an executor or administrator of the decedent's estate? No ("Yes" or "No.") If the answer is "Yes," the following statement should be completed:

I/we have been duly appointed _____ of the estate of the deceased, as evidenced
(Executor or Administrator)
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.

(If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a short certificate of letters testamentary or of administration must be submitted.)
(If you are the executor or administrator of the estate of the deceased, disregard paragraphs 4, 5, and 6.)

4. If an executor or administrator has not been or will not be appointed, the following information should be furnished: The deceased is survived by—

Widow or widower (Name—if none, so state): Widow - Mrs. Mattie Bounds
Children (if none, so state):

Name	*Age (if under 21)*	*Address*
None		

Grandchildren (List ONLY the children of DECEASED children—if none, so state):

Name	*Age (if under 21)*	*Address*	*Name of deceased parent of grandchild*
None			

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If no child or grandchild survives, enter below the following:

Father (if deceased, so state): Name: Wilkins John Bounds — Address: Deceased

Mother (if deceased, so state): Name: Hastings — Address: Deceased

Brothers and sisters (if none, so state):

Name	Age (if under 21)	Address
None		

Nephews and nieces (list ONLY the children of DECEASED brothers or sisters—if none, so state):

Name	Age (if under 21)	Address	Name of deceased parent of nephew or niece
None			

RECEIVED OCT 22 1951 SURVIVORS BENEFITS SECTION U.S. COAST GUARD

5. Have the funeral expenses been paid? Yes ("Yes" or "No.") *(If paid, receipted bill of the undertaker must be attached hereto.)*

6. Whose money was used to pay the funeral expenses? Life Insurance Policy

(If funeral expenses were paid from the proceeds of an insurance policy, state the name of the beneficiary of such policy. Mrs. Mattie Bounds)

CERTIFICATES

Date Please date 4-30-57

FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

7. I/we, the undersigned claimant(s) certify that the statements herein have been examined by me/us and that such statements are true to the best of my/our knowledge and belief.

Sign Mrs Mattie Bounds (Signature of claimant) _____ (Signature of claimant)

927 Brown st Salisbury, Md (Address) _____ (Address)

TWO WITNESSES ARE REQUIRED

8. We certify that we are well acquainted with the above Mrs. Mattie Bounds (Name of claimant(s)) and that the signature(s) of the claimant(s) was (were) affixed in our presence.

two witnesses Louis Ellis, Jr. (Signature of witness) Mrs. Norma E Ellis (Signature of witness)

927 Brown St. Salisbury, Md (Address) 927 Brown St Salisbury Md (Address)

INSTRUCTIONS

(*a*) All unnegotiated Federal checks in possession of the claimant, drawn to the order of the decedent, should accompany the claim.

(*b*) This form will not be used if decedent's death occurred while in the employ of the United States and payment is to be made in accordance with the provisions of Public Law 636, approved August 3, 1950. In all such cases Standard Form No. 1153 or Standard Form No. 1155, whichever is applicable, will be executed by the claimant and forwarded to the employing agency. (*Supplement No. 1, General Regulations No. 104—Revised.*) However, this form may be used to claim compensation due (1) deceased employees of the Panama Canal and the Panama Railroad on the Isthmus of Panama, (2) deceased employees of the Federal land banks, Federal intermediate credit banks, production credit corporations, or the regional banks for cooperatives (*section 7, Public Law 636, supra*), or (3) deceased Senators, and officers and employees of the United States Senate. (*Public Law 911, approved January 6, 1951.*)

U. S. GOVERNMENT PRINTING OFFICE 16—45253-2

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE WITH THE DIVISION OF VITAL RECORDS AND STATISTICS.

W. Woodward SC.D., CHIEF
DIVISION OF VITAL RECORDS AND STATISTICS

SEP 23 1957
DATE ISSUED

VALID ONLY WITH IMPRESSED SEAL

NOT VALID WITHOUT RAISED SEAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 227

1. PLACE OF DEATH
a. COUNTY: Wicomico — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Pen. Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Maryland
b. COUNTY: Wicomico
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Salisbury
d. STREET ADDRESS: 633 Truitt St
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First OTHO — Middle — Last BOUNDS
4. DATE OF DEATH: Month SEPT. — Day 1 st — Year 19 57

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 27, 1867
9. AGE (In years last birthday): 89 yrs. — IF UNDER 1 YEAR: Months 11 Days 4 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Light-House Keeper (U.S. Coast Guard)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Allen, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William John Bounds
14. MOTHER'S MAIDEN NAME: Hastings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mattie V. Bounds (Wife) Address 633 Truitt St. Salisbury, Maryland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO (b): Nephrosclerosis
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
446 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour, a. m. p/m. — Month, Day, Year 19
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that I attended the deceased from June, 1957, to Sept 1, 1957, that I last saw the deceased alive on Sept 1, 1957, and that death occurred at 9:30 P M, from the causes and on the date stated above.

ACTUAL SIGNATURE OF M.D.: William D Gray — ADDRESS (Street, city or town, state): 334 Camden Ave — DATE SIGNED: 9/3/57
PHYSICIAN'S NAME (Type): William D Gray — Camden Ave. Salisbury, Md. Sept. 3 1957

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE THEREOF: Sept. 4, 1957
22c. NAME OF CEMETERY OR CREMATORY: Allen Meth Church Cemetery
22d. LOCATION (City, town, or county) (State): Allen, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD.
24a. REC'D BY REGISTRAR — DATE: SEP 4 1957
24b. REGISTRAR'S SIGNATURE: Mary H Holloway

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HOLLOWAY & COMPANY
Funeral Home
SALISBURY, MARYLAND

TELEPHONE 3761 416-418 E. CHURCH ST.

To Mrs. Mattie V. Bounds

633 Truitt Street, Salisbury, Maryland.

Services Rendered for

Mr. Otho Bounds

Sept. 4 Th. 1957

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Itemized Account

Casket	Half couch Med. bronze finnished Metal casket for Husband, Mr. Otho Bounds.	$500.00
Preparation and Embalming		$ 40.00
Metal Vault and Opening of Grave at Cemetery		$
Asphalt Vault and Opening of Grave at Cemetery		$ 185.00
Concrete Vault and Opening of Grave at Cemetery		$
	(Use of our lowering device, grass and tent included)	
Cemetery Lot or Space		$
Extra Mileage		$
Clothing	Tie & hose	$ 3.50
		$
		$
		$
		$
		$
	Total	$ 728.50

HOLLOWAY & COMPANY

Cash Disbursements

We have advanced Cash for the following:

	$
	$
	$
Total Cash Disbursements	$

Sept. 19-1957
Walter R. Holloway
FUNERAL HOME
Thank you

Complete Funeral Service Expense	$728.50