JHN 13 2025 AM11:51

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

Date: 1/6/2024

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Rasmussen, Oluf	108673	12/10 1890 Denmark

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:
Cannot find death date on ancestry.

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
He served in California but was in Oregon before that. Can you please provide the B file for an Oluf Rasmussen?

Researcher Signature:

CIVILIAN SERVICE

(Agency & Location)

From: To:

Digital Record Sent Through Onehub By: JAW NARA Date 2-24-2025

(Agency & Location)

From: To:

(Agency & Location)

From: To:

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number:
2-3049295873

CMRS Search Request Number(s):
B 2-EOAPVC9

Attendant Signature:

Remarks:
only match in CSC by name.

B-File only

'25 FEB 18 PM 1:24:08

'25 FEB 18 PM 1:24:09

SCREENING NOTES

- ☒ Reviewed and Nothing Removed
- ☐ 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# 2-30492955873

National Archives and Records Administration
NPRC
MPR Search Request

Priority: **High**

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



2-E0APVC9

Non-Registry Block:
Registry Number: ***B0001 245 299***
Facility & Floor/Level: ***STL1*** Module/Bay: ***15*** Row: ***22E***

Reg Veteran's Name: *RASMUSSEN OLUF*
SR Veteran's Name: *RASMUSSEN, OLUF*
SSN:
DOB: *12/10/1890*
POB: *DENMARK*
SVN/SSN: *000108673*
Service Code: *CG*
Service Number:

SR Number: 2-30492955873
Search Section: 2

Archival
1/24/25

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

Core: Archival
Team: Public Research Room

Searcher Name: ABRUNSON

Initials: _____
Date: _____

Notes:

SO
2/7/25



2-E0APVC9

All Records Ordered for this Service Request:
2-E0APVC9

Service Request Received in Center Date: 01/22/2025 00:00:00
Search Request Created By: KHELENTHAL 01/22/2025 15:46:44
Search Request Printed By: DRWOLF 01/23/2025 09:01:29

PA16-73

FILE
S.O.1

FILE
I.D.S.

5 July, 1929.

From: Commandant.

To: Commander, Thirteenth District.

Subject: Surf. Oluf Rasmussen; enlistment allowance.

References: (a) Your indorsement, 21 June, 1929, on letter of Officer in Charge, Yaquina Bay Station, 19 June, 1929 (73).
(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

K. J. MINOT.
~~E. E. Hutchison~~,
By direction.

GEK Kmk. [illegible]

73

STATEMENT REQUESTED

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 21 1929

7-1-29

73

FILE
L.O.&

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Yaquina Bay
Station
13th District

H

Newport, Oregon.

June 19, 1929.

U.S. COAST GUARD
RECD JUN 29 1929
ANSD

From: Officer in charge, Yaquina Bay Station. PA16-93 (7-5-29)
To: Commandant.
Via: Commander, Thirteenth District.

Subject: Re-enlistment allowance, Oluf Rasmussen, surfman.

Reference: (a) Headquarters Letter, Nov. 3, 1928, (PAL7-521)
(b) Article 35 (1), Pay and Supply Instructions.

1. Oluf Rasmussen, surfman at this station was Honorably discharged June 18, 1929 by reason of expiration of one full years term of enlistment, and re-enlisted the following day in the vacancy caused by his own discharge, and it is requested that an enlistment allowance statement be furnished in accordance with Reference (a)

Anton Gustafson
Anton Gustafson.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 21 June, 1929.

1. Forwarded, approved.

O. S. Wicklund
O. S. Wicklund,
Acting.

PA16-$25.00

MEMORANDUM TO PAY & ALLOTMENT SECTION

2 July, 1929

Name Oluf RASMUSSEN

ENLISTMENTS

Enl. or Re-enl.	Date	Spec. Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-19-28	Reg.	one	Surf.	YAQUINA BAY STA., 13th. District.

DEDUCTIBLE TIME				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
NONE.					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE		
				Yrs.	Mo.	Days
Honorable	6-18-29	YAQUINA BAY STA., 13th. District.	Surf.	1	0	0

Re-enlisted 19 June, 1929, YAQUINA BAY STA., 13th. District, for one year, as a surfman.

S. R. MORGAN,
In charge of Personnel Record Section.

73-701

WPH

24 November, 1928.

From: Commandant.
To: Commander, Thirteenth District.

Subject: Surfman Oluf Rasmussen - citizenship status.

Reference: (a) Muster roll, October, 1928.

1. The records at Headquarters show that the above-named man is a naturalized citizen while reference (a) shows him to be a native. Care should be taken in preparing a muster roll to show the correct citizenship of a man whether he is a native or otherwise.

C. P. CLARK,
By direction.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 192.
(2d part)

FILE
W. W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon., Date July 16, 1928

U.S. COAST GUARD MEDICAL SECTION REC'D JUL 23 1928

U. S. COAST GUARD REC'D JUL 23 1928

To the {*Officer in Charge, *Commanding Officer,

Yaquina Bay Station 13th District.

(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	0120 smallpox vaccination	July 6,1928.

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

M. S. Thurtell

Asst Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty not off duty {a. m. / p. m.}, 192

Returned to duty not off duty {a. m. / p. m.}, 192

Christopher Hunt

*Commanding Officer *District Superintendent *Officer in Charge

Forwarded ....., 192

*Division Commander *District Superintendent

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... Surgeon, U. S. Public Health Service

(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless there be a recommendation for the discharge or retirement of the patient from the Coast Guard or unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard officer will see that Public Health Service voucher, 1949, is prepared and forwarded, with a letter of detailed explanation to headquarters.*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

GOVERNMENT PRINTING OFFICE 2—663

-73-

U. S. COAST GUARD
THIRTEEN[illegible] ISTRICT
RECD JUL 10 1928
[illegible]NSD

File Inac 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. Yaquina Bay
THIRTEENTH DISTRICT

July 7, 1928.

U. S. COAST GUARD
REC'D JUL 16 1928 BY
A.N.S.

From: Officer in Charge, Yaquina Bay Station.
To: Commander 13th, District.

Subject: Vaccination of Oluf Rasmussen, surfman.

Reference: (a) Article 2161 Regulations.

Inclosure: 1. Form 2522

1. I report that Oluf Rasmussen, surfman was vaccinated against smallpox ~~July 6, 1928~~ in accordance with Article 2161 Regulations.

Christopher Hunt
Officer in Charge

1st Indorsement.
Office of Commander, Thirteenth District.
Portland, Oregon, July 10, 1928.

From: Commander, Thirteenth District.
To: Commandant.

Reference: (a) Headquarters 1st Indorsement, 27 June, 1928, (73).

1. Forwarded for record and file.

C. A. Lippincott
C. A. Lippincott.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 1...

U. S. COAST GUARD
RECD JUL 1928 BY

Oluf Rasmussen (Name) Surfman, c 1928 (Rank or rating) Yaquina Bay Station (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUL 10 1928
ANS

Place Newport, Oregon., Date July 6, 1928

To Medical Officer U.S.P.H.Service.

Newport, Oregon.

SIR:

You are requested to examine the above-named {*~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Christopher Hunt Boatswain(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen. Age 38 yrs 4 mo

Height 5 foot 9"in Nativity Denmark Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date July 6, 1928

I CERTIFY that I have examined the above-named person and find him suffering from smallpox vaccination
(Write plainly)

which is *not communicable. The disability is *not an incident of the service and is *not due to his own vicious habits. He is *~~not~~ now fit for duty. He will require approximately 7 days' *office *~~hospital~~ treatment.
*He was this day sent to ..... hospital.
(This line to be used by Public Health Service Officer only)

W. S. Trundell
Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

2—663

27 June, 1928.

First Indorsement.

From: Commandant.
To: Commander, Thirteenth District.

Subject: Surfman Oluf Rasmussen - completion of enlistment contract, and vaccination against smallpox. (Yaquina Bay Station).

Reference: (a) Service record, dated 19 June, 1927.

Inclosure: (1) Enlistment contract, dated 19 June, 1928.

1. Returned. It is requested that Article (6) of Inclosure (1) be completed to show the serial number. The records at Headquarters show serial number A-4551.

2. Article (2) of reference (a) shows the above named man was last vaccinated against smallpox February, 1921. As more than seven years have elapsed since this man was vaccinated, it is requested that Rasmussen be vaccinated and that a report of same be forwarded to Headquarters upon completion thereof.

3. Return this indorsement with inclosed papers.

C. P. CLARK,
By direction.

73

MAY 16 1928

From: Commandant.
To : Surfman Oluf Rasmussen, Yaquina Bay Station
(via Commander, Thirteenth District).

Subject: Commendation - rescue of three men in a row boat.

Reference: (a) Report of assistance No. 15, dated 29 April, 1928.

1. Headquarters has noted with much satisfaction the excellent service you performed on 29 April, 1928, in assisting in the rescue of three men from a row boat. It appears that at the time of the rescue, the boat containing the three men was drifting toward the breakers with the ebb tide and was in imminent danger of being dashed against the jetty rocks. The following is an extract from reference (a):

> "When we arrived upon the scene, the row boat was not more than 30 feet from the big breakers and was rolling onto the end of the jetty rocks. We had to catch the men and boat on the run. If we had stopped our engine for a moment, the strong ebb tide would have carried our boat into the breakers and we would have been thrown onto the rocks. We ran alongside the row boat, and each surfman grabbed a man and pulled him on board".

2. I take much pleasure in commending you for the excellent work you performed on this occasion.

3. A copy of this letter will be filed with your record at Headquarters.

F. C. BILLARD.

WHC

75-661

14 April, 1928.

From: Commandant.
To: Officer-in-Charge, YAQUINA BAY STATION.
(Via Commander, Thirteenth District.

Subject: RASMUSSEN, Oluf and VAN HINE, Richard C., surfmen; orders, travel.

Reference: (a) Your letter 6 April, 1928 (No number).

1. Your action in directing subject men to proceed to Heceta Head, Oregon, for the purpose of patroling beach, is hereby approved.

2. The travel necessary to the execution of this order was required by the public interests. The allowances for subsistence and quarters prescribed by Articles 146-149, Pay and Supply Instructions, are applicable in this case.

l.s.

F. C. BILLARD

73
931

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

THIRTEENTH DISTRICT
RECD Apr 7 1928
ANSD

STATION No. YaquinaBay
THIRTEENTH DISTRICT

Newport, Oregon.
April 6, 1928.

From: Officer in Charge, Yaquina Bay Station.
To: Commander 13th District.

Subject: Travel status allowance for subsistence.

Reference: (a) Article 146 (2) Pay & Supply Instructions .

1. Does reference (a) apply to the case here below mentioned.

2. On April 2,1928. Anton Gustafson, C.B.M.(L) sent two surfmen Oluf Rasmussen, and Richard C.VanHine, to patrol the ocean beach from Yaquina Bay to Hecta Head in order to be of assistance in case that the lifeboat and crew of the Siuslaw river station should drift ashore in that vicinity. These two men traveled the ocean beach on foot to Hecta Head in a severe storm the distance covered was about 35 miles. The Siuslaw lifeboat was riding out a heavy SW storm and should her anchor cable part there was no alternative but the beach, it was necessary to have men in that vicinity in case an accidient of that kind should happen, as the country around here is sparsely populated, hence this travel was of an emergent nature, these men were out away from the station two nights, the eat and stopped overnight at two different places, they arrived back at this station at 11:00 a.m. April 4,1928. Please advise me if these men were in travel status, and the amount due for subsistence and quarters. ?

Christopher Hunt
Officer in Charge.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, April 9, 1928.

From: Commander, Thirteenth District.
To: Commandant.

1. It is requested that this office be advised as to whether or not the above named men are entitled to travel status subsistence and quarters allowances while absent from their station in the above described case.

C. A. Lippincott
C. A. Lippincott.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924
(2d part)

RECD
ANS'D APR 12 1928

FILE
W. W. K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon., Date April 6, 1928

To the {*OFFICER IN CHARGE, / *COMMANDING OFFICER,}
Yaquina Bay Station 13th District.
(Name and address of Coast Guard unit)

COAST GUARD
MEDICAL SECTION
RECT APR 12 1928

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Wrenched muscle in back	March 29, 1928.

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no.

W. S. Thurstel

Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty {a. m. / p. m.} not off duty, 192

Returned to duty {a. m. / p. m.} Not off duty, 192

Christopher Hunt

*Commanding Officer *District Superintendent *Officer in Charge

Forwarded ....., 192

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Goast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless there be a recommendation for the discharge or retirement of the patient from the Coast Guard or unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard officer will see that Public Health Service voucher, 1949, is prepared and forwarded, with a letter of detailed explanation to headquarters.*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

GOVERNMENT PRINTING OFFICE 2—663

U.S. COAST GUARD

FILE
W. W. K.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924

REC'D MAR 6 1928

Oluf Rasmussen ANS'D (Name) | By Surfman (Rank or rating) | Yaquina Bay Station (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon., Date March 29, 1928

To Medical Officer U.S.P.H.Service
Newport, Oregon.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Christopher Kent Boatswain(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 38 yrs.

Height 5 feet 9 in, Nativity Denmark Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date March 29, 1928

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

Wrenched muscles of back.
(Write plainly)

which is *not communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *~~not~~ now fit for duty. He will require approximately 10 days' *office *hospital treatment.

*He was this day sent to _____ hospital.
(This line to be used by Public Health Service Officer only)

W. S. Thurlett
Asst Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? _____ Is he able to travel now? _____

Alone? _____ How many attendants should accompany him? _____

Remarks: _____

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Rasmussen

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

2—663

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924
(2d part)

U. S. COAST GUARD
REC'D DEC 6 1927
S'D By

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon., Date November 25, 1927

To the {*OFFICER IN CHARGE, / *COMMANDING OFFICER,
Yaquina Bay Station, 13th District.
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Bruised muscle right forearm	Nov. 10, 1927.

CONDUCT REPORT:

Did the patient cooperate in his treatment? yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

W. S. Thurstell
R.a. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty not off duty {a. m. / p. m.} not off duty, 192

Returned to duty ____ {a. m. / p. m.} " " ", 192

Christopher Hunt
~~*Commanding Officer~~ ~~*District Superintendent~~ *Officer in Charge

Forwarded ____, 192

*Strike out words not applicable *Division Commander *District Superintendent

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

GOVERNMENT PRINTING OFFICE

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Goast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless there be a recommendation for the discharge or retirement of the patient from the Coast Guard or unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard officer will see that Public Health Service voucher, 1949, is prepared and forwarded, with a letter of detailed explanation to headquarters.*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

GOVERNMENT PRINTING OFFICE 2—663

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924

U.S. COAST GUARD RECD NOV 17 1927

F W. W. K

Oluf Rasmussen (Name) | Surfman (Rank or rating) | Yaquina Bay Station. (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date November 10, 192 7

To Medical Officer U.S.P.H.Service.
Newport, Oregon.

U.S. COAST GUARD MEDICAL SECTION RECD NOV 17 1927

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Christopher Hunt Boatswain(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 37 yrs 8 mo.

Height 5ft,9 in" Nativity Denmark Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon. Date November 10, 192 7

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

Bruised muscle of groin
(Write plainly)

which is *not communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *~~not~~ now fit for duty. He will require approximately 7 days' *office *hospital treatment.

*He was this day sent to _____ hospital.
(This line to be used by Public Health Service Officer only)

W. S. Thurlell
aa Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? _____ Is he able to travel now? _____

Alone? _____ How many attendants should accompany him? _____

Remarks: _____

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

2—663

U. S. COAST GUARD
REC'D JUL 13 By
ANS'D

73

U. S. COAST GUARD
THIRTEENTH DISTRICT
REC'D JUL 14 1927
ANS'D

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

FILE

STATION No. Yaquina Bay Station.
THIRTEENTH DISTRICT

Newport, Oregon.
July 13th, 1927.

From: Officer in Charge, Yaquina Bay Station.
To: District Commander, 13th District.

Subject: Oluf Rasmussen, surfman; increased compensation.

Reference: (a) Article 71 (1) Pay & Supply Instructions.
(b) Headquarter's Letter 7/5/27 (73)

Inclosures: 1. Voucher for pay Form 2661.

1. In accordance with reference (a) and (b) there is inclosed herewith, Voucher Form 2661 in triplicate in the sum of $6.00 for increased compensation by reason of longivity. Oluf Rasmussen, surfman, having served four years of creditable enlisted service May 31st, 1927.

Christopher Hunt
Officer in Charge.

- -

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, July 14, 1927.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, approved for payment.

C. A. Lippincott
C. A. Lippincott.

FILE
B. V.

2nd Indorsement: PA18-73
Coast Guard Headquarters,
Washington, 7 July, 1927.

From: Commandant.
To: Commander, Thirteenth District.

Subject: Oluf Rasmussen, surfman; increased compensation.

References: (a) Article 71 (1), Pay and Supply Instructions.
(b) Voucher favor Surfman Oluf Rasmussen, for the period 19-30 June, 1927, in the amount of $2.40.
(c) Headquarters letter, dated 5 July, 1927(73).

Inclosure: 1. Reference (b).

1. Returned. Reference (b) is herewith returned for cancellation. Prepare new voucher in accordance with reference (c), and submit same to Headquarters for settlement.

E. L. HUTCHISON,
By direction.

amst MRD D. Zoll Jr.

Newport, Oregon.

Yaquina Bay Station

June 30, 1927.

13th District.

From: Officer in Charge, Yaquina Bay Station.
To: District Commander, 13th District.

Subject: Oluf Rasmussen, surfman, increased compensation.

Reference: (a) Article 71 (1) Pay & Supply Instructions.

Inclosures: 1. Voucher for pay, Form 2661.

1. In accordance with reference (a) there is inclosed, Voucher Form 2661 in triplicate in the sum of $2.40 for increased compensation by reason of longevity. Oluf Rasmussen, surfman, having served four years of creditable enlisted service June 18, 1927.

Officer in Charge.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, June 30, 1927.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded, approved for payment.

C. A. Lippincott.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502.—Ed. 30,000—Feb. 1924.

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 24 1927
ANSD

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD

Newport, Oregon. (Cutter, relief station, or other place where examination was held) June 18, 1927 (Date)

Yaquina Bay Sta

STATEMENT OF APPLICANT

Name Oluf Rasmussen Age 37 years 3 months.

Examined for Surfman (State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer)

Character of examination (state whether for Standard "A" or "B") ____

Nativity Denmark Married or single single

Have you ever had any of the following diseases?

Spells of unconsciousness no

Convulsions no

Gonorrhea no

Sore on penis no

Have you ever raised or spat up blood? no

When were you last treated by a physician, and for what ailment? Tonsilitis 1926.

Tonsillectomy 1926

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

no

Have you ever had any disease (inherited or acquired) which you have not mentioned to the examining physician? no

If so, explain in detail ____

Have you ever served a previous enlistment in the Coast Guard? yes

If so, for what were you discharged? was in until term expired

Have you ever been convicted of a felony, or imprisoned, under a sentence of court, in a reformatory, jail, or penitentiary? If so, give a full statement no

Do you have headaches? If so, how often? no

Have you ever been rejected, on account of physical reasons, for enlistment in the Coast Guard or other military service? no

If so, state cause: no

Have you ever been discharged from the Coast Guard or other military service for physical disability? no If so, state circumstances and nature of disability ____

2—3850

Feb. 1921 July 1, 1925

Are you willing to be vaccinated against smallpox and typhoid fever? Yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Olaf Rasmussen.
(Signature of applicant)

WITNESS TO SIGNATURE:

W. S Thurtell

AA, *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail. Drawing a line through or simply checking the space provided for the answer is not considered an answer.

Height (without shoes) 5 feet 9 inches. Weight, stripped, 162 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? no Is he under weight? no

General appearance: Healthy. Complexion: Fair

Skin: Diseases no

Scars (give exact location, condition, and cause) no

Is there any weakness of abdominal wall, resulting from scar? no

Distinguishing marks no

Hair: Color Braun Thick yes Thin no Bald no

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

Head: (Describe abnormalities, if any) no

Face: (Describe abnormalities, if any) no

2—3850

Pulse rate 72

Temperature 98 3/5

Heart, blood pressure: Systolic 122 Diastolic 75

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise normal

Abdomen: Circumference at umbilicus 34 Tenderness no

Other abnormalities no

Liver, percussion normal Palpation normal

Spleen, percussion normal Palpation normal

Inguinal rings (large or small) normal Hernia no

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with ocomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions no Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions no

Spine: Tenderness no Curvature no

Reflexes: Patellar normal Pupillary—Reaction to light normal

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures no

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) no

Other conditions, including evidence of old fractures, dislocations, and contractures no

2—3850

Eyes: (Describe abnormalities, if any) no

Eyelids: (Describe abnormalities, if any) no

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/no; left eye, 20/no; with glasses, right eye, —; left eye, —

Is applicant color blind? no

Were eyes tested with lantern, woolen skeins, or both? skeins

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease no Condition of drums good

Hearing: Can applicant hear conversational speech 30 feet, with right ear yes, left ear yes

Can applicant hear whispered speech 15 feet, with right ear yes, left ear yes

Nose: Deflection of septum no Polypi no

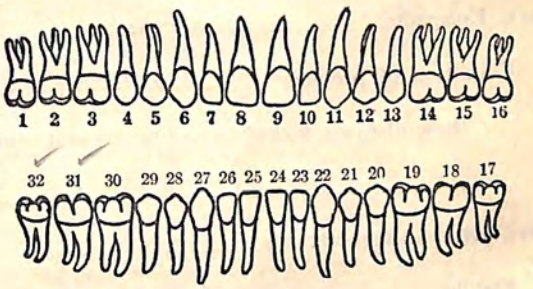
Chronic nasal catarrh no

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridge work.)

32. 31.

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

~~32.~~ 11



Does applicant wear a plate? no

Palate: Cleft no Perforated no Other conditions normal

Fauces: Condition of tonsils good Does condition of tonsils interfere with speech or swallowing? no

Pharynx normal Is applicant a mouth-breather? no

Neck: Goiter no Other conditions no

Chest: Inspection normal Respiratory rate 20

Measurement—Inspiration 39 inches. Expiration 36½ inches.

Lungs, palpation normal

Percussion normal

Auscultation normal

Heart, palpation normal

Percussion normal

Auscultation normal

2—3850

Muscles: Muscular development Good.

Coordination of muscular movements Good

Muscles: Romberg no Joint movements normal

Defects of gait no Agility good

Habit spasms no Chorea no

Urine (chemical examination of urine should always be made):

Color amber Sp. gr. 1020

Albumen no Sugar no

Shreds no

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites Hæmoglobin, per cent

Other conditions

Has applicant been successfully vaccinated against smallpox within four years? yes

Against typhoid fever within four years? yes

Has the applicant aphasia? no

Do you consider the applicant mentally sound? yes

Does the applicant stammer? no

Is there any evidence of excessive use of tobacco or alcohol? no

Is there any evidence of drug addiction? no

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction

2—3850

CERTIFICATE

To be used in case of Standard "A" examination

I certify on honor that I have carefully examined Olaf Rasmussen at the request of Ca. Hunt. Officer in charge, U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~* That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

W. S. Thurber aa
Surgeon, U. S. Public Health Service.

CERTIFICATE

To be used in case of Standard "B" examination

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

* That he is physically sound.
* That he is not fit for duty for the following reasons:
* That he is not physically sound, but is fit for duty; his physical defects are:
* That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state)

Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, JUL 1 1927
(Date)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant.

~~Assistant~~ Chief, Division of Operations
(Title)

* Strike out the statement not applicable.

2—3850

U. S. PUBLIC HEALTH SERVICE, WASHINGTON JUL 1 1927
(Date)

RESPECTFULLY RETURNED to the Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is ---------- approved.*

By direction of the Surgeon General.

By direction of the Surgeon General
W. W. King
W. W. King
Surgeon, USPHS

(Title)

* State reason if finding is "not approved."

GOVERNMENT PRINTING OFFICE 2—3850

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 19..
(2d part)

U.S. COAST GUARD
RECD MAR 1 1926

FILE
J. M. G.

FEB 23 1926
THIRTEENTH DISTRICT

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place U.S. Marine Hospital #17, Date February 13, 1926

To the {*Officer in Charge, / *Commanding Officer,} Port Townsend, Wash.

Yaquina Bay Station, Newport, Oregon.
(Name and address of Coast Guard unit)

The following patient is this date being returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Station Yaquina Bay	Tonsillitis, chronic	Feb. 2, 1926

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes.

Was he absent without permission while undergoing treatment? No.

Was he guilty of insubordination? No.

C. J. Gorman
Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 11:30 {a. m. / p. m.} February 1, 1926

Returned to duty 6:00 {a. m. / p. m.} February 14, 1926

Anton Gustafson
**Commanding Officer* **District Superintendent* **Officer in Charge, act.*

Forwarded FEB 23 1926, 192

John Kelly
**Division Commander* **District Superintendent*

**Strike out words not applicable*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 192

The following patient was this date transferred to the U. S. Marine Hospital No. ....., ..., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Goast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless there be a recommendation for the discharge or retirement of the patient from the Coast Guard or unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard officer will see that Public Health Service voucher, 1949, is prepared and forwarded, with a letter of detailed explanation to headquarters.*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

GOVERNMENT PRINTING OFFICE 2—663

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1924

U. S. COAST GUARD
REC'D FEB 15 1926 By

Is serving under a special temporary enlistment

Oluf Rasmussen (Name) — Surfman (Rank or rating) — Yaquina Bay Station (Coast Guard unit)

FILE
I. M. G.

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

COAST GUARD
OFFICE OF SUPERINTENDENT
FEB 9 1926
THIRTEENTH DISTRICT

Place Newport, Oregon., Date January 28, 1926

To Medical Officer, U.S.P.H.Service.

Newport, Oregon.

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Christopher Hunt. Boatswain(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 35 yrs. 11 mo.

Height 5 ft. 8 in. Nativity Denmark Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date January 28th, 1926

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

Infected Tonsils
(Write plainly)

which is *not communicable. The disability is *not an incident of the service and is *not due to his own vicious habits. He is *not now fit for duty. He will require approximately 3 days' *office *hospital treatment.

*He was this day sent to Port Townsend hospital. February 1st, 1926
(This line to be used by Public Health Service Officer only)

Admitted to U.S.Marine Hospital #17,
Port Townsend, Wash. Feb. 2,1926.
Diagnosis: Tonsillitis, chronic.

W. S. Thurtell
P. J. Norman Asst Surgeon, U. S. Public Health Service
Surgeon, U.S.P.H.S.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ____ Is he able to travel now? ____

Alone? ____ How many attendants should accompany him? ____

Remarks: ____

*Strike out words not applicable

2—663

(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

AD AND FOLLOW INSTRUCTIONS OF

FILE
C. P. O

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

OFFICE OF SUPERINTENDENT
JUL 9 1925

U.S COAST GUARD
RECD JUL 14 1925

Yaquina Bay Station. {*Cutter. / *Station,} Thirteenth District.

Newport Oregon.
(Place.)

June 24, 1925

To Medical Officer U.S.P.H.Service

Newport

Oregon.

Sir:

You are hereby requested to examine Oluf Rasmussen, {~~*an officer~~ / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

Christopher Hunt
(Title of officer signing request.) Officer in Charge.

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET-ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Oluf Rasmussen.

Rate surfman

Nativity Denmark; age, 35 3 mo years; height, 5 feet 8 inches; color of eyes, blue; color of hair brown; distinguishing marks

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Newport Oregon.
(Place.)

June 24, 1925

I certify that I have examined Oluf Rasmussen and find that he is now suffering from Typhoid inoculation, which is non communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 1 days; that his present disability is incident to service, and is not the result of his own vicious habits, and that he is now {~~*fit~~ / *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment 6/24/, 1925

W S Thurlell

aus *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Oluf Rasmussen {~~*was discharged from hospital~~ / *received last office treatment} at 3 {a. m. / p. m.} 7/7/, 1925; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

W S Thurlell

aus *Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

.....

.....

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty ——— {a. m. / p. m.} ———, 192

Returned to duty ——— {a. m. / p. m.} ———, 192

Christopher Hunt

*Commanding Officer. *District Supt. *Officer in Charge.

Forwarded JUL 9 1925, 192

John Kelly

*Division Commander. *District Superintendent.

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—Ed. 20,000—Oct. 13-20.

AD AND FOLLOW INSTRUCTIONS OF

FILE
C. P. C.

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD.

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 23 1925
THIRTEENTH DISTRICT

U. S. COAST GUARD
REC'D JUL 1 1925
ANS'D

Yaquina Bay Station. {*Cutter / *Station.} Thirteenth District.

Newport Oregon.
(Place.)

June 24, 1925

To Medical Officer U.S.P.H.Service
Newport
Oregon.

Sir:

You are hereby requested to examine Oluf Rasmussen, {*an officer / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.*

Christopher Hunt
(Title of officer signing for C.O.)
Officer in Charge

(NOT TO BE USED FOR COMMISSIONED OFFICERS, CADETS, CADET-ENGINEERS, OR WARRANT OFFICERS.)

Signature of person named above Oluf Rasmussen.

Rate surfman

Nativity Denmark; age, 35 3 mo years; height, 5 feet 8 inches; color of eyes, blue; color of hair brown; distinguishing marks

MEDICAL CERTIFICATE.

(See paragraphs 7 and 8 on back.)

Newport Oregon.
(Place.)

June 24, 1925

I certify that I have examined Oluf Rasmussen and find that he is now suffering from typhoid inoculation, which is non communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed ..... days; that his present disability is ..... incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:*

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital ....., 192

*Furnished first office treatment 6/24/, 1925

Wm S Hunter
aas *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that ..... {*was discharged from hospital / *received last office treatment} at ..... {a. m. / p. m.} ....., 192 ; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

*Surgeon U. S. P. H. S. *Attending Physi

* Strike out words not applicable.

(OVER.)

THIRD CERTIFICATE.

(Not to be used for medical officers of the Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons: .....

.....

.....

*Commanding Officer. *District Supt. *Officer in Charge.

Left his duty .....{a. m.}{p. m.}....., 192

Returned to duty .....{a. m.}{p. m.}....., 192

.....

*Commanding Officer. *District Supt. *Officer in Charge.

Forwarded JUN 26 1925 ....., 192

.....

*Division Commander. *District Superintendent.

---

* Strike out words not applicable.

INSTRUCTIONS.

1. Two application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers, cadets, cadet-engineers, or warrant officers) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the forms, and return the two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** if appropriate, and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the officer in charge of the station to which the patient is attached.

4. No clinical reports shall be submitted unless the medical officer is requested to do so by the Commandant or by the Surgeon General, Public Health Service, or where there is a recommendation for retirement or for advantageous discharge.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

PASO-73

January 26, 1924.

General Accounting Office,
Check Accounting Division,
Washington, D. C.

Subject: Boatswain's Mate, first class, Oluf Rasmussen.

Reference: (a) General Accounting Office Bulletin #3, dated May 19, 1923.
(b) Letter of Oluf Rasmussen, dated Jan. 15, 1924, bearing indorsement of the Superintendent, Twelfth District, dated Jan. 15, 1924.

Inclosure: 1. Reference (b).

1. In view of the instructions contained in reference (a), inclosure (1) is forwarded for necessary action.

W. H. WEBB,
Pay and Allotment Officer.

FILE
H.L.M.

PASC-73

January 26, 1924.

General Accounting Office,
Check Accounting Division,
Washington, D. C.

Subject: Boatswain's Mate, first class, Oluf Rasmussen.

Reference: (a) General Accounting Office Bulletin #3, dated May 19, 1923.
(b) Letter of Oluf Rasmussen, dated Jan. 15, 1924, bearing indorsement of the Superintendent, Twelfth District, dated Jan. 15, 1924.

Inclosure: 1. Reference (b).

1. In view of the instructions contained in reference (a), inclosure (1) is forwarded for necessary action.

P.C.B.

W. H. WEBB,
Pay and Allotment Officer.

P.C.B. G.A.O. Hqtrs L (4)

COPY

San Francisco, California,
January 15, 1924.

District Superintendent G. B. Lofberg,
Twelfth District, U. S. Coast Guard,
420 Custom House, San Francisco, Calif.

Dear Sir: -

It is requested that my check covering pay for services at Point Bonita Station from September 1 to 22, 1923, amount $61.60, be forwarded to your office, 420 Custom House, San Francisco.

Respectfully,

/s/ O. Rasmussen.

73 1st INDORSEMENT.

TWELFTH DISTRICT,
Office of the Superintendent,
San Francisco, Calif., Jan.15, 1924.

From: Superintendent, Twelfth District.
To : Commandant.

1. Check #25503 dated September 25, 1923, covering the pay of Oluf Rasmussen, B. M. 1c., was forwarded to the General Accounting Office, Check Accounting Division, on January 7, 1924, in compliance with instructions as contained in Bulletin 3, 1923, of the General Accounting Office.

2. This man has no permanent address and it is recommended that his request in this case be complied with.

/s/ G. B. Lofberg.

73

930

Rasmussen

OFFICE OF
THE SUPERINTENDENT
TWELFTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SAN FRANCISCO, CALIF.

January 25,1924.

U. S. COAST GUARD
REC'D JAN 30 1924
ANS'D
By

From: Superintendent,Twelfth District
To: Commandant.

Subject: Record of Physical Examination, case Oluf Rasmussen, applicant for enlistment.

Inclosure: 1. Copy form 2502.

1. The inclosure is forwarded to Headquarters the applicant having failed to appear at this office for enlistment.

G.B.Lofberg.

U. S. COAST GUARD
REC'D JAN 30 1924
ANS'D By

TREASURY DEPARTMENT.
U. S. Coast Guard.
Form 2502.
Ed. 10,000—May, 1920.

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD.

SAN FRANCISCO, CALIF. (Cutter, relief station, or other place where examination was held.) JAN 22 1924 (Date.)

STATEMENT OF APPLICANT.

Name Rasmussen Olaf. Age 33 years 11 months.

Examined for Surfman
(State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer.)

Character of examination (state whether for Standard "A" or "B") B

Nativity Copenhagen, Denmark. Married or single Single

Have you ever had any of the following diseases?

Spells of unconsciousness No

Convulsions No

Gonorrhea No

Sore on penis No

Have you ever raised or spat up blood? No

When were you last treated by a physician, and for what ailment? Never ill

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

No

Have you ever been convicted of a felony, or imprisoned, under sentence of a court, in a reformatory, jail, or penitentiary? If so, give a full statement: No

Do you have headaches? If so, how often? No

2—3850

Are you willing to be vaccinated against smallpox and typhoid fever? Yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Olof Rasmussen
(Signature of applicant.)

WITNESS TO SIGNATURE:

George Morton
GEORGE MORTON, *Surgeon, U. S. P. H. S.*
ACT. ASST. SURGEON

PHYSICAL EXAMINATION.

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail:

Height (without shoes) 5 feet 8 inches. Weight, stripped, 152 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? ✓ Is he under weight? ✓

General appearance: Excellent. Complexion: Fair

Skin: Diseases No

Scars (give exact location, condition, and cause) No

Is there any weakness of abdominal wall, resulting from scar? No

Distinguishing marks No

Hair: Color L. Brown Thick Yes Thin — Bald —

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Describe abnormalities, if any) No

Face: (Describe abnormalities, if any) No

2—3850

Eyes: (Describe abnormalities, if any) No

Eyelids: (Describe abnormalities, if any) No

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/ 30 ; left eye, 20/ 20 ; with glasses, right eye, — ; left eye, —

Is applicant color blind? No

Were eyes tested with lantern, woolen skeins, or both? Skeins

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease No Condition of drums Good

Hearing: Can applicant hear conversational speech 30 feet, with right ear Yes, left ear Yes

Can applicant hear whispered speech 15 feet, with right ear Yes, left ear Yes

Nose: Deflection of septum No Polypi No

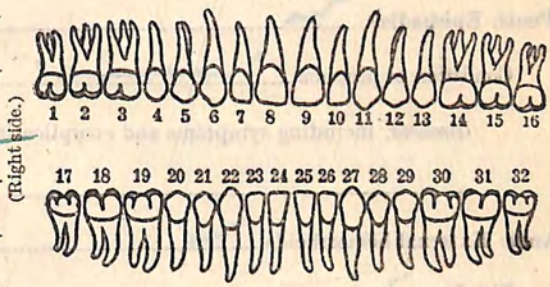
Chronic nasal catarrh No

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridgework.)

✓

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)

✓ ✓



Does applicant wear a plate? No

Palate: Cleft, No Perforated, No Other conditions No

Fauces: Condition of tonsils Normal Does condition of tonsils interfere with speech or swallowing? No

Pharynx Normal Is applicant a mouth-breather? No

Neck: Goiter No Other conditions No

Chest: Inspection Good. Respiratory rate Normal

Measurement—Inspiration 37 inches. Expiration 33 inches. Pulse rate Normal

Lungs, palpation Normal

Percussion Normal

Auscultation Normal

Heart, palpation Normal

Percussion Normal

Auscultation Normal

2—3850

Heart, blood pressure: Systolic Not taken Diastolic Not taken

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise Good.

Abdomen: Circumference at umbilicus 30½ Tenderness No

Other abnormalities No

Liver, percussion Normal Palpation Normal

Spleen, percussion Normal Palpation Normal

Inguinal rings (large or small) Small Hernia No

Scrotum: Has applicant varicocele that is painful? No Has applicant varicocele that interferes with locomotion? No Hydrocele No

Testicles: Induration No Atrophy No

Other conditions No Undescended No

Penis: Epispadias No Hypospadias No

Condition of prepuce Normal Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) No

Anus: External hemorrhoids No Internal hemorrhoids No

Fistulas No Other conditions No

Spine: Tenderness No Curvature No

Reflexes: Patellar Normal Pupillary—Reaction to light Normal

Upper extremity: Missing fingers No Other conditions, including evidence of old fractures, dislocations, and contractures No

Lower extremity: Are there any symptoms of weak foot? No Has applicant bow legs amounting to noticeable deformity? No Knock-knees No

Are there any large varicose veins of the extremities? No Bunions No

Hammer toes No

Corns (state number and location and if inflamed) No

Other conditions, including evidence of old fractures, dislocations, and contractures No

2—3850

Muscles: Muscular development Good

Coordination of muscular movements Good

Muscles: Romberg Normal Joint movements Good

Defects of gait No Agility Good

Habit spasms No Chorea No

Urine (chemical examination of urine should always be made):

Color Amber Sp. gr 1020

Albumen No Sugar No

Shreds No

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells ✓ Blood cells ✓

Pus cells ✓ Casts ✓

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm. ✓ White corpuscles per c. mm ✓ Malarial parasites ✓ Hæmoglobin, per cent ✓

Other conditions No

Temperature Normal Has applicant been successfully vaccinated against smallpox within four years? Yes No

Against typhoid fever within four years? Yes

Has the applicant aphasia? No

Do you consider the applicant mentally sound? Yes

Does the applicant stammer? No

Is there any evidence of excessive use of tobacco or alcohol? No

Is there any evidence of drug addiction? No

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

✓

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction Not taken

2—3850

CERTIFICATE.

To be used in case of Standard "A" examination.

I certify on honor that I have carefully examined Oleg Rasmussen at the request of Lawrence Ellison, asst. Dist. Supt., U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~*That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

George Worden
Se *Surgeon, U. S. Public Health Service.*

CERTIFICATE.

To be used in case of Standard "B" examination.

I certify on honor that I have carefully examined _____ at the request of _____, U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*That he is physically sound.
*That he is not fit for duty for the following reasons:
*That he is not physically sound, but is fit for duty; his physical defects are:
*That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are _____ incident to service.
(If not, so state.)

_____
Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, _____
(Date.)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Commandant.

_____

_____
(Title.)

* Strike out the statement not applicable.

2—3850

U. S. PUBLIC HEALTH SERVICE, WASHINGTON, _____
(Date.)

RESPECTFULLY RETURNED to the Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is _____ approved.*

By direction of the Surgeon General.

_____

_____
(Title.)

* State reason if finding is "not approved."

2—3850

73

73

TBP

OFFICE OF
THE SUPERINTENDENT
TWELFTH DISTRICT

U.S. PAY AND ALLOTMENT OFFICE REC'D JUL 18

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SAN FRANCISCO, CALIF.

July 12,1923.

U. S. COAST GUARD
REC'D JUL 17 1923
ANS'D

From: Superintendent,Twelfth District
To: Commandant.

Subject: Oluf Rasmussen,B.M.lc.; rating.

Reference: (a) Headquarters' letter June 21,1923(73,531).

1. Under authority of reference (a),the above-named man was rated acting boatswain's mate,first class,on July 1, 1923,the date of his arrival at Point Bonita Station.

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED BY 7-24-23 DATE

Laurence Elleson
Laurence Elleson,
Acting.

X

73

, July 9, 1923.

From: Commandant.
To: Superintendent, Twelfth District.

Subject: O.Rasmussen, B.M.1c, Point Bonita Station, temporary transfer.

Reference: (a) Your letter, 7/2/23 (73).

1. Your action in transferring the above-named man from Point Bonita Station to Fort Point Station, for duty at the latter station during the absence on leave of the officer in charge, is approved.

2. It is assumed that no expenses were necessary in the execution of the above transfer, and upon the return to duty of the officer in charge, Fort Point Station, Rasmussen will be returned to Point Bonita Station.

W.V.E.JACOBS,
Acting.

73

73

OFFICE OF
THE SUPERINTENDENT
TWELFTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SAN FRANCISCO, CALIF.

July 2,1923.

U. S. COAST GUARD
REC'D JUL 7 1923
ANS'D

From: Superintendent,Twelfth District.
To: Commandant.

Subject: Oluf Rasmussen,B.M.1c.,Point Bonita Station; temporary transfer.

1. I have this day temporarily transferred B.M.1c., Oluf Rasmussen, from Point Bonita Station to Fort Point Station. This transfer was made for the reason that the officer in charge at Point Bonita is going on thirty-days leave of absence, and Mr.King is to be retained at that station until the return of the officer in charge. It is therefore deemed to the best interests of the service that Rasmussen should be at Fort Point as assistant to the boatswain's mate in charge of that station.

2. In view of the above it is requested that my action be approved.

Peter Jensen.

TREASURY DEPARTMENT,
U. S. Coast Guard.
Form 2503.

UNITED STATES COAST GUARD

PAY AND ALLOTMENT OFFICE REC'D JUL 11 1923 U.S.C.G.

U. S. COAST GUARD REC'D JUL 11 1923 ANS'D By

Report of Transfer

AUTHORITY: Headquarter's letter June 21, 1923 (73,531).

Rate	Name	From---	To---
Surfman	Oluf Rasmussen	Bolinas Bay Stn.	Point Bonita Stn.

HOUR AND DATE OF DEPARTURE 12.45 P. M. June 30, 1923.

Pay Account

Debit and credit balances transferred on Form 2677 are explained as follows:

Present rate of pay $60.00
Paid up to and including June 30, 1923.
Number of days granted in route: None.

U. S. COAST GUARD
Office of Superintendent,
Twelfth District
Rec'd JUL 5 1923

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED TO PAY ROLL BY 7-11-23 LINE

The following, marked (x), are transmitted herewith:

X Copy C enlistment contract.
X Form 2677
X Form 2677A
___ Form 1B
___ Form WR and acknowledgment
___ Form 2A
X-Form 2525, Health Record.
X-Form 2529, Death Gratuity.
___ Form 2528 and acknowledgment
___ Form 2528A " "
___ Form 2528B
___ HL dated _____
___ HL dated _____

Theodore Danish
(Signature of officer in charge of unit FROM which transferred)

Coast Guard Station, Point Bonita.

HOUR AND DATE OF REPORTING 10:00 A.M. July 1, 1923.

Above listed papers received.

Robert Johnson
(Signature of officer in charge of unit TO which transferred)

SEE INSTRUCTIONS ON BACK.

INSTRUCTIONS.

1. THIS FORM IS TO BE PREPARED IN TRIPLICATE AT THE UNIT FROM WHICH TRANSFERRED. RETAIN ONE COPY AND FORWARD ORIGINAL AND ONE COPY TO THE UNIT TO WHICH TRANSFERRED.

2. WHEN THE PERSON ARRIVES AT THE LATTER UNIT, COMPLETE ORIGINAL AND COPY, AND FORWARD COPY TO HEADQUARTERS.

3. WHEN A PERSON IS TRANSFERRED TO A DIVISION COMMANDER, DISTRICT SUPERINTENDENT, OR OTHER OFFICER HAVING MORE THAN ONE UNIT UNDER HIS COMMAND, THAT OFFICER SHALL COMPLETE THE REPORT OF TRANSFER ACCOMPANYING THE MAN; AND IF THAT OFFICER RE-TRANSFERS HIM TO ANOTHER UNIT UNDER HIS COMMAND OR NOT UNDER HIS COMMAND, HE SHALL PREPARE NEW TRANSFER REPORTS IN ACCORDANCE WITH THE FOREGOING INSTRUCTIONS.

73
~~531~~

June 21, 1923.

From: Commandant.
To : Superintendent, Twelfth District.

Subject: Surfman Olof Rasmussen, Bolinas Bay Station; transfer; travel; advancement.

Reference: (a) Your letter, June 15, 1923, (73).

1. You are authorized to transfer the above named man in his present rating from Bolinas Bay Station to Point Bonita Station and upon his reporting for duty at the latter station, advance him to the rating of boatswain's mate, first class, (L) to fill an existing vacancy.

W. V. B. Jacobs,
Acting.

The travel necessary to the execution of the foregoing order is hereby authorized. ~~Actual necessary~~ traveling expenses are allowed. The allowances for subsistence and quarters as provided by Coast Guard Circular Letter 251 are applicable in this case.

(Signed) EDWARD CLIFFORD

Assistant Secretary.

U.S. R.C. Cutter [illegible] M.V.

73

73

OFFICE OF
THE SUPERINTENDENT
TWELFTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SAN FRANCISCO, CALIF.

June 15,1923.

U. S. COAST GUARD
REC'D JUN 20 1923
ANS'D By

From: Superintendent,Twelfth District
To: Commandant.

Subject: Surfman Oluf Rasmussen,Bolinas Bay Station;transfer and promotion.

1. It is recommended that the above-named man be transferred from Bolinas Bay Station to Point Bonita Station and there rated Boatswain's Mate,1c.,to fill vacancy caused by promotion of B.W.King,B.M.1c.

2. This man holds a second officer's license on sea-going ships and is serving in his 2nd enlistment in the Coast Guard. His marks for the quarter ending March 31,1923, are as follows: Proficiency, 3.8 - Sobriety 4, Obedience 4, Conduct 4, Ability as Leader of Men 3.5.

3. Attention is called to the fact that this man has not yet completed his citizenship but this will be done in the very near future. It is,therefore,requested that the matter of citizenship be waived since this man's service in the new rating is needed at once.

4. This is the best available man in the District for the position.

Peter Jensen.

Peter Jensen.

U. S. COAST GUARD
Office of Superinte...
Twelfth District
Rec'd. SEP 29 1922

U.S.C.G. PAY AND ALLOTMENT OFFICE RECD OCT 4 1922

U. S. COAST GUARD
REC'D OCT. 4 1922
ANS'D

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2502.

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD.

SAN FRANCISCO, CALIF. — SEP 30 1922

(Cutter, relief station, or other place where examination was held.) (Date.)

STATEMENT OF APPLICANT.

Name Olaf Rasmussen Age 31 years 7 months.

Examined for Fireman

(State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer.)

Character of examination (state whether for Standard "A" or "B") A

Nativity Denmark Married or single Single

Have you ever had any of the following diseases?

Spells of unconsciousness: No.

Convulsions: No.

Gonorrhea: No.

Sore on penis: No

Have you ever raised or spat up blood? No

When were you last treated by a physician, and for what ailment? Never sick

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

No

Have you ever been convicted of a felony, or imprisoned, under sentence of a court, in a reformatory, jail, or penitentiary? If so, give a full statement:

No

Do you have headaches? If so, how often? No

Are you willing to be vaccinated against smallpox and typhoid fever? Yes

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Olaf Rasmussen
(Signature of applicant.)

WITNESS TO SIGNATURE:

George Morton

GEORGE MORTON
ACTING ASST. SURGEON

....., *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION.

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled, "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail.

Height (without shoes) 5 feet 7½ inches. Weight, stripped, 151 pounds.

(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? No Is he under weight? No

General appearance: Good

Complexion: Ruddy

Skin: Diseases No

Scars (give exact location, condition, and cause) No

Distinguishing marks Tattoo "O. R." L forearm

Hair: Color Brown Thick Yes Thin No Bald No

Glands, enlargement: (Answer yes or no. The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital No Cervical No Femoral No

Epitrochlear No Inguinal No

Head: (Describe abnormalities, if any) No

Face: (Describe abnormalities, if any) No

Eyes: (Describe abnormalities, if any) no.

Eyelids: (Describe abnormalities, if any) no.

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/30 (30); left eye, 20/20; with glasses, right eye, ✓; left eye, ✓

Is applicant color blind? no. Were eyes tested with lantern, woolen skeins, or both? Neither

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease no. Condition of drums good.

Hearing: Distance conversational speech can be heard, right ear 4 ins. feet, left ear 4 ins. feet.

Distance whispered speech can be heard, right ear 4 ins. feet, left ear 4 ins. feet.

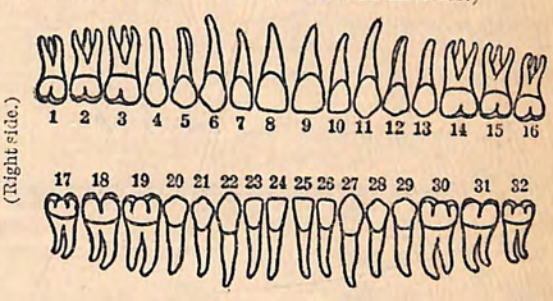
Nose: Deflection of septum no. Polypi no.

Chronic nasal catarrh no.

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridgework and those that have unfilled cavities.)

✓

✓



(Right side.)

Does applicant wear a plate? no.

Palate: Cleft, no. Perforated, no. Other conditions no.

Fauces: Condition of tonsils good. Pharynx normal Is applicant a mouth-breather? no.

Neck: Goiter no. Other conditions no.

Chest: Inspection good.

Respiratory rate normal

Measurement—Inspiration 36 1/2 inches. Expiration 33 inches.

Lungs, palpation normal

Percussion normal

Auscultation normal

Heart, palpation normal

Percussion normal

Auscultation normal

Heart, blood pressure: Systolic not taken Diastolic not taken Pulse rate normal

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise good

Abdomen: Circumference at umbilicus 29 Tenderness no

Other abnormalities no

Liver, percussion normal Palpation normal

Spleen, percussion normal Palpation normal

Inguinal rings (large or small) small Hernia no

Scrotum: Varicocele no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions no Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions no

Spine: Tenderness no Curvature no

Reflexes: Patellar normal Pupillary—Reaction to light normal

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures no

Lower extremity: Flat foot no Bowed legs no Knock-knees no

Varicose veins no Hammer toes no Bunions no

Corns (state number and location and if inflamed) no

Other conditions, including evidence of old fractures, dislocations, and contractures no

Muscles: Muscular development good

Coordination of muscular movements good

Muscles: Romberg Normal Joint movements Good

Defects of gait No Agility Good

Habit spasms No Chorea No

Urine (chemical examination of urine should always be made):

Color Straw Sp. gr. 1018

Albumen No Sugar No

Shreds No

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells ✓ Blood cells ✓

Pus cells ✓ Casts ✓

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm. ✓ White corpuscles per c. mm. ✓ Malarial parasites ✓ Hæmoglobin, per cent ✓

Other conditions No

Temperature Normal Has applicant been successfully vaccinated against smallpox within four years? Yes

Against typhoid fever within four years? Yes

Has the applicant aphasia? No Does he stammer? No

Do you consider the applicant mentally sound? Yes

Is there any evidence of excessive use of tobacco or alcohol? No

Is there any evidence of drug addiction? No

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

✓

CERTIFICATE.

To be used in case of Standard "A" examination.

I certify on honor that I have carefully examined Olef Rasmussen at the request of Hudson Comdt. 13th Dist. (L), U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*No disease, physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~*That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

.....

.....

.....

George Lincoln
Surgeon, U. S. Public Health Service.

CERTIFICATE.

To be used in case of Standard "B" examination.

I certify on honor that I have carefully examined.....at the request of....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*That he is physically sound.
*That he is not fit for duty for the following reasons:
*That he is not physically sound, but is fit for duty; his physical defects are:
*That he is not physically sound, but is physically qualified for promotion; his physical defects are:

.....

.....

.....

In my judgment these defects are.....incident to service
(If not, so state.)

.....
Surgeon, U. S, Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, OCT 5 1922
(Date.)

Referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Captain Commandant.

C. P. Clark
Assistant Chief, Division of Operations.
(Title.)

---

* Strike out the statement not applicable.

U. S. PUBLIC HEALTH SERVICE, WASHINGTON, OCT 6 1922
(Date.)

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is ..... approved.* Returned to Captain Commandant, U. S. Coast Guard

By direction of the Surgeon General.

C

By direction of the Surgeon General

J. M. Gillespie

J. M. Gillespie,
P. A. Surgeon, U. S. P. H. S.

.....

.....
(Title.)

* State reason if finding is "not approved."

WASHINGTON: GOVERNMENT PRINTING OFFICE: 1916

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Sept. 26-16.

EAD AND FOLLOW INSTRUCTIONS C[illegible].)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD, AT PLACES WHERE THERE IS ..... A RELIEF STATION OF THE U. S. PUBLIC HEALTH SERVICE.

U.S. COAST GUARD
REC'D AUG 15 1922
ANS'D

No. 318. {*Cutter. / *Station, 13th District.

Eureka, Calif.
(Place.)

To Dr. Charles C. Falk, July 19, 1922., 191

U.S.Public Health Service,

Eureka, Calif.

Sir:

You are hereby requested to examine Oluf Rasmussen, {*an officer / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.

Thos. Pobirge, Officer in charg
(Title of officer signing request.)

(NOT TO BE USED FOR COMMISSIONED OFFICERS OR CADETS.)

Signature of person named above .....

Rate Surfman.

Nativity Denmark; age, 32 years; height, 5 feet 7 3/4 inches; color of eyes, blue; color of hair brown; distinguishing marks "O.R." tattoo on left forearm.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Relief Station No. 241, Eureka, Calif.
(Place.)

July 19, 1922, 191

I certify that I have examined Oluf Rasmussen and find that he is now suffering from gunshot wound of left hand, which is not communicable to others. In my professional opinion he is ..... in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 14 days; that his present disability is ..... incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital July 19, 1922, 191

*Furnished first office treatment August 7, 1922, 191

Charles C Falk

A. A. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that Oluf Rasmussen {*was discharged from hospital / *received last office treatment} on Aug. 5, 1922 / on Aug. 7, 1922 {a. m. / p. m.}, 191 ; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

Charles C Falk

A. A. *Surgeon U. S. P. H. S. *Attending Physician.

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used by medical officers of Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons:.....

.....

.....

*Commanding Officer. *District Supt. *Keeper.

Left his duty 9-00 {a. m.} July 19th, 1922.

Returned to duty 4-30 {p. m.} August 5th, 1922.

Thomas Gunnerson,

*~~Commanding Officer~~. *~~District Supt.~~ *Keeper. acting

* Strike out words not applicable.

Examined and forwarded, AUG 10 1922 19

Peter Jensen

District Superintendent.

INSTRUCTIONS.

1. Four application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers and cadets) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the four forms, and retain one copy of the form for his files. The other copies of the form will be disposed of as follows: (*a*) When the patient is not attached to a station, the medical officer or attending private physician will return three copies of the form to the officer who signed the request for examination and treatment, which officer shall immediately forward one of the returned forms to Headquarters through regular official channels, one direct to the Surgeon General, Public Health Service, and retain one copy. No copies of this blank shall be sent to the Surgeon General when the treatment is rendered at a first or a second class relief station. (*b*) When the patient is attached to a station and receives treatment from an attending private physician (other than a contract physician), the procedure specified in (*a*) shall be followed. (*c*) When the patient is attached to a station and receives treatment either at a station of the Public Health Service or from a contract physician, the medical officer or contract physician will forward one copy of the form to the medical officer in charge of the Public Health Service District and return two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy. (*d*) When a district superintendent receives medical treatment, the procedure specified in (*c*) shall be followed.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the keeper of the station to which the patient is attached.

4. When a patient is under the care of a medical officer at a first or second class station, a statement in duplicate on Form 1946-a-b-c, Public Health Service, showing the patient's condition, shall be submitted at the end of each fifteen-day period. One of the statements shall be sent to the officer who signed the request for the examination and treatment, which latter officer shall forward it to Headquarters; the other shall be sent to the Surgeon General direct.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Sept. 26-16.

READ AND FOLLOW INSTRUCTIONS C[illegible].)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD, AT PLACES WHERE THERE IS ..... A RELIEF STATION OF THE U. S. PUBLIC HEALTH SERVICE.

U.S. COAST GUARD
REC'D JUL 31 1922
ANS'D
by

No. 318. {*Cutter. / *Station, 13th District.

FILE
C.F.C

Eureka, Calif. (Place.)

July 19, 1922., 191

To Dr. Charles C. Falk,
U.S. Public Health Service,
Eureka, Calif.

Sir:

You are hereby requested to examine Oluf Rasmussen, {*~~an officer~~ / *an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.

Thos Roberge, Officer in charge.
(Title of officer signing request.)

(NOT TO BE USED FOR COMMISSIONED OFFICERS OR CADETS.)

Signature of person named above .....

Rate Surfman.

Nativity Denmark; age, 32 years; height, 5 feet 7 3/4 inches; color of eyes, blue; color of hair brown; distinguishing marks "O.R." tattoo on left forearm.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Relief Station No. 241, Eureka, Calif. (Place.)

July 19, 1922, 191

I certify that I have examined Oluf Rasmussen and find that he is now suffering from gunshot wound of left hand, which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *~~office~~} treatment for a period of probably not to exceed 14 days; that his present disability is ..... incident to service, and is not the result of his own vicious habits, and that he is now {*~~fit~~ / *unfit} for duty.

I further certify that:

(*a*) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(*b*) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(*c*) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital July 19, 1922, 191

*Furnished first office treatment ....., 191

Charles C Falk

A. A. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that ..... {*was discharged from hospital / *received last office treatment} at ..... {a. m. / p. m.}

....., 191; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

.....

..... *Surgeon U. S. P. H. S. *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used by medical officers of Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons:.....

.....

.....

*Commanding Officer. *District Supt. *Keeper.

Left his duty ..... {a. m. / p. m.} ....., 191

Returned to duty ..... {a. m. / p. m.} ....., 191

.....

*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

Examined and forwarded, JUL 25 1922 19

.....

District Superintendent

INSTRUCTIONS.

1. Four application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers and cadets) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the four forms, and retain one copy of the form for his files. The other copies of the form will be disposed of as follows: (*a*) When the patient is not attached to a station, the medical officer or attending private physician will return three copies of the form to the officer who signed the request for examination and treatment, which officer shall immediately forward one of the returned forms to Headquarters through regular official channels, one direct to the Surgeon General, Public Health Service, and retain one copy. No copies of this blank shall be sent to the Surgeon General when the treatment is rendered at a first or a second class relief station. (*b*) When the patient is attached to a station and receives treatment from an attending private physician (other than a contract physician), the procedure specified in (*a*) shall be followed. (*c*) When the patient is attached to a station and receives treatment either at a station of the Public Health Service or from a contract physician, the medical officer or contract physician will forward one copy of the form to the medical officer in charge of the Public Health Service District and return two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy. (*d*) When a district superintendent receives medical treatment, the procedure specified in (*c*) shall be followed.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the keeper of the station to which the patient is attached.

4. When a patient is under the care of a medical officer at a first or second class station, a statement in duplicate on Form 1946-a-b-c, Public Health Service, showing the patient's condition, shall be submitted at the end of each fifteen-day period. One of the statements shall be sent to the officer who signed the request for the examination and treatment, which latter officer shall forward it to Headquarters; the other shall be sent to the Surgeon General direct.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Sept. 26-16.

(READ AND FOLLOW INSTRUCTIONS O[illegible].)

APPLICATION FOR MEDICAL EXAMINATION AND TREATMENT OF SICK OR DISABLED OFFICERS AND ENLISTED PERSONS IN THE U. S. COAST GUARD, AT PLACES WHERE THERE IS ..... A RELIEF STATION OF THE U. S. PUBLIC HEALTH SERVICE.

FILED C. P. C.

No. 318. {*Cutter. / *Station, 13th District.

Eureka, Calif. (Place.)

July 19, 1922., 191

To Dr. Charles C. Falk,
U.S.Public Health Service,
Eureka, Calif.

U. S. COAST GUARD RECD AUG 2 1922 ANS'D

RECEIVED AUG 1 - 1922

Sir:

You are hereby requested to examine Oluf Rasmussen {an officer / an enlisted person} in the U. S. Coast Guard, attached to the cutter or station above named, and, if in need of medical treatment, to furnish him with such medical treatment as the case may require. The signature and description of the applicant appear below.

Thos. Tobergs, Officer in charge.
(Title of officer signing request.)

(NOT TO BE USED FOR COMMISSIONED OFFICERS OR CADETS.)

Signature of person named above .....

Rate Surfman.

Nativity Denmark; age, 32 years; height, 5 feet 7 3/8 inches; color of eyes, blue; color of hair brown; distinguishing marks "O.R." tattoo on left forearm.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Relief Station No. 241, Eureka, Calif. (Place.)

July 19, 1922., 191

I certify that I have examined Oluf Rasmussen and find that he is now suffering from gunshot wound of left hand, which is not communicable to others. In my professional opinion he is ..... in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 14 days; that his present disability is ..... incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to the nearest marine hospital or relief station of the Public Health Service.

(b) The above-named person is now able to bear transportation without injury, in the care of {*one / *two} attendant, to the nearest marine hospital or relief station of the Public Health Service.

(c) The above-named person is not now able to bear transportation under any arrangement or condition to the nearest marine hospital or relief station of the Public Health Service.

The above-named person was—

*Admitted to hospital July 19, 1922, 191

*Furnished first office treatment ....., 191

Charles C Falk

A. A. *Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

(To be returned to the attending physician for the following certification upon the return of the person to duty, or upon the conclusion of the treatment.)

I certify that ..... {*was discharged from hospital / *received last office treatment} at ..... {a. m. / p. m.}

....., 191; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

..... *Surgeon U. S. P. H. S. *Attending Physician.

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

(Not to be used by medical officers of Public Health Service.)

I certify that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a marine hospital or relief station of the Public Health Service for the following reasons:.....

.....

.....

*Commanding Officer. *District Supt. *Keeper.

Left his duty ..... {a. m. / p. m.} ....., 191

Returned to duty..... {a. m. / p. m.} ....., 191

.....

*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

12 JUL 31 AM 10 18

INSTRUCTIONS.

1. Four application forms properly filled in shall be sent with the patient. The medical officer, contract physician, or attending private physician, after having the patient write his name (except in cases of commissioned officers and cadets) for comparison with the signature of the patient which appears in the application, will fill in and sign the proper certificate under the heading **"Medical Certificate,"** in each of the four forms, and retain one copy of the form for his files. The other copies of the form will be disposed of as follows: (*a*) When the patient is not attached to a station, the medical officer or attending private physician will return three copies of the form to the officer who signed the request for examination and treatment, which officer shall immediately forward one of the returned forms to Headquarters through regular official channels, one direct to the Surgeon General, Public Health Service, and retain one copy. No copies of this blank shall be sent to the Surgeon General when the treatment is rendered at a first or a second class relief station. (*b*) When the patient is attached to a station and receives treatment from an attending private physician (other than a contract physician), the procedure specified in (*a*) shall be followed. (*c*) When the patient is attached to a station and receives treatment either at a station of the Public Health Service or from a contract physician, the medical officer or contract physician will forward one copy of the form to the medical officer in charge of the Public Health Service District and return two copies to the officer who signed the request for examination and treatment, which officer shall transmit one copy to Headquarters through regular official channels, and retain one copy. (*d*) When a district superintendent receives medical treatment, the procedure specified in (*c*) shall be followed.

2. Upon the return of the patient to duty, or upon the conclusion of the treatment, the officer who signed the request for the treatment shall return the retained application to the medical officer, contract physician, or attending private physician for the purpose of having the **"Second Certificate"** thereon filled in and returned. When the officer who signed the request for the treatment receives this retained application form from the medical officer, contract physician, or attending private physician with the **"Second Certificate"** properly filled in and signed, he shall thereupon fill in the **"Third Certificate"** and forward the completed form to Headquarters.

3. If at any time during the course of the treatment a patient recovers to the extent that he can bear transportation without injury, either with or without attendants, to the nearest marine hospital or relief station of the Public Health Service, and further treatment is required, the contract physician or attending private physician shall at once so inform the officer who signed the request for the treatment stating how long in his opinion further treatment will be necessary. The person who signed the request shall forward such information at once to the Surgeon General, Public Health Service, and also to Headquarters.

NOTE.—When a patient who is undergoing treatment at a second, third, or fourth class station of the Public Health Service, is transferred to a station of the first class, the medical officer in charge of the station from which the patient is transferred shall at once notify the commanding officer of the vessel or the keeper of the station to which the patient is attached.

4. When a patient is under the care of a medical officer at a first or second class station, a statement in duplicate on Form 1946-a-b-c, Public Health Service, showing the patient's condition, shall be submitted at the end of each fifteen-day period. One of the statements shall be sent to the officer who signed the request for the examination and treatment, which latter officer shall forward it to Headquarters; the other shall be sent to the Surgeon General direct.

5. Unless an explanation is necessary, no letter should accompany this form (2522).

6. When a bill for hospital care or professional services is submitted by an attending private physician (not a contract physician), the commanding officer or the district superintendent shall see that a voucher covering the same is properly prepared and forwarded to Headquarters. Unless impracticable, voucher blanks of the Public Health Service should be used for this purpose. (Form 1949, Public Health Service.)

7. The "Medical Certificate" should be completely filled in by the medical officer, contract physician, or attending private physician before returning the copies of this blank to the officer who requested the examination and treatment.

8. In making diagnosis of the ailment of a patient, only those medical terms should be used which are to be found in the "Nomenclature of Diseases and Conditions" issued by the U. S. Public Health Service.

9. No other than the first application forms should be sent to a medical officer, contract physician, or attending private physician where office treatment is rendered to the same patient on dates subsequent to the first treatment, during the continuance of such treatment. 2—663

U. S. Public Health Service
Marine Hospital Division.

FROM: MEDICAL SECTION

Date 8/11

Miss Mole

Plse re-route to

Dr. J. M. Gillespie

C. G. Hdq.

22 AUG AM 10 21
BUREAU OF PUBLIC HEALTH SERVICE

Exhibit

K-334

HOSPITAL DIVISION

Brake Mrs.

Brehaut, Miss

Buell, Dr.

Howard, Mr.

Huddleson, Mr.

Kinsey, Mr.

Kerr, Dr.

Lavinder, Dr.

Milnor, Mr.

Minnigerode, Miss

Purveying Service

Schutrumpf, Mr.

Smith, Dr.

Statistical Section

Terriberry, Dr.

Wheeler, Mr.

Mr Hammond

TREASURY DEPARTMENT,
U. S. Coast Guard.
Form 2503.

U. S. COAST GUARD
DEPT. OF COMMERCE
APR 28 1922
THIRTEENTH DISTRICT

UNITED STATES COAST GUARD

Report of Transfer

U.S. COAST GUARD
REC'D & CD
MAY 3 1922
ANS'D
3
1922

AUTHORITY: Headquarters Letter 4-2-22 (73).

Rate	Name	From---	To---
Surfman	Oluf Rasmussen.	Station #320	Station #318

HOUR AND DATE OF DEPARTURE 4.15 a.m. April 28, 1922.

Pay Account

Debit and credit balances transferred on Form 2677 are explained as follows:

Rate of pay $70.00 per. mo.
Paid up to and including March 31, 1922.
Clothing bounty credit $12.02

PAY AND ALLOTMENT
OFFICE
U. S. COAST GUARD
POSTED
TO
PERSONNEL CARD
BY [illegible]
DATE 5-9-22

The following, marked (x), are transmitted herewith:

- x Copy C enlistment contract.
- x Form 2677
- x Form 2677A
- x Form 1B
- ___ Form WR and acknowledgment
- ___ Form 2A
- x Form 2525.
- x Form 2529.
- ___ Form 2528 and acknowledgment
- ___ Form 2528A " "
- ___ Form 2528B
- ___ HL dated _____
- ___ HL dated _____

Thomas L Stitt
(Signature of officer in charge of unit FROM which transferred)

Coast Guard Station No.318.

HOUR AND DATE OF REPORTING 9:30 a.m. April 24,1922.

Above listed papers received.

Theo Roberge
(Signature of officer in charge of unit TO which transferred)

SEE INSTRUCTIONS ON BACK.

INSTRUCTIONS.

1. THIS FORM IS TO BE PREPARED IN TRIPLICATE AT THE UNIT FROM WHICH TRANSFERRED. RETAIN ONE COPY AND FORWARD ORIGINAL AND ONE COPY TO THE UNIT TO WHICH TRANSFERRED.

2. WHEN THE PERSON ARRIVES AT THE LATTER UNIT, COMPLETE ORIGINAL AND COPY, AND FORWARD COPY TO HEADQUARTERS.

3. WHEN A PERSON IS TRANSFERRED TO A DIVISION COMMANDER, DISTRICT SUPERINTENDENT, OR OTHER OFFICER HAVING MORE THAN ONE UNIT UNDER HIS COMMAND, THAT OFFICER SHALL COMPLETE THE REPORT OF TRANSFER ACCOMPANYING THE MAN; AND IF THAT OFFICER RE-TRANSFERS HIM TO ANOTHER UNIT UNDER HIS COMMAND OR NOT UNDER HIS COMMAND, HE SHALL PREPARE NEW TRANSFER REPORTS IN ACCORDANCE WITH THE FOREGOING INSTRUCTIONS.

April 1, 1922.

From: Commandant.
To : Superintendent, 13th District.

Subject: Surfman Oluf Rasmussen, Station No. 320; transfer.

Reference: (a) His request 3/23/22.

1. You are authorized to transfer the above named man to a station on the coast of Oregon or of California, to fill any vacancy which may occur. This transfer, being at Rasmussen's own request, will be effected without expense to the government.

W. E. REYNOLDS.

Rasmussen

Rad KGA Omm

77

U.S. COAST GUARD
MAR 25 1922
THIRTEENTH DISTRICT.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

320
COAST GUARD STATION

13th
DISTRICT

Point Reyes, California.
(POST-OFFICE ADDRESS)

March 23, 1922.

From: Surfman Oluf Rasmussen.
To: Superintendent, Thirteenth District, via Officer in Charge, Station No.320.

U.S. COAST GUARD
REC'D MAR 30 1922
ANS'D

Subject: Request for Transfer.

1. I respectfully request to be transfered to some one of the stations north of here to fill any vacancy that may occur.

2. This transfer is to be at my own expense and all claim to transportation back to place of enlistment, upon discharge, is waived.

My reason for wishing to change is, that I wish to serve in a more active boat-work station.

O Rasmussen

1st Indorsement.

Station #320,
March 23, 1922.

From; Officer in Charge, Station #320.
To: Superintendent, 13th District.

1. Forwarded, approved.

2. Reliability 3.5, General 2.9, Sobritey 4, Obedience 4, Conduct 4, Ability as leader of men 3, Proficiency in rating 3.4.

Thomas L Stutt

2nd Indorsement.
Office of Superintendent, 13th District, March 25, 1922.

From: Superintendent, 13th District.
To: Commandant.

1. Forwarded, approved.
2. Request authority to transfer above-named man, at his own expense, to some station where a vacancy exists or may occur.

Peter Jensen
Peter Jensen.

FILE
P. G. H.

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TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT

FEB 16 1922

THIRTEENTH DISTRICT.

COAST GUARD STATION
No. 324.
DISTRICT
Thirteenth.

San Francisco, California.
(POST-OFFICE ADDRESS)

February 14, 1922.

U. S. COAST GUARD
REC'D FEB 23 1922
ANS'D

From: Officer in charge, Station # 324.
To: Superintendent, Thirteenth District.

Subject: Surfman Oluf Rasmussen, Swimming qualifications.

Reference: (a) Article 83 Instructions for Coast Guard Stations, 1921.

1. The above named man qualified as a good swimmer at this station on February 14, 1922, having passed all tests as required by reference (a).

QUALIFIED IN ALL SWIMMING TESTS

Norman Nelson.
Officer in charge.

1st Indorsement.
Office of Superintendent, 13th District, Feb. 16, 1922.

From: Superintendent, 13th District.
To: Commandant.

1. Forwarded for record and file.

Peter Jensen.

August 17, 1921.

Superintendent,

Thirteenth Coast Guard District.

SUBJECTS: RECORD OF PHYSICAL EXAMINATION.
Oluf Rasmussen.

SIR:

THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE, UPON REVIEWING THE RECORD OF PHYSICAL EXAMINATION IN THE CASE OF Oluf Rasmussen WHO ENLISTED AS Surfman IN THE COAST GUARD, July 20, 1921, HAS APPROVED THE FINDING OF THE MEDICAL EXAMINER PROVIDED:

" Applicant is immediately vaccinated against small-pox and typhoid fever."

FURNISH APPROPRIATE CERTIFICATE WHEN THE FOREGOING HAS BEEN COMPLIED WITH.

By direction of the Commandant.

RESPECTFULLY,

COMMANDANT.
O. M. Maxam,
Chief, Division of Operations.

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TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON

August 6, 1921

U.S. COAST GUARD
REC'D AUG 16 1921
ANS'D

1st Indorsement.

From: Coast Guard Headquarters.
To: Assistant Surgeon Lynne A. Fullerton, U.S.P.H.S., San Francisco, Calif.

Subject: Oluf Rasmussen, Surf; physical examination incomplete.

Inclosure: 1. Report of Physical Examination, Oluf Rasmussen.

1. There is returned herewith record of physical examination in the case of Oluf Rasmussen, Surfman, who was examined by you July 18, 1921. It is noted under "Condition of tonsils" that they were found to be "Hypertrophied and cryptic." It is requested that you inform this office as to whether in your opinion the condition of this man's tonsils would tend to serious trouble and if an operation at this time would be advisable. This information should be forwarded to Coast Guard Headquarters direct.

By direction of the Surgeon General:

H. V. Johnston

H. V. JOHNSTON,
P. A. Surgeon (Reserve).

2nd Indorsement;

Respectfully returned with attention directed to the following question and answer. "Does condition of tonsils interfere with speech or swallowing? No." In my opinion operation is not necessary or advisable until it has been proven that the tonsils are a menace to his health.

Respectfully,

Lynne A. Fullerton

Asst Surgeon, U.S.P.H.S.

U.S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUL 27 1921
THIRTEENTH DISTRICT.

U.S. COAST GUARD
REC'D AUG. 16 1921
ANS'D

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2502.
Ed. 15,000—F. C., Feb. 16-17.

RECORD OF PHYSICAL EXAMINATION, UNITED STATES COAST GUARD.

U.S.P.H.S San Francisco, Calif. (Cutter, relief station, or other place where examination was held.) July 18, 1921. (Date.)

STATEMENT OF APPLICANT.

Name Oluf Rasmussen. Age 31 years 5 months.

Examined for Surfman, (State whether for surfman, seaman, fireman, or other rating, or for promotion to warrant officer.)

Character of examination (state whether for Standard "A" or "B") A.

Nativity Denmark. Married or single Single.

Have you ever had any of the following diseases?

Spells of unconsciousness No.

Convulsions No.

Gonorrhea No.

Sore on penis No.

Have you ever raised or spat up blood? No.

When were you last treated by a physician, and for what ailment? About five years ago, at Marine Hospital, slight attack of Malara.

Have you, or has your father, mother, or any brother or sister suffered from nervous and mental trouble, such as fits (epilepsy) or insanity, or been confined in an insane asylum? If so, give a full history, length of confinement, and dates.

No.

Have you ever been convicted of a felony, or imprisoned, under sentence of a court, in a reformatory, jail, or penitentiary? If so, give a full statement: No.

Do you have headaches? If so, how often? No.

2—3850

Are you willing to be vaccinated against smallpox and typhoid fever? Yes.

Are you willing to have such dental work done at your own expense as will fulfill the requirements of the regulations? Yes.

I certify that the above statement is true to the best of my knowledge and belief and that I understand the questions and that I will be liable to trial by a Coast Guard court for fraudulent enlistment if any of the answers to the above questions are untrue.

Chas Rasmussen.
(Signature of applicant.)

WITNESS TO SIGNATURE:

Lynne A Fullerton
asst, Surgeon, U. S. P. H. S.

PHYSICAL EXAMINATION.

Medical officers making physical examinations shall read carefully and comply fully with all the requirements contained in the pamphlet entitled "Physical Requirements for Service in the U. S. Coast Guard," and each of the following questions shall be answered in detail:

Height (without shoes) 5 feet 7 3/4 inches. Weight, stripped, 160 pounds.
(NOTE.—If it is impracticable to weigh an applicant stripped, his weight may be taken with his clothes on, except overcoat, and 8 pounds deducted for their weight).

If applicant is overweight, is it due to fat? no Is he under weight? no

General appearance: Erect, well developed Complexion: medium

Skin: Diseases no

Scars (give exact location, condition, and cause) Vaccination - both deltoids

Is there any weakness of abdominal wall, resulting from scar? no

Distinguishing marks O. R. Tattoo - flexor surface left forearm

Hair: Color brown Thick yes Thin — Bald —

Glands, enlargement: (Answer "Yes," "No," or "Slightly." The word "palpable" should not be used.) (If enlarged, cause to be stated.)

Post occipital no Cervical no Femoral no

Epitrochlear no Inguinal no

axillary - no

Head: (Describe abnormalities, if any) no

Face: (Describe abnormalities, if any) no

2—3850

Eyes: (Describe abnormalities, if any) no

Eyelids: (Describe abnormalities, if any) no

Eyesight (applicants using eyeglasses are not eligible for standard "A"):

Vision, without glasses, right eye, 20/ 20; left eye, 20/ 20; with glasses, right eye, ____; left eye, ____

Is applicant color blind? no

Were eyes tested with lantern, woolen skeins, or both? skeins.

Ears (when testing ears, the eyes and the opposite ear must be closed):

Evidence of mastoid disease no Condition of drums normal

Hearing: Can applicant hear conversational speech 30 feet, with right ear yes, left ear yes

Can applicant hear whispered speech 15 feet, with right ear yes, left ear yes

Nose: Deflection of septum no Polypi no

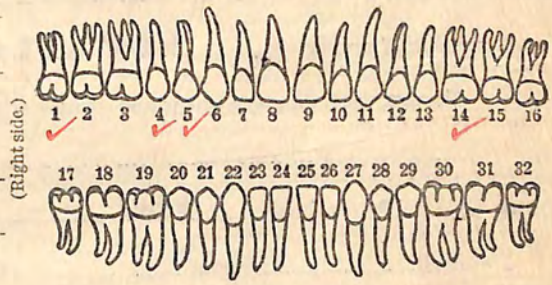
Chronic nasal catarrh no

Teeth: (Enumerate, by number, the teeth that are missing and not replaced by bridgework.)

(1 - 4 - 5 - 14)

Replaced by plate instead of bridge.

Teeth: (Enumerate, by number, the teeth that have unfilled cavities.)



Does applicant wear a plate? upper

Palate: Cleft, no Perforated, no Other conditions no

Fauces: Condition of tonsils hypertrophied & cryptic Does condition of tonsils interfere with speech or swallowing? no

Pharynx normal Is applicant a mouth-breather? no

Neck: Goiter no Other conditions no

Chest: Inspection normal Respiratory rate 17

Measurement—Inspiration 38 3/4 inches. Expiration 38 1/2 inches. Pulse rate 80

Lungs, palpation normal

Percussion normal

Auscultation normal

Heart, palpation normal

Percussion normal

Auscultation normal

2—2850

Heart, blood pressure: Systolic ____ Diastolic ____

(Blood pressure not required for applicants 35 years of age or under.)

Condition of heart and lungs after exercise normal

Abdomen: Circumference at umbilicus 31½" Tenderness no

Other abnormalities no

Liver, percussion normal Palpation no

Spleen, percussion normal Palpation no

Inguinal rings (large or small) small Hernia no

Scrotum: Has applicant varicocele that is painful? no Has applicant varicocele that interferes with locomotion? no Hydrocele no

Testicles: Induration no Atrophy no

Other conditions no Undescended no

Penis: Epispadias no Hypospadias no

Condition of prepuce normal Venereal diseases (evidence, past or present, of these diseases, including symptoms and complications) no

Anus: External hemorrhoids no Internal hemorrhoids no

Fistulas no Other conditions no

Spine: Tenderness no Curvature normal

Reflexes: Patellar active Pupillary—Reaction to light yes

Upper extremity: Missing fingers no Other conditions, including evidence of old fractures, dislocations, and contractures no

Lower extremity: Are there any symptoms of weak foot? no Has applicant bow legs amounting to noticeable deformity? no Knock-knees no

Are there any large varicose veins of the extremities? no Bunions no

Hammer toes no

Corns (state number and location and if inflamed) left little toe – not inflamed

Other conditions, including evidence of old fractures, dislocations, and contractures no

2—3850

Muscles: Muscular development Good

Coordination of muscular movements Good.

Muscles: Romberg neg Joint movements normal

Defects of gait no Agility no

Habit spasms no Chorea no

Urine (chemical examination of urine should always be made):

Color cloudy - clears on acidification. Sp. g. 1016

Albumen no Sugar no

Shreds no

(Microscopical examination of urine to be made if there is indication that such examination is necessary.)

Epithelial cells Blood cells

Pus cells Casts

Blood examination to be made if there is indication that such examination is necessary:

Red corpuscles per c. mm. White corpuscles per c. mm. Malarial parasites Hæmoglobin, per cent.

Other conditions

Temperature 36.8 Has applicant been successfully vaccinated against smallpox within four years? no

Against typhoid fever within four years? no

Has the applicant aphasia? no

Do you consider the applicant mentally sound? yes

Does the applicant stammer? no

Is there any evidence of excessive use of tobacco or alcohol? no

Is there any evidence of drug addiction? no

REMARKS.

(Describe here what defects, if any, the applicant has to such an extent as to incapacitate him for performance of duty in the United States Coast Guard.)

(Wasserman test is necessary, when the applicant presents large inguinal or femoral glands or when his history shows that he has suffered from sore on penis or bubo. When blood is taken for the Wasserman test, these papers should be held until the result of the test has been obtained.)

Result of Wasserman reaction

2—3556

CERTIFICATE.

To be used in case of Standard "A" examination.

I certify on honor that I have carefully examined Olef Rasmussen at the request of Thos L Stitt Boatswain (L), U. S. C. G., as to his physical qualifications for standard "A," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*No disease physical deformity, or abnormal condition of such character as to incapacitate him for the performance of his duties in the U. S. Coast Guard.

~~*That he is not fit for duty in the U. S. Coast Guard for the following reasons:~~

Eugene a Fullerton
asst *Surgeon, U. S. Public Health Service.*

CERTIFICATE.

To be used in case of Standard "B" examination.

I certify on honor that I have carefully examined ..... at the request of ....., U. S. C. G., as to his physical qualifications for standard "B," in accordance with the physical requirements for service in the U. S. Coast Guard, and, further, that I have read and complied with every requirement in this Form, and find—

*That he is physically sound.
*That he is not fit for duty for the following reasons:
*That he is not physically sound, but is fit for duty; his physical defects are:
*That he is not physically sound, but is physically qualified for promotion; his physical defects are:

In my judgment these defects are ..... incident to service.
(If not, so state.)

Surgeon, U. S. Public Health Service.

HEADQUARTERS, U. S. COAST GUARD, WASHINGTON, August 5, 1921.
(Date.)

Respectfully referred to the Surgeon General, Public Health Service, for examination and review.

By direction of the Captain Commandant.

C. P. Clark,
(Title.)
Assistant Chief, Division of Operations.

* Strike out the statement not applicable.

2—3850

U. S. PUBLIC HEALTH SERVICE, WASHINGTON, AUG 17 1921
(Date.)

RESPECTFULLY RETURNED to the Captain Commandant, U. S. Coast Guard.

This record has been examined at the Bureau of the Public Health Service, and the finding of the foregoing certificate is ~~approved~~.*

By direction of the Surgeon General.

PROVIDED APPLICANT IS IMMEDIATELY VACCINATED AGAINST SMALL-POX AND TYPHOID FEVER.

By direction of the Surgeon General

H. V. Johnston,

P. A. Surgeon.(R.) P. H. S.

320

7/20/21

(Title.)

* State reason if finding is "not approved."

2—3850

EDUCATION AND SPECIAL QUALIFICATIONS

FILE
J. H. P.

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

RASMUSSEN, Oluf	(108-675)	Surfman
Name in full - surname to left	Service number	Rating

EDUCATION

(a) Grammar School **Attended in Denmark, Equal to 8th grade**
Indicate here the highest grade completed

(b) High School **None**
Indicate number of years attended

(c) College **None**
Indicate years attended, name of college, degrees if any attained, any special or scientific course pursued and completed

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Book-keeper	( )
Carpenter	( )	Cabinet-maker	( )
Draftsman	( )	Dentist	( )
Electrician (General)	( )	Electrician (Telephone)	( )
Engraver	( )	Engineer (Steam)	( )
Engineer (Diesel)	( )	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	( )		

Set forth briefly, yet succinctly, 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:

No special qualifications

Oluf Rasmussen.

Reverse side of form may be utilized if required.

108-673
Rasmussen, Olaf
Table Bluff Light Sta.
Loleta, Calif.

FROM

Rasmussen, Olaf
Table Bluff L/S.
Loleta Cal.

negative









Age. 41 years 4 month.
Hight, 5 ft. 9 inches
weight, 164. pounds
Eyes, blue. Hair.
brown. Complexion
fair. Color, White

Olyf Rasmussen
108-67

Age. 41 y
Hight 5 ft. 9 inch
weight, 164 pounds
Eyes, blue. Hair
brown. Complexion
fair. Color, white

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD

18 Feb. 10-7

Dec. Lore Bay
20 yrs.

RETIRED
JUL 1 1946

Service Record

108 - 673

RASMUSSEN
(Surname)

Oluf
(Christian names)

Nz.
(Citizenship)

Surfman
(Enlisted as)

19 June, 1940
(Date)

3 Reg.
(Term of years)

PUNTA GORDA LIGHT STATION
(Ship or station)

Petrolia, California
(Place)

2—13678

INSTRUCTIONS

ARTICLE 1.—Record authority for and nature of any waiver obtained to permit enlistment, such as physical defects, age, etc.

ARTICLE 8.—In addition to recording the award of a good-conduct medal, honorable-discharge button, or other medal or decoration, record should be made of special commendations by headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 9.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 10.—Record details to duty drawing extra compensation, such as messman, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc.

ARTICLE 12.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 18 may be executed correctly. An accurate record shall be kept of all absences on account of:

(1) Absence without leave (including overleave and desertion).

(2) Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, where the place of imprisonment is designated as a naval prison.

Abbreviations may be used in the "Remarks" column to indicate nature of absence, as follows:

A. W. O. L.—Absence without leave (including overleave and desertion).

A. O. M. (absent, own misconduct).—Sickness, disease, or injury resulting from own intemperate use of drugs or alcoholic liquors, or other misconduct.

N. P. D. I.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in a sentence of imprisonment, where the place of imprisonment is designated as a naval prison.

ARTICLE 16.—On retirement this certificate will be executed, but Article 20 will *not* be executed.

ARTICLE 18.—The entries under Article 12 will be considered when compiling Article 18.

ARTICLE 19.—On desertion this certificate will be executed, but Article 20 will *not* be executed.

ARTICLE 20.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as practicable, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE: 1939

2—13678

(PE-C)
CG-73
531

24 June, 1946

To: Boatswain's Mate first class Oluf Rasmussen (108-673), USCG

Via: Commander, 12th CGD, and CO, Table Bluff Light Station, Loleta, Calif.

Subj: Retirement

1. Confirming Alcoast 104-46 you are advised that your application for retirement under the provisions of Section 2 of the Act of 24 May, 1939, (53 Stat. 755) was approved by the Commandant on 11 June, 1946, effective 30 June, 1946, and you are retired from active service effective 30 June, 1946.

2. Commencing 1 July, 1946, your monthly retired pay, computed in accordance with Section 5 of the Act of 24 May, 1939, is as follows: active duty pay, $153.90; years of service, 25; percentage for service, 67½; percentage for conduct, 10%; maximum percentage allowed by law or total, 67½; gross retired pay $103.88.

3. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1) to Headquarters, in duplicate, properly executed. Signatures of children twelve years of age, or under, will not be required.

4. Advise the Allotment Disbursing Officer, U. S. Coast Guard, Washington 25, D. C., of address for mailing checks in payment of retired pay.

W. C. CAPRON
By direction

Incls:
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

CC:
General Accounting Office
Allotment Disbursing Officer

A 1790

BEABES:djd Return to 3-12

UNITED STATES COAST GUARD
SAN FRANCISCO 26, CALIF.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
TWELFTH NAVAL DISTRICT (pra)
REFER TO FILE: CG-73

24 July, 1946

To: The Commandant (PE), U.S. Coast Guard Headquarters

Subj: RASMUSSEN, Oluf (108-673) B.M.1c; forwarding of service and health records on retirement

Inclosures are forwarded herewith, subject-named man having been detached from all duties assigned on 15 July, 1946, to proceed to home to await retirement orders from CG Headquarters in accordance with ALCOAST 104-46.

L. R. CHENOWETH
By direction

Incls
1. Service record
2. Health record

(pra)

CG-73

24 July, 1946

To: The Commandant (PE), U.S. Coast Guard Headquarters

Subj: RASMUSSEN, Oluf (108-673) B.M.1c; forwarding of service and health records on retirement

Inclosures are forwarded herewith, subject-named man having been detached from all duties assigned on 15 July, 1946, to proceed to home to await retirement orders from CG Headquarters in accordance with ALCOAST 104-46.

L. R. CHENOWETH
By direction

Incls
1. Service record
2. Health record

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 262

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	RMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
	Table Bluff Light Station	Loleta, Calif.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	12-104	24 July, 1946

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 1200
DATE 15 July, 1946

TRANSFERRED TO: Detached; to proceed to home to await retirement orders fm CG Headquarters, in accdnce ALCOAST 104-46.
FOR

AUTH Com2Order/120112-47, 7/11/46 (73-706-531).

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

ChiefShip'sClerk, USCG,
(Commanding)
L. R. CHENOWETH
By direction

RHM

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

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U.S.C.G. Table Bluff Light Station
(Unit)
Loleta, California
(Place)
18 June, 1943
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Oluf Rasmussen (Name of Applicant), 108-675 (Service No.), B.M.1c (Rating), having, on 19 June, 1940 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is In accordance with ALCOAST NR-2, January, 1942.



Tip of right forefinger

Oluf Rasmussen
(Signature of Applicant)

Voluntarily agreed and subscribed to before me this 18th day of June, A.D., 1943

W. T. Clark, Ensign USCG.
(Signature of Commanding Officer)

U.S.C.G. Table Bluff Light Station, Loleta, California 18 June, 1943
(Unit) (Place) (Date)

APPROVED W. T. Clark
W. T. CLARK, Ensign USCG.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
(Date)

Physically qualified for extension.

(Chief Medical Officer)

Table Bluff Light Station, Loleta, Calif.
U.S.C.G. HEADQUARTERS, Washington, D. C.

18 June, 1943
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

W. T. Clark
W. T. CLARK, Ensign USCG.
(Chief, Enlisted Personnel Section)
Commanding Officer.

Returned. The application for extension is disapproved.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

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

No. 150

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	BMlc
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
	Table Bluff Light Station	Loleta, Calif.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	12-104	6/1946

TIME — REPORTED FROM:
DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

COPY FOR CR

2400, 18 June, 1946: Three (3) year reenlistment & three (3) year voluntary extension thereof expired.

19 June, 1946: Enlistment involuntarily extended pending retirment from U.S. Coast Guard on 30 June, 1946.

DUTY CODE NO. 30-D — AUTH: PB#103-44, & ALCOAST 104-46.

L. R. CHENOWETH, Lieut.Comdr.,USCG,
By direction (Commanding)

RHM

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. 6-45)

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	BM1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
68 Group, Loleta, Calif.	Table Bluff Light Station	Loleta, Calif.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	12-104	13 November, 1945.

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

"Effective 11-3-45 provisional rating of BM1c. made permanent.
Above man is deemed fully qualified for that rating held on 31 July, 1943."

COPY FOR SR

DUTY CODE NO. 30D
AUTH: ALCOAT 143-45 JEAN L. RICHARDS, DCGO (pra)
(Commanding)
By direction.

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 PERSONN

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 212

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RASMUSSEN, Olaf	108-673	BM1c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Cable Plnt I &		Lolets, Calif.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
12-104		23 October, 1945.

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO. AUTH:

TIME ----------

DATE 23 October, 1945.

TRANSFERRED TO: Jurisdiction of DCGO, 12ND, San Francisco, Calif.

FOR administrative purposes.

AUTH: DCGO, 12ND/L 10/18/45 (73-783)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

23 October, 1945 - Records picked up on rolls of DCGO, 12ND, for admin. purp.

DUTY CODE NO. 30 AUTH:

JEAN L. RICHARDS,
By dire. (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

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

SERVICE RECORD

RECORD OF RASMUSSEN, Oluf — 108 - 673
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
PUNTA GORDA Lght. Sta.	3-28-42	[illegible] Lt.Comdr.	U.S. LB STA Table Bluff	L.S.3-31-42	[illegible] Lt. (j.g.)
CG Group, Loleta, Cal.	10-6-45	[illegible] Lieut.	Table Bluff LS	10-6-45	[illegible]
TABLE BLUFFS LIGHT STA.	10/23/45	[illegible]	DCGO, 12 ND 5TH. TABLE BLUFF LIGHT	10/23/45	[illegible]
TableBluffLightSta.	7/15/46.	[illegible]			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
PUNTA CORDA L.STA.	CR to B.M.1c.	8-1-41	Auth: Pers.Bulletin 35-41. R S Patch, Comdr.
DCGO, 12ND	BM1c. made permanent	11-3-45	[illegible] AUTH: ALCOAT 143-45 Lt. jg.

16—9676

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (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	Sobriety	Ability as leader of men	Health	Adaptability for warrant grade	Vessel or station	Signature
6-30-40	LESS THAN ONE MONTH.						PUNTA GORDA LT STA.	[signature] Lt Comdr
9-30-40	3.5	4.0	4.0	3.4	4.0		PUNTA GORDA LT STA.	[signature] Comdr.
12-31-40	3.5	4.0	4.0	3.4	4.0		PUNTA GORDA LT. STA.	[signature] Comdr.
3-31-41	3.5	4.0	4.0	3.4	4.0		PUNTA GORDA LT. STA.	[signature] Comdr.
6-30-41	3.5	4.0	4.0	3.4	4.0		PUNTA GORDA LT.STA.	[signature] Comdr.
- - - - - -	all marks to be entered on the following revised sheet - - - - - - - - - - - - - -							
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RASMUSSEN, Oluf - 108-673

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Signature
9-30-41	B.M.1c.	3.5	3.5	- -	3.4		4.0	Comdr.
12-31-41	B.M.1c.	3.5	3.5	--	3.4		4.0	Lt.Comdr.
3-28-42	B.M.1c.	3.5	3.5	--	3.4		4.0	Lt.Comdr.
6-30-42	B.M.1c	3.1	3.4	3.3	3.2		4.0	Lieut.
9-30-42	B.M.1c.	3.5	3.4	3.3	3.2		4.0	Lieut
12-31-42	B.M.1c.	3.5.	3.4	3.3	3.2		4.0	Lt
3-31-43	B.M.1c	3.5	3.4	3.4	3.2		4.0	Ensign
6-18-43	B.M.1c	3.5	3.4	3.4	3.2		4.0	Ensign
6-30-43	B.M.1c	3.5	3.4	3.4	3.2		4.0	Ensign
9-30-43	B.M.1c	3.5	3.4	3.2	3.2		4.0	B.M.1c.
12-31-43	B.M.1c	3.5	3.4	3.4	3.2		4.0	Lt.Cdr.
3-31-44	B.M.1c	3.5	3.4	3.4	3.2		4.0	Lt.Cdr.
JUN 30 1944	B.M.1c	3.5	3.4	3.4	3.2		4.0	Lt.
9-30-44	BM1c	3.6	—	—	3.2		4.0	Lt
12-31-44	BM1c	3.6	—	—	3.2		4.0	Lt.
5-31-45	BM1c	3.6	—	—	3.2		4.0	
6-30-45	BM1c	3.6	—	—	3.2		4.0	
9-30-45	BM1c	3.6	—	—	3.2		4.0	Lt.
10-6-45	BM1c	3.6	-	-	3.2		4.0	Lt.
10/23/45	BM1c.	LESS THAN ONE MONTH					4.0	
12/31/45	BM1c	3.6	3.4	3.4	3.2	OC,TableBluffLightSta.	4.0	Lt(jg), USCG(WR) By dir.
3-31-46	BM1c	3.6	3.4	3.4	3.2	Table BluffLtSta,Loleta	4.0	Lieut-Comdr.
6-30-46	BM1c.	3.6	3.4	3.4	3.2	TableBluffLtSta,Loleta,Cal.	4.0	By direction Lieut-Comdr, USCG
7/15/46	BM1c	LESS	THAN	ONE	MONTH.	TableBluffLightSta.	4.0	CHIEF YEOMAN (CLERK), USCG BY DIRECTION
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of Qualification	Signature

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
CG Group, Loleta, Cal.	3-12-45	AUTH: PB-86-44, authorized to wear following awards for indicated periods: Ribbon 6-19-25 to 6-18-28. Stars for 6-19-28 to 6-18-31, 9-30-33 to 9-29-36, 9-30-36 to 9-29-39, and 9-30-39 to 9-29-42.	Hollingsworth Lt.
CG Group, Loleta, Cal.	4-1-45	AUTH: CG GENERAL ORDER NO. 10..entitled to wear American Defense Service Medal.	L R Bennett Lt.
OComdr, 12CGDist	JUN 1 8 1946	AUTHORIZED TO WEAR THE AMERICAN CAMPAIGN RIBBON. (NAVY 351-45)	L R Bennett Lt.
OComdr, 12CGDist	JUN 1 8 1946	AUTHORIZED TO WEAR WORLD WAR II VICTORY RIBBON. (NAVY 350-45).	L R Bennett Lt.

16—9676

RECORD OF RASMUSSEN, Oluf 108 - 673

(Full name, surname to the left) (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
CG Group, Loleta, Cal	6/19/44	10-6-45	Table Bluff Lt.	[signature] Lieut.
Table Bluff Light Stn.	10-6-45	OCT 23 1945	Light Stn.	By direction

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
PUNTA GORDA LIGHT	---6-19-40	Credited 1st year---		30	10	Lt. Comdr.
PUNTA GORDA LIGHT	3-10-41	3-29-41	19	11	10	Comdr.
PUNTA CORDA LIGHT	Credited second year		6-19-41	30	10	Comdr.
PUNTA CORDA LIGHT	10-25-41	11-8-41	13	17	10	Comdr.
PUNTA GORDA LIGHT	1-27-42	2-7-42	10	7	10	Comdr.
4 BL 38 Temp Station	6-2-42	6-12-42	10	0	7	Lieut.
Humboldt Bay Sta.	9-19-42	9-27-42	7	23	7	Lieut.
Samoa Station	3-15-43	3-23-43	7	16	7 F.B. 1/14/45	Ensign
Samoa Station	First Year	6-19-43	Credit	30	BKF ~~10~~ 30	Ensign
Table Bluff Lgt Sta.	8-16-43	8-24-43	7	23	BKF ~~10~~ 30	Lieut.
Table Bluff Lg. Sta	2--7-44	2-18-44	10	13	BKF ~~10~~ 30	Lt.
ODCGO 12th ND	6-19-44	Credit 2nd year		30	BKF ~~10~~ 30	Lt.
Table Bluff Lt.Sta.	8-8-44	8-24-44	10 & 5TT	20	BKF ~~10~~ 30	Lt.(jg)
CG Group, Loleta, Cal.	6-19-45	Cr	30	30	BKF ~~10~~ 30	Lt.
CG Group, Loleta, Cal.	7-25-45	8-5-45	10	20	BKF ~~10~~ 30	Lt.
OComdr12CG. Dist.	4-15-46	5-11-46	25	0	25	Lieut-Comdr, USC
OComdr12CG. Dist.	CREDIT, 6/19/46(enl invol ext)			30	25	By direction

16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
PUNTA GORDA LIGHT	---6-19-40	Credited 1st year---		30	10	Lt. Comdr.
PUNTA GORDA LIGHT	3-10-41	3-29-41	19	11	10	Comdr.
PUNTA GORDA LIGHT	Credited second year		6-19-41	30	10	Comdr.
PUNTA GORDA LIGHT	10-25-41	11-8-41	13	17	10	Comdr.
PUNTA GORDA LIGHT	1-27-42	2-7-42	10	7	10	Comdr.
4th BLISS Trg Sta	4-2-42	6-18-42	10	0	7	Lieut.
Humboldt Bay Sta.	9-19-42	9-27-42	7	23	7	Ensign
Samoa Station	3-15-43	3-23-43	7	16	7 P.B. 11-4-45	Ensign
Samoa Station	First Year	6-19-43	Credit	30	BKF ~~10~~ 30	B.M.1c.
Table Bluff Lgt Sta.	8-16-43	8-24-43	7	23	BKF ~~10~~ 30	Lt.
Table Bluff Lg.Sta.	2--7-44	2-18-44	10	13	BKF ~~10~~ 30	Lt.
ODCGO 12th ND	6-19-44	Credit 2nd year		30	BKF ~~10~~ 30	Lt.(jg)
Table Bluff Lt.Sta.	8-8-44	8-24-44	10 & 5TT	20	BKF ~~10~~ 30	Lt.
CG Group, Loleta, Cal.	6-19-45	Cr	30	30	BKF ~~10~~ 30	Lt.
CG Group, Loleta, Cal.	7-25-45	8-5-45	10	20	BKF ~~10~~ 30	Lieut-Comdr, USC
OComdr12CG. Dist.	4-15-46	5-11-46	25	0	25	
OComdr12CG. Dist.	CREDIT, 6/19/46(enl invol ext)			30	25	

16—9676

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
PUNTA GORDA Lght.Sta.			NO DEDUCTIBLE TIME LOST WHILE ATTACHED TO THIS UNIT			Lt. Comdr.
CG Group,Loleta,Cal.			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			Lieut.
Table Bluff, LBS			NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT.			

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
Table Bluff Light Station		Extended enlistment 19 June, 1943 by Authority of ALCOAST NR-2 dated January, 1942. for a period of three (3) years, and any further extension necessary due to war.	Ensign
OComdr,12CGDist.	6/19/46	Invol ext pending retirement. PB#103-44 & ALCOAST 104-46.	Comdr. USCG By direction

12. ON DISCHARGE

Date ....., 19.... Place ..... Serial No. .....

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

Discharged on account of .....

Is ..... recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE .....

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF RASMUSSEN, Oluf (Full name, surname to the left) 108 - 673 (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature
12th CGD	7-1-46	20 yrs.	HL 24 June, 1946 (PE-C) CG-73-531	[signature] Chief Pay Clerk, USCG

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.

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

No. 16

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RASMUSSEN, Oluf --	108-673	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, Loleta, Calif.	Table Bluff Light Station	Loleta, Calif.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
12-103	12-104	6 October 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

6 October 1945: CG Group, Loleta, Calif. discontinued as of this date. All records and accounts transferred to the Officer in Charge, Table Bluff Light Station, Loleta, California.

DCGO,12ND/L (o) 10-2-45, file 701

DUTY CODE NO.
AUTH:

ROLLA B. WATT, Lieut., USCGR
(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—40355-3

Commanding Officer
CG Group, Loleta, Calif.
File: 700

12 March, 1945

To: Co, CG Group, Samoa, Calif.

Subj: Completion of entry in Continuous Service Certificate of Oluf Rasmussen (108-673) BM1c

Inclosure is forwarded herewith with the request that the entry for 30 June, 1943, be signed and the record returned. The marks were taken from the service record and such marks were signed "W. T. Clark, Ensign."

ROLLA B. WATT

Commanding Officer
CG Group, Loleta, California
File: 700

3 August, 1949

To: The Commandant (PM)

Via: DCGO, 12ND(pra)

Subj: RASMUSSEN, Oluf (108-673) BMlc; completeness and correctness of service record and health record

In accordance with Personnel Bulletin No.37-45, it is requested that a certified copy of Form 2525B showing the result of the physical examination given at time of entry into the service, in the case of subject man, be furnished to this unit.

HOLLA B. WATT

CC: The Commandant (PEA-E-60)
RASMUSSEN service record
File

UNITED STATES COAST GUARD
San Francisco 26, Calif.

Address reply to
DISTRICT COAST GUARD OFFICER (pra)
TWELFTH NAVAL DISTRICT
Refer to File: CG-73

To: RASMUSSEN, Oluf (108-673) BMlc.

Via: O-inC, Table Bluff Light Station, Loleta, Calif.

Subj: Permanent rating; notification of

1. In accordance with Alcoast 143-45, you are notified that your last permanent rating is BMlc.

2. For your information, from 1 October, 1939, to 31 July, 1943, all advancements of enlisted personnel in the Regular Coast Guard to petty officer ratings were provisional whereas up to 31 July, 1943, reserve ratings were permanent ratings in the reserve. Subsequent to 31 July, 1943, all petty officer ratings both reserve and regular have been temporary except for specific cases authorized by HQ for meritorious service in action. Alcoast 143-45 makes the rating held by enlisted personnel on 31 July, 1943, permanent, if the individual is deemed qualified for that rating.

JEAN L. RICHARDS
By direction

COPY FOR SR

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Table Bluff Light Station, Loleta, California
(Unit)

RUSMESSEN, Oluf — 19 June, 1943
(Name in full—surname to the left) (Date)

108-673 —
(Service number) (Rating on discharge)

	Year	Month	Day
Date of last enlistment (for 3 years)	1940	June	19
Enlistment extended (for ____ years from)			
Date of discharge (____) (Character of discharge)			

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

73
Ind-1
CO, CG Sta., Samoa, Calif.

Extended enlistment this date for a period of three (3) years or any further extension due to war. Entitled to enlistment allowances in the amount of $150.00 as authorized by ALCOAST NR 2, January, 1942.

W. T. CLARK, Ensign USCG
Commanding Officer.

Total Absence (0 days)

Creditable time served during last enlistment period	3		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.

W. T. CLARK

Date 16 June, 1943 (Rank) Ensign, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 19 June, 1943 — Table Bluff Light Station, Samoa, California
(Unit and place)

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

a period of three (3) years from this date, and any further extension as may be necessary due to war.

W. T. CLARK

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

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

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

ENLISTMENT CONTRACT

HONORABLE DISCHARGE BUTTON PREVIOUSLY ISSUED

Re-ENLISTMENT [a] of RASMUSSEN, Oluf (Full name, surname to left) 108-673 (Service number) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station PUNTA GORDA LIGHT STATION, 8th District, Petrolia, California (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Petrolia, California (Place)

1st Coast Dist

1. I, Oluf Rasmussen (Full name), this 19th day of June, 19 40, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship [b] Nz.

If naturalized, place and date of naturalization San Francisco, Calif., 11-6-24 Certificate No. 2077531

If intentions declared, place and date of declaration

Occupation or trade Surfman, U.S.C.G. Home address Petrolia, California

Full name and address of the following: -Not married- (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

Deceased (Mother, if living) Widowed?

None (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

No arrests, convictions or confinements (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - (If "not," so state) had previous service under the United States in the ~~Coast Guard,~~ Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 19 40, from Cutter Station ~~PUNTA GORDA LIGHT STATION~~ (Strike out one)

with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A16490

9. I agree to and with the United States of America, represented by GARNER J. CHURCHILL (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by GARNER J. CHURCHILL (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: "Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

Garner Churchill
By GARNER J. CHURCHILL, Ch Bos'n (L), U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Garner Churchill
GARNER J. CHURCHILL
Chief Boatswain (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1940

Garner Churchill
GARNER J. CHURCHILL, Chief Boatswain (L), USCG
Commanding Officer, Humboldt Bay Lifeboat Sta.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 50 years 4 months. Height 5 feet 9 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

Form 2503
TREASURY DEPARTMENT
U. S. Coast Guard
March 1940

UNITED STATES COAST GUARD

PERSONNEL RECORDS RECEIPT

RASMUSSEN, Oluf (Name), (108-673) (Service number), B.M.1c. (Rating)

Transferred from PUNTA GORDA LIGHT STATION to TABLE BLUFF LIGHT STATION

Authority D.C.G.O. ltr. 28 March, 1942 (73-701-531)

The following, marked (X), are transmitted herewith:

X Service record.	..... Insurance record.
X Statement of service for longevity (Form 2511).	..... HL dated .....
X Statement of service for enlistment allowance (Form 2511A).	..... HL dated .....
X Continuous service certificate No. 4866	..... Department action .....
X Health record (Form 2525).	.....
X Designation of beneficiary for death gratuity (Form 2529).	.....
X Honorable Discharge (A16490)	

H.C. PERKINS, Lt. Comdr. U.S.C.G.
By direction.
(Signature of commanding officer of unit FROM which transferred)

Samoa, Station.
Coast Guard Samoa, California.

Above listed papers received. 31 March, 1942.

G.J. CHURCHILL Lieut. (j.g.)
(Signature of commanding officer of unit TO which transferred)

INSTRUCTIONS

1. This form is to be prepared in triplicate at the unit from which transferred. Retain one copy and forward original and one copy to the unit to which transferred.
2. When the two copies are received at the latter unit, receipt on original for the papers listed thereon and return it immediately to the unit from which the man was transferred, noting any discrepancies.
3. Each unit will transmit such papers as will enable new unit to have a complete record of man's conduct during his current enlistment.

Approved December 6, 1940.

L. C. COVELL, Rear Admiral, U. S. C. G.,
Assistant Commandant.

U. S. GOVERNMENT PRINTING OFFICE 16—9675

Form 2529
TREASURY DEPARTMENT
U. S. COAST GUARD

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

PUNTA GORDA LIGHT STATION (Unit) — Petrolia, California (Place)

19 June, 1940 (Date)

FROM: RASMUSSEN, Oluf (108-673) Surfman.

TO: COMMANDANT (via Commander, San Francisco 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:

None (Full name of wife; if not married, so state) — (Address of wife)

None (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:

None (Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

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

None (Full name of relative) — (Relationship) — (Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY:

P. B. CRONK,
Rank Lieutenant Commander

SIGNED:

Oluf Rasmussen
Oluf Rasmussen
Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1931

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

PUNTA GORDA LIGHT STATION
(Unit)

RASMUSSEN, Oluf
(Name in full—surname to the left)

18 June, 1940
(Date)

108-673
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years) Regular	1937 (Year)	6 (Month)	19 (Day)			
Date of discharge (Honorable) (Character of discharge)	1940 (Year)	6 (Month)	18 (Day)			
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			Total			Total		

Total absence (-0- days)

Creditable time served during last enlistment period — 3 | -0- | -0-

73
PUNTA GORDA LIGHT STATION

First Indorsement

Petrolia, California
19 June, 1940

Reenlisted this date as Surfman for a period of three (3) years in the Regular Establishment.
Entitled to enlistment allowence in the amount of $150.00.

Garner Churchill
GARNER J. CHURCHILL, Ch. Bos'n (L), USCG

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.

F. B. CROWE
Lieutenant Commander, U.S.C.G.
(Rank)
Commanding officer.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 31 May, 1935.

File

From: Commandant.
To: Commander, THIRTEENTH DISTRICT, Seattle, Wash.

Subject: RASMUSSEN, Oluf (108-673) B.M.1c.(L); Statement of service of.
(Port Orford Sta.)

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 31 May, 1935.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
7-20-21	8-7-22 H D	None		None		None	
9-25-22	9-22-23 H D	None		None		None	
6-19-25	6-18-27 H D	None		None		None	
6-19-27	6-18-28 H D	None		None		None	
6-19-28	6-18-29 H D	None		None		None	
6-19-29	6-18-30 H D	None		None		None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-18-32 H D	None		None		None	
6-19-32	6-18-34 H D	None		None		None	
6-19-34 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	12	0	0
Navy service			
Other service			
Total	12	0	0

Completed 12 years service on 30 May, 1935.

By direction:

CHAS. W. DEAN

Ass't Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE: 1932

2—15507

EDUCATION AND SPECIAL QUALIFICATIONS

NOTE: This form to be filled out by enlisted men upon original entry into the Coast Guard and forwarded to Headquarters with enlistment papers.

RASMUSSEN, Oluc	(108-675)	Surfman
Name in full - surname to left	Service number	Rating

EDUCATION

(a) Grammar School Attended in Denmark, Equal to 8th grade.
Indicate here the highest grade completed

(b) High School None
Indicate number of years attended

(c) College None
Indicate years attended, name of college, degrees if any attained, any special or scientific course pursued and completed

EXPERIENCE:

Indicate in the parenthesis after each of the following the number of years served at each:

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Book-keeper	( )
Carpenter	( )	Cabinet-maker	( )
Draftsman	( )	Dentist	( )
Electrician (General)	( )	Electrician (Telephone)	( )
Engraver	( )	Engineer (Steam)	( )
Engineer (Diesel)	( )	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	( )		

Set forth briefly, yet succinctly, 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:

No special qualifications.

Olaf Rasmussen

Reverse side of form may be utilized if required.

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD DEC 2 - 1930
ANSD

ASSIGNMENT OF SERVICE NUMBER

RASMUSSEN, Oluf	Surf	Yaquina Bay (13)
Name	Rating	Unit

The following service number has been assigned to subject man:

108-673

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to the man indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
Pay and Allotment Section
Medical Director
Identification Section
Personnel Records

(a) Monthly rate of pay when discharged _____. _____

I hereby certify that 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_____ _____.

_____ _____USCG.
District Commander, Twelfth Dist.

(b) My address subsequent to discharge will be:

_____Street

_____City _____State.

_____Signature.

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

Coast Guard Group, Loleta, Calif. 12 March, 1945
(Sub-Unit: 12-104 Table Bluff Light Station)

RASMUSSEN, Oluf (108-673) BM1c, has completed a continuous period of three years' active service on 30 September, 1942, with no mark in conduct of less than 4.0. Accordingly appropriate entry has been made in the service record and above named man has been authorized to wear appropriate star in lieu of issue of actual award at this time.

Further, in accordance with Personnel Bulletin No. 86-44, the above named man is authorized to wear the following ribbon and stars earned for the indicated periods, dates shown being inclusive. These awards based upon marks entered in Continuous Service Certificate.

Ribbon: 6-19-25 to 6-18-28
Star: 6-19-28 to 6-18-31
Star: 9-30-33 to 9-29-36
Star: 9-30-36 to 9-29-39

Total awards authorized to wear this date, ribbon with four stars.

ROLLA B. WATT, Lieut.,USCGR
Commanding Officer

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

S. V. No. _____
PAY No. _____

REPORT OF CHANGE IN PAY STATUS

RASMUS EN,	Oluf	—	106-673	EM1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

CG Group, Jointe, Calif rnia		24 May, 1945
(Unit)	(Place)	(Date)

From: COMMANDING OFFICER.
To: PAY OFFICER.

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

Completed a three (3) year period of not service and will be credited with increased pay on the following statement of service:

Completed eighteen years on: 5-30-41
AWL.- - - - - - - - - - - - - - -NONE
Sick, Misc.- - - - - - - - - - - -NONE
NPDM.- - - - - - - - - - - - - - NONE
Completed twenty-one years on:5-30-44

Now serving in extension of three years or duration.

AUTHORITY:

PB 59-42

ROLLA D. HATT, Lieut.,USCGR
(Commanding)

Commanding Officer
(Title)

---

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

_____ (Date)

_____ (Pay officer)

U. S. GOVERNMENT PRINTING OFFICE 16—32065-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name Evans Wallace (Surname first) Service Number 221-355

Age: Years 52 Months 2 Color White

For Re-Enlistment Regular
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Bm.1c.

Place Eureka Calif. Date August 21/44

Personal Medical History No Serious Illnes or Injury
Double Herniotomy 1933
Loss Distal End Left Index Finger 24 yrs ago

Vision: R.E. 20/ 30 L.E. 20/ 20 Corrected: R.E. 20/ ____ L.E. 20/ ____

Color blind? No Test used Color Plates

Hearing: Conversational speech R.E. 20/XX L.E. 20/XX

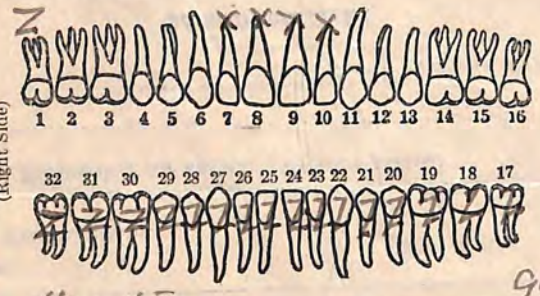
Eyes, eyelids, and reflexes Negative

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

Head, face, and neck Negative

Mouth, nose, and throat Negative

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



Gums Negative Temperature 98 2/5

Height 6 7/4 inches. Weight (stripped) 142 Lbs. Obesity No

Skin Negative

Lymph. glands Negative

Chest: Inspiration 38 Expiration 34

Heart and blood vessels Negative

Blood pressure: Systolic 120 Diastolic 80

Pulse before exercise 70, after exercise 80, after 2 min. 70

Lungs Negative

Abdomen and pelvis Negative

Genito-urinary organs Negative

Spine and extremities Negative

Nervous and mental conditions Negative

Urine: Albumin No Sugar No Shreds No

Microscopical exam. (if indicated) epithelia ____ Sp. Gr. 1019

Blood cells ____ Pus cells ____ Casts ____

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

Wassermann or Kahn test: Date 6/6/41 Result Klinic Exclusive Neg.

16—27070-1

REMARKS: Teeth Apparently Waived
in Examination Report in 1941

CERTIFICATE

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

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

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

He is not physically qualified for [redacted] USF

on account of

Charles S. Falls
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 : 194 —27070-1

Loleta, California

Commanding Officer
CG Station

25 August, 1944

Subj: EVANS, Wallace - (221-355) B.M.1c.; Service marks for enlistment period 25 August, 1941 to 25 August, 1944; transcript of

DATE	RATE	PROFICIENCY IN RATING	SEAMAN-SHIP	MECHANICAL ABILITY	ABILITY AS LEADER	CON-DUCT	SIGNATURE
12-30-41	*B.M.1c.	3.0	2.5	3.4	3.0	4.0	G. Churchill,Lieu
3-30-42	B.M.2c.	3.0	2.5	3.4	3.0	4.0	G.Churchill,Lieut
6-30-42	B.M.1c.	3.0	2.5	3.4	3.0	4.0	G.Churchill,Lieut
9-30-42	B.M.1c.	3.1	2.5	3.4	3.0	4.0	G.Churchill,Lieut
12-31-42	B.M.1c.	3.1	2.5	3.4	3.0	4.0	G.Churchill, Lt.
3-31-43	B.M.1c.	3.0	2.5	3.4	3.0	4.0	W.T.Clark,Ensign
6-30-43	B.M.1c.	3.1	2.5	3.4	3.0	4.0	W.T.Clark,Ensign
9-30-43	B.M.1c.	3.5	2.5	3.4	3.0	4.0	H.W.Parker,Lt.Cdr
12-31-43	B.M.1c.	3.5	2.5	3.4	3.0	4.0	H.W.Parker,Lt.Cdr
3-31-44	B.M.1c.	3.5	2.5	3.4	3.0	4.0	H.W.Parker,Lt.Cdr
6-30-44	B.M.1c.	3.5	2.5	3.4	3.0	4.0	G. Fonger, Lieut.
8-25-44	B.M.1c.	3.5	2.5	3.4	3.0	4.0	R.B. Watt, Lt.(jg)

* (This is apparently a typographical error in original Service Record)

CERTIFIED TO BE A TRUE AND CORRECT TRANSCRIPT OF MARKS AS ENTERED IN SERVICE RECORD.

R. B. WATT, Lt.(jg)USCGR.

R. B. WATT, Lt.(jg)USCGR.
Commanding Officer

N. C. G. 2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

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

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

From: Commandant.
To: Commanding Officer
Disbursing Officer, DCGO, 12ND

Subject: Statement of service for longevity pay.

Inclosure: Certified copies of two CG State ents of Creditable Service on 2511-A and Commandant Statement on 2511

1. The following is a statement of service, to and including 5-24-45, of RASMUSSEN, Oluf (108-673) Mlc

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates)		Absent Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From—	To—	From—	To—	From—	To—
6-19-40	Now serving	NONE		NONE		NONE	

	Yr.	Mo.	Days
Coast Guard service	21	11	25
Navy service			
Total	21	11	25

Completed 21 years on 30 May, 1944.

HOLLA B. WATT, Lieut., USCGR
Commanding Officer

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

7-26-40

U. S. COAST GUARD (1)
REC'D JUL 2 1940 By
ANS'D

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

Re-ENLISTMENT [a] of RASMUSSEN, Oluf (Full name, surname to left) 108-673 (Service number) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station PUNTA GORDA LIGHT STATION S.F District, Petrolia, California (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Petrolia, California (Place)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 1940, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship [b] Nz.

If naturalized, place and date of naturalization San Francisco, Calif., 11-6-24 Certificate No. 2077531

If intentions declared, place and date of declaration

Occupation or trade Surfman, U.S.C.G. Home address Petrolia, California

Full name and address of the following: -Not married-. (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

Deceased (Mother, if living) Widowed?

None (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows: -

No arrests, convictions or confinements (State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have - (If "not," so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 1940, from ~~Cutter~~ Station PUNTA GORDA LIGHT STATION (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A16490

9. I agree to and with the United States of America, represented by GARNER J. CHURCHILL (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by GARNER J. CHURCHILL (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: "Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

2—7931 U. S. GOVERNMENT PRINTING OFFICE

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By GARNER J. CHURCHILL, Ch Bos'n (L), U.S.C.G.
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

GARNER J. CHURCHILL

Chief Boatswain (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, (Full name) do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen.
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1940

GARNER J. CHURCHILL, Chief Boatswain (L), USCG
Commanding Officer, Humboldt Bay Lifeboat Sta.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 50 years 4 months. Height 5 feet 9 inches. Weight 165 pounds. Eyes blue

Hair brown Complexion fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

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Form 2529
TREASURY DEPARTMENT
U. S. Coast Guard

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

PUNTA GORDA LIGHT STATION (Unit) — Petrolia, California (Place)

19 June, 1940 (Date)

FROM: RASMUSSEN, Oluf (108-673) Surfman.

TO: COMMANDANT (via Commander, San Francisco 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:

None (Full name of wife; if not married, so state)	(Address of wife)
None (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:

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

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

None (Full name of relative)	(Relationship)	(Address of relative)

(State briefly wherein dependency exists)

WITNESSED BY:

P. B. CRONK,
Rank Lieutenant Commander

SIGNED:

Oluf Rasmussen
Oluf Rasmussen
Rank or Rating Surfman

2—10348 U. S. GOVERNMENT PRINTING OFFICE: 1932

Form 2560
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

RE- ENLISTMENT [a] of RASMUSSEN, Oluf. (108-675) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station POINT ARGUELLO, 12 District, ARLIGHT, CALIFORNIA
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at ARLIGHT, CALIFORNIA
(Place)

1. I, Oluf Rasmussen, this 19th day of June, 19 37, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship [b] NZ

If naturalized, place and date of naturalization San Francisco, Calif. 11-6-24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade Surfman, U.S.C.G. Home address Arlight, California.

Full name and address of the following: None.
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Deceased Widowed?
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 19 37, from ~~Cutter~~ Station Point Arguello
(Strike out one)

with Honorable discharge, herewith submitted, serial No.
(Kind of discharge)

9. I agree to and with the United States of America, represented by Benedict R. Moss, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Three (3) YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Three (3) YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Benedict R. Moss, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

---

[a] In cases of reenlistment prefix "Re."

[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

Oluf Rasmussen UNITED STATES OF AMERICA,

By Benedict R. Moss B.M.1c.(L)
Benedict R. Moss, B.M.1c. (L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Benedict R. Moss
Benedict R. Moss,
B.M.1c.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1937

Mary E. Silva
NOTARY PUBLIC
(a and for the County of Santa Barbara, State of California
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 47 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None.

Qualified as a good swimmer, 19 June, 1925, at Yaquina Bay Station, Newport, Oregon.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

7-7-32 *12-~~20~~-37 16 (Date last vaccinated against smallpox)

9-23-33 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Point Arguello Station	11-4-37	Bolinas Bay Station	11-5-37.
Bolinas Bay Station	12-1-39	PUNTA GORDA LIGHT STATION	12/12/39

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

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RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
6-30-37	Less than one month					Point Arguello Sta.	Benedict R. Mess Oic C Actg
9-30-37	3.6	4.0	4.0	3.4	4.0	Point Arguello Station	s/Benedict R. Mess, oic(a
10-31-37	3.6	4.0	4.0	3.4	4.0	Point Arguello Station.	William E. Peterson
11-4-37	Less than one month					Point Arguello Station	William E. Peterson
12-31-37	3.5	4.0	4.0	3.5	4.0	Bolinas Bay Station	[illegible]
3-31-38	3.5	4.0	4.0	3.5	4.0	Bolinas Bay Station	[illegible]
6-30-38	3.5	4.0	4.0	3.5	4.0	Bolinas Bay Station.	[illegible]
9-30-38	3.5	4.0	4.0	3.5	4.0 3.9	Bolinas Bay Station	[illegible]
12-31-38	3.5	4.0	4.0	3.5	4.0	Bolinas Bay Station	William E. Peterson.
3-31-39	3.5	4.0	4.0	3.5	4.0	Bolinas Bay Station	William E. Peterson.
6-30-39	3.5	4.0	4.0	3.3	4.0	Bolinas Bay Station	William E. Peterson
9-30-39	3.5	4.0	4.0	3.3	2.9	Bolinas Bay Station	William E. Peterson
12-1-39	3.5	4.0	4.0	3.3	3.7	Bolinas Bay Station	William E. Peterson
12/31/39	LESS THAN ONE MONTH				4.0	LUNTA GORDA LIGHT STA.	R. F. Farrell, Comdr.
3-31-40	3.6	4.0	4.0	3.4	4.0	PUNTA GORDA LIGHT STA	R. F. Farrell Comdr
6-18-40	3.6	4.0	4.0	3.4	4.0	PUNTA GORDA LIGHT STA.	[signature] Lt Comdr
Averages	3.52	4.0	4.0	3.42	3.86	PUNTA GORDA LIGHT STA	[signature] Lt Comd

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 19 June, 1925, Yaquina Bay Station, Newport, Oregon.
(Date and place)

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
BOLINAS BAY STATION	10-14-39	Received Good Conduct Bar.

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RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Bolinas Bay Station	5-19-38	Qual.Rifle marksman	ENTERED 1-5-39 William E. Peterson.
Bolinas Bay Station	5-31-38	Qual.Pistol Expert	1-5-39 William E. Peterson.
Bolinas Bay Station	5-19-39	Qual.Rifle S.S. - 256.	William E. Peterson
Bolinas Bay Station.	5-19-39	Qual. Pistol Expert-247.	William E. Peterson.

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF RASMUSSEN, Olaf. (108-673)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Leave Began	Date Returned	Number of days	Balance Annual	Recnl.	Signature of executive officer or District Commander
Point Arguello Sta.	5-18-37	6-19-37		30	10	Benedict R. Mees Dist C Acting
BOLINAS BAY STA.	2-5-38	2-26-38	20	10	10	[illegible]
BOLINAS, BAY STA.	6-7-38	6-18-38	10	—	10	[illegible]
BOLINAS BAY STA.	11-26-38.	12/17/38	20	10	10	[illegible]
BOLINAS BAY STATION	5-27-39	6-11-39	15	0	5	William J. Peterson
Bolinas Bay Station	6-19-39	- 3rd year		30	5	William J. Peterson
Bolinas Bay Station	12-1-39	12/12/39	10	20	5	William J. Peterson
PUNTA GORDA STATION	3/7/40	3/17/40	9	11	5	R. T. Tate, Comdr.

RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

12. 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, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Point Arguello Sta.	No unauthorized absence while attached to this unit.				William E. Peterson. William E. Peterson.
Bolinas Bay Station	NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT.				William E. Peterson. William E. Peterson.
PUNTA GORDA LIGHT STA.	No unauthorized absence while attached to this unit.				Lieut Comdr.

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 18 June, 1940, 193 - Place Petrolia, California Serial No. A16490

Kind of discharge Honorable Authority for Article 461, Personnel Instructions.

Discharged on account of expiration of full term 3 year enlistment in the Regular Establishment.

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

15. ON DESERTION

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

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Form 2560-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised October, 1931

RECORD OF RASMUSSEN, Oluf. (108-673)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____
(Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

3	-0-	-0-
(Yrs.)	(Mos.)	(Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 18 June, 1940, 193

P. B. CRONK, Lieut. Comdr., USCG
~~Commanding Officer~~ *District Commander.*
(Acting)

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CERTIFICATE OF MEDICAL EXAMINER

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____
(Place or unit)

I certify that on this _____ day of _____, 193 , I have examined _____

_____, U. S. Coast Guard, and find:

(*a*) That he has the following physical or medical conditions:*

(1) _____

(2) _____

(3) _____

(4) _____

(*b*) That he is physically fit for discharge.

(*c*) That he is not physically fit for discharge by reason of the following condition(s): No. _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

RECOMMENDATIONS (if any):

_____

_____

_____

_____
Surgeon, U. S. P. H. S.

* Note any conditions which may have importance in reenlistment or which may be regarded as a disability, even minor, or which may result in disability in the future.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

_____, 193

Upon discharge, this date, I certify that I am suffering from the following condition(s):
(The word "none" to be used, if no defects stated)

_____

_____

_____

_____
(Signature)

_____, *U. S. Coast Guard.*
(Rate)

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NAME RASMUSSEN, Oluf 108-673

Monthly rate of pay when discharged 90.00

I hereby certify that the within-named man has been furnished travel allowance amounting to $ 28.00 at the rate of 5¢ per mile from Arlight, California to Petrolia, California and paid $ 41.27 in full to date of discharge.

Name of pay officer: C. L. BRINKLEY, Chief Pay Clerk.

Oluf Rasmussen
Oluf, Rasmussen
(Signature of man).

P. B. CRONK, Lieutenant Commander,
U.S. COAST GUARD,
Commander, San Francisco Div.
By direction

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

6-29-37

RE-ENLISTMENT[a] of RASMUSSEN, Oluf. (108-673) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station POINT ARGUELLO, 12 District, ARLIGHT, CALIFORNIA
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at ARLIGHT, CALIFORNIA
(Place)

1. I, Oluf Rasmussen, this 19th day of June, 19 37, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship[b] Nz

If naturalized, place and date of naturalization San Francisco, Calif. 11-6-24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade Surfman, U.S.C.G. Home address Arlight, California.

Full name and address of the following: None.
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed?

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 19 37, from ~~Cutter~~ Station Point Arguello with Honorable discharge, herewith submitted, serial No. 448957
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by Benedict R. Mess, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Three (3) YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Three (3) YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Benedict R. Mess, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen.
(Signature of enlisted person)

Oluf Rasmussen
UNITED STATES OF AMERICA,

By Benedict R. Mess B.M.1c.(L)
Benedict R. Mess, B.M.1c. (L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Benedict R. Mess
Benedict R. Mess, B.M.1c.(L), U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
Oluf Rasmussen (Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1937

Mary E Liles
NOTARY PUBLIC
In and for the County of Santa Barbara, State of California
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 47 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

Qualified as a good swimmer, 19 June, 1925, at Yaquina Bay Station, Newport, Oregon.

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

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Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

TWELFTH DISTRICT
(Unit)

RASMUSSEN, Oluf
(Name in full—surname to the left)

21 June, 1937.
(Date)

108-673
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years) Regular	1934 (Year)	6 (Month)	19 (Day)			
Date of discharge (Honorable, Exp. of Enl. — Character of discharge)	1937 (Year)	6 (Month)	18 (Day)			
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			Total			Total		

Total absence (..... days)

Creditable time served during last enlistment period 3 0 0

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

F. B. Lincoln

F. B. Lincoln,
(Rank) District Commander., U.S.C.G.
Commanding officer.

Form 2511-A
TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
Comptroller General U.S.
September 13, 1933

STATEMENT OF CREDITABLE SERVICE

TWELFTH DISTRICT
(Unit)

RASMUSSEN, Oluf
(Name in full—surname to the left)

21 June, 1937.
(Date)

108-673
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years) Regular	1934 (Year)	6 (Month)	19 (Day)			
Date of discharge (Honorable, Exp. of Enl.) (Character of discharge)	1937 (Year)	6 (Month)	18 (Day)			
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			Total			Total		

Total absence (..... days)

Creditable time served during last enlistment period 3 0 0

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

F. B. Lincoln

F. B. Lincoln,
(Rank) District Commander., U.S.C.G.
Commanding officer.

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TREASURY DEPARTMENT
UNITED STATES COAST GUARD
Form approved by
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September 13, 1933

STATEMENT OF CREDITABLE SERVICE

TWELFTH DISTRICT
(Unit)

RASMUSSEN, Oluf
(Name in full—surname to the left)

21 June, 1937.
(Date)

108-673
(Service number)

Surfman
(Rating on discharge)

				Years	Months	Days
Date of last enlistment (for 3 years) Regular	1934 (Year)	6 (Month)	19 (Day)			
Date of discharge (Honorable, Exp. of Enl.) (Character of discharge)	1937 (Year)	6 (Month)	18 (Day)			
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			Total			Total		

Total absence (..... days)

Creditable time served during last enlistment period 3 0 0

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

F. B. Lincoln

F. B. Lincoln,

(Rank) District Commander., U.S.C.G.

Commanding officer.

(a) Monthly rate of pay when discharged $72.00

I hereby certify that the within-named man has been furnished travel allowance amounting to $ NONE at the rate of ____ cents per mile from not entitled to mileage and paid $ 11.46 in full to date of discharge. Name of pay officer ____.

F. B. Lincoln

F. B. Lincoln USCG.
District Commander, Twelfth Dist.

(b) My address subsequent to discharge will be:

Point Arguello Coast Guard Station, Street
Arlight,
Santa Barbara County City California. State.

Signature.
Oluf Rasmussen.

Form 2590
TREASURY DEPARTMENT
U. S. Coast Guard
Revised April, 1932

ENLISTMENT CONTRACT

RE-ENLISTMENT[a] of RASMUSSEN, Oluf (108-673) as B.M.2c.(L)
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Port Orford, 13th. District, Port Orford, Oregon
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Port Orford, Oregon
(Place)

1. I, Oluf Rasmussen, this 19th day of June, 1934, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship[b] Nz

If naturalized, place and date of naturalization San Francisco, Cal., 11-6-24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade B.M.2c.(L), U.S.C.G. Home address Port Orford, Oregon

Full name and address of the following: None
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased Widowed?
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service~~, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 1934 from ~~Cutter~~ Station Port Orford
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A40621
(Kind of discharge)

9. I agree to and with the United States of America, represented by Nils S. Nilsson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Nils S. Nilsson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Nils S. Nilsson C.B.M.(L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Nils S. Nilsson, Officer in Charge
C.B.M.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen.
Oluf Rasmusson
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1934

Nils S. Nilsson
Officer in Charge
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 44 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

Authority ____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

7 July, 1932 (Date last vaccinated against smallpox)

23 September, 1933 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Port Orford Station	6-21-35	Golden Gate Station	6-24-35
Golden Gate Station	3-18-37	Point Arguello Station	3-28-37

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date
Port Orford Station	Rated B.M.1c.(L)	2-1-35
Port Orford Station	Disrated to Surfman	6-1-35

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RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
30 June, 1934	Period less than one month					Port Orford Station	
30 Sep., 1934	3.7	4.0	4.0	3.5	4.0	Port Orford Station	
31 Dec., 1934	3.7	4.0	4.0	3.5	4.0	Port Orford Station	
31 Mar., 1935	3.2	4.0	4.0	3.2	4.0	Port Orford Station	
21 June, 1935	3.4	4.0	4.0	3.0	4.0	Port Orford Station	
6-30-35	(Less than one month)					Golden Gate Station	
9-30-35	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
12-31-35	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
3-31-36	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
6-30-36	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
9-30-36	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
12-31-36	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	
18 March, 1937	3.5	4.0	4.0	3.4	4.0	Golden Gate Station	Acting.
3-31-37	Less then one month.					Point Arguello Sta.	Act.
6-18-37	3.4	4.0	4.0	3.4	4.0	Point Arguello Sta.	Act.
Averages	3.49	4.0	4.0	3.36	4.0	Point Arguello Sta.	Acting

* See Circular Letter 83, August 29, 1928

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer 19 June, 1925. - Yaquina Bay Station, Newport, Oregon
(Date and place)

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RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humbolt Bay Station	8-8-22	Issued honorable discharge button.
Yaquina Bay Station	4-29-28	Rescue of three men in rowboat H/L 5-16-28 (73).
Port Orford Station	10-27-34	Issued Good Conduct Medal dated 18 July, 1930.
Golden Gate Station	10-3-36	Issued Pistol Expert Medal.

RECORD OF RASMUSSEN, Oluf (108-673).
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Port Orford Station	9-14-34	Rifle Sharpshooter	[illegible] Officer in Charge
Golden Gate Station	3-14-36	Expert Pistol Shot	[illegible]
Golden Gate Station	4-9-36	Rifle Sharpshooter.	[illegible]
Point Arguello Station	4-26-37	Expert Rifle Shot	Benedict R. Hess O. in C. Acting
Point Arguello Station	4-27-37	Expert Pistol Shot	Benedict R. Hess " Acting

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date Dep.	Date Ret.	Number of days	Balance Ann.	Balance Reen.	Signature of executive officer or District Commander
Port Orford Station	6-19-34			30	30	Officers in Charge
Port Orford Station	8/1/34	8-17-34	15	15	30	" " "
Port Orford Station	4-17-35	5-3-35	15	0	30	" " "
Port Orford Station	6-19-35			30	30	" " "
Golden Gate Station	10-2-35	11-2-35	30	0	30	H. L. Underhill
Golden Gate Station	4-13-36	4-24-36	10	0	20	H. L. Underhill
Golden Gate Station	6-19-36	Third Year		30	20	H. L. Underhill
Golden Gate Station	11-19-36	11-30-36	20	10	20	Fritz Fleischer, actg
Point Arguello Station	3/18/37	3/28/37	9	1	20	Benedict R. Inglis. Actg.
Point Arguello Station	6/9/37	6/18/37	9	0	12	Benedict R. Inglis. Actg.

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

12. 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, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
Port Orford Station	NO UNAUTHORIZED ABSENCE WHILE ATTACHED TO THIS UNIT.				Fritz Flukiger Officer in Charge.
Golden Gate Station	No unauthorized absence while attached to this unit.				Fritz Flukiger acting
Point Arguello Station	No unauthorized absence while attached to this unit.				Benedict B. Jones Acting.

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 18 June, 1937 Place Point Arguello Sta., Arlight, Calif Serial No. 448957

Kind of discharge Honorable Authority for ART H61A, PERSONNEL INSTRUCTIONS

Discharged on account of Expiration of full term of enlistment, Regular establishment

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

15. ON DESERTION

____, 193 ____ ____
(Date) (Unit) (Place)

2—13678

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

3	0	0
(Yrs.)	(Mos.)	(Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service JUN 18 1937, 193

F. B. Lemly
_____
Commanding Officer—District Commander.

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CERTIFICATE OF MEDICAL EXAMINER

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____
(Place or unit)

I certify that on this _____ day of _____, 193 , I have examined _____

_____, U. S. Coast Guard, and find:

(*a*) That he has the following physical or medical conditions:*

(1) _____

(2) _____

(3) _____

(4) _____

(*b*) That he is physically fit for discharge.

(*c*) That he is not physically fit for discharge by reason of the following condition(s): No. _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

RECOMMENDATIONS (if any):

_____

_____

_____

_____
Surgeon, U. S. P. H. S.

* Note any conditions which may have importance in reenlistment or which may be regarded as a disability, even minor, or which may result in disability in the future.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

_____, 193

Upon discharge, this date, I certify that I am suffering from the following condition(s):
(The word "none" to be used, if no defects stated)

_____

_____

_____

_____
(Signature)

_____, *U. S. Coast Guard.*
(Rate)

2—13678
U. S. GOVERNMENT PRINTING OFFICE: 1931

U. S. Coast Guard
Thirteenth District

7/5/34

U. S. COAST GUARD
REC'D JUL 2 - 1934 By
ANS'D

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised April, 1932

JUN 21 1934

ENLISTMENT CONTRACT

RE-ENLISTMENT[a] of RASMUSSEN, Oluf (108-673) as B.M.2c.(L)
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Port Orford 13th. District, Port Orford, Oregon
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Port Orford, Oregon
(Place)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 1934, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on 26 February, 1890 Citizenship[b] Nz

If naturalized, place and date of naturalization San Francisco, Cal., 11-6-24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade B.M.2c.(L), U.S.C.G. Home address Port Orford, Oregon

Full name and address of the following:

None
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Deceased
(Mother, if living) Widowed?

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service~~, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 18 June, 1934, from ~~Cutter~~ Station Port Orford with Honorable discharge, herewith submitted, serial No. A40621
(Kind of discharge) (Strike out one)

9. I agree to and with the United States of America, represented by Nils S. Nilsson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unexcused absence or by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Nils S. Nilsson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

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RECD

JUL 5 1934

RECD

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

1934 JUL 2 PM 1:16

UNITED STATES OF AMERICA,

By Nils S. Nilsson C.B.M.(L)
(Signature and rank of enlisting officer)

U.S. COAST GUARD
PACIFIC COAST DIVISION
HEADQUARTERS

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Nils S. Nilsson, Officer in Charge
C.B.M.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1934

Nils S. Nilsson
Officer in Charge
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 44 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

GENERAL SERVICES ADMINISTRATION

NATIONAL PERSONNEL RECORDS CENTER

(Military Personnel Records)

FINDING AID REPORT

DEC 06 1967

DATE

ACT. CODE	SERVICE NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE CODE	REGISTER NUMBER
FILE IDENT.						
T	108673					
4	NOT FOUND					

R6-984 JUNE 1967

53333 Feb 3-13

TREASURY DEPARTMENT U. S. COAST GUARD CGHQ-3867 (Rev. 8-60)	CERTIFICATION FOR DEATH CLAIM PAYMENT	DATE 9 August

NAME OF DECEASED	SERVICE NUMBER	RANK OR RATING	ESTAB'D. DATE OF DEATH
RASMUSSEN, Oluf	108 673	BM1, Retired	(Death Certi. 4 May 19[illegible]

EACH PERSON LISTED BELOW IS:

☐ DESIGNATED BENEFICIARY ☐ UNDESIGNATED BENEFICIARY ☒ CLAIMANT

FILED PE-80

NAME OF BENEFICIARY OR CLAIMANT	RELATIONSHIP	ADDRESS
W. E. Thacker, administrator of the estate of Oluf Rasmussen	ADMINISTRATOR	5555 Overland Drive San Diego, California 92123

Ref. 7-01-46

☐ I CERTIFY that the records of the U. S. Coast Guard show that each beneficiary named above has qualified to receive unpaid pay and allowances that might be due the decedent and that the requirements of applicable law and regulations have been satisfied.

☐ I CERTIFY that the records of the U. S. Coast Guard show that the decedent did not designate a beneficiary or beneficiaries to receive any unpaid pay and allowances that might be due.

☒ I CERTIFY that any claimant named above has qualified to receive any unpaid pay and allowances that might be due and that the requirements of applicable law and regulations have been satisfied. Attached are substantiating documents to support this claim.

☒ Payment of unpaid pay and allowances that might be due is to be made to the person(s) determined to be entitled thereto under the laws of the domicile of the deceased.

ENCLOSURE(S):

(1) Letters of Administration
(2) Form No. SF-1175
(3) Death Certificate

TYPED NAME AND GRADE OF CHIEF, SPECIAL SERVICES DIV.	SIGNATURE
AARON O. MARTIN Chief, Decedent Affairs and Claims Branch	

PREVIOUS EDITIONS ARE OBSOLETE

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

Re-ENLISTMENT[a] of RASMUSSEN, Oluf (108-673) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Newport, Oregon.
(Place)

1. I, Oluf Rasmussen, this 19 day of June, 19 32 desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[b] Nz
If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation or trade Sailor and Surfman Home address Newport, Oregon.
Full name and address of the following:
None
(Wife, if any)
None
(Children under 16 years of age. Specify ages of children)
None
None
(Mother, if living) Widowed?
None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 18, 19 32, from ~~Cutter~~ Station Yaquina Bay with Honorable discharge, herewith submitted, serial No. A26942.
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Anton Gustafson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Two YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson, United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him; subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Olaf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Astor Gustafson, C.B.M.(L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Astor Gustafson

C.B.M.(L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Olaf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Olaf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19 day of June, A. D. 1932.

Astor Gustafson

Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 42 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him; subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson, C.B.M.(L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson

C.B.M.(L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19 day of June, A. D. 1932

Anton Gustafson

Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 42 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, OLUF (108-673)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date Nature of waiver

Authority

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

~~July 6, 1928~~, July 7, 1932 ~~August 5, 1929~~. 23 September, 1933.
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Yaquina Bay Station	11/28/33	Port Orford Station	11-28-33

4. CHANGES IN RATING

Vessel or station	Rated or ~~disrated~~ to—	Date
Yaquina Bay Station	Rated B.M.2c.(L).	23 November, 1933.

U. S. GOVERNMENT PRINTING OFFICE: 1929

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, OLUF (108-673)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

~~July 6, 1928~~, ~~July 7, 1932~~ ~~August 5, 1929~~. 23 September, 1933.
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
Yaquina Bay Station	11/23/33	Port Orford Station	11-28-33

4. CHANGES IN RATING

Vessel or station	Rated or ~~disrated~~ to—	Date
Yaquina Bay Station	Rated B.M.2c.(L).	23 November, 1933

U. S. GOVERNMENT PRINTING OFFICE: 1929

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(1)

RECORD OF RASMUSSEN, Oluf (108-673)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	~~Recommendation for Medal~~ Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
Sept. 30,1932	3.93	4	4	3.5	4	Yaquina Bay Sta.	Anton Gustafson
Dec. 31,1932	3.93	4	4	3.5	4	Yaquina Bay Sta.	Anton Gustafson
Mar. 31,1933	4	4	4	3.5	4	Yaquina Bay Sta.	Anton Gustafson
June 30,1933	4	4	4	3.5	4	Yaquina Bay Sta.	Anton Gustafson
CR Sept. 30,1933	4	3.7	4	3.5	4	Yaquina Bay Sta.	George Kristensen
1R November 28,33	4	4	4	3.5	4	Yaquina Bay Sta.	George Kristensen
Dec.31, 1933	3.9	4.0	4.0	3.5	4.0	Port Orford Sta.	[illegible]
31 March,1934	3.9	4.0	4.0	3.5	4.0	Port Orford Sta.	[illegible]
18 June, 1934	3.9	4.0	4.0	3.5	4.0	Port Orford Sta.	[illegible]
Averages	3.95	3.96	4.0	3.5	4.0	Port Orford Sta.	[illegible]

* See Circular Letter 83, August 20, 1928

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19, 1925. Yaquina Bay Coast Guard Station.

(Date and place)

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humbolt Bay Station	8/8/22	Issued Honorable Discharge Button.
Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat H/L/5/16/28- (73)

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

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

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Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat H/L/5/16/28- (73)

2—13678

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date DEPT.	Date RET.	Number of days	Balance ANN.	Balance REEN.	Signature of executive officer or District Commander
Yaquina Bay Station	6/19/32		---	40		
Yaquina Bay Station	8/24/32		15	25		
Yaquina Bay Station	3/11/33		15	10		
Yaquina Bay Station	8/19/33		---	30	20	
Yaquina Bay Station	9/3/33	9/19/33	15	15	20	
Port Orford Station	6-18-34		35	0	0	M E Rasmussen

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Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date DEPT. / RET.	Number of days	Balance ANN. / REEN	Signature of executive officer or District Commander
Yaquina Bay Station	6/19/32	---	40	
Yaquina Bay Station	8/24/32	15	25	
Yaquina Bay Station	3/11/33	15	10	
Yaquina Bay Station	6/19/33	---	30 / 20	
Yaquina Bay Station	9/3/33. / 9/19/33	15	15 / 20	
Port Orford Station	6-18-34	35	0 / 0	M W Rasmussen

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

12. 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, where the place of imprisonment is designated as a naval prison, and while serving said sentence).

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 18 June, 1934, 193 Place Port Orford, Oregon Serial No. A40621

Kind of discharge Honorable Authority for Art.445 Personnel Inst. Art 461(a)Regulations

Discharged on account of Expiration of full term of enlistment

Is ---
(If "not," so state) recommended for reenlistment. Rating best qualified to fill B.M.2c(I)

15. ON DESERTION

, 193
(Date) (Unit) (Place)

2—13678

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

U. S. COAST GUARD
REC'D JUL 1 1925

U.S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 23 1925
THIRTEENTH DISTRICT

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Yaquina Bay Station. (Unit.) Newport Oregon. (Place.)

June 19th, 1925. (Date.)

FROM: Oluf Rasmussen, surfman.

TO: COMMANDANT (via Superintendent, 13th, 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 follows:

not married (Full name of wife; if not married, so state.) ____ (Address of wife.)

" none (Full name of child; if none, so state.) ____ (Address of child.)

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

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

ORIGINAL

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:

none (Full name of relative.) ____ (Relationship.) ____ (Address of relative.)

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:

none (Full name of relative.) ____ (Relationship.) ____ (Address of relative.)

(State briefly wherein dependency exists.)

WITNESSED BY: Christopher Hunt

Rank, Boatswain(L)

SIGNED: Oluf Rasmussen.

Rank or rating, Surfman.

U. S. Coast Guard - G 5894

2—10348
GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2502-B

U. S. COAST GUARD
REC'D JUL 3 1925

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 23 1925
THIRTEENTH DISTRICT

RECORD OF PHYSICAL EXAMINATION, U. S. COAST GUARD

FOR SPECIAL TEMPORARY ENLISTMENT

Portland Oregon (Place) June 17-1925 (Date)

Name Olof Rasmussen Age, 35 years, 4 months.
Examined for Fireman (Rating), Standard "B" examination
Citizenship American - Naturalized Married or single Single
Have you ever had any of the following: Unconsciousness, convulsions, gonorrhea, syphilis, sore on penis, blood spitting?
State which no
Have any of your family been insane or suffered from any nervous ailment? no
Have you ever had any disease, acquired or inherited, which you have not mentioned to the examining physician? no
Have you served a previous enlistment in the Coast Guard or Navy? Yes - 2-1/2 yr. Enlistment.
If so, for what were you discharged? Ord. Seaman Honorable
Do you have headaches? no Have you been rejected by any service for physical reason? no
Have you been discharged from any service for physical reason? no Are you willing to be vaccinated against smallpox and typhoid and have your dental work done at your own expense? Yes

Olof Rasmussen
(Signature of applicant)

EXAMINATION

Height, 68 inches; weight, stripped, 154½ pounds. General appearance Normal
Complexion Fair Hair Brown Skin disease no Scars no
Glands Normal Eyelids Normal
Eyes, acuity Normal-Each Eye 20/20 Color vision Normal
Ears Normal Hearing Normal Nose Normal
Teeth In fair repair - Much Crown & Bridge work Gums Normal
+ Tonsils Hypertrophied Goiter no
Chest Normal
Lungs Normal
Heart Normal
Pulse rate 78 Temperature 37 C. Abdomen Normal
Liver Normal Spleen Normal
Hernia no Varicocele no Genitalia Normal
Hemorrhoids no Fistula no Spine Normal
Patellar reflexes, equal, exaggerated, diminished Equal & Normal
Rhombergs sign negative Light reaction on pupil Normal
Extremities Normal
Muscular development Normal Gait Normal
Urine: Albumen no, sugar no, Sp. gr. 1025, reaction Acid
Has he been vaccinated against smallpox in four years? Yes
Has he been vaccinated against typhoid in four years? Yes
Do you consider him mentally sound? Yes
REMARKS: + Recommend that he be accepted for 1 year Enlistment.

I CERTIFY that I have carefully examined the above applicant and believe that he is *{fit / not fit} for duty in the Coast Guard for one year.

* Strike out one.

E. A. Weir
Asst. Surgeon, U. S. Public Health Service.

GOVERNMENT PRINTING OFFICE

2—5441

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500 B.—Ed. 40,000—March, 1924.

A

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

U.S. COAST GUARD REC'D JUL 1 1925

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] Re-ENLISTMENT of Rasmussen Oluf (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay Station 13th, District, Newport, Oregon. (Draw line through designation not applying.) (Place where enlistment is made.)

1. I, Oluf Rasmussen (Full name.), this 19th, day of June, 1925, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship[2] naturalized

If naturalized, place and date of naturalization San Francisco, Cal. Nov, 6th, 1924. Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade sailor and surfman Home address Newport Oregon.

Full name and address of the following:

(Wife, if any.) none

(Children under 18 years of age.) none

none Widowed?

(Mother, if living.) none

(Next of kin, or person interested, if there are none of the above.)

3. I have ..... (If "not" so state.) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

4. (*a*) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(*b*) I am a ..... (Rating or rank.) in the Naval Reserve Force, Class ....., enrolled ..... (Place of enrollment.), ... (Date of enrollment.)

5. I was last discharged from the U. S. Coast Guard on September 22, 1923, from ~~Cutter~~ Station Point Bonita, Station (Strike out one.) with honorable (Kind of discharge.) discharge, herewith submitted, serial No. 19161

6. I agree to and with the United States of America, represented by Christopher Hunt (Name of enlisting officer.), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ~~ONE~~ two YEARS from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said Oluf Rasmussen (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

POSTED TO PERSONNEL RECORD U. S. COAST GUARD
U. S. COAST GUARD OFFICE OF SUPERINTENDENT
DATE 7-1-25
JUN 29 1925

Oluf Rasmussen (Signature of enlisted person.)

UNITED STATES OF AMERICA.

By Christopher Hunt (Signature and rank of enlisting officer.), U. S. C. G.

Boatswain (L)

7. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments.

Christopher Hunt

Boatswain (L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."

[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

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8. OATH OF ALLEGIANCE.

I, Oluf Rasmussen (Full name.), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person.)

Subscribed and sworn to before me this 19th day of June, A. D. 1925

Christopher Hunt
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made. (Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 35 years 4/3 months. Height, 5 feet 8 inches. Weight, 134½ pounds. Eyes, Blue Hair, Brown Complexion, Fair Color, W Married, No Distinguishing marks, Nevus apparent

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

_____
_____
(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard $\frac{A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year: Hypertrophy of tonsils

E. A. Cain
asst USPHS
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

February 1921. (Date last vaccinated against smallpox.); 1st inoculation June 24, 1925. (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Sept. 4, 1924

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 22 1925
THIRTEENTH DISTRICT

U. S. COAST GUARD
REC'D JUL 1 1925
ANS'D

JUL 1 1925 REC'D AND ALLOTMENT OFFICE

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station. Place Newport Oregon Date June 19, , 1925

Rasmussen Oluf — Surfman
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Re-enlisted Oluf Rasmussen as surfman on June 19,1925.

Authority: Article 326, Regulations. ~~General Order No.4 Circular Letter No's 28 - 29.~~

Christopher Hunt
(Signature)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	CAR	SCS		

GOVERNMENT PRINTING OFFICE 2—13272

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUN 22 1925
THIRTEENTH DISTRICT

U. S. COAST GUARD
REC'D JUL 1 1925

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Yaquina Bay Station.
COAST GUARD STATION

Newport Oregon.
(POST-OFFICE ADDRESS)

Thirteenth District
DISTRICT

June 20, 1925

From: Officer in Charge.Yaquina Bay Station.
To: Superintendent,Thirteenth District.

Subject: Oluf Rasmussen,swimming qualifications.

Reference: (a) Art,83 Instructions Coast Guard Stations 1923.

Inclosures: 6 Enlistment Contract A-D.1.Form 2502B 2.Form 2529 1.Form2515.

1. The above named enlisted man qualified as a good swimmer at this Station June 19,1925. in accordance with reference (a).

Christopher Hunt
Officer in Charge.

1st Indorsement.
Office of Superintendent, Thirteenth District,
Portland, Oregon, June 22, 1925.

From: Superintendent, Thirteenth District.
To: Commandant.

1. Forwarded, for Headquarters' record and file.

B R Proper
B. R. Proper,
For District Superintendent.

U. S. COAST GUARD
THIRTEENTH DISTRICT
JUN 24 1927

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Yaquina Bay Station
COAST GUARD STATION

Newport, Oregon.
(POST OFFICE ADDRESS)

13th, District.
DISTRICT

June 18th, 1927

I certify, that on this 18th, day of June 1927, I have examined Oluf Rasmussen, United States Coast Guard, and find,

(a) That he is physically sound;

Or

(b) ~~That he is not physically sound for the following reasons:~~

W S Tunstall

RA Surgeon U.S.Public Health Service.

GPO

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 21 1927

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Yaquina Bay Station
COAST GUARD STATION

13th. District
DISTRICT

Newport, Oregon.
(POST OFFICE ADDRESS)

June 18th, 1927

I Oluf Rasmussen, about to be discharged from the United States Coast Guard, do hereby certify that I know of no physical defects from which I am now suffering.

Oluf Rasmussen. Surfman.

GPO

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, Oluf (108-673)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

2 0 0
(Yrs.) (Mos.) (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 18 June, 1934, 193

M W Rasmussen
M. W. Rasmussen
Commanding Officer—District Commander.

2—13678

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

Marshfield, Oregon

June 18, 1934

I certify that on this 18th day of June, 1934, I have examined Olaf Rasmussen, ____, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) ~~That he is not physically sound for discharge by reason of the following~~ defects:

(1) ____

(2) ____

(3) ____

(4) ____

In ~~my opinion, defects numbered~~ ____ were ~~incurred as incident to service~~.

In ~~my opinion, defects numbered~~ ____ were incurred ~~as not incident to service~~.

Kenneth Scruggs

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

____, 19____

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

(Signature)

(Rate), *U. S. Coast Guard.*

2—13678

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

U. S. COAST GUARD
RECD JUN 27 1932
ANS.

Re-ENLISTMENT[a] of RASMUSSEN, Oluf (108-673) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Newport, Oregon.
(Place)

1. I, Oluf Rasmussen, this 19 day of June, 19 32, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[b] Nz

If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade Sailor and Surfman Home address Newport, Oregon.

Full name and address of the following:

None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

None

None Widowed?
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein NO
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 18, 19 32, from ~~Cutter~~ Station Yaquina Bay
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A26942
(Kind of discharge)

9. I agree to and with the United States of America, represented by Anton Gustafson, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Two YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

Date
JUN 28 1932

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D JUN 27 1932
ANS.

Re-ENLISTMENT[a] of RASMUSSEN, Oluf (108-673) as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Newport, Oregon.
(Place)

1. I, Oluf Rasmussen, this 19 day of June, 19 32, desiring
(Full name)

to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[b] Nz

If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade Sailor and Surfman Home address Newport, Oregon.

Full name and address of the following:

None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

None

None Widowed?
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any,

and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not," so state)

Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 18, 19 32, from ~~Cutter~~ Station Yaquina Bay
(Strike out one)

with Honorable discharge, herewith submitted, serial No. A26942
(Kind of discharge)

9. I agree to and with the United States of America, represented by Anton Gustafson, United States
(Name of enlisting officer)

Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of Two YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of Two YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)

[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

2—7931

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson, C.B.M.(L)
(Signature and rank of enlisting officer)

1932 JUN-27- PM 1:27
U.S. COAST GUARD
PAY & ACCOUNTS
HEADQUARTERS

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson

C.B.M.(L), U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19 day of June, A. D. 1932

Anton Gustafson

Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 42 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes Blue

Hair Brown Complexion Fair Color White Married No

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

Re **ENLISTMENT**[a] of Rasmussen, Oluf (108-673). as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Newport, Oregon.
(Place)

1. I, Oluf Rasmussen, (Full name), this 19 day of June, 1931 ~~19~~, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[b] Nz.

If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade Sailor and Surfman Home address Newport, Oregon.

Full name and address of the following:

None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

None

None Widowed?
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 18, 1931, from ~~Cutter~~ Station Yaquina Bay with Honorable discharge, herewith submitted, serial No. A17350.
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Anton Gustafson, (Name of enlisting officer) United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson, (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen, (Name of person enlisting) who has hereunto signed his

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[a] In cases of reenlistment prefix "Re."
[b] Citizenship: Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson, C.B.M.(L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson

C.B.M.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1931

Anton Gustafson, C.B.M.(L)

Officer in Charge
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 41 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes blue

Hair brown Complexion fair Color white Married no

Distinguishing marks none

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1929

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1928

RECORD OF RASMUSSEN, OLUF (108-675)
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ..... Nature of waiver .....

Authority .....

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

July 6, 1928 ✓ August 5, 1929.
(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

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RECORD OF RASMUSSEN, OLUF (108-675)

(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: Excellent, 4.0 to 3.5; Very Good, 3.5 to 3.0; Good, 3.0 to 2.5; Indifferent, 2.5 to 2.0; Poor, 2.0 to 1.0; Bad, 1.0 to 0.0

Date	Proficiency in rating	Conduct	Sobriety*	Ability as leader of men	~~Recommended for good conduct medal~~ Health	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30, 1931	3.8	4	4	3.5	~~Yes~~ 4	Yaquina Bay Sta.	Anton Gustafson
Sept. 30, 1931	3.8	4	4	3.5	~~Yes~~ 4	Yaquina Bay Sta.	Anton Gustafson
Dec. 31, 1931	3.98	4	4	3.5	4	Yaquina Bay Sta	Anton Gustafson
Mar. 31, 1932	3.98	4	4	3.5	3.5	Yaquina Bay Stat.	Anton Gustafson
June 19, 1932	3.98	4	4	3.5	3.8	Yaquina Bay Station	Anton Gustafson
Averages	3.93	4	4	3.5	3.90	Yaquina Bay Sta.	Anton Gustafson

*See Circular Letter 83, August 29, 1928

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19, 1925, Yaquina Bay Coast Guard Station.
(Date and place)

2—13678

RECORD OF RASMUSSEN, OLUF (108-675)
(Full name, surname to the left)

7. 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

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humboldt Bay Station	8/7/22	Issued Honorable Discharge Button.
Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat. H/L-5/16/28-(73)

RECORD OF Rasmussen, Oluf (108-675)
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

TREASURY DEPARTMENT
U. S. Coast Guard,
Form 2529.—Ed. 10,000—Sept. 18-20.

U. S. COAST GUARD
Office of Superintendent,
Twelfth District.
Rec'd. SEP 26 1922

U.S.C.G. PAY AND ALLOTMENT OFFICE RECD OCT 1922

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

(Act June 4, 1920.)

Coast Guard Station No. 312, (Unit.) Bolinas, California. (Place.)

September 23, 1922. (Date.)

FROM: Surfman Oluf Rasmussen, Station No. 312.

To: COMMANDANT (via Superintendent, Twelfth 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 follows:

(*a*) I have a wife, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.

(*b*) I have no wife, but have a child or children, required information concerning each of whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.

(*c*) I have neither wife nor child, but have a dependent relative, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	RELATIONSHIP.	ADDRESS.	REMARKS.
			No relatives.

Witnessed by:

Howard Comick

Rank Officer in Charge.

Signed:

Oluf Rasmussen

Rank or rate Surfman.

NOTE.—Complete only one of (*a*), (*b*), or (*c*).

2—10348

R

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

NIRF 11-7-67

53333

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

U. S. NAVAL HOSPITAL, SAN DIEGO, CALIF. J-852 028

DATE: 24 August 1965

DIAGNOSIS: 1. DIAGNOSIS UNDETERMINED (COMA)

FILE MEDIV

NARRATIVE SUMMARY:

This 76-year old whitemale was admitted in an unresponsive and uncommunicative state on 8-24-65. The only history we could obtain was that he was found unconscious on the floor of his apartment by his landlady and could have been in this condition for as long as 48 hours. It was also learned that his private physician had given him a great number of medications which included Digitalis Leaf, Nitroglycerin, Nembutal, Hydrodiuril, Isordil, Orinase, Amytal, Peritrate and Phenobarbital.

His physical examination revealed an unconscious, elderly man with normal vital signs and no localizing or lateralizing neurologic signs. The respirations were noisy but there were no retractions and both sides of the thorax expanded equally and the lungs seemed to be aerating well. The examination of the heart revealed no enlargement and the regular rhythm. There was no peripheral edema and the extremities were free from clubbing and cyanosis.

Laboratory Data during the admission revealed a normal white count, differential, hematocrit, urinalysis, BUN, blood sugar, heterophile titer, spinal fluid, serum proteins, alkaline phosphatase, serum electrolytes, SGOT, serologic test for syphilis, and serum bilirubin. The cholesterol and thymol turbidity was normal as well. Calcium and phosphorus were within normal limits. Cultures of the spinal fluid, urine, were sterile. Tracheal aspirate grew staphylococcus epidermidis and staphylococcus aureus organisms. The only consistently abnormal laboratory finding was an elevated BSP retention at 20 and 28% respectively. The prothrombin time was 87% of normal. Skull films were read as negative and a chest x-ray revealed no infiltrate but a markedly elevated right hemidiaphragm. Electrocardiogram revealed a sinus mechanism in the pattern of old anterior myocardial infarction.

Hospital Course: The patient was admitted to the Intensive Care Unit where he was followed with intravenous feedings and taken off all medications except Digitalis Leaf 100 mgs a day. Because of the possibility early in his course of pneumonia at the right base he was started on Penicillin and Streptomycin intramuscularly which were continued for a total of 10 days. On the second day he became febrile and ran a recurrent fever to 102.6° for the next five days when he became afebrile and remained so until discharge. On the third hospital day his level of consciousness began to improve and he showed gradual improvement from then on. The only discernible abnormality in his physical exam seemed to be one of general weakness and some confusion but both of these gradually cleared. The right hemidiaphragm was always elevated to percussion but the breath sounds were clear. The

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	BM1		USCG RET	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	DATE OF BIRTH (DAY-MONTH-YEAR)	IDENTIFICATION NO.
RASMUSSEN, OLEY (N)	26 Feb 90	108 673

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	USNH, SAN DIEGO, CALIF. J-852 028
	Liver was palpable only 1 fingerbreadth below the right costal margin and there was no splenomegaly. On 9-7-65 he was considered to have acheived maximum benefits of hospitalization and was discharged home on Digitalis Leaf 100 mgs each day with a recommendation that he go into a nursing home. It was not felt possible to ascribe his coma to any specific cause but probably was due to drug ingestion or drug idiosyncrasy.
	DISCHARGE DIAGNOSIS: COMA, CAUSE UNDETERMINED.
7 Sept 65	Discharged to home.
	D. G. PREUSS LT MC USN
	APPROVED: G. H. TARR, JR. CAPT MC USN CHIEF OF MEDICINE hm-52
	FILE MEDV
	RASMUSSEN, OLEY (N)

U. S. COAST GUARD

REC'D AUG 4 1921 By A.

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.

ENLISTMENT CONTRACT AND RECORD

PAY AND ALLOTMENT OFFICE REC'D AUG 5 1921

[1] ENLISTMENT of Rasmussen, Oluf. as Surfman.
(Full name, surname to left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 320, 13th District, Point Reyes, Calif.
(Draw line through designation not applying.) (Location of vessel, or P. O. address of station.)

1. I, Oluf Rasmussen, (Full name.) this 20th day of July, 1921, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890. Citizenship Alien. I.D. 758.

If naturalized, place and date of naturalization

If intentions declared, place and date of declaration San Francisco, Calif. April 2nd, 1919.

Occupation Sailor. Home address Point Reyes, Calif.

Full name and address of the following:
(Wife, if any.)
(Children under 18 years of age.)
(Mother, if living.) Widowed?
Rickardt Rasmussen, (Brother) Address not known.
(Next of kin, or person interested, if there are none of the above.)

3. I have not had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not" so state.)

4. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

5. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter Station No. .....
(Strike out one.)
with ..... discharge, herewith submitted, serial No. .....
(Kind of discharge.)

6. I agree to and with Thomas L. Stitt, of the United States Coast Guard in manner and form following, that is to say:
(Name of comdg. officer, or officer in charge of a unit.)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States and if discharged by sentence of a Coast Guard court or by reason of bad conduct, undesirable or inaptitude, I agree to surrender my uniform for a suit of civilian clothes.

Thirdly, the said Thomas L. Stitt (Name of comdg. officer, or officer in charge of a unit.) for and in behalf of the United States, does hereby covenant and agree to and with the said Oluf Rasmussen, (Name of person enlisting.) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

U. S. COAST GUARD OFFICE OF SUPERINTENDENT JUL 27 1921

Oluf Rasmussen
(Signature of enlisted person.)

Thomas L. Stitt Boatswain(L), U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)

PAY AND ACCOUNTING OFFICE TWELFTH DISTRICT.

7. I certify to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments.

U. S. COAST GUARD POSTED TO PERSONNEL CARD 2-[illegible] BY [illegible] DATE 8-8-21

Thomas L. Stitt

Boatswain(L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."

8. OATH OF ALLEGIANCE.

I, Oluf Rasmussen, (Full name.) do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen. (Signature of enlisted person.)

Subscribed and sworn to before me this 20th day of July, A. D. 19 21

Thomas L Stitt

Boatswain(L) Station #320. (Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____ (Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ (Within the United States, in the territory or islands of the United States.) where this enlistment is made.

_____ (Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 31 years 5 months. Height, 5 feet 7 3/4 inches. Weight, 160 pounds. Eyes, Blue Hair, Brown Complexion, Med Married, No Distinguishing marks, Tattoo Left Forearm

I certify that I have carefully examined, in accordance with the regulations prescribed for standard [1] A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Lyman A Fullerton

Asst Surgeon, U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

_____; _____

(Date last vaccinated against smallpox.) (Date last vaccinated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

TREASURY DEPARTMENT,
U. S. COAST GUARD,
Form 2529.—Ed. 10,000—Sept. 18-20.

ORIGINAL

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT

JUL 30 1921

THIRTEENTH DISTRICT.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY.

(Act June 4, 1920.)

Coast Guard Station #320, (Unit.) Point Reyes, Calif. (Place.)

U. S. Coast Guard - G 5894

July 20, 1921. (Date.)

FROM: Oluf Rasmussen, Surfman.

TO: COMMANDANT (via Superintendent 13th 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 follows:

(*a*) I have a wife, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.

(*b*) I have no wife, but have a child or children, required information concerning each of whom is as follows:

NAME. (First.) (Middle.) (Last.)	ADDRESS.	REMARKS.

(*c*) I have neither wife nor child, but have a dependent relative, required information concerning whom is as follows:

NAME. (First.) (Middle.) (Last.)	RELATIONSHIP.	ADDRESS.	REMARKS.
Rickard Rasmussen,	Brother	Not known.	

Witnessed by:

Thomas L Lott

Signed:

Oluf Rasmussen

Rank Boatswain(L).

Rank or rate Surfman.

NOTE.—Complete only one of (*a*), (*b*), or (*c*).

2—10348

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Naval Insurance
Form 1B

U. S. Coast Guard-A

INFORMATION FOR ALLOTMENT OF PAY
AND
APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN DUPLICATE.
(One form ONLY to be forwarded to the Bureau.)

ALLOTMENT OFFICE
RECEIVED
AUG 1921

My full name is Olaf (Given) Rasmussen (Middle) Surfman, U. S. Coast Guard, (Last name) (Rank and organization)

Home address (No. and street or rural route) Point Reyes, (City, town, or post office) Calif. (State)

Place and date of birth Copenhagen, (City or town) Denmark, (State) 26th (Day) February (Month) 1890 (Year) *Age* 31 (Nearest birthday)

Date of last enlistment or entry into active service July 20, 1921 *Pay in United States $* 70.00

I hereby certify that the following-named persons and no other come within the class of my wife, former wife divorced, or child as defined in the Act and entitled thereunder to compulsory allotment, and that the information stated opposite their respective names is correct. (If as to any of these there is no person so related to you, write "None" in the name column.)

Relationship to Me	Age	NAME (Given) (Middle) (Last name)	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	DATE OF BIRTH: Month	DATE OF BIRTH: Day	DATE OF BIRTH: Year	MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
Wife		None.							No.	
Child		None.								
Child										
Child		"								
Child										
Child										
Child										
Divorced wife	* *	No.				* *	*	* * *	Remarried? "Yes" or "No" No.	Amount payable monthly by order of court None.

I hereby make voluntary allotments in addition to compulsory allotment, if any, as follows:

Relationship to Me	NAME	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	Amount of My Average Monthly Habitual Contribution Because of Dependency	AMOUNT OF ALLOTMENT
						$

U. S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUL 30 1921
THIRTEENTH DISTRICT.

Upon the basis of the foregoing information, which I hereby certify to be correct, I hereby apply for allowances for the following-named persons whose relationship and dependency are fully described above:

Signed at Coast Guard Station #320,

The 20th *day of* July, 1921.

Witnessed by: Thomas L. Stitt (Sign here) Olaf Rasmussen

Rank Boatswain(L).

Commanding

Surfman, U. S. Coast Guard.
(Rank or rating) (Organization)

2—3340

U. S. Coast Guard-A

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Naval Insurance
Form 1B

INFORMATION FOR ALLOTMENT OF PAY AND APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN DUPLICATE.
(One form ONLY to be forwarded to the Bureau.)

ALLOTMENT OFFICE RECD AUG 1921

My full name is Oluf (Given) Rasmussen (Middle) Surfman, U. S. Coast Guard, (Last name) (Rank and organization)

Home address (No. and street or rural route) Point Reyes, (City, town, or post office) Calif. (State)

Place and date of birth Copenhagen, (City or town) Denmark, (State) 26th (Day) February (Month) 1890 (Year) Age 31 (Nearest birthday)

Date of last enlistment or entry into active service July 20, 1921 Pay in United States $ 70.00

I hereby certify that the following-named persons and no other come within the class of my wife, former wife divorced, or child as defined in the Act and entitled thereunder to compulsory allotment, and that the information stated opposite their respective names is correct. (If as to any of these there is no person so related to you, write "None" in the name column.)

Relationship to Me	Age	NAME (Given) (Middle) (Last name)	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	DATE OF BIRTH: Month	DATE OF BIRTH: Day	DATE OF BIRTH: Year	MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
Wife		None.							No.	
Child		None.								
Child										
Child		"								
Child										
Child										
Child										
									Remarried? "Yes" or "No"	Amount payable monthly by order of court
Divorced wife	* *	No.				* *	*	* * *	No.	None.

I hereby make voluntary allotments in addition to compulsory allotment, if any, as follows:

Relationship to Me	NAME	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	Amount of My Average Monthly Habitual Contribution Because of Dependency	AMOUNT OF ALLOTMENT
						$

U.S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUL 30 1921
THIRTEENTH DISTRICT.

Upon the basis of the foregoing information, which I hereby certify to be correct, I hereby apply for allowances for the following-named persons whose relationship and dependency are fully described above:

Signed at Coast Guard Station #320,

The 20th day of July, 1921.

Witnessed by: Thomas L. Stott (Sign here) Oluf Rasmussen

Rank Boatswain(L).

Commanding

Surfman, U. S. Coast Guard.
(Rank or rating) (Organization)

2—3840

Name Rasmussen, Oluf.

14. TRANSFERS.

Departed from—		Reported to—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

Vessel or station.	Rated to—	Date.

16. MONTHLY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

Month of service.	Rating.	Proficiency in rating.	Obedience.	Sobriety.	Conduct.	Health.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
January, 19 [1]								
February								
March								
April								
May	"							
June								
July 1921	Surfman.							
August								
September								
October								
November								
December								
Averages								

CERTIFIED AS GOOD SWIMMER UNDER CIRCULAR LETTER No. 20
AT STATION No. 324 Feb 14 1922

Marks shall be entered at the end of each calendar month and on date of transfer, provided the period covered exceeds fourteen days. 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 which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [2]

17. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] Insert year; also after first month marked.
[2] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

Name Rasmussen, Oluf.

14. TRANSFERS.

Departed from—		Reported to—	
Vessel or station.	Date.	Vessel or station.	Date.
Station #320	4/23/22	Station #318	4-24-22

15. CHANGES IN RATING.

Vessel or station.	Rated to—	Date.

16. MONTHLY MARKS.

Recommended GCM

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

Month of service.	Rating.		Proficiency in rating.	Obedience.	Sobriety.	Conduct.	Health (Health as affected by habits)		Vessel or station.	Signature of commanding officer or officer in charge of a unit.
January, 19 [1]										
February										
March 1922	surfman	yo	3.5	4	4	4	4	3	Station #320	Thomas L Stutt
April	"									
May										
June 1922	Surfman	yo	3.7	4	4	4	4	3.3	station #318	Theo Rebarge
July 1922	Surfman	yo	3.5	4	4	4	4	3	Station #318	Theo Rebarge
August										
September 1921	surfman	NO	3.3	4	4	4	4	2	Station #320	Thomas L Stutt
October										
November										
December 1921	surfman	NO	3.4	4	4	4	4	3	Station #320	Thomas L Stutt
Averages		NO	3.5	4	4	4	4	2.8		

Marks shall be entered at the end of each calendar month and on date of transfer, provided the period covered exceeds fourteen days. 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 which service is rendered prior to discharge will be held responsible for the completeness of the marks.

Proficient in [2]

17. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

Swimming qualifications.

Qualified as a good swimmer at Station #324 on February 24, 1922 having passed all tests as required in Art. 83 Instructions for Coast Guard Stations, 1921.

[1] Insert year; also after first month marked.
[2] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

Enlistment extented from July 20th., 1922 as autherized by Art. 335 Coast Guard Regulations.

19. ON DISCHARGE.

Date August, 7th. 1922. Place Station no. 316 Eureka, Cal. Serial No. 18263

Kind of discharge honorable, authority of article 371 (a) Regulations.

Discharged on account of Expiration of term of enlistment.

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

20. ON DESERTION.

_____, 19 . _____
(Date.) (Place.)

21. ON RETIREMENT.

_____, 19 , _____, _____
(Date.) (Cause.) (Authority.)

22. ON DEATH.

_____, 19 . _____, _____, _____
(Date.) (Place.) (Cause.) (Place of burial

_____, _____
or disposition of remains.) (Disposition of effects.)

Was death incident to service? _____

Certified to be correct upon termination of service August 7 th., 19 22

Thos. P. Borgs
Enlisting Officer.

Approved:

J. Peter Jensen
~~Commanding Officer~~[1]—*District Superintendent.*[1]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) *Citizenship.*—Use expressions: "Native born;" "naturalized;" "alien, intentions declared;" "alien."

(*e*) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] Strike out words not applicable.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U.S.C.G. PAY AND ALLOWANCE OFFICE AUG 9 1922

No. 318,
COAST GUARD STATION

Twelfth
DISTRICT

Eureka, Calif.
(POST-OFFICE ADDRESS)

Aug 7th, 1922.

I certify that on this 7th day of August, 1922, I have examined surfman Oluf Rasmussen, United States Coast Guard, and find-

(a) That he is physically sound. Yes

(b) That he is not physically sound for the following reasons:

Charles C Falk,
A. A. Surgeon, U.S.P.H.S.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

No. 318.
COAST GUARD STATION

Eureka, Calif.
(POST-OFFICE ADDRESS)

12th.
DISTRICT

August 7th., 1922.

I hereby certify that I know of no physical defects from which I am now suffering.

Oluf Rasmussen.
Oluf Rasmussen,
Surfman.

Witness: Thomas Gunnesson

Officer in charge, acting.

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Naval Insurance
Form 1B

INFORMATION FOR ALLOTMENT OF PAY
AND
APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN DUPLICATE.
(One form ONLY to be forwarded to the Bureau.)

U.S.C.G. PAY AND ALLOTMENT RECD AUG 2 1921

JUL 30

My full name is Oluf (Given) Rasmussen, (Middle) Surfman, U. S. Coast Guard. (Last name) (Rank and organization)

Home address (No. and street or rural route) Point Reyes, (City, town, or post office) Calif. (State)

Place and date of birth Copenhagen, (City or town) Denmark, (State) 26th (Day) February (Month) 1890 (Year) *Age* 31 (Nearest birthday)

Date of last enlistment or entry into active service July 20, 1921 *Pay in United States $* 70.00

I hereby certify that the following-named persons and no other come within the class of my wife, former wife divorced, or child as defined in the Act and entitled thereunder to compulsory allotment, and that the information stated opposite their respective names is correct. (If as to any of these there is no person so related to you, write "None" in the name column.)

Relationship to Me	Age	NAME (Given) (Middle) (Last name)	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	DATE OF BIRTH: Month	DATE OF BIRTH: Day	DATE OF BIRTH: Year	MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
Wife		None.							No.	
Child		None.								
Child										
Child										
Child										
Child										
Child										
Divorced wife	* *	No.				* *	*	* * *	Remarried? "Yes" or "No" No.	Amount payable monthly by order of court None.

I hereby make voluntary allotments in addition to compulsory allotment, if any, as follows:

Relationship to Me	NAME	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	Amount of My Average Monthly Habitual Contribution Because of Dependency	AMOUNT OF ALLOTMENT
						$

U.S. COAST GUARD
OFFICE OF SUPERINTENDENT
JUL 30 1921
THIRTEENTH DISTRICT

Upon the basis of the foregoing information, which I hereby certify to be correct, I hereby apply for allowances for the following-named persons whose relationship and dependency are fully described above:

Signed at Coast Guard Station #320,

The 20th *day of* July, 1921.

Witnessed by: Thomas L. Stott

Rank Boatswain(L).

Commanding

(Sign here) Oluf Rasmussen

Surfman, U. S. Coast Guard.
(Rank or rating) (Organization)

2—3840

6

REC'D AUG 15 1922
ANS'D

U.S.C.G. PAY AND ALLOTMENT OFFICE REC'D AUG 15 1922

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.

ENLISTMENT CONTRACT AND RECORD

[1] ENLISTMENT of Rasmussen, Oluf. as Surfman,
(Full name, surname to left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 320, 13th District, Point Reyes, Calif.
(Draw line through designation not applying.) (Location of vessel, or P. O. address of station.)

1. I, Oluf Rasmussen, (Full name.), this 20th day of July, 1921, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890. Citizenship Alien.

If naturalized, place and date of naturalization

If intentions declared, place and date of declaration San Francisco, Calif. April 2nd 1919.

Occupation Sailor. Home address Point Reyes, Calif.

Full name and address of the following:

(Wife, if any.)

(Children under 18 years of age.)

Widowed?

(Mother, if living.)

Rickardt Rasmussen, Address not known. (Brother)
(Next of kin, or person interested, if there are none of the above.)

3. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or
(If "not" so state.)
Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

4. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

5. I was last discharged from the U. S. Coast Guard on ....., 19....., from Cutter Station No. .....
(Strike out one.)
with ..... discharge, herewith submitted, serial No. .....
(Kind of discharge.)

6. I agree to and with Thomas L. Stitt, of the United States Coast Guard in manner and form following, that is to say:
(Name of comdg. officer, or officer in charge of a unit.)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be established for the government of the Coast Guard of the United States, and if discharged by sentence of a Coast Guard court or by reason of physical disability or inaptitude, I agree to surrender my uniform for a suit of civilian clothes

Thirdly, the said Thomas L. Stitt, (Name of comdg. officer, or officer in charge of a unit.) for and in behalf of the United States, does hereby covenant and agree to and with the said Oluf Rasmussen, (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

PAY AND ALLOTMENT OFFICE
U. S. COAST GUARD
POSTED
TO
PERSONNEL CARD
BY GB
DATE 8-16-22

Oluf Rasmussen.
(Signature of enlisted person.)

Thomas L Stitt Boatswain(L), U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)

7. I certify to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments.

Thomas L Stitt
Boatswain(L), U. S. C. G., *Enlisting Officer.*

2—7931

[1] In cases of reenlistment prefix "Re."

8. OATH OF ALLEGIANCE.

I, Oluf Rasmussen, (Full name.), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen.
(Signature of enlisted person.)

Subscribed and sworn to before me this 20th day of July, A. D. 1921.

Thomas L Stitt
Boatswain(L) Station #320.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 31 years 5 months. Height, 5 feet 7 3/4 inches. Weight, 160 pounds. Eyes, blue Hair, brown Complexion, med Married, no Distinguishing marks, Tattoo left forearm

I certify that I have carefully examined, in accordance with the regulations prescribed for standard A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Lynne a Fullerton
asst Surgeon, U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

Oct. 11, 1921, ; [illegible]
(Date last vaccinated against smallpox.) (Date last vaccinated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

2—7931

[1] Strike out letter not applicable.

[2] During current enlistment.

NAME Oluf Rasmussen

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Averages							

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in [1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer Feb. 14, 1922 V.L. ~~1921~~, Station No. 309, San Francisco, Calif.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date ....., 192 Place ..... Serial No. .....

Kind of discharge ....., authority of .....

Discharged on account of .....

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

21. ON DESERTION.

....., 192 .....
(Date.) (Place.)

22. ON RETIREMENT.

....., 192 ....
(Date.) (Cause.) (Authority.)

23. ON DEATH.

....., 192 ....
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

....
(Disposition of effects.)

.....

Was death incident to service? .....

Certified to be correct upon termination of service ....., 192

Approved:

[1] .....

.....
Commanding Officer[2]*—District Superintendent.*[2]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record.

[2] Strike out words not applicable.

GOVERNMENT PRINTING OFFICE 2—7931

"Received Honorable Discharge Button August 7, 1922."

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.
Ed. Dec. 21—20,000.

"A"

ENLISTMENT CONTRACT AND RECORD.

[1] Re-ENLISTMENT of Rasmussen Oluf (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 312, 12th District, Bolinas, California. (~~Location of vessel, or~~ P. O. address of station.)
(Draw line through designation not applying.)

1. I, Oluf Rasmussen (Full name.), this 23d day of September, 1922, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[2] Alien, intentions declared.

If naturalized, place and date of naturalization ..... Certificate number .....

If intentions declared, place and date of declaration San Francisco, Calif. April 2, 1919.

Occupation Surfman Home address Bolinas, California.

Full name and address of the following: .....
(Wife, if any.)

.....
(Children under 18 years of age.)

.....

..... Widowed? .....
(Mother, if living.)

No relatives.
(Next of kin, or person interested, if there are none of the above.)

3. I have ..... had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service,~~ and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not" so state.)

4. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

5. I was last discharged from the U. S. Coast Guard on August 7, 1922, from ~~Cutter~~ Station No. 316 (Strike out one.)

with Honorable (Kind of discharge.) discharge, herewith submitted, serial No. 18263.

6. I agree to and with the United States of America, represented by Theodore Conick (~~Name of comdg. officer, or~~ officer in charge of a unit.), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Theodore Conick (~~Name of comdg. officer, or~~ officer in charge of a unit.), United States Coast Guard, does hereby covenant and agree to and with the said Oluf Rasmussen (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

PAY AND ALLOTMENT
OFFICE
U. S. COAST GUARD
POSTED
TO
PERSONNEL CARD
BY
DATE

Oluf Rasmussen
(Signature of enlisted person.)

UNITED STATES OF AMERICA,
By Theodore Conick, U. S. C. G.
(Signature ~~and rank of comdg. officer, or~~ officer in charge of a unit.)

7. I certify to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments.

Theodore Conick
Boatswain (L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

8. OATH OF ALLEGIANCE.

I, Oluf Rasmussen (Full name.), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person.)

Subscribed and sworn to before me this 23d day of September, A. D. 192 2.

Thaudore Emmick

Officer in Charge, C. G. Station No. 312.
(~~Comdg. officer,~~ ~~officer~~ in charge of a unit, ~~or notary public.~~)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 32 years 7 months. Height, 5 feet 7½ inches. Weight, 151 pounds. Eyes, Blue. Hair, Brown
Complexion, Ruddy Married, No. Distinguishing marks, Tattoo O.R. L forearm

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1}\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has no disease concealed or likely to be inherited.

George Morton

GEORGE MORTON
ACTING ASSISTANT SURGEON, *U. S. P. H. S.*

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

1921 (Date last vaccinated against smallpox.); 1921. (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

"C"

COPY "C" CONTRACT WAS NOT IN THE JACKET, AS OF JULY 2, 1925.

NAME Rasmussen Oluf.

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Averages							

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in [1]

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer June 19th, 1925. Yaquina Bay Coast Guard Station.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, or stenography, is discharged, the fact of such proficiency shall be entered here.

---

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

---

20. ON DISCHARGE.

Date ----------, 192 Place ---------- Serial No. ----------

Kind of discharge ----------, authority of ----------

Discharged on account of ----------

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

21. ON DESERTION.

----------, 192 ----------
(Date.) (Place.)

22. ON DEATH.

---------- , 192 ---------- ---------- ----------
(Date.) (Place.) (Cause.) (Place of burial

---------- ----------
or disposition of remains.) (Disposition of effects.)

Was death incident to service? ----------

Certified to be correct upon termination of service ----------, 192

[1] ----------

Approved:

Commanding Officer[2]*—District Superintendent.*[2]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

NAME Rasmussen Oluf.

14. TRANSFERS.

DEPARTED FROM—		REPORTED TO—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

VESSEL OR STATION.	RATED TO—	DATE.

16. EFFICIENCY MARKS.

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing. 3, Good; 3.5, Very Good; 4, Excellent.

Date.	Proficiency in rating.	Sobriety.	Obedience.	Ability as leader of men.	Recommended for good-conduct medal.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
Jun, 30, 1925	3.1	4	4	3.0	no	Yaquina Bay Sta.	Christopher Hunt
Sept, 30, 1925	3.5	4	4	3	no	Yaquina Bay STA.	Ayton Gustafson
Dec, 31, 1925	3.6	4	4	3.1	yes	Yaquina Bay Sta.	Christopher Hunt
Mar, 31, 1926	3.8	4	4	3.3	yes	Yaquina Bay Sta.	Christopher Hunt
June 30, 1926	3.8	4	4	3.3	yes	Yaquina Bay Sta.	Christopher Hunt
Sept. 30, 1926	3.8	4	4	3.3	yes	Yaquina Bay Sta.	Ayton Gustafson
Dec. 31, 1926	3.8	4	4	3.4	yes	Yaquina Bay Sta.	Christopher Hunt
Mar, 31, 1927	3.8	4	4	3.4	yes	Yaquina Bay Sta.	Christopher Hunt
June 18, 1927	3.8	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
Averages	3.7	4	4	3.3	yes	Yaquina Bay Sta.	Christopher Hunt

Marks shall be entered at the end of each quarter, on date of transfer, and on separation from the service, provided the period covered is at least one month. 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.

Proficient in[1] _____

17. QUALIFIED AS GOOD SWIMMER.

Qualified as a good swimmer June 19th, 1925. Yaquina Bay Coast Guard Station.
(Date and place.)

18. PUNISHMENTS ADJUDGED BY COAST GUARD OR NAVAL COURTS.

[1] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, or stenography, is discharged, the fact of such proficiency shall be entered here.

19. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

20. ON DISCHARGE.

Date June 18th., 1927 Place Yaquina Bay Station, Newport, Ore Serial No. 46832

Kind of discharge Honorable, authority of Article 413 (a) Regulations.

Discharged on account of Expiration full term of enlistment.

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

21. ON DESERTION.

____, 192 ____
(Date.) (Place.)

22. ON DEATH.

____, 192 ____ ____ ____
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

____ (Disposition of effects.)

Was death incident to service? ____

Certified to be correct upon termination of service June 18th., 1927

[1] Christopher Hunt
Officer in Charge.

Approved:

O. A. Gittinett
Commanding Officer[2]—District Superintendent.[2]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

[1] To be signed by the officer having custody of this contract and record. [2] Strike out words not applicable.

2—3476 GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT,
U. S. Coast Guard.
Form 2500 B.—Ed. 40,000—March, 1924.

U.S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 21 1927
ANSD

SPECIAL TEMPORARY ENLISTMENT.

CONTRACT AND RECORD.

The Act approved April 21, 1924, provides:

"Under such regulations as he may prescribe, the Secretary of the Treasury is authorized to appoint temporary warrant officers, and to make special temporary enlistments, in the Coast Guard. No person shall be entitled to retirement because of his temporary appointment or enlistment under this section."

[1] Re-ENLISTMENT of Rasmussen Oluf (Full name, surname to left.) as Surfman (Rating.)

U. S. Coast Guard Cutter Station Yaquina Bay Station 13th District, Newport, Oregon. (Place where enlistment is made.)

(Draw line through designation not applying.)

1. I, Oluf Rasmussen (Full name.), this 19th day of June, 1925, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship[2] Naturalized

If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6th, 1924. Certificate number 2077531

If intentions declared, place and date of declaration

Occupation or trade sailor and surfman Home address Newport Oregon.

Full name and address of the following:

None — (Wife, if any.)

none (Children under 18 years of age.)

none

none (Mother, if living.) Widowed?

none (Next of kin, or person interested, if there are none of the above.)

3. I have (If "not" so state.) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

4. (a) I do not belong to any branch, either active or reserve, of the military or naval service of the United States.

(b) I am a (Rating or rank.) in the Naval Reserve Force, Class , enrolled (Place of enrollment.), (Date of enrollment.)

5. I was last discharged from the U. S. Coast Guard on September 22, 1923, from Cutter Station Point Bonita, Station (Strike out one.) with honorable (Kind of discharge.) discharge, herewith submitted, serial No. 19161

6. I agree to and with the United States of America, represented by Christopher Hunt (Name of enlisting officer.), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR ~~two~~ from the date first above written, unless sooner discharged by proper authority; and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt (Name of enlisting officer.), United States Coast Guard, does hereby covenant and agree to and with the said Oluf Rasmussen (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard, BUT HE SHALL NOT BE ENTITLED TO RETIREMENT BECAUSE OF THIS SPECIAL TEMPORARY ENLISTMENT.

Oluf Rasmussen (Signature of enlisted person.)

UNITED STATES OF AMERICA,

By Christopher Hunt (Signature and rank of enlisting officer.), U. S. C. G. Boatswain (L)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED JUN 27 1927 BY DATE 6-27-27

7. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments.

Christopher Hunt

Boatswain (L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—3476

8. OATH OF ALLEGIANCE.

I, Olaf Rasmussen (Full name.), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Olaf Rasmussen
(Signature of enlisted person.)

Subscribed and sworn to before me this 19th day of June, A. D. 1925

Christopher Hunt
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a person under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for the period of enlistment as hereinbefore set forth, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 192

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

(Examining medical officer will execute certificate (*a*) or (*b*) in accordance with his findings, but not both.)

Age, 25 years 4 months. Height, 5 feet 8 inches. Weight, 154½ pounds. Eyes, Blue Hair, Brown Complexion, Fair Color, G Married, No Distinguishing marks, None apparent

I CERTIFY that I have carefully examined, in accordance with the regulations prescribed for standard $\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant and find that, in my opinion:

(*a*) He is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

_____
_____
(Rank of examining medical officer.)

(*b*) He has the following minor physical disqualifications under standard $\frac{A}{B}$ examination which do not render him incapable of performing duty in the Coast Guard for a period of one year _____

E. A. Cox
ACS USPHS
(Rank of examining medical officer.)

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

_____ (Date last vaccinated against smallpox.); 1st inoculation June 19, 1925. 3rd inoculation July 7, 1925 (Date last inoculated against typhoid fever.)

12. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

13. MERITORIOUS CONDUCT.

[1] Strike out letter not applicable.

[2] During current enlistment.

2—3479

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 21 ..
ANSD

U. S. COAST GUARD
RECD JUN 29 1927
ANSD

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date June 19th., 1927

Rasmussen, Oluf. (Surname, first name, and middle initial) Surfman (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, was discharged June 18th, 1927 with an Honorable Discharge. Authority Article 413 (a) Regulations.

Oluf Rasmussen, surfman, Reenlisted the day following his discharge in accordance with Article 326 (a) Regulations.

(a) Honorable Discharge No. 46832.
(b) Naturalized, at SanFrancisco, Cal. Nov, 6th, 1924. Certificate number 2077531
(c) No time lost from duty on nonpay status, during his enlistment.

Disciplinary action:

Authority: Article 413 (a) Regulations.
Article 326 (a) Regulations.

Christopher Hunt
(Signature)

Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials		✓	✓	

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

U.S. COAST GUARD
RECD JUN 20 1927
ANS'D

ANSD
RECD JUN 22 1927
THIRTEENTH DISTRICT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon. Date June 19th, , 1927

Rasmussen Oluf. (Surname, first name, and middle initial) Surfman (Rating)

ENTER CHANGE BELOW

You are advised that Oluf Rasmussen, surfman, Reenlisted June 19, 1927. in a regular enlistment for One year. In accordance with Article 326 (a) Regulations.

Disciplinary action:

Authority: Article 326 (a) Regulations.

Christopher Hunt
(Signature)

Boatswain
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	D.V.	✓	✓	7/13/

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

~~RE-~~ **ENLISTMENT** of Rasmussen, Oluf as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter Station Yaquina Bay Station, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, Oluf Rasmussen, this 19th day of June, 1927, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship [2] naturalized
If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation sailor and surfman Home address Newport, Oregon.
Full name and address of the following: (None)
(Wife, if any)
none
(Children under 18 years of age)
none
none Widowed?
(Mother, if living)
none
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)
Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18th, 1927, from ~~Cutter~~ Station Yaquina Bay Statio
(Strike out one)
with honorable discharge, herewith submitted, serial No. 46832
(Kind of discharge)

7. I agree to and with the United States of America, represented by Christopher Hunt, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)
name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

THIRTEENTH DISTRICT
RECD JUN 21 1927
ANSR

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Christopher Hunt Boatswain(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Christopher Hunt
Boatswain (L), U. S. C. G., *Enlisting Officer.*

2—7931

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1927

Christopher Hunt
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

Age 37 years 3 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes Blue

Hair Brown. Complexion Fair. Color white. Married no

Distinguishing marks None

I certify that I have carefully examined, in accordance with the regulations prescribed for standard 1A physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

H. S. Thurtell
, A. A. S., *U. S. P. H. S.*

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

REQUEST FOR INFORMATION FROM UNIFORMED SERVICES

OAC 533 33

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

LAST NAME–FIRST NAME–MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
RASMUSSEN, Oluf	4/26/90	5/4/67	573-36-8968

SERVICE NUMBER	BRANCH OF SERVICE	RATE OR RANK
108-673	U.S. Coast Guard	BMI

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
7/21/20	7/1/46 Ret 7-1-46	unknown

SOCIAL SECURITY ADMINISTRATION

3211 Fifth Avenue
San Diego, California
92103

The information requested in item 2 below is needed by the Social Security Administration to adjudicate a claim based on the account of the above veteran.

SIGNATURE OF SSA OFFICIAL: Arlyn B. Carr

TITLE	DATE
District Manager	9/20/67

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

- [X] Certification about active service after September 7, 1939 *(Part A on reverse)*
- [X] Certification about retired or retainer pay *(Part B on reverse)*
- [ ] Certification of evidence of age or date of birth in military file *(Part C on reverse)*

REMARKS BY SOCIAL SECURITY ADMINISTRATION:

INSTRUCTIONS FOR UNIFORMED SERVICE OR GSA RECORDS CENTER

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

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

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

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

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

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

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

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

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

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

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

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

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

Department of
HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CERTIFICATION BY UNIFORMED SERVICES

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

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

A – CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: ~~Oct 16~~ 1937 Jun 19, 1940

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: Jun 30, 1946

3. CHARACTER OF SEPARATION(S) * *(If Bad Conduct, INDICATE IF GIVEN AS A RESULT OF A General COURT MARTIAL)*: Hon - Retired

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

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

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

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ RE-ENLISTED ☐ COMMISSIONED

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

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

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☒ Yes	☐ No
If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).		
(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? Not Applicable	☐ Yes	☐ No
2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	☒ Yes	☐ No
If answer is "Yes," answer (b) and (c).		
(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	☒ Yes	☐ No
(c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? Not Applicable.	☐ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☐ Yes	☒ No

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

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

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

REMARKS BY CERTIFYING ORGANIZATION

RETIRED: 1 July 1946 - 20 years service
AUTHORITY: Section 2 of Act of 24 May 1939 (53 Stat. 755)
Retired pay based on years of service
Gross retired pay per month at the time of death - $234.71

NAME OF CERTIFYING ORGANIZATION	SIGNATURE
U. S. COAST GUARD	AARON O. MARTIN
	RANK OR TITLE: Chief, Decedent Affairs and Claims Branch Personnel Services Division By direction of the Commandant
	DATE: 11/6/67

Copy

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2529.—Ed. 12,000—Feb., 1924.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Yaquina Bay Station. (Unit.) Newport, Oregon. (Place.)

June 19, 1925. (Date.)

FROM: Oluf Rasmussen, surfman.

TO: COMMANDANT (via Commander 13th 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 follows:

not married (Full name of wife; if not married, so state.) _____ (Address of wife.)

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

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

none (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:

none (Full name of relative.) _____ (Relationship.) _____ (Address of relative.)

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:

none (Full name of relative.) _____ (Relationship.) _____ (Address of relative.)

_____ (State briefly wherein dependency exists.)

WITNESSED BY: Christopher Hunt

Rank, Boatswain (L)

SIGNED: Oluf Rasmussem

Rank or rating, surfman

2—10348

GOVERNMENT PRINTING OFFICE

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Sept. 4, 1924

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date September 12, 1927

Rasmussen Oluf — Surfman

(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, who was on leave of absence, granted in accordance with Article 527, Regulations, reported for duty at 12.30 A.M. Septembe 12, 1927.

Authority:

Christopher Hunt
(Signature)

Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2599.—Ed. Oct., 1926

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place ~~Newport, Oregon.~~ Date ~~September 9,~~, 1927

Rasmussen Oluf (Surname, first name, and middle initial) Surfman (Rating)

ENTER CHANGE BELOW

You are advised that Oluf Rasmussen, surfman, left this station at 1:00 p.m. September 9th, 1927 on leave of absence in accordance with Article 527 Regulations.

Disciplinary action:

Authority: Article 527 Regulations.

Christopher Hunt
(Signature)

Boatswain (2)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter July 5,1927 (73)	6/19/27 (Date)	4	0	18
Discharged	6/18/28 ✓ (Date)			
Enlisted	6/19/27 ✓ (Date)			

	Yrs.	Mos.	Days
(2) Total service, current enlistment	1	0	0 ✓

	Yrs. Mos. days.
A. W. O. L.	none
Sick misconduct	none
N. P. D. I.	none
A. L. W. P.	none
Other absence for which no pay accrued	none

(3)	Total deductions			
(4)	Net service, current enlistment (basis for enlistment allowance) (2–3)	1	0	0
	Total service to date of discharge (basis for longevity) (1+4)	5	0	18

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

.....
Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service June 18, 1928

~~Commanding Officer—District Superintendent.~~
For- District Commander

GOVERNMENT PRINTING OFFICE 2—13678

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Yaquina Bay Station	6/19/27		25	B.R. Snyder For Dist. Comdr.
Yaquina Bay Station	9/9/27	2	23	B.R. Snyder " " "
Yaquina Bay Station	11/1/27		29	B.R. Snyder " " "
Yaquina Bay Station	5/4/28	26	3	B.R. Snyder " " "
Yaquina Bay Station	6/18/28	3		B.R. Snyder " " "

WITHOUT PAY

2—13678

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent
	none				

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

W.R.R.

14. ON DISCHARGE

Date June 18, 1928 Place Yaquina Bay Station, Newport, Ore. Serial No. A4551

Kind of discharge Honorable Authority for Article 428 (a) Regulations.

Discharged on account of Expiration of term of Enlistment

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

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Yaquina Bay Station	1928 - May 22,	Headquarters Letter Commendation, May 16, 1928.

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13673

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 20,000—Revised Aug., 1925

ENLISTMENT CONTRACT

[1]RE-ENLISTMENT of Rasmussen Oluf ✓ as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay Station, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 192 7, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship [2] naturalized
If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531 ✓
If intentions declared, place and date of declaration
Occupation sailor and surfman Home address Newport, Oregon.
Full name and address of the following:
(Wife, if any) none
(Children under 18 years of age) none
none
(Mother, if living) none Widowed?
(Next of kin, or person interested, if there are none of the above) none

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18th, 19 27, from ~~Cutter~~ Station Yaquina Bay Static (Strike out one)
with honorable (Kind of discharge) discharge, herewith submitted, serial No. 46832 ✓

7. I agree to and with the United States of America, represented by Christopher Hunt (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

PAY ACCOUNTING OFFICE
POSTED
BY
DATE 6-25-28.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Christopher Hunt, Boatswain(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Christopher Hunt
Boatswain (L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen.
(Signature of enlisted person)

Subscribed and sworn to before me this 19th. day of June A. D. 1927

Christopher Hunt
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States) where this enlistment is made.

(Signature of enlisted person)

Reenlistment

11. MEDICAL CERTIFICATE

Age 37 years 3 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue.

Hair brown. Complexion fair. Color white. Married no.

Distinguishing marks none

I certify that I have carefully examined, in accordance with the regulations prescribed for standard 1A physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

W. S. Tuntell

Ras, U. S. P. H. S.

1 Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date ____ Nature of waiver ____

Authority ____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

February 1921 ✓ (Date last vaccinated against smallpox)

July 7, 1925 ✓ (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	Obedience	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30,1927	3.9	4	4	3.5.	yes	Yaquina Bay Sta.	Christopher Hunt
Sept.30,1927	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
Dec, 31, 1927	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
Mar.31, 1928	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
June 18, 1928	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
						Health excellent.	
Averages	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. 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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19th,1925. Yaquina Bay Coast Guard Station.
(Date and place)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

_____ Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

February 1921. July 6th, 1928. ✓ July 7, 1925. ✓

(Date last vaccinated against smallpox) (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Sobriety	~~Obedience~~ Conduct	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30,1928	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
Sept.30,1928	3 9	4	4	3.5	yes	Yaquina Bay Sta	Anton Gustafson
Dec,31, 1928.	3.9	4	4	3.5	yes	Yaquina Bay Sta.	Christopher Hunt
March31,1929	3.9	4	4	3.5	Yes	Yaquina Bay Sta	Anton Gustafson
June 18, 1929	3.9	4	4	3.5	Yes	Yaquina Bay Sta	Anton Gustafson
Health during current enlistment 4.0							
Averages	3.9	4	4	3.5	Yes.		O. Richard

Marks shall be entered in accordance with instructions contained in Circular Letter No. 4. 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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19, 1925. Yaquina Bay Coast Guard Station
(Date and place)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humboldt Bay Station,	8-7-22	Issued Honorable Discharge Button.

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Yaquina Bay Station		Excellent painter	Anton Gustafson

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Yaquina Bay Station	6/19/28	2	40	Anton Gustafson
Yaquina Bay Station	3/12/29	2	38	O Richards
Yaquina Bay Station	6/18/29	38		O Richards

WITHOUT PAY

2—13578

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 18, 1929 Place Yaquina Bay Station Serial No. A4597.

Kind of discharge Honorable Authority for Article 428 (a), Regulations.

Discharged on account of Expiration of term of enlisment.

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

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Rasmussen Cluf
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial or disposition of remains)

_____ _____
(Disposition of effects)

Was death incident to service? _____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter July 5,1927 (73)	6/19/28 (Date)	5	0	18
Discharged	6/18/29 (Date)			
Enlisted	6/19/28 (Date)			
(2) Total service, current enlistment		1	0	0

	Yrs.	Mos.	days.
A. W. O. L.	none		
Sick misconduct	none		
N. P. D. I.	none		
A. L. W. P.	none		
Other absence for which no pay accrued	none		
(3) Total deductions			
(4) Net service, current enlistment (basis for enlistment allowance) (2–3)	1	0	0
Total service to date of discharge (basis for longevity) (1+4)	1	0	0
	6	0	18

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service June 18, 1929, 192

O. D. Wiskland, actg
Commanding Officer—District Commander.

GOVERNMENT PRINTING OFFICE 2—13678

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date June 18, 1929

Rasmussen Oluf — Surfman

(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, was Honorably Discharged this 18th day of June, 1929, in accordance with Article 428 (a), Regulations.

Honorable Discharge No. A4597.

Disciplinary action:

Authority: Article 428 (a), Regulations.

Anton Gustafson
(Signature)

Chief Boatswain's Mate (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

Mar 6-26-28

RE- ENLISTMENT of Rasmussen, Oluf. as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard Cutter ~~Station~~ Yaquina Bay Station 13th District, Newport, Oregon.
(Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 1928, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship[2] naturalized
If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation sailor and surfman Home address Newport, Oregon.
Full name and address of the following:
none (Wife, if any)
none (Children under 18 years of age)
none
none Widowed?
none (Mother, if living)
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ..... (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18th, 1928, from ~~Cutter~~ Station Yaquina Bay Sta, (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A-4551

7. I agree to and with the United States of America, represented by Christopher Hunt (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard

PAY AND ALLOTMENT
THIRTEENTH DISTRICT
POSTED
RECD JUN 20 1928
ANSD
BY
DATE 6-22-28

Oluf Rasmussen.
(Signature of enlisted person)

UNITED STATES OF AMERICA
By Christopher Hunt Boatswain(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Christopher Hunt
Boatswain(L), U. S. C. G., *Enlisting Officer.*

2—7931

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1928

Christopher Hunt
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

(Signature of enlisted person)

11. MEDICAL CERTIFICATE

Reenlistment

Age 38 years 3 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue.

Hair brown. Complexion fair. Color white. Married no.

Distinguishing marks none.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June A. D. 1928

Christopher Hunt

Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

---

10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Reenlistment

Age 38 years 3 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue

Hair brown Complexion fair Color white Married no

Distinguishing marks none.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1}\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

[1] Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD 1928
ANSD

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 27 June, 1928.

U. S. COAST GUARD
JUL 7 - 1928

First Indorsement.

From: Commandant.
To: Commander, Thirteenth District.

Subject: Surfman Oluf Rasmussen - completion of enlistment contract, and vaccination against smallpox. (Yaquina Bay Station).
Reference: (a) Service record, dated 19 June, 1927.

Inclosure: (1) Enlistment contract, dated 19 June, 1928.

1. Returned. It is requested that Article (6) of Inclosure (1) be completed to show the serial number. The records at Headquarters show serial number A-4551.

2. Article (2) of reference (a) shows the above named man was last vaccinated against smallpox **February, 1921.** As more than seven years have elapsed since this man was vaccinated, it is requested that Rasmussen be vaccinated and that a report of same be forwarded to Headquarters upon completion thereof.

3. Return this indorsement with inclosed papers.

C. P. CLARK,
By direction.

2nd Indorsement.
Office of Commander, Thirteenth District.
Portland, Oregon, July 2, 1928.

From: Commander, Thirteenth District.
To: Commandant.

1. Returned. Article (6) of Inclosure (1) has been completed. The serial number of discharge issued the above-named man is A-4551.

2. The instructions contained in paragraph (2) above will be complied with at once, and when vaccination is complete the report will be forwarded to Headquarters.

C. A. Lippincott.

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 20 1928
ANSD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon. Date June 19, 1928

Rasmussen Oluf. (Surname, first name, and middle initial) Surfman. (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, reenlisted this 19th, day of June 1928 on the day following his discharge, in the vacancy caused by his own discharge in accordance with Article 322 (a) Regulations.

Disciplinary action:

Authority: Article 322 (a) Regulations.

Christopher Hunt
(Signature)

Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials	H&R	✓	✓	✓

mac

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. YAQUINA BAY STATION.
THIRTEENTH DISTRICT

NEWPORT, OREGON.
JUNE 18, 1928.

I certify that on this 18th, day of June 1928
I have examined Oluf Rasmussen, surfman, United
States Coast Guard and find

(a) That he is Physically sound:
Or
(b) ~~That he is not Physically soubd for the following reasons.~~

W. S. Thurtell Asst.
U.S. Public Health Service.

Mdlg

U.S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 20 1928
ANSD

U.S. COAST GUARD
RECD JUN 25 1928
ANS.

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon. Date June 18, 1928

Rasmussen Oluf. (Surname, first name, and middle initial) surfman (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, was discharged with an Honorable Discharge on June 18, 1928, in accordance with Article 428 (a) Regulations.

Discharge No. A4551.

Disciplinary action:

Authority: Article 428 (a) Regulations.

Christopher Hunt
(Signature)

Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials		/	/	/

Mac

GOVERNMENT PRINTING OFFICE 2—13272

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. YAQUINA BAY STATION. NEWPORT, OREGON.

THIRTEENTH DISTRICT

JUNE 18,1928.

1. I Oluf Rasmussen, surfman, about to be discharged from the United States Coast Guard, do hereby certify that I know of no physical defects from which I am now suffering.

Oluf Rasmussen.

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2500
Ed. 40,000—Revised Aug., 1925

ENLISTMENT CONTRACT

~~RE~~— ENLISTMENT of Rasmussen Oluf. as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay Station 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 1928, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26th, 1890 Citizenship[2] Naturalized
If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation sailor and surfman Home address Newport, Oregon.
Full name and address of the following:
none (Wife, if any)
none (Children under 18 years of age)
none
none
none Widowed?
(Mother, if living)
none
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ____ (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18th, 1928, from ~~Cutter~~ Station Yaquina Bay Sta, (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A4551.

7. I agree to and with the United States of America, represented by Christopher Hunt (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by unauthorized absences or on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, or while in confinement awaiting trial or disposition of my case, if the trial results in conviction, or while in confinement under sentence, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and if discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability, or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Christopher Hunt (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Christopher Hunt Boatswain(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Christopher Hunt
Boatswain(L), *U. S. C. G., Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1928

Christopher Hunt

Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

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10. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a person under 21 years of age, who is foreign-born or a native of the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)
where this enlistment is made.

(Signature of enlisted person)

---

11. MEDICAL CERTIFICATE

Reenlistment

Age 38 years 4 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue.

Hair brown. Complexion fair. Color white. Married no.

Distinguishing marks none.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard $^{1A}_{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has certified that he has no disease concealed or likely to be inherited.

, *U. S. P. H. S.*

Strike out letter not applicable.

2—7931 GOVERNMENT PRINTING OFFICE

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Nov., 1928

RECORD OF RASMUSSEN, OLUF (108-675)
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Yaquina Bay Station	6/19/31	--	40	H. Wilcox.
Yaquina Bay Station	8/13/31	13	27	H. Wilcox
Yaquina Bay Station	5/10/32	6	21	H. Wilcox
Yaquina Bay Station.	6-18-32.	21		H. Wilcox.

RECORD OF RASMUSSEN, OLUF (108-675)
(Full name, surname to the left)

12. 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

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 18, 1932, 192 Place Newport, Oregon, (Yaquina Bay Sta) Serial No. A26942

Kind of discharge Honorable Authority for Article 445 (1), Regulations.

Discharged on account of Expiration of term of enlistment

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

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

RECORD OF RASMUSSEN, OLUF (108-675)
(Full name, surname to the left)

16. ON RETIREMENT

_____, 193 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 193 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service? _____

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

1 (Yrs.) 0 (Mos.) 0 (Days) ✓

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion _____, 193

_____
Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service 18 June, 193 2

Howard Wilcox
Commanding Officer—District Commander.

2—13678

CERTIFICATE OF MEDICAL EXAMINER

U. S. P. H. S. Relief Station

_____

_____, 19_____

I certify that on this _____ day of _____, 19_____, I have examined _____

_____, _____, U. S. Coast Guard, and find:

(*a*) That he is physically sound for discharge.

(*b*) That he is not physically sound for discharge by reason of the following defects:

(1) _____

(2) _____

(3) _____

(4) _____

In my opinion, defects numbered _____ were incurred as incident to service.

In my opinion, defects numbered _____ were incurred as not incident to service.

_____

Medical Officer in Charge.

RECOMMENDATION OF MEDICAL EXAMINER

(If any)

I recommend as follows:

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

Medical Officer in Charge.

CERTIFICATE OF ENLISTED MAN ON DATE OF DISCHARGE

_____

_____

_____, 19_____

Upon discharge, this date, I certify that I am suffering from the following defect(s):

(The word "none" to be used, if no defects stated)

_____

_____

_____

(Not required when discharged for physical disability or when reenlisting on day following discharge. See Art. 434 (1), Regulations.)

_____

(Signature)

_____, *U. S. Coast Guard.*

(Rate)

U. S. COAST GUARD
THIRTEENTH DISTR
RECD
MAR 26 1932

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date 22 March, 193 2

RASMUSSEN, Oluf (108-673) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

On March 14, 1932 the above named man was taken to an isolation hospital in Newport, Oregon by order of U. S. Public Health Officer of this Port on account of having developed erysipelas of the face and neck. Was discharged from the hospital on March 22nd and ordered confined to station quarters for two or three days in order to fully recover from his illness before returning to duty.

Disciplinary action: None.

Authority: Article 2153 (1), Regulations.

Anton Gustafson
(Signature)

C.W.M. (L), Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD MAR 22 1932

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date 14 March, 1932

RASMUSSEN, Oluf (108-673) Surfman

(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

On March 8, 1932 the above-named man was pronounced unfit for duty by the U. S. Public Health Officer of this Port and ordered confined to station quarters on account of septic sore throat. And on March 14th developed Erysipelas and was ordered removed from the Station to an isolation hospital in Newport, Oregon.

Disciplinary action: None.

Authority: Article 2153 (1), Regulations.

Anton Gustafson
(Signature)

C.B.M.(L), Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date June 19, 19 31

Rasmussen, Olaf (108-675) Surfman
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Above- named man Re-enlisted June 19, 1931, the day following his discharge in the rating and vacancy caused by his own discharge.

Disciplinary action: None

Authority: Article 322 (a), Regulations.

(Signature)

Chief Boatswain's Mate (T.)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Nov., 1929

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D JUN 24 1931

Re **ENLISTMENT**[a] of Rasmussen, Oluf (108-673). as AMS. Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Newport, Oregon.
(Place)

1. I, Oluf Rasmussen, (Full name), this 19 day of June, 1931, ~~A. D.~~, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[b] Nz.

If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531

If intentions declared, place and date of declaration .....

Occupation or trade Sailor and Surfman Home address Newport, Oregon.

Full name and address of the following: None
(Wife, if any)

None
(Children under 16 years of age. Specify ages of children)

None

None Widowed? .....
(Mother, if living)

None
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested by civil authorities and have never been in a reform school, jail, or penitentiary, and have never been convicted or confined other than indicated herein No
(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on June 18, 1931, from ~~Cutter~~ Station Yaquina Bay with Honorable discharge, herewith submitted, serial No. A17350.
(Strike out one) (Kind of discharge)

9. I agree to and with the United States of America, represented by Anton Gustafson, (Name of enlisting officer) United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson, (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen, (Name of person enlisting) who has hereunto signed his

NOTED
Date 6/25/31

JUN 25 1931

[a] In cases of reenlistment prefix "Re."
[b] Citizenship. Use expressions "NB" for native born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Porto Rico.

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name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson C.B.M.(L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson

C.B.M.(L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1931

Anton Gustafson, C.B.M.(L)

Officer in Charge
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 41 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes blue

Hair brown Complexion fair Color white Married no

Distinguishing marks none

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

2—7931 U. S. GOVERNMENT PRINTING OFFICE 1930

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

ENLISTMENT CONTRACT

Re- ENLISTMENT of Rasmussen, Oluf. as Surfman
(Full name, surname to left) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay 13th District, Newport, Oregon.
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

1. I, Oluf Rasmussen, this 19 day of June, 1930 ~~xxx~~, desiring
(Full name)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship [2] Naturalized
If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation Sailor and surfman Home address Newport, Oregon
Full name and address of the following:
none
(Wife, if any)
none
(Children under 16 years of age)
none
none
(Mother, if living) Widowed?
none
(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-
(If "not" so state)
Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18, 1930, from ~~Cutter~~ Station Yaquina Bay
(Strike out one)
with Honorable discharge, herewith submitted, serial No. A-14404
(Kind of discharge)

7. I agree to and with the United States of America, represented by Anton Gustafson, United States
(Name of enlisting officer)
Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the Oluf Rasmussen who has hereunto signed his
(Name of person enlisting)
name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,
By Anton Gustafson, C.B.M.(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson

C.B.M. (L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1930

Carlton Gustafson, C.B.M.(L)
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 40 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes blue

Hair brown. Complexion fair. Color white. Married no

Distinguishing marks none

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

July 6, 1928 ✓ (Date last vaccinated against smallpox)

August 5, 1929. ✓ (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

2—13678

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Conduct	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30,1930	3.8	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Sept.30,1930	3.8	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Dec. 31,1930	3.8	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Mar. 31 1931	3.8	4	3.5	Yes	Yaquina Bay Station.	Vernon J Simmons
June 18,1931	3.8	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Health during current enlistment: 4:0						
Averages	3.8	4	3.5	Yes	Yaquina Bay Sta.	W.P. Jensen

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19,1925, Yaquina Bay Coast Guard Station.
(Date and place)

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humboldt Bay Station	8/7/22	Issued Honorable Discharge Button.
Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat. H/L-5/16/28-(73)

2—13678

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humboldt Bay Station	8/7/22	Issued Honorable Discharge Button.
Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat. H/L-5/16/28-(73)

RECORD OF Rasmussen, Oluf

(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Yaquina Bay Station	6/18/31	Excellent Painter	M. P. Jensen

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

RECORD OF Rasmussen, Oluf

(Full name, surname to the left)

11. LEAVE ACCOUNT

WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Superintendent
Yaquina Bay Station	6/19/30		40	M. P. Jensen
Yaquina Bay Station	7/ 5/30	2	38	M. P. Jensen
Yaquina Bay Station	12/4/30	5	33	M. P. Jensen
Yaquina Bay Station	6/19/31	3	30	M. P. Jensen
Yaquina Bay Station,	6/13/31	30		M. P. Jensen

WITHOUT PAY

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Superintendent

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date 18 June, 1931, 192x Place Yaquina Bay Sta. Newport, Ore. Serial No. 417350.

Kind of discharge Honorable Authority for Article 445 (1), Regulations.

Discharged on account of Expiration of full term of one year enlistment.

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

15. ON DESERTION

_____, 192 _____ _____
(Date) (Unit) (Place)

2—13678

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

16. ON RETIREMENT

_____, 192 _____ _____
(Date) (Cause) (Authority)

17. ON DEATH

_____, 192 _____ _____ _____
(Date) (Place) (Cause) (Place of burial

_____ _____
or disposition of remains) (Disposition of effects)

Was death incident to service?_____

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	Previous Discharges (Date)	7	0	18
Discharged	6/18/31 (Date)			
Enlisted	6/19/30 (Date)			
(2) Total service, current enlistment		1	0	0

	Yrs. Mos. days.	
A. W. O. L.	None	
Sick misconduct	None	
N. P. D. I.	None	
A. L. W. P.	None	
Other absence for which no pay accrued	None	
(3) Total deductions	None	
(4) Net service, current enlistment (basis for enlistment allowance) (2−3)		1 0 0
Total service to date of discharge (basis for longevity) (1+4)		8 0 18

RECORD OF Rasmussen, Oluf
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 192

.....
Commanding Officer—District Superintendent.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service June 18, 1931, ~~193~~

M. C. Jensen
Commanding Officer—District Superintendent.
act. District Commander

GOVERNMENT PRINTING OFFICE 2—13678

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date June 19, 19 30

Rasmussen, Oluf — Surfman

(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Above- named man Re-enlisted June 19,1930, the day following his xxx discharge in the rating and vacancy caused by his own discharge.

Disciplinary action:

Authority: Article 322 (a),Regulations.

Anton Gustafson
(Signature)

Chief Boatswain's Mate (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1927

ENLISTMENT CONTRACT

U. S. COAST GUARD
REC'D JUN 27 1930 By
ANS

6-30-30

Re- ENLISTMENT of Rasmussen, Oluf. (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Station~~ Station Yaquina Bay 13th District, Newport, Oregon. (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

1. I, Oluf Rasmussen (Full name), this 19 day of June, 1930 xxx, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship[2] Naturalized

If naturalized, place and date of naturalization San Francisco, Cal. 11/6/24 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation Sailor and surfman Home address Newport, Oregon

Full name and address of the following:

(Wife, if any) none

(Children under 16 years of age) none

none

none Widowed?

(Mother, if living) none

(Next of kin, or person interested, if there are none of the above)

JUN 27 1930 U. S. COAST GUARD RECD

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ..... (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18, 1930, from ~~Station~~ Yaquina Bay (Strike out one)

with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A144044

7. I agree to and with the United States of America, represented by Anton Gustafson (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

NOTED
P & A
Date 6-30-30

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson C.B.M.(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made. 6-30-30

JUN 30 1930

Anton Gustafson
C.B.M. (L), U. S. C. G., Enlisting Officer.

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1930

Anton Gustafson, C.B.M.(L)
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 40 years 4 months. Height 5 feet 9 inches. Weight 164 pounds. Eyes blue

Hair brown Complexion fair Color white Married no

Distinguishing marks none

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1927

ENLISTMENT CONTRACT

[1] Re ENLISTMENT of Rasmussen Oluf (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon. (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 192 9 desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890 Citizenship [2] Naturalized
If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531
If intentions declared, place and date of declaration
Occupation Sailor and surfman Home address Newport, Oregon.
Full name and address of the following:
None (Wife, if any)
None (Children under 16 years of age)
None
None (Mother, if living) Widowed?
None (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ____ (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18, 1929, from ~~Cutter~~ Station Yaquina Bay (Strike out one)
with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A4597

7. I agree to and with the United States of America, represented by Anton Gustafson (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson. (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Ruf Rasmussen.
(Signature of enlisted person)
UNITED STATES OF AMERICA,
By Anton Gustafson C.B.M. (L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson
C.B.M. (L), *U. S. C. G., Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1929

Audon Gustafson
officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 39 years 4 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue

Hair brown. Complexion fair. Color White. Married no

Distinguishing marks none

Form 2650-C
TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

1. WAIVERS
(To permit enlistment)

Date _____ Nature of waiver _____

Authority _____

2. VACCINATION AND INOCULATION
(To be filled out upon enlistment, but any subsequent change shall be noted)

July 6,1928 (Date last vaccinated against smallpox)

July 7,1925 · August 5,1929 (Date last inoculated against typhoid fever)

3. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date

4. CHANGES IN RATING

Vessel or station	Rated to—	Date

RECORD OF Rasmussen Okuf
(Full name, surname to the left)

5. EFFICIENCY MARKS

SCALE OF MARKS: 0, Bad; 1, Indifferent; 1.5, Fair; 2.5, Passing; 3, Good; 3.5, Very Good; 4, Excellent

Date	Proficiency in rating	Conduct	Ability as leader of men	Recommended for good-conduct medal	Vessel or station	Signature of commanding officer or officer in charge of a unit
June 30,1929	3.9	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Sept.30,1929	3.9	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
Dec. 31,1929	3.9	4	3.5	Yes	Yaquina Bay Sta	Anton Gustafson
Mar. 31,1930	3.9	4	3.5	Yes	Yaquina Bay Sta.	Anton Gustafson
June 18,1930	3.9	4	3.5	Yes	Yaquina Bay Sta	Anton Gustafson
	Health during current Enl. 4.0					
Averages	3.9	4	3.5	Yes	Yaquina Bay Sta	Anton Gustafson

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.

6. QUALIFIED AS GOOD SWIMMER

Qualified as a good swimmer June 19,1925. Yaquina Bay Coast Guard Station.
(Date and place)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

7. TRIALS BY COAST GUARD COURTS AND RESULT

Ship or station	Date	Remarks

8. MERITORIOUS CONDUCT

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

Ship or station	Date	Remarks
Humboldt Bay Station	8/7/22	Issued Honorable Discharge Button.
Yaquina Bay Station	4/29/28	Rescue of 3 men in row boat.H/L-5/16/28-(73)

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

9. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander
Yaquina Bay Station	6/18/30	Excellent painter	C.A. Bishop Lt

10. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

11. LEAVE ACCOUNT
WITH PAY

Ship or station	Date	Number of days	Balance	Signature of executive officer or District Commander
Yaquina Bay Station	6/19/29		30	C.A. Bilpincott
Yaquina Bay Station	7/ 4/29	3	27	C.A. Bilpincott
Yaquina Bay Station	9/10/29	16	11	C.A. Bilpincott
Yaquina Bay Station	5/17/30	3	8	C.A. Bilpincott
" "	6-18-30	8		C.A. Bilpincott ✓

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

12. ABSENT FROM DUTY

(On account of sickness due to own misconduct. Unauthorized leave. Nonperformance of duty because imprisoned, both while in arrest resulting in court-martial sentence and while serving said sentence)

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander

13. EXTENSION OF ENLISTMENT AND REASON THEREFOR

14. ON DISCHARGE

Date June 18, 1930 xxx Place Yaquina Bay Station, Newport, Ore. Serial No. 144404

Kind of discharge Honorable Authority for Article 428 (a), Regulations

Discharged on account of Expiration of one year term of enlistment

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

15. ON DESERTION

____, 192____
(Date) (Unit) (Place)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

16. ON RETIREMENT

(Date), 192	(Cause)	(Authority)

17. ON DEATH

(Date), 192	(Place)	(Cause)	(Place of burial

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. SERVICE RECORD FOR PAY PURPOSES

(1) Previous Coast Guard and Navy service for pay purposes to date of current enlistment, furnished by

		Yrs.	Mos.	Days.
Headquarters letter	7/5/27 (Date)	6	0	18 ✓
Discharged	6/18/30 ✓ (Date)			
Enlisted	6/19/29 ✓ (Date)			
(2) Total service, current enlistment		1	0	0 ✓

	Yrs.	Mos.	days.
A. W. O. L.			
Sick misconduct			
N. P. D. I.			
A. L. W. P.			
Other absence for which no pay accrued			
(3) Total deductions			

(4) Net service, current enlistment (basis for enlistment allowance)	1	0	0 ✓	
			(2–3)	
Total service to date of discharge (basis for longevity)				7 0 18 ✓
				(1+4)

2—13678

RECORD OF Rasmussen Oluf
(Full name, surname to the left)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ----------, 192

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service June 18, 1930 ~~xxxxx~~

C. A. Gilfillan

Commanding Officer—District Commander.

GOVERNMENT PRINTING OFFICE 2—13678

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date June 19, 1929

Rasmussen Oluf — Surfman.
(Surname, first name, and middle initial) (Rating)

ENTER CHANGE BELOW

Oluf Rasmussen, surfman, Reenlisted this 19 day of June, 1929 on the day following his discharge, in the vacancy caused by his own discharge, in accordance with Article 322 (a), Regulations.

Disciplinary action:

Authority: Article 322 (a), Regulations.

Anton Gustafson
(Signature)

Chief Boatswain's Mate (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	PERSONNEL RECORDS		
		INDEX	UNIT	RATING
Initials				

GOVERNMENT PRINTING OFFICE 2—13272

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1927

[1]Re-ENLISTMENT CONTRACT

[1]Re- ENLISTMENT of Rasmussen Oluf (Full name, surname to left) as Surfman (Rating)

U. S. Coast Guard ~~Cutter~~ Station Yaquina Bay, 13th District, Newport, Oregon. (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

1. I, Oluf Rasmussen (Full name), this 19th day of June, 1929, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, nor any other service, through sentence of either a civil or a military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Copenhagen, Denmark, on February 26, 1890, Citizenship [2] Naturalized

If naturalized, place and date of naturalization San Francisco, Cal. Nov. 6, 1924 Certificate number 2077531

If intentions declared, place and date of declaration

Occupation Sailor and surfman Home address Newport, Oregon.

Full name and address of the following:

None (Wife, if any)

None (Children under 16 years of age)

None

None (Mother, if living) Widowed?

None (Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I have ____ (If "not" so state) had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

5. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

6. I was last discharged from the U. S. Coast Guard on June 18, 1929, from ~~Cutter~~ Station Yaquina Bay (Strike out one)

with Honorable (Kind of discharge) discharge, herewith submitted, serial No. A4597.

7. I agree to and with the United States of America, represented by Anton Gustafson (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree, to serve during the term of One YEAR from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost by absence on account of disease resulting from my own intemperate use of drugs or alcoholic liquors or other misconduct, so that such extension with the time served by me prior thereto will amount to a full term of One YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct, undesirability or inaptitude, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by Anton Gustafson. (Name of enlisting officer) United States Coast Guard, does hereby covenant and agree to and with the Oluf Rasmussen (Name of person enlisting) who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Oluf Rasmussen
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By Anton Gustafson C.B.M.(L)
(Signature and rank of enlisting officer)

8. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

Anton Gustafson
C.B.M.(L), U. S. C. G., *Enlisting Officer.*

[1] In cases of reenlistment prefix "Re."
[2] Citizenship: Use expressions "native born," "naturalized," "alien, intentions declared," "alien," "native of Philippine Islands," "native of Porto Rico."

2—7931

9. OATH OF ALLEGIANCE

I, Oluf Rasmussen (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Oluf Rasmussen
(Signature of enlisted person)

Subscribed and sworn to before me this 19th day of June, A. D. 1929

Anton Gustafson
Officer in Charge.
(Comdg. officer, officer in charge of a unit, or notary public)

10. DESCRIPTIVE LIST

Age 39 years 4 months. Height 5 feet 9 inches. Weight 162 pounds. Eyes blue

Hair brown. Complexion fair. Color White. Married no

Distinguishing marks none

Died.—Discharged on account of death. Should death result from a disability other than that with which the patient is carried on the sick list, the case should be disposed of as "C." and admitted "A." with the direct cause of death and immediately disposed of as "DD."

Invalided from service.—Termination of service of an enlisted man through an approved recommendation of a board of medical survey, that of a cadet or cadet engineer for physical disability, or that of an officer placed on the retired list by reason of physical disability.

NOTE.—Only the place from which actually discharged from the service shall use this disposition; e. g., a hospital, station, or ship surveys a man and recommends his discharge from the service, but the actual discharge takes place on another ship or station, such hospital, station, or ship shall show the disposition of this case as transferred "T." and the place to which transferred shall readmit "RA." the case and dispose of it as "IS." on the date of actual discharge from the service.

Ran.—Termination of service through desertion.

Transferred.—Indicates the disposition of a patient to another place. The same designation shall be used to indicate the disposition of an officer discharged from the sick list and ordered to appear before a retiring board or sent to sick leave; also patients discharged by reason of expiration of enlistment while on the sick list.

Patients transferred to other than U. S. institutions shall not be discharged from the sick list; they shall be recorded in all respects as though they were at the station, or on board the ship from which sent, unless the service record of the man is transferred or the officer detached, in which event the case shall be disposed of "T." and the health record forwarded in accordance with instructions. Cases sent to or received from other than U. S. institutions shall at once be reported to Headquarters by letter, giving the name in full, rate, diagnosis, and date transferred.

The name of the place to which a patient is transferred shall always be clearly stated on all medical records.

32. Immediately under the entry made at time of discharge the number of sick days shall be indicated by numerals on the margin.

33. Trivial affections, and dental work not requiring admission to the sick list, may be indicated by a "Note."

34. For ordinary cases the following examples indicate the data required:

Coast Guard Cutter *Seneca*.

A — June 10, 1920. Tonsillitis, acute follicular. Origin in the line of duty; exposure on watch. Mild attack.
D 2 — June 12, 1920. Well.

Note. — June 19, 1920. Wound, lacerated (neck). Injured while coaling ship. Wound sutured and dressed.

C. D. BROWNE,
Assistant Surgeon, U. S. P. H. S.

A — July 20, 1920. Hernia, inguinal (complete left). Origin in the line of duty. Due to a fall while on duty. Hernia reduced and retained temporarily by spica bandage.
T 5 — July 25, 1920. To Marine Hospital, Stapleton, N. Y.

A. B. SMITH,
Assistant Surgeon, U. S. P. H. S.

Marine Hospital, Stapleton, N. Y.

RA — July 25, 1920. Hernia, inguinal. Origin *not* in the line of duty, not due to own misconduct. According to patient's accepted statement, injury existed prior to enlistment.
July 28, 1920. Bassini operation; ether anæsthesia; no complications. Patient reacted well after operation.
August 10, 1920. Convalescent.
August 25, 1920. Up and about.
D 52 — September 15, 1920. Cured.

E. F. ANDREWS,
Surgeon, U. S. P. H. S.

Approved: G. H. PHELPS,
Surgeon, U. S. P. H. S., in Command.

2—9954

Retired

RASMUSSEN. Oluf.

Surfman

108-673

HEALTH RECORD, U. S. COAST GUARD

Rate at date of transfer (enlisted)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2525.—Ed. 3,000—Aug., 21.

2—9954

GENERAL INSTRUCTIONS.

1. A Health Record shall be opened (issued) for each officer (appointed or promoted) and for every person enlisted in the Coast Guard. For an officer the record shall be opened by the Medical Board of Examination and for other persons by the medical examiner making the physical examination.

2. It shall be retained by the medical officer of the ship or station to which the person is attached, who will be responsible for its proper care, continuation, and further disposition. If there be no medical officer, this duty will devolve upon the commanding officer in the case of officers, and upon the officer having custody of enlistment contracts in the case of enlisted men.

3. When ordered to appear before a Medical Board of Examination, the record shall be forwarded to the president of such board, who shall have a note of the findings of the board entered on the Medical History Sheet and, after completion of the examination, return the record to the place from which received. When an officer is examined for promotion, if physically qualified the board will at once open a new Health Record, which shall be forwarded with the old one as noted above.

4. The old Health Record of officers, when promoted and upon termination of service, shall be closed and forwarded to Headquarters. In the case of promotion, the medical officer closing the Health Record in the previous grade shall at once complete the opening of a new Health Record (enter date promoted) in the grade to which promoted. The abstract should be removed from the old record and appended to the new one.

5. In the case of an officer recommended for appointment from civil life or of a cadet or cadet engineer entering the Coast Guard Academy, the board will proceed with the new Health Record as provided for in the case of promotion.

6. If an officer is on leave unassigned, waiting orders, or on detached duty, his Health Record shall be forwarded to Headquarters or to such convenient Coast Guard unit or officer of the Public Health Service as the Commandant may designate. All officers are required to notify the medical officer of their detachment, promotion, orders before board of medical survey, or board for promotion, retirement, or examination for special duty (aviator).

7. If the Health Record be lost or destroyed, a new one shall be immediately *completely* opened by the first officer charged with the custody thereof aware of such loss, who will note the fact in the new record and continue the medical history from that date, with such previous data as may be obtainable. If the old record be found, detach all history from the new and attach to the older record.

8. Attach no forms or folded papers to this record.

9. In the case of medical survey, etc., brief entry only will be made of the board's findings and recommendations on the Medical History Sheet.

10. Skeleton health records shall not be issued.

TRANSFER.

11. Upon transfer of the person the Health Record shall be forwarded, through official channels, to his new station except as directed in paragraph 6. If transferred to a Navy or Marine Hospital or other Government institution for treatment, the Health Record shall accompany the patient and be preserved and continued by the proper hospital authorities.

12. When a patient receives dental treatment from a dental officer the necessary entries shall be made in the record by such dental officer over his signature; if from a private dentist, the dentist shall be requested to make the proper entries and sign the record, which shall be promptly returned to the officer having custody thereof.

13. If the record is forwarded to Headquarters for any reason other than termination of service or as directed in paragraph 6, it shall be accompanied by a letter stating the reason.

DESCRIPTIVE SHEET.

14. The Descriptive Sheet shall be typewritten, if practicable, and completely filled in as called for by the items noted thereon. A carbon copy of the first page shall be forwarded to Headquarters immediately upon completion of the opening of the record.

15. The physical condition of persons accepted for the Coast Guard must be fully described in order that no improper claims for compensation or pension may be established. Disqualifications requiring a waiver shall be especially noted, also the action of Headquarters in each case.

EXTENSION OF ENLISTMENT OR CHANGE OF NAME.

16. The extension of an enlistment or change of name shall be noted on the Medical History Sheet, and the present record continued until such extension is terminated.

TERMINATION OF SERVICE.

17. Termination of service shall be noted in the space provided on the Descriptive Sheet and the closed record immediately forwarded to Headquarters.

ABSTRACT SHEET.

(Double sheet, do not separate.)

18. Cowpox vaccination and typhoid prophylaxis shall be noted in the space provided for these entries.

19. Immediately upon receipt or transfer of a person, as a patient or for duty, make entries required on the Medical Abstract page. This abstract is a chronological list of places of duty and affords information of previous treatment.

20. In case of promotion of an officer, appointment to officer's rank, or of immediate reenlistment, the medical officer completing the opening of the new record shall detach the Abstract Sheet from the old and attach it to the new record.

21. The Medical History Sheet-s of old or former Health Records are retained at Headquarters, but upon reenlistment the Abstract Sheet will be reissued, and if not received within a reasonable time should be requested to be appended to the new Health Record by the officer responsible therefor. (See par. 2.)

22. Every person shall be examined by a dental officer or dentist as soon as practicable after entering the service, and a record of first dental examination shall be made on the outline chart of the "Dental Abstract," recorded in red ink and all subsequent dental work shall be recorded on this same outline chart in black ink. Dental operations shall be recorded on the outline chart of the abstract as follows:

- × Tooth extracted. If for root-s only, then the × should appear over the root-s in question.
- ● Cavity. Indicate approximate size and location.
- | Canal treatment.
- ○ Abscess. Mark over site.
- ⚲ Fistula. Mark over location.
- ═ Pyorrhoea. Note at gingival margin of each tooth.
- ▤ Bridge restoration. Extend marks over body of teeth involved.
- ▥ Crown restoration. Mark over body of tooth or teeth.
- △ Root amputation. Mark in direction of apex of root.
- ∩ Supernumerary tooth. Mark in region of the position of the tooth and give half number, nearest number applying, e. g., 6½ for region of right superior cuspid.
- ⧖ Impacted teeth. Mark in region.

23. Other operative procedures should be written in full, preceded by the classified number of the tooth, or teeth; e. g., removing calculus from a set of teeth, 1-32 calculus removed; 30- two root canals filled; 12- one root canal filled; 11- abscess lanced; 21- pulp devitalized; etc.

MEDICAL HISTORY SHEET.

24. As the medical history is continuous, care must be taken to indicate the name of the place and date to which subsequent entries apply. The name of the patient shall be entered on each sheet used. Entries are not required to be made daily, but will be made as often as circumstances require, giving concisely the diagnosis, origin, misconduct status, and all essential details regarding symptoms, course, laboratory findings, and treatment. Note all facts relating to origin, and if a conflicting opinion is subsequently expressed by the same or some other medical officer, the reasons for such change shall be fully stated. Continuance of disability or absence of same shall be stated when patient is discharged to duty or from the service.

25. A record of all dental operations and treatment shall be kept in the same manner as other medical history is recorded on the Medical History Sheet of the Health Record. Entries shall be made as a "Note," with the customary entry of name of place and date, also the necessary entry made on the Abstract Sheet in the space provided and noted as Dental Abstract.

26. Dental officers shall promptly notify the medical officer of any case which may require medical attention. Should it appear necessary to admit a patient to the sick list, the dental officer shall report the circumstances to the medical officer, who will enter the case on his records in the customary manner, and under the terms of the Navy nomenclature.

27. The Medical History Sheet-s for officers are kept in the same manner as that for enlisted men, but the disposition of this portion of the Health Record differs as follows: At the beginning of each calendar year all sheets containing medical history entries made during the preceding 12 months shall be detached and forwarded at once to Headquarters. If on the sick list at the time, this procedure may be delayed until discharged. The abstract is retained and kept up to date in all cases.

28. In the case of cadets and cadet engineers, the Health Record is retained intact until termination of service as such.

29. Medical History Sheets will ordinarily be the only part of the Health Record carried with expeditionary forces for keeping medical records; medical history entered thereon shall be inserted in the Health Record at a later date upon return to the base.

30. Should a wrong entry be made on a Medical History Sheet, it shall not be mutilated by cutting but shall be made "void" by writing across the face of the entry in red ink the cause for voiding, then signed by the medical officer.

31. The following abbreviations shall be used on the left margin of the Medical History Sheets:

A. Admitted.
RA. Readmitted.
D. Discharged to duty.
C. Diagnosis changed.
DD. Died.
IS. Invalided from service.
R. Ran (deserted).
T. Transferred.

NOTE.—Abbreviations used in the margin of the Medical History Sheets of the Health Record are interpreted as follows:

Admitted.—All original admissions.

Readmitted.—Every subsequent admission for the continuance of the same disability. When a patient is received by transfer he shall be taken up as a readmission with the disability under which transferred.

Discharged to duty.—All cases restored to duty. Patients granted leave of absence to begin upon discharge from treatment shall be noted as to duty "D."

Diagnosis changed.—When a change of diagnosis is required for an evidently erroneous diagnosis the manner of discharge shall be indicated by the letter "C." The same letter shall be used when a diagnosis is changed by reason of the intervention of another distinct disability, provided the patient has not recovered or if unlikely to recover from the former disability. Examples: (*a*) A case is admitted with sprain of joint and is later determined to be a fracture: Discharge as "C." and admit "A." with fracture. (*b*) A patient under treatment for tuberculosis receives an injury: Discharge as "C." and admit "A." with the injury; then when considered fit in all respects for duty, so far as the injury is concerned, discharge to duty "D." and readmit "RA." with tuberculosis. If for any reason a termination of service takes place by death or survey on account of tuberculosis and the injury remains unhealed, then the case shall show the disposition of the injury as "C." and readmission "RA." with tuberculosis. The object being to show that termination of service was on account of tuberculosis and not the intercurrent injury.

Coast Guard Form 2525 A.

ABSTRACT SHEET.

Surname Rasmussen,

Christian name-s Oluf

COWPOX VACCINATION.

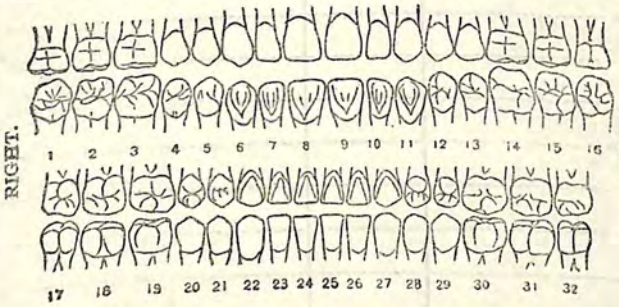
Number of prior scars 1 on each arm

Date.	Result.	Signature of Medical Officer.
1921		
Oct 11,	Negative	S.P.C?

TYPHOID PROPHYLAXIS.

Date administered.			Signature of Medical Officer.
First.	Second.	Third.	
1921			
Oct. 20.	Oct. 31.	Nov. 11,	S.P.C.

DENTAL ABSTRACT.



Condition and treatment.	Date completed.	Signature Dental Officer or dentist.

2—9004

MEDICAL ABSTRACT—Continued.

Place.	Date.		Diagnosis and sick days, e. g., "Malaria-26," etc.	Signature Medical Officer or officer responsible.
	Attached.	Detached.		

(8)

RECEIVED MAR 23 1922 DIVISION OF MEDICAL SERVICE

Form 2525.

DESCRIPTIVE SHEET.

Rasmussen,
(Surname)

Oluf.
(Christian name-s)

Rank or rate Surfman.
(For which being examined)

Enlisted / Appointed / Promoted — Place Point Reyes, Calif.
(Enlisted man only)

Date July 20, 1921.
(Enter when determined)

Previous service None.
(Number of years)

Diseases or injuries prior to entering Coast Guard (individual's statement)

No

Religion (denomination) Protistant.

Next of kin or friend Rickard Rasmussen,
(Relation, name, and address)

(Brother) Address not known.

PHYSICAL EXAMINATION.

Place San Francisco, Calif.
(Of examination)

Date July 18, 1921.
(Of examination)

Nationality Denmark, alien.
(White-U. S., Colored-U. S., Filipino, Samoan, etc.)

Born: Place Copenhagen, Date Feb. 26, 1890

Eyes blue Hair brown Complexion med.

Height 5-7 3/4 inches. Weight 160 pounds.

Vision: Right 20/20, corrected to 20/20.

Left 20/20, corrected to xx/20.

Color perception Good,

Hearing: Right 30/15. Left 30/15.

Chest measurement: Mean 35 1/2 Expansion 38 3/4.
(Inches)

Teeth:

	Right.								Left.							
Upper:	X	M	M	X	X	C	I	I.	I	I	C	B	B	X	M	M
Lower:	M	M	M	B	B	C	I	I	I	I	C	B	B	M	M	M

Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

Marks, scars, etc. O.R. tattoo left forearm.

Signature Lynne A. Fullerton
(Medical Examiner)

(See instructions on reverse.) Asst Surgeon U.S.P.H.S.

NOTICE.

As soon as enlisted or as soon as the date of appointment or promotion is determined and entered on the Descriptive Sheet and on this carbon copy, the carbon copy shall be detached and forwarded immediately to Commandant, Coast Guard Washington, D. C.

IMPORTANT NOTICE.

Has the name of the individual been legibly written on the cover and Abstract Sheet of this Health Record?

2—9964

Died.—Discharged on account of death. Should death result from a disability other than that with which the patient is carried on the sick list, the case should be disposed of as "C." and admitted "A." with the direct cause of death and immediately disposed of as "DD."

Invalided from service.—Termination of service of an enlisted man through an approved recommendation of a board of medical survey, that of a cadet or cadet engineer for physical disability, or that of an officer placed on the retired list by reason of physical disability.

NOTE.—Only the place from which actually discharged from the service shall use this disposition; e. g., a hospital, station, or ship surveys a man and recommends his discharge from the service, but the actual discharge takes place on another ship or station, such hospital, station, or ship shall show the disposition in this case as transferred "T." and the place to which transferred shall readmit "A." the case and dispose of it as "IS." on the date of actual discharge from service.

Ran.—Termination of service through desertion.

Transferred.—Indicates the disposition of a patient to another place. The same designation shall be used to indicate the disposition of an officer discharged from the sick list and ordered to appear before a retiring board or sent to sick leave; also patients discharged by reason of expiration of enlistment while on the sick list.

Patients transferred to other than U. S. institutions shall not be discharged from the sick list; they shall be recorded in all respects as though they were at the station, or on board the ship from which sent, unless the service record of the man is transferred or the officer detached, in which event the case shall be disposed of "T." and the health record forwarded in accordance with instructions. Cases sent to or received from other than U. S. institutions shall at once be reported to Headquarters by letter, giving the name in full, rate, diagnosis, and date transferred.

The name of the place to which a patient is transferred shall always be clearly stated on all medical records.

32. Immediately under the entry made at time of discharge the number of sick days shall be indicated by numerals on the margin.

33. Trivial affections, and dental work not requiring admission to the sick list, may be indicated by a "Note."

34. For ordinary cases the following examples indicate the data required:

Coast Guard Cutter *Seneca*.

A — June 10, 1920. Tonsillitis, acute follicular. Origin in the line of duty; exposure on watch. Mild attack.

D 2 — June 12, 1920. Well.

Note. — June 19, 1920. Wound, lacerated (neck). Injured while coaling ship. Wound sutured and dressed.

C. D. BROWNE,
Assistant Surgeon, U. S. P. H. S.

A — July 20, 1920. Hernia, inguinal (complete left). Origin in the line duty. Due to a fall while on duty. Hernia reduced and retained temporarily by spica bandage.

T 5 — July 25, 1920. To Marine Hospital, Stapleton, N. Y.

A. B. SMITH,
Assistant Surgeon, U. S. P. H. S.

Marine Hospital, Stapleton, N. Y.

RA — July 25, 1920. Hernia, inguinal. Origin *not* in the line of duty, not due to own misconduct. According to patient's accepted statement, injury existed prior to enlistment.

July 28, 1920. Bassini operation; ether anæsthesia; no complications. Patient reacted well after operation.

August 10, 1920. Convalescent.

August 25, 1920. Up and about.

D 52 — September 15, 1920. Cured.

E. F. ANDREWS,
Surgeon, U. S. P. H. S.

Approved: G. H. PHELPS,
Surgeon, U. S. P. H. S., in Command.

2—9964

U.S.C.G. OFFICE

Rasmussen,
(Surname)

Oluf.
(Christian name—s, in full)

Rank or rate 108-673

HEALTH RECORD, U. S. COAST GUARD

Rate at date of transfer (enlisted)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2525.—Ed. 10,000—May 10-20. 2—9964

GENERAL INSTRUCTIONS.

1. A Health Record shall be opened (issued) for each officer (appointed or promoted) and for every person enlisted in the Coast Guard. For an officer the record shall be opened by the Medical Board of Examination and for other persons by the medical examiner making the physical examination.

2. It shall be retained by the medical officer of the ship or station to which the person is attached, who will be responsible for its proper care, continuation, and further disposition. If there be no medical officer, this duty will devolve upon the commanding officer in the case of officers, and upon the officer having custody of enlistment contracts in the case of enlisted men.

3. When ordered to appear before a Medical Board of Examination, the record shall be forwarded to the president of such board, who shall have a note of the findings of the board entered on the Medical History Sheet and, after completion of the examination, return the record to the place from which received. When an officer is examined for promotion, if physically qualified the board will at once open a new Health Record, which shall be forwarded with the old one as noted above.

4. The old Health Record of officers, when promoted and upon termination of service, shall be closed and forwarded to Headquarters. In the case of promotion, the medical officer closing the Health Record in the previous grade shall at once complete the opening of a new Health Record (enter date promoted) in the grade to which promoted. The abstract should be removed from the old record and appended to the new one.

5. In the case of an officer recommended for appointment from civil life or of a cadet or cadet engineer entering the Coast Guard Academy, the board will proceed with the new Health Record as provided for in the case of promotion.

6. If an officer is on leave unassigned, waiting orders, or on detached duty, his Health Record shall be forwarded to Headquarters or to such convenient Coast Guard unit or officer of the Public Health Service as the Commandant may designate. All officers are required to notify the medical officer of their detachment, promotion, orders before board of medical survey, or board for promotion, retirement, or examination for special duty (aviator).

7. If the Health Record be lost or destroyed, a new one shall be immediately *completely* opened by the first officer charged with the custody thereof aware of such loss, who will note the fact in the new record and continue the medical history from that date, with such previous data as may be obtainable. If the old record be found, detach all history from the new and attach to the older record.

8. Attach no forms or folded papers to this record.

9. In the case of medical survey, etc., brief entry only will be made of the board's findings and recommendations on the Medical History Sheet.

10. Skeleton health records shall not be issued.

TRANSFER.

11. Upon transfer of the person the Health Record shall be forwarded, through official channels, to his new station except as directed in paragraph 6. If transferred to a Navy or Marine Hospital or other Government institution for treatment, the Health Record shall accompany the patient and be preserved and continued by the proper hospital authorities.

12. When a patient receives dental treatment from a dental officer the necessary entries shall be made in the record by such dental officer over his signature; if from a private dentist, the dentist shall be requested to make the proper entries and sign the record, which shall be promptly returned to the officer having custody thereof.

13. If the record is forwarded to Headquarters for any reason other than termination of service or as directed in paragraph 6, it shall be accompanied by a letter stating the reason.

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14. The Descriptive Sheet shall be typewritten, if practicable, and completely filled in as called for by the items noted thereon. A carbon copy of the first page shall be forwarded to Headquarters immediately upon completion of the opening of the record.

15. The physical condition of persons accepted for the Coast Guard must be fully described in order that no improper claims for compensation or pension may be established. Disqualifications requiring a waiver shall be especially noted, also the action of Headquarters in each case.

EXTENSION OF ENLISTMENT OR CHANGE OF NAME.

16. The extension of an enlistment or change of name shall be noted on the Medical History Sheet, and the present record continued until such extension is terminated.

TERMINATION OF SERVICE.

17. Termination of service shall be noted in the space provided on the Descriptive Sheet and the closed record immediately forwarded to Headquarters.

ABSTRACT SHEET.

(Double sheet, do not separate.)

18. Cowpox vaccination and typhoid prophylaxis shall be noted in the space provided for these entries.

19. Immediately upon receipt or transfer of a person, as a patient or for duty, make entries required on the Medical Abstract page. This abstract is a chronological list of places of duty and affords information of previous treatment.

20. In case of promotion of an officer, appointment to officer's rank, or of immediate reenlistment, the medical officer completing the opening of the new record shall detach the Abstract Sheet from the old and attach it to the new record.

21. The Medical History Sheet-s of old or former Health Records are retained at Headquarters, but upon reenlistment the Abstract Sheet will be reissued, and if not received within a reasonable time should be requested to be appended to the new Health Record by the officer responsible therefor. (See par. 2.)

22. Every person shall be examined by a dental officer or dentist as soon as practicable after entering the service, and a record of first dental examination shall be made on the outline chart of the "Dental Abstract," recorded in red ink and all subsequent dental work shall be recorded on this same outline chart in black ink. Dental operations shall be recorded on the outline chart of the abstract as follows:

- × Tooth extracted. If for root-s only, then the × should appear over the root-s in question.
- ● Cavity. Indicate approximate size and location.
- | Canal treatment.
- ○ Abscess. Mark over site.
- Fistula. Mark over location.
- = Pyorrhoea. Note at gingival margin of each tooth.
- Bridge restoration. Extend marks over body of teeth involved.
- Crown restoration. Mark over body of tooth or teeth.
- △ Root amputation. Mark in direction of apex of root.
- ∩ Supernumerary tooth. Mark in region of the position of the tooth and give a half number, nearest number applying, e. g., 6½ for region of right superior cuspid.
- Impacted teeth. Mark in region.

23. Other operative procedures should be written in full, preceded by the classified number of the tooth, or teeth; e. g., removing calculus from a set of teeth, 1–32 calculus removed; 30– two root canals filled; 12– one root canal filled; 11– abscess lanced; 21– pulp devitalized; etc.

MEDICAL HISTORY SHEET.

24. As the medical history is continuous, care must be taken to indicate the name of the place and date to which subsequent entries apply. The name of the patient shall be entered on each sheet used. Entries are not required to be made daily, but will be made as often as circumstances require, giving concisely the diagnosis, origin, misconduct status, and all essential details regarding symptoms, course, laboratory findings, and treatment. Note all facts relating to origin, and if a conflicting opinion is subsequently expressed by the same or some other medical officer, the reasons for such change shall be fully stated. Continuance of disability or absence of same shall be stated when patient is discharged to duty or from the service.

25. A record of all dental operations and treatment shall be kept in the same manner as other medical history is recorded on the Medical History Sheet of the Health Record. Entries shall be made as a "Note," with the customary entry of name of place and date, also the necessary entry made on the Abstract Sheet in the space provided and noted as Dental Abstract.

26. Dental officers shall promptly notify the medical officer of any case which may require medical attention. Should it appear necessary to admit a patient to the sick list, the dental officer shall report the circumstances to the medical officer, who will enter the case on his records in the customary manner, and under the terms of the Navy nomenclature.

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28. In the case of cadets and cadet engineers, the Health Record is retained intact until termination of service as such.

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30. Should a wrong entry be made on a Medical History Sheet, it shall not be mutilated by cutting but shall be made "void" by writing across the face of the entry in red ink the cause for voiding, then signed by the medical officer.

31. The following abbreviations shall be used on the left margin of the Medical History Sheets:

A. Admitted.
RA. Readmitted.
D. Discharged to duty.
C. Diagnosis changed.
DD. Died.
IS. Invalided from service.
R. Ran (deserted).
T. Transferred.

NOTE.—Abbreviations used in the margin of the Medical History Sheets of the Health Record are interpreted as follows:

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Discharged to duty.—All cases restored to duty. Patients granted leave of absence to begin upon discharge from treatment shall be noted as to duty "D."

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NOTE.—Only the place from which actually discharged from the service shall use this disposition; e. g., a hospital, station, or ship surveys a man and recommends his discharge from the service, but the actual discharge takes place on another ship or station, such hospital, station, or ship shall show the disposition of this case as transferred "T." and the place to which transferred shall readmit "RA." the case and dispose of it as "IS." on the date of actual discharge from the service.

Ran.—Termination of service through desertion.

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The name of the place to which a patient is transferred shall always be clearly stated on all medical records.

32. Immediately under the entry made at time of discharge the number of sick days shall be indicated by numerals on the margin.

33. Trivial affections, and dental work not requiring admission to the sick list, may be indicated by a "Note."

34. For ordinary cases the following examples indicate the data required:

Coast Guard Cutter *Seneca*.

A — June 10, 1920. Tonsillitis, acute follicular. Origin in the line of duty; exposure on watch. Mild attack.
D 2 — June 12, 1920. Well.

Note. June 19, 1920. Wound, lacerated (neck). Injured while coaling ship. Wound sutured and dressed.

C. D. BROWNE,
Assistant Surgeon, U. S. P. H. S.

A — July 20, 1920. Hernia, inguinal (complete left). Origin in the line duty. Due to a fall while on duty. Hernia reduced and retained temporarily by spica bandage.
T 5 — July 25, 1920. To Marine Hospital, Stapleton, N. Y.

A. B. SMITH,
Assistant Surgeon, U. S. P. H. S.

Marine Hospital, Stapleton, N. Y.

RA — July 25, 1920. Hernia, inguinal. Origin *not* in the line of duty, not due to own misconduct. According to patient's accepted statement, injury existed prior to enlistment.
July 28, 1920. Bassini operation; ether anæsthesia; no complications. Patient reacted well after operation.
August 10, 1920. Convalescent.
D 52 — August 25, 1920. Up and about.
September 15, 1920. Cured.

E. F. ANDREWS,
Surgeon, U. S. P. H. S.

Approved: G. H. PHELPS,
Surgeon, U. S. P. H. S., in Command.

2—9964

OFFICE OF U.S.C.G. PAYMASTER
1922

Rasmussen,
(Surname)

Oluf.
(Christian name—s, in full)

Rank or rate 108-673

HEALTH RECORD, U. S. COAST GUARD

Rate at date of transfer (enlisted)

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2525.—Ed. 10,000—May 10-20.
2—9964

GENERAL INSTRUCTIONS.

1. A Health Record shall be opened (issued) for each officer (appointed or promoted) and for every person enlisted in the Coast Guard. For an officer the record shall be opened by the Medical Board of Examination and for other persons by the medical examiner making the physical examination.

2. It shall be retained by the medical officer of the ship or station to which the person is attached, who will be responsible for its proper care, continuation, and further disposition. If there be no medical officer, this duty will devolve upon the commanding officer in the case of officers, and upon the officer having custody of enlistment contracts in the case of enlisted men.

3. When ordered to appear before a Medical Board of Examination, the record shall be forwarded to the president of such board, who shall have a note of the findings of the board entered on the Medical History Sheet and, after completion of the examination, return the record to the place from which received. When an officer is examined for promotion, if physically qualified the board will at once open a new Health Record, which shall be forwarded with the old one as noted above.

4. The old Health Record of officers, when promoted and upon termination of service, shall be closed and forwarded to Headquarters. In the case of promotion, the medical officer closing the Health Record in the previous grade shall at once complete the opening of a new Health Record (enter date promoted) in the grade to which promoted. The abstract should be removed from the old record and appended to the new one.

5. In the case of an officer recommended for appointment from civil life or of a cadet or cadet engineer entering the Coast Guard Academy, the board will proceed with the new Health Record as provided for in the case of promotion.

6. If an officer is on leave unassigned, waiting orders, or on detached duty, his Health Record shall be forwarded to Headquarters or to such convenient Coast Guard unit or officer of the Public Health Service as the Commandant may designate. All officers are required to notify the medical officer of their detachment, promotion, orders before board of medical survey, or board for promotion, retirement, or examination for special duty (aviator).

7. If the Health Record be lost or destroyed, a new one shall be immediately *completely* opened by the first officer charged with the custody thereof aware of such loss, who will note the fact in the new record and continue the medical history from that date, with such previous data as may be obtainable. If the old record be found, detach all history from the new and attach to the older record.

8. Attach no forms or folded papers to this record.

9. In the case of medical survey, etc., brief entry only will be made of the board's findings and recommendations on the Medical History Sheet.

10. Skeleton health records shall not be issued.

TRANSFER.

11. Upon transfer of the person the Health Record shall be forwarded, through official channels, to his new station except as directed in paragraph 6. If transferred to a Navy or Marine Hospital or other Government institution for treatment, the Health Record shall accompany the patient and be preserved and continued by the proper hospital authorities.

12. When a patient receives dental treatment from a dental officer the necessary entries shall be made in the record by such dental officer over his signature; if from a private dentist, the dentist shall be requested to make the proper entries and sign the record, which shall be promptly returned to the officer having custody thereof.

13. If the record is forwarded to Headquarters for any reason other than termination of service or as directed in paragraph 6, it shall be accompanied by a letter stating the reason.

DESCRIPTIVE SHEET.

14. The Descriptive Sheet shall be typewritten, if practicable, and completely filled in as called for by the items noted thereon. A carbon copy of the first page shall be forwarded to Headquarters immediately upon completion of the opening of the record.

15. The physical condition of persons accepted for the Coast Guard must be fully described in order that no improper claims for compensation or pension may be established. Disqualifications requiring a waiver shall be especially noted, also the action of Headquarters in each case.

EXTENSION OF ENLISTMENT OR CHANGE OF NAME.

16. The extension of an enlistment or change of name shall be noted on the Medical History Sheet, and the present record continued until such extension is terminated.

TERMINATION OF SERVICE.

17. Termination of service shall be noted in the space provided on the Descriptive Sheet and the closed record immediately forwarded to Headquarters.

ABSTRACT SHEET.

(Double sheet, do not separate.)

18. Cowpox vaccination and typhoid prophylaxis shall be noted in the space provided for these entries.

19. Immediately upon receipt or transfer of a person, as a patient or for duty, make entries required on the Medical Abstract page. This abstract is a chronological list of places of duty and affords information of previous treatment.

20. In case of promotion of an officer, appointment to officer's rank, or of immediate reenlistment, the medical officer completing the opening of the new record shall detach the Abstract Sheet from the old and attach it to the new record.

21. The Medical History Sheet-s of old or former Health Records are retained at Headquarters, but upon reenlistment the Abstract Sheet will be reissued, and if not received within a reasonable time should be requested to be appended to the new Health Record by the officer responsible therefor. (See par. 2.)

22. Every person shall be examined by a dental officer or dentist as soon as practicable after entering the service, and a record of first dental examination shall be made on the outline chart of the "Dental Abstract," recorded in red ink and all subsequent dental work shall be recorded on this same outline chart in black ink. Dental operations shall be recorded on the outline chart of the abstract as follows:

- × Tooth extracted. If for root-s only, then the × should appear over the root-s in question.
- ● Cavity. Indicate approximate size and location.
- | Canal treatment.
- ○ Abscess. Mark over site.
- Fistula. Mark over location.
- = Pyorrhoea. Note at gingival margin of each tooth.
- Bridge restoration. Extend marks over body of teeth involved.
- Crown restoration. Mark over body of tooth or teeth.
- △ Root amputation. Mark in direction of apex of root.
- ∩ Supernumerary tooth. Mark in region of the position of the tooth and give a half number, nearest number applying, e. g., 6½ for region of right superior cuspid.
- Impacted teeth. Mark in region.

23. Other operative procedures should be written in full, preceded by the classified number of the tooth, or teeth; e. g., removing calculus from a set of teeth, 1–32 calculus removed; 30– two root canals filled; 12– one root canal filled; 11– abscess lanced; 21– pulp devitalized; etc.

MEDICAL HISTORY SHEET.

24. As the medical history is continuous, care must be taken to indicate the name of the place and date to which subsequent entries apply. The name of the patient shall be entered on each sheet used. Entries are not required to be made daily, but will be made as often as circumstances require, giving concisely the diagnosis, origin, misconduct status, and all essential details regarding symptoms, course, laboratory findings, and treatment. Note all facts relating to origin, and if a conflicting opinion is subsequently expressed by the same or some other medical officer, the reasons for such change shall be fully stated. Continuance of disability or absence of same shall be stated when patient is discharged to duty or from the service.

25. A record of all dental operations and treatment shall be kept in the same manner as other medical history is recorded on the Medical History Sheet of the Health Record. Entries shall be made as a "Note," with the customary entry of name of place and date, also the necessary entry made on the Abstract Sheet in the space provided and noted as Dental Abstract.

26. Dental officers shall promptly notify the medical officer of any case which may require medical attention. Should it appear necessary to admit a patient to the sick list, the dental officer shall report the circumstances to the medical officer, who will enter the case on his records in the customary manner, and under the terms of the Navy nomenclature.

27. The Medical History Sheet-s for officers are kept in the same manner as that for enlisted men, but the disposition of this portion of the Health Record differs as follows: At the beginning of each calendar year all sheets containing medical history entries made during the preceding 12 months shall be detached and forwarded at once to Headquarters. If on the sick list at the time, this procedure may be delayed until discharged. The abstract is retained and kept up to date in all cases.

28. In the case of cadets and cadet engineers, the Health Record is retained intact until termination of service as such.

29. Medical History Sheets will ordinarily be the only part of the Health Record carried with expeditionary forces for keeping medical records; medical history entered thereon shall be inserted in the Health Record at a later date upon return to the base.

30. Should a wrong entry be made on a Medical History Sheet, it shall not be mutilated by cutting but shall be made "void" by writing across the face of the entry in red ink the cause for voiding, then signed by the medical officer.

31. The following abbreviations shall be used on the left margin of the Medical History Sheets:

A. Admitted.
RA. Readmitted.
D. Discharged to duty.
C. Diagnosis changed.
DD. Died.
IS. Invalided from service.
R. Ran (deserted).
T. Transferred.

NOTE.—Abbreviations used in the margin of the Medical History Sheets of the Health Record are interpreted as follows:

Admitted.—All original admissions.

Readmitted.—Every subsequent admission for the continuance of the same disability. When a patient is received by transfer he shall be taken up as a readmission with the disability under which transferred.

Discharged to duty.—All cases restored to duty. Patients granted leave of absence to begin upon discharge from treatment shall be noted as to duty "D."

Diagnosis changed.—When a change of diagnosis is required for an evidently erroneous diagnosis the manner of discharge shall be indicated by the letter "C." The same letter shall be used when a diagnosis is changed by reason of the intervention of another distinct disability, provided the patient has not recovered or if unlikely to recover from the former disability. Examples: (*a*) A case is admitted with sprain of joint and is later determined to be a fracture: Discharge as "C." and admit "A." with fracture. (*b*) A patient under treatment for tuberculosis receives an injury: Discharge as "C." and admit "A." with the injury; then when considered fit in all respects for duty, so far as the injury is concerned, discharge to duty "D." and readmit "RA." with tuberculosis. If for any reason a termination of service takes place by death or survey on account of tuberculosis and the injury remains unhealed, then the case shall show the disposition of the injury as "C." and readmission "RA." with tuberculosis. The object being to show that termination of service was on account of tuberculosis and not the intercurrent injury.

Form 2525.

DESCRIPTIVE SHEET.

Rasmussen (Surname)

Oliver (Christian name–s)

Rank or rate Surf (For which being examined)

Enlisted / Appointed / Promoted — Place _____ (Enlisted man only)

Date _____ (Enter when determined)

Previous service 11 yrs (Number of years)

Diseases or injuries prior to entering Coast Guard (individual's statement)

None

Religion (denomination) Lutheran

Next of kin or friend Mother (Relation, name, and address)

PHYSICAL EXAMINATION.

Place _____ (Of examination)

Date _____ (Of examination)

Nationality White (White–U. S., Colored–U. S., Filipino, Samoan, etc.)

Born: Place Copenhagen Denmark Date Feb 21 1890

Eyes Blue Hair Brown Complexion Ruddy

Height 5' 11½ inches. Weight 190 pounds.

Vision: Right 20/20, corrected to _____/20.

Left 20/20, corrected to _____/20.

Color perception Good

Hearing: Right 15/15. Left 15/15.

Chest measurement: Mean 39 (Inches) Expansion 3½

Teeth:

	Right.								Left.							
Upper:	M	M	M	B	B	C	I	I	I	I	C	B	B	M	M	M
Lower:	M	M	M	B	B	C	I	I	I	I	C	B	B	M	M	M

Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

Marks, scars, etc. Tattoo U.S.C.G. forearm

Signature George (Medical Examiner)

(See instructions on reverse.)

2—9964

SAN FRANCISCO, CALIF. SEP 30 1940 RECEIVED
SAN FRANCISCO POLICE
SECTION MORTON
P.C.F. ASST. SURGEON
U. S. P. H. S.

NOTICE.

As soon as enlisted or as soon as the date of appointment or promotion is determined and entered on the Descriptive Sheet and on this carbon copy, the carbon copy shall be detached and forwarded immediately to Commandant, Coast Guard Washington, D. C.

IMPORTANT NOTICE.

Has the name of the individual been legibly written on the cover and Abstract Sheet of this Health Record?

2—9964

Coast Guard Form 2525.

DESCRIPTIVE SHEET.

Rasmussen,
(Surname)

Oluf.
(Christian name-s)

Rank or rate Surfman.
(For which being examined)

*Enlisted
*~~Appointed~~
*~~Promoted~~
Place Point Reyes, Calif.
(Enlisted man only)
Date July 20, 1921.
(Enter when determined)

Previous service None.
(Number of years)

Diseases or injuries prior to entering Coast Guard (individual's statement)

No

Religion (denomination) Protistant.

Next of kin or friend Rickard Rasmussen,
(Relation, name, and address)

(Brother) Address not known.

PHYSICAL EXAMINATION.

Place San Francisco, Calif.
(Of examination)

Date July 18, 1921.
(Of examination)

Nationality Denmark, alien.
(White-U. S., Colored-U. S., Filipino, Samoan, etc.)

Born: Place Copenhagen, Date Feb. 26, 1890

Eyes blue Hair brown Complexion med.

Height 5-7¾ inches. Weight 160 pounds.

Vision: Right 20 /20, corrected to 20 /20.

Left 20 /20, corrected to xx /20.

Color perception Good,

Hearing: Right 30 /15. Left 30 /15.

Chest measurement: Mean 35½ Expansion 38¾.
(Inches)

Teeth:

	Right.							Left.							
Upper:	X	M	M	M	X	X	C	I	I	I	I	C	B	B	X	M	M
Lower:	M	M	M	B	B	C	I	I	I	I	C	B	B	M	M	M	M

Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

Marks, scars, etc O.R. tattoo left forearm.

Signature Lynne A. Fullerton
Asst Surgeon U.S.P.H.S.
(Medical Examiner)

* Strike out terms not applicable.

2-9064

Date and nature of any waiver

Marks, scars, etc. (including operation scars), subsequent to those noted on other side

TERMINATION OF HEALTH RECORD.

Attached Station No. 318.
(Name of ship or station)

Place Eureka, Calif.
(City and State)

Date of termination 8/7/22

Rank or rate at this date Surfman.

Terminated by reason of Expiration of enlistment.
(Promotion, resignation, expiration of enlistment, physical disability, death, ran, etc.)

Physical defects disqualifying for continuation in service (if any)

Signature _____ U.S.P.H.S.
(Medical Officer closing record)

2—9964

Coast Guard Form 2525.

ABSTRACT SHEET.

Surname Rasmussen.

Christian name-s Olaf.

COWPOX VACCINATION.

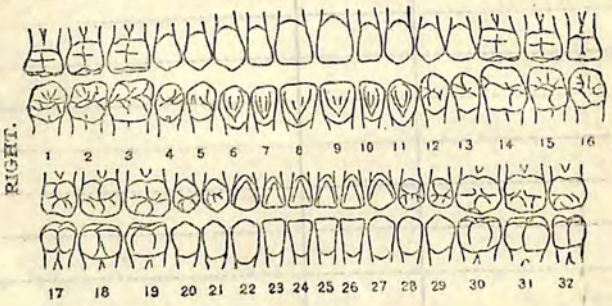
Number of prior scars 1 on Each arm

Date.	Result.	Signature of Medical Officer.
Oct. 11	Negative	S P Cronaghan MD

TYPHOID PROPHYLAXIS.

Date administered.			Signature of Medical Officer.
First.	Second.	Third.	
Oct. 20	Oct 31	Nov. 21	S P Cronaghan MD

DENTAL ABSTRACT.



Condition and treatment.	Date completed.	Signature Dental Officer or dentist.

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MEDICAL ABSTRACT—Continued.

Place.	Date.		Diagnosis and sick days, e. g., "Malaria–26," etc.	Signature Medical Officer or officer responsible.
	Attached.	Detached.		

(8)

Coast Guard Form 2525.

MEDICAL HISTORY SHEET.

Page

Surname Olaf Rasmussen

Christian name-s

GIVE NAME OF PLACE. DATE FOR EACH NEW ENTRY.

July 19/1922 admitted to St. Joseph Hospital Eureka, California for Gun shot wound left hand. 22 caliber ballet entering at base index finger emerging between the second and third meta-Carpus one inch from base of finger. Discharged from Hospital aug. 5/1922 unimproved. Deserter, or out patient aug. 7th 1922 Received

C Gus C Falk
Surgeon in Charge

2—9964

Coast Guard Form 2525.

MEDICAL HISTORY SHEET.

Page _____

Surname _____

Christian name-s _____

GIVE NAME OF PLACE.	DATE FOR EACH NEW ENTRY.

Coast Guard Form 2525.

MEDICAL HISTORY SHEET.

Page _____

Surname _____

Christian name-s _____

GIVE NAME OF PLACE. DATE FOR EACH NEW ENTRY.

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28. The Syphilitic Abstract Sheet will only be inserted in the Health Record after a diagnosis of syphilis has been made by a medical officer. Marine hospitals and other stations will be furnished a supply of blank Syphilitic Abstract Sheets, and when a diagnosis of syphilis has been established the sheet will be filled in as called for by the form and used thereafter to record syphilitic history. This abstract does not take the place of the usual entries made in the Medical History, but it is additional thereto.

29. The Abstract of Service Sheet appearing on the reverse side of the Termination of Service Sheet is self-explanatory. Upon receipt of a Health Record at a Coast Guard unit the necessary entry will be made on this sheet.

30. For ordinary cases the following examples indicate the data required:

COAST GUARD CUTTER "MOJAVE"

June 10, 1926: Tonsillitis, acute. Not due to misconduct; exposure on watch. Mild attack. Routine treatment.
June 12, 1926: To duty. Well.

C. D. BROWNE,
Asst. Surgeon, U.S.P.H.S.

NOTE.—June 19, 1920: Wound, lacerated (neck). Injured while coaling ship. Wound sutured and dressed.

C. D. BROWNE,
Asst. Surgeon, U.S.P.H.S.

MARINE HOSPITAL, STAPLETON, N.Y.

1-24-31: Admitted to hospital this date.
Diagnosis: Burn, both hands and left forearm. No. 2508. Patient was brought into hospital with burns caused by explosion of gasoline on a Coast Guard cutter. Examination showed second-degree burns of both hands and left forearm. There were first-degree burns of the anterior surface of both legs. There was no shock or any constitutional symptoms present.
Burns were debrided and cleaned of dirt. Boric acid ointment applied with relief of pain.
1-25-31: Hands redressed. Large vesicles formed over both hands which were incised and drained. Pain has subsided.
1-28-31: Patient discharged to duty. Burned areas have begun to heal.

C. D. BROWNE,
Asst. Surgeon, U.S.P.H.S.

Approved:

G. H. PHELPS,
Surgeon, U.S.P.H.S.,
Medical Officer in Charge.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16139

Blood type "A"

RASMUSSEN
(Surname in capital letters)

Oluf
(Christian name(s) in full)

108-673
(Service number)

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING B.M.2c (L)

CHANGES

Advanced to B.M.1c.(L) 2-1-35 Auth.
Commander, Seattle Division letter
29 January, 1935 (701).
Reduced to Surfman 6-1-35, Authority
Art 454, Regulations.
B.M.1c 8-1-41 B.O. 35-41

RETIRED
JUL 1 1946

X

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

Form 2525
TREASURY DEPARTMENT
U.S. COAST GUARD
June 1933—20,000
2—16139

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GENERAL INSTRUCTIONS

1933

1. A Health Record will be opened (issued) for each person commissioned, warranted, appointed, or enlisted in the Coast Guard: For cadets, upon reporting at the Academy; for an officer appointed from civil life, upon reporting at first unit; for enlisted persons, upon enlistment.

2. The medical officer, if any, shall have custody of the Health Records of all persons attached to the unit, including the personnel of smaller units attached to a larger unit. If there be no medical officer attached, the custody of the Health Records will devolve upon the executive officer, if he be a commissioned officer; otherwise the custody of the Health Records will devolve upon the commanding officer. The officer having custody of the Health Records shall be responsible for their proper care, continuation, and disposition.

3. In case of medical examination for promotion, retirement, annual commissioned officers' examination, or medical survey, the Health Record shall be furnished to the president of the board. If not received, it should be requested. When the board shall have finished with the Health Record, it shall be returned to its custodial officer. In all cases, brief notation of the findings of the board will be made on the Medical History Sheet, signed by the president of the board. This notation does not take the place of the full report which is submitted for administrative action.

4. A person on detached duty at some distance from where his Health Record would be kept may be given custody of his Health Record.

5. If a Health Record is lost or destroyed, a new one shall be immediately opened in full by the first custodial officer aware of such loss, who will note the fact in the new record and continue the record with such previous data as may be obtainable. If the old record be found, all data subsequent to its loss will be detached from the new and attached to the old record. A skeleton Health Record shall not be issued.

6. No photographs, folded papers, or forms are to be attached to the Health Record. The findings on laboratory and other reports in the case shall be entered on the Medical History Sheet.

7. **Transfer.**—Upon transfer of any person, except as a patient, the Health Record shall be forwarded through official channels to the new destination, or if the person is ordered to unusual, detached, or uncertain duty, it shall be retained or forwarded, as the case may be, with the person's service record. (See par. 4.)

8. The Health Record shall accompany a patient when transferred to or from hospital or when applying at an out-patient office. If shall not be forwarded through official channels, but shall be taken by the patient in a sealed envelop or by a responsible person accompanying him, and delivered with the patient to the official receiving the patient. Upon the patient's return to his unit the Health Record is to be delivered to the custodial officer.

9. If for any reason it becomes necessary to forward the Health Record to Headquarters, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

10. **Physical Examination Record.**—The Coast Guard Board or officer making the request for physical examination shall send to the medical board or officer two forms for physical examination record, already made out down to but not including place and date. The medical board or officer shall make out the rest of the Physical Examination Record in duplicate. In case of appointments or promotion of an officer, both forms shall be mailed by the board or officer direct to Headquarters. When promotion is made the original will be forwarded to the unit for insertion in the Health Record on top of the last Physical Examination Record. The Health Record shall be retained, but altered to show the promotion and new rank. No part of the Health Record is to be sent to Headquarters at this time. In case of enlistment or reenlistment, both forms shall be returned to the enlisting officer, who will forward the original to Headquarters with other supporting papers after enlistment or reenlistment has been accomplished. The duplicate will be placed in the man's Health Record.

11. The record shall be typewritten, if possible, and must be completely filled in as called for by the items on the form and in accordance with the instructions relative to the making of physical examinations. If any space is insufficient, the space under "Remarks" may be used.

12. The nature and degree of all physical defects of persons accepted for service in the Coast Guard must be fully described in order that no improper claims for compensation or pension may be allowed. Particular attention should be paid to those conditions which may not be disqualifying but which might be made the basis of such claims on the ground that they have developed or have become disabling while the person was in service. Waivers may be recommended by the medical examiner in accordance with the instructions relative to physical examinations, but the waiver must be authorized by the Commandant before the person is accepted.

13. **Extension of enlistment or change of name** shall be noted on the Medical History Sheet. In the case of change in name, the name shall be corrected wherever appearing in the Health Record.

14. **Termination of Health Record Sheet.**—Upon termination of a person's service (discharge, resignation, desertion, retirement, or death) the termination of Health Record Sheet shall be filled in and the Health Record forwarded to Headquarters. If for reasons other than physical disability, a physical examination of the person shall be made in accordance with Coast Guard Regulations, and notations made as called for by the form. Termination of service should be understood as definite separation from the service or from active duty in case of retirement. Discharge for immediate reenlistment, at the same unit, resignation of temporary status to continue in regular status, or retirement with continuation on active duty are not to be considered as termination of service.

15. **Dental Record.**—The Dental Record is intended for the use of dental officers only. The record of first dental examination should be filled in at the first visit to the dental officer. All dental treatments following the first examination shall be recorded on the proper diagram and noted on the reverse of the sheet with sufficient entries to show beginning and end of treatment, diagnosis, and nature of treatment.

16. Dental treatments shall not be entered in the Medical History Sheet except those incident to treatment of a medical condition. However, notes of unusual dental conditions or treatments which may be of medical interest may be made in the medical history.

17. When a patient is sent for dental treatment, the Health Record will be sent to the dental officer concerned. Upon completion of treatment and necessary entries on the Dental Record Sheet, the dental officer will immediately return the Health Record to the custodial officer.

18. Dental officers shall notify the proper medical officer of any case which may require medical attention.

19. When dental work is done by a private dentist, the person will take a blank dental record sheet to the dentist and request him upon completion of treatment to enter briefly thereon the dental work done. This sheet shall then be inserted in the Health Record.

20. **Vaccination and Inoculation Record.**—Smallpox vaccination and typhoid prophylaxis shall be noted in the spaces provided for these entries. These spaces shall be used only for these operations done after the person has entered the Coast Guard. Statements of these operations done previously shall be noted in the Medical History. Results of smallpox vaccination shall be entered as "PR" (primary reaction); "AR" (accelerated reaction); "IR" (immunity reaction); of "F" (failure). These terms are explained on the back of the record sheet. When vaccination or inoculation is completed, report of same with result shall be entered on the record sheet.

21. **Medical History Sheet.**—As the medical history is continuous, care must be taken to indicate the name of the place and date of each entry and to number the sheets consecutively. The full name, serial number, rank, or rating of the patient shall be entered upon each sheet. The name of a Coast Guard unit is usually sufficient when a man is treated there; as, "CHELAN", "BASE TWO", etc. The name of the city or town should be stated when necessary to complete the sense; as, "U.S. Marine Hospital, Stapleton, N.Y."; "U.S.P.H.S. Relief Station, Philadelphia, Pa.", etc.

22. Daily entries are not obligatory, but entries shall be made as often as required to give concisely the diagnosis, origin, misconduct status, and all essential details regarding symptoms, course, laboratory findings, treatment or refusal of treatment, and results. If a conflicting opinion relative to origin, misconduct status, etc., is subsequently expressed by the same or some other medical officer, the reason for such change shall be fully stated. Diagnosis shall conform by name and number to the Official Nomenclature of the U.S. Public Health Service.

23. Trivial affections not requiring admission to the sick list may be indicated by a "note." No case of venereal disease and no case involving absence from duty on account of sickness shall be recorded as a "note" on the Medical History Sheet.

24. Should a wrong entry be made, it shall not be erased or changed, but an additional entry shall be made showing wherein and to what extent the original entry is in error, then signed by the medical officer.

25. In the case of a unit having a pharmacist's mate but no medical officer attached to it, the pharmacist's mate shall make and sign entries in the Health Record covering treatments given by him. In case there is neither medical officer nor pharmacist's mate, entries should be signed by the officer who gives the treatment.

26. As the Health Record is to continue during a person's entire service, it may become too bulky, by reason of accumulation of Medical History Sheets, to be conveniently handled. In such cases these sheets may be removed and forwarded to Headquarters, except a few sheets of the latest dates. An abstract will be made of the removed sheets when received by Headquarters and the abstract will be forwarded to the unit to be inserted in the Health Record. After the receipt of the abstract the unit when forwarding additional Medical History Sheets from time to time will enter upon the Abstract Sheet the data as shown in the Medical History Sheets prior to mailing to Headquarters. In this manner the Abstract Sheet will always be current after it is once issued.

27. The Medical History Sheets for officers are kept in the same manner as for enlisted men, but should be disposed of in the following manner: Upon completion of annual physical examination, all sheets containing medical history entries made during the preceding 12 months shall be detached and forwarded attached to annual physical examination reports to the Commandant, U.S. Coast Guard, care being taken to place the name in full, together with the date on the top sheet. If on the sick list at the time, procedure may be delayed until discharged from treatment. Attention is invited to the fact that the complete Health Record should be taken by the officer to the examining board at time of examination. (See par. 3.)

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

RASMUSSEN
(Surname)

Oluf
(Given name-s)

B.M.2c (L)
(Rank or rate)

108-673
(Service number)

INSTRUCTIONS

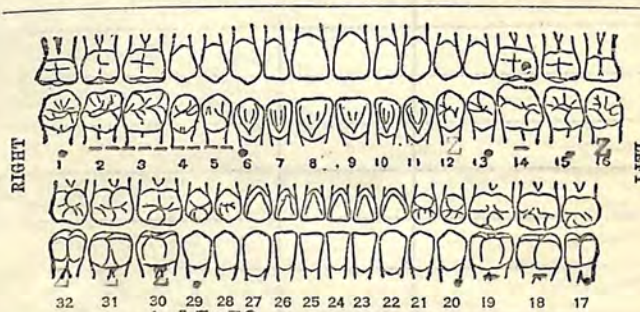
The Dental Record will be inserted as the top sheet in the Health Record.

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



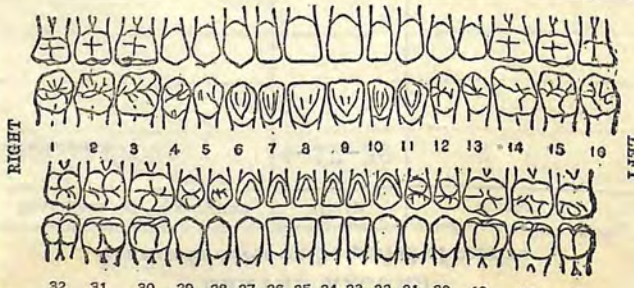
REMARKS: 4-17-39
Prophylaxis indicated.

David Cooper

David Cooper
P.A. Dental Surgeon, U.S.P.H.S.

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



N. C. G. 2525 B
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

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

Name PASMOSSEN, OLUF (Surname first) Service Number _____

Age: Years _____ Months _____ Color _____

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

Rank or Rating _____

Place _____ Date _____

Personal Medical History _____

_____

_____

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

Color blind? _____ Test used _____

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

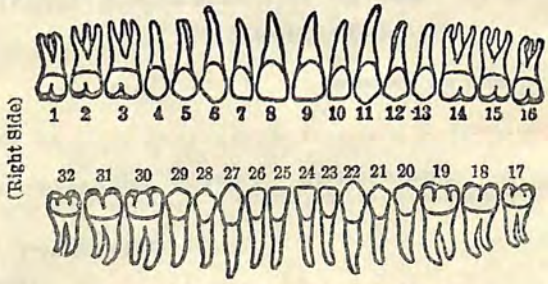
Eyes, eyelids, and reflexes _____

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

Head, face, and neck _____

Mouth, nose, and throat _____

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



Gums _____ Temperature _____

Height _____ inches. Weight (stripped) _____ Lbs. Obesity _____

Skin _____

Lymph. glands _____

Chest: Inspiration _____ Expiration _____

Heart and blood vessels _____

Blood pressure: Systolic _____ Diastolic _____

Pulse before exercise _____, after exercise _____, after 2 min. _____

Lungs _____

Abdomen and pelvis _____

Genito-urinary organs _____

Spine and extremities _____

Nervous and mental conditions _____

Urine: Albumin _____ Sugar _____ Shreds _____

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

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date _____ Result _____

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PROTESTANT

REMARKS: _____

_____

CERTIFICATE

We / I certify that { we / I } have personally made this physical examination and find that _____

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 _____

on account of _____

_____

_____
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

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

VACCINATION AND INOCULATION RECORD

Name RASMUSSEN, Oluf
(Surname first)

Rank or rating B.M. 2c(L) Service number 108-673

SMALLPOX VACCINATION

Number of prior scars

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
7-7-32			
12-16-37	M.N. Jones	IR	M.N. Jones
4-10-44	J.D. Allen		J.D. Allen
5/25/42	Yellow Fever Lot No. 1333	D. N. McINTURFF Lieut. (jg) (MC) U.S.N. RET	
5/25/42	Blood type "A"	D. N. McINTURFF Lieut. (jg) (MC) U.S.N. RET	

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	
4-10-44 1st Tet. Tox.		~~9-25-43~~	
4/22/42	Tet Tox - (1)		
5/25/42	Tet Tox - (2)	D. N. McINTURFF Lieut. (jg) (MC) U.S.N. RET.	

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Exempted from inoculation due to age of 45 years or over. Article 2163 (2), Regulations. J.D. Allen

(Signature of medical officer)

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Lutheran

INSTRUCTIONS

Enter result as "Primary reaction" (PR); "Accelerated reaction" (AR); "Immunity reaction" (IR) or "Failure" (F).

Inspect primary vaccinations ten (10) to fifteen (15) days after vaccination, revaccinations two (2) to four (4) days after revaccination and later if a primary or slow accelerated reaction is developing. Upon a revaccination first make a control scarification unless the "multiple pressure" method is used.

PR.

Primary reactions are those in which the broadest redness occurs eight (8) to fourteen (14) days after vaccination; they always have a vesicle.

AR.

Accelerated reactions are those in which the broadest redness occurs four (4) to seven (7) days after vaccination; they also have a vesicle.

IR.

Immunity reactions are those in which the broadest redness occurs eight (8) to seventy-two (72) hours after vaccination; such a reaction is evidence of immunity only if fully potent vaccine was used. The vaccine should be kept constantly at or below freezing or be used within two weeks after leaving the manufacturers and be kept in an icebox meanwhile. If these conditions are not known to have been fulfilled, an apparent immunity reaction should be marked with a question mark (IR?).

F.

Failures are all other reactions or no reaction.

When either vaccination or inoculation is completed and entered on the record sheet, a duplicate entry shall be made on a duplicate sheet which shall be immediately forwarded to Headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16142

Form No. 2525-C-1

U. S. COAST GUARD

BLOOD-TYPE, TETANUS AND YELLOW FEVER INOCULATION RECORD

NAME PASMOSSEN, OLUF

RANK OR RATING B.M. 2/c (L)

SERVICE NUMBER 108-673

BLOOD TYPE

DATE	TYPE	Signature of Medical Officer
5-25-42	"A"	TRANSFERRED FROM USN-C. J. S. Allin

(Enter Type as: "AB", "A", "O", International Classification)

TETANUS IMMUNIZATION

	Dates Adm.	Reaction	Signature of Medical Officer
1st	4-10-44		TRANSFERRED FROM USN-C. J. S. Allin
2nd	5-18-44		J. S. Allin
3rd	8/21/45		Charles E. Falk
4th			

YELLOW FEVER INNOCULATION

Date Adm.	Reaction	Signature of Medical Officer
5-25-42		TRANSFERRED FROM USN-C. J. S. Allin

Form 2525-D—TREASURY DEPARTMENT—Coast Guard

MEDICAL HISTORY

Page .....

Surname RASMUSSEN Service No. 108-673

Christian name-s Oluf

STATE NAME OF PLACE	DATE EACH NEW ENTRY
Marshfield, Oregon	June. 18. 1934
Examined and found physically sound Emmett Mungus a.a. surg. con U.S.P.H.S.	
Bandon, Oregon.	Feb 14, 1935
Examined and found physically fit for duty. Edmund A. Lucas. a.a. surgeon U.S.P.H.S.	
U.S. MARINE HOSPITAL San Francisco, California.	10-20-38
NOTE: #0277 Cermumen accumalation. NOT MISCONDUCT-INCIDENT TO SERVICE. C.G. Has trouble hearing. No injury known. Px. Tonsils out, nasal septum not remarkable. Both auditory canals filled with cerumen accumalation. Drums normal. Rx. Cerumen accumalation removed, patient can hear better, hearing will probably improve further. W.L. Mould W.L. MOULD, Asst. Surg., USPHS.	
Point Reyes Station, Calif. July 24, 1939. Examined, and the following defects noted: -over-	

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Vision: OD 20/60, OS 20/60.
Near point for newspaper articles in good light is 16 inches.
Hearing: Diminished bilaterally, slightly more on rt. side.
Left Shoulder: A feeling of grating on working the head of the humerus in the glenoid fossa (history of soreness in this shoulder for 10 yrs.)
Otherwise physically sound.

Cornwall A. Everman
Acting Asst. Surg. USPHS.

Pt. Reyes Station, Calif
11-22-39. Examined & noted: Probable left subdeltoid bursitis. Recommend surgical investigation.

C. A. Everman
A.A. Surgeon.

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16143

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname RASMUSSEN, Service No.

Christian name-s Oluf.

STATE NAME OF PLACE	DATE EACH NEW ENTRY
U.S. Marine Hospital San Francisco, Calif.	7-27-39

Admitted inpatient @ 10:45 A.M.

DIAGNOSIS: #1123 Neuritis, shoulder & upper arm.

#1427 Presbyopia.

NOT MISCONDUCT Incident to service.

C.C. "Painful left shoulder".

P.H. Probable cause, date and mode of onset, etc.

The patient complains of a sore left shoulder for the last 10 years. The pain is worse during exercise of the left arm. when the arm is still, there is only a dull aching pain. The patient has exercised his arm every day to prevent limitation of motion.

FAMILY HISTORY: Father and mother died cause not known. One brother and one sister living and well.
Has no history of familial diseases.

PAST HISTORY: Married. Mumps as a child. Malaria, 1912.

INJURIES: None.

OPERATIONS: Tonsillectomy, 1929.

HABITS: Alcohol, moderate. Tobacco, none. Drugs, none.

VENEREAL: Denied by name and symptoms.

PHYSICAL EXAMINATION: A well developed and well nourished white male not acutely ill. Essentially negative.

SPECIAL EXAMINATIONS:

7-28-39 Urinalysis - negative.

7-28-39 N.P.N. 30.0 Mgs.%

7-31-39 Blood Wasserman - negative.

7-28-39 X-ray of left Shoulder:-

No evidence of fracture or acute traumatic bone injury, including bone pathology to the osseous structure of the left shd. joint this individual this date.

HOSPITAL COURSE: Admitted ambulant.
Routine care.
7-31-39 X-ray of left shd. negative.
8-2-39 Patient feels fine except for pain in shd. P.T. treatments started.
8-11-39 X-rays of teeth reveals pus - pockets around several teeth. To be extracted.
8-23-39 Teeth extracted now. Feels fairly well.

8-25-39 Patient has recovered from the effects of dental extractions. The neuritis in the left shd. and arm has markedly improved and the patient feels fit to return to work. Glasses have been prescribed for the patient and they will ready to day.
Discharged, N.F.H.N. Fit for duty.
Prognosis - good.

8-25-39 DISCHARGED: Fit for duty.

CONDITION ON DISPOSITION: Improved.

DAYS IN HOSPITAL: Twenty-nine.(29)

C. C. Smith
C.C. Smith,
Assistant Surgeon, P.H.S.

APPROVED:

R. H. Creel
R. H. Creel,
Medical Director, P.H.S.

U. S. GOVERNMENT PRINTING OFFICE. 1933 2—16143

Form 2525-D—TREASURY DEPARTMENT—COAST GUARD

MEDICAL HISTORY

Surname RASMUSSEN Service No. 108-673

Christian name-s Oluf

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Relief Sta., Eureka, Cal., 3-12-45
Complaints: watering of the eyes; history: has had the condition for a number of years, having consulted the Marine Hospital, who fitted him with glasses.
Exam: lids are negative. The condition is apparently one of blockage of the tear ducts, and he should see an eye specialist in order to determine whether or not this is the condition existing.

Charles C. Falk, A.A.S.

Relief Sta., Eureka, Calif., 4-13-45
Complaints: boil, inner side, left thigh; loss of animation; poor appetite; sleep poor.
History: alleged influenza some two weeks ago, and has not felt well since.
On examination find an indurated and red area, inner side, left thigh. Treated by incision, finding cheesy material, with a sac attached; removed in its entirety, then dried and cauterized with carbolic acid.
Diagnosis: apparently a sebaceous cyst; together with disturbed physical and nervous balance from previous influenza.
Recommended five to seven days' sick leave, and gave rx for wine of cod liver oil with G&C. Report.
Apr. 16, 1945- Reports much improved, and feels able to return to duty, which is so recommended.

Charles C. Falk

Charles C. Falk, A.A.S.

Form No. 2525 E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name RASMUSSEN, Oluf

Rating ---------- Service Number 108-673

Place ---------- Date ----------

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

Other defects noted ----------

In my opinion those numbered ---------- are incident of service.

In my opinion those numbered ---------- are not incident of service.

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations.

Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) ----------

That I have the following defect(s) ----------

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations. ----------

---

Rank or Rating, U.S. Coast Guard.

Service terminated ----------
(Date)

At ----------
(Place)

By reason of ----------
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

----------, *Custodial Officer.*
(Rank)

2—16144

Form No. 2525 E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name RASMUSSEN, Oluf

Rating _____ Service Number 108-673

Place _____ Date _____

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death:

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

In my opinion those numbered _____ are not incident of service.

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations.

_____
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

To be Filled In Only When Physical Examination is Required by Article 434 (1) Regulations. _____

_____
Rank or Rating, U.S. Coast Guard.

Service terminated _____
(Date)

At _____
(Place)

By reason of _____
(Expiration enlistment; physical disability; undesirability; desertion, etc.)

_____

_____, *Custodial Officer.*
(Rank)

2—16144

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Port Orford Station,		
Thirteenth District.	2-1-34	6-21-35
Golden Gate Station	6-24-35	3-18-37.
Point Arguello Station	3-28-37	11-4-37.
Bolinas Bay Station	11-5-37	7-24-39
USMH SF Cal.	7-27-39	8-25-39
Bolinas Bay Station	8-25-39	12-1-39.
PUNTA GORDA LIGHT STATION	12/12/39	3-28-42
TABLE BLUFF LIGHT STATION	3-31-42	7-15-46

U. S. GOVERNMENT PRINTING OFFICE: 1933 2—16144

NCG-2525G

ABSTRACT OF MEDICAL HISTORY

Name RASMUSSEN, OLUF 108-673
(In full, surname first) (Service number)

PLACE WHERE TREATED	DATES TREATED		NUMBER OF DIAG-NOSIS	DIAGNOSIS	DAYS OFF DUTY	SIGNATURE OF MEDICAL OFFICER
	FROM—	TO—				

16—25609-2

13

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

1. TYPE OF CLAIM: Orig Death

2. SEPARATION FORMS ON FILE: ☐ YES ☒ NO

3. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

4. TO: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ NATIONAL GUARD (Army) ☐ NATIONAL GUARD (Air) ☐ OTHER (Specify)

FROM

5A. NAME AND ADDRESS OF VA REQUESTING OFFICE: VARO 1380 E. Sepulveda Los Ang. Calif. 90073

5B. ORIGINATING UNIT: 344-311 Bat

6. CLAIM NO.: C-23607257

7. INSURANCE NO.:

8. LAST NAME - FIRST NAME, MIDDLE INITIAL (Under which served): RASMUSSEN, OLUF

9. ALL SERVICE NOS.: 108-673

10. DATE OF BIRTH: 2-26-90

11. PLACE OF BIRTH: DENMARK

12. DATE OF DEATH: 5-4-67

	13. DATE ENTERED ACTIVE DUTY	14. DATE SEPARATED FROM ACTIVE DUTY	15. CHARACTER OF SEPARATION OR DISCHARGE	16. LAST GRADE, RATE OR RANK, AND ORGANIZATION
A.	7-20-21	7-1-46	unk	BM 1
B.				
C.				

	17. ALLEGED DISEASE OR INJURY	18. DATES OF TREATMENT	19. PLACES OF TREATMENT	20. ORGANIZATION AT TIME DISEASE OR INJURY WAS INCURRED
A.				
B.				
C.				

21. ADDITIONAL INFORMATION REQUESTED

22. DATE: 9-15-67

23. SIGNATURE AND TITLE OF VA OFFICIAL: JB Williams Adj. Officer

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

☐ AVAILABLE REQUESTED RECORDS FORWARDED

☐ ITEMS 8 & 9, AND 12 THROUGH 15 VERIFIED CORRECT

☒ ITEMS 8 & 9, AND ~~12~~ 13 THROUGH 15 VERIFIED CORRECT, EXCEPT:

13
A. 7-20-21
B. 9-23-22
C. 6-19-25

14
8-7-22
9-22-23
7-1-116

15
HON
HON
HONREL

NO. OF ENCLOSURES	ORIG	COPY	NO. ENCLS. (Cont.)	ORIG	COPY		DATE	SIGNATURE AND TITLE
HEALTH RECORDS			CLINICAL RECORDS			SERVICE INFORMATION	9-28-67	BW H. Patton
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS					
PHYSICAL EXAMINATIONS AT SEPARATION			DENTAL RECORDS			MEDICAL RECORDS	DATE	SIGNATURE AND TITLE
			MEDICAL RECORDS					
			OTHER RECORDS					

V A FORM JULY 1957 07-3101

SUPERSEDES VA FORM 3101, NOV. 1945: VA FORM 3101-1, NOV. 1945: AND VA FORM 3102, JAN. 1946: WHICH WILL NOT BE USED.

3

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES AS TO RETIREMENT OF VETERAN

In connection with an application for social security benefits based at least in part on military or naval service in the Armed Forces of the United States during the period September 16, 1940, through December 31, 1956, of the veteran described below, please complete this form and return one copy immediately to the Social Security Administration at the address shown. Please see reverse of this form for further instructions.

DISTRICT OFFICE ADDRESS
203 Russ Building
1196 Broadway
San Diego 1, Calif.

December 31, 1958
(Date)

Name of Veteran	Social Security Account No.
Oluf Rasmussen	573-30-6988

Branch of Service	Serial No.	Rate or Rank	Date of Birth
U.S.C.G.	108-673	BM/C	2-26-90

Date of Death	Period(s) of Military or Naval Service
	1922 - 6/30/46

Certification by Uniformed Service

If a determination is still pending, check here ☐ and return the form. Please fill in items 1, 2 and 3 of the duplicate copy of this form when the pending (or any subsequent) determination is made and forward it to the Social Security Administration.

ANSWER ITEMS BELOW

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, or Marine Corps and retired after September 15, 1940, and before October 1, 1949, because of disability? . . . ☐ Yes ☒ No

   (b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? . . . . . ☒ Yes ☐ No

   If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

   (c) Was active service after September 15, 1940, and before July 25, 1947, necessary to establish eligibility to receive retirement or retainer pay? . . . . . ☒ Yes ☐ No

   (d) Was active service after July 24, 1947, and before January 1, 1957, necessary to establish eligibility to receive retirement or retainer pay? . . . Not applicable . . . . ☐ Yes ☐ No

2. (a) Has the retirement (or retainer pay) of this individual ever been fixed under a formula which includes a multiple of active service? . . . . . ☒ Yes ☐ No

   If answer is "Yes," answer (b) and (c).

   (b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . . . ☒ Yes ☐ No

   (c) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957? . . . . . Not applicable . . . . ☐ Yes ☐ No

3. Did the veteran have active duty or active duty for training after December 31, 1956? . . . ☐ Yes ☒ No

Remarks:

Retired: 1 July 1946 - 20 years service
Auth: The provisions of Section 2 of the Act of 24 May 1939 (53 Stat 755)
Gross retired pay per month - $206.48 (Public Law 85-422)
Retired pay based on years of service.

U. S. COAST GUARD
(Organization)

2 February 1959
(Date)

M. J. MAYER
(Signature)

Chief, Survivors Benefits Section
(Title)

Special Services Division
By direction of the Commandant

Form OA-C654
(12-56)

CRAdams:cra2 February 1959

MJM.

INSTRUCTIONS

This form requests information to permit the Social Security Administration to determine whether a retirement benefit, if payable, is based in any part on active military or naval service during World War II (September 16, 1940-July 24, 1947) or post-World War II (July 25, 1947-December 31, 1956). Retirement pay is based on one of these periods if active service during the period is directly credited in establishing eligibility to retirement or in computing the amount of retirement pay. An increase in retirement pay because of an increase in basic pay due to longevity, a promotion, or a statutory pay increase is not considered a direct crediting of years of active service. A decision to retire an individual, when officially approved, constitutes a retirement even though, for any reason, no retirement or retainer payments are ever made. Transfer to the Fleet Naval (or Marine Corps) Reserve is treated as a normal retirement.

The items identifying the veteran are completed by the Social Security Administration. The certifying agency is not responsible for the accuracy of these items.

All other applicable items on the form are to be completed by the certifying agency. If the certifying agency cannot complete this form, please give the reason under "Remarks."

In items 1 (*c*) and (*d*), active service is "necessary to establish eligibility" if it comprises part of the total minimum service required for retirement.

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

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

If the veteran was an enlisted member of the Coast Guard who was a keeper or member of a station crew and retired for non-service-connected disability before October 1, 1949, or was a professor at the Coast Guard Academy, state in the space provided for remarks that "ITEM 1 CANNOT BE ANSWERED."

In item 3, the terms "active duty" and "active duty for training" have the same meaning as defined in Sec. 102 of Public Law 881, 84th Congress (Servicemen's and Veterans' Survivor Benefits Act). Servicemen on active duty (including active duty for training) after December 1956 receive wage credits under the Social Security Act for military or naval service performed after 1950 and before 1957 even though retirement benefits based on such service (in whole or in part) are payable by one of the uniformed services.

RECEIVED
JAN 2 1959
U. S. COAST GUARD
JAN 2
PERSONNEL

GPO 91818

(PS-1)

1772
108 673
21 July 1967

Mr. W. E. Thacker
Public Administrator, County of San Diego
Building 6
5555 Overland Avenue
San Diego, California 92123

RE: BM1 Oluf RASMUSSEN 108 673
USCG, Retired

Dear Mr. Thacker:

Receipt is acknowledged of the forms to claim the final pay due upon the death of Boatswain's Mate, First Class Oluf Rasmussen, United States Coast Guard, Retired.

In order that your claim may be approved for payment, it will be necessary for you to forward to Commandant (PS-1) a copy of his death certificate.

A pre-addressed envelope is enclosed for your convenience.

Very truly yours,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Envelope

BJVASS:bjv 21 July 1967

CG 53333
File 3-13

OCT 12 1964

Oct. 9-1964.

Commandant U.S. Coast Guard
from O. Rasmussen
This is to notify
that my address from
hence will be 3604-6th
Ave., San Diego, Cal.-

Respectfully,
Olaf Rasmussen
Ret. 108-673

Add ch 10-13-64

U. S. COAST GUARD
WASHINGTON, D. C. 20226

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: FINAL

DATE PREPARED: 30 June 1967

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

RASMUSSEN, Oluf 108 673 BM1, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 4 May 1967

Place: Not yet received

Cause: Notyyet received

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

NX 6 Nov 1924 San Francisco, Calif.
26 February 1890 - Copenhagen, Denmark - Caucasian - Protestant Cert #2077531

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

573-36-8968 E-6 over 22 yrs. service $387.60 per mo. PL89-501

CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

6. DUTY STATUS

Retired - 1 July 1946 20 yrs. service

7. INTERESTED PERSONS (Name, Address, Relationship)

Mr. W. E. Thacker, Public Administrator, County of San Diego, Building 6,
5555 Overland Avenue, San Diego, California 92123

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Public Administrator, San Diego, California 20 June 1967

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NONE AVAILABLE 20 July 1921 Point Reeves, California

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. REMARKS

No allotments in effect for dependents.

Retired pay discontinued on date of death.

FOOTNOTES:
1 Adult next of kin.
2 Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION
VA
SELECTIVE SERVICE

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD FORM 1 MAR 60 1300

(PS-1)

1770
108 673
29 June 1967

Mr. W. E. Thacker
Public Administrator, County of San Diego
Building 6
5555 Overland Avenue
San Diego, California 92123

Dear Sir:

Information received at Coast Guard Headquarters indicates that you are handling the affairs of the estate of Boatswain's Mate, First Class Oluf Rasmussen, United States Coast Guard, Retired.

At the time of death there was due the deceased retired pay accrued for the period 1 - 4 May 1967. Retirement benefits paid by the Coast Guard cease at the death of the member.

The records at Coast Guard Headquarters fail to reveal any evidence that Petty Officer Rasmussen designated a beneficiary to receive the retired pay accrued at his death. Therefore, in accordance with existing laws, payment of the accrued retired pay due must be made to his survivors in the following order of precedence:

1. widow
2. child or children in equal shares
3. parents
4. legal representative
5. heirs at law

If Petty Officer Rasmussen is not survived by a widow, child, children or parents, you should complete the enclosed Forms No. SF-1175, "Claim for Unpaid Pay and Allowances of Deceased Member of the Uniformed Services (no designated beneficiary)". The original and two copies of the completed claim together with a copy of the court order should be returned to Commandant (PS-1). Proof that there is no surviving widow, child, children or parents must be submitted with the claim.

Veterans Administration Form No. 21-530, "Application for Burial Allowance", is enclosed to aid in making application to the Veterans Administration for the burial allowance that may be available. A copy of the funeral bill should be forwarded to support the claim.

COMDT (PS-1) letter 1770 of 29 June 1967

In the event you have in your possession any uncashed retired pay checks, these should be returned to Coast Guard Headquarters for inclusion with the claim for the final retired pay due. Any other uncashed Government checks should be returned to the issuing agency.

When the enclosed forms have been completed, return them to Commandant (PS-1) in the enclosed pre-addressed envelope.

Sincerely yours,

J. L. LATHROP
Captain, U. S. Coast Guard
Deputy Chief, Office of Personnel

Encl: (1) Forms No. SF-1175
(2) Forms No. 21-530
(3) Envelope

DATE OF DEATH: 4 May 1967
BJVASS;bjv 29 June 1967

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9964 (Rev. 6-65)

REPORT OF DEATH OTHER THAN THOSE CARRIED AS MISSING

TO: Chief, Payment and Claims Division

DATE: 21 June 1967

NAME	SERVICE NUMBER	GRADE OR RATING
RASMUSSEN, Oluf	108 673	BM1, USCG, Retired

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
20 June 1967	4 May 1967

Information concerning death of the above-listed person has been received reporting established date of death has been set forth.

PAY GRADE	YEARS OF SERVICE	RSFPP OPTION ELECTION	DEDUCTION

ANNUITY AMOUNT	ANNUITY BENEFICIARY *(Name)*	FINAL PAY DUE *(Date)*

ALLOTMENTS:

AARON O. MARTIN
SIGNATURE
Chief, Decedent Affairs and Claims Branch

SCA 3-13 FILE

File Ltr

Henceforth, Please! Mail my retired Pay check, and all communications, to My new permanent address marked by:

2508 1st Ave., San Diego, Cal.

Noted
Ret Pay Section
M & C 10-24-52

Olaf Rasmussen BM1c (Ret.)
108-673

SAN DIEGO
OCT 19
6 PM
1952
2
CALIF.

THIS SIDE OF CARD IS FOR ADDRESS



Disbursing Officer 67
U. S. Coast Guard
Washington 25. D. C.

FROM: Rasmussen, Olaf, Bm.1c (Ret.).
TO: Commandant

File
JFW

Subject: Armed Forces Identification Card, application for

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

Rasmussen	Olaf		108-673	Bm1c, USCG (Ret)
LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE

Date of Birth Feb. 26, 1890 Weight 165 lbs Height 5 ft. 10½ inches

Color Hair Gray Color Eyes Blue Blood Type A. (Optional)

Olaf Rasmussen.
SIGNATURE

GPO DSO 3-257

04160

SAN DIEGO
OCT 13
8 PM
194-
CALIF.

SAVE THE
BUY U.S
PAYROLL



THIS SIDE OF CARD IS FOR ADDRESS

Allotment Disbursing Officer
U. S. Coast Guard
25 Washington, D.C.

Rec'd 10/20/47 Cal.

Dear Sir:

My address will be P.O. Box 983, San Diego, Calif. and I respectfully request that my Pay Check be mailed to that address every Month.

Olaf Rasmussen

B.m/c. (Ret.)

108-673

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

Ret 1946 (53333) J-731 081

61A-2
Bod 519

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

U. S. NAVAL HOSPITAL, SAN DIEGO, CALIFORNIA
ADMISSION DATE: 11 APR 63
DIAGNOSES: ARTERIOSCLEROTIC HEART DISEASE #4700
WITH OLD MYOCARDIAL INFARCTIONS
ARTERIOSCLEROSIS GENERALIZED #5000
BRONCHOPNEUMONIA, RIGHT LOWER LOBE, ORGANISM
UNKNOWN #4260
RENAL DISEASE, CHRONIC, TYPE AND CAUSE UNKNOWN #XVxy

NARRATIVE SUMMARY:

This 73-year-old, Caucasian male BM1 USCG RET, was admitted with a chief complaint of several episodes of "passing out" prior to admission. There was no history of syncope in the past and there was no pain or shortness of breath associated with these episodes. One episode of vomiting occurred on the morning of admission and did not contain blood. A history of black stools on several occasions prior to admission was obtained, but the patient also stated that he had been taking vitamins on occasion which might have accounted for the black stool.

Past medical history included previous myocardial infarction several years ago treated at a hospital in San Francisco. The patient was vague about this date but placed it some time between 1946 and 1958. The patient is a moderately heavy drinker and consumes several cocktails nightly and has done so for many years. There were no symptoms suggesting congestive heart failure or angina pectoris. The patient denied knowledge of arrhythmias in the past.

FILE MEDIC

Physical examination revealed an elderly Caucasian male who was somewhat obtunded. He spoke with a foreign accent and was difficult to communicate with when initially seen although his degree of alertness and cooperation improved considerably approximately two hours after admission. Pertinent findings included arteriosclerotic retinopathy, bilateral arcus senilis, changes of mild pulmonary emphysema, a heart which was enlarged to the left with no significant murmurs or thrills and normal heart tones but a grossly irregular rhythm with frequent premature ventricular contractions. The liver was palpable two finger-breadths below the right costal margin, non-tender and smooth. No nodules were felt. There were no other enlarged organs or masses. There were no external stigmata of cirrhosis. There was some evidence of peripheral venous insufficiency, mild. Neurological examination revealed no localizing lesions, with evidence of mild general intellectual impairment from presumed generalized cerebral arteriosclerosis.

Laboratory studies included hemoglobin of 15.8, hematocrit 50, WBC 13,700, normal differential, sedimentation rate 28, postprandial blood sugar 115 mgm.%, B.U.N. 45 mgm.%, VDRL negative, urinalysis negative, several occasions of a specific gravity ranging between 1.016 and 1.017. LDH and

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M	C	BM1		USCG RET	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: RASMUSSEN, OLEY (N)
DATE OF BIRTH (DAY-MONTH-YEAR): 26 FEB 90
IDENTIFICATION NO.: 108-673

(OLWF) (53333)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	SGOT titers were non-diagnostic. Throat culture yielded Alpha Strep. The electrocardiogram revealed evidence of inferior infarction and an anterolateral myocardial infarction of indeterminate age. There were multifocal premature ventricular contractions throughout the tracing, some in runs of trigeminy. Clinical impression on admission was that the patient had arteriosclerotic heart disease with definite old myocardial infarctions and possibly recent damage, with multiple premature ventricular contractions which had reduced cardiac output to the point where his cerebral arteriosclerosis became symptomatic through cerebral ischemia. The patient was treated conservatively with bed rest and oxygen. Questionable history of gastrointestinal bleeding was not confirmed. One stool was weakly positive for guaiac but other stools were negative, and the patient's blood count showed no evidence of chronic blood loss. The elevated B.U.N. dropped following hydration to 29 mgm.% which was still elevated and indicated underlying chronic renal disease. There was no clue as to the etiology of this disease, however. The patient's premature ventricular contractions disappeared with a rest program and Quinidine was not felt to be necessary. Six days after admission, the patient spiked a sudden temperature and developed rales in his right base, indicating an acute bronchopneumonia. White count was elevated to 13,400 with a left shift. Sputum culture was not remarkable. The patient was started on treatment with Penicillin and responded quite well, with rapid disappearance of fever, physical findings and clearing of the chest on x-ray. Serial electrocardiograms and phase reactants failed to reveal evidence of a changing pattern, and it was presumed that most of the changes seen on the initial tracing were due to old myocardial infarctions with no recent damage. By 5-1-63, the patient had become asymptomatic, and it was felt that he had obtained maximum hospital benefits. The physical examination revealed the cardiac rhythm to be regular with a rate of 80 per minute. There was no evidence of congestive heart failure. The patient's mental status was stable. The patient was discharged with instructions to return to the Cardiac Clinic for a follow-up in approximately two weeks. No medications were prescribed.
5-1-63	Discharged to home this date. J. C. JORDAN LT MC USNR APPROVED: G. H. TARR, JR. CAPT MC USN CHIEF OF MEDICINE lr

PE-3
16 May 1957

From: Commandant
To: RASMUSSEN, Oluf (108-673) BM1c, USCG, Retired
3004 - 6th Avenue, San Diego, California

Subj: Retirement Letter; forwarding of

1. Reference is made to your letter dated 9 May 1957, requesting a discharge certificate.

2. In view of the fact that you were retired and not discharged from the Coast Guard, you are not eligible to receive a discharge certificate. At that time you received a letter dated 24 June 1946, placing you on the retired list effective 30 June 1946.

3. There is enclosed a certified true copy of your retirement letter dated 24 June 1946. This letter may be used for the same purposes as a discharge certificate.

A. E. McLANE
By direction

Encl: (1) Certified true copy of
Retirement Letter dated 24 June 1946

Corres: ebs return to 3-13

mailed
5-17-57
ebs

RB

5-15-57

May 9- 1957.

Commandant (FA-PA) U.S. Coast Guard
From: Rasmussen Olaf 108-673 Bm1c. (Ret.)
3004-6th Ave. San Diego, Cal.

At the time of My Retirement from the Coast Guard, June 30-1946, I was not given a final Discharge from the Service.

Much correspondence with the Humbolt Bay Lifeboat Station has been fruitless.

I, respectfully, request that from My Service Records a copy, or in lieu thereoff, a Statement containing all necessary facts concerning My Separation, be furnished Me.

Olaf Rasmussen, 108-673.
3004-6th Ave San Diego.

(PE-C)
CG-73
531

24 June, 1946

To: Boatswain's Mate first class Oluf Rasmussen (108-673)

Via: Commander, 12th CGD, and CO, Table Bluff Light Station, Loleta, Calif.

Subj: Retirement

1. Comfirming Alcoast 104-46 you are advised that your application for retirement under the provisions of Section 2 of the Act of 24 May, 1939, (53 Stat. 755) was approved by the Commandant on 11 June, 1946, effective 30 June, 1946, and you are retired from active service effective 30 June, 1946.

2. Commencing 1 July, 1946, your monthly retired pay, computed in accordance with Section 5 of the Act of 24 May, 1939, is as follows: active duty pay, $153.90; years of service, 23; percentage for service, 57½%; percentage for conduct, 10%; maximum percentage allowed by law or total, 67½%, gross retired pay $103.88.

3. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1) to Headquarters, in duplicate, properly executed. Signatures of children twelve years of age, or under, will not be required.

4. Advise the Allotment Disbursing Officer, U. S. Coast Guard, Washington 25, D. C., of address for mailing checks in payment of retired pay.

S/ W. C. CAPRON
By direction

Incls:
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

Certified to be a true copy

A.E. McLANE, ACTING CHIEF, ADM.SEC.

OA-C652 (9-54)

REQUEST FOR VERIFICATION OF MILITARY SERVICE

DATE: 12/31/58

THRU: (ADDRESS OF PARALLEL DISTRICT OFFICE)
814 H St.,N.W.,
Washington, D.C.

TO: United States Coast Guard
Commandant (PMM) U/S.C.G.
Washington 25, D.C.

FROM: Social Security Administration Office
203 Russ Building
1196 Broadway
San Diego 1, Calif.

PART I

LAST NAME—FIRST NAME—MIDDLE NAME	SERVICE NO.	LAST GRADE	SOCIAL SECURITY NO.
Rasmussen, Oluf	108-673	BM/C	573-36-8968

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
1922	6-30-46	

DATE OF BIRTH	DATE OF DEATH
2-26-90	

REMARKS:

In connection with a claim for Social Security benefits under Public Law 734, 81st Congress, it is requested that the information below concerning the above-named individual be furnished to the Social Security Administration. If the individual had more than one period of service, please give the information below for each period of service.

(MANAGER)

PART II The following information concerning active service after September 7, 1939, has been extracted from the records on file in this office:

LAST NAME—FIRST NAME—MIDDLE NAME	SERVICE NO.	LAST GRADE
RASMUSSEN, Oluf	(108-673)	BM/1c

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 19 June 1925

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 1 July 1946

3. CHARACTER OF SEPARATION(S)* (IF *Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Retired - Honorable

4. *If period of service was less than 90 days*, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?

☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?

☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ REENLISTED ☐ COMMISSIONED

REMARKS:

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

a. ☐ DESERTION

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE (*Officers only*)

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES

e. ☐ NONE OF THE ABOVE

RETURN TO: (ADDRESS OF PARALLEL DISTRICT OFFICE)
Social Security Administration
Redskin Building, 814 H St.,N.W.
Washington, D.C.

SIGNATURE: M. J. MAYER
RANK: Chief, Survivors Benefits Sec
TITLE: Special Services Division
BY: Direction of the Commandant
DATE: 2 February 1959

CRAdams:cra2 February 1959

DHEW-SSA-OASI-BALTIMORE, MD.

UNITED STATES COAST GUARD
Washington 25, D. C.

Address Reply To
THE COMMANDANT (PO)
Refer To File: CG-71-72

JAN 6 1948

From: Commandant
To: Oluf Rasmussen BM1c Ret.

Subj: Retired identification card; completion of

1. There is inclosed herewith retired identification card No. 6052 that will be issued to you.

2. Place your signature and right index (or other) fingerprint in the spaces provided on the back of the card. Put no other data on card itself.

3. Fill in the following blanks on this sheet only, not on card:
Color of Hair Brown. Color of Eyes Blue.
Height 5 Ft. 10½ in. Weight 165.
Date of Birth Feb. 26, 1890.
Permanent address P. O. Box 983, San Diego, Calif.

4. Sign Ind-1 below and return the card and this letter to the Commandant (PO) in the inclosed envelope for validating and completion.

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

Incls
1. Ident. card
2. Franked envelope

Ind-1

From:
To: Commandant (PO)

Card returned for validating and completion.

Oluf Rasmussen.
Signature

Ind-2
Commandant (PO)

FEB 12 1948

From: Commandant
To: Oluf Rasmussen BM1c Ret.

Please acknowledge receipt of the completed identification card No. 6052 by signing Ind-3 and return to the Commandant (PO).

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

Incls
1. Ident. card
2. Franked envelope

Ind-3

From:
To: Commandant (PO)

Receipt is acknowledged.

Oluf Rasmussen.
Signature

A-6051

Redding, Cal., April 30 - 47

Allotment Disbursing Officer,
Washington 25 - D.C.

Please! Mail my check
c/o General Delivery
Redding Calif.

Olaf Rasmussen
B.m/c (Retired)
108-673.

MAY 2 1947

- change address

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-9671 (REV. 6-47)

2 Feb 73 M8

This card must NOT be signed or mailed before the LAST DAY OF THE MONTH and when received by COMMANDANT (FA-PA) your check will be mailed.

TO: COMMANDANT (FA-PA) Date Jan. 31 - 1948

Request is hereby made that my {pay / compensation} check be mailed to me at the following new address. (*Fill in only when address is changed.*)

P. O. Box 983, San Diego, Calif.

3 FEB 1948

CHECK SERVICE

☒ USCG RET. ☐ LIFE-SAVING ☐ LIGHTHOUSE RET.

SIGNATURE (*Give rank or rating if USCG Ret. Give title if Lighthouse Ret.*)

Olef Rasmussen, B.m1c. Ret.

GPO 16—52410-1

U. S. COAST GUARD

OFFICIAL BUSINESS





COMMANDANT (FA-PA)

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

U. S. A.

Retired

3-14

Sept. 5- 1946.

To : Disbursing Officer, U.S.C.G. Washington, D.C.
From : Rasmussen Oley (108-673) Retired.
Subj : Retirement Pay, Non receipt.

1. In as much as I have not received any kind of pay from the Service since June 30th 1946, I wish to inquire wether or not any checks have been mailed to me & then gone astray in the Mails.

2. My temporary address: "P.O. Box 1466. San Pedro. Calif." has not changed since I first gave it to your Office.

3. I also wish to inquire about the War Bonds. Does a Retired man lose this Bonds? If so under what authority?

Oley Rasmussen.

SEP 10 1946

UNITED STATES COAST GUARD

SAN FRANCISCO 26, CALIF.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
TWELFTH NAVAL DISTRICT (pra)
REFER TO FILE: CG-73-706

3-14
FILE

MAR 19 '46 PM

12 August, 1946

To: The Commandant, Coast Guard

Subj: RASMUSSEN, Oluf (108-673) BM1c (Retired); temporary mailing address

Inclosed letter from subject man is forwarded herewith for Headquarters' information.

J. P. WHITE
By direction

Incl:
Rasmussen's undated letter
re temporary mailing address.



73-704

To: Commander 12th. dist. U.S.C.G.
From: Olef Rasmussen. 108-673. (Retired)

In compliance with instructions I wish to notify that My temporary Mailing address; untill further noticed. will be O. Rasmussen P.O. Box 1466. San Pedro, Calif.

Olef Rasmussen.

17625

THE YOUNG MEN'S CHRISTIAN ASSOCIATIONS • THE NATIONAL CATHOLIC COMMUNITY SERVICE
THE SALVATION ARMY • THE YOUNG WOMEN'S CHRISTIAN ASSOCIATIONS
THE JEWISH WELFARE BOARD • THE NATIONAL TRAVELERS AID ASSOCIATION

USO IS FINANCED BY THE AMERICAN PEOPLE THROUGH THE NATIONAL WAR FUND

UNITED STATES COAST GUARD

SAN FRANCISCO 26, CALIF.



ADDRESS REPLY TO
DISTRICT COAST GUARD OFFICER
TWELFTH NAVAL DISTRICT (pra)
REFER TO FILE:
CG-73-706

12 August, 1946

To: The Commandant, Coast Guard

Subj: RASMUSSEN, Oluf (108-673) BM1c (Retired); temporary mailing address

Inclosed letter from subject man is forwarded herewith for Headquarters' information.

J. P. WHITE
By direction

Incl:
Rasmussen's undated letter
re temporary mailing address.

(FA-CP)
CG-73

3—14 File JJG

29 July 1946

To: Oluf Rasmussen, BMlc, USCG (retired)
C/o Table Bluff Light Station,
Loleta, California

Subj: Active duty pay and allowances subsequent to retirement; non-entitlement to

1. Receipt is acknowledged of your recent undated letter inquiring if your retirement under Alcoast 104-46 would be extended to 15 July 1946, due to the fact you state you were on active duty until that time. In reply you are advised that Alcoast 104-46 states in part as follows:

> "The requests for retirement of the following named enlisted men who have completed 20 or more years active service were approved by the Commandant 11 June 1946 effective 30 June 1946* * *".

Therefore, your active duty pay and allowances terminated as of 30 June, 1946, and your retirement under the 20-year law was effective 1 July 1946.

JAMES GALANTE
By direction

Incl 1.
Order #120112-47 dated 11 July 1946 CG-73-706-531

U.S. COAST GUARD
MAIL SECTION (2)
MAILED JUL 30 1946

JJG Return to 2-18 JJG book S

JUL 23 RECD

File

To: Disbursing Officer 6.S. H.q.
From: Olaf Rasmussen 108-673, (Retired).
Encls: Retirement Notice, 12th Dist. U.S.C.G.

1. In compliance with instructions I wish to notify that My temporary Mailing address is P.O. Box 1466, San Pedro, Calif.

2. The enclosed Retirement Order will show, as will also the Official Records of Table Bluff Light Sta. that I was retained on active Duty untill July 15, 1946. My Pay Account being closed June 30th at the 12th Dist. Disbursing Office I can collect no Pay for the extra time served. Can Anything be done about this at the Headquarters Disbursing Office!

Olaf Rasmussen.

THE YOUNG MEN'S CHRISTIAN ASSOCIATIONS • THE NATIONAL CATHOLIC COMMUNITY SERVICE
THE SALVATION ARMY • THE YOUNG WOMEN'S CHRISTIAN ASSOCIATIONS
THE JEWISH WELFARE BOARD • THE NATIONAL TRAVELERS AID ASSOCIATION

USO IS FINANCED BY THE AMERICAN PEOPLE THROUGH THE NATIONAL WAR FUND

REPORT OF CHANGE IN PER[illegible]EL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 150

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	BMlc
MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
	Table Bluff Light Station	Loleta, Calif.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
	12-104	19 June, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

2400, 18 June, 1946: Three (3) year reenlistment & three (3) year voluntary extension thereof expired.

19 June, 1946: Enlistment involuntarily extended pending retirment from U.S. Coast Guard on 30 June, 1946.

DUTY CODE NO.
30-D

AUTH:
PB#103-44, & ALCOAST 104-46.

L. R. CHENOWETH, Lieut.Comdr.,USCG,
By direction (Commanding)

RHM

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

RASMUSSEN, Oluf (Name) | 108-673 (Service No.) | RM1c (Rate)

may10-46

Active service to and including 30 June, 1946

	Years	Months	Days
Coast Guard	23	1	1
Navy			
Army			
Marine Corps			
Lighthouse			
TOTAL SERVICE FOR RETIREMENT	23	1	1
Inactive service	0	0	0
TOTAL SERVICE FOR LONGEVITY	23	1	1

Entitled to 10% for conduct YES (Yes - No)

_____

ACTIVE DUTY PAY $_____ YEARS OF SERVICE _____

PERCENTAGE FOR SERVICE _____% PERCENTAGE FOR CONDUCT _____%

MAXIMUM PERCENTAGE ALLOWED BY LAW OR TOTAL _____%

GROSS RETIRED PAY $_____

_____

A 1788

Name- RASMUSSEN, Olof Service No.- 108-673 Rate- BM 1C

Unit- TABLE BLUFF LT STA (12) Date of Birth- 2-26-90

Service to 1 May, 1946

JUN 30 1946

23-1-1

	Yrs.	Mos.	Days
Coast Guard	22	11	1
Navy			
Army			
Marine Corps			
Lighthouse			
Total	22	11	1
Inactive service			

Marks

Enl.	Dis.	Mark	Period	Computation
7-20-21	8-7-22	4.0		
9-23-22	9-22-23	4.0		
6-19-25	6-18-27	4.0		
6-19-27	6-18-28	4.0		
6-19-28	6-18-29	4.0		
6-19-29	6-18-30	4.0		
6-19-30	6-18-31	4.0		
6-19-31	6-18-32	4.0		
6-19-32	6-18-34	3.96		
6-19-34	6-18-37	4.0		
6-19-37	6-18-40	4.0		
6-19-40		4.0		

Average 3.97+

A 1785

3-12

Ind-2
Commander, 12th CG Dist.(pra)
73
15 May, 1946

12

MAY 20 46 PM

To: The Commandant, Coast Guard (PEA)

Subj: RASMUSSEN, Oluf (108-673) BMlc; retirement; request for

Forwarded disapproved, unless a replacement is provided prior to detachment.

J. R. WHITE
By direction

12th District Coast Guard Office
MAY 13 1946

UNITED STATES COAST GUARD



ADDRESS REPLY TO

AND REFER TO 43

TABLE BLUFF LIGHT STATION
USCG, LOLETA, CALIFORNIA

10 May, 1946

To: COMMANDER, 12th COAST GUARD DISTRICT

Via: Officer-in-Charge, Table Bluff Light Station

Subj: Retirement; request for

1. I, Oluf Rasmussen, (108-673) BM1c; request to make application for Retirement from the Coast Guard Service, under the 20 year Retirement Bill, and request that this application be considered in the near future.

2. My reason for this request is; advancing old age and general failing of health.

3. The records will show that my age will be 57 years at my next Birth Date, having completed approximately 23 years of Coast guard Service.

Oluf Rasmussen.
OLUF RASMUSSEN

Ind-1
10 May, 1946

Forwarded, approved.

Wallace Evans
WALLACE EVANS BM1c

14182

CG NAVCG-9619

U. S. COAST GUARD

HEADING
SN325

PRIORITY
P P P

FROM
WNJC V SNJC NR41P

ACTION
FM COMDR 12TH CGD 2500142

INFORM
TO COMDT CG WASYN DC/WNJC

TEXT

P TO PE X REUR 2222262 X BUTLER HERMAN 101 602 SC1C 4.0 X RASMUSSEN OLUF 108 673 BM1C 4.0 X UCYNSKI FRANK 110 509 CMM 4.0 X AVERAGE COND MARKS RAMSEY FRED H 108 655 CMM FORWARDED IN NEAR FUTURE X INFORMATION REGARDING MORRIS LELAND R 107 551 CBM ,RICHARDSON,. JOHN C 208 139 CCS UNAVAILABLE THIS UNIT

0021/25 JUNE WC 2500142 2222262 101 602 1 4.0 108 673 4.0
11 XXXX 110 509 4.0 108 655 107 551 208 139

4

REF- ADVISE BY PRIORITY DISPATCH AVERAGE OF CONDUCTS MARKS
DURING CURRENT ENLISTMENT OF FOLLOWING NAMED MEN
BUTLER HERMAN ETC

OPERATOR'S RECORD AND DATE

RS RU

OFFICIAL INITIALS

$

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

File

No. 127

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	BM1c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
~~CG Group, Loleta, Calif.~~	Table Bluff Light Station	Loleta, Calif.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
	12-104	13 November, 1945.

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

"Effective 11-3-45 provisional rating of BM1c, made permanent.
Above man is deemed fully qualified for that rating held on 31 July, 1943."

DUTY CODE NO. 30D AUTH: ALCOAT 143-45

Jean L. Richards
JEAN L. RICHARDS, DCGO (prs.)
(Commanding)
By direction.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

PEA-E 99

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. 6-45)

No. 16

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RASMUSSEN, Oluf --	108-673	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG Group, Loleta, Calif.	Table Bluff Light Station	Loleta, Calif.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
12-103	12-104	6 October 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

6 October 1945: CG Group, Loleta, Calif. discontinued as of this date. All records and accounts transferred to the Officer in Charge, Table Bluff Light Station, Loleta, California.

DCGO,12ND/L (o) 10-2-45, file 701
DUTY CODE NO. AUTH:

ROLLA B. WATT, Lieut., USCGR
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
201	2	12	2	30

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

PEA-E 99

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

REPORT OF CHANGE IN PERSONN[illegible]
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-45)

No. 212

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RASMUSSEN, Oluf	108-673	BM1c.
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
Table Bluff L. S.		Loleta, Calif.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
12-104		23 October, 1945.

TIME
DATE
REPORTED FROM:
FOR
DUTY CODE NO.
AUTH:

TIME ----------
DATE 23 October, 1945.
TRANSFERRED TO: jurisdiction of DCGO, 12ND, San Francisco, Calif.
FOR administrative purposes.

AUTH: DCGO, 12ND/L 10/18/45 (73-783)

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

23 October, 1945 - Records picked up on rolls of DCGO, 12ND, for admin. purp.

DUTY CODE NO. 30 AUTH:

Jean L. Richards
JEAN L. RICHARDS,
(Commanding)
By direction.

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 60

Machine Accounting
Punched
Verified

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

ASSIGNMENT OF SERVICE NUMBER

Name	Rating	Unit
.USSEN, Oluf	Surf	Yaquina Bay (13)

e following service number has been assigned to subject man:

This service number will be inserted on all records of subject man and will appear on all forms and in all correspondence pertaining to [illegible] indicated.

The following form will be followed in setting forth a man's name, service number and rating in the subject of a letter: i.e.

SMITH, John E. (100-000) Sea 2c

In the event subject man has been transferred the service number will be inserted on all records at your unit and this form transmitted immediately to the unit to which transfer was effected.

B. M. CHISWELL
Captain
Assistant Commandant.

For Headquarters use:
Information:
Pay and Allotment Section ✓
Medical Director ✓
Identification Section ✓
Personnel Records

Commanding Officer
CG Group, Loleta, California
File: 700

3 August, 1945

To: The Commandant (PM)

Via: DCGO, 12ND(pra)

SubJ: RASMUSSEN, Oluf (108-673) BMlc; completeness and correctness of service record and health record

In accordance with Personnel Bulletin No.37-45, it is requested that a certified copy of Form 2525B showing the result of the physical examination given at time of entry into the service, in the case of subject man, be furnished to this unit.

ROLLA B. WATT

CC: The Commandant (PEA-E-80)
RASMUSSEN service record
File

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

Address Reply To
THE COMMANDANT (FA-CP)
Refer To File: CG-521
30 June, 1945

3-14
File
as

To: DCGO, 12ND (fpd)

Via:

Subj: RASMUSSEN, Oluf (108-673) BMlc
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1944
(b) Disbursing Officer's letter, 18 June, 1945, file CG-521-2

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl. 1. Form 2668, 24 May, 1945
2. Statement of Creditable Service, 24 May, 1945

U.S. COAST GUARD
MAIL SECTION (8)
MAILED JUN 30 1945

By direction

Credits: Description of Item	194 From	194 To	Period Mos.	Period Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BMlc (18) 5/30/41	7/1	12/31	6		$148.20	$889.20	55-327	✓

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

OTHER PERTINENT INFORMATION OR REMARKS:

None pertinent

as

1152m

NAVCG-10003 (6-45)

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

Address Reply To
THE COMMANDANT (FA-CP)
Refer To File: CG-521
30 June, 1945

3-14
File
as

To: DCGO, 12ND (fpd)

Via:

Subj: RASMUSSEN, Oluf (108-673) BM1c
credits and/or charges on previous pay record(s)

Ref: (a) Pay Record(s) of subject named man closed to 31 December, 1944

(b) Disbursing Officer's letter, 18 June, 1945, file CG-521-2

The following credits and /or charges have been abstracted from ref. (a). Necessary adjustment in the pay record of subject named man for periods covered by this advisory notice is authorized to be based upon the information furnished herein, provided vouchers required by applicable instructions are furnished. No charges and no credits which affect those listed below were entered on ref. (a).

Incl. 1. Form 2668, 24 May, 1945
2. Statement of Creditable Service, 24 May, 1945

U.S. COAST GUARD
MAIL SECTION (S)
MAILED JUN 30 1945

By direction

Credits: Description of Item	194 From	To	Period Mos.	Days	Monthly or daily rate	Credits	Start Symbol	Stop Symbol
BM1c (18) 5/30/41	7/1	12/31	6		$148.20	$889.20	55-327	✓

Charges: Description of Item	Charges & Checkages	Start Symbol	Stop Symbol
None pertinent			

OTHER PERTINENT INFORMATION OR REMARKS:

None pertinent

as

11528

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | BM1c, USCG (Rank or rating) | CG GROUP, LOLETA, CALIF. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Eureka, California, Date April 16, 1945

To: Commanding Officer
(Coast Guard unit)

CG Group, Loleta, Calif.
(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
(Apparently) cyst, sebaceous, degenerated, inner side, left thigh.	0396	Apr. 13	Apr. 16
Distnnbed physical and nervous balance from previous influenza.		"	"

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

On this date, April 16, 1945, patient reports sufficiently improved as to be able to return to duty.

CONDUCT REPORT:

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

Charles S. Falk
A.A.S., 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

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27165-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1943

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

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16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

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21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27165-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1943

Fld
EOH

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

Coast Guard Group, Loleta, Calif. 12 March, 1945
(Sub-Unit: 12-104 Table Bluff Light Station)

RASMUSSEN, Oluf (108-673) BM1c, has completed a continuous period of three years' active service on 30 September, 1942, with no mark in conduct of less than 4.0. Accordingly appropriate entry has been made in the service record and above named man has been authorized to wear appropriate star in lieu of issue of actual award at this time.

Further, in accordance with Personnel Bulletin No. 86-44, the above named man is authorized to wear the following ribbon and stars earned for the indicated periods, dates shown being inclusive. These awards based upon marks entered in Continuous Service Certificate.

Ribbon: 6-19-25 to 6-18-28
Star: 6-19-28 to 6-18-31
Star: 9-30-33 to 9-29-36
Star: 9-30-36 to 9-29-39

Total awards authorized to wear this date, ribbon with four stars.

Rolla B. Watt
ROLLA B. WATT, Lieut.,USCGR
Commanding Officer

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | BM1c (Rank or rating) | CG Group, Loleta, Calif. (Unit)

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

FINAL MEDICAL CERTIFICATE

Place ~~Eureka, California~~, Date March 12, 1945, 19

To: ~~Commanding Officer, CG Group~~ (Coast Guard unit)

~~Loleta, California~~ (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
(apparently) blockage of tear ducts		March 12	same

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.}

Charles P. Falk

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

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (Name, surname first) 108-673 (Service number) BM1c (Rank or rating) CG Group, Loleta, Calif. (Unit)

FILE

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 Loleta, Calif., Date 12 March, 19 45

To: Dr. Charles C. Falk, USPHS

Eureka, California

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 Commanding Officer, CG Group, Loleta, Calif

Olef Rasmussen
(Signature of patient)

Jess A. Hart
JESS A. HART, CY U. S. Coast Guard.
By direction

RETURN MEDICAL CERTIFICATE

Place Relief Sta., Eureka, Calif., Date March 12, 1945, 19

I CERTIFY that I have examined the above-named person and find him suffering from (apparently) blockage of tear ducts.
(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 no days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Relief Station, Eureka, Calif. {*hospital / *office} on March 12, 1945, 19

Charles C. Falk
A.A.S., 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

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (Name, surname first) 108-673 (Service number) BMlc (Rank or rating) CG Group, Loleta, Calif. (Unit)

FILED

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 Loleta, Calif., Date 12 March, 19 45

To: Dr. Charles C. Falk, USPHS

Eureka, California

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 Commanding Officer, CG Group, Loleta, Calif.

Oluf Rasmussen (Signature of patient)

Jess A. Hart

JESS A. HART, CY U. S. Coast Guard.
By direction

RETURN MEDICAL CERTIFICATE

Place Relief Sta., Eureka, Calif., Date March 12, 1945, 19

I CERTIFY that I have examined the above-named person and find him suffering from (apparently) blockage of tear ducts.
(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 no days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Relief Station, Eureka, Calif. {*hospital / *office} on March 12, 1945, 19

Charles C. Falk
A.A.S., 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

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27156-1

N.C.G. No. 2599
U. S. COAST GUARD
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

RASMUSSEN

~~RUSMESSEN~~ (Surname) Oluf (First name) — (Middle initial) 108-673 (Service No.) B.M.1c (Rank or rating)

5-12-10
Table Bluff Light Station (Unit) Samoa, California (Place) 19 June, 1943 (Date)

Agreed, 18 June, 1943 to extension of current enlistment for a period of three (3) years, and any further extension as may be necessary due to war, in accordance with ALCOAST NR-2, January, 1942. Current enlistment, three (3) years (REGULAR ENLISTMENT), expires 2400, 18 June, 1943.

PAFE; Petrolia, California

Enlistment expired while subject man was permanently attached to Table Bluff Light Station, Loleta, California.

30
AUTHORITY: Art. 541 to 547 Regulations
ALCOAST NR-2, January, 1942

W. T. CLARK
(Commanding)

Ensign USCG
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			A.G.

Form 2500-A
TREASURY DEPARTMENT
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

A.G

U.S.C.G. Table Bluff Light Station
(Unit)
Loleta, California
(Place)
18 June, 1943
(Date)

CODED NO. 3

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder, I, Oluf Rasmussen (Name of Applicant), 108-673 (Service No.), B.M.1c (Rating), having, on 19 June, 1940 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of 3 years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of 3 years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part. My reason for making this agreement is In accordance with ALCOAST NR-2, January, 1942.



Tip of right forefinger

Oluf Rasmussen
Oluf Rasmussen
(Signature of Applicant)

Voluntarily agreed and subscribed to before me this 18th day of June, A.D., 1943

W. T. CLARK, Ensign USCG.
(Signature of Commanding Officer)

U.S.C.G. Table Bluff Light Station, Loleta, California 18 June, 1943
(Unit) (Place) (Date)

APPROVED W. T. CLARK, Ensign USCG.
(Signature of Commanding Officer)

U.S.C.G. HEADQUARTERS, Washington, D. C.
(Date)

Physically qualified for extension.

(Chief Medical Officer)

U.S.C.G. Table Bluff Light Station, Loleta, Calif.

18 June, 1943
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the day immediately following the date of expiration said term of enlistment.

W. T. CLARK, Ensign USCG.
Commanding Officer.

Returned. The application for extension is disapproved.

(Chief, Enlisted Personnel Section)

(Duplicate will become first page of service record. See Art. 4261 P. I.)

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (17)
REC'D AUG 5 1941

REPORT OF CHANGE IN PERSONNEL

RASMUSSEN,	Oluf	-	108-673	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

PUNTA CORDA LIGHT STATION	Petrolia, California	1 August, 1941
(Unit)	(Place)	(Date)

1 August, 1941 - Advanced in rating from Surfman, to Boatswain's Mate, first class, effective this date.

021-4005-4
5

AUTHORITY:

Personnel Bulletin 35-41.

R. S. Patch (Commanding)
R. S. PATCH, Commander, U.S.C.G.
Commander, San Francisco District (acting) (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
			FILE W. P. S.

U. S. GOVERNMENT PRINTING OFFICE O

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

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (108-673) Surfman Bolinas Bay Sta.
(Name, surname first) (Service number) (Rank or rating) (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Point Reyes Station, Calif., Date 8 March, 1940, ~~193~~xx.

To: Bolinas Bay Coast Guard Station
(Coast Guard unit)

Bolinas, California.
(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
Probable left mandibular cyst		11-22-39	11-22-39

REC'D MAR 14 1940 By
MEDICAL SECTION

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

Further treatment if necessary.

CONDUCT REPORT:

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

Cornwall C. Cressman
A. A. Surg. U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

_____ U. S. Public Health Service.

*Strike out words not applicable.

2–663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

2—663 U.S. GOVERNMENT PRINTING OFFICE

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GU[illegible] (3)
REC'D DEC 19 1939 By
ANS'D

47

REPORT OF CHANGE IN PERSONNEL

RASMUSSEN	Oluf	- - -	108-673	Surfman
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

PUNTA GORDA LIGHT STATION	San Francisco, Calif.	15 December, 1939.
(Unit)	(Place)	(Date)

1000, 12 December, 1939 - Reported from Bolinas Bay Station for assignment to permanent duty.

Granted ten (10) days' leave of absence en route.

REPLACES: George C. Lee, 2nd Assistant, transferred, $1260.00 per annum.

AUTHORITY:
DeL 11/30/39 (73).

(4) 12-30-39

R. S. Patch
(Commanding)
R. S. PATCH, Commander,
Commander, San Francisco District,
Acting.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		X	E.P.

HB

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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

U. S. COAST GUARD
REC'D DEC 8 1939

U. S. COAST GUARD
RCVD DEC 4 - 1939

REPORT OF CHANGE IN PERSONNEL

RASMUSSEN, Oluf. (108-673) Surfman.
(Surname) (First name) (Middle initial) (Service No.) (Rank or rating)

BOLINAS BAY STATION BOLINAS, CALIFORNIA. 1 DECEMBER, 1939.
(Unit) (Place) (Date)

1300 this date:

Departed this unit for permanent duty at Punta Gorda Light Station, Petrolia, California.
Granted 10 days leave enroute.

AUTHORITY: Article 4741 (3), Personnel Instructions.

William E. Peterson C.B.M.
(Commanding)

Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
		X	E.P.

U. S. GOVERNMENT PRINTING OFFICE 10935

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD
REC'D NOV 28 1939

RASMUSSEN, Olaf. (Name, surname first) | 108-673 (Service number) | Surfman (Rank or rating) | Bolinas Bay Station. (Unit)

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

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

U. S. COAST GUARD Received NOV 24 1939 OFFICE

Place Bolinas, Calif., Date 22 November, 1939.

To: A. A. Surgeon, Dr. C. C. Everman
Point Reyes Station, Calif.

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 Bolinas Bay CG Station, Bolinas, Calif.

Olaf Rasmussen
(Signature of patient)

William E. Peterson
Olaf Rasmussen — William E. Peterson, ~~C.B.M.~~ — *U. S. Coast Guard.*

RETURN MEDICAL CERTIFICATE

Place Point Reyes Station, Calif., Date 22 November, 1939.

I CERTIFY that I have examined the above-named person and find him suffering from Probable Rt. subdeltoid bursitis.
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at May {*~~hospital~~ / *office} on Nov. 22, 1939

Emmerald C. Everman
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.)

U. S. COAST GUARD
REC'D NOV 29 1939 BY
MEDICAL SECTION

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. Form 2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

U. S. COAST G[illegible] D 3
REC'D OCT 2 1939 By
SAN FRANCISCO DISTRICT SEP 27 1939 U. S. COAST GUARD
FILE W. H. S.

HEADQUARTERS TREASURY DEPARTMENT PR-73

UNITED STATES COAST GUARD

WASHINGTON

SEP 21 1939

U. S. COAST GUARD
Rec'vd SEP 27 1939
OFFICE

From: Commandant.
To : **Commander, San Francisco District.**

Subject: RASMUSSEN, Oluf - (108-673) Surf. - good conduct bar.

Reference: (a) Letter, Commander, Twelfth District, 31 January, 1939 (73).

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good Conduct Medal
Good Conduct Medal and Bar
xx Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

F. E. Allison
F. E. ALLISON,
Chief, Enlisted Personnel Section.

SAN FRANCISCO DISTRICT 1st Indorsement San Francisco, Calif.
73 27 September, 1939

From: Commander, San Francisco District.
To : Commandant.

1. Receipt of the above referred to bar is acknowledged.

By direction,

S. B. Johnson
S. B. JOHNSON.

PR-73

SEP 21 1939

From: Commandant.
To : Commander, San Francisco District.

Subject: RASMUSSEN, Oluf - (108-673) Surf. - good conduct bar.

Reference: (a) Letter, Commander, Twelfth District, 31 January, 1939 (73).

1. Replying to reference (a), the following is forwarded herewith for delivery to subject-named man:

Good Conduct Medal
Good Conduct Medal and Bar
XX Good Conduct Medal Bar

2. The award of the above will be noted in current service record of man concerned, and if practicable, will be delivered at general muster.

3. Upon receipt hereof, acknowledge receipt of inclosure by indorsement hereon.

By direction,

F. E. Allison

F. E. ALLISON,
Chief, Enlisted Personnel Section.

73

73

OFFICE OF
DISTRICT COMMANDER
TWELFTH DISTRICT

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SAN FRANCISCO, CALIF.

31 January, 1939.

U. S. COAST GUARD 3
REC'D FEB 6-1939 By
ANS.

From: Commander, Twelfth District.
To: Commandant.

Subject: RASMUSSEN, Oluf (108-673) Surfman - good conduct bar.

Reference: (a) Article 5163, Personnel Instructions.

1. It is recommended that the above-named man be issued a good conduct bar in accordance with reference (a). Rasmussen was issued a good conduct medal October 27, 1934 while at Port Orford Station, Thirteenth District. The above-named man was last discharged on 18 June, 1937 and received a mark of 4.0 in conduct during the entire period.

Medal
7-18-30

IRA ANDREWS,
Acting.

13 av
6-18-37
Pt. Arguello
Sta.

6-19-30-1-4-6-18-31
6-19-31-1-4-6-18-32
~~6-19-33-2~~
6-19-34-3-4-6-18-37

Reen.

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

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | Surfman (Rank or rating) | Bolinas Bay Station (Unit)

FILED

U. S. COAST GUARD
Rec'd AUG 29 1939
OFFICE

FINAL MEDICAL CERTIFICATE

Place San Francisco, Calif., Date 26 AUGUST, 1939

To: Officer In Charge, Bolinas Bay CG. Station
(Coast Guard unit)
Bolinas, California.
(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
Neuritis, left shd. & upper arm	1123	7-24-39	8-25-39
Presbyopia.	1427	7-24-39	8-10-39
Pyorrhea, alveo.	1523	7-24-39	8-15-39

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

Improved.

U. S. COAST GUARD
REC'D SEP 5 - 1939 BY
MEDICAL SECTION

CONDUCT REPORT:

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

C.C. Smith
C.C. Smith,
Ass't Surgeon, U. S. Public Health Service.

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in acccordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSF[illegible]

Olof Rasmussen, 108-173, Seaman, Cavinas C.G. Sta., who has been under {*inpatient / *outpatient}
(Patient's name, service number, rank or rating, and unit)

treatment at my {*office / *hospital} at Pt. Reyes Sta. for

arthritis, shoulder, post incision since July 24, 1939, has been
(Diagnosis)

transferred this date July 26, 1939, to the U. S. Marine Hospital at San Francisco
for further treatment.

S. COAST GUARD
Russell C. Sherman
A.A. Surg. U. S. Public Health Service.

*Strike out words not applicable. 2—663

REC'D AUG 7-1939 BY
MEDICAL SECTION

N[illegible]E OF MEDICAL TRANSFI

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1932

2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (108-673) Surfman Bolinas Bay 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

Place Bolinas, Calif., Date 24 July, 1939.

To: AA Surgeon Dr. C.C. Everman.
Point Reyes Station, Calif.

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 Bolinas Bay CG Station, Bolinas, Calif.

Oluf Rasmussen
Oluf Rasmussen
(Signature of patient)

James I Scott
James I. Scott, BMlc.(L)
Acting Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Pt. Reyes Sta., Date July 24, 1939

I CERTIFY that I have examined the above-named person and find him suffering from Arthritis Left Shoulder, needs refraction.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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

My {*~~hospital~~ / *office} on July 24, 1939

Cornwall C. Everman
A.A. Surg. U. S. Public Health Service.

U.S. COAST GUARD (2)
RECD AUG 7 - 1939 BY
MEDICAL SECTION

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

.....
(Patient's signature)

WITNESS:

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

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 38.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

FILE U.C.G.

RASMUSSEN, Oluf (Name, surname first) 108-673 (Service number) Surfman, Bolinas Bay Station. (Rank or rating) (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Bolinas, California., Date 3 November, 193 8.

To: _____ (Coast Guard unit)

_____ (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
Cerumen accumalation.	0277	10-20-38	10-20-38

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

RECD NOV 14 1938 MEDICAL SECTION

CONDUCT REPORT:

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

Office of Commander, Twelfth District, San Francisco, Calif., NOV 8 1938

Forwarded.

W. L. Mould

W. L. MOULD,
Asst. Surgeon, U. S. Public Health Service.

S. E. JOHNSON
District Commander.

NOTICE OF MEDICAL TRANSFER

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

treatment at _____ {*office / *hospital} at _____ for _____
(Diagnosis)

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

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it. 2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

2—663 U. S. GOVERNMENT PRINTING OFFICE

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR– 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 June, 1939.

From: Commandant.
To: Commander, TWELFTH DISTRICT.

Subject: RASMUSSEN, Oluf (108-673) Surf.: (Bolinas Bay Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 June, 1939.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
7-20-21	8-7-22 H D	None		None		None	
9-23-22	9-22-23 H D	None		None		None	
6-19-25	6-18-27 H D	None		None		None	
6-19-27	6-18-28 H D	None		None		None	
6-19-28	6-18-29 H D	None		None		None	
6-19-29	6-18-30 H D	None		None		None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-18-32 H D	None		None		None	
6-19-32	6-18-34 H D	None		None		None	
6-19-34	6-18-37 H D	None		None		None	
6-19-37 Now serving 6-19-40	6-18-40 HD 7-1-40	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	16	0	3
Navy service			
Other service			
Total	16	0	3

Completed 16 years service 30 May, 1939.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

MAILED
JUN 3 1939
MAIL DESK

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcl HP

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 June, 1939.

From: Commandant.
To: Commander, TWELFTH DISTRICT.

Subject: RASMUSSEN, Oluf (108-673) Surf.: (Bolinas Bay Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 June, 1939.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
7-20-21	8-7-22 H D	None		None		None	
9-23-22	9-22-23 H D	None		None		None	
6-19-25	6-18-27 H D	None		None		None	
6-19-27	6-18-28 H D	None		None		None	
6-19-28	6-18-29 H D	None		None		None	
6-19-29	6-18-30 H D	None		None		None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-18-32 H D	None		None		None	
6-19-32	6-18-34 H D	None		None		None	
[redacted]	6-18-37 H D	None		None		None	
6-19-37 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	16	0	3
Navy service			
Other service			
Total	16	0	3

Completed 16 years service 30 May, 1939.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 3 June, 1939.

From: Commandant.
To: Commander, TWELFTH DISTRICT.

Subject: RASMUSSEN, Oluf (108-673) Surf.: (Bolinas Bay Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 3 June, 1939.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
7-20-21	8-7-22 H D	None		None		None	
9-23-22	9-22-23 H D	None		None		None	
6-19-25	6-18-27 H D	None		None		None	
6-19-27	6-18-28 H D	None		None		None	
6-19-28	6-18-29 H D	None		None		None	
6-19-29	6-18-30 H D	None		None		None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-18-32 H D	None		None		None	
6-19-32	6-18-34 H D	None		None		None	
6-19-34	6-18-37 H D	None		None		None	
6-19-37 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	16	0	3
Navy service			
Other service			
Total	16	0	3

Completed 16 years service 30 May, 1939.

By direction:

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR-73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 31 May, 1935.

From: Commandant.
To: Commander, THIRTEENTH DISTRICT, Seattle, Wash.

Subject: RASMUSSEN, Oluf (108-673) B.M.1c.(L); (Port Orford Sta.) Statement of service of.

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 31 May, 1935.

ENLISTED	DISCHARGED	ABSENT WITHOUT LEAVE (Inclusive dates)		SICKNESS DUE TO OWN MISCONDUCT (Inclusive dates)		NONPERFORMANCE OF DUTY BECAUSE OF (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
7-20-21	8-7-22 H D	None		None		None	
9-23-22	9-22-23 H D	None		None		None	
6-19-25	6-18-27 H D	None		None		None	
6-19-27	6-18-28 H D	None		None		None	
6-19-28	6-18-29 H D	None		None		None	
6-19-29	6-18-30 H D	None		None		None	
6-19-30	6-18-31 H D	None		None		None	
6-19-31	6-18-32 H D	None		None		None	
6-19-32	6-18-34 H D	None		None		None	
6-19-34 Now serving		None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	12	0	0
Navy service			
Other service			
Total	12	0	0

Completed 12 years service on 30 May, 1935.

By direction:

CHAS. W. DEAN
Ass't Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE: 1932 2—15507

mcs W.P. B.a.S.

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR– 73

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON 1 June, 1931.

From: Commandant.
To: Commander, Thirteenth District, Portland, Oregon.

Subject: RASMUSSEN, Oluf (108 673) Surfman; (Yaquina Bay Station). Statement of service of.

Inclosure:

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

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		From	To	From	To	From	To
7-20-21	8-7-22 (Hon.)	None		None		None	
9-23-22	9-22-23 (Hon.)	None		None		None	
6-19-25	6-18-27 (Hon.)	None		None		None	
6-19-27	6-18-28 (Hon.)	None		None		None	
6-19-28	6-18-29 (Hon.)	None		None		None	
6-19-29	6-18-30 (Hon.)	None		None		None	
6-19-30	Now serving (6-1-31)	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	8	0	1
Navy service			
Other service			
Total	8	0	1

Completed 8 years service on 31 May, 1931.

F. C. BILLARD

C. H. JONES,

Ass't Chief, Personnel Section.

Form 2511
TREASURY DEPARTMENT
U. S. Coast Guard
Form approved by Comptroller General U. S.
October 30, 1930

2—15507 U. S. GOVERNMENT PRINTING OFFICE: 1930

5 July, 1927.

From:
To: Commandant.
Commander, THIRTEENTH DISTRICT.

Subject: Record of service.

Inclosure:

1. The records at Headquarters show that Chief PAYMASTER Purser has had previous creditable service under the United States, up to and including 5 July, 1927, as follows:

	Yrs.	Mos.	Days.
Revenue-Cutter Service and Coast Guard (enlisted service)	4	1	5
Life-Saving Service and Coast Guard (enlisted service)			
Navy (enlisted service)			
Naval Reserve Force (active enlisted service, not including training periods)			
Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey, and Public Health Service, or adjunct forces thereof (all active service as a warrant or commissioned officer during the period April 6, 1917, to December 31, 1921)			
TOTAL SERVICE FOR COMPUTING INCREASE IN PAY OF ENLISTED PERSONS, provided in Art. 31 (3), Pay and Supply Instructions	4	1	5
Army (all service, other than above)			
Navy (all service, other than above)			
Naval Reserve Force (all active service as a commissioned or warrant officer, other than above)			
Marine Corps (all service, other than above)			
Revenue-Cutter Service (all service, other than above)			
Coast Guard (all service, other than above)			
TOTAL SERVICE FOR DETERMINING ELIGIBILITY FOR RETIREMENT ON 30 YEARS SERVICE, provided in Art. 281 (1), Regulations	4	1	5
Coast and Geodetic Survey (all service, other than above)			
Public Health Service (all service, other than above)			
TOTAL SERVICE FOR COMPUTING PAY OF WARRANT OFFICERS, provided in Art. 23 (2), Pay and Supply Instructions			

Copy to P A A

Completed four (4) years service on 30 May, 1927.

By direction.

C. P. CLARK.

W.S. Bid.

E.N.T.

Rec'vd OCT 26 1938

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

FOLLOW INSTRUCTIONS ON BACK

OFFICE 12TH DISTRICT

RASMUSSEN, Oluf (Name, surname first) 108-673 (Service number) Surfman. (Rank or rating) Bolinas Bay Station. (Unit)

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

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

Place Bolinas, California., Date 19 October, 193 8

To: Medical Officer in Charge,
U. S. Marine Hospital.

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

Oluf Rasmussen
(Signature of patient)

Hubert E. Wilbur, C.B.M.(L)
Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place San Francisco, California, Date 21 October, 1938

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

#0277 Cerumen accumulation
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U. S. MARINE HOSPITAL {*hospital / *~~office~~} on October 20, 1938 193

W. L. Mould
W. L. MOULD
Ass't. Surgeon 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.)

OCT 31 1938

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

Office of Commander,
Twelfth District,
San Francisco, Calif., OCT 26 1938

Forwarded. 2—663

S. B. JOHNSON
District Commander.

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment (see arts. 2151 and 2154, Regulations). Do NOT use this form when requesting physical examinations. Form 2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE H.&G.R.

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | Surfman. (Rank or rating) | Bolinas Bay Station. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Pt. Reyes Sta., Date June 10, 1938

To: Bolinas Bay (Coast Guard unit)

(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
Abrasion 2 fingers		6-7-38	6-10-38

REC'D JUN 20 1938 BY MEDICAL SECTION

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.}

W. H. Hardee
Asst Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it. 2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

2—663 U. S. GOVERNMENT PRINTING OFFICE

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD 4

RECD JUN 18 1938

RASMUSSEN, Oluf. (Name, surname first) 108-673 (Service number) Surfman. (Rank or rating) Bolinas Bay Station. (Unit)

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

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

Place Bolinas, California., Date 6 June, 1938., 193

To: Surgeon-in-Charge, U.S.P.H.S.

Point Reyes Station, California.

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 Bolinas Bay Coast Guard Station.

Oluf Rasmussen
Oluf Rasmussen
(Signature of patient)

Hubert E. Wilbur
Hubert E. Wilbur, C.B.M.(L)
Officer in Charge. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Pt. Reyes Sta., Date June 7, 193 8

I CERTIFY that I have examined the above-named person and find him suffering from Abrasion of finger
(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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at my {*~~hospital~~ / *office} on June 7, 193 8

W. L. Harding
W. L. Harding, M.D.
Asst. Surgeon 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.)

Office of Commander,
Twelfth District,
San Francisco, Calif.
JUN 14 1938
Forwarded.

_____ (Patient's signature)

WITNESS:

J. M. Johnson
(Signature of medical officer)
District Commander.
U. S. Public Health Service.

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment (see arts. 2151 and 2154, Regulations). Do NOT use this form when requesting physical examinations. Form 2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

pef

PR-73
701

22 November, 1937.

From: Commandant.
To: Commander, Twelfth District.

Subject: RASMUSSEN, Oluf (108-673) Surf.:
Vaccination.

Reference: (a) Article 2161 (1) Regulations.

1. The records at Headquarters show that more than five years have elapsed since the above-named man was last vaccinated against smallpox. It is requested that this man be vaccinated as required in Reference (a), and that a suitable report be forwarded to Headquarters upon completion thereof.

2. If this man has been vaccinated recently against smallpox, disregard the instructions contained in this letter.

By direction:

E. J. Osborn.
E. T. OSBORN,
Chief, Enlisted Personnel Section.

MAILED
NOV 22 1937
MAIL DESK

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

FOLLOW INSTRUCTIONS ON BACK

FILE B.M.S.R.

RASMUSSEN, Oluf (108-673) Surfman Bolinas Bay Station
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place San Francisco, California., Date 1-10-37, 193

To: Bolinas Bay Coast Guard Station,
(Coast Guard unit)
Bolinas, California.
(Address)

U. S. COAST GUARD (11)
REC'D JAN 19 1938 By
ANS

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 smallpox.	0119	12-16-37	12-16-37

U. S. COAST GUARD (3)
REC'D JAN 19 1938 By
MEDICAL SECTION

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

Office of Commander,
Twelfth District,
San Francisco, Calif. JAN 15 1938

Forwarded.

S. B. JOHNSON
District Commander.

CONDUCT REPORT:

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

M.N. Jones
A.A. Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in acccordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

2—663

U. S. GOVERNMENT PRINTING OFFICE: 1933

Dr. Patch.

U. S. COAST GUARD

U. S. COAST GUARD (4) FILE

Rec'd JAN 3 - 1938

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

Bolinas Bay

RASMUSSEN, Oluf (108-673) Surfman 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

Place Bolinas, California, Date 12-16-37, 193

To: Surgeon-in-Charge, U.S.P.H.S.,
U.S.Marine Hospital,
San Francisco, California.

SIR: You are requested to ~~examine~~ vaccinate 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 Bolinas Bay C.G.Station.

Oluf Rasmussen
(Signature of patient)
Oluf Rasmussen.

Hubert E.Wilbur
C.B.M.(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place San Francisco, California, Date 12-20-37, 193

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

0119 Anti-inoculation for smallpox.
(Give diagnosis by number and name according to official nomenclature)

U. S. COAST GUARD
REC'D JAN 3 1938 By
MEDICAL SECTION.

My professional opinion in the case is expressed below for the 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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at U.S. MARINE HOSPITAL SAN FRANCISCO, CAL. {*hospital / *~~office~~} on 12-16-37, 193

H.N. Jones
A.A. Surgeon 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.

Office of Commander,
Twelfth District,
San Francisco, Calif. DEC 30 1937

Forwarded.

2—663

S. B. JOHNSON
District Commander.

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 38.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

U. S. COAST GUARD (3)
REC'D JUN 28 1935 By
AND'D
FILE

WAIVER OF CLAIM TO MILEAGE

Port Orford Station,
Thirteenth District.

Port Orford, Oregon,
21 June, 1935.

IT IS AGREED THAT I SHALL BEAR ALL EXPENSES CONNECTED WITH MY TRANSFER FROM PORT ORFORD STATION, THIRTEENTH DISTRICT, TO THE TWELFTH DISTRICT, AND I HEREBY WAIVE ALL CLAIM TO MILEAGE ON DISCHARGE.

Olaf Rasmussen. Surfman

Oluf Rasmussen

73

73

U. S. Coast Guard
Thirteenth District
MAY 13 1935

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD

FILE
W. R. S.

Port Orford
COAST GUARD STATION

Port Orford, Oregon
(POST OFFICE ADDRESS)

REC'D MAY 27 1935

Thirteenth
DISTRICT

10 May, 19 35.

ANS'D

From: RASMUSSEN, Oluf (108-673), B.M.lc.(L).
To: Commander, Thirteenth District (via Officer in Charge, Port Orford Station).

Subject: Request for disrating.

1. I hereby request to be reduced from my present rating as B.M.lc.(L) to the rating of Surfman.

2. The reason for this request is that I earnestly desire to be relieved from my duties as a petty officer and continue in the service as a Surfman, and another reason is that I look forward for a transfer to the Twelfth District as a Surfman.

Oluf Rasmussen
Oluf Rasmussen

73
PORT ORFORD STATION

First Indorsement

Port Orford, Oregon,
10 May, 1935.

From: Officer in Charge, Port Orford Station.
To: Commander, Thirteenth District.

1. Forwarded. - Rasmussen has at various times expressed his desire to be relieved of the responsibilities required of a petty officer, but has each time been advised to think it over before request therefor was submitted. He is not satisfied and would rather continue in the service as a surfman. For above reasons it is requested that his request be granted.

Nils S. Nilsson

---

73 - THIRTEENTH DISTRICT

Second Indorsement

Seattle, Washington
22 May, 1935.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded.

2. The disrating requested by basic communication will be made effective 1 June, 1935, under authority of Article 454, Regulations.

L.V.Barnett
L.V.Barnett,
Actin.

73

Thirteenth District
DEC 17 1934

FILE
B.A.S.

73

U.S. COAST GUARD
REC'D DEC 22 1934 By
ANS'D

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Port Orford, Oregon
(POST OFFICE ADDRESS)

Port Orford
COAST GUARD STATION
Thirteenth
DISTRICT

14 December, 19 34.

From: RASMUSSEN, Oluf (108-673), B.M.2c.(L).
To: Commandant (via Officer in Charge, Port Orford Station, Commander, Thirteenth District and Commander, Seattle Division).

Subject: Continuous Service Certificate No.4866; acknowledgment of receipt of.

Reference: (a) Article 5213, Personnel Instructions.

1. The receipt of Continuous Service Certificate No.4866, this date, is hereby acknowledged.

Oluf Rasmussen.
Oluf Rasmussen

73- Port Orford Station — First Indorsement — Port Orford, Oregon, 14 December, 1934.

From: Officer in Charge, Port Orford Station.
To: Commandant (via Commander, Thirteenth District and Commander, Seattle Division).

1. Forwarded.

Nils S. Nilsson

SEATTLE DIVISION DEC 17 1934 U.S. COAST GUARD

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73 — 2nd Indorsement. — Seattle, Washington.
THIRTEENTH DISTRICT. — 17 December, 1934.

From: Commander, Thirteenth District.
To: Commandant (via Commander, Seattle Division.)

1. Forwarded.

M. W. Rasmussen.
M. W. Rasmussen.

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73 — 3rd Indorsement — Seattle, Washington,
SEATTLE DIVISION — 17 December, 1934.

1. Forwarded.

R. W. DEMPWOLF,

H. A. Zeusler,
Chief of Staff.

PR-73

7 December, 1934.

From: Commandant.
To : Commander, THIRTEENTH District.

Subject: RASMUSSEN, Oluf (108-673) B.M.2c.(L), Port Orford Station.
Continuous Service Certificate.

Reference: (a) Personnel Section Bulletin 4-32.

Inclosure: (1) Honorable Discharge No. A40621.
(2) Continuous Service Certificate No. 4866.

1. Deliver Inclosure (1) to the subject-named man.

2. Inclosure (2) will be handled in accordance with instructions contained in reference (a).

By direction:

EBH

W. B. SCHEIBEL,
Assistant Chief, Personnel Section.

EBH Srm

73

U. S. C[illegible] Guard,
Thirteenth District
SEP 27 1934

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D OCT 2 - 1934
ANS'D

Port Orford
COAST GUARD STATION
Thirteenth
DISTRICT

Port Orford, Oregon
(POST OFFICE ADDRESS)

25 September, 19 34.

From: RASMUSSEN, Oluf (108-673), B.M.2c.(L).
To: Commandant (via Officer in Charge, Port Orford Station and Commander, Thirteenth District).

Subject: Continuous Service Certificate; request for.

Reference: (a) Article 5531, Personnel Instructions, Change # 4.
(b) Article 5532, Personnel Instructions, Change # 4.

Inclosure: 1. Honorable Discharge No.A40621.

1. It is requested that I be issued a Continuous Service Certificate.

2. Inclosure (1) is submitted herewith in accordance with reference (b).

Oluf Rasmussen.
Oluf Rasmussen

---

73 1 st Indorsement

Port Orford Station
Thirteenth District

Port Orford, Oregon
25 September, 1934.

From: Officer in Charge, Port Orford Station.
To: Commander, Thirteenth District.

1. Forwarded with inclosure.

Nils S. Nilsson

---

73. 2nd Indorsement.

Office of Commander, Thirteenth District.
Seattle, Washington, 28 September, 1934.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded approved.

M.W.Rasmussen.
M.W.Rasmussen.

4866

HEADQUARTERS

ADDRESS THE COMMANDANT, U.S. COAST GUARD
AND REFER TO No. P-73

FILE
W. B. S.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON

U. S. COAST GUARD
REC'D OCT 24 1934
ANS'D

16 October, 1934.

From: Commandant.
To : Commander, Thirteenth District.

Subject: RASMUSSEN, Oluf (108-673) B.M.2c.(L); Good Conduct Medal.

Reference: (a) Your letter, 28 August, 1934 (73).

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject man. The award of this medal will be noted in subject's current service record and if practicable, the medal will be delivered at general muster. Acknowledge receipt of the medal on this letter.

By direction.

J. A. Alger

J. A. ALGER,
Chief, Personnel Section.

THIRTEENTHDISTRICT. 1st Indorsement Seattle, Washington, 20 October, 1934.

From: Commander, Thirteenth District.
To: Commandant.

1. Receipt of Good Conduct Medal for subject man is hereby acknowledged.

M. P. Jensen

M. P. Jensen,
Acting.

IG.

P-73

16 October, 1934.

From: Commandant.
To : Commander, Thirteenth District.

Subject: RASMUSSEN, Oluf (108-673) B.M.2c.(L); Good Conduct Medal.

Reference: (a) Your letter, 28 August, 1934 (73).

1. Replying to reference (a), a good conduct medal is forwarded herewith for delivery to subject man. The award of this medal will be noted in subject's current service record and if practicable, the medal will be delivered at general muster. Acknowledge receipt of the medal on this letter.

By direction.

J. A. ALGER,
Chief, Personnel Section.

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SEATTLE, WASH.

OFFICE OF
THE DISTRICT COMMANDER
THIRTEENTH DISTRICT

28 August, 1934.

U. S. COAST GUARD
REC'D SEP 4 - 1934
ANS'D

From: Commander, Thirteenth District.
To : Commandant.

Subject: RASMUSSEN, Oluf (108-673) B.M.2c.(L); good conduct medal and bar; recommendation for.

Reference: (a) Article 5414, Personnel Instructions.

1. According to the records of this office subject named man completed eight years continuous Coast Guard service 18 June, 1934, and re-enlisted 19 June, 1934. During that period he did not receive a mark of less than 4.0 in conduct. It is requested that Headquarters verify same and if found to be correct RASMUSSEN be issued a good conduct medal and bar.

M. W. RASMUSSEN.

Copy to:
Port Orford Station.

5
7/11/30
Appointed Boatsw.
No Bar
3.7
9/30/33

P-73
701

LC

12 June, 1935.

From: Commandant.
To : Commander, THIRTEENTH District.

Subject: RASMUSSEN, Oluf (108-673) Surfman; transfer of.

Reference: (a) Subject's request, 1 June, 1935 (73) with indorsements thereon.

1. Upon receipt hereof, you are authorized to transfer Rasmussen to the Twelfth District, directing him to proceed to San Francisco, California, and report to the Commander of the district indicated for assignment to duty, provided such transfer is effected without expense to the Government and subject man waives all claim to mileage on discharge. Report transfer on Form 2599.

2. Waiver of mileage shall be executed in triplicate. Forward the original to Headquarters; attach one copy to the pay accounts and one copy to the personnel records of subject man.

By direction.

CHAS. W. DEAN,
Assistant Chief, Personnel Section.

Copy to:
San Francisco Division.
Twelfth District.

MAILED
JUN 12 1935

U. S. COAST GUARD
REC'D JUN 1[illegible] 1935 By
ANS. 1

73

TWELFTH DISTRICT
73

Third Indorsement.

San Francisco, Calif.
6 June, 1935.

From: Commander, Twelfth District.
To : Commandant (via Commander, San Francisco Division).

Subject: RASMUSSEN, Oluf (108-673) Surfman; Port Orford Station; transfer.

1. Forwarded, approved. Two vacancies now exist at the Bolinas Bay Station, in the rating of surfman.

F. B. Lincoln
F.B. LINCOLN

- -

Fourth Indorsement

73-SAN FRANCISCO DIVISION

San Francisco, California
7 June, 1935.

From: Commander, San Francisco Division.
To : Commandant.

1. Forwarded, approved.

R. L. JACK
Acting

73

U. S. COAST GUARD
REC'D JUN 11 1935 By

U. S. Coast Guard,
Thirteenth District

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Port Orford
COAST GUARD STATION
Thirteenth
DISTRICT

JUN 6 1935 U. S. COAST GUARD

Port Orford, Oregon
(POST OFFICE ADDRESS)

1 June, 1935.

From: RASMUSSEN, Oluf (108-673), Surfman.
To: Commander, Thirteenth District (via Officer in Charge, Port Orford Station).

Subject: Transfer to the Twelfth District; request for.

1. I hereby request transfer to the Twelfth District, preferably to any of the three stations, Arena Cove, Point Reyes, or Bolinas Bay, in my present rating. My reason for this request is that I prefer the Twelfth District with its stations. I have had previous service at above mentioned stations and would like to continue in the service at one of them.

2. It is understood, that should this request be approved, no expenses incident thereto shall be paid by the Government.

Oluf Rasmussen.
Oluf Rasmussen

---

73 First Indorsement Port Orford, Oregon
PORT ORFORD STATION 1 June, 1935.

From: Officer in Charge, Port Orford Station.
To: Commander, Thirteenth District.

1. Forwarded. - Rasmussen has repeatedly mentioned that he would prefer to be stationed in the Twelfth District. His greater interest in the Twelfth District and its stations seems to warrant his transfer and, for the good of the service, it is recommended that his request be granted.

2. Rasmussen's marks for the last quarter were in Proficiency in Rating 3.2; in Sobriety 4.0; in Conduct 4.0; in Ability as Leader of Men 3.2 and in Health 4.0.

Nils S. Nilsson

---

73. THIRTEENTH DISTRICT Second Indorsement Seattle, Washington, 4 June, 1935.

From: Commander, Thirteenth District.
To: Commander, Twelfth District.

1. Forwarded approved.

L.V.Barnett,
Acting.

73

U. S. Coast Guard,
Thirteenth District

Rasmussen, Oluf

MAY 13 1935

Port Orford

Port Orford, Oregon

Thirteenth

10 May 35.

From: RASMUSSEN, Oluf (108-673), B.M.1c.(L).
To: Commander, Thirteenth District (via Officer in Charge, Port Orford Station).

Subject: Request for disrating.

1. I hereby request to be reduced from my present rating as B.M.1c.(L) to the rating of Surfman.

2. The reason for this request is that I earnestly desire to be relieved from my duties as a petty officer and continue in the service as a Surfman, and another reason is that I look forward for a transfer to the Twelfth District as a Surfman.

Oluf Rasmussen

---

73 First Indorsement

PORT ORFORD STATION

Port Orford, Oregon,
10 May, 1935.

From: Officer in Charge, Port Orford Station.
To: Commander, Thirteenth District.

1. Forwarded. - Rasmussen has at various times expressed his desire to be relieved of the responsibilities required of a petty officer, but has each time been advised to think it over before request therefor was submitted. He is not satisfied and would rather continue in the service as a surfman. For above reasons it is requested that his request be granted.

Nils S. Nilsson

---

73 - THIRTEENTH DISTRICT Second Indorsement

Seattle, Washington
22 May, 1935.

From: Commander, Thirteenth District.
To: Commandant.

1. Forwarded.

2. The disrating requested by basic communication will be made effective 1 June, 1935, under authority of Article 454, Regulations.

L.V.Barnett,
Acting.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. Coast Guard
Thirteenth District
FEB 21 1935

FILED
A. J. M.

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | B.M.1c.(L) (Rank or rating) | Port Orford Station (Unit)

FINAL MEDICAL CERTIFICATE

Place Bandon, Oregon, Date Feb. 14, 1935

U. S. COAST GUARD
REC'D FEB 25 1935 By
MEDICAL SECTION.

To: Port Orford Station (Coast Guard unit)

Port Orford, Oregon (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
Examined and found fit for duty		Feb. 14,	Feb. 14, '35.

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

None.

CONDUCT REPORT:

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

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

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

2—663

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

FOLLOW INSTRUCTIONS ON BACK

U. S. Coast Guard
Thirteenth District
FEB 21 1935

FILED
A. J. H.

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | B.M.1c.(L) (Rank or rating) | Port Orford Station (Unit)

FINAL MEDICAL CERTIFICATE

Place Bandon, Oregon, Date Feb. 14, 1935

U. S. COAST GUARD
REC'D FEB 25 1935 By
MEDICAL SECTION.

To: Port Orford Station
(Coast Guard unit)

Port Orford, Oregon
(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
Examined and found fit for duty		Feb. 14,	Feb. 14, '35.

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

None.

CONDUCT REPORT:

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

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

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in acccordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

2—663

U. S. GOVERNMENT PRINTING OFFICE: 1932

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

REGULAR ENLISTMENT

FOLLOW INSTRUCTIONS ON BA[illegible]

U. S. COAST GUARD
REC'D FEB 25 1935 BY

RASMUSSEN, Oluf (Name, surname first) | 108-673 (Service number) | B.M.1c.(L) (Rank or rating) | Port Orford Station (Unit)

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

Place Port Orford, Oregon, Date 14 February, 1935.

To: Medical Officer in Charge, U.S.Public Health Service,
Bandon, Oregon

U. S. COAST GUARD
REC'D FEB 25 1935 BY
MEDICAL SECTION

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 U.S.Coast Guard, Port Orford, Oregon.

Olaf Rasmussen
(Signature of patient)
Olaf Rasmussen

Nils S. Nilsson
Officer in Charge
C.B.M.(L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Bandon, Oregon, Date February 14, 1935

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

Physically Fit.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 no days absence from duty. He was admitted to {*~~hospital~~ / *outpatient} treatment at ____ {*~~hospital~~ / *office} on Feb. 14, 1935

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.

2—662

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 38.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

73-701.

73

OFFICE OF
THE DISTRICT COMMANDER
THIRTEENTH DISTRICT

SEATTLE DIVISION FEB 2 1935 U. S. COAST GUARD

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

SEATTLE, WASH.

1 February, 1935.

U. S. COAST GUARD
REC'D FEB 6 - 1935 By
ANS.

From: Commander, Thirteenth District.
To: Commandant, (via Commander, Seattle Division).

Subject: RASMUSSEN, Oluf (108-673) B.M.2c (L); advancement.

Reference: (a) Seattle Division letter, 29 January, 1935 (701).
(b) Report of Examination, subject man, dated 17 April, 1934.

Inclosure: 1. Reference (b).
2. Report of change of enlisted personnel, Form 2599.

1. Under authority of reference (a), subject man has been advanced to the rating of boatswain's mate, first class (L) effective this date.

M.W.Rasmussen.

Copy to:
Port Orford Station.

73
SEATTLE DIVISION

1st Indorsement

Seattle, Washington,
2 February, 1935.

1. Forwarded.

R. W. DEMPWOLF,

F. A. Zeusler,
Chief of Staff.

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 9555

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

U. S. COAST GUARD
REC'D FEB 6 - 1935 By
ANS.

Ship or Station COQUILLE RIVER STATION.

Place BANDON, OREGON.

Date 17 APRIL, 1934.

RASMUSSEN, Oluf (108-673)
(Name)

B.M.2c(L)
(Rating)

was examined this day for the rating of Boatswain's Mate, first class (L) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yoeman, First Class, or Chief Yoeman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Subjects all enlisted men must know before being advanced in rating.	2.8	Resuscitation of the apparently drowned	3.7
Seamanship (handling boats, rules of the road, compass, elementary navigation, and pilotage)	3.3	Reading, writing and elementary arithmetic.	2.9
Marline spike seamanship . .	3.8	Official correspondence, forms, records & accounts .	2.7
Beach apparatus	3.6	Motor boat laws, Customs & Navigation Laws..	3.0
Signals	3.0	Coast Guard Regulations. .	2.9
		Infantry drill	2.6

Average Marks 3.12

Approved 30 January, 1935
(Date)

(Signature and Rank of Member) C.B.M.(L)

(Signature and Rank of Member) Bosn (L)

M.M. Rasmussen
(Signature and Rank of ~~Commanding Officer~~ or District Commander)

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 9555

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

U. S. Coast Guard Thirteenth Dist. APR 19 1934

Ship or Station COQUILLE RIVER STATION.

Place BANDON, OREGON.

Date 17 APRIL, 1934.

RASMUSSEN, Oluf (108-673) — (Name)

B.M.2c(L) — (Rating)

was examined this day for the rating of Boatswain's Mate, first class (L) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yoeman, First Class, or Chief Yoeman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Subjects all enlisted men must know before being advanced in rating.	2.8	Resuscitation of the apparently drowned	3.7
Seamanship (handling boats, rules of the road, compass, elementary navigation, and pilotage)	3.3	Reading, writing and elementary arithmetic.	2.9
Marline spike seamanship . .	3.8	Official correspondence, forms, records & accounts .	2.7
Beach apparatus	3.6	Motor boat laws, Customs & Navigation Laws..	3.0
Signals	3.0	Coast Guard Regulations. .	2.9
		Infantry drill	2.6

Average Marks 3.12

Approved 30 January, 1935 (Date)

Eric Rasmussen C.B.M.(L)
(Signature and Rank of Member)

Theo. Roberge Bosn (L)
(Signature and Rank of Member)

M.W. Ragsdale
(Signature and Rank of ~~Commanding Officer~~ or District Commander)

TREASURY DEPARTMENT
U. S. COAST GUARD
FORM 9555

REPORT OF EXAMINATION
(ENLISTED PERSONNEL)

Ship or Station COQUILLE RIVER STATION.

Place BANDON, OREGON.

Date 17 APRIL, 1934.

RASMUSSEN, Oluf (108-673) — (Name)

B.M.2c(L) — (Rating)

was examined this day for the rating of Boatswain's Mate, first class (L) and was found qualified. The following marks were given: (Scale of marks 4.0 excellent; 3.5 very good; 3.0 good; 2.5 passing; 1.5 fair; 1.0 indifferent; .0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. Candidate will be examined in required subjects as given in Coast Guard Regulations together with such other subjects as may be deemed necessary). If examined for rating of Yoeman, First Class, or Chief Yoeman state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
Subjects all enlisted men must know before being advanced in rating.	2.8	Resuscitation of the apparently drowned	3.7
Seamanship (handling boats, rules of the road, compass, elementary navigation, and pilotage)	3.3	Reading, writing and elementary arithmetic.	2.9
Marline spike seamanship . .	3.8	Official correspondence, forms, records & accounts .	2.7
Beach apparatus	3.6	Motor boat laws, Customs & Navigation Laws..	3.0
Signals	3.0	Coast Guard Regulations. .	2.9
		Infantry drill	2.6

Average Marks 3.12

Approved 30 January, 1935 (Date)

[signature] C.B.M.(L)
(Signature and Rank of Member)

Theo. Nelings Boatn (L)
(Signature and Rank of Member)

[signature]
M.M. [illegible]
(Signature and Rank of Commanding Officer or District Commander)

73-701-531

73

XXXXXXXXXXXXXXX
Seattle, Washington,
23 November, 1933.

U. S. COAST GUARD
REC'D NOV 27 1933
ANS'

From: Commander, Thirteenth District.
To : RASMUSSEN, Oluf (108-673) B.M.2c.(L) (via Officer in Charge, Yaquina Bay Station).

Subject: Transfer; travel; orders.

1. Effective upon receipt hereof, you are relieved from further duty at Yaquina Bay Station. Proceed to Port Orford, Oregon and report to the Officer in Charge, Port Orford Station for assignment to duty.

M. P. Jenson,
Acting.

73-701-531
SEATTLE DIVISION

First Indorsement

Seattle, Washington,
23 November, 1933.

Reference: (a) Headquarters' letter 21 June, 1933 (P-701-531).

Inclosure: (1) Certified copy of reference (a).

1. This order constitutes a permanent change of station from Newport, Oregon to Port Orford Station, Port Orford, Oregon.

2. Travel under this order may be performed by privately owned conveyance if so desired.

3. The travel necessary to the execution of this order is required by the public interests. Allowances for subsistence and quarters as prescribed by Articles 249-251, Pay and Supply Instructions, are applicable in this case.

4. Travel necessary to the execution of this order will be charged against the Seattle Division allowance, symbol #67.

H. D. Hinckley,

W. K. Scammell,
Chief of Staff.

Copy to: Headquarters.
Pay Office.

Accounting copy -
Transportation - 5.01
Subsistence — 2.25

73

73

22 November, 1933

U. S. COAST GUARD

R C'D NOV 27 1933

From: Commander, Seattle Division.
To : Commander, Thirteenth District.

ANS'D

Subject: RASMUSSEN, Oluf (108-673) Surfman; advancement.

Reference: (a) Thirteenth District letter, 20 November, 1933 (73).
(b) Headquarters letter, 17 October, 1933 (P-701).

1. In accordance with the recommendation contained in reference (a), and under authority of reference (b), you are authorized to advance subject-man in rating from surfman to boatswain's mate, second class (lifesaving).

H. D. HINCKLEY.

W. K. Scammell,
Chief of Staff.

HWM

Copy to:
Headquarters.

REGULAR ENLISTMENT.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

FILE

RASMUSSEN, Oluf. (108-673) Surfman M.B. YAQUINA BAY
(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

Place Newport, Oregon, Date 23 September, 1933

U. S. COAST GUARD
REC'D OCT 6 1933

To: Medical Officer in Charge, U.S.P.H.S.
Newport, Oregon

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 Inoculation against typhoid fever.
RETURN MEDICAL CERTIFICATE be returned to OFFICER IN CHARGE, YAQUINA BAY STATION

Oluf Rasmussen
(Signature of patient)

George Kistemaker
George Kistemaker
C.B.M.(L).(a). U. S. Coast Guard.
Officer in Charge.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date 23 September, 1933

I CERTIFY that I have examined the above-named person and find him suffering from inoculation against Typhoid fever.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 Newport, {*hospital / *office} on September 23, 1933

W. S. Thurtell
W.S. Thurtell.
Asst. 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.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 38.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

FILE
U.S. COAST GUARD
REC'D OCT 16 1933
ANS'D

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (108-673) Surfman YAQUINA BAY STA.
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 23 September, 1933, 193

To: Officer in Charge, Yaquina Bay Station
(Coast Guard unit)
Newport, Oregon.
(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
Inoculation against Typhoid fever.		3 applications	1 week apart.

10/14/33

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.}

W. S. Thurtell.
CAS U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

* Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in acccordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

2—663

U. S. GOVERNMENT PRINTING OFFICE: 1932

U. S. COAST GUARD FILE FILE
M. B. A. J. McL.
Thirteenth District
SEP 7 - 1933

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (108-673) Surfman Yaquina Bay Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date 2 September, 1933

To: Officer in Charge, Yaquina Bay Station.
(Coast Guard unit)

Newport, Oregon.
(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
Inoculation against typhoid fever		Aug. 8, 1933	Sept. 2, 1933

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.}

W. S. Thurtell
A. A. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in acccordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

2—663

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

2—663

U. S. GOVERNMENT PRINTING OFFICE: 1933

Serving on regular enlistment.

FILED M. B.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Oct., 1932

FOLLOW INSTRUCTIONS ON BACK

RASMUSSEN, Oluf (108-673) Surfman Yaquina Bay 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

Place Newport, Oregon., Date 8 August, 1933

To: Medical Officer in Charge, U.S.P.H.S.
Newport, Oregon.

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

Oluf Rasmussen
(Signature of patient)

Vernon I. Simmons
Vernon I. Simmons, B.M.1c.(L)
Officer in Charge Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date 8 August, 1933

I CERTIFY that I have examined the above-named person and find him suffering from vaccination against Typhoid fever.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 0 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Newport Ore

{*~~hospital~~ / *office} on 8/8, 1933

W. S. Hunter
A. A. U. S. Public Health Service.

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

_____
(Patient's signature)

WITNESS:

_____
(Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 38.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised Dec., 1931

FOLLOW INSTRUCTIONS ON BACK

FILE
A. J. McL.

RASMUSSEN, Oluf (108-675) Surfman Yaquina Bay Station.
(Name, surname first) (Service number) (Rank or rating) (Unit)

APR 19 1933

FINAL MEDICAL CERTIFICATE

Place Newport, Oregon, Date April 17, 1933

To: Officer in Charge, Yaquina Bay Station
(Coast Guard unit)
Newport, Oregon.
(Address)

U. S. COAST GUARD
REC'D APR 24 1933
By ANS

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

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT	
		FROM	TO
Neuritis		Apr. 3, 1933	Apr. 17, 1933

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.}

W. S. Thurtell
A.A.S. *U. S. Public Health Service.*

NOTICE OF MEDICAL TRANSFER

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

2—663

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file. Return two copies to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate showing date of last treatment. Retain one copy for your file. Return two copies to the Coast Guard unit.

16. In case a patient is transferred for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case.

17. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see paragraph 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file. Return two copies to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When the notice has been received, file one copy and forward promptly the other copy to Headquarters.

2—663

U. S. GOVERNMENT PRINTING OFFICE: 1952

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec., 1931

U. S. COAST GUARD
REC'D APR 10 1933

FOLLOW INSTRUCTIONS ON BACK

Is serving under a regular enlistment.

FILED
A. J. McL.

RASMUSSEN, Oluf (108-673) Surfman Yaquina Bay 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

Place Newport, Oregon, Date 3 April, 1933

To: Medical Officer in Charge, U.S.P.H .S.
Newport, Oregon

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 Yaquina Bay Station, Newport, Oregon.

Oluf Rasmussen (Signature of patient)

Anton Gustafson
C.B.M. (L) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Newport Ore, Date 4/3, 1933

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

neuritis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the 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 14 days absence from duty. He was admitted to {*~~inpatient~~ / *outpatient} treatment at Newport {*~~hospital~~ / *office} on 4/3, 1933

W. S. Thurtell
Asst U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

2—663

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it can not do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as inclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer. (See paragraph 5.)

2. Use this form when sending a patient to a private physician or hospital for emergency treatment.

3. When a patient has been discharged from inpatient hospital treatment to continue treatment as outpatient, make out another application in triplicate for the patient to deliver to the medical officer at the first visit to the outpatient office.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return two copies as promptly as possible to the Coast Guard unit as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received by transfer, or under any circumstances without the form in triplicate, make out the certificate from blank forms kept on hand, and return two copies to the patient's Coast Guard unit. A supply of blank forms may be obtained from the Medical Section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a probability that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the unit before the end of the month, notify the unit of the probable diagnosis in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation," make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, paragraphs 24 to 29), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, report on another certificate, or by letter, in duplicate, any change in diagnosis involving a disease due to the patient's own misconduct. (See Public Health Service Bureau Circular No. 40, paragraph 28.)

TO THE COAST GUARD OFFICER:

12. When the certificate is received, file one copy and forward promptly the other copy to Headquarters.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date December 28, 1932

To the {*Officer in Charge, Yaquina Bay Station
*~~Commanding Officer~~

Yaquina Bay Station, Newport, Oregon
(Name and address of Coast Guard unit)

The following patient on December 28, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	La Grip	12/22/32

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

W. S. Thurtell
A.A.S. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty Not off {a. m. / p. m.}, 193

Returned to duty duty {a. m. / p. m.}, 193

Anton Gustafson
**Commanding Officer* **District Superintendent* **Officer in Charge*

Forwarded DEC 31 1932, 193

Howard Wilcox
**Strike out words not applicable* **Division Commander* **~~District Superintendent~~* District Commander

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1923 2—663

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

U. S. COAST GUARD
REC'D JAN 3 1933

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

Is serving under a regular enlistment.

Rasmussen, Oluf (Name) ANS (108-673) Surfman (Rank or rating) Yaquina Bay Station (Coast Guard unit)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD
DEC 24 1932

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date 22 December, 1932

To Medical Officer in Charge, U.S. Public Health Service
Newport, Oregon.

SIR:

You are requested to examine the above-named {*~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Anton Gustafson C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 42 years 11 months

Height 5' 9" Nativity Naturalized Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Newport Ore, Date 12/22, 1932

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

Na Gnih
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *is not} communicable; and which {*is / *~~is not~~} an incident of the service. He {*~~is~~ / *is not} 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. He {*~~is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ____ / *more than one year ago.} He {*~~is~~ / *is not} now fit for duty. He will require approximately 4 days {*office / *~~hospital~~} treatment. He was admitted to ____ hospital on ____, 193

W. S. Thurtell
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ____ Is he able to travel now? ____

Alone? ____ How many attendants should accompany him? ____

Remarks: ____

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be followed strictly. Each part of the form serves a definite purpose. It should be made out accurately and forwarded as promptly as possible. The copy which is forwarded to Coast Guard Headquarters becomes a part of the medical record of the person.

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard Officer who signed the request for relief.

5. In case of out-patient treatment, a new application is not necessary each time the patient comes for treatment. The original application is valid until treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

U. S. COAST GUARD
REC'D JUL 22 1932

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date July 16, 1932

To the {*OFFICER IN CHARGE, Yaquina Bay Station
*~~COMMANDING OFFICER~~,

Yaquina Bay Station, Newport, Oregon.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D JUL 22 1932 By
MEDICAL SECTION

The following patient on ....., 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Vaccination against smallpox	July 7, 1932

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

W. S. Thurtell

A A Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty Not off {a. m. / p. m.} ....., 193

Returned to duty duty {a. m. / p. m.} Vaccinated against smallpox July 7, 1932 ....., 193

Anton Gustafson

*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge

Forwarded JUL 18 1932, 193

Howard Wilcox

*~~Division Commander~~ *~~District Superintendent~~ District Commander

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. ....., ..., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

U. S. COAST GUARD
REC'D JUL 22 1932 By

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date July 16, 1932

To the {*Officer in Charge, Yaquina Bay Station
*~~Commanding Officer~~,

Yaquina Bay Station, Newport, Oregon.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D JUL 22 1932 By
MEDICAL SECTION

The following patient on ....., 193 , was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Vaccination against smallpox	July 7, 1932

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

W. S. Thurtell
A. A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

.....

.....

Left his duty Not off {a. m. / p. m.} ....., 193

Returned to duty duty {a. m. / p. m.} Vaccinated against smallpox July 7, 1932, 193

Anton Gustafson
*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge

Forwarded JUL 18 1932, 193

Howard Wilcox, District Commander,
*Strike out words not applicable *~~Division Commander~~ *~~District Superintendent~~

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ....., Date ....., 193

The following patient was this date transferred to the U. S. Marine Hospital No. .....,

....., for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

.....
..... *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—663

U.S.COAST GUARD

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

Is serving under a regular enlistment

Oluf Rasmussen (108-673) Surfman Yaquina Bay Station.
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date 7 July, 1932

To Medical Officer in Charge, Public Health Service,
Newport, Oregon.

SIR:

You are requested to examine the above-named {~~*officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Anton Gustafson C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 42 years, 4 months

Height 5" 9" Nativity Naturalized Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon., Date 7 July, 1932

I CERTIFY that I have examined the above-named person and find him suffering from vaccination against smallpox.
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {~~*is~~ / *is not} communicable; and which {*is / ~~*is not~~} an incident of the service. He {~~*is~~ / *is not} 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. He {~~*is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*is / ~~*is not~~} now fit for duty. He will require approximately 7 days {*office / ~~*hospital~~} treatment. He was admitted to ..... hospital on ....., 193

W. S Thurtell
Asst Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be followed strictly. Each part of the form serves a definite purpose. It should be made out accurately and forwarded as promptly as possible. The copy which is forwarded to Coast Guard Headquarters becomes a part of the medical record of the person.

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard Officer who signed the request for relief.

5. In case of out-patient treatment, a new application is not necessary each time the patient comes for treatment. The original application is valid until treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

73

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

PORTLAND, OREG.

FILE L 8

OFFICE OF
THE DISTRICT COMMANDER
THIRTEENTH DISTRICT

U. S. COAST GUARD
R'C'D JUL 12 1932
ANS'D Rd by SDa WTNSt 7/15/32

8 July, 1932.

From: Commander, Thirteenth District.
To: Commandant.

Subject: RASMUSSEN, Oluf (108-673), Surfman, Yaquina Bay Station.

Inclosure: 1. Enlistment allowance voucher, Oluf Rasmussen.
2. Headquarters letter 1 July, 1932, (PA20-73) and statement of Service.

1. As there is not sufficient funds in appropriations, Pay and Allowances, 1932, inclosure (1) is forwarded to Headquarters for payment.

Howard Wilcox.
Howard Wilcox.

PA20-73

1 July, 1952.

From: Commandant.

To: Commander, Thirteenth District.

Subject: RASMUSSEN, Oluf (108-673) Surf.; enlistment allowance.

References: (a) Article 35(1), Amendment 49, Pay and Supply Instructions.

(b) Statement of service.

Inclosure: 1. Reference (b)

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

MF

W. H. WEBB,
By direction

ggw

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name RASMUSSEN, Oluf (108-673) Date 30 June, 1932.

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-19-31	Reg.	one	Surfman	Yaquina Bay Station, 13th Dist.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-18-32	Yaquina Bay Station	Surfman	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6-19-31	Reg.	two	Surfman	Yaquina Bay Station, 13th Dist.

C.P.H.

S. R. MORGAN
In charge of Personnel Records Section.

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D JUN 27 1932
ANS.

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date 19 June, 1932

RASMUSSEN, Oluf (108-673) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

Above- named man Reenlisted June 19, 1932 for the term of Two (2) years under a regular enlistment. Effective the day following discharge, in the rating and vacancy created by his own discharge

Disciplinary action: None.

Authority: Article 322, Regulations.

Anton Gustafson
(Signature)

C.B.M. (L), Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					RL

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

Form 2599
TREASURY DEPARTMENT
U. S. COAST GUARD

U. S. COAST GUARD
REC'D JUN 27 1932
ANS.

REPORT OF CHANGE IN ENLISTED PERSONNEL

Unit Yaquina Bay Station Place Newport, Oregon Date 18 June, 1932

RASMUSSEN, Oluf (108-673) Surfman
(Surname, first name, and middle initial) (Service number) (Rating)

ENTER CHANGE BELOW

Above- named man was honorably discharged June 18, 1932 by reason of expiration of one full year term of regular enlistment.

Honorable Discharge No. A26942.

Disciplinary action: None.

Authority: Article 445 (1), Regulations.

Anton Gustafson
(Signature)

C.B.M.(L), Officer in Charge.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

CHECKED	P & A	LAW	PERSONNEL RECORDS		
			INDEX	UNIT	RATING
Initials					

U. S. GOVERNMENT PRINTING OFFICE: 1931 2—13272

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—March, 1930

FILE W.W.K.

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date March 24, 1932

To the {*Officer in Charge, Yaquina Bay Station, Thirteenth District
*~~Commanding Officer~~,
Yawport, Oregon.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D MAR 30 1932

The following patient on March 24, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Septic sore throat and Erysipelas of face and neck.	3/8/32

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? no

W. S. Trussell

Asst. Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 8.00 {a. m. / ~~p. m.~~} March 8, 1932

Returned to duty 1.00 {~~a. m.~~ / p. m.} March 24, 1932

Anton Gustafson

*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge

Forwarded MAR 26 1932, 193

Howard Wilcox

*Division Commander *District Superintendent
District Commander

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____,

____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

____ Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

U. S. GOVERNMENT PRINTING OFFICE: 1930

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

COPY

FILE

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD MAY 31 1932

U. S. COAST GUARD
RECD JUN 4 1932 By

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date March 24, 1932

To the { *OFFICER IN CHARGE, Yaquina Bay Station, Thirteenth District,
*COMMANDING OFFICER,
Newport, Oregon.

(Name and address of Coast Guard unit)

U. S. COAST GUARD
RECD JUN 6 1932 By

The following patient on March 24, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

MEDICAL SECTION

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Septic sore throat and Erysiplas of face and nack.	March 8, 1932

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? no

Was he guilty of insubordination? nO

(signed) W. S. Thurtell.
A.A. *Surgeon, U. S. Public Health Service*

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 8 {a. m. / ~~p. m.~~} March 8, 1932

Returned to duty 1 {~~a. m.~~ / p. m.} March 24, 1932

Anton Gustafson
**Commanding Officer* **District Superintendent* **Officer in Charge*

Forwarded MAY 31 1932, 193

Howard D. Wilcox
**Division Commander* **District Superintendent*
District Commander

**Strike out words not applicable*

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

____
Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—663

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

U. S. COAST GUARD
RECD MAR 14 1932 By

Is serving under a regular enlistment

RASMUSSEN, OLUF (108-673) Surfman Yaquina Bay Station
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date 8 March, 1932

To U.S.Public Health Officer
Newport, Oregon

SIR:

You are requested to examine the above-named {*~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Anton Gustafson, C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Olaf Rasmussen Age 41 years

Height 5 ft.9 inches Nativity Naturalize Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Newport Ore, Date 3/8, 1932

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

Septic Throat - Erysipelas face & neck

(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *~~is not~~} communicable; and which {*is / *~~is not~~} an incident of the service. He {*~~is~~ / *is not} 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. He {*~~is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*~~is~~ / *is not} now fit for duty. He will require approximately 7 days {*office / *~~hospital~~} treatment. He was admitted to ..... hospital on ....., 193

W. S. Thurtell
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be followed strictly. Each part of the form serves a definite purpose. It should be made out accurately and forwarded as promptly as possible. The copy which is forwarded to Coast Guard Headquarters becomes a part of the medical record of the person.

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard Officer who signed the request for relief.

5. In case of out-patient treatment, a new application is not necessary each time the patient comes for treatment. The original application is valid until treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

25-6-18
5-11-18
5-3
31

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
(2d part)—March, 1930

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD
FEB 2 9 1932

U. S. COAST GUARD
REC'D MAR 4 - 1932 By

FILE

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date February 22, 1932

To the {*Officer in Charge, Yaquina Bay Station, Thirteenth District.
*~~Commanding Officer~~,

Newport, Oregon
(Name and address of Coast Guard unit)

U. S. COAST GUARD
REC'D MAR 5 1932 By
MEDICAL SECTION

The following patient on February 22, 1932, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	La grip	2/19/32

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? No

W. S Thurtell

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

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty 8 {a. m. / ~~p.m.~~} February 19, 1932

Returned to duty 1 {~~a.m.~~ / p. m.} February 22, 1932

Anton Gustafson

~~*Commanding Officer~~ ~~* District Superintendent~~ * Officer in Charge

Forwarded FEB 2 9 1932, 193

Howard L Riley

~~* Division Commander~~ * District Superintendent
District Commander

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 193

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

U. S. GOVERNMENT PRINTING OFFICE: 1930

____ *Surgeon, U. S. Public Health Service*
(Not to be used by Attending Physician)

DO NOT MISLAY

AL MEDICAL CERTIFICAT

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions above.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—663

Form 2522
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised March, 1930

(SEE INSTRUCTIONS—FIRST PARAGRAPH

Is serving under a regular enlistment.

U. S. COAST GUARD THIRTEENTH DISTRICT RECEIVED FEB 23 1932

FILE W.W.K

RASMUSSEN, Oluf (108-673) | Surfman | Yaquin Bay Station
(Name) (Rank or rating) (Coast Guard unit)

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date 19 February, 1932

To U.S.Public Health Officer,
Newport, Oregon.

U. S. COAST GUARD REC'D FEB 27 1932 FEB 29 1932

SIR:

You are requested to examine the above-named {*officer / *enlisted person} Ass't of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Anton Gustafson, C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Olaf Rasmussen Age 40 years, 11 months

Height 5 ft. 9 inches Nativity Naturalized Color of hair Brown Eyes Blue

RETURN MEDICAL CERTIFICATE

Place Newport Ore, Date 2/19, 1932

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

la grip

(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*is / *~~is not~~} communicable; and which {*is / *~~is not~~} an incident of the service. He {*~~is~~ / *is not} 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. He {*~~is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*~~is~~ / *is not} now fit for duty. He will require approximately 7 days {*office / *~~hospital~~} treatment. He was admitted to ..... hospital on ....., 193

W. S. Thurlow
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be followed strictly. Each part of the form serves a definite purpose. It should be made out accurately and forwarded as promptly as possible. The copy which is forwarded to Coast Guard Headquarters becomes a part of the medical record of the person.

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard Officer who signed the request for relief.

5. In case of out-patient treatment, a new application is not necessary each time the patient comes for treatment. The original application is valid until treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

FILE L.S.

PA20-73.

30 June, 1931.

From: Commandant.

To: Commander, Thirteenth District.

Subject: RASMUSSEN, Oluf (108-673) Surf.; enlistment allowance.

References: (a) Your indorsement, 20 June, 1931, on letter of Officer-in-Charge, Yaquina Bay Station, 19 June, 1931, (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

W. H. WEBB,
By direction

73

FILE
L.S.

73

U. S. COAST GUARD
THIRTEENTH DISTRICT
JUN 20 1931

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D JUN 24 1931
ANS. 6/30/31

Pa 20

$25.00

Yaquina Bay
COAST GUARD STATION

Newport, Oregon,
(POST OFFICE ADDRESS)

Thirteenth
DISTRICT

19 June, 1931.

From: Officer in Charge, Yaquina Bay Station.
To: Commandant: (Via: Commander, Thirteenth District)

Subject: Rasmussen, Oluf (108-673) Surfman, enlistmen allowance statement.

Reference: (a) Article 35 (1), Pay and Supply Instructions.

1. Subject man was honorably discharged June 18, 1931 by reason of expiration of a full term of one year enlistment, reenlisted the following day in the vacancy caused by his own discharge, and it is requested that an enlistment allowance statement be furnished in accordance with reference (a).

Anton Gustafson
Anton Gustafson.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 20 June, 1931.

1. Forwarded, approved.

M. P. Jensen
M. P. Jensen,
Acting.

$25 cc
Pa 20

STATEMENT REQUESTED 6/25/31

MEMORANDUM TO PAY AND ALLOWANCES SECTION

Name RASMUSSEN, Oluf (108-673) Date 26 June, 1931

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-19-30	Reg.	One	Surf.	Yaquina Bay (13)

ABSENCE NOT CREDITABLE				ENLISTMENT EXTENDED	
From	To	No. of days	Reason	Days	Reason
None					

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-18-31	Yaquina Bay (13)	Surf.	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6-19-31	Reg.	One	Surf.	Yaquina Bay (13)

McC JAO.

S. R. MORGAN
In charge of Personnel Records Section.

PA14-73.

H
E.M.S.

3 July, 1930.

From: Commandant.

To: Commander, Thirteenth District.

Subject: Surfman Oluf Rasmussen; enlistment allowance.

References: (a) Your indorsement, 21 June, 1930, on letter of Officer-in-Charge, Yaquina Bay Station, 19 June, 1930 (73).
(b) Statement of service.

Inclosure: 1. Reference (b).

1. In accordance with reference (b), the above named man is entitled to an enlistment allowance of $ 25.00, if same has not previously been paid.

2. Payment of the enlistment allowance due will be made on voucher, and reference (b), together with a certified copy of this letter attached thereto.

A. T. THORSON,
By direction.

R. Paul

73 STATEMENT REQUESTED 6-30-30 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUN 21 1930
ANSD

Yaquina Bay
COAST GUARD STATION
Thirteenth
DISTRICT

Newport, Oregon,
(POST OFFICE ADDRESS)

19 June 19 30

U. S. COAST GUARD
REC'D JUN 27 1930 By Par 14-73
ANS 7/3/30 Encl at $45.00

JUN 27 30

COAST GUARD PAY ALLOTMENT

RECD

From: Officer in Charge, Yaquina Bay Station.
To: Commandant.
Via: District Commander, Thirteenth District.

Subject: Enlistment allowance, Oluf Rasmussen, Surfman.

Reference: (a) Article 35 (1), Pay and Supply Instructions.

1. Subject- man was honorably discharge June 18, 1930 by reason of expiration of a full term of one year enlistment, reenlisted the day following his discharge, and it is requested that an enlistment allowance statement be furnished in accordance with reference (a)

Anton Gustafson

Anton Gustafson.

1st Indorsement.
Office of Commander, Thirteenth District,
Portland, Oregon, 21 June, 1930.

1. Forwarded, approved.

C. A. Lippincott

C. A. Lippincott.

$45.00 encl at Par 14

MEMORANDUM TO PAY & ALLOTMENT SECTION

Name Oluf RASMUSSEN Date 1 July, 1930

ENLISTMENTS

Enl. or Re-enl.	Date	Spec.Temp. or Reg.	No. of years	Rating	Place
Re-enl.	6-19-29	Reg.	One	Surf.	Yaquina Bay, 13th Distr., Newport, Ore.

ABSENCE NOT CREDITABLE

From	To	No. of days	Reason
None			

ENLISTMENT EXTENDED

Days	Reason

DISCHARGES

Kind	Date	Place	Rating	CREDITABLE SERVICE Yrs.	Mo.	Days
Honorable	6-18-30	Yaquina Bay Station, 13th Distr	Surf.	1	0	0

RE-ENLISTED

Date	Spec.Temp. or Reg.	No. of years	Rating	Place
6-19-30	Reg.	One	Surf.	Yaquina Bay Sta., 13th Distr., Newport, Ore.

S. R. MORGAN
In charge of Personnel Records Section.

MCD/JNG

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
(2d part)—Jan., 1928

U. S. COAST GUARD
THIRTEE[illegible] DISTRICT
RECD APR 16 1930
ANSD

U. S. COAST GUARD
REC'D APR 21 1930 By

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date April 13, 1930, 192x

To the {*Officer in Charge, Yaquina Bay Station.
*Commanding Officer,

U. S. COAST GUARD
REC'D APR 21 1930 By
MEDICAL SECTION.

Yaquina Bay Station, 13th District.
(Name and address of Coast Guard unit)

The following patient on April 13, 1930, was returned to the Coast Guard fit for duty. He has not been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Intestinal Flu	4/11/30

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? Nor

Was he guilty of insubordination? No.

W. S. Thurtell

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

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

NOT ABSENT FROM DUTY.

Left his duty 9.00 {a. m. / x p. m.} April 11, 1930

Returned to duty 4.00 {a. m. / x p. m.} April 13, 1930

Anton Gustafson

**Commanding Officer* ** District Superintendent* ** Officer in Charge*

Forwarded April 16, 1930, 192x

L. V. Lippincott

**Strike out words not applicable* ** Division Commander* ** District Superintendent*
District Commander

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____,

____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Coast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to the Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard Officer will see that the proper vouchers are prepared and forwarded to headquarters, with a letter of detailed explanation. In case of hospitalization, use Public Health Service Form No. 1926 (one copy) and No. 1926-A (two copies). In case of professional services by a private physician, use Standard Form No. 1034 (one copy) and No. 1034-A (two copies).*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

U. S. GOVERNMENT PRINTING OFFICE: 1928 2—663

U. S. COAST GUARD
RECD APR 17 1930 By
ANS

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised June, 1928

(SEE INSTRUCTIONS—FIRST PARAGRAPH)

serving under a regular enlistment.

HILB W. W. K.

Oluf Rasmussen (Name) Surfman (Rank or rating) Yaquina Bay Station (Coast Guard unit)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD APR 12 1930
ANSD

MEDICAL SECTION APR 12 1930

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

Place Newport, Oregon, Date April 11, 1930, 192x

To Public Health Officer,
Newport, Oregon

SIR:

You are requested to examine the above-named {*officer / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Anton Gustafson, U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 40

Height 5 ft. 9 in. Nativity Naturalized Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date April 11, 1939, 192x

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

Intestinal Flu
(Write plainly. Give diagnosis by number and name according to official nomenclature)

which {*~~is~~ / *~~is not~~ is not} communicable; and which {*is / *~~is not~~} an incident of the service. He {*is NOT / *~~is not~~} 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. He {*~~is~~ / *is not} absent from duty on account of the direct effects of a venereal disease due to his own misconduct of which the initial symptoms appeared {*less than one year ago on ..... / *more than one year ago.} He {*~~is~~ / *is not} now fit for duty. He will require approximately 3 days {*office / *~~hospital~~} treatment. He was admitted to ..... hospital on ....., 192

W. S. Thurtell
Surgeon, U. S. Public Health Service.

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? ..... Is he able to travel now? .....

Alone? ..... How many attendants should accompany him? .....

Remarks: .....

*Strike out words not applicable

2—663

(Attending physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be followed strictly. Each part of the form serves a definite purpose. It should be made out accurately and forwarded as promptly as possible. The copy which is forwarded to Coast Guard Headquarters becomes a part of the medical record of the person.

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard Officer who signed the request for relief.

5. In case of out-patient treatment, a new application is not necessary each time the patient comes for treatment. The original application is valid until treatment has been completed. If the patient instructed to return for further treatment does not return within 30 days, the Final Medical Certificate should be completed and returned according to the instructions in paragraph 7.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

TREASURY DEPARTMENT
U. S. COAST GUARD
Form 2522.—Ed. 20,000—Revised June, 1.
(2d part)

U. S. COAST GUARD
REC'D AUG·1 0·1929 By

FINAL MEDICAL CERTIFICATE

(Retain all copies of this form until treatment is completed. Follow instructions on back carefully)

Place Newport, Oregon, Date August 5, 1929

To the {*OFFICER IN CHARGE, / *~~COMMANDING OFFICER~~,}
Yaquina Bay Station, 13th District.
(Name and address of Coast Guard unit)

U. S. COAST GUARD
MEDICAL
AUG 12 1929
BY

The following patient is this date being returned to the Coast Guard fit for duty. He has ~~not~~ been fit for duty at any time while undergoing treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN
Oluf Rasmussen	Yaquina Bay Station	Inoculation, typhoid fever	July 22, 1929.

CONDUCT REPORT:

Did the patient cooperate in his treatment? Yes

Was he absent without permission while undergoing treatment? No

Was he guilty of insubordination? NO

W. S. Thurlet
aa
Surgeon, U. S. Public Health Service

FINAL COAST GUARD CERTIFICATE

*I CERTIFY that the physician who rendered the treatment is a reputable practicing physician in good standing, and that it was not practicable to have the person named in the foregoing certificates examined and treated at a Marine Hospital or relief station of the Public Health Service for the following reasons:

Left his duty Not off duty {a. m. / p. m.} July 22, 1929, received 1st treatment

Returned to duty {a. m. / p. m.} August 5, 1929, received last treatment

Anton Gustafson
*~~Commanding Officer~~ *~~District Superintendent~~ *Officer in Charge

Forwarded August 6, 1929.

W. P. Jensen
*~~Division Commander~~ *~~District Superintendent~~ District Commander acting

*Strike out words not applicable

MEDICAL TRANSFER SLIP

(Follow instructions on back carefully)

Place ____, Date ____, 192

The following patient was this date transferred to the U. S. Marine Hospital No. ____, ____, for continued treatment.

NAME	COAST GUARD UNIT	DIAGNOSIS	DATE TREATMENT BEGAN	PROBABLE FURTHER DURATION OF TREATMENT

2—663

For use only where patient is transferred from one Public Health Service station to another.

GOVERNMENT PRINTING OFFICE

____
Surgeon, U. S. Public Health Service
(Not to be used by Attending Physician)

DO NOT MISLAY

FINAL MEDICAL CERTIFICATE

(Retain all copies of this certificate until treatment is completed)

TO THE PHYSICIAN:

7. When treatment has been completed, file one copy of this certificate, and *IMMEDIATELY* return *TWO* copies to the Coast Guard Unit to which the patient was attached or the Goast Guard Officer who signed the request for treatment. If out-patient treatment only has been given, these certificates should be filed with the patient's medical history until treatment is completed, then one copy retained and *TWO* copies *IMMEDIATELY* returned to Coast Guard Unit as above provided.

8. If the patient be transferred from one Public Health Service Hospital to another, or from a contract hospital to a Marine Hospital, the *MEDICAL TRANSFER SLIPS* must be filled out, detached, and returned as in paragraph 13 of these instructions, to inform the Coast Guard of the whereabouts of the patient. Unless the patient is transferred the Medical Transfer Slips are not to be detached from the *FINAL MEDICAL CERTIFICATE.*

9. No clinical report shall be submitted unless there be a recommendation for the discharge or retirement of the patient from the Coast Guard or unless it be requested by the Surgeon General or the Commandant.

10. No letter of transmittal is necessary.

FINAL COAST GUARD CERTIFICATE

TO THE COAST GUARD OFFICER:

11. *When the FINAL MEDICAL CERTIFICATE is returned in duplicate by the medical officer or private physician, both copies of this certificate shall be completed, one copy filed at the unit to which the patient is attached, and one copy IMMEDIATELY forwarded to headquarters.*

12. *When a bill is incurred for outside hospitalization or for professional services by a private physician, the proper Coast Guard officer will see that Public Health Service voucher, 1949, is prepared and forwarded, with a letter of detailed explanation to headquarters.*

MEDICAL TRANSFER SLIP

TO THE PHYSICIAN:

13. When a Coast Guard patient is transferred from one hospital to another this slip shall be filled out in triplicate, and detached from the above certificate. One copy of the "slip" must be filed at your station and TWO copies *IMMEDIATELY* returned to the Coast Guard Unit to which the patient was attached, or the officer signing the request for treatment. All remaining copies of *THE FINAL CERTIFICATE* are then forwarded to the Public Health Service Hospital to which the patient is transferred.

TO THE COAST GUARD OFFICER:

File one copy and IMMEDIATELY forward one to headquarters.

GOVERNMENT PRINTING OFFICE 2—663

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2522.—Ed. 20,000—Revised June, 19..

U. S. COAST GUARD — Is serving under a regular enlistment

REC'D JUL 30 1929

Oluf Rasmussen (Name) — Surfman (Rank or rating) — Yaquina Bay Station (Coast Guard unit)

ANS.

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

(FOLLOW INSTRUCTIONS ON BACK CAREFULLY)

U. S. COAST GUARD
THIRTEENTH DISTRICT
RECD JUL 25 1929
ANSD

MEDICAL SECTION FILE
JUL 30 1929 BY M. W. K.

Place Newport, Oregon., Date July 22, 1929

To Medical Officer, U.S.P.H.Service.

Newport, Oregon.

SIR:

You are requested to examine the above-named {*~~officer~~ / *enlisted person} of the U. S. Coast Guard, attached to the above-named unit, and furnish him with such treatment as may be required.

Alston Huntzon C.B.M.(L), U. S. C. G.
(Name and rank of officer signing request)

Signature of applicant Oluf Rasmussen Age 39 years, 7months

Height 5 feet 9 In. Nativity Denmark Color of hair brown Eyes blue

RETURN MEDICAL CERTIFICATE

Place Newport, Oregon, Date July 22, 1929

I CERTIFY that I have examined the above-named person and find him suffering from He requires Inoculation against Typhoid fever
(Write plainly)

which is *not communicable. The disability is *~~not~~ an incident of the service and is *not due to his own vicious habits. He is *~~not~~ now fit for duty. He will require approximately 14 days' *office *hospital treatment.

*He was this day sent to _____ hospital.
(This line to be used by Public Health Service Officer only)

W. S. Thuntell
as Surgeon, U. S. Public Health Service

FOR ATTENDING PHYSICIAN ONLY

Should patient be transferred to a Marine Hospital? _____ Is he able to travel now? _____

Alone? _____ How many attendants should accompany him? _____

Remarks: _____

*Strike out words not applicable

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_____
(Attending Physician)

(Detach all three sheets here—file one—IMMEDIATELY return two to Coast Guard Unit)

Form 2522

INSTRUCTIONS

TO THE COAST GUARD OFFICER:

1. *This application shall be made out in TRIPLICATE and delivered to the applicant for treatment; also fill in name and address of Coast Guard Unit in "Final Medical Certificate."*

2. *When this certificate is returned in duplicate by the medical officer or private physician, one copy shall be filed at the unit to which the patient is attached, and one copy shall IMMEDIATELY be forwarded to headquarters.*

3. *The personal description is not to be used for commissioned officers, cadets, or warrant officers.*

RETURN MEDICAL CERTIFICATE

TO THE PHYSICIAN:

4. Fill out all three copies of this certificate carefully and completely. Detach each copy at the dotted line below which separates this certificate from the *Final Medical Certificate.* File one copy of this certificate at your office and *IMMEDIATELY* return two copies to the Coast Guard Unit to which the patient is attached or the Coast Guard officer who signed the request for relief.

5. Only the original application is necessary in case of out-patient treatment until the treatment has been completed.

6. No letter of transmittal is necessary with any of these forms.

(Detach all three copies of this certificate here—return two copies to COAST GUARD UNIT)

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