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

Date: 10/14/2024

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Flynn, Kylie	
E-Mail Address:	**Phone Number:**
knfgbb@umsl.edu	217-440-1332

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Powers,Ruel,Walter		1889 ME

MILITARY SERVICE

Branch of Service:

- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☐ Coast Guard
- ☐ Unknown

Type of Rank:

- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

Service Period (Check all that apply):

- ☐ 1939 & Prior
- ☐ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1941 ME

State of Residence (upon entry into service):

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

Researcher Signature: Kylie

CIVILIAN SERVICE

(Agency & Location)		
Lighthouse Service (ME)		
From: 1927	To: 1941	
(Agency & Location)		
From:	To:	
(Agency & Location)		
From:	To:	

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: 2-3019089 7132

Attendant Signature:

CMRS Search Request Number(s):

Remarks:

24 NOV 13 PM 12:03:37

SCREENING NOTES

☒ Reviewed and Nothing Removed TW

☐ Items Removed and User Informed

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

LIGHTHOUSE SERVICE/LIFESAVING SERVICE—RECORDS CHECKED

3/19/1890

Employee Name: POWERS, RUEL WALTER **DOB:** 1889 ME

Records checked:

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

AND

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

If Negative:

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

If Negative:

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

Notes: 27-41 ME

Form 439
TREASURY DEPARTMENT
DIVISION OF APPOINTMENTS

Rec'd 41

File No. 2132

Name P O W E R S, Mr. RUEL W.,

Born: March 19, 1890

Service COAST GUARD (L.H.S.)

U. S. GOVERNMENT PRINTING OFFICE 2—16862

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PERSONNEL RECOMMENDATION

PAGE: 11877

TO DIRECTOR OF PERSONNEL

Date March 13, 1941.

Name: Powers, Ruel W.

From: U.S. Coast Guard (BUREAU OR DIVISION) Bureau No: 1431

Nature of Recommendation

Death

	FROM	TO
Position	Keeper	
Grade	Field (Range $1320-1680)	
Salary	$1500 p.a. plus $240 p.a.Qtrs.	
Bureau or Div.	U.S.Coast Guard	
Organizational Subdivisions		
Headquarters	Boston, Massachusetts	
Post of Duty	Perkins Island Lt.Sta., Me.	
Appropriation	Civilian Employees, C.G.	
Allotment		
Field or Deptl.	Field	

EFFECTIVE February 21, 1941

Remarks:

Justification:

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 3-19-1890

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY

3-17-41

INTERLEAVED-PATD.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PERSONNEL RECOMMENDATION

PAGE: 3740

TO DIRECTOR OF PERSONNEL

Date January 8, 1941

Name: Powers, Ruel W.

From: U. S. Coast Guard (BUREAU OR DIVISION) Bureau No: 1431

Nature of Recommendation

Promotion

	FROM	TO
Position		Keeper
Grade	Field (Range $1320-1680)	Field (Range $1320-1680)
Salary	$1440 p.a. plus $240 p.a. Qtrs.	$1500 p.a. plus $240 p.a. Qtrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters		Boston, Mass.
Post of Duty		Perkins Island Lt. Sta., Me.
Appropriation		Civilian Employees, C.G.
Allotment		
Field or Deptl.		Field

EFFECTIVE January 16, 1941

Remarks:

Justification:

No increase in pay since September 16, 1930.

Consideration given all other eligible employees
Certified as to sufficiency of Appropriated Funds

S. P. MEHLMAN,
Lt. Commander, U. S. Coast Guard,
Acting Assistant Personnel Officer.
(BUREAU OR DIVISION HEAD)

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 3-19-1890

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT? Lighthouse Act 6-20-18

DATE OF OATH

(FOR USE OF DIRECTOR OF PERSONNEL. TREASURY DEPARTMENT)

DATE APPROVED BY THE SECRETARY.

INTERLEAVED-PATD.

APPLICANT OR EMPLOYEE MUST FILL THE FOLLOWING

Name (in full) Ruel Walter Powers Sex Male

Present address Perkins Island, Phippsburg, Maine. Date of birth Mar.19, 1890.

Give below all places of residence during the past FIVE years

From-- (Month and year)	To-- Month and year)	Number and Street	City and State
Sept,1929	May 1935	Matinicus, Island	Matinicus, Maine
May 1935	to present	Perkins Island, Phippsburg, Maine.	Phippsburg, Maine

BOSTON DISTRICT RECEIVED MAR 1 U.S. COAST GUARD

Give, in your own handwriting, the information requested below:

Have you ever been arrested for any reason whatsoever? Yes. (Yes or no)

If so, give details in space provided below.

Date of Arrest	Age	Charge	Court and Location	Judge	Disposition
Aug.8, 1938	48	Reckless Driving.	Bath Mun. Court	Dunton	Guilty fine cost of court.

No Reply Received From F. B. I. Apparently No Criminal Record.

Have you ever been fingerprinted? Yes. Where? Bath Police Department.

When? March 12, 1940 If for the Civil Service, what position Yes.

I hereby swear (or affirm) that the above statements are complete and accurate in every detail.

Ruel W. Powers.
Customary payroll signature of employee.

U.S. COAST GUARD

Subscribed and sworn to before me this thirteenth day of March 1940.

Ralph O. Dale
Notary Public

My commission expires March 13, 1946.

July 1, 1939. Lighthouse Districts No. First - Second

consolidated with Boston Coast Guard District,

Headquarters Boston, Massachusetts.

See U. S. Coast Guard General Order No. 37, dated June 20, 1939.

7/1/39 Transferred from Bureau of Lighthouses, Department of Commerce, and consolidated with United States Coast Guard, under terms of Plan No. 2 of Reorganization Act of 1939, approved by Congress April 3, 1939.

File received - FEB 9 1940

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

Ruel W. Powers (Name)

Me. (Legal Residence)

STATUS

11—8940

DESIGNATION	ACTION	SALARY	BUREAU—SERVICE—STATION	DATE OF EFFECT
			1st L.H. Dist.	
Keeper	Trans	1140	L.H. - At Large	5-31-27
"	Incr.	1200	" - "	July 1, 1927
"	Trans	1260	" - Crabtree Ledge L.S.	Aug. 21, 1927
"	Prom	1440	" - MT. Desert L.S.	H/16/28
"	COMPENSATION Act. May 28, 1928.	1560	" " " "	JUL 1 1928
"	Trans	1500	" - Great Duck Id -	
"	Trans. (73a)	1500	L.H - Matinicus Rock L.S.	
Keeper	Prom.	1620	" " "	Sept. 16, 1930
"	Transfer	1440	" 1st Dist Perkins Island L.S.	5-21-35

Form 78

CP

REPORT OF DAMAGE TO PROPERTY OR INJURY TO PERSONS

4063-1

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

In File

1935 JUL 16 AM 9 56

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

DEPARTMENT OF COMMERCE JUL 17 1935 ASSISTANT SECRETARY

1935 JUL 15 AM 8 27

To Supt.

South Portland, Maine, July 13, 1935. , 193

Name of vessel, station, or other aid to navigation involved:
Perkins Island Lighthouse, Maine.
Date of accident: June 18, 1935.

Nature and cause of accident: Getting car ready to haul coal in shed from shore, slipped off platform causing car to fall on both legs.

1935 JUL 15 PM 2:21 DEPARTMENT OF COMMERCE CHIEF CLERK

Estimated cost of damage { to property of the Department: $ ---
to private property: $ ---

What steps have been taken to recover cost of damage to Department property? --

Where accidents result in injury to, or death of, any employees, or others, furnish following information for each person injured:

NAME	OFFICIAL TITLE, IF GOVERNMENT EMPLOYEE	NATURE OF INJURY	HAS WORK TIME BEEN LOST BY EMPLOYEE
Ruel W Powers	Keeper	Sprains and bruises	No.

CARDED

Remarks or recommendations:

Reptd. to U S Employees' Compensation Commission 7/12/35.

CHARLES C BRUSH *Superintendent of Lighthouses.*

Date July 15, 1935

Submitted, in duplicate, to the Secretary of Commerce, for his information.

NOTED:

Chief Clerk, Department of Commerce

For the Commissioner:
R.J.Gross
Chief, Personnel Division

11—11418

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
South PORTLAND, MAINE.

GFL:SWA

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

1935 MAY -24- PM 3:27

DEPARTMENT OF COMMERCE
MAY 27 1935
PERSONNEL
DIVISION

1935 MAY -25- AM 11:15

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
South PORTLAND, MAINE

May 23, 1935

CHIEF CLE

Commissioner of Lighthouses:

Bureau is advised that Mr. Ruel W. Powers entered on duty as Keeper, Perkins Island Light Station, Maine, at $1,440 per annum on May 21, 1935, under authority of Department letter of May 6 changing his compensation from $1,620 per annum to $1,440 per annum.

Brush
BRUSH
Superintendent

Submitted to Secretary of Commerce for his information.

For the Commissioner,

Chief, Personnel Division

5/31/35

CARDED

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 6, 1935.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective May 11, 1935, or entrance on duty (change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

MAY -9 1935

Chief of Appointment Division.

From: $1620 per annum.

To: $1440 per annum.

Service and grade: Field.

Appropriation (unit):

APPOINTMENT DIVISION ENTERED

SHEET NO. 4757

CARDED

1
B

GOVERNMENT PRINTING OFFICE 11—9051

NOMINATION

Enclosure

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

South Portland, Maine (City), April 26, 1935 (Date)

DEPARTMENT OF COMMERCE
MAY 2 1935
APPOINTMENT DIVISION
MAY 2 6 AM 10 08 1935

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER — Legal residence, Maine

Name, Ruel W Powers — Proposed salary, $1440 per annum

Position, Keeper — Proposed range, $1320-$1680 p.a.

$240 quarters

Location, Perkins Island LH., Me. — Appropriation, Sals., Kprs., etc.

Effective, May 11, 1935 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

DEPARTMENT OF COMMERCE
MAY 6 1935
APPOINTMENT DIVISION

Former position, ~~same~~ Keeper — Former salary, $1620 per annum

Location, Matinicus Rock LH., Me. — Former range, $1500-$1860 p.a.

$240 quarters

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

(Lt.#1431)

Previous incumbent and his pay, Eugene W. Osgood / $1500 p.a. — Services terminated, April 16, 1935.

Reason, Transferred to position of Keeper, Fort Popham LH., Me.

Members of family in Government service, ---

Remarks: Mr. Powers' acceptance of offer of transfer is herewith enclosed.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19----

(DIRECT)

Secretary, *Civil Service District.*

Brush
BRUSH
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

May 1, 1935

Submitted to the Secretary of Commerce, approved. The proposed transfer involving a reduction in pay is agreeable to the nominee.

THIS IS A CIVIL SERVICE POSITION

Action o.k.
Kenney
Adm. Asst. to Secy.

APPOINTMENT DIVISION
NECESSARY
ACTION TAKEN
MAY 8 1935
DEPARTMENT OF COMMERCE

C. P. Harman
Acting Commissioner of Lighthouses.

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

11—2314

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 22 1935
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock,
(STATION, DEPOT, OR VESSEL)

April, 20th, 1935

1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Flex
Corres. file
Engr. file

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir:

Reply to your letter, dated April 15th. I would be pleased to accept Perkins Island.

Respectfully

R. W. Powers.

Keeper.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
SEP 20 1930
APPOINTMENT DIVISION

1930 SEP 20 AM 11 06
CHIEF CLERK

LIGHTHOUSES
1930 SEP 17 AM 8 57

GFL:CP

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

September 15, 1930

Commissioner of Lighthouses:

1. Referring to Department notice of increase in salary in the case of Ruel W Powers, Keeper, Matinicus Rock Lighthouse, Maine, dated September 8, 1930, whereby his salary was increased from $1500 to $1620 per annum:

2. The effective date of entrance on duty thereunder is September 16, 1930.

Sherman

SHERMAN
Superintendent

Airways
Hydro
Radio M
Engr. Constrn
Mar. Engr.
Personnel
Finance
Law & Prop.
Chief Clerk
Adm. Assist.
Dep. Commr.
Commissioner

Bureau of Lighthouses, Washington

SEP 19 1930

CARDED

Submitted to Secretary of Commerce for his information.

Acting Commissioner of Lighthouses

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

September 8, 1930.

M r. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

SEP 12 1930

EDW. J. GARDNER

Chief of Appointment Division.

From: $1500 per annum.

To: $1620 per annum.

Service and grade: Field.

Appropriation (unit):

GARDNER

APPOINTMENT DIVISION ENTERED SEP 20 1930 ON JOURNAL 7 & 36 DEPARTMENT OF COMMERCE

N

/

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

GFL:CP

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE SEP 8 1930 APPOINTMENT DIVISION CHIEF CLERK

1930 AUG 29 PM 12 19

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

DEPARTMENT OF COMMERCE AUG 30 1930 APPOINTMENT DIVISION

Portland, Maine, August 19, 1930.
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, INCREASE IN SALARY (To allow Prin. Kpr. 60 higher Sal. than the 1ST Asst. who was Prom. to 1560 under Brookhart Act.) Legal residence, Maine

Name, Ruel W Powers — Proposed salary, $1620 per annum (1560 Sept)

Position, Prin Keeper — Proposed range, $1500–$1800 p.a.

Location, Matinicus Rock LH., Me. — Appropriation, Sals., Kprs., etc.

Effective, ~~July~~ Sept 1, 1930 Bureau

[1] the actual date of entrance on duty, or ~~as soon thereafter as he enters on duty.~~

Former position, same — Former salary, $1500 per annum

Location, same — Former range, $1500–$1800 p.a.

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

Previous incumbent, ~~Self~~ — Services terminated, ---

	Present Sal
Prin Kpr. 1500-1800 —	1500
1AK — 1320-1620 —	1560
2AK — 1260-1560 —	1500

Reason, ---

Members of family in Government service, ---

Date of birth,

Remarks: Due to increases received under the Brookhart Act the salary of First Asst. Keeper is now $1560 per annum. The pay of Keeper and First Asst. was formerly the same. It is considered that the pay of the principal keeper should at all times be more than that of the first asst. keeper in order to maintain the morale of the Service.

Selection regular, subject to the action of the

U. S. Civil Service Commission, , 19---

C E Sherman

(DIRECT)
Secretary, *Civil Service District.*

C. E. SHERMAN
Superintendent of Lighthouses

BUREAU OF LIGHTHOUSES
WASHINGTON

APPOINTMENT DIVISION NECESSARY ACTION TAKEN SEP 11 1930 DEPARTMENT OF COMMERCE

Aug 28, 1930

Submitted to the Secretary of Commerce, approved. the Bureau concurring with the above remarks.

Action O. K.

Chief Clerk

C P Harman
Acting Commissioner of Lighthouses.

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

11—2314

Form 73a

REPORT OF TRANSFER OF APPOINTEE

JCW:JJ LIGHTHOUSES

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1929 SEP 6 PM 3 58

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES. First DISTRICT

Portland, Maine August 21, 1929.

1929 SEP 10 PM 1 02

CHIEF CLERK

DEPARTMENT OF COMMERCE SEP 10 1929 APPOINTMENT DIVISION

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee **will be** transferred as indicated, and **will enter** upon duty at his new station on **or about September 1, 1929.**

Name, **Ruel W Powers** Position, **Principal Keeper**

From **Great Duck Island L H Me.** $1500 pa. To **Matinicus Rock L H Me.**, $1500 p.a.
Range $1500 - 1800. **Range $1500.-1800.**

Previous incumbent, **Frank O Hilt**

Services terminated, **August 15, 1929.** Reason, **Transferto Portland Head L H Me.**

This transfer at Mr Powers' request herewith.

CARDED

C. E. Sherman

C. E. SHERMAN
Superintendent of Lighthouses.

Portland, Maine, September 5, 1929.

The above-referred-to transfer became effective beginning with September 4, 1929.

For and in the absence of the Superintendent:

T. Sampson

T SAMPSON
Asst. Supt.

11—4598

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 9 1929

Submitted to the Secretary of Commerce for his information.

C. E. Sherman

Acting Commissioner of Lighthouses.

Form 73a

REPORT OF TRANSFER OF APPOINTEE

CHIEF CLERK
1929 AUG 23 PM 3 04

JCW:JJ

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES. First DISTRICT.

Portland, Maine August 21, 1929. , 19

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on or about September 1, 1929.

DEPARTMENT OF COMMERCE AUG 23 1929 APPOINTMENT DIVISION

Name, Ruel W Powers

Position, Principal Keeper

From Great Duck Island L H Me. Range $1500 - 1800.

To Matinicus Rock L H Me. Range $1500.-1800.

Previous incumbent, Frank O Hilt (Lt. #1417)

Services terminated, August 15, 1929.

Reason, Transferto Portland Head L H Me.

Salary $1500 pa.

This transfer at Mr Powers' request herewith.

CARDED

C. E. SHERMAN
Superintendent of Lighthouses.

, 19

The above-referred-to transfer became effective beginning with .....

.....

11—4598

BUREAU OF LIGHTHOUSES
WASHINGTON

AUG 23 1929

Submitted to the Secretary of Commerce for his information.

Acting Commissioner of Lighthouses.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 6 1929
PORTLAND, MAINE.

FIRST DISTRICT

Great Duck Island
(Station, Depot, or Vessel)

Aug. 3, 1929

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: If possible, would like to be considered in the list below for transfer.

Seguin	Keeper	
Baker's Island	" "	
Moose Peak	" "	
Blue Hill Bay	" "	
Monana	" "	
Monhegan	" "	
Wood Island	" "	
Isle au Haut	" "	
Egg Rock	" "	
Winter Harbor	" "	
Nash Island	" "	
Mt. Desert Rock	" "	
✓ Matinicus Rock	" "	✓
Petit Manan	" "	
Mark Island	" "	
Libby Island.	" "	

R. W. Powers.
Keeper.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.
CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1928 NOV 16 AM 8-54

DEPARTMENT OF COMMERCE
NOV 19 1928
APPOINTMENT DIVISION

CHIEF CLERK
NOV 19 AM 10 45

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

November 14, 1928

Commissioner of Lighthouses:

1. Referring to Department's Notice of Change in Salary, dated October 6, 1928, in the case of Ruel W Powers, Keeper, this district, whereby his salary was changed from $1560 to $1500 per annum:

2. The effective date of the above change is November 1, 1928.

Sherman

SHERMAN
Superintendent

CARDED

C. S. REPORT DATA ENTERED

Bureau of Lighthouses, Washington
NOV 16 1928

Submitted to Secretary of Commerce for his information

H. B. BOWERMAN

H. B. Bowerman
Acting Commissioner of Lighthouses.

Airways
Surveys
Constrn.
Commun.
Weather
Clerical
Adm. Offcr.
Air Engr.
Chief Engr
Hydro.
Radio
Engr. Constrn.
Mar. Engr
Personnel
Finance
Law & Prop
Adm. Assist
Dep. Comm.
Commissioner

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

October 6, 1928.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective November 1, 1928, or as soon thereafter as you enter on duty. (By change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

NOV 9 1928

EDW. J. GARDNER

Chief of Appointment Division.

From: $1560 per annum.

To: $1500 per annum.

Service and grade:

Appropriation (unit): Field.

CARDED

TC

1

APPOINTMENT DIVISION
20 97
OCT 27 1928
DEPARTMENT OF COMMERCE

GOVERNMENT PRINTING OFFICE 11—9051

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine, September 27, 1928, 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER INVOLVING REDUCTION IN SALARY ✓ Request

Name, Ruel W Powers ✓ — Legal residence, Maine ✓.

Position, Keeper ✓ — Proposed salary, $1500 per annum

Location, Great Duck Island LH, Me. ✓ — Proposed range, $1500-$1800 p.a.

Effective, November 1, 1928 ✓ — Appropriation, ~~Sals., Kprs., etc.~~ such ✓

{ [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty. ✓

Former position, same ✓ — Former salary, $1560 per annum

Location, Mount Desert LH, Me. — Former range, $1560-$1860 p.a.

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

Previous incumbent, Edmund A Howe ✓ — Services terminated, October 31, 1928 ✓

Reason, Transferred ✓

Members of family in Government service, ---

Date of birth, ---

Remarks: Mr. Power's request for above transfer is herewith. ✓

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19---

(DIRECT) ✓
Secretary, *Civil Service District.*

C. E. SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

OCT 5 1928

Submitted to the Secretary of Commerce, approved.

Action O. K.

Chief Clerk

APPOINTMENT DIVISION
NECESSARY ACTION TAKEN
NOV 6 1928
DEPARTMENT OF COMMERCE

Acting Commissioner of Lighthouses.

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

11—2314

1928 SEP 29 AM 9 02 LIGHTHOUSES
Enclosure
DEPARTMENT OF COMMERCE OCT 6 1928
CHIEF CLERK
OCT 6 AM 10 36
DEPARTMENT OF COMMERCE OCT 9 1928 APPOINTMENT DIVISION

LIGHTHOUSES
1928 SEP 29 AM 9 02

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 22 1928
PORTLAND, MAINE.

FIRST DISTRICT

Mount Desert Lighthouse
(Station, Depot, or Vessel)

Aug. 20., 1928

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

✓ Great Duck Island - Keeper
Libby Island - Keeper
Moosepeak - Keeper ✓

Respectfully

R. W. Powers.
Keeper.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 1, 1928.

Mr. Ruel W. Powers,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1440

To: $1560

1

11—9564

JUL 2

CARDED

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
MAY 2 1928
APPOINTMENT DIVISION

1928 APR 28 AM 9 16
LIGHTHOUSES

CP

CHIEF CLERK
1928 MAY 1 AM 11 08

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

April 26, 1928

Commissioner of Lighthouses:

1. Referring to Department's "Notice of Change in Salary", dated April 4, 1928, in the case of Ruel W Powers, Keeper, this district, whereby his salary was changed from $1260 to $1440 per annum:

2. Effective date of above change in salary is April 16, 1928.

Sherman

SHERMAN
Superintendent

CARDED

Bureau of Lighthouses, Washington

APR 28 1928

Submitted to Secretary of Commerce for his information

C. S. REPORT DATA ENTERED

Conway

Acting Commissioner of Lighthouses.

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

April 4, 1928.

Mr. Huel W. Powers

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1260 per annum to $ 1440 per annum, effective April 16, 1928, or as soon thereafter as you enter on duty. (By change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully, APR 9 1928

[illegible] GARDNER

Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

TO

APPOINTMENT DIVISION 1807 APR 14 1928 DEPARTMENT OF COMMERCE

CARDED

Form 73

NOMINATION

JCW:CP
Enclosure

LIGHTHOUSES 1928 APR 2 AM 9 16

CHIEF CLERK 1928 APR 3 PM 3 09

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine, March 30, 1928. (City) (Date) 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER AND PROMOTION ✓ To field vice, ✓

Name, Ruel W. Powers ✓

Position, Keeper ✓

Location, Mount Desert LH., Me. ✓

Effective, April 16, 1928 { [1] ~~the current date of entrance on duty~~, or as soon thereafter as he enters on duty. Such etc

Legal residence, Maine ✓

Proposed salary, $1440 per annum ✓

Proposed range, $1440-$1800 p.a. ✓

Appropriation, ~~Sals., Kprs., etc.~~ ✓

DEPARTMENT OF COMMERCE APR 4 1928 MAINE DIVISION

DEPARTMENT OF COMMERCE APR 5 1928 APPOINTMENT DIVISION

Former position, (Assistant) Keeper ✓

Location, Crabtree Ledge LH., Me. ✓

Former salary, $1260 per annum ✓

Former range, $1260-$1620 p.a. ✓

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

Previous incumbent, Arthur E. Ginn 1620 ✓

Reason, Resigned ✓

Services terminated, April 15, 1928 ✓

Members of family in Government service, ---

Date of birth, ---

Remarks: Letter of Powers requesting this transfer is herewith. ✓

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19---

(DIRECT) ✓
Secretary, Civil Service District.

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

APR 2 1928

Submitted to the Secretary of Commerce, approved.

Action O. K.
Chief Clerk

Acting Commissioner of Lighthouses

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

11—2314

COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

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

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
MAR 30 1928
PORTLAND, MAINE.

FIRST DISTRICT

Crabtree Ledge Lt. Sta
(Station, Depot, or Vessel)

March 28th, 1928

Supt of Lighthouses.
Portland Maine.

Dear Sir.

In answer to your letter of March 26th I will be pleased to accept position as principal Keeper of Mount Desert light station if offered to me.

Respt fully.

R. W. Powers.
asst Keeper
W. H. Morgan Keeper

Standard Form No. 17
Approved by the President, March 26, 1926

CP

REPORT ON PROBATIONARY APPOINTEE

CHIEF CLERK
1927 NOV 2
DEPARTMENT OF
NOV 3 1927
APPOINTMENT
5356

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

DEPARTMENT OF COMMERCE
(Department)

Office of the Superintendent of Lighthouses, 1st District, Portland, Me., Oct. 31, 1927.
(Bureau or office) (Place and date)

To The Secretary of Commerce
(Head of department or establishment)
(Chief of Appointment Division)

The probationary period of the person named below expires at the close of business on November 30, 1927.

The conduct and capacity of this employee have been satisfactory during the probationary period, and (he) is considered qualified for absolute appointment.

Name Ruel W. Powers

Position 2nd Assistant Keeper, 1st LH Dist.

Salary $1260 per annum

Appropriation Salaries, Kprs., etc.

Station Crabtree Ledge Lighthouse, Me.

Date of entrance on duty May 31, 1927

Remarks:

C. E. Sherman
C. E. SHERMAN, Superintendent
(Signature of immediate superior)

Submitted:
S. S. Conway
Acting Commissioner of Lighthouses
(Head of bureau or office)

GOVERNMENT PRINTING OFFICE 10—1734

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 12, 1927.

M
r. Ruel W. Powers,
Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1200 per annum to $1260 per annum, effective August 21, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

AUG 12 1927

EDW. J. GARDNER,
Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

R

lst.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
AUG 22 1927
RECEIVED
ON JOURNAL NO

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine, August 4th, 19 27
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

(a) Action recommended, Promotion

Name, Ruel W. Powers

Position, (Asst.) Keeper.

Location, Crabtree Ledge LH, Maine.

Effective, August 21, 1927

Former position, (Additional) Keeper

Location, At large

Legal residence, Maine

Proposed salary, $1260.

Proposed range, $1260-1620

Appropriation, ~~Sals. Kprs. etc.~~

[1] the actual date of entrance on duty, ~~or as soon thereafter as he enters on duty~~

Former salary, $1200.

Former range, $1200-1560.

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

Previous incumbent, George V. Little

Services terminated, ~~by~~ August 20, 1927.

(a) Reason, Recommended for transfer (Pending)

Members of family in Government service, none.

Date of birth, March 19, 1890

(a) Remarks: Contingent upon approval of my recommendation of Aug. 3, 1927, that Howell P. Smith, Asst. Keeper, Rockland Breakwater Lighthouse, Me., be dismissed for inefficiency and inattention to duty. See Form 73 this day submitted for transfer of Mr. George V. Little.

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19----

(DIRECT)
Secretary, Civil Service District.

SHERMAN
Superintendent of Lighthouses.

RLC:EMF

BUREAU OF LIGHTHOUSES
WASHINGTON August 11, 1927.

Submitted to the Secretary of Commerce, approved. This nomination is contingent upon the Department's approval of Bureau recommendations of this date for the dismissal of Howell P. Smith, Assistant Keeper of Rockland Breakwater Light Station, and the transfer and promotion of George V. Little to assistant keeper at that station.

APPROVED:

ACTING ASSISTANT SECRETARY

H. B. Bowerman
Acting Commissioner of Lighthouses.

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

11—2314

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

July 14, 1927.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1140 per annum to $ 1200 per annum, effective July 1, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

JUL 26 1927

EDW. J. GARDNER

Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

H
1

APPOINTMENT HAS BEEN ENTERED
JUL 26 1927
ON JOURNAL
DEPARTMENT OF COMMERCE

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

CHIEF CLERK
5
1927 JUL 14 AM 11 47

JCW:CP

LIGHTHOUSES
1927 JUL 12 PM 3-52

DEPARTMENT OF COMMERCE JUL 13 1927 APPOINTMENT DIVISION

DEPARTMENT OF COMMERCE JUL 14 1927 APPOINTMENT DIVISION

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine (City) July 11, 1927 (Date) 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, INCREASE IN SALARY

Name, Ruel W Powers — accepts 5/31/27

Position, (Additional) Keeper

Location, First LH. District

Effective, July 1, 1927

[1] the actual date of entrance on duty, ~~or~~ ~~as soon thereafter as entrance on duty~~

Legal residence, Maine

Proposed salary, $1200 per annum — min new range

Proposed range, $1200-$1560 pa. Auth. 6. 7/8/27

Appropriation, ~~Sals, Kprs.,~~ etc. Basic

Former position, same

Location, same

Former salary, $1140 per annum

Former range, $1140-$1500 pa.

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

Previous incumbent, same

Reason, Change in salary rate.

Services terminated, June 30, 1927

(see Bureau's letter July 8, 1927.)

* Ranges all addl. Kprs. pos. (Except 16th & 17th Dists) increased from 1140-1500 to 1200-1560, Auth. D.L. 7/8/27.

Members of family in Government service, ---

Date of birth, ---

Remarks: ---

Selection regular, subject to the action of the U. S. Civil Service Commission, , 19---

APPOINTMENT DIVISION NECESSARY ACTION TAKEN JUL 25 1927 DEPARTMENT OF COMMERCE

(DIRECT)

Secretary, Civil Service District.

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

JUL 13 1927

Submitted to the Secretary of Commerce, approved.

7-14-27

APPROVED:

ACTING ASSISTANT SECRETARY.

I. S. CONWAY
Acting Commissioner of Lighthouses.

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

11—2314

STANDARD FORM No. 6
(Approved by the President March 28, 1924)

C-1 7/19

PERSONAL HISTORY

(Statement to be prepared by appointee in his own handwriting)

SUPT. of LIGHTHOUSES, FIRST DISTRICT, JUN 3 1927 LIGHTHOUSES PORTLAND, MAINE. 1927 JUN 6 AM 9 26

Bureau, division, or office DEPARTMENT OF COMMERCE - LIGHTHOUSE SERVICE

1. Name in full Ruel Walter Powers.

2. Legal (voting) residence Maine 3d Hancock Swans Island
(State and Congressional District) (County) (City or town)

3. Where born? Maine Franchboro When born? March 19/1890
(State or foreign country) (City or town) (Date)

4. If foreign, state whether naturalized or alien

5. Indicate sex, marital condition, and race by check, thus: √

SEX		MARITAL CONDITION				RACE. (If other, state which)	
Male X	Female	Single	Married X	Divorced	Widowed	White X	Colored

6. A complete record of your past civil service for the United States Government:

BRANCH OF SERVICE AND PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
			Month	Day	Year	Month	Day	Year
light house service Steamer Hibiscus	Sailor	62.50 Month	Sept	26	1926	April	1	1927

7. 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 .....

Organization .....

Enlisted ..... Discharged .....

Organization .....

8.

EDUCATION (Circle number of years)	Common school X	High school	College	Degrees, if any
	1 2 3 4 5 6 (7) 8	1 2 3 4	1 2 3 4	

9. State special qualifications

CARDED

10. Name, relationship, and address of person to be notified in case of emergency:

Mrs. Maude A Powers. (Name) Wife (Relationship)

Portland 138 Cumberland Ave Me (Post office address)

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Ruel Walter Powers.
(Name as usually written and which will be used as official signature)

May 27/1927 (Date)

Present address Swans Island Me

10—1659

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

SUPT. of LIGHTHOUSES, FIRST DISTRICT, JUN 3 1927 PORTLAND, MAINE.

1927 JUN 6 AM 9 26

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE CHIEF CLERK

I, ✓ RUEL W POWERS 1927 JUN 6 PM 3 54

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.

Ruel W Powers.
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 27 day of May, A. D. 1927

(Affix official seal here)

[4] (Name) Fernando F Morse

(Official title) Notary Public

My commission expires Mar 26 1932

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Additional Keeper	$1140 per annum	General Duty, 1st LH District
Former[5] New appointee		

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

Office of Superintendent of Lighthouses, 1st District

Portland, Maine, (Address) June 3, 1927 (Date)

The above-named appointee entered upon duty on May 31, 1927 (Date)

CARDED

C E Sherman

C. E. SHERMAN
Superintendent of Lights (Signature followed by title)

[1] Insert here "swear" or "affirm," as the case may be.
[2] Insert here "sworn to" or "affirmed," as the case may be.
[3] The oath may be taken any time on or after the effective 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, a chief clerk in the office of a superintendent of lighthouses or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has 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, except in the case of chief clerks in the offices of superintendent of lighthouses and other employees in the Lighthouse Service designated by them, who are not required to have a seal.
[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.

C. S. REPORT DATA 11—944

ENTERED

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATION OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

May 17, 1927.

Mr. Ruel W. Powers,

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 Eleven Hundred and Forty dollars per annum

effective May 26, 1927, or as soon thereafter as you enter on duty.

Nature of appointment: Probationary.

Civil Service authority: Secretary, First Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

MAY 20 1927

C Chief of Appointment Division.

1-28.

Appropriation (unit): Field.
Henry E. Searles.
Vice:
Legal Residence: Maine.

CARDED

GOVERNMENT PRINTING OFFICE
APPOINTMENT DIVISION
ENTERED
MAY 20 1927
JOURNAL
DEPARTMENT OF COMMERCE

11-8657

Form 73

CP

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland, Maine, May 13, 1927.
(City) (Date)

CHIEF CLERK

DEPARTMENT OF COMMERCE MAY 17 1927 APPOINTMENT DIVISION

17 MAY 17 AM 10 2

COMMISSIONER OF LIGHTHOUSES:

Action recommended, PROBATIONARY APPOINTMENT

Name, Ruel W Powers

Position, (Additional) Keeper

Location, General Duty, First LH District

Effective, May 26, 1927

Legal residence, Maine

Proposed salary, $1140 per annum

Proposed range, $1140-$1500 p. a.

Appropriation, ~~Sals., Kprs., etc.~~ Such

[1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, New appointee

Location, ---

Former salary, ---

Former range, ---

Rank on eligible list, 1st Rating, Percentage, 89.5, Other eligibles considered:
Robert J Carr (A); Grover C Knight (A).

Previous incumbent, Henry E Searles 1140

Reason, Resigned

Services terminated, March 4, 1927

APPOINTMENT NOT NECESSARY TO TAKE ACTION MAY 20 1927 DEPARTMENT OF COMMERCE

Members of family in Government service, None

Date of birth, March 19, 1890

Remarks: Ashley H Calder nominated on this form April 1, 1927 writes unable to accept position. He was requested April 28 to return Notice of Appointment which he has not yet done. Request cancellation of his appointment which will be forwarded (as soon as received from him.

Selection regular, subject to the action of the U. S. Civil Service Commission, MAY 14 1927, 19

E. L. Reynolds
E. L. Reynolds
Secretary, First Civil Service District.

SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

May 16, 1927

Submitted to the Secretary of Commerce, approved, attention being invited to the statement under "Remarks" relative to cancellation of appointment of Ashley H. Calder.

APPROVED:

ACTING ASSISTANT SECRETARY.

J. S. CONWAY
Acting Commissioner of Lighthouses.

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

11—2314

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. lt. 1423 Sheet No. 1(b)-62

CP

Space reserved for the use of the Board

1. Powers (Surname) Rual (Given name) W (Initial)

2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station Mount Desert Light Station
(b) Subdivision First District
(c) City or town Manset State Maine

6. Pay roll title Light Keeper
7. Customary office title Keeper
8. Present administrative allocation $1560-$1800 1800
9. Present gross rate of pay $ 240
10. Deduction for allowances $ 1560
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 ☐ Unfurnished } ☐ Heat ☐ Light ☐ Fuel ☐ Laundry ☐ Uniform ☐ Subsistence or rations in kind Meals per day: ☐ 1 ☐ 2 ☐ 3

13. Describe any other allowance, privilege, or perquisite of value None

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; its cost depending upon the quality of material selected by employee; estimate $20 per annum

15. (a) Regular hours of work: From not uniform m. to not uniform m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer irregular Winter irregular (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 duty at all times while on station

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

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) In the operation, upkeep, etc. of station, the duties of which are equally shared by the three keepers

(c) How many? two

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.

Vinal O Beal Sheet No. 1(b)-62

Joseph Rhine Sheet No. 1(b)-63

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.) Periodical inspection by representatives of district office and instructions orally or by mail from time to time

20. What is the name, official position, and sheet number of the employee's immediate superior? C. H. Shubael, Superintendent of Lighthouses, Sheet No. 1(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				
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	(Kind)

Other education (describe):

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? Boatman accustomed to handling sail and rowboats in all weathers.

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	
Watches 8 hrs.	As principal keeper off Mt. Desert Rock, my duties are to lay out the work for 1st and 2nd Asst; also help to complete same. Painting and repairs around station. Stand my watches and keep tower and engine room in condition. Large double house, and cottage to keep in repairs both in and outside. Bell tower to be kept white washed, boat house and sheds; also oil house. Have all the books to care for, monthly reports, and annual property returns. My watches take more off my time, as they are eight hours, and general station work four hours to six hours a day.
Work around station 4 to 6 hrs.	

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.

(SGD) R W POWERS, Keeper
(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 subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

Care and operation of a 4th order incandescent oil vapor light and lenks revolving clock.

Care and operation of a compressed air fog signal
Cleaning and minor repairs of above apparatus
Cleaning, painting and making minor repairs to structures
Care and attention of grounds of station
Observing weather conditions and aids to navigation
Keeping station records and preparing and submitting periodical reports

26. How long have the employee's duties been substantially as described above? Since April 16, 1928

27. I hereby certify that to the best of my knowledge and belief the statements made by me on both sides of this sheet are accurate and complete.

OCT 10 1928, 1928 — JAMES C. WOOLLEY — Chief Clerk
(Date) (Signature of Preparing Officer) (Title)

28. 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

OCT 11 1928, 1928 — C. E. SHERMAN — Supt. of Lighthouses
(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

OCT 22 1928, 1928 — H. B. BOWERMAN — Acting Commissioner of Lighthouses.
(Date) (Signature of head of bureau or his representative) (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928

Form 73
JCW:CP
Enclosure

LIGHTHOUSES
1928 SEP 29 AM 9 02

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine, September 27, 1928., 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER INVOLVING REDUCTION IN SALARY

Name, Ruel W Powers

Position, Keeper

Location, Great Duck Island LH, Me.

Effective, November 1, 1928 { [1] the ~~actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Legal residence, Maine

Proposed salary, $1500 per annum

Proposed range, $1500-$1800 p.a.

Appropriation, Sals., Kprs., etc.

Former position, same

Location, Mount Desert LH, Me.

Former salary, $1560 per annum

Former range, $1560-$1860 p.a.

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

Previous incumbent, Edmund A Howe (L+#1394) Services terminated, October 31, 1928

Reason, Transferred

Members of family in Government service, ---

Date of birth, ---

Remarks: Mr. Power's request for above transfer is herewith.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19

(DIRECT)
Secretary, Civil Service District.

C. E. SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

OCT 5 1928

Acting Commissioner of Lighthouses.

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

11—2314

Commissioner of Lighthouses.

RLC:EMF

Washington DC NOV 7 1928

Lighthouse Superintendent Portland Maine

Transfershowe and powers and promotion muise approved notices follow

PUTNAM

CONFIRMATION:

copies in files

Sent Dept. 11/7/28
Edmund A. Howe
Ruel W. Powers
Joseph Muise

Form 73a

(COPY)

REPORT OF TRANSFER OF APPOINTEE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine. August 21, , 1929.

THE COMMISSIONER OF LIGHTHOUSES:

The following-named employee will be transferred as indicated, and will enter upon duty at his new station on or about September 1, 1929.

Name, Ruel W. Powers

Position, Principal Keeper

From Great Rock Island LH Me.
Range $1500-1800

To Matinicus Rock LH Me.
Range $1500-1800

Salary and range, $1500 p.a.

Salary and range, $1500 p.a.

Previous incumbent, Frank O. Hilt (Lt. #1417)

Services terminated, August 15, 1929.

Reason, Transfer to Portland Head LH Me.

This transfer at Mr. Powers' request herewith.

(SGD) C. E. SHERMAN
Superintendent of Lighthouses.

, 19

The above-referred-to transfer became effective beginning with .....

.....

BUREAU OF LIGHTHOUSES
WASHINGTON

August 23, 1929.

Submitted to the Secretary of Commerce for his information.

Acting Commissioner of Lighthouses.

11—4598 GOVERNMENT PRINTING OFFICE

Form 73
Ed. April, 1929

NOMINATION

GFL:CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

Portland (City), Maine, August 19, 1930. (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, INCREASE IN SALARY

Name, Ruel W Powers — Legal residence, Maine

Position, Keeper — Proposed salary, $1620 per annum

Location, Matinicus Rock LH., Me. — Proposed range, $1500-$1800 p.a.

Effective, ~~July~~ Sept 1, 1930 — Appropriation, Sals., Kprs., etc.

{[1] the actual date of entrance on duty, or ~~as soon thereafter as he enters on duty~~.

Former position, same — Former salary, $1500 per annum

Location, same — Former range, $1500-$1800 p.a.

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

Previous incumbent, ___ Services terminated, ___

Reason, ___

Members of family in Government service, ___

Date of birth,

Remarks: Due to increases received under the Brookhart Act the salary of First Asst. Keeper is now $1560 per annum. The pay of Keeper and First Asst. was formerly the same. It is considered that the pay of the principal keeper should at all times be more than that of the first asst. keeper in order to maintain the morale of the Service.

Selection regular, subject to the action of the

U. S. Civil Service Commission, , 19___

C. E. Sherman

(DIRECT) C. E. SHERMAN

Secretary, Civil Service District. Superintendent of Lighthouses

---

BUREAU OF LIGHTHOUSES
WASHINGTON

Aug 28, 1930

Submitted to the Secretary of Commerce, approved. the Bureau concurring with the above remarks.

Suggest OK to Supt for Sept 1 OK Supt 8/27

W. P. HARMAN
~~H. B. BOWERMAN~~

Acting Commissioner of Lighthouses.

RK

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

11—2314

EDWARD C. MORAN, JR.
20 DIST. MAINE

COMMITTEES:
ACCOUNTS
MERCHANT MARINE, RADIO, FISHERIES
WORLD WAR VETERANS' LEGISLATION

MISS ETHEL J. SMALLEY
SECRETARY

Congress of the United States
House of Representatives
Washington, D.C.

1934 APR - 18 - AM 10:08

SUPT. OF LIGHT-HOUSES
APR 21 1934
1st DIST. PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
2nd Clerk
3rd Clerk
4th Clerk
Messenger
Portland S.H.
L.D 1st Depot
Hibiscus
Ilex
Call-up
Files

April 17, 1934

4/19/34 acknd.
5/2/34 answd
copy to Supt

Mr. George R. Putnam, Commissioner,
Bureau of Lighthouses,
Department of Commerce,
Washington, D.C.

My dear Commissioner: Re: Ruel Walter Powers,
Rockland, Maine.

I am informed that Keeper H.F.Moore, of the Rockland Breakwater Lighthouse died last Friday, and that Mr. Ruel Walter Powers, keeper of the Matinicus Rock Light, has applied for the Rockland position. I would be very glad to see Mr. Powers appointed to the Rockland position, and hope you may find it to the best interest of the service to do so. Will you please advise me your decision?

Very truly yours,

Edward C. Moran
M.C.

m
E-K

- - - - - - -

Bureau of Lighthouses, Washington, D. C.,
April 19, 1934.

Referred to Superintendent of Lighthouses, Portland, Maine, for report and return.

For the Commissioner:

W. P. Harman
W. P. Harman
Administrative Assistant

April 19, 1934.

Hon. Edward C. Moran, Jr.,
House of Representatives,
Washington, D. C.

Dear Mr. Moran:

In reference to your letter of April 17, on behalf of Mr. Ruel Walter Powers who desires appointment to the position of keeper at Rockland Breakwater Light Station:

This matter is under consideration and you will be further advised in regard thereto at an early date.

Very truly yours,

E-K

Commissioner of Lighthouses.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

GCB:CP
Enclosure

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
PORTLAND, ME.

1934 APR 28 AM 9:01

April 26, 1934

Bur. end. Apr. 19 on Congressman Moran's let. of Apr. 17 in re vacancy in position of Keeper, Rockland Breakwater LH., Me.

5/2/34 Wrote Dill Copy to 1st,

2nd endorsement

1. Returned to Bureau.

2. Previous to receipt of this letter the candidates were looked over and Mr. George E Woodward, Assistant Keeper of the station, was selected as being the most eligible from both the merit standpoint and the good of the Service, and papers were ordered prepared accordingly. See form 73a of April 14, 1934.

3. Considerable pressure was brought upon the writer verbally by Mr. Moran's secretary, Mr. James Connollen, when in Rockland last week but without committing one way or the other, the visitor was shown the paragraph in the Regulations relating to use of political influence and advised that as far as the writer was concerned such activity did not advance his client's interest a particle. He was further informed that my decision as to whom I would nominate would be entirely based on merit and fitness for the position, the same as any other position under my jurisdiction.

4. In this case Mr. Powers has had only seven years service as a keeper plus 6 months service on the HIBISCUS in the crew and has had six years service as principal keeper. Mr. Woodward has had over 15 years service as keeper, 10 years of it as a principal keeper prior to his transfer to the position of Assistant Keeper, Rockland Breakwater LH., Me., recently, at his request, and for personal financial reasons. Mr. Woodward is a conscientious keeper of good personal appearance and tactful demeanor ideally suited both to operate the fog signal and illuminating apparatus at this station and to properly meet the numerous summer visitors. For these reasons and because of his length of service, Mr. Woodward is believed to be the best possible choice of those desiring the position.

5. Mr. Powers will receive consideration in the filling of future vacancies to which his length of service might entitle him.

Brush
BRUSH
Superintendent

May 2, 1934.

Hon. Edward C. Moran, Jr.,
House of Representatives,
Washington, D. C.

Dear Mr. Moran:

In further reference to your letter of April 17, in the interest of Mr. Ruel Walter Powers who desires transfer from his present position to that of keeper at Rockland Breakwater Light Station:

It is the policy of the Service in filling vacancies at relatively desirable stations, to give prior consideration to keepers having long and meritorious service at relatively undesirable and isolated stations, and in providing for the present vacancy at Rockland this policy was followed and provision made for the promotion to it of an assistant keeper whose record in the above respects was longer than that of Mr. Powers. Upon the occurrence of further vacancies, however, careful consideration will be given to Mr. Powers and endeavor made to give him a station more according to his wishes.

Very truly yours,

H. D. King

RC-EK

Acting Commissioner of Lighthouses.

COPY

Bureau of Lighthouses, Washington, D. C. 1st Supt.

Form 73

CP
Enclosure

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

South Portland (City), Maine, April 26 (Date), 1935.

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER

Name, Riel W Powers

Position, Keeper

Location, Perkins Island LH., Me.

Effective, May 11, 1935 { ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Legal residence, Maine

Proposed salary, $1440 per annum

Proposed range, $1320-$1680 p.a. $240 quarters

Appropriation, Sals., Kprs., etc.

Former position, same

Former salary, $1620 per annum

Location, Matinicus Rock LH., Me.

Former range, $1500-$1860 p.a. $240 quarters

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

(Lt.#1431)

Previous incumbent and his pay, Eugene W. Osgood / $1500 p.a. Services terminated, April 16, 1935.

Reason, Transferred to position of Keeper, Fort Popham LH., Me.

Members of family in Government service, ---

Remarks: Mr. Powers' acceptance of offer of transfer is herewith enclosed.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19---

(DIRECT)
Secretary, Civil Service District.

Brush
BRUSH
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

May 1, 1935

Submitted to the Secretary of Commerce, approved. The proposed transfer involving a reduction in pay is agreeable to the nominee.

W. P. HARMAN
Acting Commissioner of Lighthouses.

1 Strike out the clause which does not apply.

11—2314

COPY - CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

First District

Matinicus Rock

April 20th, 1935.

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir:

Reply to your letter, dated April 15th.

I would be pleased to accept Perkins Island.

Respectfully,

(SGD) R W POWERS

Keeper

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 6, 1935.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective May 11, 1935, or entrance on duty (change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

WM. J. GAERDNER

Chief of Appointment Division.

From: $1620 per annum.

To: $1440 per annum.

Service and grade: Field.

Appropriation (unit):

1
B

MAY 10 1935

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
South PORTLAND, MAINE.
GFL:SWA

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES

1935 MAY 24 PM 3:27

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
South PORTLAND, MAINE

May 23, 1935

Commissioner of Lighthouses:

Bureau is advised that Mr. Rusl W. Powers entered on duty as Keeper, Perkins Island Light Station, Maine, at $1,440 per annum on May 21, 1935, under authority of Department letter of May 6 changing his compensation from $1,620 per annum to $1,440 per annum.

B.
BRUSH
Superintendent

Forwarded to Secretary of Commerce for his information.

For the Commissioner,

Chief, Personnel Division

6

STANDARD FORM N[redacted]
(Approved by the President 6/28/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treasury Department **Date** Sept. 18, 1939

1. Name in full (Mr., Miss, or Mrs.) Powers (Surname) Reed (Given name) Walter (Middle name)
2. Present address Perkins Island Light Sta. (Number) (Street) Portland Head (City) Maine (State)
3. Legal (voting) residence Maine 2nd (State and Congressional District) Sagadahoc (County) Phippsburg (City or town)
4. Where born Maine (State or foreign country) Brunswick (City or town) When born March 19, 1890 (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 X	Female	Single	Married X	Divorced	Widowed	White X	Colored

7. Number and ages of dependents domiciled with you Maude A. Powers wife age 41
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
Treasury Revenue Cutter	Portland Me	Seaman	62.50	Sept.	27	1926	March	31	1927
Lighthouse		Keeper	120.00	June	1st	1927			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below: No

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below: No

(Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service? No

(Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

None √	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

Enlisted ..... Discharged .....
Rank ..... Rank .....
Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) None

14. Statement of principal employment other than with the United States Government: None

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. Ruel Walter Powers

Relationship Wife Post office address Parker Head Me. R. F. D.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Ruel W. Powers
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

17. Have you been retired from the Civil, Military, or Naval Service of the United States? no ; if so, state (a) whether for age, length of service or disability ; (b) Amount of retired pay .

Copy of this form has not been sent to the Dept.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: January 8, 1941

Name: Powers, Buel V.

From: U. S. Coast Guard

Bureau No: 1431

Promotion

	FROM	TO
Position		Keeper
Grade		Field (Range $1620-1680)
Salary	Field (Range $1620-1680) $1440 p.a. plus $240 p.a. Qtrs.	$1800 p.a. plus $240 p.a. Qtrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty		Boston, Mass.
Appropriation		Perkins Island Lt. Sta., Me.
Allotment Field or Deptl.		Civilian Employees, C.G. Field

EFFECTIVE
Remarks: January 16, 1941

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 2-19-1890

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT?: Lighthouse Ser

DATE OF OATH: 3-20-19

Justification:

No increase in pay since September 16, 1930.

S. P. NIELMAN,
Lt. Commander, U. S. Coast Guard,
Acting Assistant Personnel Officer.

BUREAU SUSPENSE AND FILE COPY

N.J.M.

U. S. COAST GUARD
REC'D JAN 31 1941

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 193[illegible]

FOLLOW INSTRUCTIONS ON BACK

Perkins Island light

POWERS, Ruel W. _____ Keeper Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

APPLICATION TO THE U. S. PUBLIC HEALTH SERVICE FOR RELIEF FOR THE PERSONNEL OF THE U. S. COAST GUARD

FILE
Med. Log Bk.

~~REGULAR~~
~~SPECIAL~~
TEMPORARY
(Enlistment status)

Place Popham Beach, Maine., Date 19 January, ~~1940~~, ~~192~~ 1941

BOSTON DISTRICT
JAN 30 1941
U.S. COAST GUARD

To: Medical Officer in charge, U.S.Marine Hospital
Portland, Maine.

SIR: You are requested to examine the above-named {*~~officer~~ / *~~enlisted man~~} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Officer in charge, Popham Beach Station
Popham Beach, Maine.

Ruel W.Powers (Signature of patient)

Niles F. Cameron (101-693 C.B.M.
Officer in charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital
Portland, Maine, Date 19 January, 1941

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

1769-Tuberculosis, pulmonary, chronic, moderately advanced.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately *_____ days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital, Portland, Maine {*hospital / *~~office~~} on 19 January, 1941

U. S. COAST GUARD
RECEIVED FEB 1 1941
BY
MEDICAL SECTION

* Hospitalization for a prolonged indefinite period - more than 6 months.

MWM

J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

*Having been informed that I am suffering from _____ (Diagnosis)
and that in the opinion of the medical officer, this disease is the result of my own misconduct, I (*do not) desire to submit a statement. (Attach statement if made.)

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)
U. S. Public Health Service.

*Strike out words not applicable.

2—663

COPY FOR MEDICAL DEPARTMENT, HEADQUARTERS.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D FEB 27 1941

Powers, Ruel W. | | Keeper | Perkins Island Light Station.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

~~REGULAR~~
~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Portland, Maine, Date 21 February, 1941

To: Popham Beach Station.
(Coast Guard unit)

Popham Beach Station.
(Address)

U. S. COAST GUARD
REC'D FEB 28 1941 BY
MEDICAL SECTION

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tuberculosis, pulmonary, chronic, mod. adv.	1769	19 January	21 February, 1941
Pleurisy, serofibrinous, acute, tuberculous	1391	"	"

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

Death occurred at 5:10 p. m. February 21, 1941

CONDUCT REPORT:

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

J E Robinson
J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

MVM

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ since _____, 193 , has been
(Diagnosis)

transferred this date _____, 193 , to the U. S. Marine Hospital at _____ for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FA22-75

25 February, 1941.

From: Commandant.
To: Commander, Boston District.

Subject: Keeper R. W. Powers, deceased; final pay.

References: (a) Your dispatch 240015.
(b) Standard Form No. 1055.
(c) Article 144, Pay and Supply Instructions.

Inclosures: 1. Reference (b).
2. Form of waiver.

1. In view of reference (a) in which the death on 21 February, 1941, of the above named man was reported, reference (b) is forwarded with attention invited to reference (c).

2. You are requested to prepare the papers necessary to effect settlement of all pay and allowances due estate of deceased at the time of his death and forward same to the legal representative or next of kin for execution.

W. H. WEBB,
By direction.

MAILED
FEB 26 1941
MAIL DESK

51

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

Boston, Mass.

13 March,1941

U. S. COAST GUARD
REC'D MAR 14 1941

From: Commander, Boston District.
To: Commandant.

Subject: Keeper Ruel W.Powers, Perkins Island Lt.Station, Me., deceased; final pay.

References: (a) Headquarters' letter 25 February,1941 (FA21-75)

Inclosures: (1) Standard form 1055 (with waiver).
(2) Standard form 1074 (in quad.)
(3) Check No.269,019, amount $2.50;for cancellation.

1. Inclosures are forwarded herewith for final payment.

C. G. ROEMER,
Chief of Staff.

PAYROLL (Ruel W. Powers)
1-21 February,1941.

D. O. Voucher No. [redacted]

Bureau No. .....

PAY ROLL FOR PERSONAL SERVICES—MISCELLANEOUS

(EMPLOYEES ON PER HOUR, DAY, WEEK, MONTH, OR PIECEWORK BASIS)

Department or Establishment TREASURY DEPARTMENT.

Bureau, Division, or Office U.S.COAST GUARD- Boston District.

Location BOSTON, MASSACHUSETTS (22)

Period from 1 February,1941 to 21 February,1941.

PAID BY

(For use of Paying Office)

For payment for services and/or allowances of officers and employees during the period specified above as stated in "Gross Amount Earned" column or columns (exclusive of allowances not charged to appropriations)	AMOUNT	NOTATIONS
	87.50	
Differences	$	
Account verified; correct for	87.50	
(Signature or initials)		

ONE //

I further certify that the employment of the persons named on the within pay roll is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.

I hereby certify that to the best of my knowledge and belief each employee whose final payment is indicated on this pay roll is not in any manner indebted to the United States; that all transportation requests and Government property for which the employee is responsible have been returned or properly accounted for, including any breakage charged; and that there are no outstanding General Accounting Office disallowances or exceptions in disbursing officers' accounts covering any prior payments to the employee.

87.50

MEMORANDUM

T.A.SHANLEY, Captain USCG
Commander, Boston District

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

APPROPRIATION, LIMITATION OR PROJECT SYMBOL	APPROPRIATION TITLE	LIMITATION OR PROJECT AMOUNT	APPROPRIATION AMOUNT
2011208. (92)	Civilian Employees, Coast Guard,1941 "Salaries, Shore Stations".	$	87.50

I further certify that the employment of the persons named on the within pay roll is not prohibited by any provisions of law limiting the availability of the appropriation(s) involved.

I hereby certify that to the best of my knowledge and belief each employee whose final payment is indicated on this payroll is not in any manner indebted to the United States; that all transportation requests and Government property for which the employee is responsible have been returned or properly accounted for, including any breakage charged; and that there are no outstanding General Accounting Office disallowances or exceptions in disbursing offices' accounts covering any prior payments to the employee.

ALLOTMENT SYMBOL	AMOUNT	ENCUMBRANCE LIQUIDATED	COST ACCOUNT		OBJECT OF EXPENDITURE	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
92	$ 87.50	01-10-501		$ 87.50	0111	$ 87.50

Mrs. Maude E. Powers Widow
Box 106 Woolwich, Maine

10—2046

Standard Form No. 1074 B—Revised
FORM APPROVED BY
COMPTROLLER GENERAL, U. S.
May 19, 1937
Gen. Reg. No. 34, Supp. No. 8

PAY ROLL FOR PERSONAL SERVICES—MISCELLANEOUS

(EMPLOYEES ON PER HOUR, DAY, WEEK, MONTH, OR PIECEWORK BASIS)

Page No. ONE.

MEMORANDUM

AUTHORITY OR IDENTIFICATION NUMBER

TREASURY (Department or Establishment) U.S.COAST GUARD (Bureau or Service) Boston District BOSTON, MASSACHUSETTS. (Location)

(Name and designation of disbursing officer)

Period from 1 February, 1941 to 21 February,1941.

No.	Names and Addresses (when required) and Official Designations or Occupations	Compensation: Rate of compensation	Compensation: Unit of employment	Compensation: Total units employed	Allowance: Class	Allowance: Value	Allowance: Total units	Gross Amount Earned: Not subject to Retirement Deductions	Gross Amount Earned: Subject to Retirement Deductions	Deductions: Retirement	Deductions: Quarters or rent	Deductions: Subsistence or meals	Net Amount Paid	Notations of Payments by Check (Number and Date) Drawn on Treasurer U. S., Unless Otherwise Stated, or by Loose Cash Receipt (Number) Attached to This Roll	Remarks
	Light Keeper.														
1	Ruel W. Powers	$1500.	PA.	$125.	No.	21/30	Qtrs. $20.	21/30		101.50		14.00		87.50	
2										101.50		14.00		87.50	TOTAL APPROVED

Note: Mr. Powers died on 21 February,1941. This voucher is prepared to cover the salary due him as Keeper, Perkins Island Light Station,Me. for the period 1-21 February,1941. He was last paid on regular voucher No.1 70149,page 2, line 11, Accounts of G.F Allen CDO 1-101, Jan.31,1941 in the amount of $120.00, and also on supplemental payroll- voucher No.1-76184, page 1, line 20, Accts. of G.F.Allen, CDO 1-101, Feb. 18,1941, in the amount of $2.50. If he had lived during the entire month of February, 1941, he would have been paid for that period on Voucher 1-80512, page 2, line 11, Accts. of G.F.Allen, CDO -1-101, Feb. 28,1941. No check has been drawn covering the pay due him for period 1-21 February,1941. Standard Form No.1055 "Application for settlement by General Accounting Office, etc." is attached hereto.

I certify that this bill is correct and just and that payment therefor has not been received.

MRS. MAUDE A. POWERS (sgd)
Next of Kin.

FORM 9619-A
TREASURY DEPT.

U. S. COAST GUARD

HEADING

RN NR 3 PK Z QUAF 240015 QUAH P GR 19

FROM: COMBOSDIST

ACTION: COMMANDANT PRIORITY

INFORM:

wrote dup 93
EW 2-25-41

TEXT

CIVILIAN KEEPER R W POWERS PERKINS ISLAND LIGHT STATION DIED

21 FEB 1941 AT US MARINE HOSPITAL PORTLAND ME

TOD 0030 PK 24 FEB NMSE

Asst. Comdt.	Mail & Files
Aviation	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Medical
Civilian Personnel	Office Manager
Commandant	Operations
Communications	Ordnance
Const. & Repair	Permanent Board
[illegible]nce	Personnel
[illegible]ector	Procurement
Intelligence	Public Relations
Law	Radio Engineering

Mr Gross Rm 506

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

S

U. S. COAST GUARD 3

REC'D MAR 3 - 1941 P.

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

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 25 FEBRUARY 1941

BOSTON DISTRICT RECEIVED FEB 27 1941 U.S. COAST GUARD

From: Commandant.
To: Commander, **Boston District**

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.

Powers

NAME AND DESIGNATION **Ruel W. Perkins, Keeper, Perkins Island Lt.Sta.**

(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.

Submit Form 93 reporting death if this has not already been done.

By direction,

N. R. STILES,
Assistant Personnel Officer.

BOSTON DISTRICT 75 1st Indorsement Boston, Mass., 28 February, 1941.

From: Commander, Boston District.
To: Commandant.

1. Returned. The above-mentioned report was forwarded to Headquarters on 26 February, 1941.

O. A. LITTLEFIELD
By direction.

75

U. S. COAST GUARD
RECD FEB 27 1941

Form 93

NOTICE OF ~~RESIGNATION OR~~ DEATH

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U. S. COAST GUARD
Commander
OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES~~, Boston DISTRICT.

Boston, Mass., 26 February, 1941. , 19

COMMANDANT:
~~Commissioner of Lighthouses~~

Notice of Death

Herewith is transmitted ~~the resignation~~, in duplicate, of the following-named employee:

Name, Ruel W. Powers — Position, Keeper

Legal residence, Maine — Station, Perkins Island Light Station

Salary, $1500 per annum
Range: ($1320-$1680 p.a.)

~~The acceptance of this resignation~~ { ~~with~~ / ~~without~~ } ~~prejudice is recommended effective at the close of~~

This employee has taken leave in excess of the accrued rate.

REMARKS: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

Above employee died at 5.10 p.m., February 21, 1941, at the U. S. Marine Hospital, Portland, Maine, as per medical certificate attached.

O. A. LITTLEFIELD, By direction.
~~Superintendent of Lighthouses~~

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

COPY

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

Powers, Ruel W. | | Keeper | Perkins Island Light Station.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*~~REGULAR~~
*~~SPECIAL~~
~~TEMPORARY~~
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Portland, Maine., Date 21 February, 19 41.

To: Popham Beach Station,
(Coast Guard unit)

Popham Beach Station.
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tuberculosis, pulmonary, mod. adv.	1769	19 January	21 February, 1941
Pleurisy, serofibrinous, acute, tuberculous	1391	"	"

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

Death occurred at 5.10 p.m. February 21, 1941.

CONDUCT REPORT:

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

/s/ J. E. ROBINSON

J. E. ~~Robinson, P. A.~~ Surgeon, (R) *U.S. Public Health Service.*

MVM

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at _____ {*office / *hospital} at _____ for

_____ (Diagnosis) _____ since _____, 19 , has been

transferred this date _____, 19 , to the U. S. Marine Hospital at _____ for further treatment.

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—863

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: March 13, 1941.

Name: Powers, Ruel W.

From: U.S. Coast Guard

Bureau No: 1431

Death

	FROM	TO
Position	Keeper	
Grade	Field (Range $1320-1680)	
Salary	$1500 p.a. plus $240 p.a.Ctrs.	
Bureau or Div. Organizational Subdivisions	U.S.Coast Guard	
Headquarters	Boston, Massachusetts	
Post of Duty	Perkins Island Lt.Sta., Me.	
Appropriation	Civilian Employees, C.G.	
Allotment		
Field or Deptl.	Field	

EFFECTIVE: February 21, 1941

Remarks:

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 3-19-1890

LEGAL RESIDENCE: Maine

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT: 6-20-18

DATE OF OATH

BUREAU SUSPENSE AND FILE COPY

MAR 15 1941 MAR 15 1941

MAR 15 1941

28 April, 1942.

Honorable David I. Walsh,
United States Senate,
Washington, D. C.

My dear Senator:

Receipt is acknowledged of your memorandum of 24 April, 1942, relative to probable pension award in the case of Mrs. Maude A. Powers, widow of the late Ruel W. Powers, Keeper, former Lighthouse Service, now U. S. Coast Guard.

Please be advised that the case of Mrs. Powers was carefully considered. Since he did not serve at a Lighthouse unit transferred to the Navy during the World War and had no record of military service, his widow was not eligible to pension award, nor to an allowance for burial. Inasmuch as Mr. Powers was not enlisted in the Coast Guard, he was, at the time of his death, serving as a civilian employee, and therefore, expenses were not paid by the Coast Guard.

Final pay in amount $87.50 was paid to Mrs. Powers on 9 May, 1941. It is regretted that there is nothing further that can be done in this case.

Very truly yours,

R. R. WAESCHE,
Vice Admiral, U.S.C.G.,
Commandant.

Letter forwarded
direct - Trade Lawyer named Clifford
relative to pension

MAILED
APR 29 1942

L-75

FILE
F.R.W.

June 3, 1942.

Honorable David I. Walsh,
United States Senate,
Washington, D. C.

My dear Senator:

Receipt is acknowledged of your memorandum of May 28, 1942, forwarding a letter addressed to you by Mr. Guy E. Clifford, of Boston, Mass., in further reference to a pension for Mrs. Maude A. Powers, widow of the late Ruel W. Powers, Keeper of Perkins Island Light Station, Maine.

I have been pleased to have the case of Mrs. Powers given such further consideration as is practicable, but regret to advise that I am unable to give a more favorable reply. I am sure that you fully understand, and that Mr. Clifford does too, that no funds appropriated for the Coast Guard may be expended except in accordance with some provision of law. We know of no provision of law for granting a pension or other financial relief, upon the facts of record, to a widow or other dependent of an employee in the status of the late Ruel W. Powers. From Mr. Clifford's letter it appears that he may be under the impression that pension or similar relief for widows of civilian employees of the United States is a regular thing, which is by no means the fact. There are hundreds of other civilian lighthouse keepers of long and meritorious service, as well as other civilian employees, who have died, without any provision being available to their widows.

The records of the Coast Guard do not indicate that the death of Mr. Powers occurred under circumstances that would bring it within the provisions of the Employees' Compensation Act of September 7, 1916, as amended, which Act, if applicable, might provide some relief.

Mr. Clifford's letter is herewith returned to you.

Very truly yours,

RECEIVED
JUN 6 1942
MAIL DESK

R. R. WAESCHE,
Vice Admiral, U. S. Coast Guard,
Commandant.

WPH/fbw
Inclosure

United States Senate

COMMITTEE ON NAVAL AFFAIRS

28 May 1942

Respectfully referred to

Rear Admiral Russell R. Waesche

U. S. Coast Guard, Washington, D. C.

with thanks for such favorable consideration as the communication herewith submitted warrants, and for a report thereon.

By direction of

David I. Walsh

Copy

GUY E. CLIFFORD
Counsellor at Law
Boston

Honorable David I. Walsh,
United States Senate,
Washington, D. C.

In re: Maude A. Powers, widow Ruel W. Powers.

My dear Senator:

I thank you for your efforts and letter of April 30, but, am constrained to take exceptions to the attitude of our Government in evading recognition of a meritorious claim without good reason.

Irrespective of any nomenclature whether Mr. Powers was a General, a civilian, was under the Treasury Department or Coast Guard Division of our political system: it is a fact that, under our Civil Service laws, Mr. Powers was duly enrolled in the service of our Government and gave the best and balance of his life to this service.

At this time we may not go into the question of neglect, on the part of his superiors, although we may suggest that, through no fault of his own, he lost his life in serving his Country; and I earnest request that further and serious consideration be given to this case.

April 9, 1942.

Sincerely,

GUY E. CLIFFORD.

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

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

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

Full name of decedent Ruel Walter Powers

Name of claimant answering questions below Maude Agnes Powers,

1. What was the date of your birth? April (Month) 17th (Date) 1896. (Year)
(If under legal age, claim should be made by guardian)
2. What is your relationship to decedent? Wife
3. Were you wholly or partially dependent upon decedent for support at the time of his death? Wholly.
4. What was amount contributed by decedent for your support during the twelve months immediately preceding his death? $120.00
5. Did the decedent live with you during the year immediately preceding his death? Yes. If so, what, if anything, did he pay you in money or in work for board and room in addition to the contribution for your support stated above? His entire pay.
6. If no fixed amount was paid for board and room furnished, what is the fair value of such board and room? None
7. Were you employed during the twelve months immediately preceding the decedent's death? No. If so, give occupation None., rate of pay None, and total earnings
8. What was your total income from all other sources (except the contribution of decedent and your wages) during the twelve months immediately preceding the death of the decedent? None
9. What persons, if any, were wholly or partially dependent upon you and were supported by you out of this income? (Give relationship of each person.) None
10. If married, and your husband (or wife) was employed during the twelve months immediately preceding the death of the decedent, give age None, occupation , rate of pay and total earnings
11. If married, what, if any, income did your husband (or wife) have other than already stated by you during the twelve months immediately preceding the death of the decedent? None.
12. If you claim dependency for support on the decedent at the time of his death, state in detail any other circumstances which would tend to show such dependency Kept his home and did some of the work at the Light House.
13. What is your total present income per month from all sources? Nothing.
14. What property did you own at the time of the death of the decedent?
Value and location of real estate Camp, Sasanoa Bluffe, Woolwich, Maine, $500.00, and that was owned by (wife) Maude Agenes Powers.
Value of personal property Nothing.
15. What, if any, property in addition to the above do you own now? Nothing.
16. What property does your husband (or wife) own other than that described in Questions 14 and 15 above? (Give value and location.) Nothing

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

Name: Maude A. Powers

Address: Bath, Maine, Box 106. (Street and number)

Bath, (City) Maine (State)

Sate of Maine,
Sagadahoc, } ss:

Subscribed and sworn to before me this 7th day of April, 19 41.

Ralph O. Dall
(Signature of official administering oath)

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

PHYSICIAN'S CERTIFICATE

1. Full name of deceased employee Ruel Walter Powers

2. Dates on which employee was attended by you From January 19, 1941 to February 21, 1941
was in U. S. Marine Hospital, Portland, Maine

3. Date of employee's death February 21, 1941

4. Direct cause of death Tuberculosis, pulmonary, active

5. Contributory cause of death Tuberculosis, pulmonary,

6. Was history of injury given in this case? No If so, state it briefly

7. In your opinion, was the death of the employee due to such injury? --

8. Remarks:

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

J. E. Robinson, P. A. Surgeon (R) USPHS
(Signature of certifying physician)

Address U. S. Marine Hospital
(Street and number)

Portland, Maine
(City) (State)

Date of this certificate, April 14, 1941

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

CERTIFICATE OF OFFICIAL SUPERIOR

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

I HEREBY CERTIFY that the person on account of whose death the foregoing claim is made was employed by the United States when injured and official report of death was made on 21 February, 1941.

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

Remarks: Certified copy of death certificate is hereto attached, together with itemized bills covering medical and burial expenses.

Signed this 29th day of April, 1941.

at Boston, Mass.

O. A. LITTLEFIELD, Lieut.-Comdr., U.S.C.G.,
(Signature of official superior)
Personnel Officer,
Boston District.
(Title)

CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH

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

The persons to whom compensation may be paid are:

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

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

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

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

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

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

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

---

1. Full name of deceased employee Ruel Walter Powers
2. Age 50 3. Sex Male 4. Occupation Light House Keeper
5. Was deceased able to speak English? Yes. 6. If not, what language? unknown
7. Time of injury: (a) First August (Month) (b) 18 (Date) (c) 1932 (Year) (d) unknown (Hour, a. m. or p. m.)
8. Place where injury occurred Light house, Perkin's Island, Phippsburg, Me. (Place or establishment, as "post office," "navy yard," etc.)
9. Nature and extent of injury Chest and ribs, Also chest and Ribs on Matinicus Rock Light House.
10. Date of death February 21, 1941.
11. Place where death occurred Marine Hospital, Portland, Maine.
12. Rate of pay of deceased employee at time of injury which resulted in death, $ 125.00 per month
Quarters and ~~subsistence~~ valued at $ 240.00 per annum.
13. Relationship to the deceased of the person claiming to be entitled to compensation Wife.
14. Did deceased leave any other relatives entitled to compensation? No. If so, give names, addresses, ages, and relationship below.

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

Name	*Address*	*Age*	*Relationship*

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

Name: Maude A. Powers

Address: Bath, Maine Box 106, Bath, Me. (Street and number)

Maine. / Sagadahoc, } ss: Bath, (City), Maine (State)

Subscribed and sworn to before me this 7th day of April, 19 41

Ralph O. Dall (Signature of official administering oath)

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

C. A. 5
Revised to April 12, 1919

AFFIDAVIT IN SUPPORT OF CLAIM OF WIDOW OR WIDOWER

(If there is no surviving widow or widower, but there are children living under 18 years of age, the guardian of such children should fill out first and second pages of this form, omitting only information called for by questions 2, 3, 4, and 5 on this page)

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

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

1. Full name of deceased employee Ruel Walter Powers.

2. Date of marriage to deceased employee February 7, 1927.
(A certified copy of marriage certificate should be attached hereto)

3. Date of birth of claimant: (a) April (Month) (b) 17th (Date) (c) 1896. (Year)

4. Were you living with deceased at the time of his death? Yes
(If not, you should fill out "Affidavit in support of claim of dependents other than widow or widower and children under 18," except questions 1, 2, 3, and 9 on page 3 of this blank)

5. Number of children now living who are the issue of said marriage None

6. Number of children now living who were under 18 years of age at time of decedent's death None

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

Name	*Date of birth*

8. Have the above-named children a guardian? //// 9. If so, give name and address of such guardian of each child (and furnish certified copy of appointment as guardian)

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

Name: Maude A. Powers

Address: Bath, Maine, Box 106.
(Street and number)

Bath, (City), Maine. (State)

State of Maine, }
County of Sagadahoc, } ss:

Subscribed and sworn to before me this 7th day of April, 1941.

Ralph O. Dall
(Signature of official administering oath)

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

U. S. GOVERNMENT PRINTING OFFICE: 1930

COPY

Bath, Me.
Box 106
4-26-41

Dear Sir:

Enclose find receipt for funeral bills paid by me for my husband's funeral. There were no doctors bills, as he was cared for by government hospital. Wish you would please look up and see if I am not entitled to one hundred dollars, toward his expenses. We always were so I understand.

Respectfully

Mr. Maude A. Powers.

Arthur F. Mayo A. Farley Mayo Jr. Howard W. Mayo

Telephone 116 Residence 819 High Street

Bath, Maine. February. 21, 1941.

Estate of Ruel Wl Powers.

To ARTHUR F. MAYO, Dr.

Funeral Residence

The Funeral Expenses of

Ruel W. Powers.

$363.00

Received Payment

From Mr. Maude Powers

Arthur F. Mayo.

March 18, 1941.

Itemized account on inside

In Rendering our bill two weeks from date of service is not a damand for payment, but to afford our patrons opportunity to arrange for saving discount if desired.

Service Charge which includes:

Embalming, Arrangin and Concucting Funeral. Use of Funeral Equipment.	$ 65.00
Casket	184.00
Steel Vault	90.00
Total $339.00	

Cash Advancements:

Cemetery Charges	$ 14.00
Clergyman	5.00
Flowers	5.00
Minimum $ 24.00	
	$363.00

Add Extra for:

Sedans
Removal from
Dress, Suit or Underclosthing
Funeral Coach (Out of Town)

Telegrams, Telephone, Tolls or Paper Notice
$-------Discount if paid in 30 days from date of bill.
Legal Interest Charges after 90 days.

75

Back

17 April, 1941.

Ruel W Powers

Mrs. Maude A. Powers,
P. O. Box 106,
Bath, Maine.

Sir:

Your claim for compensation on account of death of your husband, Ruel W. Powers, is herewith returned for correction.

Question No. 7. The records of this office indicate that Mr. Powers was injured at Matinicus Rock Light Station on August 5, 1932 and at Perkins Island Light Station on June 18, 1935.

Question. No. 12. Mr. Powers' rate of pay at the time of his death was $1500 per annum ($125.00 per month) plus quarters at $240 per annum.

Question No. 13. The answer should be "Wife" instead of "Husband".

Question No. 14. Since your answer to this question is "No", names and addresses of relatives should be omitted.

You are also advised that itemized bills in duplicate covering the medical and burial expenses should be submitted with the claim.

Very truly yours,

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

Also supply attached Certificate of Death (in office)

Bath, Me. Mar. 26, 4

Commander Boston District,

Dear Sir:

Will you kindly inform me at your earliest convenience, if I am entitled to a pension, and also $100, for removal of body, which I have been advised is allowed, when death claims a member of the Coast Guard service.

My husband, the late Fred W. Powers, was for a period of 15 years in the service

At time of demise, was keeper of the Perkins Island light.

He had, some time ago, incurred an injury, which details are on file.

Doctors at the Marine Hospital in Portland, where he was a patient at time of death, claim that said injuries combined with exposure, was responsible.

He was in the line of duty when taken ill, and ordered directly to hospital.

Anything you may be able to help me with, I will greatly appreciate.

Will you kindly intercede in my behalf?

Yours Very Sincerely,

Maude A. Powers (Widow)

[redacted]

Box 106, Bath, Me.

4 March, 1941.

Mrs. Ruel W. Powers,
Perkins Island Light Station,
R. F. D., Parker Head, Maine.

Dear Madam:

I regret very much to learn of your husband's sudden passing and extend to you my sincere sympathy in your bereavement.

I am aware of Mr. Powers' many years of employment in the former Lighthouse Service and Coast Guard and know that his spendid service and personality will be greatly missed by his associates.

Very truly yours,

T. A. SHANLEY
Captain, U. S. Coast Guard
Commander, Boston District.

75

3 March, 1941.

Mr. W. S. Erwin, Secretary-Treasurer,
U. S. Depts. of Commerce and Justice
Beneficial Association,
Commerce Building, Washington, D. C.

Sir:

In reply to your letter of 26 February, 1941, you are advised that Mr. Ruel W. Powers, former Keeper, Perkins Island Light Station, Maine, entered on duty in the former Lighthouse Service on May 31, 1927. He last reported for work on 16 January, 1941, upon which date he entered the U. S. Marine Hospital at Portland, Maine, and remained there until the date of his death on 21 February, 1941.

Very truly yours,

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.,
Personnel Officer,
Boston District.

ersonnel Office:

Kindly make proper reply to attached letter.

South Portland Base

PERSONNEL OFFICE

BOSTON DISTRICT
RECEIVED
MAR 1 1941
U.S. COAST GUARD

U.S. COAST GUARD

Superintendent of Lighthouses,
First District,
South Portland, Maine.

Dear Sir:

This office has been notified of the death of Mr. Ruel W. Powers to whom certificate No. 8176 had been issued, and who was employed as Principal Keeper at the Matinicus Rock Lighthouse, Maine.

To assist us in the completion of the proof of claim it will be appreciated if you will furnish us with the following:

1. Date insured became an active employee of the Lighthouse Service.

2. Date insured last reported for work.

Very truly yours,

W S Erwin

GS. W. S. Erwin.

CP-75

25 FEBRUARY 1941

From: Commandant.
To: Commander, **Boston District**

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.

NAME AND DESIGNATION **Ruel W. Perkins, Keeper, Perkins Island Lt.Sta.**

(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.

Submit Form 93 reporting death if this has not already been done.

By direction,

N. R. STILES,
Assistant Personnel Officer.

BOSTON DISTRICT 75 **1st Indorsement** **Boston, Mass., 28 February, 1941.**

From: Commander, Boston District.
To: Commandant.

1. Returned. The above-mentioned report was forwarded to Headquarters on 26 February, 1941.

O. A. LITTLEFIELD
By direction.

Form 93

NOTICE OF ~~RESIGNATION~~ OR DEATH

TREASURY DEPARTMENT

~~DEPARTMENT OF COMMERCE~~

~~LIGHTHOUSE SERVICE~~

U. S. COAST GUARD

Commander

OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES~~, Boston DISTRICT.

Boston, Mass., 26 February, 1941. , 19

COMMANDANT:

~~COMMISSIONER OF LIGHTHOUSES:~~

Notice of Death

Herewith is transmitted ~~the resignation~~, in duplicate, of the following-named employee:

Name, Ruel W. Powers — Position, Keeper

Legal residence, Maine — Station, Perkins Island Light Station

Salary, $1500 per annum
Range: ($1320-$1680 p.a.)

~~The acceptance of this resignation~~ { ~~with~~ / ~~without~~ } ~~prejudice is recommended effective at the close of~~

This employee has taken leave in excess of the accrued rate.

REMARKS: (In case of death, if person had 25 years or more of service, give name, degree of relationship, and address of next of kin.)

Above employee died at 5.10 p.m., February 21, 1941, at the U. S. Marine Hospital, Portland, Maine, as per medical certificate attached.

Mrs. Powers
Box 106
Bath, Maine
Tel. Bath 709.

O. A. LITTLEFIELD, By direction.

~~Superintendent of Lighthouses~~

11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

FOLLOW INSTRUCTIONS ON BACK

4

[illegible] Neal Va. (Name, surname first) [illegible] (Service number) Keeper (Rank or rating) Perkins Island #149 Station. (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital Portland, Maine, Date 21 February, 1941

To: Popham Beach Station. (Coast Guard unit)

Popham Beach Station. (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Tuberculosis, pulmonary, chronic, mod. adv.	1769	19 January	21 February, 1941
Pleurisy, serofibrinous, acute, tuberculous	1391	"	"

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

Death occurred at 5:10 p. m. February 21, 1941

CONDUCT REPORT:

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

J. E. Robinson

J. E. Robinson, P. A. Surgeon (R)
U. S. Public Health Service.

MM

NOTICE OF MEDICAL TRANSFER

_____, who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)
treatment at _____ {*office / *hospital} at _____ for
_____ since _____, 193 , has been
(Diagnosis)
transferred this date _____, 193 , to the U. S. Marine Hospital at _____
for further treatment.

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

75

Boston, Mass.,
25 February, 1941.

Medical Officer in Charge,
U. S. Marine Hospital,
Portland, Maine.

Sir:

Kindly furnish this office with a certificate or notice in connection with the death of Ruel W. Powers, Keeper, Perkins Island Light Station, who died at the Portland Marine Hospital on 21 February, 1941.

Very truly yours,

O. A. LITTLEFIELD
Lieut.-Comdr., U.S.C.G.
Personnel Officer,
Boston District.

Reid

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

Powell (Surname) Axel (First name) J. (Middle initial) (Service No.) Keeper (Rank or rating)

Perkins Island Light Station, (Unit) Popham Beach, Maine, (Place) 21 February, 1941. (Date)

Popham Beach Station.
Boston District.

Died 21 February, 1941 at U. S. Marine Hospital, Portland, Maine.

AUTHORITY:
Article 4681 P.I.

Miles F. Cameron
(Commanding)
Miles F. Cameron (101-693) C.E.M.
Officer in charge.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

Form No. 2599
TREASURY DEPARTMENT
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

POWERS (Surname)	EUEL (First name)	W. (Middle initial)	Civilian (Service No.)	Keeper (Rank or rating)

PERKINS ISLAND LIGHT STATION (Unit) BOSTON DISTRICT (Place) 10 February, 1941. (Date)

SALARY CHANGED FROM $1440 PER ANNUM ($1320-1680) PLUS $240 P.A.

QUARTERS TO $1500 PER ANNUM WITHOUT CHANGE IN RANGE OR QUARTERS

EFFECTIVE 16 JANUARY, 1941.

AUTHORITY:

Form 2249, approved 1-16-41.

(Commanding)

O. A. LITTLEFIELD
By direction.

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10035

75

South Portland
Base
BOSTON DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

259 High Street, South Portland, Maine

25 January, 1941

U.S. COAST GUARD
BOSTON DISTRICT
RECEIVED
JAN 27 1941

From: Commanding Officer, South Portland Base
To: Commander, Boston District

Subject: POWERS, Ruel W., Keeper, Perkins Island Light Station; Hospitalization.

Reference: (a) Letter from Medical Officer in Charge, U. S. Marine Hospital, Portland, Maine, dated January 24, 1941.

Inclosure: 1. Reference (a).

1. Inclosure 1 is forwarded for information contained.

2. According to informal information received from the U. S. Public Health Service, subject man may be hospitalized for an indefinite period, probably a year or more.

3. Would suggest transferring Keeper Osgood from Fort Popham Light Station to Perkins Island Light Station and either transfer Powers' wife, family and furniture to Bath, Popham Beach or to the dwelling at Fort Popham Light Station.

Thomas Sampson
THOMAS SAMPSON

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JAN 1941
SOUTH PORTLAND, MAINE

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

U. S. Marine Hospital
Portland, Maine
January 24, 1941

IN REPLYING, ADDRESS THE
Medical Officer
in Charge

Lieutenant Thomas Sampson
So. Portland Coast Guard Base
259 High Street
South Portland, Maine

Sir:

Ruel W. Powers, Keeper of Perkins Island Light Station, Popham Beach, Maine, was admitted to this hospital on January 19, 1941.

He has tuberculosis, pulmonary, moderately advanced (active), which will require an extended period of treatment.

Respectfully,

E. R. Pelikan, Surgeon USPHS
Medical Officer in Charge

JER:MWM

copy.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared: January 8, 1941

Name: Powers, Ruel V.

From: U. S. Coast Guard

Bureau No: 1431

Promotion

	FROM	TO
Position		Keeper
Grade	Field (Range $1320-1680)	Field (Range $1320-1680)
Salary	$1440 p.a. plus $240 p.a. Qtrs.	$1500 p.a. plus $240 p.a. Qtrs.
Bureau or Div.		
Organizational Subdivisions		U. S. Coast Guard
Headquarters		
Post of Duty		Boston, Mass.
Appropriation		Perkins Island Lt. Sta., Me.
Allotment		Civilian Employees, C.G.
Field or Deptl.		Field

EFFECTIVE
Remarks: January 16, 1941

Justification:

No increase in pay since September 16, 1930.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Regular

DATE OF BIRTH: 3-12-1890

LEGAL RESIDENCE: Maine

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

SUBJECT TO RETIREMENT ACT?: Lighthouse Act

DATE OF OATH

+1641

SUBORDINATE ADMINISTRATIVE OFFICE

2 December, 1940.

Memorandum for Lieutenant Thomas Sampson, SOUTH PORTLAND BASE.

1. Receipt of your memorandum, dated 25 November, 1940, in regard to Mr. Powers at Perkins Island Light Station, is acknowledged.

2. Mr. Powers has no request on file asking for assignment to Deer Island Light Station.

3. In view of Mr. Osgood's long service, it does not appear desirable to transfer him to an island station unless he requests such duty; it therefore seems proper to leave him at Fort Popham until a suitable position is available.

4. I appreciate your kindness in sending the memorandum.

O. A. LITTLEFIELD
Personnel Officer.

SUPT. OF LIGHTHOUSES
1ST DISTRICT
DEC 14 1939
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

FIRST DISTRICT

Perkins Island
(STATION, DEPOT, OR VESSEL)

Dec, 13, 1939

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

On December the 8th Left station for Mail and supplies at 8. A.M Returned at 11 45 A.M. Weather in to bad condition to return to station, so I returned to Bath Me. Returned to Parkers Head at 3 P.M. The weather was still bad strong North wind Was not fit to take chance crossing river. Returned to Bath Me. called the Popham Beach coast guard, about the weather, down there. They informed me the weather was not suitable to cross in small boat. So waited until Dec, 9, wich was sept morning 9 A.M. Station was well taken care of by Mr. Truman E. Taylor.

Respectfully

R. W. Parnes.

Keeper.

LIGHTHOUSES
1ST DISTRICT
DEC 10 1939
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

HOLD

FIRST DISTRICT

11 December, 1939

From: Superintendent of Lighthouses, South Portland, Maine.
To: Keeper, Perkins Island Light Station, Maine.

Subject: Absence from station 9 December, 1939.

Reference: (a) Your letter, 9 December, 1939.

1. Submit supplemental statement indicating the hour of your departure from station and the hour when an attempt was first made to return, in order that this office can determine whether or not any charge to leave should be made.

H. M. INGALLS
Superintendent of Lighthouses

GFL:FSW

T. OF LIGHTHOUSES
1ST DISTRICT
DEC 10 1939
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FIRST DISTRICT

Perkins Island
(STATION, DEPOT, OR VESSEL)

Dec. 9th, 1939

Dept.
Asst. Supt.
Chief Clerk
Asst. L. H.
1st Clerk
Sr. Asst. Kpr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Division
Files
Corres. File.
Engrg. File.

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

Went ashore to Bath, Me. For mail & supplies. When I got back to Parker's Head, the wind was very strong N. W. Could not return in safty. So I did not return until next morning. Dec. 9th My station was well taking care of by Mr. Truemon Taylor.

Respectfully

R. W. Powers
Keeper.

STANDARD FORM NO. 6
(Approved by the President 3/28/24)
Revised Dec. 5, 1929

PERSONAL HIS[redacted]Y STATEMENT

(To be prepared by [redacted] own handwriting)

Department or Establishment Treasury Date Sept. 18, 1939

1. Name in full (Mr., Miss, or Mrs.) Mr. Powers (Surname) Ruel (Given name) Walter (Middle name)
2. Present address Perkins Island LH (Number) (Street) Parker Head (City) Maine (State)
3. Legal (voting) residence Maine 2d (State and Congressional District) Sagadahoc (County) Phippsburg (City or town)
4. Where born Maine (State or foreign country) Frenchboro (City or town) When born March 19, 1890 (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 Maude A. Powers, wife, age 41.
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
Tender Hibiscus	Portland, Me.	Seaman	62.50mo.	Sept.	27	1926	Mar.	31	1927
Lighthouse		Keeper	120.00mo.	June	1	1927			

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
NO	Position Department or office	
	Position Department or office	
	Position Department or office	

10. Do you now hold any State or municipal office? If so, state below:

NO (Title) (Location) (Date appointment expires)

11. Are you the wife of a disabled veteran or widow or orphan of a person who was in the military or naval service?

NO (Wife, widow, or orphan) (Name of veteran) (Organization and last year of service)

12. Military and naval record. If any, check (√) to indicate branch and other information, and give dates of enlistment and discharge:

√ None	Army	Navy	Marine Corps	Coast Guard	War veteran	Pensioner	Veterans' Bureau beneficiary

Enlisted NONE Discharged
Rank Rank
Organization Organization

Enlisted Discharged
Rank Rank
Organization Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) NONE

14. Statement of principal employment other than with the United States Government:

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
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. Ruel Walter Powers

Relationship Wife Post office address Parker Head, Me. RFD.

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Ruel W. Powers
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

17. Have you been retired from the Civil, Military, or Naval Service of the United States? NO ; if so, state (a) whether for age, length of service or disability ; (b) Amount of retired pay .

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
259 High Street
SOUTH PORTLAND, MAINE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 1ST DISTRICT
SOUTH PORTLAND, MAINE

April 17, 1939.

TO WHOM IT MAY CONCERN:-

This is to certify that the bearer, Ruel W. Powers, who has affixed his signature hereto, is employed as Keeper, Perkins Island Lighthouse, Maine, and is thereby permitted to purchase commissary and quartermaster supplies from the Army, Navy, or Marine Corps at the prices charged officers and enlisted men of the Army, Navy, or Marine Corps, by the Act of May 22, 1926, Sec. 4, 44 Stat. 626.

This authority is subject to continued employment.

H M Ingalls

(signature of employee)

H M INGALLS
Superintendent of Lighthouses

Supt.
Asst. Supt.
Chief Clerk
Asst. & N. Engr.
1st Clerk
2d Asst. Elec.
Depot Keeper
3d Clerk
2d Clerk
4th Clerk
5th Clerk
Mimeog.
Lens
Carpn. File
Engrg. File

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

[redacted]

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR - 8 1939
FIRST DISTRICT
SOUTH PORTLAND, MAINE

Perkins Island
(STATION, DEPOT, OR VESSEL)
April, 6th, 1939.

SUPERINTENDENT OF LIGHTHOUSES,
South Portland, Maine.

Sir:

If possible, I should like to be considered, as keeper of Goat Island. If vacancy should occur.

Respectfully
R. W. Powers
Keeper.

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Insp.
1st Clerk
Sr. Rad. Elec.
Depot Keeper
3d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. File

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 4 - 1937
SOUTH PORTLAND, MAINE

5/31/27

FIRST DISTRICT

Perkins Island
(STATION, DEPOT, OR VESSEL)

Sept. 3, 1937

SUPERINTENDENT OF LIGHTHOUSES

South Portland, Maine.

Sir:

Respectfully request, to be considered for keeper off the following station.

Doubling Point Range and Doubling Point.

Respectfully

R. W. Bowers

Keeper.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
SEP 4 - 1937
SOUTH PORTLAND, MAINE

Supt.
Asst. Supt.
Chief Clerk
Asst. L. H. Engr.
1st Clerk
Sr. Asst. Elec.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Files
Corres. File.
Engrg. File.

FIRST DISTRICT

Perkins Island
(STATION, DEPOT, OR VESSEL)

Sept. 3, , 1937

SUPERINTENDENT OF LIGHTHOUSES

South Portland, Maine.

Sir:

Respectfully request, to be considered for keeper off the following station.

Doubling Point Range and Doubling Point.

Respectfully

R. W. Powers

Keeper

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
FEB 19 1937
SOUTH PORTLAND, MAINE

FIRST DISTRICT

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

Recd 1/27

Perkins Island
(STATION, DEPOT, OR VESSEL)

Feb. 18th, 1937

SUPERINTENDENT OF LIGHTHOUSES

South Portland, Maine.

Sir:

Would like to be considered on the following station, if vacancy should occur.

Bass Harbor Head Light.

Respectfully

P. W. Powers

Keeper

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
FEB 15 1937
SOUTH PORTLAND, MAINE

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk

FIRST DISTRICT

Perkins Island
(STATION, DEPOT, OR VESSEL)

Feb. 18th, 1937

SUPERINTENDENT OF LIGHTHOUSES

Hibiscus
Ilex
Correl. Rig
Engr. Rig

South Portland, Maine.

Sir:

Would like to be considered on the following station, if vacancy should occur.

Bass Harbor Head Light.

Respectfully

P. W. Powers Keeper

CP

Form C. A. 16

REQUEST FOR TREATMENT OF I[redacted] UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

South Portland, Maine, July 30, 1935., 19.....
(Date)

To Medical Officer in Charge, U S Marine Hospital No. 16, Portland, Maine.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician) (Location)

THE BEARER, Ruel W Powers Age 45 Sex male Color white
(Name of injured employee)

is a civil employee of the United States, employed as Light Keeper
(Name of employee's occupation)

at Perkins Island Lighthouse, Parker Head, Maine
(Name of office or establishment where employed) (Location)

He ~~Shall~~ was injured in the performance of duty on June 18, 19 35
(Date)

Nature of injury Slipped off platform causing car to fall on both legs while getting car ready to haul coal in shed from shore. Sprains and bruises.

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

For and in the absence of the Superintendent:

(Signature of Official Superior)
GEORGE F LAURITZEN
Chief Clerk, 1st Lighthouse District
(Title or official position)

(Address)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here .....

(See other side for provisions of the Compensation Act as regards treatment)

9—805

Supt.
Asst Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Corres. file
Engr. file

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUL 15 1935
SOUTH PORTLAND, MAINE

C.A. 79.

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON, D.C.

443838
July 12, 1935.

Superintendent,
U.S.Lighthouse Service,
Portland, Maine.

Dear Sir:

This Commission is in receipt of form ca 16 and medical report, on account of injury sustained by Ruel Walter Powers, keeper, Perkins Island L.H.,Parker Road, Maine, on 6/18/35.

If this injury was sustained in the performance of duty and resulted in loss of time beyond the day of injury, or if any medical expense was incurred, kindly report the same on our Form C. A. 2, as provided by the Compensation Act of September 7, 1916.

CA-1, Notice of injury.

Very truly yours,

ec

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

Forwarded
7/12/35.

South

CP
Enclosure

South

June 24, 1935

R W Powers, Keeper, Perkins Island LH., Me.

Herewith is a blank form C. A. 2 for execution of statement of witness on the reverse side, covering your injury on June 18th.

A new supply of these forms is herewith (revised to June 15, 1929) for your use in the future. If you have any old forms printed prior to the above date, destroy them.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
JUN 21 1935
SOUTH PORTLAND, MAINE
FIRST DISTRICT

Perkins Island
(Station, Depot, or Vessel)

June 19th, 1935.

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: Sending in form C. A. 1, After getting hurt, made a visit to Dr. Snipe of Bath, He said my right ankle and left leg was badly sprained and bruised. I am able to attend my principal duties at station.

R. W. Parmer, Keeper.

COPY - CP

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Parkers Head, (City or town), Maine (State)

Perkins Island (Street and number)

June 19th (Date of this notice), 1935

I HEREBY CERTIFY that I was injured in the performance of my duties on June 18th (Date), 1935

Tuesday (Day of week), 5.15 P. (Hour, a. m. or p. m.) m.

1. The injury occurred at Perkins Island (Give name of establishment where employed)

in the following manner: Getting car ready to haul coal in shed from shore, slipped off track.

2. Cause of injury Slipped off platform causing car to fall on both legs.

3. Nature of injury Bad sprains & bruises

4. Names of witnesses to injury:

John Libbey, Parkers Head, Maine.

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (SGD) R. W. POWERS, Keeper

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. GOVERNMENT PRINTING OFFICE: 1930 9—584

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department COMMERCE (War, Navy, etc.) 2. Bureau or office Supt., 1st Dist., (Engineer, Navigation, etc.)
3. Place of employment Perkins Island Lighthouse, Parker Head (Arsenal, Navy Yard, etc.), Maine (State)
4. Reporting office Supt. of Lighthouses, 259 High St., South Portland, Maine. (City) (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Himself

The injured employee

6. Name of injured employee Ruel W Powers (Give first name in full) 7. Age 45 8. Sex male 9. Race white
10. Home address Perkins Island Lighthouse, (Street and number) Parker Head (City or town), Maine (State)
11. Occupation and division Keeper, 1st LH Dist. (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? Yes If not, what work?
13. Total length of service with the Government as a civilian? approx. 8 years
14. How long at present work in this establishment? do.
15. Dates of other injuries August 5, 1932
16. Rate of pay on date of injury $ 1440 per annum { and subsistence valued at $ -- per -- ; and quarters valued at $ 240 per annum
17. Employee begins work at no specified time (Hour, a. m. or p. m.) m. 18. Regular day's work ends no specified time (Hour, a. m. or p. m.) m.
19. Hours worked per day 24 20. Days paid per week seven

The injury

21. Place where injury occurred slipped on track at Perkins Island LH., Me. (Give exact location, as name or number of building and division, etc.)
22. Date of injury June 18, 19__; day of week Tuesday; hour of day 5.15 p. (a. m. or p. m.) m.
23. Date employee stopped work did not stop; day of week --; hour of day ____ (a. m. or p. m.) m.
24. Date employee's pay stopped did not stop; day of week ____; hour of day ____ (a. m. or p. m.) m.
25. Has employee returned to work? (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
    (a) Annual leave No. (Give exact dates)
    (b) Sick leave No. (Give exact dates)
    (c) Any other reason No. (Give exact dates)
27. Describe in full how injury occurred While getting car ready to haul coal in shed from shore, slipped on track causing car to full on both legs.
28. State part of body injured and nature and extent of injury Sprains and bruises
29. Did injury cause loss of any member or part of member? No. If so, describe exactly
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement
31. Was injury caused by:
    (a) Willful misconduct of the employee? No. (b) Intention of employee to bring about injury or death of himself or another? ____ (c) Employee's intoxication? ____
    (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury?
    (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury John Libbey, Parkers Head, Maine.
    (If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No. If so, has employee been instructed in procedure under commission's regulations?
    (A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dr. Langdon T Snipe, Bath, Maine
36. How soon after injury? same day
37. To what hospital sent? None Location
38. Name and address of physician now attending case as above

Signed this 12th day of July, 1935

at South Portland, Maine.

CHARLES O BRUSH (Signature of reporting officer)
Superintendent of Lighthouses (Title)

C. A. 2
Revised to June 15, 1929

69—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

While hoisting coal on tram-way car from boathouse to woodshed Mr. Powers stopped operations to grease wheels of car. Standing with both feet on track, the only available foot-hold, one foot slipped causing him to loose his balance. He fell backward and one foot caught in section of track suspending him head down until I could release him.

Signed this ..... day of ....., 19.....

(SGD) JOHN W LIBBY
(Signature of witness)

Signed this ..... day of ....., 19.....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Riel W Powers *(Name of employee)* was given first-aid treatment, or examined, on June 19, 1935, at 11 A.m., and was *(Was or was not)* disabled for work. Probable length of disability will be six weeks. In my opinion disability was *(Was or was not)* due to injury on June 18, 1935

Nature of injury as found on examination

Sprained right ankle. Contusion left shin.

Hospitalized ..... Will return for further treatment Yes

Discharged ..... Other disposition .....

Remarks .....

Signed this 27th day of June, 1925

at Bath, Maine

(SGD) LANGDON T. SMITH, M. D.
(Signature of medical officer)

Designated Physician.
(Title)

69—585

Form C. A. 16.

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

---

259 High St., South Portland, Me., June 18 35.
(Date.)

To _____, _____
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.) (Location.)

Dr. Langdon T Snipe, Bath, Maine.

THE BEARER, _____ Age _____ Sex _____ Color _____
(Name of injured employee.)

Ruel W Powers 45 Male white

is a civil employee of the United States, employed as _____
(Name of employee's occupation.)

Light Keeper

at _____, _____
(Name of office or establishment where employed.) (Location.)

Perkins Island Lighthouse Parker Head, Maine

He / She was injured in the performance of duty on _____, 19_____
(Date.)

June 18 35.

Nature of injury _____

Slipped off platform causing car to fall on both legs while getting car ready to haul coal in shed from shore. Sprains and bruises.

This request is made for the purpose of obtaining treatment pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

_____
(Signature of Official Superior.)

CHARLES C HUSH
Superintendent of Lighthouses
(Title or official position.)

259 High St., South Portland, Maine.

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here _____

(See other side for provisions of the Compensation Act as regards treatment.)

9—805

South

GFL:SWA

South

May 23, 1935

Commissioner of Lighthouses:

Bureau is advised that Mr. Ruel W. Powers entered on duty as Keeper, Perkins Island Light Station, Maine, at $1,440 per annum on May 21, 1935, under authority of Department letter of May 6 changing his compensation from $1,620 per annum to $1,440 per annum.

G. B.
BRUSH
Superintendent

Copies for Keepers, Perkins Island and Matinicus Rock Light Stations, Maine, for information and station files.

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 6, 1935.

HOLD

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective May 11, 1935, or entrance on duty (change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

W. J. GARDNER

Chief of Appointment Division.

From: $1620 per annum.

To: $1440 per annum.

Service and grade: Field.

Appropriation (unit):

1
B

GOVERNMENT PRINTING OFFICE 11—9051

South

CP
Enclosure

South

May 15, 1935

Ruel W Powers, Keeper, Matinicus Rock LH., Me.

Herewith is Department Form A-38 covering your transfer to the position of Keeper, Perkins Island Lighthouse, Maine, at a salary of $1440 per annum, effective May 11, 1935, or as soon thereafter as you enter on duty.

Stand by as a tender may be at the station at any time.

G. BUSH
Superintendent

COPY TO Laborer-in-Charge, Perkins Island LH for his information and station files.

Form 73

NOMINATION

CP
Enclosure

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

HOLD
Calle pp file

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT.

South Portland (City), Maine, April 26 (Date), 1935.

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER — Legal residence, Maine

Name, Ruel W Powers — Proposed salary, $1440 per annum

Position, Keeper — Proposed range, $1320-$1680 p.a.

Location, Perkins Island LH., Me. — Appropriation, Sals., Kprs., etc.

Effective, May 11, 1935 — [1] ~~the actual date of entrance on duty;~~ or as soon thereafter as he enters on duty.

Former position, same — Former salary, $1620 per annum

Location, Matinicus Rock LH., Me. — Former range, $1500-$1860 p.a.

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

Previous incumbent and his pay, Eugene W. Osgood $1500 p.a. Services terminated, April 16, 1935.

Reason, Transferred to position of Keeper, Fort Popham LH., Me.

Members of family in Government service, ---

Remarks: Mr. Powers' acceptance of offer of transfer is herewith enclosed.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19---

(DIRECT)
Secretary, *Civil Service District.*

B.
BRUSH
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses.

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

11—2314

COPY - CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

First District

Matinicus Rock

April 20th, 1935.

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir:

Reply to your letter, dated April 15th.

I would be pleased to accept Perkins Island.

Respectfully,

(SGD) R W POWERS

Keeper

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

Supt.
Asst. Supt.
Chief Clerk
1st Clerk
Jun. Engr.
Radio Engr.
Depot Keeper
2d Clerk
3d Clerk
4th Clerk
5th Clerk
Hibiscus
Ilex
Cypress, Ills
Engr. Ills

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
1ST DISTRICT
APR 22 1935
FIRST DISTRICT
SOUTH PORTLAND, MAINE

Matinicus Rock
(STATION, DEPOT, OR VESSEL)

April 20th, 1935

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Received yours letter, the 19th. First mail in two weeks. Due to the first asst. going ashore on leave of absence. And only two men on station, did not know when it would be possible to get mail ashore. Thought I would call office to give you a reply to yours letter of the 15th. With a letter following soon as possible.

Respectfully
R. W. Powers
Keeper.

1

South

GFL:SWA

HOLD
Call-up file

South

April 15, 1935

R. W. Powers, Keeper
Matinicus Rock Light Station, Maine

Would you care for transfer to the position of keeper, Perkins Island Light Station, Maine, at a salary of $1,440 per annum? The station is on the Kennebec River and leave allowance is thirty days per year.

Reply by mail at the earliest possible date.

G. BRUSH
Superintendent

South

CP
Enclosure

HOLD

South

April 26, 1935

Ruel W Powers, Keeper, Matinicus Rock LH., Me.

As per your request you have this day been recommended for the position of Keeper, Perkins Island Lighthouse, Maine, at a salary of $1440 per annum, vice Eugene W. Osgood, transferred, effective May 11, 1935, or as soon thereafter as you enter on duty.

Further information will be furnished you at a later date. In the meantime make preliminary preparations, such as packing effects and preparation of form 30 to cover transfer of property to Mr. Robinson, who will succeed you. Three copies of form 30 are herewith.

GB
BRUSH
Superintendent

COPY TO Keeper, MatinicusRock LH for station files.

COPY TO Laborer-in-Charge, Perkins Island for his information and station files. Prepare form 30 as far as practicable. Three blank copies are herewith enclosed.

GB
BRUSH
Superintendent

Apr 15

gl

Write to Powers on Matinicus to day if prac.
ask whether he would wish transfer to
Perkins Island - state salary + privileges
#1440.
request early reply.
meanwhile delay transferring Osgood. Makes
opportunity
convenient to move him arrives. in which case
Monroe's son could be put there or an additional keeper

CCB

Hold up for a while.

Thinking of Wells from Saddleback promote Dillon & Mattix at Saddleback.

get new asst at Saddleback.

DCB

LEAVE THIS SPACE BLANK

NOTICE OF INJURY

(To be submitted to the official superior for transmission with the report of injury, C. A. 2, to the United States Employees' Compensation Commission by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior.)

Supt.
Asso. Engr.
Chief Clerk
Clerk
Jun. Engr.
2nd Clerk
Messenger
Portland S. H.
L. D. 1st Dept
Hibiscus
Tiex
Call-up
Misc

SUPT. OF LIGHTHOUSES 1st DIST. PORTLAND, MAINE DEC 29 1934

Matinicus, Maine
(City or town.) (State.)

Matinicus Rock Light.
(Street and number.)

Dec. 23, 1934
(Date of this notice.)

I HEREBY CERTIFY that I was injured in the performance of my duties on Dec. 23, 1934
(Date.)

Sunday, 7.10 A.M. m.
(Day of week.) (Hour, a. m. or p. m.)

1. The injury occurred at Matinicus Rock Light Station;
(Give name of navy yard, arsenal, or post office, etc., where injury occurred.)

in the following manner: Coming down Tower stairs after putting light out, I slipped, and fell down several stairs.

2. Cause of injury Due to the change of weather, the Tower sweats, and the stairs was more or less slippery.

3. Nature of injury Hurt head and back.

4. Was this injury caused by your—

(a) Willful misconduct? No.

(b) Intention to bring about the injury or death of yourself or of another? No.

(c) Intoxication? No.

5. Names of witnesses to injury:

9—184

(Name) R. W. Powers, Keeper
By Mrs. R. W. Powers
Wife.

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

BUREAU OF LIGHTHOUSES
MAY 4 1934
PORTLAND, MAINE

May 2, 1934.

Hon. Edward C. Moran, Jr.,
House of Representatives,
Washington, D. C.

Dear Mr. Moran:

In further reference to your letter of April 17, in the interest of Mr. Ruel Walter Powers who desires transfer from his present position to that of keeper at Rockland Breakwater Light Station:

It is the policy of the Service in filling vacancies at relatively desirable stations, to give prior consideration to keepers having long and meritorious service at relatively undesirable and isolated stations, and in providing for the present vacancy at Rockland this policy was followed and provision made for the promotion to it of an assistant keeper whose record in the above respects was longer than that of Mr. Powers. Upon the occurrence of further vacancies, however, careful consideration will be given to Mr. Powers and endeavor made to give him a station more according to his wishes.

Very truly yours,

E. D. King

RG-EK

Acting Commissioner of Lighthouses.

Bureau of Lighthouses, Wash. ..... 1st ..... Supv.

CCB:CP
Enclosure

April 26, 1934

Bur. end. Apr. 19 on Congressman Moran's let. of Apr. 17 in re vacancy in position of Keeper, Rockland Breakwater LH., Me.

2nd endorsement

1. Returned to Bureau.

2. Previous to receipt of this letter the candidates were looked over and Mr. George E Woodward, Assistant Keeper of the station, was selected as being the most eligible from both the merit standpoint and the good of the Service, and papers were ordered prepared accordingly. See form 73a of April 14, 1934.

3. Considerable pressure was brought upon the writer verbally by Mr. Moran's secretary, Mr. James Connollen, when in Rockland last week but without committing one way or the other, the visitor was shown the paragraph in the Regulations relating to use of political influence and advised that as far as the writer was concerned such activity did not advance his client's interest a particle. He was further informed that my decision as to whom I would nominate would be entirely based on merit and fitness for the position, the same as any other position under my jurisdiction.

4. In this case Mr. Powers has had only seven years service as a keeper plus 6 months service on the HIBISCUS in the crew and has had six years service as principal keeper. Mr. Woodward has had over 15 years service as keeper, 10 years of it as a principal keeper prior to his transfer to the position of Assistant Keeper, Rockland Breakwater LH., Me., recently at his request and for personal financial reasons. Mr. Woodward is a conscientious keeper of good personal appearance and tactful demeanor ideally suited both to operate the fog signal and illuminating apparatus at this station and to properly meet the numerous summer visitors. For these reasons and because of his length of service, Mr. Woodward is believed to be the best possible choice of those desiring the position.

5. Mr. Powers will receive consideration in the filling of future vacancies to which his length of service might entitle him.

G. B.
BRUSH
Superintendent

COPY - CP

CONGRESS OF THE UNITED STATES
House of Representatives
Washington, D. C.

April 17, 1934

Mr. George R. Putnam, Commissioner,
Bureau of Lighthouses,
Department of Commerce,
Washington, D. C.

My dear Commissioner: Re: Ruel Walter Powers,
Rockland, Maine.

I am informed that Keeper F.H.Moore, of the Rockland Breakwater Lighthouse died last Friday, and that Mr. Ruel Walter Powers, keeper of the Matinicus Rock Light, has applied for the Rockland position. I would be very glad to see Mr. Powers appointed to the Rockland position, and hope you may find it to the best interest of the service to do so. Will you please advise me your decision?

Very truly yours,

(SGD) EDWARD C MORAN

M. C.

m

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E-K Bureau of Lighthouses, Washington, D. C.,
April 19, 1934.

Referred to Superintendent of Lighthouses, Portland, Maine, for report and return.

For the Commissioner:

(SGD) W. P. HARMAN
W. P. Harman
Administrative Assistant

GFL:CP

August 18, 1933

R W Powers, Keeper, Matinicus Rock LH., Me.

1. Referring to your conversation with the Chief Clerk during recent visit to the office, regarding deduction from your April pay, you are advised that it has been found that an over deduction was made due to one absence (in April) having been charged twice.

2. The amount of $53.72 is therefore due you, and will be paid as soon as money is received.

For and in the absence of the Superintendent:

SAMPSON
Assistant Superintendent

GWL:CP

August 15, 1933

Commissioner of Lighthouses:

1. Request allotment $53.72, appropriation, Salaries, Keepers, 1933, to reimburse R. W. Powers, Keeper, Matinicus Rock Lighthouse, Maine, for excessive deduction for leave without pay taken prior to March 31, 1933. One absence of Mr. Powers was charged twice on leave cards; in each of the months of March and April, resulting in deduction of 2 days pay on account of leave without pay instead of 10 days, as should have been.

2. Requisition for funds accompanies.

EATON
Superintendent

CP
Enclosure

July 10, 1933

R W Powers, Keeper, Matinicus Rock LH., Me.

Your list of stations to which you desire transfer, dated July 7, 1933, is herewith returned, to be submitted in duplicate in accordance with Circular letter No. 78, dated May 13, 1924, a copy of which should be on file at your station.

For and in the absence of the Superintendent:

SIMPSON
Assistant Superintendent

GFL:CP

July 10, 1933

R W Powers, Keeper, Matinicus Rock LH., Me.

1. Your letter 7th instant:

2. The deduction from your April pay was to cover 24 days of leave without pay you had taken up to the close of March 31, 1933, in addition to 24 days of legislative furlough, and had nothing to do with your absence in April, which has been charged to annual and compensatory leave.

3. Up to the close of December 31, 1933, you will have accrued a total of 36 days annual and compensatory leave, of which you have already taken 13 days, 21-1/2 hours (in April).

For and in the absence of the Superintendent:

SIMPSON
Assistant Superintendent

MEMO RE LWOP OF POWERS, MATINICUS ROCK.

[redacted] ABSENCE FROM STATION THIS EMPLOYEE IN APRIL HAD NOTHING TO DO WITH DEDUCTION FROM PAY CHECK. TO THE CLOSE OF MARCH 31, 1933, HE HAD HAD 24 DAYS OF FURLOUGH AND 24 DAYS, 2 HOURS, AND 30 MINUTES OF LWOP. IN CHECKING OVER LEAVE STATUS OF KEEPERS BEFORE PREPARING APRIL PAYROLL HIS LWOP PRIOR TO CLOSE OF MARCH WAS NOTED AND 24 DAYS' PAY DEDUCTED ON THAT PAYROLL. THE ABSENCE IN APRIL WAS CHARGED TO ANNUAL AND COMPENSATORY LEAVE. HAVE THE SHEET ON WHICH SALARY KEEPER, MATINICUS ROCK, FOR FY 1933 WAS TABULATED AND THEREFOR KNOW THAT THERE WAS NO DOUBLING UP ON DEDUCTION ACCOUNT LWOP.

EJD - 7/10/33

Supt.
Asso. LH Engr
Jun. Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L H Ist Dept

Check
Give me
memo.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
JUL 10 1933
1ST DIST. PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock
(STATION, DEPOT, OR VESSEL)

July 7th, 1933

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Circular letter No. 145 Dated, May 6th 1933, stated furlough with pay. Beginning April 1, 1933, exclusive of Sundays and Holidays. In April, I had shore leave of sixteen days, when I received check in May, I had full sixteen days deducted from pay. I would like to ask, if this amount is to be refunded? or shall I have the time due me?

Respectfully
R. W. Powers.
Keeper.

OFFICIAL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMMISSION

UNITED STATES EMPLOYEE[illegible]MPENSATION COMMISSION

WASHINGTON

WM. McCAULEY
SECRETARY

COMMISSIONERS

BESSIE P. BRUEGGEMAN
CHAIRMAN
HARRY BASSETT
JOHN M. MORIN

Supt.
Asso. [illegible]
Jun Eng
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.O 1st Dept.

SUPT. OF LIGHTHOUSES
1st DIST. PORTLAND, MAINE
DEC 1932

341228

In reply refer to File No.

December 9, 1932

Mr. Ruel Walter Powers,
Matinicus Rock Lighthouse,
Matinicus, Me.

Dear Sir:-

This office is in receipt of a letter dated December 3, 1932 from Mr. C.E.Sherman, Superintendent of Lighthouses, enclosing check in the sum of $2.00 drawn to the order of Mrs. Ruel W. Powers, and also making inquiry regarding reimbursement of $10.00 which you paid to the Knox Hospital.

The check for $2.00 is returned herewith with advice that the receipt you submitted from Dr. Popplestone read "Received from Mrs. Ruel W. Powers the sum of $2.00, etc." In compliance with the regulations governing such items, reimbursement must be made to the person in whose favor the receipt is issued.

A check in the sum of $10.00, covering reimbursement for the amount paid the Knox Hospital, went forward to you on December 6, 1932 and no doubt has been received by you.

Yours very truly,

Bob Reed

BCR/ms

Chief of Accounts.

Copy to: Mr. C.E.Sherman,
Supt. of Lighthouses,
Portland, Maine.

As information.

B.O.R.

CA-41

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON

December 5, 1932.

SUPT. OF LIGHTHOUSES
1st DIST. PORTLAND, MAINE
DEC 7 1932

Supt.Lighthouses,
U.S.Lighthouse Service,
Portland, Maine.

Sir:

This is to acknowledge receipt of the remittance described below:

Name of employee Ruel Walter Powers, Case No. 341228

Description of remittance check No. 226,117

Date November 1, 1932, Drawn on the Treasurer of the United States

of

by B.O.Reed, Chief of Accounts,

to the order of Mrs. Ruel Walter Powers,

in the sum of $2.00

B O Reed
Chief of Accounts,

ec UNITED STATES EMPLOYEES' COMPENSATION COMMISSION.

U. S. GOVERNMENT PRINTING OFFICE: 1932

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

GFL:CP
Enclosure

December 3, 1932

U S Employees' Compensation Commission,
Washington, D. C.

Sirs:

Referring to your case No. 341228, Ruel Walter Powers, and your letter to him dated September 28, 1932:

Mr. Powers advises he submitted receipted bills from Dr. Popplestone and the Knox Hospital, pursuant to your request therein, and has received a check (No. 226,117. dated November 1, 1932) for $2.00, made payable to Mrs. Ruel W. Powers, which check is returned to you herewith. Mr. Powers cannot understand why reimbursement for hospital service has not been made. Will you kindly advise, and also correct the error in the enclosed check?

Respectfully,

C. F. SHERMAN
Superintendent of Lighthouses

Supt.
Asst. L.H. Engr.
Dist. Engr.
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. 1st Depot

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES 1st DIST. PORTLAND, ME. DEC 3 1932

FIRST DISTRICT

Matinicus Rock
(Station, Depot, or Vessel)

Nov. 27, 1932

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir:

Received letter from Washington, Requesting the receipt, From Knox Hospital, also Dr. Papplestones. Total of $12.00. I send these receipts, and received a check for $2.00 Made out to Mrs. Ruel W. Powers. It should be made out to me, for $12.00, As it is a

DEPARTMENT OF COMMERCE

Bureau of Office First Dist

SUPT. OF LIGHTHOUSES MAINE
JUL 27 1932
1st DIST. PORTLAND, ME.

Report of Employees' Marital Status and Dependents

1. Name of Employee Ruel (First) Walter (Middle) Powers (Last)

2. Address Matinicus Rock Station

3. Married or Single Married

4. If married, do you reside with husband or wife? _____

5. If married, and question (4) is answered no, give date since which you have not resided with husband or wife. _____

6. Is your husband or wife employed by the Federal Government or the District of Columbia? (If answered "Yes," give department or branch of District Government.)
no

7. Number of persons who derive their principal support from you.
Two

8. Enter below information specified concerning each dependent included in your answer to question 7.

Name of Dependent	Relationship (if any)	Age	Address	How long Dependent?
Maude Powers	wife	33	Matinicus Rock	5½ years.
Leon Walter Powers	step son	16	Matinicus Rock	4 years.

9. Are you (a) An honorably discharged soldier, sailor, or marine?
no

(b) Widow of such _____

(c) The wife of an injured soldier, sailor, or marine, who himself is not qualified for government service _____

I certify that the answers to the foregoing questions are true.

Ruel Walter Powers.

NOTE: A misstatement or withholding of the information called for above will constitute grounds for dismissal.

C. A. 37

Supt.
Asso. LH Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland Station
L O Issues

SUPT. OF LIGHTHOUSES
OCT 3 1932
1ST DIST. PORTLAND, MAINE

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

Investment Building

WASHINGTON, D. C.

341228

Supt. Lighthouses,
U. S. Lighthouse Service,
Portland, Maine.

September 30, 1932.

Dear Sir:

This Commission is in receipt of forms ca 1,2 and 3 on account of injury sustained by Ruel Walter Powers, light keeper, Matinicus, Me., on August 5, 1932.

If pay were lost for more than three days in this case, Form CA-4, claim for compensation, should be submitted not later than

Upon return to work if disability terminated within eighteen days, or

At the expiration of eighteen days from the date pay stops if disability continues beyond that period.

The submission of claim should not be delayed, as the Commission desires to be in a position to make investigation, require medical examination, or authorize special treatment as may be necessary.

Very truly yours,

ec

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION.

Supt.
Asst. 1st Engr.
Jun. Engr.
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. Ist Depot

UNITED STATES EMPLOYEES' COMPENSATION COMMISSION

WASHINGTON

SUPT. OF LIGHTHOUSES SEP 29 1932 1ST DIST. PORTLAND, MAINE.

COMMISSIONERS

BESSIE P. BRUEGGEMAN
CHAIRMAN
HARRY BASSETT
JOHN M. MORIN

WM. McCAULEY
SECRETARY

In reply refer to File No. 34 1228

September 28, 1932

Mr. Ruel Walter Powers
Matinicus Rock Lighthouse
Matinicus, Maine

Dear Sir:

Your letters of August 6 and August 12, 1932, addressed to the Superintendent of Lighthouses, Portland, Maine regarding bills for services rendered on account of your injury of August 5, 1932, have been referred to this office for a reply. In order that proper consideration may be given this expense, bills of Dr. Popplestone and the Knox Hospital receipted in your favor should be forwarded to this office. However, the Commission cannot be responsible for any further private medical expense incurred on account of your injury of August 5, 1932. In case of future injuries sustained in the performance of duty, treatment should be obtained from a government physician or the U. S. Marine Hospital in Portland.

Very truly yours,

Edward C. Ernst, M.D.
Medical Director.

Official Copy to:
Superintendent of Lighthouses
Department of Commerce
Portland, Maine

Forwarded for your information.
M.C.E.

Ent. 9/9.

Supt.
Asst. Lt Engr
Jun Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L.D. Ist Dept

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
SEP 21 1932
1st DIST. PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock.
(Station, Depot, or Vessel)

Sept. 16, 1932

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

I do not care to make any claim for compensation.

Respectfully

R. W. Powers.
Keeper

GFL:CP

September 15, 1922

R W Powers, Keeper, Matinicus Rock LH., Me.

On August 24th a form of claim for compensation on account of injury was sent you to cover injury suffered by you on August 5th. To date this form, fully executed, has not been received back here. Have the form completely executed and return it at the earliest possible date if you intend to make a claim; otherwise advise this office.

With reference to paragraph 4 of my letter of August 24, the time you were absent from the station from August 5 to August 9, due to injury, has been charged to furlough as it was considered the best arrangement for you ~~from the~~ financial standpoint. Total furlough charged to you at the close of August is 19 days and 17 hours.

S.

SHERMAN
Superintendent

GFL:CP

August 24, 1932

R W Powers,
Keeper, Matinicus Rock LH., Me.

1. Your letter of the 20th instant:

2. I am sorry to inform you that the only absence permitted you under regulations applicable to the fiscal year from July 1, 1932 to June 30, 1933, is the 24 working days which you are required to be furloughed without pay. Any absence in excess of this will be absence without pay, and a further deduction of one day's pay for each day's absence (including Sundays, Saturday afternoons and holidays) will have to be made. Absences of the character stated in Article 135, "Instructions to Employees, 1927", are not to be included.

3. Any law passed affecting personnel is bound to work some hardship on certain classes of employees, but there is nothing to be done about it.

4. You were charged with 16 days and 23 hours furlough in July, and if you wish to have your absence from August 5 to 9, due to injury, charged to furlough, it will total 19 days and 17 hours. You may, however, submit a claim for compensation to cover the period absent due to injury. In such case you would be entitled to compensation for total disability at the rate of 66-2/3 per cent of your monthly pay (including value of quarters - $20 per month) during continuance of such disability, beginning on the fourth day of disability, or on the fourth day after pay stops, but not more than at the rate of $116.66 per month. As you left the station at 11.30 A.M. on August 5 and returned at 5.30 P.M. August 9, you will receive no pay from this office for this period; a period of 4-1/4 days. Should you make claim for compensation you would receive it for a period of 1-1/4 days at the rate of $116.66 per month or about $4.86. You could also make claim for reimbursement of medical and hospital expenses you paid, but I do not know whether or not these would be allowed as you changed doctors upon your own volition.

5. A form of claim, partially filled out, is enclosed. Complete it and have it sworn to and have Dr. Popplestone execute the Attending Physician's Certificate on the back; then forward it to me, together with the receipted bills for medical and hospital service, and receipts for transportation expenses, if any.

S. SHERMAN
Superintendent

CLAIM FOR COMPENSATION ON ACCOUNT OF INJURY

[To be filed with the official superior, within 60 days after the injury causing disability for more than three days, for transmission to the UNITED STATES EMPLOYEES' COMPENSATION COMMISSION]

CLAIM MUST BE FILED WITHIN ONE YEAR AFTER INJURY

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

1. Name of injured employee Ruel W Powers [Give first name in full] 2. Age 41 3. Sex male
4. Mail address Matinicus Rock Lighthouse [Street and number] Matinicus [City or town] Maine [State]
5. Married, single, widowed. 6. Race white 7. Occupation and division Keeper, 1st LH Dist.
[Cross out two words]
8. Do you speak English? Yes 9. If not, what language? ---
10. Rate of pay $ 1620 per annum {and subsistence valued at $ XXXXXXXXXXXXXXXXXX per ----- / and quarters valued at $ 240.00 per annum
11. Time of injury August 5 [Date], 1932 Friday [Day of week] 6.30 A. m. [Hour a. m. or p. m.]
12. Disability for work began August 5 [Date], 1932 Friday [Day of week] 11.30 A. m. [Hour a. m. or p. m.]
13. First able to resume usual occupation August 9 [Date], 1932 Tuesday [Day of week] 4.30 P. m. [Hour a. m. or p. m.]
14. First able to do any work August 9 [Date], 1932 Tuesday [Day of week] 4.30 P. m. [Hour a. m. or p. m.]
15. Period for which compensation is claimed. From August 5 to August 9, 1932.
16. Have you received any pay during period of disability:
On account of annual or sick leave No Dates ----- , Total amount, $ -----
Specify any other reason No. Dates ----- , Total amount, $ -----
17. Were you furnished subsistence during period of disability? No. If so, give dates on which subsistence was furnished -----
18. If medical, surgical, or hospital service was furnished by private physicians or hospitals, state amount of expense incurred, $ ----- and submit an itemized bill for this service with an explanation of reason for not using United States medical officers or hospitals, if available.
19. If transportation and other expenses necessary to enable you to secure proper medical and hospital treatment were incurred by you, state amount of expense so incurred, $ ----- If reimbursement is claimed submit itemized receipted bill for such expenses.
[Give dates, places of travel, and amount paid; also any special expense necessary because you had to travel from your regular place of residence in order to get proper medical treatment]
20. Place where injury occurred on boatslip at Matinicus Rock Lighthouse.
[Give exact location, as name of number of building, subdivision, etc.]
21. Cause of injury slipped and fell across boatslip, landing full weight across chest.
[State exactly how injury occurred]
22. Nature and extent of injury causing disability chest and ribs badly sprained.
23. Have you made claim against any person for damages on account of the injury described above? No
If you have received any money in payment of damages, state amount, $ No
24. Have you ever been in the military or naval service? If so, give periods served and whether you are receiving compensation or a pension for such services -----
25. Have you made application for retirement, or received annuity on account of retirement? No
26. Dates of other injuries, if any, on account of which you have made claims for compensation
None

I HEREBY make claim for compensation on account of the injury described above, which was sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled on account of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed and every statement set forth above in support of my claim is true to the best of my knowledge and belief.

Signed this ----- day of ----- , 19----- , at -----

----- } ss: ----- [Signature of claimant]

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

----- [Signature of official administering oath]

----- , ----- [Title] [In and for]

C. A. 4
Revised July 19, 1927 9—1145

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

Supt
Asst Engr
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
L D 1st Depot

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

16-23-0 July
+ injury 8/5-19
2 19-17-0

DEPT. OF LIGHTHOUSES
AUG 24 1932
1st DIST. PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock
(STATION, DEPOT, OR VESSEL)

Aug. 20th, 1932.

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

Requesting if you will please inform me if I must stay on this station a year with out leave? I put in for my leave, in June, and had it granted I took this time in July, I had no notice of this time might be deducted from pay. The papers that come the other day stated twenty four days with out pay during the fiscal year. With I take it is from July 1st 1932 till July 1st 1933. Here for taken the time that was due me from Jan. 1st to July 1st 1932, in July not knowing of this change, also the time taken out on the return of my leave of absence paper. When I was taken ashore from station after being hurt. The total aint of days 21 "½" days. Not much time left to aint to any thing on station located as this is. So could you please inform me on the above question? Respectfully Yours.

P. W. Powers. Keeper

REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY.

(Cross out one.)

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

1. Department Commerce (War, Navy, etc.) 2. Bureau or office Lighthouses (Engineer, Navigation, etc.)
3. Place of employment Matinicus Rock Lighthouse, Maine (Arsenal, Navy Yard, etc.) (City or town.) (State.)
4. Full name of injured employee Ruel Walter Powers
5. Time of injury August 5 (Date.), 1932 Friday (Day of week.) 6.30 A. m. (Hour, a. m. or p. m.)
6. Time employee stopped work August 5 (Date.), 1932 Friday (Day of week.) 6.30 A. m. (Hour, a. m. or p. m.)
7. Time employee's pay stopped August 5 (Date.), 1932 Friday (Day of week.) 12 m. (Hour, a. m. or p. m.)
8. First day employee was able to resume work Aug. 9 (Date.), 1932 Tuesday (Day of week.) 4.30 P. m. (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? Yes
If so, when? Aug. 9th 4.30 P.M. If not, state character of work performed upon return to duty and rate paid employee for such work
10. Actual time disabled (including Sundays and holidays) 4-1/4 days.
11. Number of days for which employee would have received pay had he not been disabled 4-1/4 days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? --- If not, give dates on which subsistence was not furnished
13. Has employee been paid for any portion of above absence on account of—
(a) Annual leave? No
(b) Sick leave? No (Give exact dates.)
(c) Any other reason No (Give exact dates.)
14. Nature of injury Badly sprained chest and ribs
15. Remarks Pay deducted for period of 4-1/4 days to cover absence from 11.30 A.M. Aug. 5 to 4.30 P.M. Aug. 9, 1932.

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

REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.), 19 (Day of week.) m. (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:

Name.	Age.

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

Name.	Relationship.	Address.

Signed this 24th day of August, 1932
at Portland, Maine

C. E. Sherman
(Official signature)
C. E. SHERMAN
Superintendent of Lighthouses
(Title)

C. A. 3
Revised to June 3, 1925

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

9—629

GOVERNMENT PRINTING OFFICE

GFL:CP

August 17, 1932

R W Powers, Keeper, Matinicus Rock LH., Me.

1. If or when you have returned to duty following injury sustained on August 5th, submit form C. A. 3 as per paragraph 4(c) of District Circular Letter No. 132.

2. Return to duty in your case is to be construed as the date when you were able to be about on your feet to supervise the work of the station, whether able to do any heavy work or not.

S. SHERMAN
Superintendent

Ent. Sq.

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

COMMERCE-LIGHTHOUSES-FIRST DISTRICT, PORTLAND, MAINE

Place of employment

1. Department ..... (War, Navy, etc.) 2. Bureau or office ..... (Engineer, Navigation, etc.)
3. Place of employment ..... Matinicus Rock Lighthouse, ... (Arsenal, Navy Yard, etc.) Matinicus ..... (City) , Maine (State)
4. Reporting office Supt. of Lighthouses, Portland, Maine (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred ..... Himself

The injured employee

6. Name of injured employee ..... Ruel W Powers ..... (Give first name in full) 7. Age ..... 41 ..... 8. Sex male 9. Race white
10. Home address ..... Matinicus Rock Lighthouse, ... (Street and number) Matinicus ..... (City or town) , Maine (State)
11. Occupation and division ..... Light Keeper ..... (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? ..... yes ..... If not, what work? .....
13. Total length of service with the Government as a civilian? ..... Since May 31, 1927 .....
14. How long at present work in this establishment? ..... do. .....
15. Dates of other injuries ..... None .....
16. Rate of pay on date of injury $ ..... 1620 ..... per annum { and subsistence valued at $ xxxxxxxxxx per xxxxx ; and quarters valued at $ 240.00 per annum
17. Employee begins work at ..... No. regular hrs. ..... (Hour, a. m. or p. m.) m. 18. Regular day's work ends ..... no reg. hours. ..... (Hour, a. m. or p. m.) m.
19. Hours worked per day ..... Not fixed ..... 20. Days paid per week ..... seven .....

The injury

21. Place where injury occurred ..... Boatslip at Matinicus Rock Lighthouse, Maine. ..... (Give exact location, as name or number of building and division, etc.)
22. Date of injury ..... August 5 ....., 1932; day of week ..... Friday .....; hour of day ..... 6.30 A. ..... (a. m. or p. m.) m.
23. Date employee stopped work ..... Aug. 5 ....., 1932; day of week ..... Friday .....; hour of day ..... 6.30 A. ..... (a. m. or p. m.) m.
24. Date employee's pay stopped ..... Aug. 5 ....., 1932; day of week ..... " .....; hour of day ..... 12 ..... (a. m. or p. m.) m.
25. Has employee returned to work? ..... No ..... (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave ..... Not known as yet. ..... (Give exact dates)
(b) Sick leave ..... " ..... (Give exact dates)
(c) Any other reason ..... " ..... (Give exact dates)
27. Describe in full how injury occurred ..... Going down boat slip, slipped and fell across slip, landing full weight across chest. .....
28. State part of body injured and nature and extent of injury ..... chest and ribs. Bad sprain .....
29. Did injury cause loss of any member or part of member? ..... No ..... If so, describe exactly .....
30. Was employee injured while in performance of duty? ..... Yes ..... If not, or in doubt, give detailed statement .....
31. Was injury caused by:
(a) Willful misconduct of the employee? ..... no ..... (b) Intention of employee to bring about injury or death of himself or another? ..... no ..... (c) Employee's intoxication? ..... no .....
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? ..... No ..... If not, did immediate superior have actual knowledge of injury? ..... yes. Reported by phone on August 5, 1932. .....
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury .....
Capt. Frank Favalora and Martin Favazzia, care Boat "Florence F", Gloucester, Mass. (Grace)
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? ..... If so, has employee been instructed in procedure under commission's regulations? .....
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case ..... Dr. C. H. Jameson, 16 School St., Rockland, Maine.
36. How soon after injury? ..... 9 hours .....
37. To what hospital sent? ..... Knox Hospital ..... Location ..... Rockland, Maine.
38. Name and address of physician now attending case ..... None .....

Signed this 18th day of August, 1932

at Portland, Maine

C. R. SHERMAN (Signature of officer)
Superintendent of Lighthouses (Title)

C. A. 2
Revised to June 15, 1929

c9—585

(OVER)

U. S. GOVERNMENT PRINTING OFFICE: 1929

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On August 5th I saw Mr. Ruel W. Powers, Keeper of Matinicus Rock Light-house, Maine, fall on the boat-slip. Mr. Powers slipped while walking down the way, falling and striking his back. The force of the blow rendered him speechless, altho not unconscious. One of my men, M. Favazzia and myself assisted Mr. Powers into the light house residence where he was put to bed and medical assistance summoned. I remained at the lighthouse for an hour after the accident, and after being assured that I could be of no further assistance sailed away.

Signed this 16 day of August, 1932.

(Sgd.) Frank Favalora,
Master, Sch. Grace F.
(Signature of witness)

On August 5th while with Captain Frank Favalora I saw Mr. Ruel Powers fall and assisted the Captain in taking Mr. Powers into his home where he was put to bed and a physician summoned. Mr. Powers fell on the boat slip striking across his back. The force of the blow knocked his wind out and he seemed to be in considerable pain. After Mr. Powers had been put to bed I left on the Schooner Grace F.

Signed this 16th day of August, 1932.

(Sgd.) Michael Favazzia.
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Ruel W. Powers (Name of employee) was given first-aid treatment, or examined, on August 5, 1932, at 4.15P m., and was (Was or was not) disabled for work. Probable length of disability will be about 2 wks. In my opinion disability was (Was or was not) due to injury on Aug. 5, 1932.

Nature of injury as found on examination Marked soreness of muscles and ribs in left chest wall from fourth to eighth rib levels. X-ray film (taken at Knox County Hospital at patient's expense) negative for fracture.

Hospitalized Referred to Marhine Hospital. Return for further treatment No

Discharged -- Other disposition --

Remarks --

Signed this 10th day of August, 1930

at 16 School St., Rockland, Maine. (Sgd.) C. H. Jameson, M.D.
(Signature of medical officer)

A.A.Surg., U.S.P.H.S.
(Title)

C9—585

Form C. A. 16.

REQUEST FOR TREATMENT OF INJURY UNDER THE UNITED STATES EMPLOYEES' COMPENSATION ACT.

Employees of the United States are entitled to medical, surgical, and hospital treatment under the provisions of the Compensation Act only for injuries sustained in the performance of duty.

August 5, 1932., 19
(Date.)

To Dr. C H Jameson, 16 School Street, Rockland, Maine.
(Name of U. S. Hospital, U. S. Medical Officer, or Designated Physician.) (Location.)

THE BEARER, Ruel W Powers Age 41 Sex Male Color white
(Name of injured employee.)

is a civil employee of the United States, employed as Light Keeper
(Name of employee's occupation.)

at Matinicus Rock Lighthouse, , Matinicus, Maine.
(Name of office or establishment where employed.) (Location.)

He ~~She~~ was injured in the performance of duty on August 5, 1932, 19
(Date.)

Nature of injury chest and ribs sprain

Treatment is requested for the results of said injury pursuant to the provisions of Section 9 of the United States Employees' Compensation Act.

C. E. Sherman
C. E. SHERMAN
Superintendent of Lighthouses.
(Signature of official requesting treatment.)

(Title or official position.)

Portland, Maine.
(Address.)

When this request is addressed to a designated physician or hospital, the reason why the request for treatment is not made to a United States medical officer or a United States hospital is to be noted here

(See other side for provisions of the Compensation Act as regards treatment.)

9—805

GFL:CP
Enclosure

August 15, 1932

Captain Frank Favalora,
C/O Boat FLORENCE F.,
Gloucester, Mass.

My dear Sir:

Mr. Ruel W. Powers, Keeper, Matinicus Rock Lighthouse, Maine, reports that you and Mr. Martin Favazzia witnessed his falling on boatslip at his station on August 5th.

Will you kindly give a statement of what you saw on the back of the enclosed form and have Mr. Favazzia do likewise? The enclosed envelope for return of the form requires no postage.

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

1

GFL:CP
Enclosures

August 9, 1932

Dr. C H Jameson, AA Surgeon,
U S Public Health Service,
16 School St., Rockland, Me.

Sir:

Herewith is confirmatory request for treatment of injury to Mr. Ruel W Powers, Keeper, Matinicus Rock Lighthouse, Maine.

Will you kindly execute the statement on the back of the enclosed form C. A. 2 and return to me in the enclosed envelope which requires no postage?

Respectfully,

C. E. SHERMAN
Superintendent of Lighthouses

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1

SUPT. OF LIGHTHOUSES
AUG 15 1932
1st DIST. PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock
(Station, Depot, or Vessel)

Aug. 12 2d, 1932

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

The full name of doctor I called in, was Dr. Charles B. Papplestone 400 Maine St. Rockland Maine. Paid him $2.00 Also x-ray picture I paid, wich was $10.00 at Knox Hospital. Rockland me. Dr. Jonesen done nothing for me, and I was in pain, and need Something done. So I called Dr. Papplestone, and he said I should have been straped up. wich he did, and gave me some relief.

R. W. Powers.
Keeper

Supt.
Asst. Supt.
Jun Engr.
Chief Clerk
1st Clerk
2nd Clerk
3rd Clerk
Messenger
Portland S.H.
1st Dept

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

1

FIRST DISTRICT

Matinicus Rock
(Station, Depot, or Vessel)

Aug 6th, 1932

SUPERINTENDENT OF LIGHTHOUSES,

Portland, Maine.

Sir:

After my injury, Coast guard took me to Rockland. I went to Government doctor. Dr. Jonesson. He advised on x-ray. Could not get to Government Hospital. Do went to Knox hospital and was x-rayed. At the cost of $10.00 Was not able to go to Dr. Jonesons office next day. So I called up 9.30. He arrived at 1.30 P.M. He did ~~so~~ not do a thing for me, not even strap me up. He said after viewing the x-ray pictures there was no fracture. But a bad sprain. I better go to the Marine Hospital where I could rest week or ten days. I had a good place to rest here, and where there was no breaks, I did not care to go to hospital as I called in Dr. Popplestone of Rockland at the cost of $2.00 He strapped me up and said there was no need of going to a hospital. I could rest here couple of days

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1

SUPT. OF LIGHTHOUSES
AUG 8 1932
PORTLAND, MAINE

FIRST DISTRICT

Matinicus Rock
(Station, Depot, or Vessel)

Aug 6th, 1932

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir:

and return to my station. Wich I want to do under conditions. Will be quite lame and sore for some time. The doctor thinks. But I will be there to look after the interest of my station.

R. W. Powers.
Keeper

C O P Y - CLG.

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Matinicus (City or town), Maine (State)

Lighthouse (Street and number)

Aug. 6 (Date of this notice), 1932

I HEREBY CERTIFY that I was injured in the performance of my duties on Aug. 5th (Date), 1932

Friday (Day of week), 6.30 A.M. (Hour, a. m. or p. m.) m.

1. The injury occurred at Matinicus Rock Light Station, Maine. (Give name of establishment where employed)

in the following manner: Fell on boat slip.

2. Cause of injury Slipped and lost balance.

3. Nature of injury Chest and ribs.

4. Names of witnesses to injury:

Capt. Frank Favalora)
)Boat "Grace F", Gloucester, Mass.
Martin Favazzia)

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

Reported to Supt. of Lighthouses, Portland, Maine, by phone on August 5, 1932. Written report made out next day.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name) (Sgd.) Ruel Walter Powers

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

U. S. GOVERNMENT PRINTING OFFICE: 1929 9—584

DEPARTMENT OF JUSTICE

UNITED STATES D[redacted]RICT COURT

OFFICE OF THE CLERK

DISTRICT OF MAINE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUN 5 1929
PORTLAND, MAINE.

Bangor, Maine, June 4, 1929

This is to certify that Ruel W. Powers, of Great Duck Island, Maine, was in attendance as a witness before the Grand Jury, United States District Court, Bangor, Maine, on June 4, 1929.

Isabel Sheehan

Deputy Clerk U.S. Court

Sunday June 2nd 3 P.M.
Wed. June 5th 3 P.M.

C. P. Credit Mr Powers on a/c of leave, as above from June 2 at 3 P.M to June 5th at 3 P.M.

Woolley
C.C.

JCW:CP

April 6, 1929

R W Powers, Keeper, Great Duck Island LH, Me.

1. This office is pleasedto note the assistance rendered disabled motor boat reported in your letter of 4th instant.

SHERMAN
Superintendent

ADDRESS ALL COMMUNICATIONS TO
LIGHTHOUSE INSPECTOR Superintendent,
PORTLAND, ME.

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

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
APR 6 1929
PORTLAND, MAINE.

FIRST DISTRICT

great Duck Island
(Station, Depot, or Vessel.)

April 4th, 1929

Sir:-

On april 3rd ab 2.30 P. M. rendered aid to a boat, on south east side off Island, That was disabled and anchored, near breakers. With the 2nd asst. Mr. Stanley. Boat owned by Mr. Fred Turner, off Swans Island Maine.

R. W. Sawyer.
Keeper.

CP

November 14, 1928

Commissioner of Lighthouses:

1. Referring to Department's Notice of Change in Salary, dated October 6, 1928, in the case of Ruel W Powers, Keeper, this district, whereby his salary was changed from $1560 to $1500 per annum:

2. The effective date of the above change is November 1, 1928.

S.

SHERMAN
Superintendent

COPY TO R W Powers, Keeper, Great Duck Island LH for his information.

Form A-38

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
NOV 14 1928
PORTLAND, MAINE.

October 6, 1928.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

LIGHTHOUSES
1928 NOV 9 PM 2 59

Sir:

You are advised that your compensation has been changed as indicated below, effective November 1, 1928, or as soon thereafter as you enter on duty. (By change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1560 per annum.

To: $1500 per annum.

Service and grade:

Appropriation (unit): Field.

TC

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
JCW:CP
Enclosure

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

Portland, Maine, September 27, 1928., 19
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, TRANSFER INVOLVING REDUCTION IN SALARY

Name, Emel W Powers

Position, Keeper

Location, Great Duck Island LH, Me.

Effective, November 1, 1928 [1] the ~~actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Legal residence, Maine

Proposed salary, $1500 per annum

Proposed range, $1500-$1800 p.a.

Appropriation, Sals., Kprs., etc.

Former position, same

Location, Mount Desert LH, Me.

Former salary, $1560 per annum

Former range, $1560-$1860 p.a.

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

Previous incumbent, Edmund A Howe

Reason, Transferred

Services terminated, October 31, 1928

Members of family in Government service, ---

Date of birth, ---

Remarks: Mr. Power's request for above transfer is herewith.

Selection regular, subject to the action of the
U. S. Civil Service Commission, , 19---

(DIRECT)
Secretary, Civil Service District.

C. E. SHERMAN
Superintendent

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME.

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

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
NOV 7 1928
PORTLAND, MAINE.

FIRST DISTRICT

Great Duck Island
(Station, Depot, or Vessel)

W. Kinsley Me., 1928

Sir:-

Left Mt. Desert Rock, October 30th 2 P. M. arrived at Great Duck Island at 4 P. M. Mr. Howe leaving this station at 4.15 P. M.

R. W. Powers
Keeper.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 1 - 1928
PORTLAND, MAINE.

July 1, 1928.

Mr. Ruel W. Powers,

Through the Chief, Bureau of Lighthouses.

Sir:

You are advised that under the Welch Act your compensation has been changed as indicated below, effective July 1, 1928.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1440

To: $1560

11—9564

1

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

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
MAY 7 1928
PORTLAND, MAINE.

FIRST DISTRICT

Portland Me.
(Station, Depot, or ~~Vessel~~)

April 27., 1928

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: I. R. W. Pawes.
left Crabtree Ledge light station
Friday morning 3.40 A.M. by tender.
Arriving at Mt. Dessert Rock at
6.40 A.M. April 27. 1928.
R. W. Pawes. Keeper.

CP

April 26, 1928

Commissioner of Lighthouses:

1. Referring to Department's "Notice of Change in Salary", dated April 4, 1928, in the case of Ruel W Powers, Keeper, this district, whereby his salary was changed from $1260 to $1440 per annum:

2. Effective date of above change in salary is April 16, 1928.

S

SHERMAN
Superintendent

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS-LIGHTHOUSE SERVICE

LIGHTHOUSES

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
APR 13 1928
PORTLAND, MAINE.

DEPARTMENT OF COMMERCE,
APPOINTMENT DIVISION
WASHINGTON

1928 APR 10 PM 3 30

April 4, 1928.

Mr. Ruel W. Powers

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1260 per annum to $1440 per annum, effective April 16, 1928, or as soon thereafter as you enter on duty. (By change of station).

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

Transferred to Kupey, Mt. Desert
Rel. A. E. Ginn.
ZC

COPY - CP

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

First District

Crabtree Ledge Lt Sta.
March 28th, 1928.

Superintendent of Lighthouses,

Portland, Maine.

Dear Sir:

In answer to your letter of March 26th I will be pleased to accept position as principal Keeper of Mount Desert light station if offered to me.

Respectfully,

(SGD) R. W. POWERS
Asst. Keeper

(SGD* T. H. MORGAN, Keeper

Standard Form No. 17
Approved by the President, March 26, 1926

CP

REPORT ON PROBATIONARY APPOINTEE

This report to be made at expiration of fifth month of service. In cases where the probationary period comprises one year, this report is to be made at the expiration of the tenth month of service.

If service has been unsatisfactory, recommendation for discontinuance under the provisions of paragraph (c) of section 1 of Civil Service Rule VII should be forwarded immediately to the Department. A full statement of reasons should be set forth under "Remarks."

DEPARTMENT OF COMMERCE
(Department)

Office of the Superintendent of Lighthouses, 1st District, Portland, Me., Oct. 31, 1927.
(Bureau or office) (Place and date)

To The Secretary of Commerce
(Chief of Appointment Division)
(Head of establishment)

The probationary period of the person named below expires at the close of business on November 30, 1927.

The conduct and capacity of this employee have been satisfactory during the probationary period, and (he) ~~(she)~~ is considered qualified for absolute appointment.

Name Ruel W Powers

Position 2nd Assistant Keeper, 1st LH Dist.

Salary $1260 per annum

Appropriation Salaries, Kprs., etc.

Station Crabtree Ledge Lighthouse, Me.

Date of entrance on duty May 31, 1927

Remarks:

C. E. SHERMAN, Superintendent
(Signature of immediate superior)

Submitted:

(Head of bureau or office)

GOVERNMENT PRINTING OFFICE 10—1731

ORIGINAL SENT TO R.W.POWERS, CRABTREE LEDGE LH FOR HIS PERSONAL FILES. 8/23/27
Form 206 COPY TO KEEPER, CRABTREE LEDGE LH FOR FILES OF STATION. COPY FOR OFFICE FILES

RECORD OF PHYSICAL EXAMINATION OF LIGHT KEEPER OR ASSISTANT LIGHT KEEPER

CP IN CONNECTION WITH MEDICAL REL[illegible]BY THE PUBLIC HEALTH SERVICE

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, First DISTRICT,

PLACE, Portland, Maine

DATE, July 19, 1927, 19

To the MEDICAL OFFICER IN CHARGE,
U. S. Public Health Service,
Dr. C. W. Milliken,
Jonesport, Maine.

SIR:

Please examine Ruel W Powers

nativity, American; age, 37; height, 5 feet, 11¾ inches;

weight, 170 pounds; color of hair, —; color of eyes, —

distinguishing marks, —

as to eyesight, hearing, and physical condition.

When the examination has been completed the findings should be recorded on this blank and the blank returned ~~to the applicant~~ DIRECT TO ME IN THE ENCLOSED ENVELOPE.

Respectfully,

C. E. SHERMAN

Superintendent of Lighthouses.

SIGN AT PLACE INDICATED.

(Signature of applicant:) (SGD) RUEL WALTER POWERS

(To be signed in the presence of the officer issuing this blank or witnessed by a designated employee of the Lighthouse Service.) Witness: A. T. Faulkingham

U. S. PUBLIC HEALTH SERVICE

PLACE, Jonesport, Me.

DATE, 8/8/27, 19

To SUPERINTENDENT OF LIGHTHOUSES.

SIR: This certifies that I have this day examined the eyesight, hearing, and physical condition of ——, and find him physically { ~~disqualified~~ / qualified* } in accordance with rules approved by the Secretary of the Treasury and the Secretary of Commerce, respecting the treatment by the Public Health Service of light keepers and assistant light keepers of the Lighthouse Service pursuant to the Act of Congress approved August 28, 1916.

He is disqualified for the reasons shown on page 3.

(SGD) C. W. MILLIKEN

Acting *Surgeon, U. S. Public Health Service.*

* If qualified, strike out the word "disqualified" and the paragraph following.

11—5999

REPORT OF PHYSICAL EXAMINATION

U. S. PUBLIC HEALTH SERVICE

PLACE, Jonesport, Me.

DATE, 8/8/27, 19

Name of applicant, Ruel W. Powers

Eyes: Color, Hazel; exophthalmus, no

chronic inflammation, no; other abnormality, none

Eyelids: Ptosis, no; condition of conjunctiva on eversion, norm

other conditions, norm

Eyesight:

Vision of right eye, without glasses, 20/20-; with glasses,

Vision of left eye, without glasses, 20/20-; with glasses,

Is applicant partially or wholly color-blind? no

If color-blind, state which color he confuses

Were candidate's eyes tested with lantern, woolen skeins, or both? skeins

Ears:

Abnormalities, no; shape, norm

Position, norm; condition of drums norm

Evidence of mastoid disease, none

Hearing: (When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard: Right ear, 25 feet; left ear, 25 feet.

Distance whispered speech can be heard: Right ear, 10 feet; left ear, 10 feet.

Lungs: norm

Heart: norm

Defects noted which, in the opinion of the medical examiner, will not materially interfere with the discharge of the duties of light keeper or assistant light keeper:

11—6999

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 20 1927
PORTLAND, MAINE.

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

FIRST DISTRICT

(Station, Depot, or Vessel)

Aug 18, 1927

Supt. Lighthouses Portland Me.

Sir. I Arrived at Crabtree ledge light Station Aug. 18. and the station is fine and I like the Keeper. but I am asking you if thair is anny place that comes apened where thair is family quarters I would like to have it I dont Care where it may be, my reason for asking for same is that I got Married about 6 months ago and my wife is staying with Thaingers and she was up to Portland two weeks ago and bought 5 hundred dallors worth of furniture and we have gatemy thing ready for keeping house. hoping I am not asking for to much

Rud. W. Powers.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
PORTLAND, ME

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
AUG 19 1927
PORTLAND, MAINE.

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

Rule Power
Pers. jacket

FIRST DISTRICT

Cranberry Ledge Light Sta-
(Station, ~~Depot, or Vessel~~)

Aug 15, 1927

Supt of Light Houses.
Portland Me.

Dear Sir

Mr Russell H. Powers
Asst-Keeper reported for duty
P. A. Me. August-15th

Very Respt Yours
W. H. Morgan.
Keeper.

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

LIGHTHOUSES

1927 AUG 19 PM 2

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

August 12, 1927.

SUPT. OF LIGHTHOUSES,
FIRST DISTRICT,
AUG 22 1927
PORTLAND, MAINE.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $1200 per annum to $1260 per annum, effective August 21, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,
Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

Transferred to Asst Keeper, Manitou Ledge
Dist; George V. Little.
R

1st.

Form A-21

NOTICE OF CHANGE IN SALARY
KEEPERS—LIGHTHOUSE SERVICE

SUPT. OF LIGHTHOUSES
FIRST DISTRICT
JUL 29 1927
PORTLAND, MAINE.
LIGHTHOUSES

Eyst

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

1927 JUL 26 PM 3:40

July 14, 1927.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your salary as keeper in the Lighthouse Service has been changed from $ 1140 per annum to $ 1200 per annum, effective July 1, 1927.

No new appointment will be issued to you as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

EDW. J. GARDNER,

Acting Chief of Appointment Division.

11—8074 GOVERNMENT PRINTING OFFICE

Change in Salary Rate,

H
1

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

DEPARTMENT OF COMMERCE
LIGHTHO[redacted]ERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUN 29 1927
PORTLAND, MAINE.

FIRST DISTRICT

Matinicus Rock
(Station, Depot, or Vessel)

June 25, 1927

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: In the short period of time Mr. Powers was at this station I find him well qualified for the service, an extra good boatman and very congenial.

F. A. Hilt Keeper.

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

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
JUN 3 1927
FIRST DISTRICT
PORTLAND, MAINE.

Matinicus Rock Lt. Sta.
(Station, Depot, or Vessel)

May 31, 1927

SUPERINTENDENT OF LIGHTHOUSES,
Portland, Maine.

Sir: This will report to you the arrival of R. H. Powers, additional Keeper to this station May 31 - 1927, 1 P.M.

H. A. Hilt Keeper.

Form 111

OATH OF OFFICE

(Prescribed by Section 1757, Revised Statutes)

Copy

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

I, RUEL W POWERS

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

(SGD) RUEL W POWERS
(Appointee signs here)

[2] Sworn to (See below) and subscribed before me, this [3] 27 day of May, A. D. 19 27

(Affix official seal here)

(SEAL)

[4] (*Name*) (SGD) FERNANDO F MORSE

(*Official title*) Notary Public

My commission expires Mar 26 1932

Official Title	Rate of Pay	Name of Station, Vessel, or Place of Employment.
Present Additional Keeper	$1140 per annum	General Duty, 1st LH District
Former [5] New appointee		

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

Office of Superintendent of Lighthouses, 1st District

Portland, Maine (Address), June 3, 1927 (Date)

The above-named appointee entered upon duty on May 31, 1927 (Date)

C. E. SHERMAN
(Signature followed by title)
Superintendent of Lighthouses

[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 on or after the effective 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, a chief clerk in the office of a superintendent of lighthouses or other employee in the Lighthouse Service designated by a chief clerk, or any other officer having authority to administer oaths, but never before a collector of customs or postmaster, as neither officer has 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, except in the case of chief clerks in the offices of superintendent of lighthouses and other employees in the Lighthouse Service designated by them, who are not required to have a seal.
[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

STANDARD FORM NO. 6
(Approved by the President March 28, 1924)

PERSONAL HISTORY

(Statement to be prepared by appointee in his own handwriting)

Bureau, division, or office DEPARTMENT OF COMMERCE - LIGHTHOUSE SERVICE

1. Name in full Ruel Walter Powers

2. Legal (voting) residence Maine (State and Congressional District) 3d Hancock (County) Swans Island (City or town)

3. Where born? Maine (State or foreign country) Frenchboro (City or town) When born? March 19, 1890 (Date)

4. If foreign, state whether naturalized or alien

5. Indicate sex, marital condition, and race by check, thus: √

SEX		MARITAL CONDITION				RACE. (If other, state which)		
Male	Female	Single	Married	Divorced	Widowed	White	Colored	
√			√			√		

6. A complete record of your past civil service for the United States Government:

BRANCH OF SERVICE AND PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
			Month	Day	Year	Month	Day	Year
lighthouse service Steamer HIBISCUS	Sailor	62.50 MONTH	Sept	26	1926	April	1	1927

7. 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 ____

Organization ____ Organization ____

8.

EDUCATION (Circle number of years)	Common school	High school	College	Degrees, if any
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	

9. State special qualifications

10. Name, relationship, and address of person to be notified in case of emergency:

Mrs. Maude A. Powers (Name) Wife (Relationship)

Portland, 138 Cumberland Ave., Me. (Post office address)

I certify that the foregoing answers are correct to the best of my knowledge and belief.

(SGD) RUEL WALTER POWERS
(Name as usually written and which will be used as official signature)

May 27/1927 (Date) 10—1659 Present address Swans Island, Me.

Card sent Sec'S. 6/3/27

I acknowledge receipt of a copy of Department Circular No. 253 (second edition), of September 22, 1914, relating to political activity of officeholders, and fully understand its purport.

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
MAY 31 1927
PORTLAND, MAINE.

Ruel Walter Powers.
(Name.)

Additional keeper
(Position.)

(Bureau, Office, or Service.)

Date, May 27/1927

(This acknowledgment should be forwarded to, and filed in, the bureau or office to which appointee is assigned.)

Form A-30

NOT TO BE ACCEPTED AS AUTHORITY FOR INVESTIGATIVE OPERATIONS UNLESS ACCOMPANIED BY OFFICIAL CREDENTIALS

SUPT. of LIGHTHOUSES, FIRST DISTRICT, MAY 25 1927 PORTLAND, MAINE.

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

May 17, 1927.

Mr. Ruel W. Powers,

Through the Commissioner of Lighthouses.

LIGHTHOUSES
1927 MAY 20 PM 3 12

Sir:

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

Keeper (additional)

in the Lighthouse Service

at a salary of Eleven Hundred and Forty dollars per annum

effective May 26, 1927, or as soon thereafter as you enter on duty.

Nature of appointment: Probationary.

Civil Service authority: Secretary, First Civil Service District.

Classification allocation:

By direction of the Secretary:

Respectfully,

1st

C

Chief of Appointment Division.

GOVERNMENT PRINTING OFFICE

Appropriation (unit): Field.

Vice: Henry E. Searles.

Legal Residence: Maine.

11-8657

CP

Form 201
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LETTER TO ELIGIBLES

IMMEDIATE REPLY REQUESTED.

SUPT. of LIGHTHOUSES,
FIRST DISTRICT,
MAY 3 1927
PORTLAND, MAINE

Mr. Ruel W Powers,
Swans Island, Me.

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 1st DIST.,

Portland, Maine, April 27, 1927.

SIR: You are hereby informed that you are being considered for the position of Additional Keeper
(State position, location, and whether station is shore or afloat.)
for general duty through district where needed. Duties require incumbent to travel considerable portion of his time.

Total Compensation: $ 1140 per annum ~~(xxxx