SEP 10 2024 PM12:18

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

Date: 9/9/2024

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Quinn, Everett, W.	6/6 200 ✓ BIRLS RJM	1900 (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: 1990 (ME)

State of Residence (upon entry into service):

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

CIVILIAN SERVICE

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

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

This Space Intentionally Left Blank

Researcher Signature: Kraig Anderson

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: 2-3013600415

Attendant Signature:

CMRS Search Request Number(s): CG 2-DTUWMQW

Remarks:

'24 NOV 5 AM11:24:17

SCREENING NOTES

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

Hold Requested: ☐ Yes ☐ No

Total Requests:

Screened Items:

☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:

SR# 2-30103600415

National Archives and Records Administration

NPRC

MPR Search Request

Priority: **High**

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

2-DTUWMQW

Non-Registry Block:
Registry Number: ***00000 176 557***
Facility & Floor/Level: ***STL2*** Module/Bay: ***5*** Row: ***6W***
Reg Veteran's Name: *QUINN EVERETT W*
SR Veteran's Name: *QUINN, EVERETT W*
SSN:
DOB: *01/01/1900*
POB: *ME*
SVN/SSN: *000616200*
Service Code: *CG*
Service Number:

SR Number: **2-30103600415**
Search Section: **5**

Record Charged to:
Name: Kevin Helenthal
Room#: 148
Phone#:

Core: Archival
Team: Public Research Room

Searcher Name: JMCMORRIS

Initials: _____

Date: _____

Notes:

2-DTUWMQW

All Records Ordered for this Service Request:
2-DTUWMQW

Service Request Received in Center Date:		10/10/2024 00:00:00
Search Request Created By:	KHELENTHAL	10/10/2024 09:37:45
Search Request Printed By:	DRWOLF	10/10/2024 02:10:42

(FA-D)
CG-532 (GM)
783

3-14 File 783 GM

10 May, 1946

To: Commander, 1st Coast Guard District

Subj: QUINN, Everett W. (616-200) BM1c(R) - Present; claim for reimbursement

Reference is made to subject-named man's claim for reimbursement, $70.00, for cost of shipping household effects from Port Clyde, Me., to Providence, R. I. It is requested three certified copies of DCGO 1ND/L 7 January, 1946, be forwarded this office for attachment to voucher.

O. F. MC CLOW
By direction

U.S. COAST GUARD
MAIL SECTION (4)
MAILED MAY 15 1946

ak

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 85

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
QUINN, Everett W.	616-200	BM1c(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group	Sabin Point Light Station	Newport, R.I.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
01-133	01-279	24 April, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1420
DATE 24 April, 1946
TRANSFERRED TO: CGRU, Constitution Wharf, Boston
FOR processing prior to discharge.

AUTH: 1CGD/L/16 (pra-783-531-701) Order No. 45974

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. 30
AUTH:

H. L. Fenderson
H. L. FENDERSON, Lieutenant, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
QUINN, Everett W.	616-200	BM1c(R)

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	Sabin Point Light Station	Newport, R.I.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 01-279

DATE: 28 Jan., 1946

TIME 1700
DATE 26 Jan., 1946

REPORTED FROM: GROUP, PORT CLYDE, MAINE
FOR assignment to duty

DUTY CODE No. 29 AUTH: GRP. Port Clyde/L/25 (783-531) ORDER NO. 42048

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

H L Fenderson

H. L. FENDERSON, Lieut., USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	01	2	30
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
XI	XIII	XV	XVIII

EXAMINED BY

Records	
Posting	Coding
PEA-E 48	

Machine Accounting

Punched _____

Verified _____

U. S. GOVERNMENT PRINTING OFFICE 16—40355-1

SEE LIST BELOW --- ---

SEPCEN#1 Boston, Mass.

29 April, 1946

0910
4/29/46

CGRecSta, Boston, Mass.
Discharge.

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

URQUHART, Alton H. 617-029 CBM
CLEASON, Carrol C. 3005-176 CBM
PASQUILL, Leonard L. 223-215 MMlc
HISOTELIS, James G. 619-755 StMlc
CRANE, William J. 619-742 SoM2c
YORK, Charles W. 705-594 Slc
GREENHALGE, Leonard 553-633 Slc
FORTE, Constabilo Jr. 686-931 Slc
QUINN, Everett W. 616-200 BMlc
GAMSON, Linwoee 553-633 MoMMlc
DAVIS, Nathaniel 220-873 BM2c
VACCA, James F. 685-080 Slc
MC GRATH, Edward J. 660-567 Slc
LAFFIN, John E. 619-953 Slc
EVERSON, Walter F. 686-972 S2c

EXAMINED PEA-E-16

M. MEEKO Medal, USCG
By direction

PEA-E
16

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 409

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
QUINN, Everett W.	616-200	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
REPAIR BASE, CONST. WHARF	REC. UNIT	BOSTON, MASS.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
01-012	01-014	4-30-46

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 0900
DATE 4-27-46
TRANSFERRED TO: Tr. to Sep Ctr. #1 Boston, Mass. pend disch
FOR

AUTH: 4-27-46 VO Comdr 1CGD

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

NO POSTING REQUIRED PCA-E-SM

DUTY CODE NO.
AUTH: W Rawerton
for R.T. GRIFFIN Lt. (jg) USCGR
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

N. C. G. 9541A

QUINN, Everett Wesley
(NAME)

616-200
(SERVICE NUMBER)

SINGLE
MARRIED X
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

2/3722

BIRTH, DATE OF 24 Dec. 1900
BIRTH, PLACE OF Robbinston, Me.
CITIZENSHIP N

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS (ORIG. ENL. REGULAR RESERVE 3 YEARS OR D. O. E. AUTH.)
PT. CLYDE STA (B.D.)	10-19-42	B.M.1c.				ASSIGNED ACTIVE DUTY Manana Lt Sta June 43
Port Clyde Sta-01	10-19-42	B.M.1C.				(Manana Is. Fog. Sig. Sta)
Newport Grp. (01)	1-26-46	BM1C				Tr.
Const Rep Base (01)	4-25-46	BM1C				To Res Unit
PSC #1	4-29-46	BM1C				To
SEPARATION CENTER NO. 1 Boston, Mass.	5-9-46	BM1c	3	6	21	HD EXP. ENL. PB 94-45

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 DIEBOLD 2116-595

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 3853

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
QUINN, Everett W.	616-200	EM1c
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
REPAIR BASE, CONST. WHARF	REC. UNIT	BOSTON, MASS.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
01-012	01-014	4/26/46

TIME 1215
DATE 4/25/46

REPORTED FROM: Rptd fm CG Group, Newport, R.I.
FOR for ppd

DUTY CODE NO. 04D AUTH: CG Group, Newport, R.I./L 4/24/46

TIME
DATE

TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E

DUTY CODE NO. AUTH: C. S. Chase
for R. T. GRIFFIN, Lieut. (jg) USCGR
By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding
PEA-E 88	

Machine Accounting
Punched
Verified

☆ U. S. GOVERNMENT PRINTING OFFICE 16—40355-2

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised 1938

AWAITING DISCHARGE

PEA-E
10

P- 4-25-46. 18.

Service Record

QUINN
(Surname)

EVERETT WESLEY (616-200) NB
(Christian names) (Service No.) (Citizenship)

B.M.1c (R) 19 October, 1942 Three years
(Enlisted as) (Date) (Term of years)

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION MONHEGAN ISLAND, MAINE.
(Ship or station) (Place)

16—9677

CERTIFIED FOR MUSTERING OUT PAY

CODED
NO. 23

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

NAME	SERVICE NUMBER	RATING
QUINN, Everett Wesley	616-200	BMlc.
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL SEPARATION CENTER NO. 1	Boston, Mass.	4-29-46
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING** 3.48	**CONDUCT** 4.0

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

PFWOAD: Port Clyde, Me.

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

PEA-E 12

ID CARD SENT TO IDENT SECTION

Home address:
Red Beach, Me.

Everett W. Quinn
(Signature of dischargee)

DISCHARGE

Nav. S. and A. Form 550

MUSTERING OUT PAYMENT

COMMANDING OFFICER'S CERTIFICATE

I CERTIFY THAT QUINN, (Surname) Everett, (First Name) W. (Initial) (616-200) (File or Service No.) BMlc. (R) (Rank or Rating & Branch of Serv.)

IS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY 5-9-46 (Date) and that he (she) had active service in the armed forces

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

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

Septen #1, Boston, Mass.
Activity from which Discharged

M. HERKO, Lieut., USCG.
By dir.
Name and Signature of Officer Authorized to Sign in accordance with Art. 2025(2)NR

VETERAN'S CERTIFICATE

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

FILL OUT ONLY WHERE SERVICE IS FOR 60 DAYS OR MORE——

ADDRESS TO WHICH CHECKS ARE TO BE MAILED:

Number Street

Red Beach, Maine
City Zone State

Have you served outside the continental limits of U.S. or in Alaska? NO (Enter Yes or No)

Signature of Applicant

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on P.V. 10244-46 Check No. 67049 Dated 5-9-46

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

M. HERKO, Lieut., USCG. By dir.

MUSTERING OUT PAYMENTS DIVISION DATA

Boots. Section
MAY 21 1946
Date
Initial

INSTRUCTIONS ON REVERSE

USCG PERSONNEL SEPARATION CENTER NUMBER ONE

(P)

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

NAME	SERVICE NUMBER	RATING
QUINN, Everett Wesley	616-200	BM1c.
UNIT	**LOCATION**	**DATE REPORTED**
USCG PERSONNEL SEPARATION CENTER NO. 1	Boston, Mass.	4-29-46
FINAL AVERAGE EFFICIENCY MARKS →	**PROFICIENCY IN RATING** 3.48	**CONDUCT** 4.0

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

PFWOAD: Port Clyde, Me.

DEDUCTIBLE TIME WHILE ATTACHED TO SEPARATION CENTER (Check)

[X] NONE [ ] ENTERED IN ABSENCE FROM DUTY ARTICLE OF RECORD.

DISPOSITION OF IDENTIFICATION CREDENTIALS

[X] SURRENDERED [ ] NOT SURRENDERED (Explanation below)

PEA-E 18

NO CARD SENT TO IDENT SECTION

Home address:
Red Beach, Me.

Everett W. Quinn
(Signature of dischargee)

DISCHARGE

	KIND OF DISCHARGE	SERIAL NUMBER
	Honorable	B25152
ation of Enlistment	AUTHORITY: Art. 589, CG Regs., PB-94-45	

DISCHARGE EMBLEMS

IE FOLLOWING IS ACKNOWLEDGED (Check)

LE DE BUTTON [X] HONORABLE SERVICE BUTTON [X] HONORABLE SERVICE Card #084573

DISCHARGEE
ett W. Quinn

MUSTERING OUT PAY (Check)

ENTITLED TO & CERTIFIED FOR M.O.P. [ ] NOT ENTITLED TO M.O.P.

TRAVEL ALLOWANCE & PAY

ALLOWANCE AT RATE OF FIVE CENTS PER MILE	TO:	TOTAL TRAVEL ALLOWANCE
BOSTON, MASS.	PORT CLYDE, MAINE	10.35
PAID FOR TA & PAY (In full to date of)	**CHECK NO.**	**NAME OF PAY OFFICER**
$50.74	20.74 CHECK 30.00 CASH	D. D. MURPHY, Lt. Comdr., USCG

ILE SERVICE DURING THIS ENLISTMENT →	YEARS	MONTHS	DAYS
	3	6	21

ified to be correct upon termination of service.

CODED NO. 23

F COMMANDING OFFICER OR OFFICER-IN-CHARGE

RRO, Lieut., USCG. By dir.

USCG PERSONNEL SEPARATION CENTER NUMBER ONE

(P)

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

NAVCG-553 (Rev. 10-45)

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

616-200 QUINN, Everett Wesley BM1c

Red Beach
Maine

5. PLACE OF SEPARATION

Boston, Mass.

6. CHARACTER OF SEPARATION

Honorable

7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

Red Reach, Maine

8. RACE	9. SEX	10. MARITAL STATUS	11. U. S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
W	M	Married	Yes	12-24-1900 Robinston, Maine

SEL. SER. DATA — 13. REGISTERED [X] YES [ ] NO — 14. SELECTIVE SERVICE BOARD OF REGISTRATION: Maine — 15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE: Monhegan Island, Maine

RECORD OF U.S.C.G. SERVICE

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

[X] ENLISTED [ ] INDUCTED [ ] COMMISSIONED

DATE 10-19-42 DATE DATE

17. DATE OF ENTRY INTO ACTIVE SERVICE: 10-19-42

18. NET SERVICE (FOR PAY PURPOSES) (YRS, MOS, DAYS): 3yrs. 6 mos. 25 days

19. PLACE OF ENTRY INTO ACTIVE SERVICE: Port Clyde Station, Port Clyde, Maine

20. QUALIFICATIONS, CERTIFICATES HELD, ETC.: Those of rating

21. RATINGS HELD: BM1c;

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

23. SERVICE SCHOOLS COMPLETED: None — WEEKS

24. SERVICE (VESSELS AND STATIONS SERVED ON)

RO Port Clyde Sta., Port Clyde, Me.;
Manana Island Fog Signal Sta.;
CG Group, Newport, R. I.
CGRS Boston; Separation Center #1.

PAY AND INSURANCE DATA

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

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

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

34. REMARKS

Boatswain's Mate First Class
Entitled to American Area Ribbon.
Entitled to World War II Victory Ribbon.
Entitled to Good Conduct Ribbon.

35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

Helen Reich J.G.

HELEN REICH, Lt.(jg)., USCGWR

EMPLOYMENT AND EDUCATIONAL DATA

36. NAME AND ADDRESS OF LAST EMPLOYER	37. DATES OF LAST EMPLOYMENT	38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.
U.S. Civil Service Commission.	FROM: May '30 TO: Oct. '42	Lighthouse Keeper.

39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA): Same as Item #38.

40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING): None.

41. NON-SERVICE EDUCATION (YEARS SUCCESSFULLY COMPLETED) GRAM.: 8 H. S.: 1 COLL.:	42. DEGREES	43. MAJOR COURSE OR FIELD
		-

44. VOCATIONAL OR TRADE COURSES (NATURE AND LENGTH OF COURSE): None.

45. RIGHT INDEX FINGERPRINT

46. OFF DUTY EDUCATIONAL COURSES COMPLETED: None.

47. DATE OF SEPARATION: 5-9-46 (5-10-46)

48. SIGNATURE OF PERSON BEING SEPARATED: Everett W. Quinn EVERETT W. QUINN

2

TO: COAST GUARD HEADQUARTERS

UNITED STATES COAST GUARD

Boston, Massachusetts

Civil Readjustment Officer
Separation Center #1

9 May, 1946

To: QUINN, Everett W. 616-200 Bmlc

Subj: Information for your guidance subsequent to discharge.

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

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

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

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

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

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

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

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

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

Everett W Quinn

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

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

ENLISTMENT OF QUINN, Everett, Wesley (Full name, surname to left); 616-200 (Service number); $114.00 (Pay per month)

Accepted for enlistment at Manana Island Fog Signal Station; B.M.1c (R) (Rating in which enlisted)

Enlisted at Port Clyde Station, Port Clyde, Maine; 19 October, 1942. (Date of enlistment)

Transferred to

Occupation Keeper Citizenship * NB If naturalized, place and date of naturalization Certificate No.

Date of birth 24 December, 1900 Place of birth Robbinston, Maine

Home address (Street and number) Monhegan Island (Town) (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian

(Wife) Corice Quinn, Monhegan Island, Maine
(Relationship) (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

23
21

First enlisted (Date) at (Place) and was last discharged (Date) from (Unit) with (Character) discharge as (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 9 months.

Height 6 feet inches. Weight 178 pounds.

Eyes Blue Sex Male Hair Brown Complexion Light Color White

Personal characteristics None marks, etc.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with I. L. HAMMOND of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { Three years from 19 October, 1942., 1 / during minority until , 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Everett Wesley Quinn

Everett Wesley Quinn
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 19th day of October, A. D. 1942

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.
(Commanding officer, notary public, or other officer qualified to administer oaths)

Section Coast Guard Officer, Rockland, Maine.
(Title)

Citizenship substantiated and contract perfected.

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

..... (Unit) ..... (Place) ..... (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....
(Signature of man)

.....
(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / COAST GUARD RESERVE }

ENLISTMENT OF QUINN, Everett, Wesley (Full name, surname to left); ____ (Service number); ____ (Pay per month)

Accepted for enlistment at Manana Island Fog Signal Station; B.M.1c (R) (Rating in which enlisted)

Enlisted at Port Clyde Station, Port Clyde, Maine; 19 October, 1942. (Date of enlistment)

Transferred to ____

Occupation Keeper Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 24 December, 1900 Place of birth Robbinston, Maine

Home address ____ (Street and number) Monhegan Island (Town) ____ (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian ____

(Wife) Corice Quinn, Monhegan Island, Maine (Relationship) (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

First enlisted ____ (Date) at ____ (Place) and was last discharged ____ (Date) from ____ (Unit)

with ____ (Character) discharge as ____ (Rate) No. ____

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 9 months.

Height 6 feet ____ inches. Weight 178 pounds.

Eyes Blue Sex Male Hair Brown Complexion Light Color White

Personal characteristics None marks, etc. ____

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with I. L. HAMMOND of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { Three years from 19 October, 1942., 1 / during minority until ____, 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Everett Wesley Quinn

Everett Wesley Quinn

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 19th day of October, A. D. 1942

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.

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

Section Coast Guard Officer, Rockland, Maine.

(Title)

Citizenship substantiated and contract perfected.

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

.....

under authority of .....

.....

.....

(Signature of man)

.....

(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised July 1935

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Manana Is. Fog Signal Station	1/26/46	Manana Isl. Fog Sig. Sta.	19 Oct. 1942
CG GROUP/Newport, R.I. H E Anderson	4/24/46	CG GROUP/Newport, R.I. H E Anderson	1/26/46
4-25-46 Rptd CGRS, Boston, Mass. Dptd		APR 27 1946 Attached less than 48 hours	
No marks assigned. No deductible time. No breach of discipline.			By dir.

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

SCALE OF MARKS: 4.0, Perfect; 3.5 to 3.9, Excellent; 3.0 to 3.4, Good; 2.5 to 2.9, Satisfactory; 2.0 to 2.4, Indifferent; 1.0 to 1.9, Poor; 0.0 to 0.9, Bad

Date	Proficiency in rating	Conduct	Seamanship / Sobriety	Ability as leader of men	Mech. Ability / Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
12-31-42		4.0	(LESS THAN A		MONTH)	MANANA IS.FOG SIG.STA	John B. Holmes, QBM.
3-31-43	3.0	4.0	3.0	2.8	3.0	MANANA IS.FOG SIGNAL STA	John B. Holmes Bos'n
6-30-43	3.0	4.0	3.0	3.0	3.0	MANANA IS.FOG STATION	John B. Holmes Ensign
9-30-43	3.0	4.0	3.0	3.0	3.0	MANANA IS.LT.STATION	John B. Holmes Ensign
12-31-43	3.2	4.0	3.2	3.2	3.2	MANANA IS.FOG SIG.STA	John B. Holmes Ensign C.O.
3-31-44	3.5	4.0	3.5	3.5	3.6	MANANA IS.FOG SIG.STA	John B. Holmes C.O.
6-30-44	3.5	4.0	3.5	3.5	3.6	MANANA IS.FOG.SIG.STA	John B. Holmes C.O.
9-30-44	3.5	4.0	3.3	3.3	3.3	MANANA IS.FOG SIG.STA	Jerom B. Carter CO
12-31-44	3.5	4.0	3.3	3.3	3.3	MANANA IS.FOG SIG.STA	Jerom B. Carter CO
3-31-45	3.5	4.0	3.4	3.4	3.4	MANANA IS.FOG SIG.STA	Jerom B. Carter CO
6-30-45	3.5	4.0	3.5	3.5	3.4	MANANA IS.FOG SIG.STA.	Jerom B. Carter CBM CO
9-30-45	3.5	4.0	3.5	3.5	3.4	MANANA IS.FOG SIG.STA.	Jerom B. Carter CBM CO
12/31/45	3.5	4.0	3.5	3.5	3.5	MANANA IS.FOG SIG.STA.	Jerom B. Carter CBM CO
1/25/46	LESS THAN ONE MONTH					MANANA IS.FOG.SIG.STA.	Jerom B. Carter, CO
3/31/46	3.5	4.0	3.5	3.5	3.5	Sabin Pt. Light Sta.	H. E. Henderson Lt.
4/24/46	3.5	4.0	3.5	3.5	3.5	Sabin Pt. Light Sta.	H. E. Henderson Lieut.
AVERAGES							

ADAPTABILITY FOR WARRANT GRADE
(Chief petty officers only)

Mark	Remarks	Signature

On receipt of an enlistment contract by transfer it shall be the duty of the receiving unit to see that all previous marks have been duly inserted, and the last unit on or at which service is rendered prior to discharge will be held responsible for the completeness of the marks.

4. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer _____
(Date and place)

2—13678

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column

6. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Manana Island Fog Signal Station	10-18-45	Completed a continuous period of 3 years cont. service with a mark of not less than 4.0 in conduct; entitled to wear the Good Conduct Medal, P.B. 86-44, authorized to wear the good conduct ribbon. Kenneth D. Carter, CBM. By Lt
Sept Center I	4-30-46	Awarded Good Conduct Medal. Hdqrs-Lt #165

2—13678

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
MANANA ISLAND LT. STA.	11-25-43	RIFLE (U)	
	11-21-43	REVOLVER (S)	J. R. Holmes, Ens.
	11-24-43	MACHINE GUN (U)	

8. DETAILS

Ship or station	Date From—	Date To—	Duty	Signature of executive officer or District Commander
MANANA ISL. FOG. SIG. STA	10-19-42	1/25/46	Keeper	J. R. Holmes
SABIN PT. LIGHT STA.	1/28/46	4/24/46	Keeper	R. E. Sanderson Lieut., USCG

2—13678

RECORD OF QUINN, Everett, Wesley (616-200)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature of executive officer or officer in charge
MANANA IS.FOG SIG.ST	10-19-42	(CREDIT)		30		John R. Holmes Boatsn
MANANA IS.FOG SIG.ST	2-27-43	3-5-43	5	25		John R. Holmes Boatsn
Manana Is. Fog SigST	6-23-43	6-30-43	6	19		John R. Holmes Boatsn
Manana Is.Fog Sig.St	10-3-43	10-14-43	10	9		John R. Holmes Boatsn
Manana Is.Fog Sig.Sta	10-19-43	(CREDIT)		30		John R. Holmes Boatsn
Manana Is.FogSig.Sta	3-21-44	3-28-44	6	24		John R. Holmes B.M.
Manana Isl.Fog.Sig.Sta	6-19-44	6-30-44	10	14		John R. Holmes B.M.
Manana Isl.FogSig,Sta	10-19-44		CREDIT	30		Jesse B. Carter CBM
Manana Is.Fog Sig.Sta	11-14-44	11-22-44	7	23		Jesse B. Carter CBM
Manana Isl.Fog Sig.St.	4-3-45	4-9-45	5	18		Jesse B. Carter, CBM
Manana Isl.FogSig.Sta.	10-19-45		CREDIT	30		Jesse B. Carter CBM
Manana Is.Fog Sig.Stall	11-1-45	11-8-45	6	24		Jesse B. Carter CBM.

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, and while serving said sentence.)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Manana Is. Fog Sig. Sta.	NO DEDUCTIBLE TIME WHILE ATTACHED.				Steven B. Carter, CO
CG Group/Newport, RI	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.				H. E. Henderson Lieut.

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

Date ....., 193 Place ..... Serial No. .....

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

Discharged on account of .....

Is ..... recommended for reenlistment. Rating best qualified to fill .....
(If "not", so state)

13. ON DESERTION

....., 193 ....
(Date) (Unit) (Place)

2—13678

RECORD OF QUINN, Everett Wesley (616-200)
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

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

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

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

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $_____

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

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION { To / Not to } REENLIST NEXT DAY.

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

_____
Commanding Officer—Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE 2—13078

SEE LIST BELOW --- ---

SEPCEN#1

Boston, Mass.

29 April, 1946

0910
4/29/46

CGRecSta, Boston, Mass.
Discharge.

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

Suspense

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

[illegible] USCG
By direction

1nd-2
DCG 1ND, Boston
File: pra-73-783

25 April, 1946
(DATE)

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

Subj: QUINN, EVERETT W. 616-200 BM1c

In accordance with the provisions of Personnel Bulletin #44-45, the discharge of the subject named man is authorized.

K. A. Jones

K. A. JONES
By direction

UNITED STATES COAST GUARD
Boston, Massachusetts

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

25 April, 1946
(Date)

To; District Coast Guard Officer, First Naval District

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

Subj; Discharge; request for

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

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

		(Points)
(a) I was born on Dec. 24, 1900 at Robbinston, Me.		23
(b) I enlisted in the CG on Oct. 19, 1942 at Rockland, Me.		
(c) I was placed on Active Duty Oct. 19, 1942 at Rockland, Me.		21
(d) My address prior to enlistment was Monhegan, Me.		
(e) My address after discharge will be Riverside, R.I.		
(f) I have the following dependents Wife		10
(g) I have approximately (xx) lbs of household effects to be moved.		
(h) I (~~xx~~) (DO NOT) Desire to travel via privately owned automobile.		
(i) I have had None months sea duty aboard or overseas (Units)		

Everett Wesley Quinn
EVERETT WESLEY QUINN 616-200 BM1c
Signature Service No, Rate

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

To; District Coast Guard Officer, First Naval District

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

E. C. Hilton
E. C. HILTON
By direction

UNITED STATES COAST GUARD
Boston, Massachusetts

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

5-25-46
(Date)

To; District Coast Guard Officer, First Naval District

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

Subj; Discharge; request for

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

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

(a) I was born on 24 December 1900 at Robbinston Me. 23
(b) I enlisted in the CG on 19 Oct 1942 at Rockland me.
(c) I was placed on Active Duty Same. at
(d) My address prior to enlistment was Manhegan Me.
(e) My address after discharge will be Pawtucket R. I. 21
(f) I have the following dependents Wife 10
(g) I have approximately (—) lbs of household effects to be moved,
(h) I ~~(DO)~~ (DO NOT) Desire to travel via privately owned automobile.
(i) I have had 0 months sea duty aboard or overseas 0 (Units)

Everett Wesley Quinn 616 200 BM 1/c
Signature Service No, Rate

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

1 Boston

54

To; District Coast Guard Officer, First Naval District

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

E. C. HILTON
By direction

UNITED STATES COAST GUARD
Boston, Massachusetts.

DATE: 4-25-46

To: Processing Officer, Processing Unit.

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

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

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

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

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

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

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

5. Is there any money still due you for leave rations for any leave taken since 1 July, 1945? Yes.

6. Have you been repaid for travel performed by YOU at your own expense on orders transferring you to this unit? No.

Signed: Everett Wesley Quinn 616-200 B.M.1/C.
(First Name) (Middle Initial) (Last Name) (Serv #) (Rate)

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

DATE 5-25-45

To: Processing Officer

Subj: SEPARATION FROM THE SERVICE; DATA CONCERNING:

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

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

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

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

SIGNED: Everett Wesley Sherman 616-200 B.M./C.
(First Name) (Middle Initial) (Last Name) Ser.No. Rate

Form 2529
Treasury Department
U.S. Coast Guard
Revised September 2, 1941

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. (Unit) ---- MONHEGAN ISLAND, MAINE. (Place)

1 October 1943. (Date)

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DISTRICT COAST GUARD OFFICER, FIRST NAVAL DISTRICT.

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

Corice Quinn ---- Monhegan Island, Maine.
(Full name of wife, if not married, so state) (Address of Wife)

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

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

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

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

William Quinn ---- Father ---- Robbinston, Maine.
(Full name of Relative) (Relationship) (Address of Relative)

Potential
(State briefly wherein dependency exists)

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

Mildred Worthy Lake ---- Sister ---- Augusta, Maine.
(Full name of Relative) (Relationship) (Address of relative)

None
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me

this 1st day of October, 1943

Everett W. Quinn
(Signature)

I. L. Hammond ---- B.M.1c (R)
(Signature) (Rank or Rating)

Lieutenant.
(Rank or Title)

GOVERNMENT QUARTERS AVAILABLE AND FURNISHED.

John R. Holmes

John R. Holmes, C.B.M.(a)(Pro)
Commanding Officer.

QUINN, Everett W. 616-200 B.M.1c (R)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Station 01-080 Monhegan, Maine. 25 January, 1946

0800 this date: Tr. to CG Group, Newport, Rhode Island, for assignment as KEEPER, Sabin Point Light Station.

30

DCGOIND/L 1/2/46
(pra-783-551) Ord.No.42048

WILSON B.CARTER, CBM

CO

C.G. STATION
RECEIVED
JAN 3 1946
PORT CLYDE, ME.

pra-783-531

DCGO 1ND

ORDER NO. 42048

2 January, 1946

To: Commanding Officer, CG GROUP, Port Clyde, Maine

Subj: QUINN, Everett W. (616-200) BM1c(R); orders; transfer; travel

1. Transfer the subject-named man from Manana Island Light Station, to Newport, Rhode Island, directing him to report to the Commanding Officer, CG GROUP, at that place for assignment to duty at the Sabin Point Light Station, as KEEPER.

2. Travel necessary to the execution of this order is required by the public interests and is authorized chargeable against District Travel Allotment Code 01-20.

3. Allowances prescribed by Article 219 (5), Pay and Supply Instructions, are applicable.

4. Travel may be performed at own expense, subject to reimbursement at the rate of three cents per mile, via the shortest usually traveled route, in accordance with Alcoast No. 40, 1943.

5. A permanent change of station as authorized for the subject man from his last permanent station to Sabin Point Light Station.

6. Service and health records must be carried on transfer.

7. The subject man is authorized to quarter his family at the Sabin Point Light Station, inasmuch as quarters are available at the Government 's Expense,

8. Caution the subject-named man not to discuss matters of naval interest with any unauthorized persons; nor to indulge in intoxicating beverages, the use of which will result in disciplinary action. In this connection your attention is invited to the instructions contained in Personnel Bulletins No. 15-44 and 105-44.

D. V. HANNER
By direction

CC: Budget & Acctg.
SCGO, Portland
SCGO, Woods Hole
CG GROUP, Newport
Civilian Personnel

G. SI
RECEIVED
JAN 1 61946
PORT CLYDE, ME

UNITED STATES COAST GUARD
Boston, Massachusetts

Address reply to:
DCGO 1ND
Boston, Mass.

Refer to file: pra-783

14 January, 1946
(date)

To: QUINN, Everett W. (616-200) BM1c(R)

Via: CO, CG Group, Port Clyde, Maine

Subj: Request for discharge, ~~cancellation of~~

In accordance with your request for retention in the United States Coast Guard dated 3 Dec. 1945, your request for discharge dated 3 Dec. 1945, has been ~~cancelled~~ filed without action.

D. V. Hanner

D. V. HANNER
By direction

G. STATION
RECEIVED
DEC 24 1945
PORT CLYDE, ME.

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PEA-C)
REFER TO FILE: CG-783

WASHINGTON 25, D. C.

17 December, 1945

To: CO, CG Group, Port Clyde, Maine

Subj: QUINN, Everett W. (616-200) BM1c ; retention

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

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

E. ZOOLE
By direction

CC: DCGO 1ND

A 416

(1)-(R) NAME (PRINT CLEARLY) QUINN (LAST) Everett (FIRST) W (MIDDLE) BM½R

616-200 SERVICE NUMBER | FT. 6 | IN. 0 HEIGHT | LBS. 179 WEIGHT | W RACE

(2) HOME ADDRESS Monhegan, Maine

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

(4)-(R) DATE OF BIRTH 24 Dec. 1900 HOW LONG IN U. S. YEARS

(5) CITIZEN ✓ L-29 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-(T) MARITAL STATUS Married (7)-(T) NUMBER OF DEPENDENTS 1

(8) EDUCATION NON-E. R-3 ILLITERATE R-2

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	9	✓		Robbinston Me		1915
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-(R) TOTAL SCHOOL YEARS	9	X X X X X X X X X X X X				

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

PUNCH ONLY FOR S	SPANISH (L-23)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)
FAIRLY WELL	None			
FLUENTLY (L-27)				

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION Rockland, Me DATE 19 Oct 1942

(12)-(B) BRANCH OF SERVICE — REGULAR | RESERVE: G ✓, S, T, W

(13)-(T) MAIN OCCUPATION: COAST-GUARDSMAN — YEARS AT IT 13 — WKLY. WAGE $ Varied

D. O. T. CODE 2-68-40

JUST WHAT DID YOU DO? Enlisted in Lighthouse service and changed over to Coast Guard in 1942

LAST DATE OF EMPLOYMENT Still employed

EMPLOYER U. S. Government (FIRM NAME)

ADDRESS OF EMPLOYER Washington, D.C.

DEPT., SHOP OR BRANCH — KIND OF BUSINESS

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

D. O. T. CODE

JUST WHAT DID YOU DO?

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

(18)-(L) SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-(L) SERVICE SCHOOLS DESIRED

1. None
2.
3.

(24) RATING (4) (5) TOP ROW: BOTTOM ROW: YEAR OF BIRTH NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING 3

ILLITERATE 2

1

(39) NO DEP. (7) (38) M MARITAL STATUS (6) (37) S

PREFIX | TENS | UNITS | TENTHS | HUNDREDTHS | THOUSANDTHS | HUNDREDS

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

(18) SERVICE SCHOOLS QUALIFIED FOR — TOP ROW: PRIMARY; BOTTOM ROW: SECONDARY

(19) SERVICE SCHOOLS DESIRED — TOP ROW: PRIMARY; BOTTOM ROW: SECONDARY

(10) LANGUAGES

26 NON-CIT. 29 CIT.

(12) BRANCH | (1) TOP ROW: NAME | (15) SOCIAL STUDIES | (16) ARITHMETIC | (17) TOP ROW: MECHANICAL APTITUDE

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S	LAST DATE (YEAR)
None							

(21) C. G. SERVICE SCHOOLS ATTENDED

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

(22) REMARKS: 1. No Sea Duty
2. No Boot Training.
3. In charge of Manana Fog Horn Station Monhegan, Maine.
4. Plans on trying to get back into civil Service. (Light House).

(23) NEXT OF KIN
NAME Quinn, Corice. (Wife)
ADDRESS
CITY Monhegan STATE Maine.

(24)-® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
10/19/42	Manana Fog Light Sta Me	BM 1/c	

From compensation of—

QUINN, Everett Wesley

PAYABLE TO—

APPLICATION FOR ALLOTMENT

Monthly allotment in the amount of—

Eight and ninety cents (Words) ($ 8.90 (Figures)) Dollars.

Name TREASURER OF THE UNITED STATES

Street and number

Post office WASHINGTON *State* D.C.

If payable to a bank, business institution, or individual, for credit of*—

Name

Reason for allotment NSLI

First payment: Month MAY, 1943

I hereby request and authorize allotment, chargeable to my pay, as above.

Everett Wesley Quinn

Everett Wesley Quinn

Rank or rating B.M.1c (R), U. S. C. G.

7 June, 1943

Approved, allotment granted

J. R. Holmes

J. R. Holmes, Bos'n

Commanding Port Clyde Station

Commander, *District.*

Witnessed and registered , 19

Pay officer,

16—12642-1

N. C. G.-2528
(Revised January 1942)
Form approved by Comptroller General, U. S.
(April 14, 1934)

(OVER) DO NOT FOLD—MAIL FLAT

RECORD OF PAYMENTS

Mo./Yr.	19	19	19	19	19
Jan.					
Feb.					
Mar.					
Apr.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

* Allotter or member immediate family

BE CO

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

...ION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITHOUT REPORT OF PHYSICAL EXAMINATION

...e by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type)	First	Middle	Last name
	Everett	Wesley	Quinn

2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State
		Monhegan Island	Maine.

3. I WAS BORN AT	City, town, or post office	State	Day of month	Month	Year	Age nearest birthday
	Robbinston	Maine	24	December	1900	42

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY	5. PRESENT ORGANIZATION Rank, grade, or rating.	Organization, regiment, station, ship, etc.	6. SERIAL NUMBER
10-19-42	B.M.1c (R) USCG	PORT CLYDE STATION	616-200

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS
None	No

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

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

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

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: CORICE QUINN	WIFE	10,000	Monhegan Island, Maine.
CONTINGENT: WILLIAM QUINN	FATHER	10,000	Robbinston, Maine.

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)

Mrs. Corice Quinn (Full name) ..... Monhegan Island, Maine. (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 7th day of June, 19 43 and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $ _____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $ 6.90 on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ _____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 6.90	$	$	$	$

SIGNED AT PORT CLYDE STATION ON THE 7th DAY OF JUNE 19 43

WITNESSED BY: and
INFORMATION AS TO SERVICE VERIFIED BY:
J. R. Holmes
J. R. Holmes, Bos'n., USCG
(Rank and organization. See reverse side, paragraph 4.)

Everett Wesley Quinn
Everett Wesley Quinn
(Applicant sign here. Do not print signature)

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

DO NOT USE THIS SPACE

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

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

N. C. G.-25H A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Station
(Unit)

QUIGG, Everett Wesley (Name in full—surname to the left) — 19 October, 1945 (Date)

(Service number) — Boatswains Mate First Class (R) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1942	10	19
Enlistment extended (for DOW years from)	1945	10	18
Date of discharge (.....) (Character of discharge)			

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)	0	0	0
Creditable time served during last enlistment period	3	0	0

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

WILSON D. CARTER

Date 19 October, 19 45 (Rank) C.B.M., U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date ....., 19.....

(Unit and place)

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

a period of ..... years from this date.

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

U. S. GOVERNMENT PRINTING OFFICE 16—20908-1

15 October, 1945

To: Commandant (PH4)

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: GROUP, PORT CLYDE, MAINE ADDRESS: PORT CLYDE, MAINE DATE: 15 October, 1945.

QUINN,	Everett	W.	616-200	B.M.1c (R)
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on 15 October, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate ribbon in lieu of issue of actual award at this time.

WILSON B. CARTER, C.B.M.
Signature and rank of Commanding Officer

SUBMISSION TO DCGOIND ONLY

QUINN Everett W. 616-200 B.M.1c(R)

GROUP, PORT CLYDE, MAINE. (01-080) MONHEGAN IS., MAINE 8 November, 1945

Manana Island Fog Signal Station

1200 this date: Reported this date from (6) days annual leave.

30
Art. 504 P.I.

WILSON B. CARTER, CBM.

COMMANDING OFFICER

Simon Record

FOR SUBMISSION TO DCGOIND ONLY

QUINN Everett W. 616-200 B.M.1c (R)

GROUP, PORT CLYDE, ME. (01-080) MONHEGAN ISLAND, ME. 1 November, 1945

Manana Island Fog Signal Station

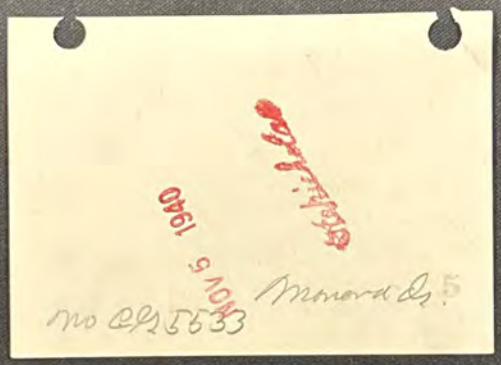
1200 this date: Departed on 6 days annual leave of absence.

30
Art. 504, P.I.

WILSON B. CARTER, CBM

COMMANDING OFFICER




1940
NOV 5
Monard 5
no 61/5633

QUINN Everett W. 616-200 B.M.1c (R)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Sta. MONHEGAN ISLAND, ME. 9 April, 1945

(01-080)

GROUP, PORT CLYDE, ME.
FIRST NAVAL DISTRICT

1200 this date: Reported from 5 days annual leave of absence.

Entitled to $1.20 per day subsistence for above absence.

30

Art. 504, P.I.

WILSON B. CARTER, C.B.M.

COMMANDING OFFICER.

QUINN Everett W. 616-200 B.M.1c (R)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Sta. MONHEGAN ISLAND, MAINE 3 April, 1945

(01-080)

GROUP, PORT CLYDE, MAINE
FIRST NAVAL DISTRICT

1200 this date: Departed on 5 days annual leave of absence.

30
Art. 504, P.I.

WILSON B. CARTER, C.B.M.
COMMANDING OFFICER

QUINN Everett W. (616-200) S.M.1c (R)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Sta. MONHEGAN ISLAND, MAINE 1 November, 1944

(01-080)

GROUP, PORT CLYDE, MAINE
FIRST NAVAL DISTRICT.

Effective this date: General mess having been terminated, is entitled to $1.20 per day subsistence allowance.

Government messing facilities available at this unit.

30

3060, Rockland, Me. letter
24 October, 1944, file 701

WILSON B. CARTER, C.B.M.

COMMANDING OFFICER

QUINN Everett W. (616-200) B.M.1c.

GROUP, PORT CLYDE, ME.
Manana Island Fog Signal Sta. MONHEGAN ISLAND, MAINE 22 November, 1944

(01-080)

GROUP, PORT CLYDE, ME.
FIRST NAVAL DISTRICT.

1200 this date: Reported from 7 days annual leave of absence.

Entitled to $1.20 per day subsistence for above period.

30

Art. 504, P.I.

WILSON B. CARTER, C.B.M.

COMMANDING OFFICER.

QUINN Everett W. (616-200) B.M.1c (R)

GROUP, PORT CLYDE, ME.
Manana Island Fog Signal Sta. MONHEGAN ISLAND, ME. 14 November, 1944

(01-080)

GROUP, PORT CLYDE, ME.
FIRST NAVAL DISTRICT

1200 this date: Departed on 7 days annual leave of absence.

30

Art. 504, P.I.

WILSON B. CARTER, C.B.M.

COMMANDING OFFICER.

File copy

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION
Manana Island Fog Signal Station MONHEGAN ISLAND, MAINE. 30 June, 1944.

(01-135-20)

PORT CLYDE STATION
FIRST NAVAL DISTRICT

Departed 1200/19 June, 1944, on 10 days annual leave of absence.
Reported 1200 this date from 10 days annual leave of absence.

Entitled to leave ration allowances for above period.

30

Art. 504, P.I.

J. R. Holmes

Lieut. (jg)

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION (01-135-20) MONHEGAN ISLAND, ME. 19 June, 1944.

Manana Island Fog Signal Station.

1200 this date: Departed on 10 days leave of absence.

30
Art. 504, P.I.

J. R. Holmes

Lieut. (jg)

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION
Manana Island Fog Signal Station MONHEGAN ISLAND, MAINE. 21 March, 1944.
(01-135-20)

1200 this date: Departed on 6 days annual leave of absence.

30

Art. 504, P.I.

J. R. Holmes

Lieut. (jg)

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION
Manana Island Fog Signal Sta. MONHEGAN ISLAND, MAINE 28 March, 1944.

(01-135-20)

PORT CLYDE STATION
FIRST NAVAL DISTRICT.

Departed 1200/27 March, 1944 on 6 days annual leave of absence.
Reported 1200 this date from 6 days annual leave of absence.

Entitled to leave ration allowance for above period.

30

Art. 504, P.I.

J. R. HOLMES

Lieut. (jg)

According to our records QUINN & DAY are occupying government quarters.
If this is still true these forms need not be submitted.
Pay Office, 1ND.

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DCGO, 1st Naval District.)

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

Corice Quinn (Full name of wife, if not married, so state) — Monhegan Island, Maine. (Address of Wife)

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

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

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

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

William Quinn (Full name of relative) — Father (Relationship) — Robbinston, Maine. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mildred Worthy Lake (Full name of relative) — Sister (Relationship) — Augusta, Maine. (Address of relative)

None
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 19 43

J. E. Holmes
J. E. Holmes, Ensign (T)
(Signature)

Commanding Officer
(Rank or title)

Everett W. Quinn
Everett W. Quinn
(Signature)

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

Form 2529
Treasury Department
U.S.Coast Guard.
Revised September 2,1941

29

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

PORT CLYDE STATION
MANANA ISLAND LT. STATION (Unit)

PORT CLYDE, MAINE. (Place)

1 October, 1943. (Date)

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DCGO, 1st Naval District.)

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

Corice Quinn (Full name of wife, if not married, so state)	Monhegan Island, Maine. (Address of Wife)
(Full name of child, if none, so state)	(Address of child)
(Full name of child, if none, so state)	(Address of child)
(Full name of child, if none, so state)	(Address of child)

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

William Quinn (Full name of relative)	Father (Relationship)	Robbinston, Maine. (Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mildred Worthy Lake (Full name of relative)	Sister (Relationship)	Augusta, Maine. (Address of relative)

None
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1943

J. R. Holmes
J. R. Holmes, Ensign (T)
(Signature)

Commanding Officer
(Rank or title)

Everett W. Quinn
Everett W. Quinn
(Signature)

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

PORT CLYDE STATION
MANANA ISLAND LT. STATION
(Unit)

PORT CLYDE, MAINE.
(Place)

1 October, 1943.
(Date)

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DCGO, 1st Naval District.)

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

Corice Quinn
(Full name of wife, if not married, so state)
Monhegan Island, Maine.
(Address of Wife)

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

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

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

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

William Quinn
(Full name of relative)
Father
(Relationship)
Robbinston, Maine.
(Address of relative)

Potential
(State briefly wherein dependency exists)

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

Mildred Worthy Lake
(Full name of relative)
Sister
(Relationship)
Augusta, Maine.
(Address of relative)

None
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of October, 1943

J. R. Holmes, Ensign (T)
(Signature)

Commanding Officer
(Rank or title)

Everett W. Quinn
Everett W. Quinn
(Signature)

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

GOVERNMENT QUARTERS AVAILABLE AND FURNISHED

J. R. Holmes,
Commanding Officer.

U.S.C.G. I.N.D.
PAY OFFICE
RECEIVED
OCT 1 '43

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION
Manana Island Fog Signal Sta.' MONHEGAN ISLAND, MAINE. 14 October, 1943.

(01-135-20)

PORT CLYDE STATION
FIRST NAVAL DISTRICT.

Departed 1200/3 October, 1943 on 10 days annual leave of absence.
Reported 1200 this date from 10 days annual leave of absence.

Entitled to leave ration allowance for the above period.

Code 30.
Art. 504, P.I.

J. R. HOLMES

ENSIGN (T)

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION
Manana Island Fog Signal Sta. MONHEGAN ISLAND, ME. 3 October, 1943.

(01-135-20)

1200 this date: Departed on 10 days annual leave of absence.

Code 30.
Art. 504, P.I.

J. R. HOLMES

ENSIGN (T)

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION.
MANANA ISLAND LT. STATION MANANA ISLAND, MAINE. 23 June, 1943.
(5-01-35)

1200 this date: Departed on 6 days annual leave of absence.

Code No. 30
Art. 504, P.I.

J. R. HOLMES,

Boatswain.

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION.
MANANA ISLAND LT. STATION MONHEGAN ISLAND, MAINE. 30 June, 1943.

(5-01-35)

PORT CLYDE STATION.
FIRST NAVAL DISTRICT.

Departed 1200/23 June, 1943 on 6 days annual leave of absence.
Reported 1200 this date from 6 days annual leave of absence.

Entitled to leave ration allowances for above period.

Code No. 30
Art. 504, P.I.

J. R. HOLMES,

Boatswain.

QUINN Everett W. B.M.1c (R)

PORT CLYDE STATION
MANANA ISLAND LT. STATION 616-200 42

8 yrs 1 yr.

General

Lighthouse Service 1929 1942

Present duty None

NONE DESIRED

( )

( )

This man does not show any desire to attend school.

22 June, 1943 J. R. Holmes, Bos'n

QUINN, Everett W. (has no service no. yet) B.M.1c (R)
Officer in Charge.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. 19 October, 1942.

None. 0 0 9

28 October, 1942. Reserve

Keeper, Fog Signal Station.

8 yrs. 1 yr. None. Married

18 October, 1945.

Corice Quinn (Wife)

None

White None None

None

4.0 LESS THAN ONE MONTH

Has had Lighthouse Service experience 12 yrs. 5 mos. 7 days.

John R. Holmes, C.B.M.(a)(Pro)
Commanding Officer.

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION MONHEGAN ISLAND, MAINE. 5 March, 1943.

PORT CLYDE STATION
FIRST NAVAL DISTRICT.

Departed 1200 27 February, 1943 on 5 days annual leave of absence.
Reported 1200 this date from 5 days annual leave of absence.

Entitled to $1.50 per day subsistence for above period.

Art. 504, P.I.

J. R. Holmes

Bos'n

QUINN Everett W. (616-200) B.M.1c (R)

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION. MONHEGAN ISLAND, MAINE. 27 February, 1943.

1200 this date: Departed on 5 days annual leave of absence.

Art. 504, P.I.

John R. Holmes,

C.B.M.

TREASURY DEPARTMENT

Burnt Island
MAR 30 1942

Mr. Everett W. Quinn

has been granted leave of absence (annual, ~~without pay~~, military) for 10 days, from 2 April, 19 42.

Leave will expire at 1:30 P. M., 14 April, 19 42.

O. A. LITTLEFIELD,
By direction.
Time Clerk.

To CHIEF, DIVISION OF PORT CLYDE STA.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2.

GPO 2—6869

Keeper

ND, MAINE. 11 April, 1942

Reported at 1:30 p.m. this date from 10 days annual leave of absence.

Article 504, Personnel Instructions.

John R. Holmes.

C.B.M.(a)(Pro).

QUINN, Everett W. Keeper

MANANA ISLAND FOG DIGNAL STATION. MONHEGAN ISLAND, MAINE. 11 April, 1942

Reported at 1:30 p.m. this date from 10 days annual leave of absence.

Article 504, Personnel Instructions.

John R. Holmes.

C.B.M.(a)(Pro).

QUINN Everett W. Keeper

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION. MONHEGAN ISLAND, MAINE. 2 April, 1942.

PORT CLYDE STATION.
FIRST NAVAL DISTRICT.

Departed at 1:30 p.m. this date on 10 days annual leave of absence.

Article 504. Personnel Instructions.

John R. Holmes.

C.B.M.(a)(Pro).

TREASURY DEPARTMENT

M Everett W. Quinn

has been granted leave of absence (annual, without pay, military) for 12 days, from 29 September 1941.

Leave will expire at M., 10 October, 1941.

O. A. LITTLEFIELD, Personnel Officer

To CHIEF, DIVISION OF Port Clyde Station.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2. OFO 2—6869

QUINN,

Port Clyde
Manana Isl

ber.1941.

PORT CLYDE STATION.
BOSTON DISTRICT.

Reported at 12:00 M. this date from 12 days annual leave of absence.

Boston District Order No. 64.

John R. Holmes. C.B.M.(a)(Pro)

Commanding Officer.

To CHIEF, DIVISION OF

Everett W. Keeper.

Clyde Station.
anna Island Fog Signal Station. Monhegan Island, Maine. 10 October, 1941.

PORT CLYDE STATION.
BOSTON DISTRICT.

Reported at 12:00 M. this date from 12 days annual leave of absence.

Boston District Order No. 64.

John R. Holmes, C.B.M.(a)(Pro)

Commanding Officer.

QUINN, Everett W.

PORT CLYDE STATION. Keeper
Manana Island Fog Signal Station

Monhegan Island, Maine. 29 September, 1941

PORT CLYDE STATION.
BOSTON DISTRICT.

Departed at 10:30 a.m., this date on 12 days leave of absence.

Boston District Order No. 64.

John R. Holmes,

C.B.M.(a) (Pro).

QUINN Everett W. Lighthouse Keeper

PORT CLYDE STATION,
MANANA ISLAND FOG SIGNAL STATION, MONHEGAN ISLAND, MAINE. 1 October, 1942.

PORT CLYDE STATION.
FIRST NAVAL DISTRICT.

Advanced in salary this date from $1440 p.a. plus $240 p.a. Qtrs. to $1500 p.a. plus $240 p.a. Qtrs.

Ltrs. Form 2249, dated 1 October, 1942.

John R. Holmes

O.R.M.(a)(Pro)

Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard
April 1938

UNITED STATES COAST GUARD

REVISED 2 Sept. 1942

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION (Unit) MONHEGAN ISLAND, MAINE. (Place)

19 October, 1942. (Date)

FROM: QUINN, Everett W.

TO: COMMANDANT (via DISTRICT COAST GUARD OFFICER, FIRST NAVAL DISTRICT.

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

(Full name of wife; if not married, so state)	(Address of wife)
Corice Quinn	Monhegan Island, Maine.
(Full name of child; if none, so state)	(Address of child)
None	
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

(Full name of relative)	(Relationship)	(Address of relative)
William Quinn	Father	Robbinston, Maine.

None
(State briefly wherein dependency exists)

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

(Full name of relative)	(Relationship)	(Address of relative)
Mildred Worthylake	Sister	Augusta, Maine.

None
(State briefly wherein dependency exists)

WITNESSED BY:
I hereby swear (or affirm) that the statements made herein regarding dependency and relationship of the persons named above are true.
Subscribed and sworn to before me this date

SIGNED:
Everett W Quinn
Everett W. Quinn

Rank _____ *Rank or Rating* B.M.1c. (E)

2—10348 U. S. GOVERNMENT PRINTING OFFICE

GOVERNMENT QUARTERS AVAILABLE AND FURNISHED.

John R. Holmes

John R. Holmes, C.B.M.(a)(Pro)
Commanding Officer.

NCG-3806

FOLLOW INSTRUCTIONS ON BACK

QUINN, Everett W.	616-200	B.M.1c (R)	Manana Island Fog Signal 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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place Port Clyde, Maine., Date 7 November, 19 42

To: Dr. C. Harold Jameson. USPHS
Rockland, 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 MANANA ISLAND LT. STA., PORT CLYDE, MAINE.

Everett W. Quinn
Everett W. Quinn
(Signature of patient)

John R. Holmes
John R. Holmes, Commanding Officer.
O.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Rockland, Maine, Date November 7, 1942

I CERTIFY that I have examined the above-named person and find him suffering from (0119)Anti-inoculation for tetanus;(0119)Anti-inoculation for smallpox;(0122)Antityphoid inoculation
(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 463 Main Street, Rockland, Maine {*hospital / *office} on November 7, 1942.

C. Harold Jameson
A. A. Surg. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

QUINN, Everett W.	616-200	B.M.1c (R)	Manana Island Fog Signal Sta.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

REGULAR
SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Rockland, Maine, Date December 8, 19 42

To: Burnt Island Lifeboat Station
(Coast Guard unit)

Port Clyde, Maine
(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
Anti-inoculation for tetanus	0119	Nov. 7	Dec. 8
Anti-inoculation for smallpox	0119	Dec. 1	Dec. 8
Antityphoid inoculation	0122	Nov. 16	Dec. 1

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

CONDUCT REPORT:

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

S. Harold Jameson

A. A. Surg., U. S. Public Health Service.

16—27153-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27153-1

75

OCT 16 1942
Boston Island

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

BOSTON, MASS.

OFFICE OF COMMANDER
BOSTON DISTRICT

Office of
DISTRICT COAST GUARD OFFICER,
FIRST NAVAL DISTRICT

15 October, 1942.

From: District Coast Guard Officer, 1st Naval District.
To : Commanding Officer, PORT CLYDE STATION.

Subject: QUINN, Everett W. - Keeper - Promotion -
- Manana Island Fog Signal Station -

Reference: (a) Form 2249.

Inclosure: (A) Certified copy of reference (a).

1. Inclosure (A) is forwarded for your information and files.

2. Forms 2668 and 2599 are to be accomplished indicati ng thereon subject's promotion and effective date.

G. J. O'Leary

G. J. O'LEARY,
By direction.

Name: Quinn, Everett W. Bureau No. 1414

From: U. S. Coast Guard

Promotion

Effective: 1 October, 1942.

Appropriation: Regular

	FROM	TO
Position Grade Salary	Field (Range $1300-1740) $1440 p.a. plus $240pa qtrs.	Keeper Field (Range $1380-1740) $1500 p.a. plus $240pa qtrs.
Bureau or Div. Organiz'l. Subdiv.		
Hdqtrs. Post of Duty Appropriation Allotment		Boston, Mass. Manana Island Fog Sig. Sta. Civilian Employees C. G.

Date of birth: 12-24-1900

Legal Residence: Maine

Sex:

Nature of Position: New | Add. Iden.

Vice | Vac. | Vice

Field x Dptmtl ___ Field ___ x Dptmtl ___

Remarks: The action herein represents an administrative increase in salary effective as indicated above.

From: Civilian Personnel Officer.
To : Pay Officer.

1. Certified to be a true copy of original.
Make adjustments to salary accordingly.

G. J. O'Leary

15 October, 1942. G. J. O'LEARY, Ensign, USCGR

Has C.S.Comm. allowed Vet.Pref.

Subject to Retirement Act? Lighthouse Act

Date of Oath

Justification: CHARLES PIOZET

Mr. Quinn was last promoted January 16, 1941 in the amount of $60. His service and conduct are satisfactory. The position occupied by this employee is not temporay. His current efficiency rating is excellent.

SUBORDINATE ADMINISTRATIVE OFFICE

Date Approved by the Secretary
10-1-42

2249

TO:

Name: Quinn, Everett W.

From: U. S. Coast Guard

Date Prepared 1 October, 1942.

Bureau No. 1414

C.S. or other legal authority

Promotion

Effective: 1 October, 1942.

	FROM	TO
Position Grade Salary	Field(Range$1300-1740) $1440 p.a.plus $240pa qtrs.	Keeper Field (Range $1380-1740) $1500 p.a.plus $240pa qtrs.
Bureau or Div. Organiz'l. Subdiv.		
Hdqtrs. Post of Duty Appropriation Allotment		Boston, Mass. Manana Island Fog Sig.Sta. Civilian Employees C. G.

Appropriation: Regular

Date of birth: 12-24-1900

Legal Residence: Maine

Sex:

Nature of Position: New | Add. Iden.

Vice | Vac. | Vice

Field x Dptmtl ___ Field x Dptmtl ___

Remarks: The action herein represents an administrative increase in salary effective as indicated above.

From: Civilian Personnel Officer.
To : Pay Officer.

1. Certified to be a true copy of original.
Make adjustments to salary accordingly.

15 October, 1942.

G. J. O'Leary

G. J. O'LEARY, Ensign, USCGR

Has C.S.Comm. allowed Vet.Pref.

Subject to Retirement Act? Lighthouse Act

Date of Oath

Justification: CHARLES PIOZET

Mr. Quinn was last promoted January 16, 1941 in the amount of $60. His service and conduct are satisfactory. The position occupied by this employee is not temporay. His current efficiency rating is excellent.

SUBORDINATE ADMINISTRATIVE OFFICE

Date Approved by the Secretary

10-1-42

QUINN Everett M. (616-200) B.M.1c (R)

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. MONHEGAN ISLAND, MAINE. 13 January, 1943.

PORT CLYDE STATION.
FIRST NAVAL DISTRICT.

Placed on indefinite furlough from Lighthouse Service at this unit, at close of 9 December, 1942.

DCGO 1ND letter 11 January, 1943 with enclosure Form 2249, U.S. Navy Dept.

John M. Holmes,

C.B.M.

MANANA ISLAND FOG SIGNAL STATION

Burnt Clyde

Burnt Island

DEC 14 1942

TREASURY DEPARTMENT

Mr. Everett W. Quinn,

has been granted leave of absence (annual, ~~without pay, military~~) for 43 days, from 19 October, 19 42.

Leave will expire at ---- M., close of 9 December, 19 42

G. J. O'Leary

G. J. O'LEARY, By direction. Time Clerk.

To CHIEF, DIVISION OF MANANA ISL. F. S. STATION.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2. OPO 2—6869

TREASURY DEPARTMENT

Mr. Everett W. Quinn,

has been granted ~~leave of absence (annual, without pay, military)~~ an indefinite furlough for ~~days~~ from 10 December, 19 42, untils such time as he is released from active duty in the Coast Guard ~~Leave will expire at M.~~ Reserve.

G. J. O'Leary

G. J. O'LEARY, By direction. Time Clerk.

To CHIEF, DIVISION OF MANANA ISLAND LIGHT STATION.

(This form to be filled in by applicant and accompany application and to be returned to employee's immediate superior)
Departmental Stock Form 2217—Part 2. OPO 2—6869

QUINN Everett W. Keeper

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. MONHEGAN ISLAND, MAINE. 19 October, 1942.

PORT CLYDE STATION.
FIRST NAVAL DISTRICT.

from Keeper to
Enlisted in the U.S. Coast Guard this date/ ~~xxxxxxxxxxxxx~~ B.M.1c (R); and assigned the duties of Officer In Charge of Manana Island Fog Signal Station.

He is entitled to enlistment allowance.

He is entitled to $1.50 per day subsistence, as there are no messing facilities available at this unit.

Verbal Orders, DCGOIND, 19 October, 1942.

John R. Holmes

C.B.M.(n)(Pro)

APPLICATION FOR ALLOTMENT

FROM COMPENSATION OF—

QUINN, Everett Wesley (610-200)

PAYABLE TO—

Name: Treasurer of the United States
Address: Washington, D. C.
First payment: Month JANUARY, 1944
Last payment: Month D.O.W., 194....

MONTHLY ALLOTMENT IN THE AMOUNT OF—

Twelve and fifty cents ($12.50) Dollars.
(Words) (Figures)

Number of months D.O.W. (Words) ..... (Figures)

Reason for allotment: Purchase of War Bonds under Installment Plan.

I hereby request and authorize allotment, chargeable to my pay as above.

X Everett W. Quinn
Everett W. Quinn

Rank or rating B.M.1c (R), U. S. C. G.

23 October, 1943

APPROVED: Allotment granted.

J. R. Holmes
J. R. Holmes, Ensign (T)

Commanding PORT CLYDE STATION

D. C. G. O. ..... *District.*

Witnessed and registered ....., 194....

.....

.....

Pay Officer.

RECORD OF PAYMENTS

MONTH	YEAR 1942	1943	1944	REMARKS
Jan.				
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				

NCG 2528-B

16—31604-1

(OVER)

DO NOT FOLD—MAIL FLAT

HOME ADDRESS REPORT

(This form is not to be used in case of a change in rank or rating, or induction into service through the Selective Service System. Mail both completed copies to respective Service Headquarters, Washington, D. C.)

1. Quinn (Last name) Everett (First name) W. (Middle name)
2. B.M.1c (R) (Rank or rating)
3. [x] White. [ ] Negro. [ ] Other.
4. Entered Service October (Month) 19 (Day) 1942 (Year)
5. Through [ ] Regular Army. [ ] National Guard. [ ] Navy. [ ] Marine Corps. [x] Coast Guard.
6. 616-200 (Serial or Service number)
7. Home address at time of entry into Service:
   Manana Island Fog Signal Sta. (Street or R. F. D. number) Lincoln (City or town) (County) Maine. (State)
8. Date of previous separation, if any, from U. S. Land or Naval Forces None (Month) (Day) (Year)

FOR THOSE ENLISTED MEN WHO HAVE REGISTERED AT A SELECTIVE SERVICE BOARD

9. Local Board of origin (special care must be taken in giving correct Local Board address and number) Maine (State) Lincoln (County) No. 1 (Local Board number) 10273-A (Registrant's Selective Service order number)

Everett W. Quinn

Everett W. Quinn (Signature)

D. S. S. Form No. 166
(Rev. 7-1-42)

GPO 16—18432-2

Form 2529
Treasury Department
U.S. Coast Guard
Revised September 2, 1941

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. (Unit) ---- MONHEGAN ISLAND, MAINE. (Place)

---- 19 October, 1942. (Date)

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DISTRICT COAST GUARD OFFICER, FIRST NAVAL DISTRICT.

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

Corice Quinn (Full name of wife, if not married, so state) --- Monhegan Island, Maine. (Address of Wife)

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

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

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

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

William Quinn (Full name of Relative) --- Father (Relationship) --- Robbinston, Maine. (Address of Relative)

Potential

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

Mildred Worthy Lake (Full name of Relative) --- Sister (Relationship) --- Augusta, Maine. (Address of relative)

None (State briefly wherein dependency exists)

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

Subscribed and sworn to before me

this 20th day of Nov, 1942

Everett W. Quinn (Signature)

I. L. Hammond (Signature) --- B.M.1c (R) (Rank or Rating)

Lieutenant. (Rank or Title)

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett (Surname first) Service Number _____

Age: Years 41 Months 9 Color White

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

Rank or Rating B.M. 1c (R)

Place Rockland, Me. Date October 19, 1942

Personal Medical History Wlways well.

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

Color blind? No Test used Kanehara test

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

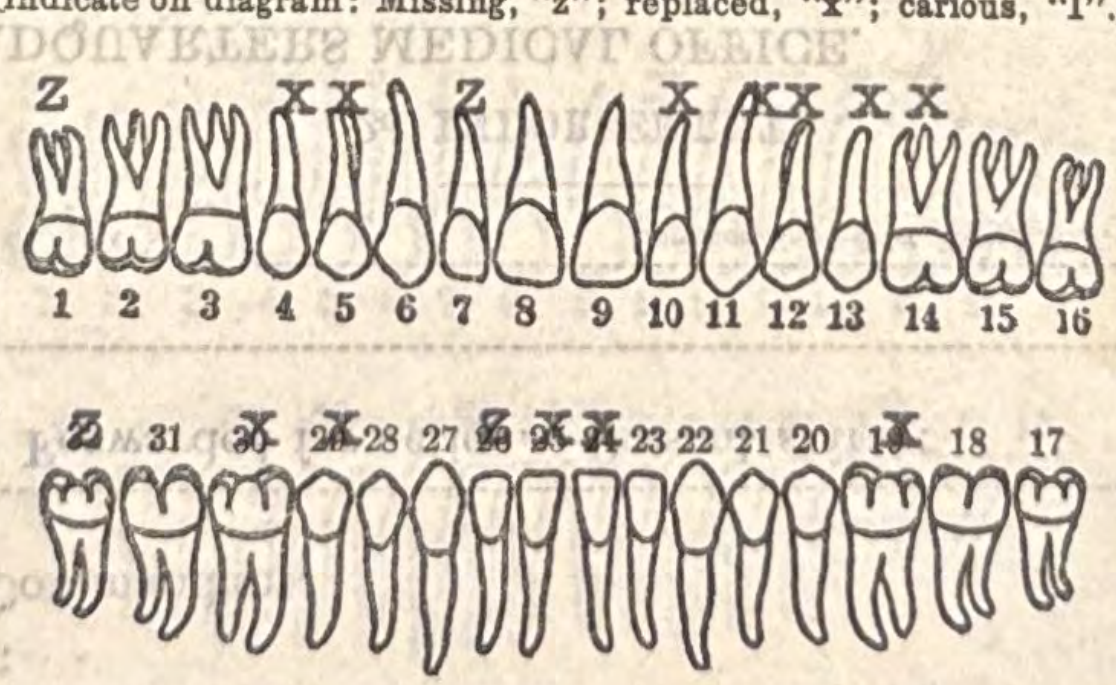
Eyes, eyelids, and reflexes normal

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

Head, face, and neck normal

Mouth, nose, and throat normal

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



Gums normal Temperature 98.6

Height 72 inches. Weight (stripped) 175 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 40 Expiration 39

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 90

Pulse before exercise 68, after exercise 90, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. G. 1008

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 9/22/42 Result Negative

2—19141

Gums normal Temperature 98.6

Height 72 inches. Weight (stripped) 175 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 40 Expiration 39

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 90

Pulse before exercise 68, after exercise 90, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia Sp. Gr. 1008

Blood cells Pus cells Casts

Blood (if indicated) Hb % Reds Whites

REMARKS: Eligible for enlistment as teeth were waived by C.G. officer in Boston.

CERTIFICATE

I certify that I have personally made this physical examination and find that

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

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

He is not physically qualified for

on account of

C. A. A.

Surgeon, U.S. Public Health Service.

1st INDORSEMENT

(Date)

Place

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Of. in Chg.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

GOVERNMENT QUARTERS AVAILABLE

John
Comma

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett (Surname first) Service Number _____

Age: Years 41 Months 9 Color White

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

Rank or Rating B.M. 1c (R)

Place Rockland, Me Date October 19, 1942

Personal Medical History Always well.

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

Color blind? No Test used Kanehara test

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

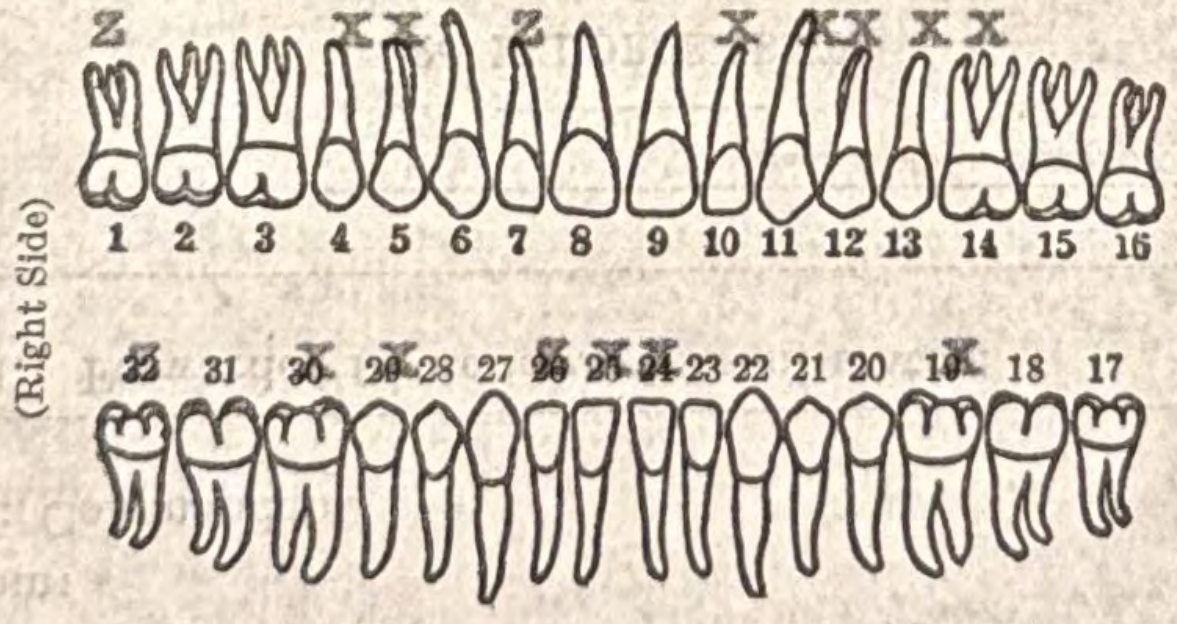
Eyes, eyelids, and reflexes normal

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

Head, face, and neck normal

Mouth, nose, and throat normal

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



Gums normal Temperature 98.6

Height 72 inches. Weight (stripped) 175 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 40 Expiration 39

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 90

Pulse before exercise 68, after exercise 90, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. G. 1008

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 9/22/42 Result Negative

2—10141

(2) W 9 V 9

REMARKS: Eligible for enlistment as teeth were waived by C.O. Officer in Boston.

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that

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

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

He is not physically qualified for

on account of

C. Vance Jamison
Surgeon, U.S. Public Health Service.

A. A.

1st INDORSEMENT

(Date)

Place

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

QUINN, Everett W.	616-200	B.M.1c (R)	Manana Island Fog Signal Sta.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

FINAL MEDICAL CERTIFICATE

Place Rockland, Maine, Date December 8, 19 42

To: Burnt Island Lifeboat Station
(Coast Guard unit)

Port Clyde, Maine
(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
Anti-inoculation for tetanus	0119	Nov. 7	Dec. 8
Anti-inoculation for smallpox	0119	Dec. 1	Dec. 8
Antityphoid inoculation	0122	Nov. 16	Dec. 1

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

CONDUCT REPORT:

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

C. Harold Jameson

A. A. Surg., *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

FOLLOW INSTRUCTIONS ON BACK

Quinn, Everett W. (Name, surname first) 616-200 (Service number) B.M.1c (R) (Rank or rating) Manana Island Fog Signal Station. (Unit)

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

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

Place Port Clyde, Maine., Date 7 November, 19 42

To: Dr. C. Harold Jameson, USPHS
Rockland, 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 BURNT ISLAND LB. STA., PORT CLYDE, MAINE.

Everett W. Quinn
Everett W. Quinn
(Signature of patient)

John R. Holmes
John R. Holmes, Commanding Officer.
C.B.M. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Rockland, Maine, Date November 7, 1942

I CERTIFY that I have examined the above-named person and find him suffering from (0119)Anti-inoculation for tetanus;(0119)Anti-inoculation for smallpox;(0122)Antityphoid inoculation
(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 463 Main Street, Rockland, Maine {*hospital / *office} on November 7, 1942.

C. Harold Jameson
A. A. Surg. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

VETERANS ADMINISTRATION
Insurance Form 350
Rev. Sept. 1942

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

FILED W.D.C.

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

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)	First	Middle	Last name
	Everett	Wesley	Quinn

2. HOME ADDRESS: Number	Street or rural route	County, city, town, or post office	State
		Monhegan Island	Maine.

3. I WAS BORN AT	City, town, or post office	State	Day of month	Month	Year	Age nearest birthday
	Robbinston	Maine	24	December	1900	42

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY	5. PRESENT ORGANIZATION Rank, grade, or rating.	Organization, regiment, station, ship, etc.	6. SERIAL NUMBER
10-19-42	B.M.1c (R) USCG	PORT CLYDE STATION	616-200

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.")	8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS
None	No

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

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $_____ POLICY No. _____
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL: CORICE QUINN	WIFE	10,000	Monhegan Island, Maine.
CONTINGENT: WILLIAM QUINN	FATHER	10,000	Robbinston, Maine.

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)
Mrs. Corice Quinn (Full name) Monhegan Island, Maine. (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the _____ day of June, 19 43 and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ (Check, draft, or money order) in the amount of $_____ in payment of the first _____ (Write above whether monthly, quarterly, semiannual, or annual) premium on the insurance, or

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $ 8.90 on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $_____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 8.90	$	$	$	$

SIGNED AT PORT CLYDE STATION ON THE _____ DAY OF JUNE, 19 43

WITNESSED BY: and
INFORMATION AS TO SERVICE CERTIFIED BY:
J. E. Holmes
J. E. Holmes, Bos'n., USCG
(Rank and organization. See reverse side, paragraph 4.)

Everett Wesley Quinn
Everett Wesley Quinn
(Applicant sign here. Do not print signature)

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

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

DO NOT USE THIS SPACE

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

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—30586-1

N. C. G. - 2681

EDUCATIONAL AND SPECIAL QUALIFICATIONS

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

5

QUINN, Everett W. | 616-200 | B.M.1c (R)

(NAME) (SERVICE NUMBER) (RATING, RANK or GRADE)

EDUCATION:

(a) Grammar School: Eight yrs. Graduated 8th

(Number of years attended, graduated) (Grade)

(b) High School: One yr. 9th

(Number of years attended, grade completed or graduated)

(c) College: None

(Number of years attended, grade attained, special studies pursued or completed and degrees received, if any)

EXPERIENCE:

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

Aviation Rigger	( )	Aviation Mechanic	( )	Accountant	( )
Bookkeeper	( )	Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (telephone)	( )	Electrician (general)	( )
Engineer (Diesel)	( )	Engineer (steam)	( )	Lathe Operator	( )
Machinist	( )	Mechanical Engineer	( )	Pharmacist	( )
Photographer (general)	( )	Photographer (aviation)	( )	Pattern-maker	( )
Plumber and fitter	( )	Secretary	( )	Sign painter	( )
Stenographer	( )	School teacher	( )	Tool maker	( )
Telephone linesman	( )	Telegrapher	( )	Welder (acetylene)	( )
Welder (electric)	( )				

Specify ability as interpreter in foreign languages below:

None

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

Have had 12 yrs. lighthouse service experience.

Use reverse side of this form when necessary.

Everett Wesley Quinn

Everett Welsey Quinn.

(SIGNATURE)

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

CODED

COUNTED

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

ENLISTMENT OF QUINN, Everett, Wesley (Full name, surname to left); 616-200 (Service number); $114.00 (Pay per month)

Accepted for enlistment at Manana Island Fog Signal Station; B.M.1c (R) (Rating in which enlisted)

Enlisted at Port Clyde Station, Port Clyde, Maine; 19 October, 1942. (Date of enlistment)

Transferred to .....

Occupation Keeper Citizenship* NB If naturalized, place and date of naturalization ..... Certificate No. .....

Date of birth 24 December, 1900 Place of birth Robbinston, Maine

Home address ..... (Street and number) Monhegan Island (Town) ..... (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian

(Wife) Corice Quinn, Monhegan Island, Maine (Relationship) (Address)

Continuous Service Certificate ..... (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

First enlisted ..... (Date) at ..... (Place) and was last discharged ..... (Date) from ..... (Unit)

with ..... (Character) discharge as ..... (Rate) No. .....

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 9 months.

Height 6 feet ..... inches. Weight 178 pounds.

Eyes Blue Sex Male Hair Brown Complexion Light Color White

Personal characteristics None marks, etc. .....

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with I. L. HAMMOND of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { Three years from 19 October, 1942., 1 / during minority until ....., 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Everett Wesley Quinn

Everett Wesley Quinn
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 19th day of October, A. D. 1942

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.
(Commanding officer, notary public, or other officer qualified to administer oaths)

Section Coast Guard Officer, Rockland, Maine.
(Title)

Citizenship substantiated and contract perfected.

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

..... (Unit) ..... (Place) ..... (Date)

Enlistment extended until ..... by reason of .....

.....

under authority of .....

.....

..... (Signature of man)

..... (Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Form 2520
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec. 1938

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

APPLICATION FOR ENLISTMENT

Position desired B.M.1c (R)

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION.
(Place)

19 October, 19 42
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 41 years 9 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Everett Wesley Quinn

Date of birth 24 December, 1900

Place of birth Robbinston, Maine. Citizenship NB

Home address Monhegan Island, Maine.

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

Corice Quinn (Wife)

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

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

Name and address of next of kin Corice Quinn (wife) Monhegan Island, Maine.

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U.S.Coast Guard	Cuckcolds Light Sta.	Cape Newagen Maine.	10-19-40	4-1-41	Keeper
U.S.Coast Guard	Manana Is.Fog Sig.Sta.,	Monhegan Is.,Me.	4-1-41	10-19-42	Keeper

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)



I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Eight years, Robbinston Grammer School, Robbinston, Maine. Grad.

One year, Redbeach High. Did not grad.

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

If so, state which

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

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

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? Where?

Were you accepted or rejected? If rejected, state why

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Everett Wesley Quinn

(Sign your full name here) Everett Wesley Quinn

Accepted or rejected Cause of rejection

Date

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

John R. Holmes

John R. Holmes, C.B.M.(a)(Pro)
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13112

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

CODED

COUNTED

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

ENLISTMENT OF QUINN, Everett, Wesley (Full name, surname to left); 616-200 (Service number); $114.00 (Pay per month)

Accepted for enlistment at Manana Island Fog Signal Station; B.M.1c (R) (Rating in which enlisted)

Enlisted at Port Clyde Station, Port Clyde, Maine; 19 October, 1942. (Date of enlistment)

Transferred to

Occupation Keeper Citizenship * NB If naturalized, place

and date of naturalization Certificate No.

Date of birth 24 December, 1900 Place of birth Robbinston, Maine

Home address (Street and number) Monhegan Island (Town) (County) Maine (State)

Married or single Married Name and address of next of kin or legal guardian

(Wife) Corice Quinn, Monhegan Island, Maine (Relationship) (Address)

Continuous Service Certificate (Number) Previous service { Coast Guard / Reserve } None (Years) (Months) (Days)

First enlisted (Date) at (Place) and was

last discharged (Date) from (Unit

with (Character) discharge as (Rate) No.

Previous Navy service None (Years) (Months) (Days) Previous Marine Corps service None (Years) (Months) (Days)

Previous Army service None (Years) (Months) (Days) Age 41 years 9 months.

Height 6 feet inches. Weight 178 pounds.

Eyes Blue Sex Male Hair Brown Complexion Light Color White

Personal characteristics None marks, etc.

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with I. L. HAMMOND of the United States Coast Guard, as follows:

First: To enter the Coast Guard of the United States and to report to such station or vessel as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve { Three years from 19 October, 1942., 1 / during minority until , 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Everett Wesley Quinn

Everett Wesley Quinn
(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 19th day of October, A. D. 1942

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.
(Commanding officer, notary public, or other officer qualified to administer oaths)

Section Coast Guard Officer, Rockland, Maine.
(Title)

Citizenship substantiated and contract perfected.

I. L. Hammond

I. L. HAMMOND, Lieutenant USCG.

....., *U. S. C. G., Enlisting Officer.*

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of .....

under authority of .....

(Signature of man)

(Signature of commanding officer)

16—8420-2 U. S. GOVERNMENT PRINTING OFFICE

Form 2520
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec. 1938

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

APPLICATION FOR ENLISTMENT

Position desired B.M.1c (R)

WARNING

If you have been in the Coast Guard, Army, Navy, or Marine Corps, or have ever been arrested by civil authorities, and fail to reveal the facts, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudulent enlistment.

If statements made herein are found to be false disciplinary action will result.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STATION.
(Place)

19 October, 19 42
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 41 years 9 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Everett Wesley Quinn

Date of birth 24 December, 1900

Place of birth Robbinston, Maine. Citizenship NB

Home address Monhegan Island, Maine.

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

Corice Quinn (Wife)

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

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

Name and address of next of kin Corice Quinn (wife) Monhegan Island, Maine.

The following must be filled out to cover the last year for those under 21 and the last 2 years for those over 21. In case of nonemployment, substitute school history.

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U.S.Coast Guard	Cuckcolds Light Sta.	Cape Newagen Maine.	10-19-40	4-1-41	Keeper
U.S.Coast Guard	Manana Is.Fog Sig.Sta.,	Monhegan Is.,Me.	4-1-41	10-19-42	Keeper

Do you drink intoxicating liquors? If so, to what extent? No

Have you ever been arrested? If so, for what? No
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

I have had the following education (state grammar schools, high schools, business colleges, or schools and colleges attended, stating whether or not you graduated and the number of years you attended each):

Eight years, Robbinston Grammer School, Robbinston, Maine. Grad.

One year, Redbeach High. Did not grad.

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

If so, state which

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

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

Have you ever applied for enlistment in the Coast Guard? No

When did you apply? Where?

Were you accepted or rejected? If rejected, state why

I further certify that there do not exist any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which, in the event I am accepted for enlistment, would cause me to seek a discharge prior to the expiration of my period of enlistment on account of dependency or the need for my presence at home.

Everett Wesley Quinn

(Sign your full name here) Everett Wesley Quinn

Accepted or rejected Cause of rejection

Date

I certify that the statements of the applicant, contained herein have been verified and that the same are true to the best of my knowledge and belief.

John R. Holmes

John R. Holmes, C.B.M.(a)(Pro)
U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

Form T-1

RECORD OF A BIRTH

Place of Birth Robbinston Maine

Street — No. —

Child's Name Everett Quinn

Date of Birth Dec 24. 1900

Sex Male Color White

Living or Stillborn Living

No. of Child, 1st, 2nd, etc. 3rd

No. of children of this mother now living 3

Legitimate or Illegitimate Legitimate

Father's Name William W. Quinn

" Color or Race White Age —

" Birthplace Eastport, Maine

" Residence Robbinston

Street — No. —

Father's Occupation Laborer

Mother's Maiden Name Maud C. Irving

" Color or Race White Age —

" Residence Robbinston

" Birthplace Calais Maine

" Occupation Housewife

Name and address of Physician (or other person) reporting said birth.

J. B. Woods M.D. Robbinston

Date when received by Town Clerk 12-24-00

State of Maine

I hereby certify that the above birth record is correct to the best of my knowledge and belief.

Noel P. Cleland

Clerk of Robbinston Maine

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

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Port Clyde Station, Port Clyde, Maine.
(Place)

19 October, 1942.
(Date)

To Chief of Police, Rockland, Maine.

DEAR SIR:

The following-named man, whose fingerprints appear on the reverse side of this form, has made formal application for enlistment in the U. S. Coast Guard.

Everett Wesley Quinn
(Name of applicant)

41	6 ft.	178 lbs.	White
(Age)	(Height)	(Weight)	(Color)

It is requested that you fill in the following from the records of your office:

Has the above-named man, from the records of your office, been in: (1) Reform school? Record

(2) Jail? ---- (3) Penitentiary? ---- (4) Convicted of crime? ---- (5) Arrested for any offense? ---- To your knowledge is he married or single? ----

John R. Holmes

John R. Holmes, C.B.M.(a)(Pro) *Recruiting Officer*

29 September, 1942.
(Date)

To Recruiting Officer, Port Clyde Station, Port Clyde, Maine.

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

L. F. Mansfield

Chief of Police.

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

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

16—9747

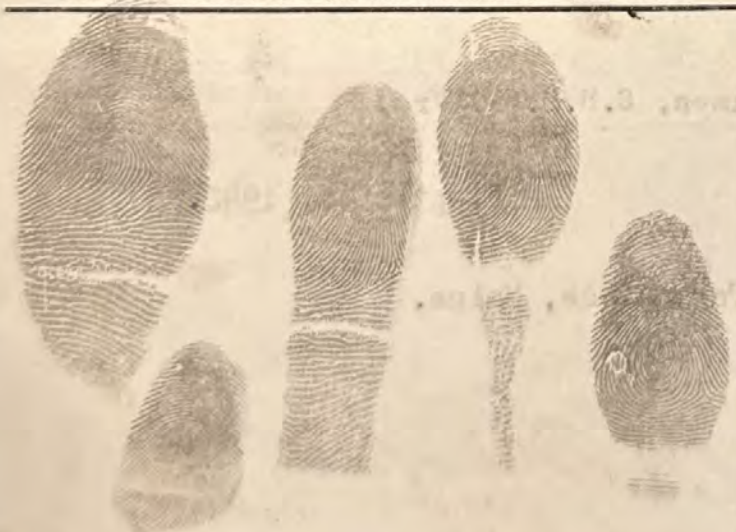
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

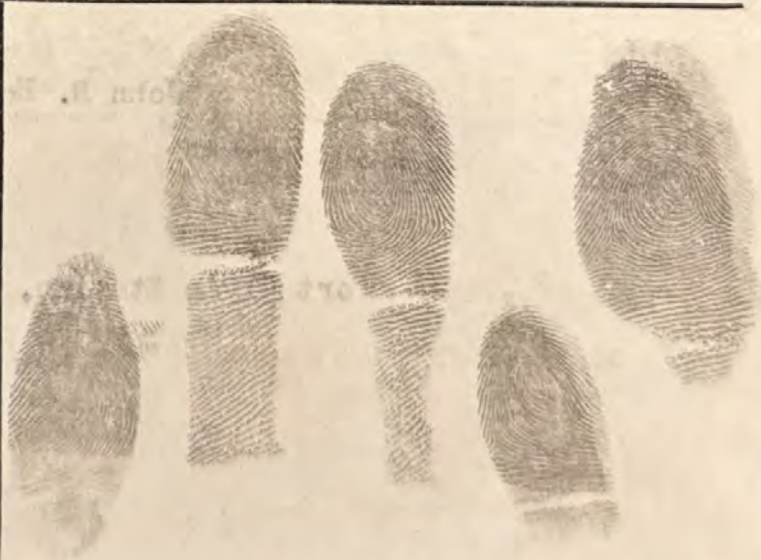
LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



Form 2529
Treasury Department
U.S. Coast Guard
Revised September 2, 1941

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

PORT CLYDE STATION.
MANANA ISLAND FOG SIGNAL STA. (Unit) ____ MONHEGAN ISLAND, MAINE. (Place)

____ 19 October, 1942. (Date)

From: QUINN, Everett W. (616-200) B.M.1c (R)
To: Commandant (via DISTRICT COAST GUARD OFFICER, FIRST NAVAL DISTRICT.

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

Corice Quinn (Full name of wife, if not married, so state) ___ Monhegan Island, Maine. (Address of Wife)

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

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

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

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

William Quinn (Full name of Relative) ___ Father (Relationship) ___ Robbinston, Maine. (Address of Relative)

Potential

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

Mildred Worthy Lake (Full name of Relative) ___ Sister (Relationship) ___ Augusta, Maine. (Address of relative)

None
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me

this 24 day of Nov, 19 42

Everett W. Quinn
Everett W. Quinn (Signature)

I. L. Hammond (Signature) ___ B.M.1c (R) (Rank or Rating)

Lieutenant. (Rank or Title)

(PEA-C)
CG-783

17 December, 1945

To: CO, CG Group, Port Clyde, Maine

Subj: QUINN, Everett W. (616-200) BM1c ; retention

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

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

E. ZOOLE
By direction

CC: DCGO 1ND

U.S. COAST GUARD
MAIL SECTION (2)
MAILED DEC 21 1945

A 416

BEABES: ab return to 3-14

...n off.Lt.C.M.Ellison 3-16

ATTACHMENT #2

UNITED STATES COAST GUARD

Address reply to:
CG Group, Port Clyde, Maine
Refer to File: p-700

DEC 10

1945 DEC 10 10 29

3 December 1945
(Date)

PEA-A

To: Commandant

Via: 1. Commanding Officer, CG Group, Port Clyde, Maine
2. DCGO, 1ND

Subj: Retention in service; request for

I am on military furlough from a civilian position of Keeper on one of the Light Stations of this District. I request that I be retained on active duty in the Reserves until 30 June, 1946.

Everett W Quinn
Everett W Quinn 616-200 BM1/c
(Name) (Ser. No.) (Rate)

Ind-1
CG Group, Port Clyde, Maine
4 December, 1945
(Date)

Forwarded, approved.

Wilson B. Carter
WILSON B.CARTER, CBM
(Commanding Officer)

Ind-2
DCGO 1ND
pra-783
7 December, 1945

To: The Commandant

Forwarded, approved.

F. N. Martin
F. N. MARTIN
By direction

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

REPORT OF CHANGE IN PERSONNEL

QUINN,	Everett	W.	616-200	B.M.1c (R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

GROUP, PORT CLYDE, MAINE
Manana Island Fog Signal Station 01-080 Monhegan, Maine. 25 January, 1946
(Unit) (Place) (Date)

0800 this date: Tr. to CG Group, Newport, Rhode Island, for assignment as KEEPER, Sabin Point Light Station.

30
AUTHORITY:
DCGOIND/L 1/2/46
(pra-783-551) Ord.No.42048

Wilson B. Carter
WILSON B. CARTER, CBM
(Commanding)

CO
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

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

GPO PRINTING REQUIRED PER

FILE
E. P. H.

18 October, 1945

To: Commandant (PWM)

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

UNIT: GROUP, PORT CLYDE, MAINE ADDRESS: PORT CLYDE, MAINE DATE: 18 October, 1945.

QUINN,	Everett	W.	616-200	B.M.1c (R)
SURNAME	FIRST NAME	INITIAL	SERVICE NUMBER	RATING

has completed a continuous period of three years' active service on 18 October, 1945, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate ribbon in lieu of issue of actual award at this time.

Wilson B. Carter
WILSON B. CARTER, C.B.M.
Signature and rank of Commanding Officer

Form No. 2525 E
TREASURY DEPARTMENT
U.S. COAST GUARD

TERMINATION OF HEALTH RECORD

Name QUINN, Everett

Rating BM1c Service Number

Place Separation Center #1 Date APR 30 1946

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted

1. Dilated Inguinal Rings.
2. External Hemorrhoids.
3. Small Varicose veins

In my opinion those numbered ____ are incident of service.

In my opinion those numbered ____ are not incident of service.

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION IS REQUIRED BY ARTICLE 471 REGULATIONS.

E.R. LEVITZ
A. *Surgeon, U.S.P.H. Service.*

I certify to the best of my knowledge and belief:

That I have no physical defect(s) x None

That I have the following defect(s)

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION IS REQUIRED BY ARTICLE 471 REGULATIONS.

x Everett W Quinn
x BM 1/c
Rank or Rating, U.S. Coast Guard.

Service terminated MAY 9 - 1946 (Date)

At Separation Center #1 (Place)

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

H. E. HERD Lt.
(Rank), *Custodial Officer.*

2—16144

Form No. 2525 E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name QUINN, Everett

Rating BM1c Service Number

Place Separation Center #1 Date APR 30 1946

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted

1. Dilated Inguinal Rings.
2. External Hemorrhoids
3. Small Varicose veins

In my opinion those numbered ___ are incident of service.

In my opinion those numbered ___ are not incident of service.

To be Filled In Only When Physical Examination is Required by Article 471 Regulations.

E.R. LEVITZ
A. *Surgeon, U.S.P.H. Service.*

I certify to the best of my knowledge and belief:

That I have no physical defect(s) x None

That I have the following defect(s)

To be Filled In Only When Physical Examination is Required by Article 471 Regulations.

x Everett W Quinn
x BM 1/c
Rank or Rating, U.S. Coast Guard.

Service terminated MAY 9 - 1946 (Date)

At Separation Center #1 (Place)

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

H. HERRO Lt.
(Rank), *Custodial Officer.*

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
MANANA IS. FOG SIG. STA.	10-19-42	1/26/46
CG Group/Newport, R.I.	1/26/46	4-24-46
RECUNIT, BOSTON	4-23-46	APR 27 1946
Separation Center #1		
	MAY 9 - 1946	

U. S. GOVERNMENT PRINTING OFFICE 2—16144

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

QUINN,
(Surname)

Everett Wesley
(Given name-s)

(Rank or rate) (Service number)

INSTRUCTIONS

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

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

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

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

RECORD OF FIRST DENTAL EXAMINATION



REMARKS: V 22 5 22 V

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL RECORD

Entries to cover entire period of service

DIAGNOSIS AND TREATMENT	DATE	SIGNATURE
EXAMINATION	APR 29 1946	I. Lazauskas

U. S. GOVERNMENT PRINTING OFFICE: 1933

2—16140

Form No. 2525 B
TREASURY DEPARTMENT
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett (Surname first) Service Number _____

Age: Years 41 Months 9 Color White

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

Rank or Rating B.M. 1c (R)

Place Rockland, Me. Date October 19, 1942

Personal Medical History Always well.

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

Color blind? No Test used Kanehara test

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

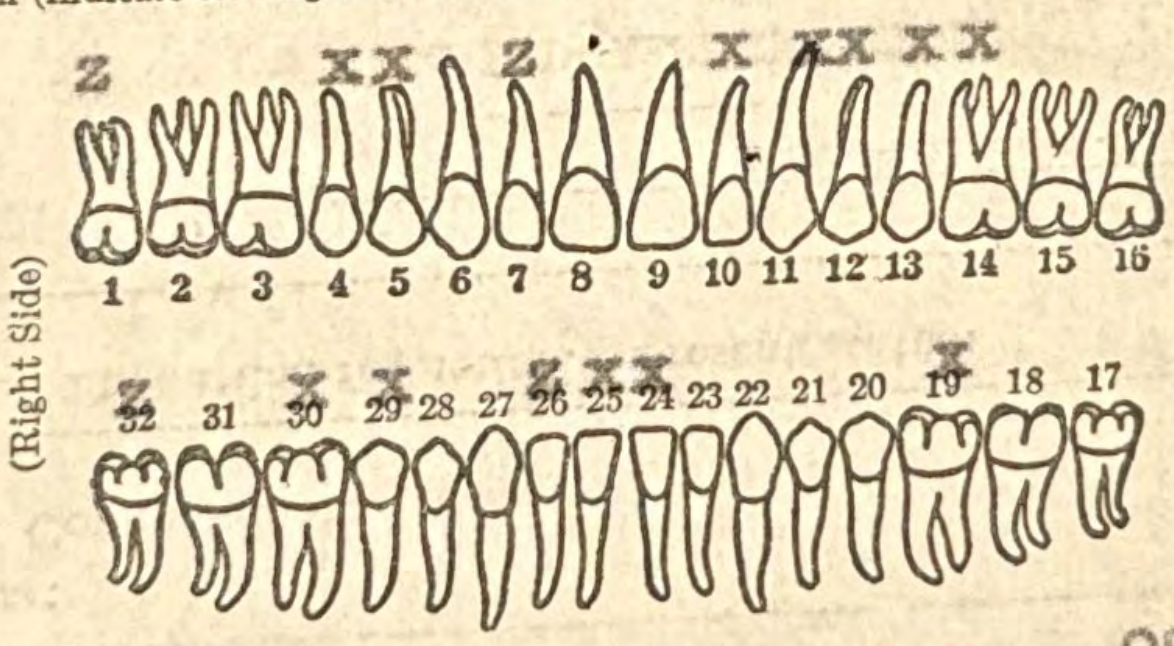
Eyes, eyelids, and reflexes normal

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

Head, face, and neck normal

Mouth, nose, and throat normal

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



Gums normal Temperature 98.6

Height 72 inches. Weight (stripped) 176 Lbs. Obesity No

Skin normal

Lymph. glands normal

Chest: Inspiration 40 Expiration 39

Heart and blood vessels normal

Blood pressure: Systolic 140 Diastolic 90

Pulse before exercise 68, after exercise 90, after 2 min. 70

Lungs normal

Abdomen and pelvis normal

Genito-urinary organs normal

Spine and extremities normal

Nervous and mental conditions normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1008

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 9/22/42 Result Negative

2—16141

REMARKS: Eligible for enlistment as-
teeth were waived by C.G.Officer in
Boston.

CERTIFICATE

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

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

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

He is not physically qualified for

on account of

A. A. [signature]
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

(Date)

Place

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett W. Service Number 612-200
(Surname first)

Age: Years 43 Months 3 Color White

For: Fitness for sea duty
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating B.M.1c. (R)

Place Rockland, Me. Date 4-6-44

Personal Medical History Usual childhood diseases

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

Color blind? No Test used Plates

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

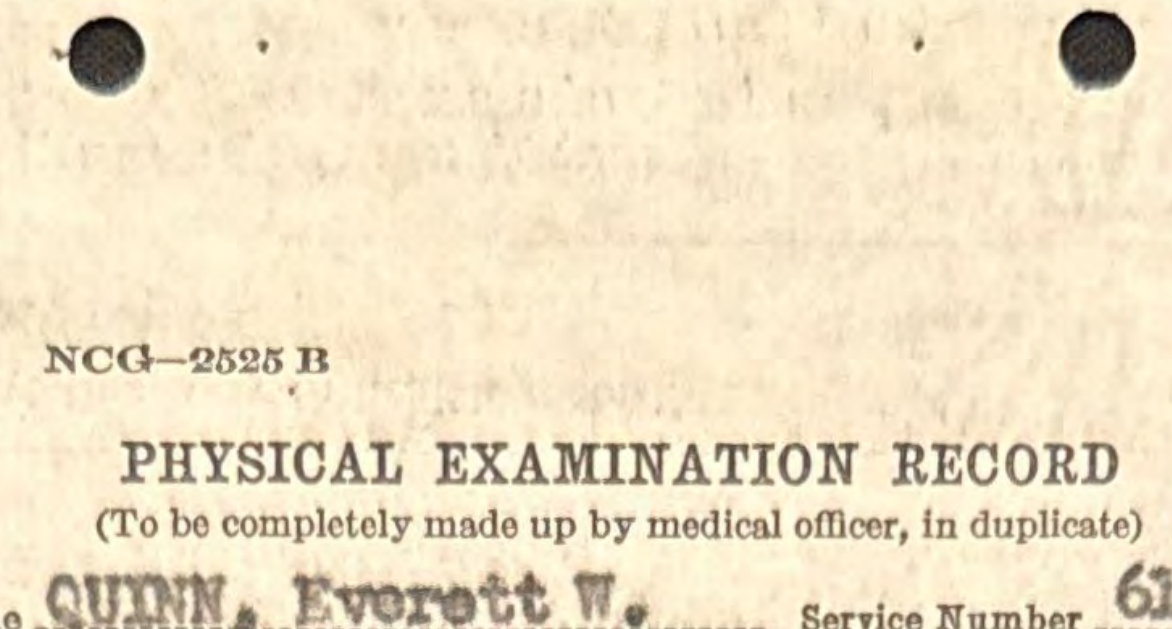
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Normal Temperature 97.5

Height 72½ inches. Weight (stripped) 169 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39 Expiration 36

Heart and blood vessels Normal

Blood pressure: Systolic 138 Diastolic 70

Pulse before exercise 78, after exercise 90, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal Ext, hemorrhoids

Spine and extremities Normal Flat feet, asymp, inability to flex Rt. Index finger

Nervous and mental conditions Neg

Urine: Albumin Neg Sugar Neg Shreds No

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.003

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test; Date 4-6-44 Result Neg

16—27070-1

REMARKS: _____

_____

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that QUINN, Everett W.

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

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

He is not physically qualified for Sea duty

on account of "OVER AGE".

_____

P. J. SMITH
P. A. *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

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

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett W. Service Number 612-200
(Surname first)

Age: Years 43 Months 3 Color White

For: Fitness for sea duty
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating R.M.1c. (R)

Place Rockland, Me. Date 4-6-44

Personal Medical History Usual childhood diseases

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

Color blind? No Test used Plates

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

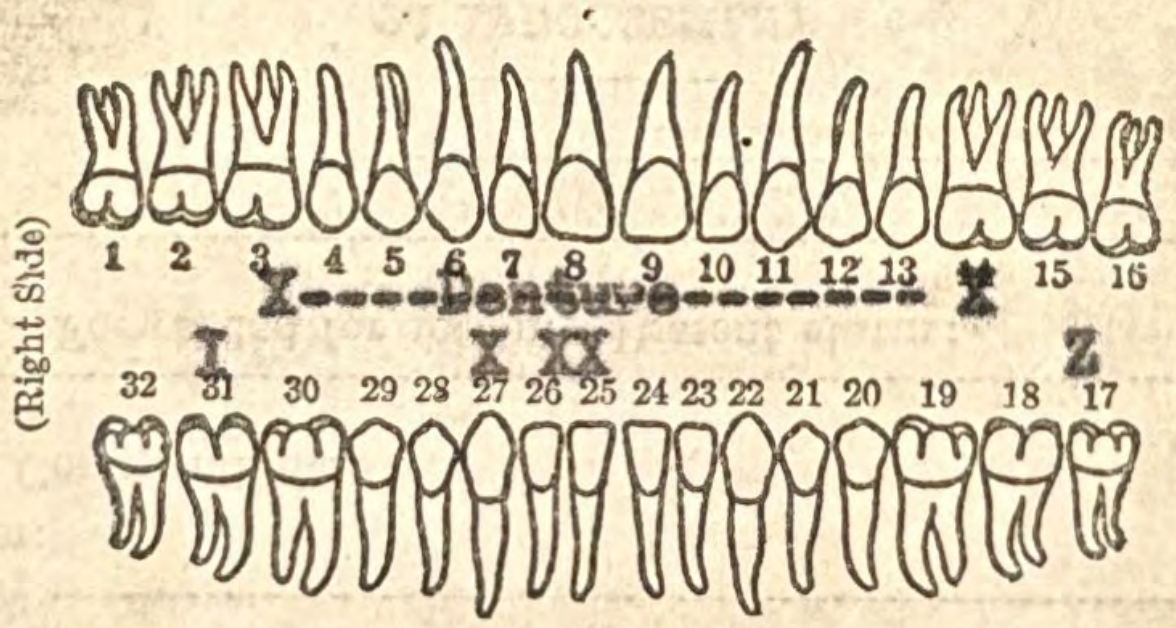
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Normal Temperature 97.5

Height 72½ inches. Weight (stripped) 169 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39 Expiration 36

Heart and blood vessels Normal

Blood pressure: Systolic 138 Diastolic 70

Pulse before exercise 78, after exercise 90, after 2 min. 80

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal. Ext, hemorrhoids flat feet, asymp, inability to flex Rt. index finger

Nervous and mental conditions Neg

Urine: Albumin Neg Sugar Neg Shreds No

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1.003

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 4-6-44 Result Neg

16—27070-1

REMARKS: ---

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that QUINN, Everett W.

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

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

He is not physically qualified for Sea duty

on account of "OVER AGE"

E. J. SMITH
P.A. *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

(Date)

Place ---

From:

To: Commandant.

---

1. Forwarded for action. Present status:

Comnanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved ---

By direction of the Surgeon General:

Medical Director, U.S Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

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

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name QUINN, Everett W. Service Number 616200
(Surname first)

Age: Years 45 Months _____ Color W

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

Rank or Rating BM1c

Place Boston, Mass. Date 4-30-46

Personal Medical History _____

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

Color blind? No Test used Plates

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

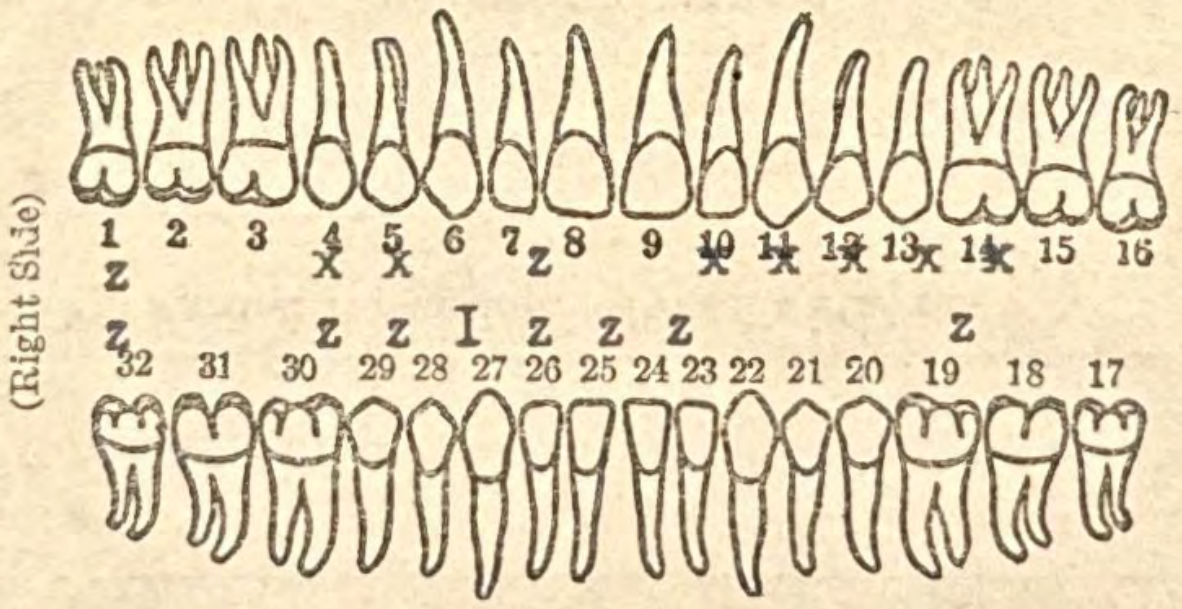
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Pyorrhea

Height 72½ inches. Weight (stripped) 167 Lbs. Temperature _____ Obesity _____

Skin Normal

Lymph. glands Normal

Chest: Inspiration 37½ Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 138 Diastolic 66

Pulse before exercise 80, after exercise 96, after 2 min. 80

Lungs Normal

Abdomen and pelvis Dilated inguinal ring

Genito-urinary organs Normal

Spine and extremities Small varicose veins

Nervous and mental conditions External hemorrhoids

Urine: Albumin 0 Sugar Normal Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. Gr 1.021

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 4-29-46 Result Neg

16—27070-1

REMARKS: _____

_____

CERTIFICATE

We / I } certify that { we / I } have personally made this physical examination and find that QUINNK Everett

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

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

He is not physically qualified for _____

on account of _____

E.R. LEVITZ

A. *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

1. Forwarded for action. Present status:

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

By direction of the Surgeon General:

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

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

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

Form No. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name Quinn, Everett W.
(Surname first)

Rank or rating BM 1c Service number 612-200

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
12/1/42	C. Carroll Jamison	IR	C. Carroll Jamison
	Blood A-		

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
11/16/42	11/23/42	12/1/42	C. Carroll Jamison
12/15/44	'Booster' -	1/10cc	C Crittenden, CHA

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Tetanus toxoid
11/7/42 1st inoculation 1/2 c.c.
12/8/42 2nd inoculation 1/2 c.c.
Dec. 16, 1943 Tetanus toxoid, booster, ½cc
T. DeCarrico, C. Ph. M. C. Carroll Jamison
(Signature of medical officer)

2—16142

Blood Typing - type
A

Off Suspense

Form NCG-2525D

MEDICAL HISTORY

Page 1

Surname QUINN Service No. 616-220

Christian name-s EVERETT W.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
RATING BM1c	
DATE OF BIRTH	12-24-00
PLACE OF BIRTH	Maine
SHIP OR STATION	
PHOTOFLUOROGRAPHIC EXAMINATION OF	
CHEST DCGO, 1ND BOSTON, MASS.	
DATE	APR 29 1946
FILM NO.	11358

X-RAY FINDINGS: Old Rt. basal pleuritis c thickened pleura, & old empyema pocket in in axillia 1 Rt" above base fibro calcarious changes in Rt. base 14x17.

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

14x17-Findings corroborate the 35 mm findings. Old pleuritis of rt. base with thickened pleura extending upward in the axella from 1" above the bse to 5" upward, outlying and old empyma pocket. Now completely dryed up and healed. No reseected ribs seen. Also old pneumonitis of rt. base with dense fibro calcarious scar. Also 2 tiny healed fibro calcariou areas in rt. apex N.C.D.

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

10-25053-1

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
ROCKLAND ME	AT inoc; SP vac; TY inoc.	11-7-42	12-8-42	OP

NAME QUINN, Everett W.

SERVICE NO. 616-200