'26 OCT 23 AM 7:52

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

Date: 10/23/2026

REQUESTER INFORMATION

Name (Please Print – Last, First, Middle)	Researcher ID Card Number
Burns, Andrew	4563213
E-Mail Address:	**Phone Number:**
afbfg4@umsl.edu	636-415-7353

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
Riles, Edward, Earl	~~306-817~~	June 20, 1896 FL

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: December 19, 1942 FL

State of Residence (upon entry into service):

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

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) 180477

From: To:

(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: C-AW8446353

CMRS Search Request Number(s): ~~C-S-0029174024~~

Attendant Signature:

Remarks: [redacted]

'25 NOV 5 PM 9:54

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:

FILE
E. P. H.

28762-31

July 26, 1918.

From: The Judge Advocate General.
To:

Subject: Deck court, case Edward E. Riles, coxswain, U. S. Coast Guard Cutter TAMPA.

Reference: D. C. 444.

1. The above-named man who was tried by deck court, June 19, 1918, was found guilty of "conduct to the prejudice of good order and discipline" on June 11, 1918, and sentenced to lose pay amounting to $15.46.

2. The sentence has been approved and the loss of pay checked.

3. When the loss of pay has not been checked in accordace with the conditions specified in Article 4893, Naval Instructions, the officer in charge of the pay rolls should have stricken out the words "in accordance with Article 4893, Naval Instructions".

(Signed) E. P. Harrington.

By direction.

NOTE: Copies of the above have been sent to:
Auditor for the Treasury Department.
Commanding Officer, TAMPA
File of Personnel.
Section of P. and A.

Original initialed by E.P.H.

Signed by
Josephus Daniels, Sec.
Franklin D. Roosevelt,
W. S. Benson,
Act. Sec.

W. C. Watts, J. A. G.
A. Staton,
Act. J. A. G.

JUL 26 1918

CG 379, 385

(2)

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved OMB No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER: HOME / OFFICE
Riles Edward E.	Deceased	
4. STATUS: ☐ ACTIVE DUTY ☐ RETIRED ☒ DECEASED ~~☐ RETIRED~~ (Indicate) ☐ OTHER (Specify)	5. GRADE - RATE - RANK: E-6	6. BRANCH OF SERVICE: Coast Guard
7. SSN: 140-217	8. DATE OF (expiration of service or contract) OR (death)(if applicable)	9. REASON FOR APPLICATION (Check applicable box) ☐ ORIGINAL CARD(S) ☒ ~~EXPIRATION OF CARD(S)~~ ☐ REPLACE LOST CARD(S) ☐ DAMAGED CARD(S) ☐ CORRECT AN ERROR, ETC. (explain circumstances surrounding loss or damage in Item 18 Remarks)

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED (Include yourself when applicable)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
Riles Mary J.	EU3	Grey	Grey	e. PRIVILEGE AUTHORIZED[1]: T,C,EU, MC(US)	l. CARD NO. ISSUED
a. ADDRESS: 950 NW 95th St. #904 Miami FLA. 33150	b. DATE OF BIRTH: 01-11-08	i. HEIGHT: 5'4"	j. WEIGHT: 170 lb	g. MC(C) EFFECTIVE DATE: NOT APPLICABLE; h. EXPIRATION DATE: 4 years from issue date	m. DATE ISSUED
	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	l. CARD NO. ISSUED

PAGE 02073 BATCH 0773 PAGE 0004
04/08/77

Y 000 14 0217

000 14 0217	RILES EDWARD E	CG	0	0	180	477
000 14 0217	CLARK WAYNE L	NP	0	7	328	398
000 14 0217	KENDALL GEORGE A	QM	P 0000	602	209	
000 14 0217	KENDALL GEORGE A	AR	B	5	755	595

17. I STATE: (Check appropriate)

a. ☐ Lawful marriage to the spouse named took place at _____ PLACE

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support. *(Required for medical care benefits only.)*

c. ☒ I am the widow of the sponsor named in Section I, that I am not now married and have never remarried since date of his death.

Lawful marriage to said sponsor took place at _____ PLACE

on _____ DATE.

[1]Abbreviated Privileges, i.e.: C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical Care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

DD FORM 1 APR 72 1172 REPLACES EDITION OF 1 NOV 70 WHICH WILL BE USED UNTIL EXHAUSTED. S/N 0102-011-7203

CG 379, 385

(2)

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
OMB No. 22-R174

SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL OF SPONSOR (Uniformed services or civilian sponsor, if applicable)	2. ADDRESS (Omit if sponsor is deceased)	3. TELEPHONE NUMBER	
Riles ~~EDWARD~~ E.	Deceased ~~[illegible]~~	HOME ~~[illegible]~~	OFFICE
4. STATUS ☐ ACTIVE DUTY ☐ RETIRED ☒ DECEASED ~~AD OR RETIRED~~ (Indicate) ☐ OTHER (Specify)	5. GRADE - RATE - RANK E-6	6. BRANCH OF SERVICE Coast Guard	7. SSN ~~[illegible]~~ 140-217
8. DATE OF (expiration of service or contract) OR (death)(if applicable)	9. REASON FOR APPLICATION (Check applicable box) ☐ ORIGINAL CARD(S) ☒ ~~EXPIRATION OF CARD(S)~~ ☐ REPLACE LOST CARD(S) DAMAGED CARD(S) CORRECT AN ERROR, ETC. (explain circumstances surrounding loss or damage in Item 18 Remarks)		

SECTION II - PERSONS FOR WHOM AUTHORIZATION IS REQUESTED
(Include yourself when applicable)

10a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	FOR USE OF VERIFYING OFFICER: e. PRIVILEGE AUTHORIZED[1]	FOR USE OF ISSUING OFFICER: f. CARD NO. ISSUED
Riles Mary J.	SLF	Grey	Grey	T,C,EU, MC(US)	
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE NOT APPLICABLE	m. DATE ISSUED
950 NW 95th St. #904 Miami FLA. 33150	1-11-08	5'4"	170 lb.	l. EXPIRATION DATE 4 years from issue date	
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
"AND NO OTHERS"				l. EXPIRATION DATE	
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
a. LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
LAST NAME - FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	
LAST NAME FIRST NAME - MIDDLE INITIAL - SSN	b. RELATIONSHIP	c. COLOR EYES	d. COLOR HAIR	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE	m. DATE ISSUED
				l. EXPIRATION DATE	

RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT
		Mary J Riles

SECTION III - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

I STATE: (Check appropriate box or boxes and complete entries as applicable)

a. ☐ Lawful marriage to the spouse named took place at _____ (PLACE) on _____ (DATE)

b. ☐ The lawful husband named is in fact dependent upon me for over one-half of his support. (Required for medical care benefits only.)

c. ☒ I am the widow of the sponsor named in Section I, that I am not now married and have never remarried since date of his death.

Lawful marriage to said sponsor took place at _____ (PLACE)

on _____ (DATE).

[1] Abbreviated Privileges, i.e.: C - Commissary; T - Theater; EU - Exchange Unlimited; EL - Exchange Limited; MC(C) - Medical Care in Civilian Facilities; MC(US) - Medical Care in Uniformed Services Facilities

d. ☐ I am the widower of the sponsor named in Section I, that I am not now married and have not remarried since date of her death and that at the time of said sponsor's death I was dependent upon her for over one-half of my support because of a mental or physical incapacity. Lawful marriage to said sponsor took place at _____ (Place) on _____ (Date).

e. ☐ All children named are my legitimate, legally adopted or step children; that all children are unmarried; that all children named who are 21 years of age and over are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and are in fact dependent upon me for over one-half of their support or (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where the educational activities are carried on and are in fact dependent upon me for over one-half of their support.

f. ☐ All children named are the legitimate, legally adopted or step-children of the sponsor named in Section I, that all children named are unmarried; that all children named who are over 21 years of age are (1) incapable of self-support because of a mental or physical incapacity that existed prior to their reaching the age of 21 and were in fact dependent upon the sponsor at the time of his or her death for over one-half of their support of (2) have not passed their twenty-third birthday and are enrolled in a full-time course of study in an educational institution above high school level which normally maintains a regular faculty and curriculum and place where the educational activities are carried on and were in fact dependent upon the sponsor at the time of his or her death for over one-half of their support.

NOTE: Section II - In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under Remarks the name of the institution of higher learning.

g. ☐ All children named are dependent as described in paragraph 1-2 f. (2)(b) of Joint Services Regulation AR 40-121/SECNAVINST 6320.8c /AFR 168-9/ PHS GEN CIR No. 6/CG COMDTINST 6320.2A, Medical Services Uniformed Services Health Benefits Program. To be used only when Items e and f are not appropriate.

☐ I am the parent or parent-in-law of the sponsor named in Section I and at the time of his or her death, I, and all other parents or parents-in-law named herein resided in the household of *(or, for medical care purposes, in a dwelling place provided or maintained by)* said sponsor, and were in fact dependent upon him or her for over one-half of our support.

☐ I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

j. ☐ All parents or parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or, for medical care purposes, in dwelling place provided or maintained by me.

k. ☐ I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

18. REMARKS

CONDITIONS APPLICABLE TO RECIPIENTS OF CARDS

I understand that the actions of the recipient(s) of DD Form 1173, uniformed services identification and privilege card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at government expense. Penalty for presenting false claims or making false statements in connection with claims: fine of not more than $10,000 or imprisonment for not more than five years or both. Act 25 June 1948, 18 U.S.C. 287, 1001.

20. DATE OF APPLICATION	21. SIGNATURE OF APPLICANT
JAN 6, 1977	Mary J. Riles

SECTION IV - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE

THE STATUS OF THE PERSONS NAMED IN SECTION II HAS BEEN VERIFIED, ISSUE OF DD FORM 1173 BY ANY U.S. MILITARY ACTIVITY IS AUTHORIZED, BENEFITS AND PRIVILEGES TO WHICH ENTITLED, EFFECTIVE AND EXPIRATION DATES OF ELIGIBILITY FOR EACH NAMED PERSON ARE VERIFIED. ISSUING AGENCY REQUESTED TO (A) ISSUE DD FORM 1173 UPON PRESENTATION OF THIS APPLICATION, (B) ENTER IN THE APPROPRIATE COLUMN OF SECTION II THE CARD NUMBER ISSUED WITH THE DATE ISSUED, (C) COMPLETE SECTION V OF THIS APPLICATION FORM AND RETURN IT TO THE ORGANIZATION DESIGNATED IN ITEM 22.

22. ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER	23. TYPED NAME, GRADE AND TITLE	24. SIGNATURE
U.S. COAST GUARD WASHINGTON, D.C. 20590	J. D. LESLIE, LT Chief, Retired Affairs Branch	

SECTION V - AUTHENTICATION BY ISSUING AGENCY

25. ORGANIZATION OF ISSUING OFFICER	26. TYPED NAME, GRADE AND TITLE	27. SIGNATURE
CGAS MIAMI, OPA LOCKA, FL	W. B. BROOKS, LTJG, USCG	

☆ U.S. GOVERNMENT PRINTING OFFICE: 1973—713-649/5123 2-1

S/N 0102-011-7203

FILE
By RWK

73

Tampa, Fla., March 31, 1920.

U.S.C.G. PAY AND ALLOTMENT OFFICE
APR 1920

In re: Former Coxswain Edward Earl Riles,

PA4 -

Coast Guard Headquarters,
Washington, D.C.

U.S. COAST GUARD
REC'D APR 3 1920
ANS'D
By

Dear Sirs:

This is to advise that my brother, Edward Earl Riles, will execute affidavit relating to war gratuity, which was mailed him during February 1920 by C. H. Jones, Captain, U.S.C.G. as soon as he returns home, so ask that you hold this case open until he returns home when he will at once send in affidavit duly executed.

Yours very truly,

J. B. Riles,

J. B. Riles,
2807 Florida Ave.,
Tampa, Fla.

DESPATCH.

73

U. S. COAST GUARD

NAVY DEPARTMENT.

WASHINGTON.

CLASS OF MESSAGE

October 10 191 8

Confirmation copy mailed

Miss Claudia M Riles
401 Sparkman Avenue
Tampa Fla

Gratified to advise you official despatch just received states your brother Coxswain E E Riles was not on board TAMPA when lost September twenty-six

Coast Guard

FORWARDED 10/10/18 4:37 P.M. 12 WU DM/ne 38 SR

DATE. TIME. NUMBER OPR. CHECK

WU

TELEGRAPH SYSTEM.

ORIGINAL AND OFFICIAL FILE COPY

Copy

October 3, 1918.

Naval Force Commander in European Waters.

6049 Our records show the following additional Coast Guard personnel on TAMPA Boatswain Hickey Gunner Darnou Carpenter Klingelhoefer Machinist Knudsen Coxwain Riles Watertender Reiger Seamen Cooke and Finch Request information.

Coast Guard.

Riles

DESPATCH.

PA9 73

U. S. COAST GUARD

NAVY DEPARTMENT.

WASHINGTON.

CLASS OF MESSAGE

No. OPR. CHECK

191

Oct. 21, 1918

Naval Force Commander in European Waters

144208 Advise whereabouts Coxswain E E Riles and Water Tender F Rieger United States Coast Guard 13121

Coast Guard
-d-

NOTE: 144208 reports above men as not being on board TAMPA when vessel was lost.

RECEIVED
FORWARDED 10/21-18 1204 P Patricode G Patricode

DATE. TIME. NUMBER. OPERATOR. CHECK.

C G Navy gr

TELEGRAPH SYSTEM.

(COPY FOR TELEGRAPH ROOM)

DESPATCH.

PA9 - 73

U. S. COAST GUARD

NAVY DEPARTMENT.

WASHINGTON.

FILE
Webb

CLASS OF MESSAGE

October 21, 1918

Confirmation copy mailed

Naval Force Commander in European Waters,

144208 Advise whereabouts Coxswain E E Riles and Water Tender F Rieger United States Coast Guard 13121 -

Coast Guard

NOTE: 144208 reports above named men as not being on board TAMPA when vessel was lost.

FORWARDED 10/21-18 (DATE.) 120P (TIME.) M. Radiosde 2 (NUMBER) Radiosde (OPR.) (CHECK)

C G Msgr

(TELEGRAPH SYSTEM.)

Cdt

ORIGINAL AND OFFICIAL FILE COPY

F.C. 77877

DESPATCH.

U. S. COAST GUARD

73

NAVY DEPARTMENT.

WASHINGTON.

CLASS OF MESSAGE

October 3 1918

Miss Claudia M. Riles,
401 Sparkman Avenue,
Tampa, Fla

Confirmation copy mailed

Disaster reported at sea yesterday Our records show your brother Coxswain E.E.Riles on board vessel but his name not mentioned in dispatches You will be further advised soon as information received

COAST GUARD

FORWARDED 10/3/18 DATE. 2.55 P TIME. M. NUMBER OPR. CHECK

TELEGRAPH SYSTEM.

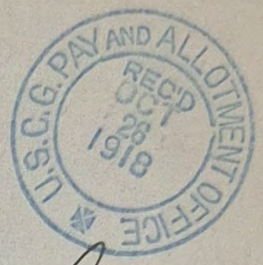
ORIGINAL AND OFFICIAL FILE COPY

DESPATCH.

U. S. COAST GUARD

NAVY DEPARTMENT.

WASHINGTON.



CLASS OF MESSAGE

phone MH RDC

No. OPR. CHECK

October 25, 1918. 191

FROM SIMS
TO OPERATIONS.

13121

7980 YOUR ~~XXXXX~~ 3576 RILES TRANSFERRED RECEIVING SHIP NEW YORK VIA ROEPAT SEPTEMBER 27th REIGER ON THE GUISEPPE VERDI EN ROUTE HOSPITAL NEW YORK LATTER VESSEL NOW HERE IN QUARANTINE 1532.

RECEIVED 10/25/18/ DATE. 825pm TIME. M.

PHONE MH RDC

PHONE RDC.

TELEGRAPH SYSTEM.

ORIGINAL AND OFFICIAL F[illegible]PY

PW-73 3-12
File
mfm

2 February, 1943.

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

Sirs:

Enclosed is the claim of Mrs. Mary Jeanette Riles, for the final pay due the estate of her husband, Edward E. Riles, Boatswain's Mate, first class, United States Coast Guard, who died on 19 December, 1942.

Funeral expenses in this case will be paid by the Coast Guard.

This claim in the amount of $19.18 has been examined and is approved for payment. The appropriation to be charged is 1730900 Pay and Allowances, Coast Guard, 1943.

By direction of the Commandant.

Very truly yours,

J. L. AHERN,
Captain, U. S. Coast Guard,
Chief, Military Morale Section.

Enclosure.

U. S. COAST GUARD (5)
MAILED FEB 3- 1943

Mrs. Joynes, Room 3202 2-4

3-12 PW-73 file mjm.

22 December, 1942.

Mrs. Mary Jeanette Riles,
3172 Indiana Street,
Miami, Florida.

My dear Mrs. Riles:

Headquarters has been advised of the death of your husband, Edward E. Riles, Boatswain's Mate, first class, U. S. Coast Guard on 19 December, 1942. Please accept my sincere sympathy in your great loss.

You will find enclosed the forms necessary to effect settlement of the final pay and allowances due his estate at the time of his death. The next of kin or legal representative should execute the enclosed Form No. 1055, claim for final pay, in the presence of two witnesses and a notary public, taking care to answer all questions. If a representative is appointed a copy of the Court Order showing the appointment should be attached to Form No. 1055. This information is necessary to substantiate your claim for the final pay.

There is paid to designated beneficiaries of deceased members of the Coast Guard a sum equivalent to six months' pay in the form of a gratuity. Since you were designated beneficiary, there are enclosed forms No. 1057 and 2529-A which you are to complete in the presence of two witnesses and a notary public.

Veterans Administration Adjudication Form No. 534 is enclosed in order that application may be made for the death pension. This form should also be executed in the presence of two witnesses and a notary public. A certified copy of the public or church record of marriage must be furnished to substantiate the claim for death pension.

When the enclosed forms have been completed, please return them to Coast Guard Headquarters.

By direction of the Commandant.

Very truly yours,

U. S. COAST GUARD (11)

MAILED DEC 22 1942

J. R. HINNANT,
Lieutenant Commander, U. S. Coast Guard,
Acting Chief, Military Morale Section.

Mrs. Joynes, Room 2116 2-4

Enclosures.

M. J. M.

dew

Med-73

12 February, 1943

FILE NO. 128

The Surgeon General,
U. S. Public Health Service,
Washington, D. C.

Sir:

There is forwarded herewith report of Board of Investigation to inquire into the death of Edward E. RILES, (140-217), B.M.1c, U. S. Coast Guard, together with memorandum from Inspector-in-Chief, 27 January, 1943 and copy of memorandum from this office 5 February, 1943, which are self-explanatory. This board is forwarded for the information of the Bureau with particular reference to the testimony of Doctor Albrecht. After this board has been reviewed by the Bureau it is requested that same be returned to this office with such comment as the Bureau may deem indicated.

Very truly yours,

2/12/43

CARL MICHEL,
Medical Director.

LeBlanc - rm. 1202 - 1-6

, November 2,1918.

Mrs. E. F. Shanahan,

641 Montgomery Street,

Jersey City, N. J.

Subject: Coxswain E. E. Riles, formerly of TAMPA.

Reference: (a) Your letter, 10/30/18.

Madam:

In reply to your letter, Reference (a) above, you are advised that Coxswain E. E. Riles, formerly of the TAMPA, was honorably discharged from the Coast Guard on October 25, 1918, at New York City. His present whereabouts are not known to this office, but the address of his sister is "401 Sparkman Avenue, Tampa, Fla."

By direction of the Commodore Commandant.

Respectfully,

C.M. Maxam

Chief, Division of Operations.

73

Jersey City N J
October 30th 1918

U.S. COAST GUARD
REC'D NOV - 1 1918
ANS'D BY

Navy Department
United States Coast Guard.
Washington D. C.
Gentlemen.

May I ask you to send me the home address of Coxswain E E Riley late of the U S S Tampa.

Thanking you I am

Yours respectfully
(Mrs) E F Shanahan
64 Montgomery Street

Dist Oct 25/18
401 Shumb

U.S. COAST GUARD
REC'D OCT 24 1918
AUS'D

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2503.

S-1565
A

UNITED STATES COAST GUARD

REPORT OF TRANSFER

Authority: Letter from Commander Patrol Squadrons Based on GIBRALTAR dated June 20-1918, File 720 (WJH Jr.)

RATE.	NAME.	FROM—	TO—
Coxswain	Edward Earl Riles	U.S.S.TAMPA,C.G.	

Hour and date of departure 4:00 P.M., September 16-1918.

PAY ACCOUNT

Rate of pay, $ 46.40 Paid up to and including August 31--1918.

Following checkages have been made against the pay account of this man for the current month, and are carried on the pay roll of this unit:

Coast Guard Allotment ..... $ NONE

War Risk Allotment ..... $ NONE

Insurance Premium ..... $ 6.50

Indebtedness for clothing drawn, not checked against pay account, $ NONE

Is not entitled to pay from ..... to .....

on account of .....

Leave during current enlistment:

Reenlistment, number of days granted NONE

Other leave, number of days granted NONE

Chas A Gallee Captain
(Signature of officer in charge of unit FROM which transferred.)

Coast Guard {Station} New York Division

Hour and date of reporting 11:00 A. M., October 23, 1918.

L C Farmer By direction.
(Signature of officer in charge of unit TO which transferred.)

This form 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. When the person arrives at the latter unit, complete original and copy, and forward copy to Headquarters. When a man is transferred to a Division or the Depot the space following the word "to" on the second line shall be left blank; the Division Commander or the Commandant of the Depot will supply the name of the vessel to which the man is assigned.

2—3371

Cof. Dead. 73

m

FILED C.W.S.

435959
(Application number)

Riles (Surname) Edward (Christian name) Earl (Middle name) Cox. (C.G.) (Rate)

(Service number) 6-20-1896 (Date of birth) Punta Gorda, Fla. (Place of birth)

HOME SERVICE

From—	To—	No. Days
10-24-18	10-25-18	
Total		

OVERSEAS SERVICE

From—	To—	No. Days
4-6-17	10-23-18	
Total		

EXCEPTIONS

From—	To—	No. Days
Forwarded to Navy Dept. May 28, 1925		
Total exceptions		

From—	To—	No. Days
Total exceptions		

SERVICE { Home ..... days / Overseas ..... days } 60 { at $1.00 = $ ..... / at $1.25 = $ ..... }

TOTAL ADJUSTED SERVICE CREDIT ..... $ .....

Computed by .....

Verified by .....

Date .....

GOVERNMENT PRINTING OFFICE 2—13134

PA41-73



June 30, 1920.

ward Earl Riles,
c/o Home Service Section, American Red Cross,
Tampa, Florida.

Subject: Former Coxswain Edward Earl Riles; war gratuity.

Reference: (a) Letter June 14, 1920.

Inclosures: 1. Affidavit relating to war gratuity.
2. Honorable Discharge No. 13330.

Sir:

1. Inclosure 1 should be executed and sworn to before a notary public.

2. Return all papers to Coast Guard Headquarters, Washington, D. C., so that settlement of your claim for war gratuity may be expedited.

By direction of the Commandant.

Respectfully,

M E S

C. H. Jones,
Lieutenant Commander, U.S.C.G.

73

THE AMERICAN RED CROSS

TAMPA CHAPTER

W. A. CARTER, CHAIRMAN

R. M. CLEWIS, TREASURER

HOME SERVICE SECTION
2ND FLOOR, CITY HALL
TAMPA, FLA.

DEPARTMENT OF CIVILIAN RELIEF
DR. L. A. BIZE, CHAIRMAN

Sarah A. Downs
MRS. R. A. ELLIS, DIRECTOR
HOME SERVICE SECTION

PA4

U.S. COAST GUARD
REC'D JUN 17 1920
ANS'D
By

June 14, 1920.

Re: Former Coxswain Edw. Earl Riles
PA4 - 73
War Gratuity.

U.S. Coast Guard Headquarters,
Treasury Department,
Washington, D.C.

Sir:-

Refering to yours of the 9th instant, I am herewith enclosing Honorable Discharge of October 25, 1918 for the above named man as per request.

Very truly yours,
Sarah A. Downs
Miss Sarah A. Downs, Secty.
Home Service Section, A.R.C.

LW.

Tampa, Florida, July 7th, 1920.

C. H. Jones,
Lieutenant Commander, U.S.C.G.

U. S. COAST GUARD
RECD JUL 10 1920 By

Subject: Former Coxswain Edward Earl Riles; War gratuity.

Reference: (a) Your letter of June 30, 1920.
(b) Duplicate of above letter under date of February 28, 1920.

Inclosures: (1) Executed affidavit relating to War Gratuity.
(2) Honorable Discharge No. 13330.
(3) Original of your letter of June 30, 1920.

Sir:-

1. I am again returning my discharge and Affidavit relating to War Gratuity, in hopes that my gratuity claim may adjusted.

E. E. Riles

Edward Earl Riles,
c/o Home Service Section,
American Red Cross,
Tampa, Fla.

73

Tampa, Florida, July 7th, 1920.

C. H. Jones,
Lieutenant Commander, US.C.G.

U. S. COAST GUARD
REC'D JUL 10 1920 By
ANS'D

Subject: Former Coxswain Edward Earl Riles, War gratuity.

Reference:
(a) Your letter of June 30, 1920.
(b) Duplicate of above letter under date of February 28, 1920.

Inclosures:
(1) Executed affidavit relating to War Gratuity.
(2) Honorable Discharge No. 13330.
(3) Original of your letter of June 30, 1920.

Sir:-

1. I am again returning my discharge and Affidavit relating to War Gratuity, in hopes that my gratuity claim may adjusted.

E. E. Riles

Edward Earl Riles,
c/o Home Service Section,
American Red Cross,
Tampa, Fla.

U. S. Coast Guard Headquarters
WASHINGTON
WAR GRATUITY PAID
SEP 9 1920
Pay and Allotment Officer

U.S.C.G. PAY AND ALLOTMENT OFFICE
RECD JUL 12 1920

NAVY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER
TAMPA

73

October 15th,1917.

Captain Commandant,

U.S.Coast Guard,

Washington, D.C.

U. S. COAST GUARD
REC'D NOV 9 1917
ANS'D By

Subject: Extension of enlistment of Edward Earl Riles,Cox.(a).

Sir:

Headquarters is advised that the enlistment of Edward Earl Riles, Coxswain (a), expires to-day, October 15th,1917 and owing to the fact that he does not wish to re-enlist,his enlistment has been extended under Authority of Article 336 Regulations U.S.Coast Guard, 1916.

Respectfully,

Commanding.

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.

FILE.

THIS FORM MUST BE FILLED OUT IN TRIPLICATE.

My full name is Edward (Given) Earl (Middle) Riles (Last name) Coxswain, U.S.Coast Guard. (Rank and organization)

Home address 401 Sparkman Ave. (No. and street or rural route) Tampa (City, town, or post office) Florida (State)

Place and date of birth Punta Gorda (City or town) Florida (State) 20 (Day) June (Month) 1896 (Year) Age 22 (Nearest birthday)

Date of last enlistment or entry into active service October 16, 1916 Pay in United States $ 41.00

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								
Child		"								
Child		"								
Child		"								
Child		"								
Child		"								
Child		"								
Divorced wife	* *	"				* *	*	* * *	Remarried? "Yes" or "No"	Amount payable monthly by order of court

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
	NOne					$
	"					
	"					
	"					

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:

None		
"		
"		

Signed at (on board) U.S.S.TAMPA

The 24th day of December, 191 7.

Witnessed by: Chas Satterlee (Sign here) E Riles

Rank Captain, U. S. C. G.

Commanding TAMPA.

Coxswain, U.S.Coast Guard. (Rank or rating) (Organization)

2—3840

73

NAVY
~~TREASURY~~ DEPARTMENT
UNITED STATES COAST GUARD

Dated 12-20-17
From 11-14-17 S.S.S.
Sent 12-20-17

COAST GUARD CUTTER
TAMPA

November 15-1917.

U. S. COAST GUARD
REC'D DEC 19 1917
ANS'D
By

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

Subject: Permanent rating Coxswain, Edward Earl Riles.

Sir:

1. Headquarters is notified that the probationary period of Edward Earl Riles as acting Coxswain expired November 14-1917. He was rated acting Coxswain August 14-1917.

2. I certify that his conduct has been excellent; that he is proficient in the rating of Coxswain and that he is a native born citizen of the United States. I recommend him for a permanent rating as Coxswain in the Coast Guard.

Respectfully,

Commanding.

OK

Seaman

28762-30

August 29, 1917.

From: The Judge Advocate General.
To:

Subject: Summary court-martial, case Edward E. Riles, Quartermaster, U. S. Coast Guard Cutter TAMPA.

Reference:. M. C. 1023.

1. The above-named man who was tried by summary court-martial, July 21, 1917, was found guilty of sleeping on watch, July 20, 1917, and sentenced to be reduced to the next inferior rating, that of seaman, and to lose pay amounting to $108.00.

2. The sentence has been approved, but in view of the fact that this man's enlistment expires October 15, 1917, and that the forfeiture of pay would amount to practically all pay due him to said date, the loss of pay has been reduced to $72.00.

3. The loss of pay will be deducted from current pay accounts.

(Signed) E. P. Harrington.

By direction.

NOTE: Copies of the above have been sent to:
The Auditor for the Treasury Department.
Commanding Officer, TAMPA.
File of Personnel.
Section of Accounts, Coast Guard.

Original initialed by
E.P.H. E.P.H.

Signed by
Josephus Daniels, Sec.
Franklin D. Roosevelt,
W. S. Benson,
Act. Sec.

W. C. Watts, J. A. G.
A. Staton,
Act. J. A. G.

AUG 30 1917

Mailed, File

Chum Gds EPH

IN REPLY ADDRESS
THE JUDGE ADVOCATE GENERAL OF THE NAVY,
AND REFER TO NO.

28762-30

DEPARTMENT OF THE NAVY,
OFFICE OF THE JUDGE ADVOCATE GENERAL,
WASHINGTON, August 29, 1917.

From: The Judge Advocate General.
To: Commanding Officer, Coast Guard Cutter TAMPA, Boston, Mass.

Subject: Summary court-martial, case Edward E. Biles, Quartermaster, U. S. Coast Guard Cutter TAMPA.

Reference: Letter August 23, 1917.

1. Referring to the sentence of a summary court-martial, in the case of the above-named man, you are informed that the Department has this day reduced the loss of pay to $72.00, in view of the fact that the enlistment of this man expires October 15, 1917.

2. In view of the fact that the sentence has not been remitted under Article 4893, Naval Instructions, the entire loss of pay imposed by sentence, as adjudged, should be deducted from current pay accounts.

3. The record in the case is herewith returned in order that it may be noted thereon that the sentence has been published, and the loss of pay checked by the officer preparing the pay rolls, in accordance with the "Forms of Procedure, 1910", page 166.

Original initialed by E.P.H. E.P.H.

Signed by
Josephus Daniels, Sec.
Franklin D. Roosevelt,
W. S. Benson,
Act. Sec.

W. C. Watts, J. A. G.
A. Staton,

Act. J. A. G.

Mailed, AUG 30 1917 File

FILE
E. P. H.

NAVY DEPARTMENT
TREASURY DEPARTMENT
UNITED STATES COAST GUARD

COAST GUARD CUTTER
TAMPA

U. S. COAST GUARD
REC'D
ANS'D AUG 25 1917
AUG 30 1917 BY

Boston, Mass.,
August 23, 1917.

From: Commanding Officer, TAMPA.
To: Judge Advocate General, Navy Department, via Coast Guard.

Subject: Case of Edward E. Riles.

1. Inclosed herewith is the Record of Proceedings in the case of Edward E. Riles, quartermaster, U.S. Coast Guard, attached to the TAMPA.

2. Riles was sentenced to lose one hundred and eight dollars ($108.00), which has been approved. His enlistment expires October 15th, 1917.

3. He was last paid up to and including June 30th, 1917.

4. It is desired to know what amount should be deducted from Riles' pay each month, before the record is checked by the pay officer.

Thos. Sattele

Inclosure:

Law

Coast Guard Headquarters, August 29, 1917.
Reference: M. C. 1023.

Respectfully referred to the Judge Advocate General with the recommendation that the sentence of a summary court-martial, in the case of Edward E. Riles, quartermaster, U. S. Coast Guard Cutter TAMPA, who was found guilty of sleeping on watch, July 20, 1917, and sentenced to be reduced to the next inferior rating, that of seaman, and to lose pay amounting to $108.00, be approved; but, in view of the fact that the amount of forfeiture will be practically all the pay due this man to the expiration of his enlistment, October 15, 1917, the loss of pay be reduced to $72.00.

Captain Commandant.

- - - - - - - - - - - - - - - -

28762-30
Office of the Judge Advocate General, August 29, 1917.

Respectfully submitted with the recommendation that the sentence of a summary court-martial, in the foregoing case of Edward E. Riles, quartermaster, U. S. Coast Guard, be approved, but in view of the matters contained in the recommendation of the Captain Commandant of the Coast Guard, the loss of pay be reduced to $72.00.

Judge Advocate General.

- - - - - - - - - - - - - - - -

Office of the Secretary, August 29, 1917.

The foregoing recommendations of the Judge Advocate General are approved.

Secretary of the Navy.

Original initiated by
G.P.O. G.P.O.
WOR
Signed by
Josephus Daniels, Sec.
Franklin D. Roosevelt,
W. S. Benson,
Act. Sec.
W. C. Watts, J. A. G.
A. Staton,
Asst. J. A. G.
AUG 30 1917
Filed, File

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: DN168 Z QUAV 231947 QUAH GR 29

FROM: DCGO 7TH NAVDIST

ACTION: COMDT

INFORM: RKKXMRSX

TEXT

REF MRS MARY JEANETTE RILES LETTER 5 APRIL 1943 TO GENERAL ACCOUNTING OFFICE X MRS RILES IN NEED X REQUEST INFORMATION WHAT ACTION TAKEN ON APPLICATION FOR DEATH GRATUITY

182.7
.6
20
1096

MILITARY MORALE

MO

TOD2313 BH 23 APR

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

73-521

3-12

CAPTAIN OF THE PORT

COAST GUARD STATION

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Miami, Florida
16 October, 1942.

From: Pay Officer, Captain of the Port, Miami, Florida.
To: Commandant, CG.

Via: Captain of the Port, Miami, Florida.

Subject: RILES, Edward E. (140-217), B.M.1c.; statement of service, request for.

Inclosure: (A) Letter Medical Officer in Charge, Tampa Bay Quarantine Station, Tampa, Florida, dated September 22, 1942.

1. It is requested that a statment of creditable service be fumished this unit for the purpose of crediting additional pay for longevity.

R. D. FRITZ.

1st Indorsement

CAPTAIN OF THE PORT
Miami, Florida
16 October, 1942.

73-521

From: Captain of the Port, Miami, Florida.
To: Commandant, CG.

1. Forwarded.

R. H. HUNT.

140-217

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

IN REPLYING, ADDRESS THE
Medical Officer
in Charge

Tampa Bay Quarantine Station.
Tampa, Florida.
September 22, 1942.

Mr. E. E. Riles
3025 S.W. 16th Terrace
Miami, Florida.

Dear Sir:

Reference to your letter of the 19th.

On file in this office shows your service as Assistant Engineer and Fumigator from August, 1926 to September 30, 1929. That you left the service without prejudice to accept a position with the United States Lighthouse Department.

Respectfully,

Douglas G. Meighen

Douglas G. Meighen, A.A.Surgeon.
Medical Officer in Charge.

DGM:r

CAPTAIN OF THE PORT

Miami, Florida
16 October, 1942.

From:
To: Pay Officer, Captain of the Port, Miami, Florida.
Commandant, CG.

Via: Captain of the Port, Miami, Florida.

Subject: RILES, Edward E. (140-217), B.M.1c.; statement of service, request for.

Inclosure: (A) Letter Medical Officer in Charge, Tampa Bay Quarantine Station, Tampa, Florida, dated September 22, 1942.

1. It is requested that a statment of creditable service be furnished this unit for the purpose of crediting additional pay for longevity.

R. D. FRITZ.

73-521 1st Indorsement

CAPTAIN OF THE PORT
Miami, Florida
16 October, 1942.

From:
To: Captain of the Port, Miami, Florida.
Commandant, CG.

1. Forwardod.

R. H. HUNT.

C. G. 2511 (Revised)
...ed by Comptroller General, U. S.
February 25, 1938

3-12

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PE-73.

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 30 October, 1942.

From: Commandant.
To: District Coast Guard Officer, Seventh Naval District.

Subject: Statement of service for longevity pay.

Inclosure:

1. The following is a statement of service, to and including 1 July, 1942, of RILES, Edward Earl (140-217) B.M.1c (Captain of the Port, Miami)

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—
10-16-14	10-15-16 H D	None		None		None	
10-16-16	10-25-18 H D	None		None		None	
7-1-41 Now serving							

CANCELED
OCT 31 1942

	Yr.	Mo.	Days
Coast Guard service			
Navy service			
Total			

Completed years

F. X. BAINE,
By direction.

U. S. GOVERNMENT PRINTING OFFICE 16—23559-2

File

VETERANS ADMINISTRATION

29 March, 1943.

MEMORANDUM

Date February 11, 1943
BA:DA

From Chief Clerk
To Headquarters, U.S. Coast Guard

Subject: U. S. COAST GUARD.

Re: Your Claim No. XC-1,542,751. Board of Investigation in the case of Edward Earl Riles convened at the Captain of the Port Base, Miami, Florida, 20 December, 1942, to inquire into the circumstances surrounding his death.

Receipt is acknowledged of board of investigation in the death of Edward Earl Riles (140-217), former boatswain's mate, first class.

Messenger from Veterans Administration.

W. C. Black

Form 3229 a

VETERANS ADMINISTRATION

MEMORANDUM

Date February 11, 1943
BA:DA

From Chief Clerk
To Headquarters, U.S. Coast Guard
Subject RILES, Edward E. XC-1,542,751 S-140-217
BM 1/c USCG Enl: 10/16/14 Died: 12/19/42

It will be appreciated if you will lend to this office the original record of the proceedings of a board of investigation, a court of inquiry or a board of inquest covering the circumstances surrounding the death of the above named veteran together with papers to show whether the record was approved by higher authority.

When the record can be made available, please notify the Chief Clerk, attention Record Verification Subdivision, in order that a messenger may be sent for it.

W. C. Black

W. C. BLACK

Form 9626
TREASURY DEPARTMENT

U. S. COAST GUARD

OFFICIAL DISPATCH

TRANSMIT

DATE 26 April, 1943.

FROM

COMMANDANT

	SECRET
	CONFIDENTIAL
	RESTRICTED
	URGENT
	PRIORITY
X	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

TO (FOR ACTION)

DISTRICT COAST GUARD OFFICER, SEVENTH NAVAL DISTRICT.

TO (FOR INFORMATION)

	URGENT
	PRIORITY
	ROUTINE
	DEFERRED
	MAILGRAM
	ACKNOWLEDGE

MAIL TO

TELEPHONE TO

MESSENGER TO

OUTGOING HEADING

261446

TEXT

YOUR 231947 CHECK PAYMENT DEATH GRATUITY WILL BE FORWARDED

THIS DATE.

Edward E. RILES (148-217) B.M.1c

261446 DN 29 SC

TOD—

OPERATOR'S RECORD

OFFICE OF ORIGIN: Military Morale Section.

INITIALS OF RELEASING OFFICER: J.L.A.

TIME RELEASED:

U. S. GOVERNMENT PRINTING OFFICE 16—23739

1943 JAN 14 AM 11 17

3-12 File MJM 73

UNITED STATES COAST GUARD

OFFICE OF
CAPTAIN OF THE PORT
MIAMI, FLORIDA

Miami, Florida
7 January, 1943

DIST. COAST GUARD OFFICER
7TH NAVAL DIST., MIAMI, FLA.
JAN 10 11 01 AM '43

From: Captain of the Port, Miami, Florida.
To : Commandant.

Via: District Coast Guard Officer, 7th Naval District.

Subject: RILES, Edward E. (140-217), BM1c (pro); Deceased inventory of personal effects.

Reference: (a) Article 3075, Regulations.

Inclosure: (A) Subject inventory (in duplicate).

1. It is requested that this unit be advised as to what disposition to make of the personal effects of the deceased subject man.

S. V. CHAPMAN
Executive Officer

---

73 1st Indorsement Office, District Coast Guard Officer,
Seventh Naval District,
Miami, Florida.
11 January, 1943.

From: District Coast Guard Officer, Seventh Naval District.
To : Commandant.

1. Forwarded.

G. M. SCHELLENGER,
By direction.



UNITED STATES COAST GUARD

OFFICE OF
CAPTAIN OF THE PORT
MIAMI, FLORIDA

Miami, Florida
7 January, 1943

INVENTORY OF PERSONAL EFFECTS OF FRIES, EDWARD E. (140-217), BM1c (pro)

1 dungaree trousers
1 work shirt
1 sweater
1 pr. shoes
2 pr socks
1 pr eye galsses
2 toothbrushes
8 pkgs. Prince Albert Tobacco
16 pkgs. Bull Durham Tobacco
1 billfold
1 small pocket knife
$1.81 currency

Charles Esher
CHARLES ESHER, CMM
MASTER AT ARMS

W. B. SONNTAG, PAY CLERK, USCG
SUPPLY OFFICER



Form No. 2599
TREASURY DEPARTMENT

Hayde

REPORT OF CHANGE IN PERSONNEL

RILES, Edward E. (140-217) B.M.1c

(Surname) (First Name) (Mid. Initial) (Service No.) (Rank or Rating)

Captain of the Port Miami, Florida 19 December, 1942

(Unit) (Place) (Date)

FOWEY ROCKS LIGHT STATION

1540, this date, pronounced dead by U.S.P.H. Surgeon at Sick Bay, this unit, as result of drowning at Fowey Rocks Light Station.

AUTHORITY:

S. V. CRAPMAN

(Commanding Officer)

(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

GENERAL SERVICES ADMINISTRATION
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records)

FINDING AID REPORT

R6-984 (REV 12-71)

PAGE 04489 BATCH 139A PAGE 0002

DATE 08/07/74

ACT. CODE / FILE IDENT.	SERVICE IDENTIFICATION NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE CODE	REGISTER NUMBER
T	000140217	RILES EDWARD F	CG	0 180 477		
		RILES EDWARD E	CG	0 180 477		0 000 000

RECORD CHARGED TO:

NPRC ORGANIZATIONS

☐ _____
(CASE ROUTING CODE)

☐

OCCUPANT AGENCIES

☐ BUMED LN O, 3079
☐ BUPERS LN O, 3083
☐ CIA, 3073
☐ CSC INV DIV, 5125
☐ EEA, 6015
☐ FBI, 2185
☐ MARCOR LN O, 3083
☐ NRC, 2193
☐ OSI, 2195
☐ DNACC (Unit 3), 4075E
☐ VA LN O, 3093
☐

OTHER ORGANIZATIONS
OFFICE/SYMBOL

☐ ARPC, Denver

☐ BUMED, Wash. D.C.

☐ BUPERS, Wash. D.C.

☐ HQ MC, Wash. D.C.

☐ HQUSCG, Wash. D.C.

☐ USAFMPC, RAFB

☐ USAAC

☐

DATE _____

CLERK'S INITIALS _____

FINDING AID REPORT

GENERAL SERVICES ADMINISTRATION

NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records).

PAGE 04489 BATCH 139A PAGE 0002

R6-984 (REV 12-71)

DATE 08/07/74

ACT. CODE / FILE IDENT.	SERVICE IDENTIFICATION NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE CODE	REGISTER NUMBER
I		RILES EDWARD E	CG			
	000140217	RILES EDWARD E	CG	0 180 477		0 000 000

RECORD CHARGED TO:
NPRC ORGANIZATIONS

☐ ☐ (CASE ROUTING CODE)

OCCUPANT AGENCIES

- ☐ ☐ BUMED LN O, 3079
- ☐ ☐ BUPERS LN O, 3083
- ☐ ☐ CIA, 3073
- ☐ ☐ CSC INV DIV, 5125
- ☐ ☐ EEA, 6015
- ☐ ☐ FBI, 2185
- ☐ ☐ MARCOR LN O, 3083
- ☐ ☐ NRC, 2193
- ☐ ☐ OSI, 2195
- ☐ ☐ DNACC (Unit 3), 4075E
- ☐ ☐ VA LN O, 3093

OTHER ORGANIZATIONS
OFFICE/SYMBOL

- ☐ ARPC, Denver
- ☐ BUMED, Wash. D.C.
- ☐ BUPERS, Wash. D.C.
- ☐ HQ MC, Wash. D.C.
- ☐ HQUSCG, Wash. D.C.
- ☐ USAFMPC, RAFB
- ☐ USAAC
- ☐

DATE _____

CLERK'S INITIALS _____

NPRC (MPR) ROUTING SLIP

TO	ACTIVITY	TO	ACTIVITY	TO	ACTIVITY
	CENTER DIRECTOR, 2000		☐ UNIT A, 2115, ☐ UNIT B, 2115		FEE CLERK, 1170
	ASST DIR FOR MIL REC, 2010		FILE SEC, 2115		
	AIR FORCE REFERENCE BR, 2085				RECS INPUT & RECON BR, 1170
	CORR SEC, 2115A		NAVY REFERENCE BR, 3125A		RECS REC & RECON SEC, 1170
	WIF SEC, 2115B ☐ UNIT A, 2115B, ☐ UNIT B, 2115B		CORR SEC, 3125C ☐ UNIT A, 3125C, ☐ UNIT B, 3125C		DATA & RECS INPUT SEC, 1180
	SEARCH SEC, 2050 ☐ UNIT A, 2050, ☐ UNIT B, 2050		WIF SEC, 3125A ☐ UNIT A, 3125A, ☐ UNIT B, 3125A		INQUIRY ANALYSIS SEC, 1170
	FILE SEC, 2050		SEARCH SEC, 3125F ☐ UNIT A, 3125F, ☐ UNIT B, 3125F		BuPers LNO, 1500C
					BuMed LNO, 1500C
	ARMY REFERENCE BR, 2165				MarCor LNO, 1500C
	CORR SEC, 2165 ☐ UNIT A, 2175, ☐ UNIT B, 2175	X	FILE SEC, 5035		VA LIAISON OFFICE, 1500C
	WIF SEC, 2189 ☐ UNIT A, 2189, ☐ UNIT B, 2189		MIL OFF SVCS & DISP BR, 1121		RCPAC
	SEARCH SEC, 2115		OFF SVCS SEC, 1135		
			INCOMING MAIL, 1170		
			OUTGOING MAIL, 1170		

LAST NAME - FIRST NAME - MIDDLE INITIAL	SERVICE NUMBER	DATE OF CASE
Riles, Edward Earl	000140217	
	SSN	

☐ SIGNATURE/INITIALS ☐ AS REQUESTED ☐ REQUEST SEARCH FOR CLINICAL/MEDICAL RECORDS
☐ NECESSARY ACTION ☐ FOR DISPOSITION ☐ RETURN RECORDS AND INQUIRY WHEN CASE IS COMPLETED
☐ MED JACKET NOT LOCATED ☐ ALLEGATION NOT COVERED ☐ REQUEST SEARCH FOR RECORDS (PRIOR)(SUBSEQUENT) SERVICE
☐ RECORD NOT LOCATED. (SEE ATTACHED SEARCH REPORT)

☐ CODE FOR _____ ☐ FOR DETERMINATION OF _____

☐ RECORDS INDICATE ABOVE NAMED PERSON HAD PRIOR SERVICE FROM _____ TO _____.
☐ REQUEST A STATEMENT OF SERVICE.

☐ REQUEST COPY OF PARAGRAPH _____, _____ ORDERS _____, _____.
_____, CONCERNING ABOVE NAMED PERSON.

☐ REQUEST LIST OF DECORATIONS AND AWARDS FOR PERIOD OF SERVICE INDICATED. IF ENTITLED TO GOOD CONDUCT MEDAL, PLEASE INCLUDE DATES FOR WHICH THE MEDAL WAS EARNED.

☐ PREPARE REPLY FROM ATTACHED DOCUMENT(S). ☐ PREPARE FOLDER FOR "B" FILE.
☐ INSUFFICIENT INFORMATION TO ANSWER INQUIRY.

FROM: (Name, Branch/Section/Unit and Room Number)	TEL NO.	DATE:
Strobeng RR+R HQs 1170	7211	8-9-74

GENERAL SERVICES ADMINISTRATION

GSA FORM 6852 (REV. 3-74)

Staple to records being filed.

War Service Certificate

No. 3260

U. S. Coast Guard

This certifies that EDWARD EARL RILES

performed honorable active service in the United States Coast Guard, operating as a part of the Navy, from April 5, 19 17, *to* October 25, 19 18, *on board ships or at stations, as follows:* Coast Guard Cutter TAMPA; Coast Guard Battalion, New York Division.

F. C. Billard

Captain, U.S.C.G. *Commanding.*

4—4599

Dead

192011

COTP MIAMI

COMDT CT

TEXT

EDWARD E RILES 140-217 BM1C ACCIDENTALLY FELL OVERBOARD AND DROWNED X PRONOUNCED DEAD BY BASE DOCTOR 1540 THIS DATE

TOD 2316 LH DEC 19.

9-2 417 To COTP Miami

Hold for Service Record.

Hold for Death Record.

Riles

DISABILITY ALLOWANCE.

REQUEST FOR COAST GUARD INFORMATION FOR USE OF

COAST GUARD. Jacksonville, Fla. A17. REC'D JAN 20 1931 By

FILE R. I. S.

DIVISION ADJUDICATION. SUBDIVISION A.S. SECTION UNIT

It is requested that information be given on the subject checked and this sheet returned to Record Verification Section, Claims Division, United States Veterans' Bureau.

Name RILES, Edward Earl
(Last) (First) (Middle)

Rank or rating Coxswain. Quartermaster.
Ship or Station U.S.S.TAMPA C.G.
Date of enlistment 10-16-1914
Home address 510 Osborne Ave., Tampa, Fla.
Name of allottee
Alleged disability ASTHAM (BRONCHIAL)
Additional information Please furnish all medical history for treatment of diseases or injuries tending to support a claim for disability from BRONCHIAL ASTHAM.

Compensation Claim No.: C 1542 751
Converted Insurance No.: K
Term Insurance No.: T 10-25-18
Date of Discharge or death

H. A. SKELTON,
Regional Adjudication, Officer.
By

PA23-73 ---24 January, 1931.---, 19__

From: Commandant, United States Coast Guard, Treasury Department, Washington, D. C.
To: Record Verification Section, Claims Division, United States Veterans' Bureau

1. Name in full, with last rank or rating held RILES, Edward Earl Cox.
2. Date and place of birth 20 June, 1896 Punta Gorda, Fla.
3. Date and place of enlistment or appointment 16 October, 1914, Tampa, Fla. orig. enlistment
4. Date of entrance into active service 16 October, 1914
5. Age at enlistment or appointment 18 years
6. Date of reenlistments 16 October 1915; 16 October 1916
7. Home address
8. Date of desertion
9. Date of apprehension
10. Period and dates of absence from pay status
11. Present location and rank
12. Date and period of indefinite furlough
13. Date of retirement and retirement pay
14. Date, cause, and place of discharge 15 Oct.1915, exp. term enl. Hon. Key West,Fla. 15 Oct.1916,exp. term enl. Hon. Charleston,S.C. 25 Oct. 1918,exp.term enl. Hon.New York,N.Y.
15. Date of death last discharge
16. Cause of death
17. Disability in line of duty
18. Disability result of wilful misconduct
19. Disabilities noted at enlistment see attached report of medical officer
20. Medical record on active duty, to include all admissions, duty, not duty, misconduct, etc. see attached report of medical officer
21. Physical examination prior to discharge or inactive duty see attached report of medical officer
22. Medical record inactive duty
23. Full transcript of pay from ____19 to _____, 19____
24. Premium deductions from _____19 to _____, 19____
25. Has final settlement been made?
26. Amount refunded

R P F.J. Peterson

BY
Commandant, United States Coast Guard
By R.T.THORSON, By direction

Form 12-D (Coast Guard)

22 January,1931.

MEMORANDUM TO PAY AND ALLOTMENT OFFICER.

SUBJECT: Former Coxswain, Edward E. RILES; medical history.

The following is the medical history in case of subject man.

1. No physical defects noted at entrance in service.

2. Hospital admissions as follows:

Admitted Marine Hospital, Charleston, S.C., 22 September,1916, diagnosis,"acute catarrhal bronchitis".
Discharged 24 September,1916. Inpatient.

Admitted Marine Hospital, Key West,Florida, 22 May,1917, diagnosis, "bronchitis acute".
Discharged 29 May,1917. Inpatient.

3. Medical treatments as follows:-

Admitted to inpatient treatment on board U.S.S.TAMPA, 3 July,1918, Diagnosis:"influenza".
Discharged 5 July,1918.

Plain entry in this mans health record under date of 6 June,1918, on board TAMPA for "urethritis specific". No treatment indicated in health record.

4. No physical disabilities incurred while in service.

5. No physical defects noted at separation from service.

WWK/leb

W.W.KING,
Medical Director.

Form 2500
TREASURY DEPARTMENT
U. S. Coast Guard
Revised August 1938

ENLISTMENT CONTRACT

B&P

REENLISTMENT of RILES, Edward Earl (~~227-067~~) 140-217 as B.M. 1c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station AIR STATION, Jacksonville District, Miami, Florida
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Miami, Florida
(Place)

1. I, Edward Earl Riles, this 1st day of July, 1941, desiring
(Full name)
to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows: ---

2. I was born in Punta Gorda, Florida, on 20 June 1896 Citizenship [a] NB

If naturalized, place and date of naturalization --- Certificate No. ---

If intentions declared, place and date of declaration ---

Home address 3172 Indiana Street, Miami, Florida

Full name and address of the following: Mary Jeanette Riles, 3172 Indiana Street, Miami, Fla.
(Wife, if any)
Evelyn Juanita Riles, (born 22 May, 1930) address as above.
(Children under 21 years of age. Specify ages of children)

deceased Widowed? ---
(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 certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

never arrested
(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 25 October, 1918, from Cutter Station TAMPA
(Strike out one)
with Honorable discharge, herewith submitted, serial No. unknown
(Kind of discharge)

9. I agree to and with the United States of America, represented by W.L. HANCOCK, Jr. Lieut. (jg), 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 unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by W.L. HANCOCK, Jr. (Lieut. (jg)) United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the aforesaid Edward Earl Riles who has hereunto signed his
(Name of person enlisting)

[a] Citizenship: Use expressions "NB" for native-born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Enlistment effected pursuant to the Act of August 5, 1939.

Edward Earl Riles

Edward Earl Riles
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By W. L. Hancock Jr.
W. L. HANCOCK, Jr., Lieutenant (jg)
(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.

W. L. Hancock Jr.
W. L. HANCOCK, Jr., Lieutenant (jg) U.S.C.G.
....., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Edward Earl Riles (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.

Edward Earl Riles
Edward Earl Riles
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of July, A. D. 19 41

K. P. MALEY,
Lieutenant, U.S.C.G.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years - months. Height 5 feet 7¼ inches. Weight 132 pounds. Eyes Green

Hair Brown Complexion Ruddy Color white Married Yes

Distinguishing marks Tatoo- woman's body on both arms, dragon's head l. arm numerous tatoos both forearms.

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.

16—8420

Letter from Commander Patrol Squadrons Based on Gibraltar Dated June 20-1918, File -720, (WJH Jr.)

14. ON TRANSFER.

September 16, 1918 (Date.) U.S.NAVAL BARRACKS BASE NINE (Vessel or station to which transferred.), (Authority.)

Amount of pay due, $24.75; Clothing drawn, $.00000; Other deductions, $6.50; Balance remaining due, $18.25

15. ON DESERTION.

(Date.), 19 (Place.)

Amount of pay due, $; Clothing drawn, $; Other deductions, $; Balance remaining due, $

16. INOCULATION.

March, 1915 (Date last vaccinated for smallpox.); November 5,1914 (Date last received antityphoid inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

Tried by a Deck Court-martial on June 19-1918 for "Persisting in a loud conversation at liberty landing; while on liberty at GIBRALTAR June 11-1918; due to indulgence in intoxicating liquors" Sentenced to lose pay amounting to $15.46; approved June 19-1918 by the commanding officer (Captain Chas Satterlee).

Chas Satterlee

APPROVED by "Department of the Navy, Office of the Judge Advocate General, Washington, letter dated July 26-1918, No.28762-31.

336 Coast Guard Regulations 1916 from October 15-1917 until

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

Served on Board the U.S.Coast Guard Cutter TAMPA while operating under the Navy Department, in time of war, as a part of the National Defense from April 6-1917 UNTIL September 16-1918, date of transfer.

20. CREDIT ATTAINED AT SMALL-ARM TARGET PRACTICE.

2—7931

17. PUNISHMENTS ADJUDGED BY COURT-MARTIAL OR OTHER COURT OF JUSTICE.

Tried by Minor Coast Guard Court, February 7, 1917. CHARGE: Violating lawful regulation issued by the Secretary of the Treasury. FINDINGS: Specification proved by plea and of the charge guilty. SENTENCE: To be reduced to the next inferior rating, that of seaman, and to forfeit one(1) month's pay, amounting to forty dollars and eighty cents ($40.80). The sentence in the case is mitigated to the following: To forfeit one month's pay amounting to forty dollars and eighty cents ($40.80) and thus mitigated is approved. The Commanding Officer is directed to cause the sentence as mitigated to be carried into effect. (Signed) Byron R. Newton, Assistant Secretary.

JULY 21, 1917. Found guilty by a summary court of sleeping on watch. Sentenced to lose $108.00 and to be reduced to next inferior rating. Seaman,

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

Vessel on distant service and enlistment extended under authority Article 336 Coast Guard Regulations 1916 from October 15-1917 until

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

Served on Board the U.S.Coast Guard Cutter TAMPA while operating under the Navy Department, in time of war, as a part of the National Defense from April 6-1917 UNTIL September 16-1918, date of transfer.

20. CREDIT ATTAINED AT SMALL-ARM TARGET PRACTICE.

21. MERITORIOUS CONDUCT.

22. Record of RILES, EDWARD EARL

(Full name, surname to the left.)

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
TAMPA	10/16/16	Sea.	10/16/16	4	5	4	5		Chas Satterlee Commanding
		(A) Qmr.	3/15/17	3	4	4	4		Chas Satterlee Commanding
Rec'd 3-15-17 as per rating of 4th inst.		(P) Qmr.		3	3	3	3		
		Sea?	8-9-17	4	4	4	4		Chas Satterlee Commanding
		(A) Cox.	8-14-17	4	5	5	5		Chas Satterlee Commanding
		(P) Cox.	11-14-17	4	3	3	3		
New York Division	10-23-18	Cox.	- - - - -	-	-	-	-	10-25-18	G K Roden
AVERAGES				3.4	4	4.	4		

U. S. Coast Guard Headquarters WASHINGTON WAR GRATUITY PAID SEP 9 1920 Pay and Allotment Office

[1] State of health during enlistment: Very good to September 16-1918, date of transfer.

[2] Proficient in Wig-Wag - Semaphore - Blister also in English Hoy hoists and in Ships cook.

Certified to be correct:

J. Hellweg Captain, U.S.C.G.

Executive Officer.[3]—~~Keeper of Station~~

Approved:

G K Roden Captain, U.S.C.G.

Commanding Officer.[3]—~~Superintendent~~

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 regulations.

(*b*) The contract of enlistment will 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, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

(*d*) In case of enlistment, where the person states he has had service in the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized as required by paragraph 10 above.

(*e*) *Citizenship.*—Use expressions: "Native born;" "naturalized;" "alien, intentions declared;" "alien."

(*f*) No interlineations, erasures, alterations, or use of ditto marks will be permitted. Should an error be made, a light red-ink line will be drawn through it, the commanding or executive officer, district superintendent or keeper entering his initials alongside in ink.

(*g*) The signatures of commanding officers and district superintendents to all final entries on enlistment records shall be written, not stamped.

[1] State whether seasickness or other ailment materially interfered with duty.

[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 in red ink.

[3] Strike out words not applicable.

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 TRIPLICATE.

My full name is Edward (Given) Earl (Middle) Riles (Last name) Coxswain, U.S.Coast Guard. (Rank and organization)

Home address 401 Sparkman Ave. (No. and street or rural route) TAMPA (City, town, or post office) Florida (State)

Place and date of birth Punta Gorda (City or town) Florida (State) 20 (Day) June (Month) 1896 (Year) *Age* 22 (Nearest birthday)

Date of last enlistment or entry into active service October 16-1916 *Pay in United States* $41.00

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								
Child		"								
Child		"								
Child		"								
Child		"								
Child		"								
Child		"								
									Remarried? "Yes" or "No"	Amount payable monthly by order of court
Divorced wife	* *	"				* *	*	* * *		

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
	None					$
	"					
	"					
	"					

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:

None		
"		
"		

Signed (on board) U.S.S.TAMPA

The 24-th *day of* December, 1917

Witnessed by: Chas Satterlee (*Sign here*) E.RILES

Rank Captain U.S.C.G.

Commanding TAMPA Coxswain U.S.Coast Guard.
(Rank or rating) (Organization)

2—2840

TREASURY DEPARTMENT
BUREAU OF WAR RISK INSURANCE
Division of
Military and Naval Insurance
Form 2 A (Revised)

APPLICATION FOR INSURANCE

My service number is 121 (Service number)

My full name is Edward (Given) Earl (Middle) Riles (Last name)

Home address 5101 Nebraska Avenue (No. and street or rural route) Tampa (City, town, or post office) Florida. (State)

Date of birth June (Month) 20 (Day) 1896 (Year) Age 21 (Nearest birthday)

Date of last enlistment or entry into active service October 16-1916. (Give month, day, and year)

I hereby apply for insurance in the sum of $5,000.00 *payable as provided in the Act of Congress approved October 6, 1917, to myself during total permanent disability and from and after my death to the following persons in the following amounts:*

RELATIONSHIP TO ME	NAME OF BENEFICIARY (Given) (Middle) (Last name) (If married woman her own Christian name must be stated)	POST-OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State.	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
Sister	Claudia Maltie Riles	(a) 401 Sparkman Avenue (b) Tampa, Florida	$5,000.00
		(a) (b)	
		(a) (b)	
		(a) (b)	

I authorize the necessary monthly deduction from my pay, or, if insufficient, from any deposit with the United States, in payment of the premiums as they become due, unless they be otherwise paid.

I offer this application, and it is to be deemed made, as of the date of signature, with premiums commencing from that date and payable at the end of each calendar month, beginning with the month in which application is made.

I wish Insurance Certificate sent to: (Name) CLAUDIA MALTIE RILES

(Address) 401 Sparkman Avenue, TAMPA, FLORIDA.

Signed (on board) U.S.S.TAMPA., C.G.

the 1-st *day of* January, 191 8

Witnessed by: Chas Satterlee *Sign here* Edward E.Riles

Rank Captain U.S.Coast Guard

Commanding U.S.S.TAMPA., C.G. Coxswain U.S.Coast Guard
(Rank or rating) (Organization)

(This space for any notations insurance officers may deem necessary.)

2—8225

(OVER)

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE

(Each $1,000 of insurance is payable in installments of $5.75 per month for 240 months; but if the insured is totally and permanently disabled and lives longer than 240 months the payments will be continued as long as he lives and is so disabled.)

Age	Monthly premium
15	$0.63
16	.63
17	.63
18	.64
19	.64
20	.64
21	.65
22	.65
23	.65
24	.66
25	.66
26	.67
27	.67
28	.68
29	.69
30	.69
31	.70
32	.71
33	.72
34	.73
35	.74
36	.75
37	.76
38	.77
39	.79

Age	Monthly premium
40	$0.81
41	.82
42	.84
43	.87
44	.89
45	.92
46	.95
47	.99
48	1.03
49	1.08
50	1.14
51	1.20
52	1.27
53	1.35
54	1.44
55	1.53
56	1.64
57	1.76
58	1.90
59	2.05
60	2.21
61	2.40
62	2.60
63	2.82
64	3.07
65	3.35

The smallest amount of insurance which may be applied for is $1,000 and the largest amount is $10,000. Between such limits insurance may be applied for in any sum provided it is in multiples of $500.

Insurance may be applied for in favor of one or more of the following persons:

Husband or wife.

Child, including legitimate child; child legally adopted before April 6, 1917, or more than six months before enlistment or entrance into or employment in active service, whichever date is the later; stepchild, if a member of the insured's household; illegitimate child, but, if the insured is his father, only if acknowledged by instrument in writing signed by him, or if he has been judicially ordered or decreed to contribute to such child's support, and if such child, if born after December 31, 1917, shall have been born in the United States or in its insular possessions.

Grandchild, meaning a child, as above defined, of a child as above defined.

Parent, including father, mother, grandfather, grandmother, stepfather, and stepmother, either of the insured or of his/her spouse.

Brother or sister, including brothers and sisters of the half blood as well as of the whole blood, stepbrothers and stepsisters and brothers and sisters through adoption.

ON BOARD U.S.S.TAMPA,C.G.

25-th (Day.), July (Month.), 19 18

Charge / Checkage } of premium ($3.25) will be made by me monthly, beginning with month in which application is dated.

First { charge / checkage } made 1-st (Day.) January (Month.), 19 18

2—8225

Chas Satterlee

Commanding U.S.S.TAMPA,C.G.

7. OATH OF ALLEGIANCE.

I, Edward Earl Riles, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
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.

Edward Earl Riles
(Signature of enlisted person.)

Subscribed and sworn to before me this 16th day of October, A. D. 19 16

J. L. Ahern,
Temp'y Commanding, C.G.C. TAMPA
(Commanding officer or notary public.)

CONSENT OF PARENT OR GUARDIAN

I hereby consent to the enlistment of Edward Earl Riles, of whom I am the father, in the U.S.Coast Guard, as seaman, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date October 27, 1916

David E Riles
Signature of parent or guardian.

9. MEDICAL CERTIFICATE.

Age, 20 years 4 months. Height, 5 feet 4 inches. Weight, 130 pounds. Eyes, gray Hair, brown
Complexion, fair Married, no Distinguishing marks, Tattoo marks both arms

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, 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.

, U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: 2 yrs. -- mos.

Coast Guard: 2 yrs. -- mos. Navy: yrs. mos. Revenue-Cutter Service: -- yrs. -- mos.

Army: yrs. mos. Marine Corps: yrs. mos. Life-Saving Service: yrs. mos.

Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service 2 yrs. --- mos.

11. ON RETIREMENT.

, 19 , , ,
(Date.) (Cause.) (Authority.)

12. ON DISCHARGE.

Date October 25, 1918. Place New York Division, New York, N.Y.

Kind of discharge Honorable, authority of Regulations

Discharged on account of Expiration of full term of enlistment.

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

U. S. Coast Guard Headquarters WASHINGTON SEP 9 1920 PAID Disbursing Officer

13. ON DEATH.

, 19 . , , , ,
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

, ,
(Disposition of effects.)

Amount of pay due, $; Clothing drawn, $; Other deductions, $; Balance remaining due, $

PAY AND ALLOTMENT OFFICE, U.S. COAST GUARD POSTED

10.30.18

2—7931

*Strike out letter not applicable.

War Service Certificate
No. 3260 ISSUED 4/24 1919

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.

ENLISTMENT CONTRACT AND RECORD.

[1] RE-ENLISTMENT of RILES, EDWARD EARL (Full name, surname to the left.) 140-217 as Seaman (Rating.)

U. S. Coast Guard Cutter ~~Station~~ TAMPA, District, Charleston, S.C. (Location of vessel: P. O. address, station.)
(Draw line through designation not applying.)

1. I, Edward Earl Riles (Full name, surname to the right.), this 16th day of October, 1916, 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 Punta Gorda, Florida, on June 20, 1896 Citizenship Native

Occupation Mariner Home address 5101 Nebraska Ave., Tampa, Fla.

Full name and address of the following: (Wife, if any.)

(Children under 16 years of age.)

(Mother, if living.)

David E. Riles (father), 5101 Nebraska Ave., Tampa, Fla.
(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. (If "not" so state.)

4. I was last discharged from the U. S. Coast Guard October 15 19 16 from ~~Cutter Station~~ (Strike out one.) TAMPA (Name of cutter or station.) with honorable (Kind of discharge.) discharge, herewith submitted.

5. I agree to and with First Lieut. J. L. Ahern (Name of comdg. officer, dist. supt., or keeper of station.) of the 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 Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard 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.

Thirdly, the said First Lieut. J. L. Ahern (Name of comdg. officer, dist. supt., or keeper of station.) for and in behalf of the United States, does hereby covenant and agree to and with the said Edward Earl Riles (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.

Edward Earl Riles
(Signature of enlisted person.)

J. L. Ahern, First Lieut., U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

6. I certify to the signature of the above person enlisted, and that I have strictly complied with the Regulations of the United States Coast Guard governing enlistments in his case.

J. L. Ahern
First Lieutenant, U. S. C. G. Enlisting Officer.

2—7031

[1] In cases of reenlistment prefix "Re."

U.S. COAST GUARD
REC'D OCT 29 1918
By

TREASURY DEPARTMENT,
REVENUE-CUTTER SERVICE.
Form 2051.
Ed. 6,000—F. C., Apr. 29-12.

REVENUE-CUTTER SERVICE
RECD. OCT 19 1914
ANSD.

ENLISTMENT of Riles, Edward Earl as 2d class boy on pro-
(Full name, surname to the left.) (Rating.) bation.

U. S. Revenue Cutter MIAMI, J.H. Quinan, ~~U. S. R. C. S.~~ Commanding,

at Tampa, Fla., dated October 16, 1914

I, Edward Earl Riles
(Name in full, surname to the right.)

desiring to enlist in the United States Revenue-Cutter Service, 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 Revenue-Cutter Service, Army, Navy, or Marine Corps; that I have never been discharged from the United States service or any other service through sentence of either 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.

I was born in Punta Gorda, Florida. on June 20, 18 96

Citizenship native born, Occupation sign painter

Name and address, next of kin, David E. Riles (father)
R.F.D. 2 Nebraska Ave., Tampa, Fla.

I have had previous service in the United States Revenue-Cutter Service for none years.
(Insert "none" if no previous service.)

I was last discharged from said Service on ____, 19__, from the U. S. Revenue Cutter
(Date.)
____ with ____ discharge, herewith submitted.
(Kind of discharge.)

I have this 16th day of October, 1914, signed the Shipping Articles of the U. S. Revenue Cutter MIAMI, and the covenants, agreements, and obligations therein contained are hereby made a part of this contract entered into by which I have voluntarily enlisted in the United States Revenue-Cutter Service for ONE YEAR unless sooner discharged by proper authority.

Edward Earl Riles
(Signature of person to be enlisted.)

I CERTIFY to the foregoing signature; that I have inspected the above-named applicant for enlistment; that to the best of my judgment and belief, he is of lawful age, or, being a minor, has lawful consent; that he has signed the Shipping Articles of the vessel and on the date, as above stated, after having them, as well as the contract, read and explained to him; that the facts entered in the above contract were in his presence filled in before signature by him, and that in accepting him for enlistment, I have strictly complied with the Regulations of the United States Revenue-Cutter Service governing enlistments.

Eugene Blake
First Lieutenant *U. S. R. C. S., Enlisting Officer.*

MEDICAL CERTIFICATE.

Age, 18 *years* 4 *months; Height,* 5 *feet* 4 *inches; Weight,* 130 *lbs.;*
Eyes, gray *; Hair,* brown *; Complexion,* fair *;*
Distinguishing marks, ----

I CERTIFY that I have carefully examined, in accordance with the Regulations of the U. S. Public Health Service, the above-named applicant for enlistment, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing duty at sea in the United States Revenue-Cutter Service, and that he has stated to me that he has no disease concealed or likely to be inherited.

Harry C Cody
Asst. Surgeon *U. S. P. H. S., Examining Medical Officer.*

I, Edward Earl Riles

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 Revenue-Cutter Service.

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

Edward Earl Riles
(Signature of enlisted man.)

Subscribed and sworn to before me this 16th *day of* October, *A. D.* 1914, *and contract perfected.*

J. H. Quinan
Commanding U. S. Revenue Cutter MIAMI

2—1111

CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age. To be signed by parent or guardian.)

I hereby consent to the enlistment of Edward Earl Riles, of whom I am the father (Father, mother, or guardian.), in the U. S. Revenue-Cutter Service as 2d class boy to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, October 16, 1914. David E. Riles (Signature of parent or guardian.)

RECORD OF Riles, Edward Earl. Clothing credit $45.00

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL.	DATE (Received on board).	RATE.	DATE (Of change in rating).	USE SCALE OF MARKS.					PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER.
				Proficiency.	Sobriety.	Obedience.	Conduct.	Health.		
MIAMI	10/16/14	2d cls boy								

UPON TERMINATION OF SERVICE.

....., ..., 191 , at .....

(Died, discharged, or deserted.) (Date.) (Place.)

IF DISCHARGED.

Kind of discharge, ...

Discharged on account of ....., *authority of* .....

Is ..... *recommended for reenlistment.*

....., *U. S. R. C. S.*

Commanding U. S. R. C. .....

INSTRUCTIONS.

1. This form will be made and executed in duplicate, with all blank spaces filled in.
2. The contract of enlistment, and the Shipping Articles, forming a part thereof, will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.
3. One copy of the completed form will be mailed immediately to the Department, the other copy to be kept on board the vessel. When the man is transferred to another vessel, the copy is to be sent immediately to the commanding officer of that vessel. The copy is to be retained on the vessel until the discharge, death, or desertion of the enlisted man, when it will be immediately mailed to the Department.
4. CITIZENSHIP.—Use expressions: Native born; naturalized; alien, intentions declared; alien.

2—H11

U. S. COAST GUARD
RECD. OCT 18 1915

CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age. To be signed by parent or guardian.)

I hereby consent to the enlistment of Edward Earl Riles, of whom I am the father (Father, mother, or guardian.), in the U. S. Revenue-Cutter Service as 2d class boy to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, October 16, 1914. × David E. Riles (Signature of parent or guardian.)

Riles

RECORD OF Riles, Edward Earl. Clothing credit $45.00

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL.	DATE (Received on board).	RATE.	DATE (Of change in rating).	USE SCALE OF MARKS. Proficiency.	Sobriety.	Obedience.	Conduct.	Health.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER.
MIAMI	10/16/14	~~2d cls~~ boy	7/8/15	4	5	5	5	5		
		ord.sea.	10/5/15	4	5	5	5	5		
		seaman		3	5	5	5	5	9/30/15	D K Camden
			Avrg	3.9	5	5	5	5		Commanding.
Smallpox vaccination			3/-/15.							
Typhoid prophylaxis completed			11/5/14.							

UPON TERMINATION OF SERVICE.

Discharged (Died, discharged, or deserted.), October 15 (Date.), 1915, at Key west, Fla. (Place.)

IF DISCHARGED.

Kind of discharge, Honorable

Discharged on account of expiration full term of enlistment *authority of* Art.62(a) G.O. #5.

Is --- *recommended for reenlistment.*

D K Camden, ~~U.S.R.C.S.~~

Commanding U. S. ~~KX~~ C.G.C MIAMI.

INSTRUCTIONS.

1. This form will be made and executed in duplicate, with all blank spaces filled in.
2. The contract of enlistment, and the Shipping Articles, forming a part thereof, will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.
3. One copy of the completed form will be mailed immediately to the Department, the other copy to be kept on board the vessel. When the man is transferred to another vessel, the copy is to be sent immediately to the commanding officer of that vessel. The copy is to be retained on the vessel until the discharge, death, or desertion of the enlisted man, when it will be immediately mailed to the Department.
4. CITIZENSHIP.—Use expressions: Native born; naturalized; alien, intentions declared; alien.

2—1111

TREASURY DEPARTMENT.
REVENUE-CUTTER SERVICE.
Form 2051.
Ed. 6,000—F. C., Apr. 29-12.

U. S. COAST GUARD
RECD. OCT 18 1915

ENLISTMENT of Riles, Edward Earl as 2d class boy on probation.
(Full name, surname to the left.) (Rating.)

U. S. Revenue Cutter MIAMI, J.H. Quinan, ~~U. S. R. C. S.~~ Commanding,

at Tampa, Fla., dated October 16, 1914

I, Edward Earl Riles
(Name in full, surname to the right.)

desiring to enlist in the United States Revenue-Cutter Service, 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 Revenue-Cutter Service, Army, Navy, or Marine Corps; that I have never been discharged from the United States service or any other service through sentence of either 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.

I was born in Punta Gorda, Florida. on June 20, 1896

Citizenship native born, Occupation sign painter

Name and address, next of kin, David E. Riles (father)
R.F.D. 2 Nebraska Ave., Tampa, Fla.

I have had previous service in the United States Revenue-Cutter Service for none years.
(Insert "none" if no previous service.)

I was last discharged from said Service on ....., 19....., from the U. S. Revenue Cutter
(Date.)
..... with ..... discharge, herewith submitted.
(Kind of discharge.)

I have this 16th day of October, 1914, signed the Shipping Articles of the U. S. Revenue Cutter MIAMI, and the covenants, agreements, and obligations therein contained are hereby made a part of this contract entered into by which I have voluntarily enlisted in the United States Revenue-Cutter Service for ONE YEAR unless sooner discharged by proper authority.

Edward Earl Riles
(Signature of person to be enlisted.)

I CERTIFY to the foregoing signature; that I have inspected the above-named applicant for enlistment; that to the best of my judgment and belief, he is of lawful age, or, being a minor, has lawful consent; that he has signed the Shipping Articles of the vessel and on the date, as above stated, after having them, as well as the contract, read and explained to him; that the facts entered in the above contract were in his presence filled in before signature by him, and that in accepting him for enlistment, I have strictly complied with the Regulations of the United States Revenue-Cutter Service governing enlistments.

Eugene Blake
First Lieutenant U. S. R. C. S., *Enlisting Officer.*

MEDICAL CERTIFICATE.

Age, 18 *years* 4 *months; Height,* 5 *feet* 4 *inches; Weight,* 120 *lbs.;*
Eyes, gray *; Hair,* brown *; Complexion,* fair *;*
Distinguishing marks, ----

I CERTIFY that I have carefully examined, in accordance with the Regulations of the U. S. Public Health Service, the above-named applicant for enlistment, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing duty at sea in the United States Revenue-Cutter Service, and that he has stated to me that he has no disease concealed or likely to be inherited.

Harry C Cody
Asst. Surgeon U. S. P. H. S., *Examining Medical Officer.*

I, Edward Earl Riles

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 Revenue-Cutter Service.

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

Edward Earl Riles
(Signature of enlisted man.)

Subscribed and sworn to before me this 16th *day of* October, *A. D.* 1914 *and contract perfected.*

J. H. Quinan
Commanding U. S. Revenue Cutter MIAMI

2—1111

U. S. COAST GUARD
RECD. OCT 22 1915

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2500.

ENLISTMENT CONTRACT AND RECORD.

[1]RE ENLISTMENT of RILES, EDWARD EARL as seaman
(Full name, surname to the left.) (Rating.)

U. S. Coast Guard Cutter ~~Station~~ MIAMI, District, Key West, Fla.
(Draw line through designation not applying.) (Location of vessel: P. O. address, station.)

1. I, Edward Earl Riles, this 16th day of October, 1915, desiring
(Full name, surname to the right.)
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, or Revenue-Cutter 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 Punta Gorda, Fla., on June 20, 1896 Citizenship Native

Occupation Mariner Home address 5101 Nebraska Ave., Tampa, Fla.

Full name and address of the following:
(Wife, if any.)

(Children under 16 years of age.)

(Mother, if living.)

David E. Riles (father) 5101 Nebraska Ave, Tampa Fla.
(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.

4. I was last discharged from the U. S. Coast Guard Oct. 15, 1915, from Cutter ~~Station~~ MIAMI
(Strike out one.) (Name of cutter or station.)

with honorable discharge, herewith submitted.
(Kind of discharge.)

5. I agree to and with Captain B.H. Camden of the United States Coast Guard in manner and form following, that is to say:
(Name of comdg. officer, dist. supt., or keeper of station.)

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 of said Coast Guard 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.

Thirdly, the said Captain B.H. Camden for and in behalf of the United States, does hereby covenant and agree to and
(Name of comdg. officer, dist. supt., or keeper of station.)
with the said Edward Earl Riles, who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)
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.

Edward Earl Riles
(Signature of enlisted person.)

B H Camden Captain, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

6. I certify to the signature of the above person enlisted, and that I have strictly complied with the Regulations of the United States Coast Guard governing enlistments in his case.

J. L. Ahern,
Second Lieutenant, U. S. C. G. Enlisting Officer.

2—7931

[1] In cases of reenlistment prefix "Re."

7. OATH OF ALLEGIANCE.

I, Edward Earl Riles, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
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.

Edward Earl Riles
(Signature of enlisted person.)

Subscribed and sworn to before me this 16th day of October A. D. 19 15.

D. H. Camden
Commanding.
(Commanding officer or notary public.)

8. 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 ONE YEAR, 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.)

9. MEDICAL CERTIFICATE.

Age, 19 years 4 months. Height, 5 feet 4 inches. Weight, 130 pounds. Eyes, gray Hair, brown
Complexion, fair Married, no Distinguishing marks, ------

I certify that I have carefully examined, in accordance with the regulations prescribed for the physical examination of applicants for [1] _____ enlistment in the Coast Guard, the before-named applicant for [1] _____ enlistment, 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.

_____

_____, *U. S. P. H. S.*

10. PREVIOUS SERVICE.

Previous service under the United States: 1 yrs. -- mos.
Coast Guard: 1 yrs. -- mos. Navy: _____ yrs. _____ mos. Revenue-Cutter Service: _____ yrs. _____ mos.
Army: _____ yrs. _____ mos. Marine Corps: _____ yrs. _____ mos. Life-Saving Service: _____ yrs. _____ mos.
Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service 1 yrs. -- mos.

11. ON RETIREMENT.

_____, 19 , _____, _____
(Date.) (Cause.) (Authority.)

12. ON DISCHARGE.

Date _____ Place _____
Kind of discharge _____, authority of _____
Discharged on account of _____
Is _____ recommended for reenlistment.
(If "not," so state.)

13. ON DEATH.

_____, 19 . _____, _____, _____
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

_____, _____
(Disposition of effects.)

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

2—7931

[1] In case of reenlistment prefix "Re."

14. ON TRANSFER.

_____, 19 . _____, _____
(Date.) (Vessel or station to which transferred.) (Authority.)

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

15. ON DESERTION.

_____, 19 . _____
(Date.) (Place.)

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

16. INOCULATION.

March, 1915. ; November 5, 1914.
(Date last vaccinated for smallpox.) (Date last received antityphoid inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

20. MERITORIOUS CONDUCT.

21. Record of RILES, EDWARD EARL

(Full name, surname to the left.)

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	SOBRIETY.	OBEDIENCE.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
MIAMI	10/16/15	sea.							
AVERAGES									

[1] State of health during enlistment: .....

[2] Proficient in .....

Certified to be correct:

.....

Executive Officer.[3]—*Keeper of Station.*[3]

Approved:

.....

Commanding Officer.[3]—*Superintendent* ..... *District.*[3]

INSTRUCTIONS.

(*a*) This form will be made and executed in triplicate or quadruplicate with all blank spaces filled in as required by regulations.

(*b*) The contract of enlistment will 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, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

(*d*) In case of enlistment, where the person states he has had service in the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized as required by paragraph 10 above.

(*e*) *Citizenship.*—Use expressions: "Native born;" "naturalized;" "alien, intentions declared;" "alien."

(*f*) No interlineations, erasures, alterations, or use of ditto marks will be permitted. Should an error be made, a light red-ink line will be drawn through it, the commanding or executive officer, district superintendent or keeper entering his initials alongside in ink.

(*g*) The signatures of commanding officers and district superintendents to all final entries on enlistment records shall be written, not stamped.

[1] State whether seasickness or other ailment materially interfered with duty.

[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 in red ink.

[3] Strike out words not applicable.

TREASURY DEPARTMENT,
U. S. Coast Guard.
Form 2500.

U. S. COAST GUARD
RECEIVED OCT 17 1916
ANS'D.

ENLISTMENT CONTRACT AND RECORD.

[1]RE ENLISTMENT of RILES, EDWARD EARL (Full name, surname to the left.) as seaman (Rating.)

U. S. Coast Guard Cutter Station MIAMI, District, Key West, Fla. (Location of vessel: P. O. address, station.)

(Draw line through designation not applying.)

1. I, Edward Earl Riles (Full name, surname to the right.), this 16th day of October, 19 15, 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, or Revenue-Cutter 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 Punta Gorda, Fla., on June 20, 1 896 Citizenship Native

Occupation Mariner Home address 5101 Nebraska Ave., Tampa, Fla.

Full name and address of the following: (Wife, if any.)

(Children under 16 years of age.)

(Mother, if living.)

David E. Riles (father) 5101 Nebraska Ave, Tampa Fla. (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. (If "not" so state.)

4. I was last discharged from the U. S. Coast Guard Oct. 15, 1915, from Cutter Station MIAMI (Strike out one.) (Name of cutter or station.)

with honorable (Kind of discharge.) discharge, herewith submitted.

5. I agree to and with Captain B.H. Camden (Name of comdg. officer, dist. supt., or keeper of station.) of the 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 Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard 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.

Thirdly, the said Captain B.H. Camden (Name of comdg. officer, dist. supt., or keeper of station.) for and in behalf of the United States, does hereby covenant and agree to and with the said Edward Earl Riles (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.

By Edward Earl Riles (Signature of enlisted person.)

B.H. Camden Captain, U. S. C. G. (Signature and rank of comdg. officer, dist. supt., or keeper of station.)

6. I certify to the signature of the above person enlisted, and that I have strictly complied with the Regulations of the United States Coast Guard governing enlistments in his case.

J. L. Ahern
Second Lieutenant, U. S. C. G. Enlisting Officer.

[1] In cases of reenlistment prefix "Re."

2—7931

7. OATH OF ALLEGIANCE.

I, Edward Earl Riles, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
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.

Edward Earl Riles
(Signature of enlisted person.)

Subscribed and sworn to before me this 16th day of October A. D. 19 15.

R. R. Camden
Commanding.
(Commanding officer or notary public.)

8. 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 ONE YEAR, 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.)

9. MEDICAL CERTIFICATE.

Age, 19 years 4 months. Height, 5 feet 4 inches. Weight, 130 pounds. Eyes, gray Hair, brown
Complexion, fair Married, no Distinguishing marks, ------

I certify that I have carefully examined, in accordance with the regulations prescribed for the physical examination of applicants for [1]_____enlistment in the Coast Guard, the before-named applicant for [1]_____enlistment, 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.

_____
_____, *U. S. P. H. S.*

10. PREVIOUS SERVICE.

Previous service under the United States: 1 yrs. -- mos.
Coast Guard: 1 yrs. -- mos. Navy: ____ yrs. ____ mos. Revenue-Cutter Service: ____ yrs. ____ mos.
Army: ____ yrs. ____ mos. Marine Corps: ____ yrs. ____ mos. Life-Saving Service: ____ yrs. ____ mos.
Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service 1 yrs. -- mos.

11. ON RETIREMENT.

_____, 19 , _____, _____
(Date.) (Cause.) (Authority.)

12. ON DISCHARGE.

Date October 15, 1916. Place Charleston, S.C.
Kind of discharge honorable, authority of Art. 371(a) Regulations.
Discharged on account of Expiration term of enlistment.
Is --- recommended for reenlistment.
(If "not," so state.)

13. ON DEATH.

_____, 19 . _____, _____, _____
(Date.) (Place.) (Cause.) (Place of burial
_____, _____
or disposition of remains.) (Disposition of effects.)
_____

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

2—7931

[1] In case of reenlistment prefix "Re."

14. ON TRANSFER.

....., 19 . ....., ...
(Date.) (Vessel or station to which transferred.) (Authority.)

Amount of pay due, $.....; Clothing drawn, $.....; Other deductions, $.....; Balance remaining due, $.....

15. ON DESERTION.

....., 19 . .....
(Date.) (Place.)

Amount of pay due, $.....; Clothing drawn, $.....; Other deductions, $.....; Balance remaining due, $.....

16. INOCULATION.

March, 1915.; November 5, 1914.
(Date last vaccinated for smallpox.) (Date last received antityphoid inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

20. MERITORIOUS CONDUCT.

21. Record of RILES, EDWARD EARL

(Full name, surname to the left.)

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	SOBRIETY.	OBEDIENCE.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
MIAMI	10/16/15	sea.		4	4	5	5	9/30/16	J. L. Aherne Temp'y Commanding.
AVERAGES				4	4	5	5		

[1] State of health during enlistment: Excellent

[2] Proficient in

Certified to be correct:

J. L. Aherne
Executive Officer.[3]—~~*Keeper of Station.*~~[3]

Approved:

J. L. Aherne
Commanding Officer.[3]—~~*Superintendent.*~~[3]

INSTRUCTIONS.

(*a*) This form will be made and executed in triplicate or quadruplicate with all blank spaces filled in as required by regulations.

(*b*) The contract of enlistment will 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, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

(*d*) In case of enlistment, where the person states he has had service in the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized as required by paragraph 10 above.

(*e*) *Citizenship.*—Use expressions: "Native born;" "naturalized;" "alien, intentions declared;" "alien."

(*f*) No interlineations, erasures, alterations, or use of ditto marks will be permitted. Should an error be made, a light red-ink line will be drawn through it, the commanding or executive officer, district superintendent or keeper entering his initials alongside in ink.

(*g*) The signatures of commanding officers and district superintendents to all final entries on enlistment records shall be written, not stamped.

[1] State whether seasickness or other ailment materially interfered with duty.

[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 in red ink.

[3] Strike out words not applicable.

HEADQUARTERS

TREASURY DEPARTMENT 73

UNITED STATES COAST GUARD

WASHINGTON October 18, 1916.

1st Indorsement.

U. S. COAST GUARD
REC'D OCT 30 1916
ANS'D By

To Commanding Officer, TAMPA.
Returned for compliance with Art. 310, Regulations.
Return paper.
By direction of the Captain Commandant.

C. E. Johnston

Acting Chief, Division of Operations.

Inclosure: Enlistment contract, October 16, 1916, Edward Earl Riles, seaman.

2nd Indorsement.

Charleston, S.C., Oct. 28, 1916. To: Captain Commandant.

Returned. Complied with Art. 310 Regulations as directed.

J. L. Ahern,
Temp'y Commanding.

TREASURY DEPARTMENT,
U. S. Coast Guard.
Form 2500.

U. S. COAST GUARD U. S. COAST GUARD
OCT 20 1916 RECEIVED OCT 17 1916
By

ENLISTMENT CONTRACT AND RECORD.

ANS'D.

[1] RE ENLISTMENT of RILES, EDWARD EARL (Full name, surname to the left.) as Seaman (Rating.)

U. S. Coast Guard Cutter Station TAMPA, District, Charleston, S.C. (Location of vessel: P. O. address, station.)
(Draw line through designation not applying.)

1. I, Edward Earl Riles (Full name, surname to the right.), this 16th day of October, 1916, 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 Punta Gorda, Florida, on June 20, 1896 Citizenship Native

Occupation Mariner Home address 5101 Nebraska Ave., Tampa, Fla.

Full name and address of the following:
(Wife, if any.)

(Children under 16 years of age.)

(Mother, if living.)

David E. Riles (father), 5101 Nebraska Ave., Tampa, Fla.
(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.
(If "not" so state.)

4. I was last discharged from the U. S. Coast Guard October 15, 1916, from Cutter Station TAMPA
(Strike out one.) (Name of cutter or station.)

with honorable discharge, herewith submitted.
(Kind of discharge.)

5. I agree to and with First Lieut. J. L. Ahern of the United States Coast Guard in manner and form following, that is to say:
(Name of comdg. officer, dist. supt., or keeper of station.)

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 of said Coast Guard 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.

Thirdly, the said First Lieut. J. L. Ahern for and in behalf of the United States, does hereby covenant and agree to and
(Name of comdg. officer, dist. supt., or keeper of station.)

with the said Edward Earl Riles, who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)

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.

Edward Earl Riles
(Signature of enlisted person.)

J. L. Ahern First Lieut., U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

6. I certify to the signature of the above person enlisted, and that I have strictly complied with the Regulations of the United States Coast Guard governing enlistments in his case.

J. L. Ahern,
First Lieutenant, U. S. C. G. Enlisting Officer.

2—7931

[1] In cases of reenlistment prefix "Re."

7. OATH OF ALLEGIANCE.

I, Edward Earl Riles, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
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.

Edward Earl Riles.
(Signature of enlisted person.)

Subscribed and sworn to before me this 16th day of October, A. D. 19 16

J. L. Akerss,
Temp'y Commanding, C.G.C. TAMPA
(Commanding officer or person authorized.)

CONSENT OF PARENT OR GUARDIAN

I hereby consent to the enlistment of Edward Earl Riles, of whom I am the father, in the U.S. Coast Guard, as seaman, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date October 27, 1916

David E. Riles
Signature of parent or guardian.

9. MEDICAL CERTIFICATE.

Age, 20 years 4 months. Height, 5 feet 4 inches. Weight, 130 pounds. Eyes, gray Hair, brown

Complexion, fair Married, no Distinguishing marks, Tattoo marks both arms

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, 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.

..... , U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: 2 yrs. -- mos.

Coast Guard: 2 yrs. -- mos. Navy: ..... yrs. ..... mos. Revenue-Cutter Service: -- yrs. -- mos.

Army: ..... yrs. ..... mos. Marine Corps: ..... yrs. ..... mos. Life-Saving Service: ..... yrs. ..... mos.

Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service 2 yrs. --- mos.

11. ON RETIREMENT.

....., 19 , ..., ..., ...
(Date.) (Cause.) (Authority.)

12. ON DISCHARGE.

Date ..... Place .....

Kind of discharge ....., authority of .....

Discharged on account of .....

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

13. ON DEATH.

....., 19 . ....., ..., ..., ...
(Date.) (Place.) (Cause.) (Place of burial or disposition of remains.)

.....
(Disposition of effects.)

Amount of pay due, $.....; Clothing drawn, $.....; Other deductions, $.....; Balance remaining due, $.....

2—7931

*Strike out letter not applicable.

14. ON TRANSFER.

_____, 19 . _____, _____
(Date.) (Vessel or station to which transferred.) (Authority.)

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

15. ON DESERTION.

_____, 19 . _____
(Date.) (Place.)

Amount of pay due, $_____; Clothing drawn, $_____; Other deductions, $_____; Balance remaining due, $_____

16. INOCULATION.

March, 1915; November 5, 1914
(Date last vaccinated for smallpox.) (Date last received antityphoid inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

20. CREDIT ATTAINED AT SMALL-ARM TARGET PRACTICE.

21. MERITORIOUS CONDUCT.

22. Record of RILES, EDWARD EARL

(Full name, surname to the left.)

SCALE OF MARKS: 0, Bad; 1, Indifferent; 2, Fair; 3, Good; 4, Very Good; 5, Excellent.

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
TAMPA	10/16/16	Sea.							
AVERAGES									

[1] State of health during enlistment: _____

[2] Proficient in _____

Certified to be correct:

_____

Executive Officer.[3]—*Keeper of Station.*[3]

Approved:

_____

Commanding Officer.[3]—*Superintendent* _____ *District.*[3]

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 regulations.

(*b*) The contract of enlistment will 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, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

(*d*) In case of enlistment, where the person states he has had service in the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized as required by paragraph 10 above.

(*e*) *Citizenship.*—Use expressions: "Native born;" "naturalized;" "alien, intentions declared;" "alien."

(*f*) No interlineations, erasures, alterations, or use of ditto marks will be permitted. Should an error be made, a light red-ink line will be drawn through it, the commanding or executive officer, district superintendent or keeper entering his initials alongside in ink.

(*g*) The signatures of commanding officers and district superintendents to all final entries on enlistment records shall be written, not stamped.

[1] State whether seasickness or other ailment materially interfered with duty.

[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 in red ink.

[3] Strike out words not applicable.

GENERAL INSTRUCTIONS

1933

1. A Health Record will be opened (issued) for each person commissioned, warranted, appointed, or enlisted in the Coast Guard: For cadets, upon reporting at the Academy; for an officer appointed from civil life, upon reporting at first unit; for enlisted persons, upon enlistment.

2. The medical officer, if any, shall have custody of the Health Records of all persons attached to the unit, including the personnel of smaller units attached to a larger unit. If there be no medical officer attached, the custody of the Health Records will devolve upon the executive officer, if he be a commissioned officer; otherwise the custody of the Health Records will devolve upon the commanding officer. The officer having custody of the Health Records shall be responsible for their proper care, continuation, and disposition.

3. In case of medical examination for promotion, retirement, annual commissioned officers' examination, or medical survey, the Health Record shall be furnished to the president of the board. If not received, it should be requested. When the board shall have finished with the Health Record, it shall be returned to its custodial officer. In all cases, brief notation of the findings of the board will be made on the Medical History Sheet, signed by the president of the board. This notation does not take the place of the full report which is submitted for administrative action.

4. A person on detached duty at some distance from where his Health Record would be kept may be given custody of his Health Record.

5. If a Health Record is lost or destroyed, a new one shall be immediately opened in full by the first custodial officer aware of such loss, who will note the fact in the new record and continue the record with such previous data as may be obtainable. If the old record be found, all data subsequent to its loss will be detached from the new and attached to the old record. A skeleton Health Record shall not be issued.

6. No photographs, folded papers, or forms are to be attached to the Health Record. The findings on laboratory and other reports in the case shall be entered on the Medical History Sheet.

7. **Transfer.**—Upon transfer of any person, except as a patient, the Health Record shall be forwarded through official channels to the new destination, or if the person is ordered to unusual, detached, or uncertain duty, it shall be retained or forwarded, as the case may be, with the person's service record. (See par. 4.)

8. The Health Record shall accompany a patient when transferred to or from hospital or when applying at an out-patient office. It shall not be forwarded through official channels, but shall be taken by the patient in a sealed envelope or by a responsible person accompanying him, and delivered with the patient to the official receiving the patient. Upon the patient's return to his unit the Health Record is to be delivered to the custodial officer.

9. If for any reason it becomes necessary to forward the Health Record to Headquarters, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

10. **Physical Examination Record.**—The Coast Guard Board or officer making the request for physical examination shall send to the medical board or officer two forms for phy[illegible]mination record, already made out down to but not i[illegible]ding place [illegible]he medical board or officer shall make out the rest [illegible] Physical [illegible] Record in duplicate. In case of appointments or [illegible]n of [illegible] rms shall be mailed by the board or officer direct [illegible] ar[illegible] otion is made the original will be forwarded to the [illegible] Record on top of the last Physical Examination [illegible]hall be retained, but altered to show the promotion [illegible]he Health Record is to be sent to Headquarters at [illegible]nent both forms shall be returned to the enlisting [illegible]he origin[illegible] eadquarters with other supporting [illegible]s been [illegible]ed. The duplicate will be placed [illegible]ord. [illegible] nlistment both forms will be for- [illegible]s for a[illegible] stment will not be effected until [illegible]med [illegible] arter's action. Upon receipt of [illegible]eadqu[illegible] e inserted in the Health Record.

[illegible]all be t[illegible] ible, and must be completely filled [illegible]he iten[illegible] in accordance with the instructions [illegible]king of [illegible] ons. If any space is insufficient, the [illegible]emarks[illegible]

[illegible]re and [illegible] defects of persons accepted for service [illegible]uard r[illegible] ed in order that no improper claims for [illegible] or pe[illegible] d. Particular attention should be paid [illegible]ition[illegible] squalifying but which might be made the [illegible]n cla[illegible] at they have developed or have become [illegible]hil[illegible] ice. Waivers may be recommended by the [illegible]a[illegible] the instructions relative to physical exami- [illegible]t[illegible] uthorized by the Commandant before the [illegible]

2—16139

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

RILES (Surname)

Edward E. (Given name-s)

B.M. 1c. (Rank or rate) 227-067 (Service number)

INSTRUCTIONS

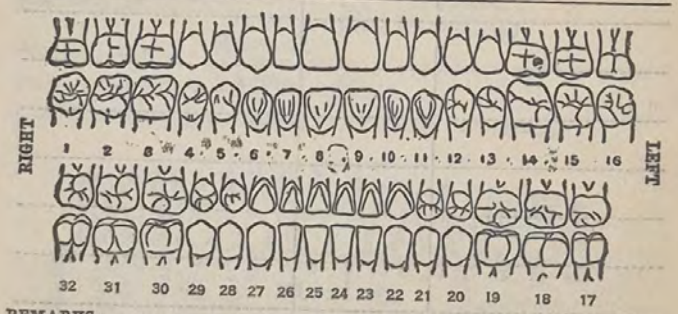
The Dental Record will be inserted as the top sheet in the Health Record.

This sheet will be prepared when an officer or man is first examined or treated by a dental officer, and subsequent entries will be made according to instructions.

The dental sheet should accompany a patient sent to another ship or station for dental treatment.

Upon the completion of treatment and the necessary entries over the signature of the dental officer, it will be sent to the officer having the custody of the Health Record.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS: _____

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



2—16140

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

DUPLICATE

PHYSICAL EXAMINATION RECORD

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

Name RILES, Edward E. Service Number
(Surname first)

Age: Years 45 Months 0 Color White

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

Rank or Rating Keeper, Fowey Rocks Light Station

Place Miami, Fla. Date 5-18-41

Personal Medical History Usual childhood diseases, Burn left leg 1915. Laceration of right foot 1928.

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

Color blind? No Test used Plates

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

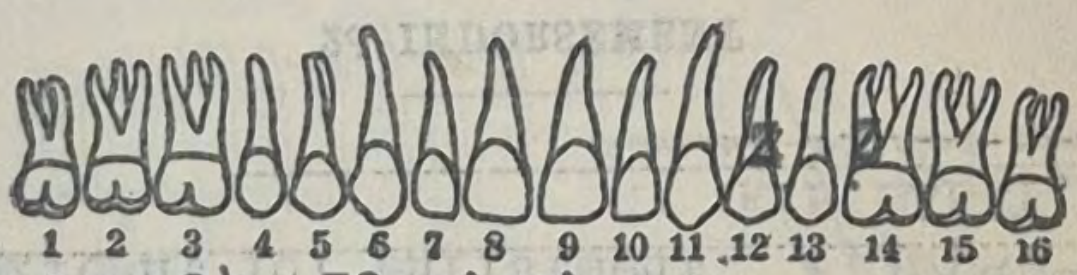
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

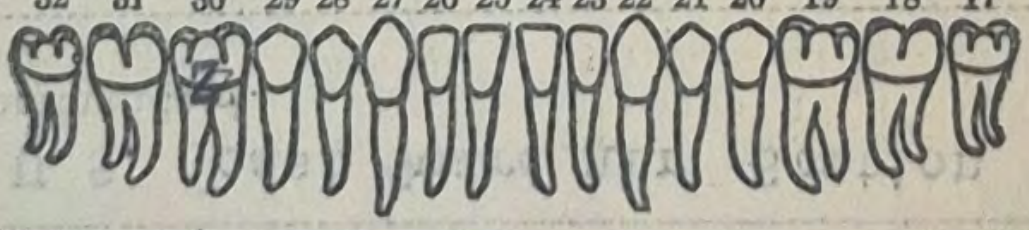
Mouth, nose, and throat Normal

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



12. 14, 30 missing.

(Right Side)



Gums Normal Temperature 37.2 C.

Height 67 1/4 inches. Weight (stripped) 132 Lbs. Obesity No

Skin Pityriasis rosea of trunk and thighs.

Lymph. glands Normal

Chest: Inspiration 37 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 140 Diastolic 92

Pulse before exercise 90, after exercise 102, after 2 min. 98

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Scar on left leg & rt. heel.

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds None

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.014

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 5-18-41 Result Neg.

2—16141

REMARKS: .....

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Enlistment
(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 .....

DURBIN T. YODER,

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

1st INDORSEMENT

5-22-41
(Date)

Place Miami, Florida.

From: U.S. Coast Guard Air Station

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment.

K.F. MALEY, Lieut.

Commanding Dist. Comdr. Or in Chg.

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington, D.C.

MAY 31 1941
(Date)

The findings of the certificate are not approved

By direction of the Medical Director

By direction of the Surgeon General:

T. LeBLANC,

Medical Director, U.S. Public Health Service.

CHIEF PHARMACIST

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.

To:

1. Commander, U.S.C.G. Air Station
Miami, Florida.

FORM NO. 2020 B

TREASURY DEPARTMENT
U.S. COAST GUARD

RECD MAY 19 1941

PHYSICAL EXAMINATION RECORD

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

Name RILES, Edward E. (surname first) Service Number .....

Age: Years 45 Months 0 Color White

For: Regular ~~temporary~~ enlistment.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating 1st. Asst. Keeper.

Place Miami, Fla. Date 5-8-41

Personal Medical History Usual childhood diseases. Burn left leg 1915. Laceration Rt. foot 1928.

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

Color blind? No Test used Plates

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

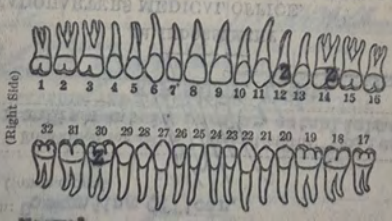
Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

Teeth (indicate on diagram: Missing, "4"; replaced, "x"; carious, "I".)



GENERAL INSTRUCTIONS

1933

Record will be opened (issued) for each person commissioned, pointed, or enlisted in the Coast Guard: For cadets, upon reporting y; for an officer appointed from civil life, upon reporting at first d persons, upon enlistment.

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detached duty at some distance from where his Health Record ay be given custody of his Health Record.

Record is lost or destroyed, a new one shall be immediately the first custodial officer aware of such loss, who will note the ecord and continue the record with such previous data as may f the old record be found, all data subsequent to its loss will the new and attached to the old record. A skeleton Health e issued.

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on it becomes necessary to forward the Health Record to

By direction of the Surgeon General:

J. LeBLANC,
Medical Director, U.S. Public Health Service
CHIEF PHARMACIST

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

From: Commandant. 3 June, 1941
To:
1. Commander, U.S.C.G. Air Station
Miami, Florida.

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

RECD MAY 19 1941

PHYSICAL EXAMINATION RECORD

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

Name RILES, Edward E. Service Number
(Surname first)

Age: Years 45 Months 0 Color White

For: Regular [redacted]y enlistment.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating 1st. Asst. Keeper.

Place Miami, Fla. Date 5-8-41

Personal Medical History Usual childhood diseases.
Burn left leg 1915. Laceration Rt. foot 1928.

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

Color blind? No Test used Plates

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

Eyes, eyelids, and reflexes Normal

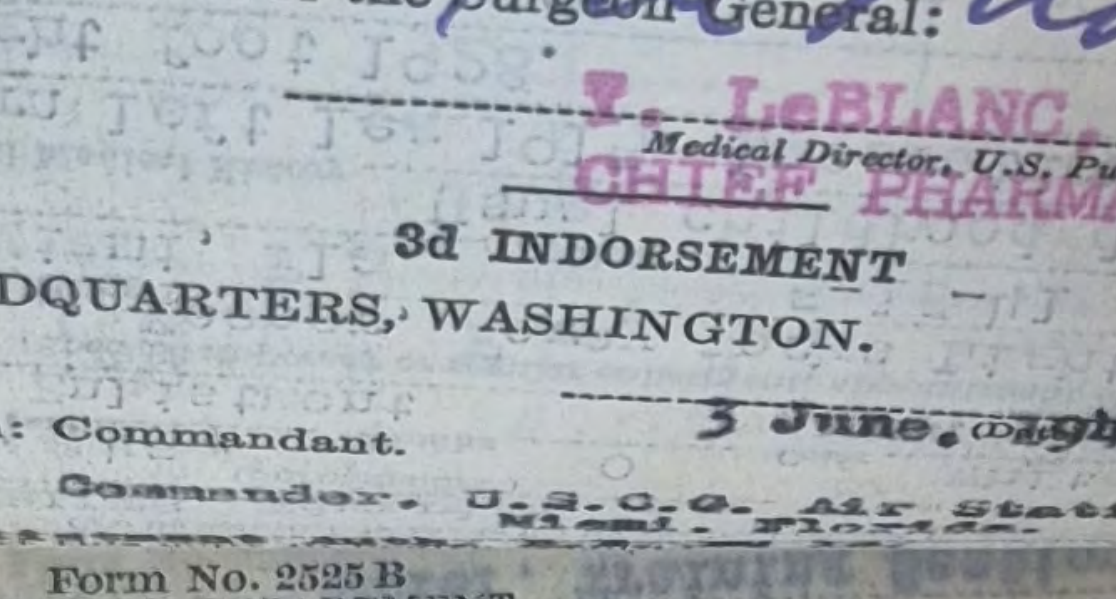
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



Gums Normal Temperature 37.2 C.

Height 67½ inches. Weight (stripped) 145 Lbs. Obesity No

Skin Macular eruption on trunk and thighs. (pityriasis rosea)

Lymph. glands Normal

Chest: Inspiration 37 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 140 Diastolic 92

Pulse before exercise 90, after exercise 102, after 2 min. 96

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds no

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.014

Blood cells Pus cells Casts

Blood (if indicated) Hb %. Reds Whites

Wassermann or Kahn test: Date 5-12-41 Result Neg.

2—16141

REMARKS: None

CERTIFICATE

~~I~~ } certify that { ~~I~~ } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Regular enlistment
(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 _____

Durbin T. Yoder

DURBIN T. YODER,

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

1st INDORSEMENT

12 May, 1941.
(Date)

Place U.S. Coast Guard Air Sta. Miami, Fla.

From: Commanding Officer.

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment in regular establishment.

K.P.MALEY, Lieut.

Commanding ~~Dist. Coast Guard Officer in Charge~~

2d INDORSEMENT

HEADQUARTERS MEDICAL OFFICE.

U.S. COAST GUARD, Washington.

MAY 20 1941
(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.

20 MAY 1941
(Date)

From: Commandant.

To: Commander, Jacksonville District

1.

ENLISTMENT AUTHORIZED AS B.M.1c R.E.

Insert this copy in health record.

By direction.

FORM NO. 2525 C
TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name RILES, Edward E.
(Surname first)

Rank or rating B.M.1c. Service number 227-067

SMALLPOX VACCINATION

Number of prior scars one

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
6-28-41	D.C.A.	IR	D.C.Adkins, PhM1c

COPY MATERIAL

Via: U.S. Coast Guard Air Sta. Mat. Fla.
From: Commanding Officer.
To: Commandant.

1. Forwarded for action [illegible] for enlistment in [illegible]

[illegible]
Commanding.

2d INDORSEMENT
HEADQUARTERS MEDICAL OFFICE.
U.S. COAST GUARD, Washington.

MAY 20 1941
(Date)

The findings of the certificate are not approved

By direction of the Surgeon General.

[illegible]
Medical Director, U.S. Public Health Service

3d INDORSEMENT
HEADQUARTERS, WASHINGTON.
20 MAY 1941
(Date)

From: Commandant.
To: Commander, Jacksonville District

TREASURY DEPARTMENT
U.S. COAST GUARD

VACCINATION AND INOCULATION RECORD

Name RILES, Edward E.
(Surname first)

Rank or rating B.M.1c. Service number 227-067

SMALLPOX VACCINATION

Number of prior scars one

Date	Signature of Medical Officer Vaccinating	Result	Signature of Medical Officer Observing Result
6-28-41	D.C.A.	IR	W.C. Watkins D.C.Watkins, PhM1c
2-6-42	Intramuscular typhoid	1cc	W.C.Watkins
4-3-42	" "	1cc	W.C.Watkins

ENTER RESULT AS: "PR"; "AR"; "IR"; OR "F"
(See instructions on back)

Blood type

TYPHOID AND PARATYPHOID PROPHYLAXIS

Dates Administered			Signature of Medical Officer
First	Second	Third	

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

Age 45

(Signature of medical officer)

2—16142

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.)

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9. If for any reason it becomes necessary to forward the Health Record to Headquarters, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

10. **Physical Examination Record.**—The Coast Guard Board or officer making the request for physical examination shall send to the medical board or officer two forms for physical examination record, already made out down to but not including place and date. The medical board or officer shall make out the rest of the Physical Examination Record in duplicate. In case of appointments or promotion of an officer, both forms shall be mailed by the board or officer direct to Headquarters. When promotion is made the original will be forwarded to the unit for insertion in the Health Record on top of the last Physical Examination Record. The Health Record shall be retained, but altered to show the promotion and new rank. No part of the Health Record is to be sent to Headquarters at this time. In case of enlistment both forms shall be returned to the enlisting officer, who will forward the original to Headquarters with other supporting papers after enlistment has been accomplished. The duplicate will be placed in the man's Health Record. In cases of reenlistment both forms will be forwarded to Headquarters for action and reenlistment will not be effected until duplicate copy is returned showing Headquarter's action. Upon receipt of duplicate copy from Headquarters same will be inserted in the Health Record.

11. The record shall be typewritten, if possible, and must be completely filled in as called for by the items on the form and in accordance with the instructions relative to the making of physical examinations. If any space is insufficient, the space under "Remarks" may be used.

12. The nature and degree of all physical defects of persons accepted for service in the Coast Guard must be fully described in order that no improper claims for compensation or pension may be allowed. Particular attention should be paid to those conditions which may not be disqualifying but which might be made the basis of such claims on the ground that they have developed or have become disabling while the person was in service. Waivers may be recommended by the medical examiner in accordance with the instructions relative to physical examinations, but the waiver must be authorized by the Commandant before the person is accepted.

2—16139

MEDICAL HISTORY

Surname RILES, Service No. 227-067

Christian name-s Edward E.

STATE NAME OF PLACE DATE EACH NEW ENTRY

Relief Station

Miami, Florida Date: 2/9/42

History: Patient struck telephone pole while driving car Saturday, 2/7/42. Was taken to Jackson Memorial Hospital where sutures were placed in head and emergency work done.

Examination: 5 silk sutures in laceration extending up between right eybrow and nose. Abrasions of right wrist. Also complains of pain in chest & exam. negative. Both eyes are black and blue.

Treatment: No Treatment.

2-22-42: Patient complaining of cough and ~~expectoration. Terpine Hydrate with codein~~ given.

2-26-42: Examination today reveals chest emphysematous. Expansion limited both sides and appears to be more limited ~~on right then left.~~ Retraction of intercostal spaces on breathing . Breath sounds distant especially at right base.

Impression: Bronchectases chronic.

2-26-42: X-ray report of Dr. Raap: ~~X-ray examination of the chest~~ shows the bony framework , heart , aborta and diaphragms normal. All the markings in ~~the peripheral~~ both lungs field show accentuation, particularly in the peripheral ~~markings. This is the type of thing one~~ often sees in a post-influenza. There is no evidence of infiltration. The chest is ~~slightly emphysematous. This flat film~~ does not at all suggest a bronchiectasis.

R.B. HAAS, P.A.Surg, USPHS.

Relief Station

Miami, Florida DATE: 2/6/42.

DIAGNOSIS: Anti-inoculation for

TETANUS.

Vaccinated with TETANUS TOXOID.

(Alum precipitated).

1st injection - 2/6/42.

2nd injection - 4-3-42 - 10 CC.

Blood type - 2/6/42 - Type "O".

Durbin T. Yoder

Durbin T. Yoder

A. A. Surgeon, U.S.P.H.S.

GENERAL INSTRUCTIONS
1933

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2—16139

MEDICAL HISTORY

Page 3

Surname RILES Service No. 227-067

Christian name-s Edward E.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

Relief Station

Miami, Florida Date 2-9-42

3-2-42: Feels slightly improved. Pains in chest slight. No appetite. ~~Riles have check up.~~ Treatment: Brewers yeast as advise.

3-4-42 Improved. Soreness in chest with cough has persisted. Advise not to return to light house Friday. Report here first of week.

3-9-42: Fit for duty, discharged, 18 eighteen days off duty, and nine (9) days off on own time.

Randall B. Haas

Randall B. Haas

P.A.Surgeon, USPHS

U.S.C.G. Air Station, Miami, Fla.

March 2, 1942.

Upon the recommendation of U.S.P.H.S granted 5 days convalescent sick leave.

Returned to regular duty 3-7-42.

D. C. Adkins

D. C. Adkins, Ph.Mlc.

Dispensary, C.G. Miami Fla

Date: 19 December 1942

Diagnosis: #4049 Drowning

Status: Incident of service and not due to

2—16143

the man's misconduct.

History: Was called to
resuscitate above named
man - was taken out
on ~~mat~~ boat by life
rescue squad & resus-
citation started by
boat crew. rescue squad
worked on him 1½ hrs
results. On arriving at
sick bay pt. was given
Metraz. 2 cc and intra-
cardial injection of
adrenalin. No pulse or
heart beat. Resuscitation
efforts - & pt pronounced
dead at 4 P.M.

J. K. Albrecht
Asst Surg. U.S.P.H.S.

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2—16139

Form No. 2325 E
TREASURY DEPARTMENT
U.S. Coast Guard

TERMINATION OF HEALTH RECORD

Name RILES, Edward E.

Rating B.M.1c/ Service Number 227-067

Place C.G. Miami, Fla. Date 12-19-42

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 471 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 471 Regulations.

Rank or Rating, U.S. Coast Guard.

Service terminated 19 December 1942 (Date)

At Captain of Port, Miami, Fla. (Place)

By reason of Drowning (Expiration enlistment, physical disability, undesirability, desertion, etc.)

R. R. HUNT,
Lieut. Comdr. USCGR (Rank) Custodial Officer.

2—16144

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) Contusion of left parietal region. Abrasion of left knee. No fracture or dislocation. X-ray not necessary at present. Multiple 2 cc. aseptic intra-cardial injection of adrenaline. No pulse or heart beat could be elicited. Pt. pronounced dead at 4 P.M.

F. H. Abbott
Lieut. (jg) U.S.P.H.S.

ABSTRACT OF SERVICE

Ship or station	Date attached	Date detached
Air Station Miami, Florida	6/19/41	9-2-42
CoTP, Miami, Fla.	9-2-42	12-19-42

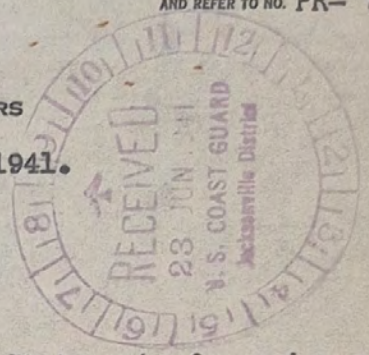
Form 2511
TREASURY DEPARTMENT
U. S. COAST GUARD
Form approved by Comptroller General U. S.
October 30, 1930

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. PR- 73.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 June, 1941.



From: Commandant.
To: Commanding Officer, MIAMI AIR STATION.

Subject: RILES, Edward Earl (140-217) ex-Cox.: 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
10-16-14	10-15-15 H D	None		None		None	
10-16-15	10-15-16 H D	None		None		None	
10-16-16	10-25-18 H D	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	4	0	10
Navy service			
Other service			
Total	4	0	10

Completed years service

By direction:

F. E. Allison

F. E. ALLISON,

Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

AIR STATION (Unit) — Miami, Florida (Place)

140-219

1 July, 1941 (Date)

From: RILES, Edward Earl ~~(227-067)~~ B.M. 1c.

To: Commandant (via Commanding Officer)

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:

Mary Jeanette Riles (Full name of wife; if not married, so state)	3172 Indiana Street, Miami, Florida (Address of wife)
Evelyn Juanita Riles (Full name of child; if none, so state)	As above (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:

J. B. Riles (Full name of relative)	Brother (Relationship)	Tampa, Florida (Address of relative)

POTENTIAL
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

Witnessed by: K. P. MALEY,

Rank Lieutenant, U.S.C.G.

Signed: Edward Earl Riles

Rank or Rating B.M. 1c.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF RILES, Edward Earl
(Full name, surname to the left)

140-217
~~227-067~~
(Service No.)

9. LEAVE ACCOUNT
WITH PAY

Ship or station	Date		Number of days	Balance		Signature of executive officer or officer in charge
	Departed	Returned		Annual	Reenlist	
MIAMI AIR STATION	Credit			30	0	J.F.C. McCue, Lt.
AIR STATION, Miami	Credit	7-1-42		30	0	J. F. HARDING

2—13678

RECORD OF RILES, Edward Earl (Full name, surname to the left) 227-067 (Service No.)

10. ABSENT FROM DUTY

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

Ship or station	Number of days	From—	To—	Remarks	Signature of executive officer or District Commander
AIR STATION, MIAMI	NO DEDUCTIBLE TIME	WHILE ATTACHED TO THIS UNIT			K.P. Maley K.P.MALEY

11. EXTENSION OF ENLISTMENT AND REASON THEREFOR

12. ON DISCHARGE

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

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

Discharged on account of .....

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

13. ON DESERTION

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

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

RECORD OF RILES, Edward Earl
(Full name, surname to the left)

140-217
~~227-087~~
(Service No.)

14. ON RETIREMENT

(Date), 193 (Cause) (Authority)

15. ON DEATH

19 December, 1942. 193 (Date) Fower Rock Light (Place) Drown (Cause) Miami, Florida. (Place of burial)

(or disposition of remains) Not yet disposed of. (Disposition of effects)

Was death incident to service? Yes. (Board of investigation held, findings not yet reached).

R. H. HUNT, Lieutenant Commander, USCGR,
Commanding Officer.

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

(Yrs.) (Mos.) (Days)

(Notations under article 10 to be considered when executing this article. *Days* under article 10 to be reduced to *months* and *days* for longevity purposes, as set forth in Pay and Supply Instructions.)

17. CERTIFICATE ON DESERTION

Certified to be correct date of desertion ....., 193

Commanding Officer—District Commander.

2—13678

RECORD OF RILES, Edward Earl (Full name, surname to the left) 227-067 (Service No.)

7. SPECIAL QUALIFICATIONS

Ship or station	Date	Proficient in—	Signature of executive officer or District Commander

8. DETAILS

Ship or station	Date		Duty	Signature of executive officer or District Commander
	From—	To—		
FOWEY ROCKS LIGHT STATION	7-1-41	9-2-42	LIGHT ATTENDANT	W.D. Shields W.D.SHIELDS

2—13678

Form 2500-C
TREASURY DEPARTMENT
U. S. Coast Guard
Revised July 1935

140-217
~~227-067~~

RECORD OF RILES, Edward Earl
(Full name, surname to the left)

(Service No.)

1. TRANSFERS

Departed from—		Reported to—	
Vessel or station	Date	Vessel or station	Date
AIR STATION, Miami, Florida.	9-2-42		

2. CHANGES IN RATING

Vessel or station	Rated or disrated to—	Date

2—13678

Record of RILES, Edward Earl (Full name, surname to left) 140-217 Service No.

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader men	Special qualification or Special detail	Conduct	Signature
12-31-41	B.M.1c	3.3	3.5	3.3	3.3	Miami Air Station	4.0	K.P.MALEY
3-31-42	B.M.1c	3.3	3.4	3.3	3.3	AIR STATION, Miami	4.0	K.P.MALEY
6-30-42	B.M.1c	3.3	3.4	3.3	3.3	AIR STATION, Miami	4.0	K.P.MALEY
9-2-42	B.M.1c	3.3	3.4	3.3	3.3	AIR STATION, Miami	4.0	K.P.MALEY
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of Qualification	Signature

Form 2500
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised August 1938

ENLISTMENT CONTRACT

1140-217

REENLISTMENT of RILES, Edward Earl (227-067) as B.M. 1c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station AIR STATION, Jacksonville District, Miami, Florida
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Miami, Florida
(Place)

1. I, Edward Earl Riles, this 1st day of July, 1941, desiring
(Full name)
to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows:

2. I was born in Punta Gorda, on 20 June, ~~1941~~ 1896 Citizenship [a] NB

If naturalized, place and date of naturalization ____ Certificate No. ____

If intentions declared, place and date of declaration ____

Home address 3172 Indiana Street, Miami, Florida

Full name and address of the following: Mary Jeanette Riles, 3172 Indiana Street, Miami, Fla.
(Wife, if any)
Evelyn Juanita Riles, (born 22 May, 1930) address as above.
(Children under 21 years of age. Specify ages of children)

deceased
(Mother, if living) Widowed? ____

(Next of kin, or person interested, if there are none of the above)

3. I certify that I am prepared to support my dependents on pay received for service under this enlistment and that there do not now exist, nor can I foresee, any circumstances connected with the support of my dependents nor any conditions in my domestic affairs which would cause me to seek a discharge on account of dependency or the need for my presence at home, prior to the expiration of this enlistment.

4. I certify that the contract of enlistment has been read by me and fully explained by the enlisting officer and that no promises of any kind have been made to me concerning assignment to duty or promotion during my enlistment.

5. I further certify that I have never been arrested for any crime by civil authorities; that I have never been convicted of any crime by civil authority, and that I have never been confined in any reform school, jail, or penitentiary, except as follows:

never arrested
(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 25 October, 1918, from ~~Cutter~~ Station TAMPA
(Strike out one)
with Honorable discharge, herewith submitted, serial No. unknown
(Kind of discharge)

9. I agree to and with the United States of America, represented by W.L.HANCOCK, Jr. Lieut.(jg), 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 THREE YEARS from the date first above written, unless sooner discharged by proper authority; and also to the condition that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency, to subserve the interests of the Government; and to the further condition that the said period shall be extended to make good any time in excess of one day lost through unauthorized absence or by absence on account of injury, sickness, or disease, resulting from my own intemperate use of drugs or alcoholic liquors, or other misconduct, or while in confinement under sentence, or while awaiting trial and disposition of my case if the trial results in conviction, so that such extension with the time served by me prior thereto will amount to a full term of THREE YEARS, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the United States Coast Guard, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and such other preventive measures as may be considered necessary by Coast Guard authorities. If discharged by sentence of a Coast Guard court, or by reason of bad conduct or undesirability, I agree to surrender my uniforms for a suit of civilian clothes.

Thirdly, the United States of America, represented by W.L. HANCOCK, Jr. (Lieut.,(jg) United States Coast Guard, does
(Name of enlisting officer)
hereby covenant and agree to and with the aforesaid Edward Earl Riles who has hereunto signed his
(Name of person enlisting)

[a] Citizenship: Use expressions "NB" for native-born; "NZ" for naturalized; "AD" for alien, intentions declared; "A" for alien; "NPI" for native of Philippine Islands; "NPR" for native of Puerto Rico.

U. S. GOVERNMENT PRINTING OFFICE 16—8420

name, that he shall be paid in consideration of such services, the amount now established, or that may be established, by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Edward Earl Riles

Edward Earl Riles
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By W. L. Hancock, Jr.
W. L. HANCOCK, JR., Lieutenant (jg)
(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.

W. L. Hancock Jr.
W. L. HANCOCK, JR., Lieutenant (jg) U.S.C.G.
....., *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Edward Earl Riles (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.

Edward Earl Riles
Edward Earl Riles
(Signature of enlisted person)

Subscribed and sworn to before me this 1st day of July, A. D. 19 41

K. P. MALEY,
Lieutenant, U.S.C.G.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 45 years - months. Height 5 feet 7¼ inches. Weight 132 pounds. Eyes Green

Hair Brown Complexion Ruddy Color white Married Yes

Distinguishing marks Tatoo- woman's body on both arms, dragon's head l. arm numerous tatoos both forearms.

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.

16—8420

Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. COAST GUARD
November 1939

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Miami, Florida.
(Place)

14 July, 1941.
(Date)

To Chief of Police, Miami, Florida.

DEAR SIR:

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

RILES, Edward E.
(Name of applicant)

45	65" Inches	132	White
(Age)	(Height)	(Weight)	(Color)

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

Has the above-named man, from the records of your office, been in: (1) Reform school? No (2) Jail? No (3) Penitentiary? No (4) Convicted of crime? No (5) Arrested for any offense? No To your knowledge is he married or single? ———

W. L. HANCOCK,
Lieut. *Recruiting Officer.*

JUL 14 1941
(Date)

To Recruiting Officer, Miami, Florida.

The above information is submitted from the records of this office.

BUREAU OF CRIMINAL IDENTIFICATION
POLICE DEPARTMENT
MIAMI, FLORIDA

U. S. GOVERNMENT PRINTING OFFICE 16—9747

per Lieut. Louis Luigi
Chief of Police.

DO NOT FOLD THIS FORM

Classification No. ..... 1 T (t) 7 / T (t) 12

RIGHT HAND

16—9747

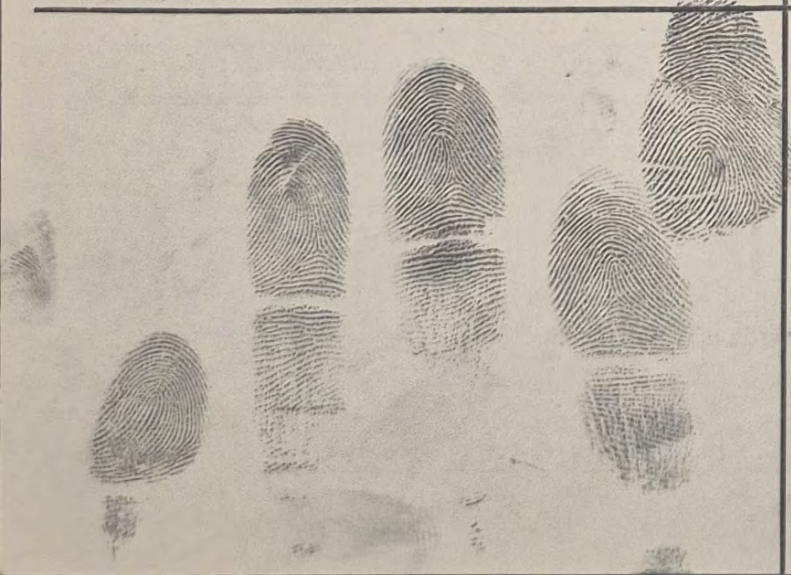
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



Form 2679 (Revised)
TREASURY DEPARTMENT
U. S. Coast Guard
November 1939

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Miami, Florida
(Place)
14 July, 1941.
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To Chief of Police, Miami, Florida.

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RILES, Edward, E.
(Name of applicant)

45 (Age) 65" (Height) 132 (Weight) White (Color)

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

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To your knowledge is he married or single? —

W.L. HANCOCK,
Lieutenant.
Recruiting Officer.

To Recruiting Officer, Miami, Florida.

JUL 14 1941
(Date)

The above information is submitted from the records of this office.

BUREAU OF CRIMINAL IDENTIFICATION
POLICE DEPARTMENT
MIAMI, FLORIDA

T. Leslie Quigg, by
H. Jones Osborn
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FORM

Classification No. .....

RIGHT HAND

16—9747

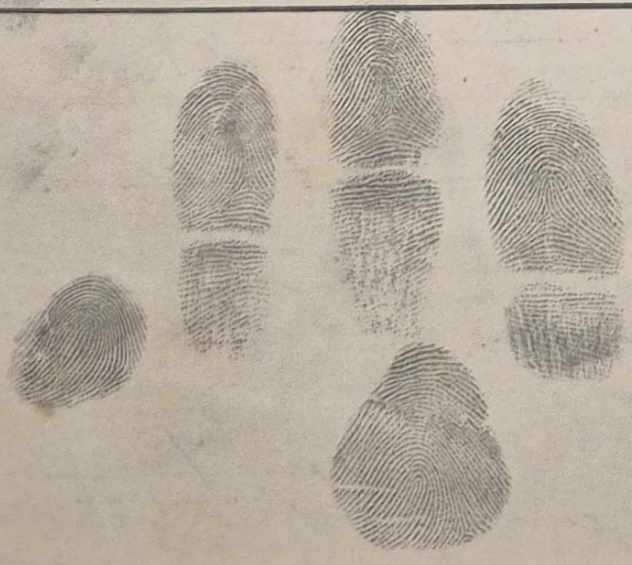
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				

LEFT HAND

6. Thumb	7. Index	8. Middle	9. Ring	10. Little
				

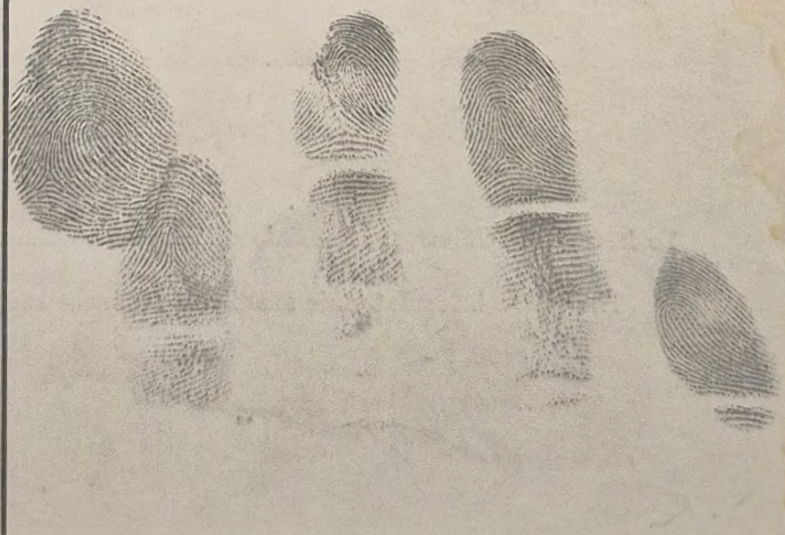
LEFT HAND

Plain impression of the four fingers taken simultaneously and of the thumb



RIGHT HAND

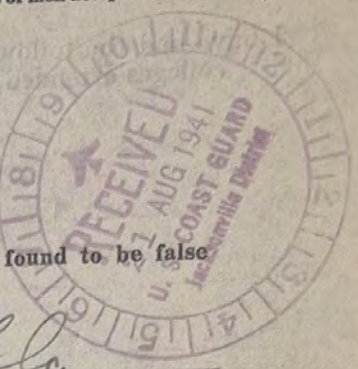
Plain impression of the four fingers taken simultaneously and of the thumb



Form 2520
TREASURY DEPARTMENT
U. S. Coast Guard
Revised Dec. 1938

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

APPLICATION FOR ENLISTMENT



Position desired Boatswain Mate 1st Class

WARNING

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

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

Miami Fla
(Place)

1 July 1941, 19
(Date)

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

Name in full Edward Earl Riles

Date of birth 30th June 1896

Place of birth Punta Gorda Fla. Citizenship N B

Home address 3172 Indiana St Miami Fla.

Are you married? Yes Number and relationship of persons dependent on you for support? 2

Wife Mary Jeanette Riles and daughter Evelyn Juanita Riles (above address)

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

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

Name and address of next of kin ____

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

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U S Coast Guard	Washington D C		10-7-26	6-30-41	1st Class Yeoman

Do you drink intoxicating liquors? If so, to what extent? Moderately

Have you ever been arrested? If so, for what? Never

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

2—13412

(OVER)

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



Have you ever served in the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve? ____

If so, state which U S Coast Guard

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

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

Have you ever applied for enlistment in the Coast Guard? Yes

When did you apply? 10/16/14 Where? Key West Fla

Were you accepted or rejected? accepted If rejected, state why ____

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

Edward Earl Pike

(Sign your full name here) ____

Accepted or rejected accepted Cause of rejection ____

Date 1 July 1941

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

Wallace L. Hancock Jr.
Lieut. U. S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

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

Died on
Dec. 19, 1942

Service Record

No C.S.C.

RILES,
(Surname)

Edward Earl (Christian names) ~~227-067~~ 140-217 (Service No.) NB (Citizenship)

B.M. 1c (Enlisted as) 1 July, 1941 (Date) THREE (Term of years)

AIR STATION (Ship or station) Miami, Florida (Place)

2—13678



INSTRUCTIONS

ARTICLE 3.—Marks to be assigned upon transfer and upon discharge, even though the period is less than one month.

ARTICLE 6.—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 7.—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 8.—Record details to duty drawing extra compensation, such as messman, mail clerk, etc., ...ial duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction

IDENTIFICATION NEGATIVE

140-217
Service Number

E.E. Riles
Name

B.M. 1c
Rank or Rate

U.S.C.G.

For Service Record

...riods during which a accurate record shall

...f drugs or alcoholic

...a Coast Guard court ...nnel Instructions and

...bsence, as follows:

...from own intemperate

...trial by a Coast Guard Personnel Instructions

ARTICLE 14.—On retirement this certificate ... will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—On desertion this certificate will be executed, but Article 18 will *not* be executed.

ARTICLE 18.—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 possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

FILE.
C. P. C.

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
RECD. JUN 11 1917 By
ANSD.

U. S. S. TAMPA {*Cutter. / *Station,} Key West District.

Key West, Fla., (Place.)

May 22, 1917.

To Surgeon in Charge
U. S. Public Health Service,
Marine Hospital, Key West, Fla.

Sir:

You are hereby requested to examine E. E. Riles {*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.

P F Rouch 2nd Lieut.
(Title of officer signing request.)

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

Signature of person named above Edward E. Riles

Rate Quartermaster.

Nativity Native born; age, 20 years; height, 5 feet 4 inches; color of eyes, gray; color of hair brown; distinguishing marks Tattoo marks, both arms.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Key West, Fla., (Place.)

May 22, 1917.

I certify that I have examined E. E. Riles and find that he is now suffering from Bronchitis ~~Tonsilitis~~ acute, 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 10 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 May 22, 1917

*Furnished first office treatment ——, 191

G. H. Stuart
*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 E. E. Riles {*was discharged from hospital / *received last office treatment} at 9.15 {a. m. / p. m.} May 29, 1917; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

G. H. Stuart
*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 10:00 {a. m. / p. m.} May 22, 1917.

Returned to duty 10:00 {a. m. / p. m.} May 29, 1917.

Chas Stone

*Commanding Officer.

* Strike out words not applicable.

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 ON BACK.)

FILE
C. P. C.

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 JUN 4 1917 BY
ANS'D

U. S. S. TAMPA, {*Cutter. / *Station,} Key West District.

Key West, Fla., (Place.)

May 22, 1917.

To Surgeon in Charge
U. S. Public Health Service,
Marine Hospital, Key West, Fla.

Sir:

You are hereby requested to examine E. E. Riles, {*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.

P. F. Roach 2nd Lieut.
(Title of officer signing request.)

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

Signature of person named above .....

Rate Quartermaster.

Nativity Native born; age, 30 years; height, 5 feet 4 inches; color of eyes, grey; color of hair brown; distinguishing marks Tattoo marks, both arms.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Key West, Fla., (Place.)

May 22, 1917

I certify that I have examined E. E. Riles and find that he is now suffering from Bronchitis, acute, 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 20 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 May 22nd, 1917

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

G. McCullough
*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

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

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

SUPT. OF LT. HS. OCT 10 1939 KEY WEST, FLA.

Department or Establishment U.S.L.H.S. Date 10/4/39

1. Name in full (Mr., ~~Miss, or Mrs.~~) Edwards (Surname) Earl (Given name) Niles (Middle name)
2. Present address 3637 SW 32nd Terrace (Number) (Street) Miami (City) Fla. (State)
3. Legal (voting) residence Fla 4th Dist (State and Congressional District) Dade (County) Miami (City or town)
4. Where born Florida (State or foreign country) Punta Gorda (City or town) When born 6/20/96 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you Two 30 and 9 respectfully
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U.S.P.H.S.	Tampa Bay	Gas Engineman							
	Quarantine	Fumigator	1420	Sept	1	26	Sept	30	29
U.S.L.H.S.	7th Dist								
	Key West Fla	Assistant Keeper	1560	Oct	7	29			
U.S.E.D.	Dredge Bonnard								
	Tampa	Deckhand about 5 months				1925			

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

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

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

(Title) (Location) (Date appointment expires)

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

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

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

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

Enlisted 10/16/14	Discharged 10/25/18	Enlisted	Discharged
Rank Boy 2 Class	Rank Coxswain	Rank	Rank
Organization USRC Miami	Organization USS Tampa	Organization	Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) Mechanic, have Civil Service papers for Marine Gasoline Engineer, Served apprenticeship as Sign & Coach Painter

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
U S Merchant Marine	AB - Quartermaster and Boatswain	1918 to 1926
Tampa Sign Co Tampa Fla	Apprentice	3 years 1911 - 1914
Tampa Electric Co Tampa	Painting Struct Cons	9 months 1921

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 7 (8)	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs E E Riles

Relationship Wife Post office address Box 184 Coconut Grove Fla

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

Edward E Riles

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form has not been sent to the Department

Form 73
Ed. April, 1929

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 7th DISTRICT,

Key West, Florida (City) April 25, 1932 (Date), 19____

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Edward E. Riles

Position, 2nd Assistant Keeper

Location, Fowey Rocks L. H. Florida

Effective, May 1, 1932

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

Former position, 2nd Assistant Keeper

Location, Fowey Rocks L. H. Florida

Legal residence, Florida

Proposed salary, $1500.

Proposed range, $1440-1800

Appropriation, Salaries, Keepers of Lighthouses

Former salary, $1440.

Former range, $1380-1740

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

Previous incumbent, Himself (Lt.#674) Services terminated,

Reason,

Members of family in Government service, None

Date of birth, June 20, 1896

Remarks:

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

For and in the absence of the Superintendent

H W Haskins

Secretary, Civil Service District. Assistant Superintendent

BUREAU OF LIGHTHOUSES April 27, 1932
WASHINGTON

Submitted to the Secretary of Commerce, approved, attention being invited to Department letter of April 5 approving the reallocation of this station.

W. P. HAPPER
Acting Commissioner of Lighthouses

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

11—2314

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 3, 1932.

Mr. Edward B. Riles,

Through the Commissioner of Lighthouses.

Sir:

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

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER.

Chief of Appointment Division.

From: $1440 per annum.

To: $1500 per annum.

Service and grade: Field.

Appropriation (unit):

7
E

GOVERNMENT PRINTING OFFICE 11—9051

Form 73
Ed. April, 1929

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 7th DISTRICT.

Key West, Florida (City) May 11, 1932 (Date), 19

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Edward E. Niles

Position, 1st. Assistant Keeper

Location, Fowey Rocks Lighthouse, Florida

Effective, June 1, 1932

Legal residence, Florida

Proposed salary, $1560

Proposed range, $1500-$1860

Appropriation, Salaries, Keepers of Lighthouses

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

Former position, 2nd Assistant Keeper

Location, Fowey Rocks Lighthouse, Florida

Former salary, $1500

Former range, $1440-$1800

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

Previous incumbent, Hamilton S. Perry (Lt. #673) Services terminated, May 31, 1932

Reason, Promotion

Members of family in Government service, None

Date of birth, June 20, 1896

Remarks:

now held in Bur pending receipt of letter in connection with Richards transfer

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

Secretary, Civil Service District.

Wm. H. Truesdale

Superintendent of Lighthouses

BUREAU OF LIGHTHOUSES
WASHINGTON

May 24, 1932

Submitted to the Secretary of Commerce, approved, attention being invited to separate recommendation in the case of Mr. Perry. The filling of this position is necessary for the safeguarding of life and property.

W. P. HARMAN

Acting Commissioner of Lighthouses

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

11—2314

Form 73
Ed. April, 1929

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 7th DISTRICT,

Key West, Fla. (City) March 20, 1931 (Date), 19....

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer and promotion

Name, Edward E. Riles

Position, ~~2nd Asst. Keeper~~

Location, Fowey Rocks Lighthouse, Fla.

Effective, May 1, 1931

Legal residence, Florida

Proposed salary, $1440.A

Proposed range, $1380 - ~~1680~~ 1740 (Bu)

Appropriation, Salaries, Keepers of Lighthouses

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

Former position, 3rd Assistant Keeper

Location, Dry Tortugas Lighthouse, Fla.

Former salary, $1380. A

Former range, $1320 - 1680

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

Previous incumbent, Benjamian H. Lowe(Lt.#674) Services terminated, April 30, 1931

Reason, Transfer

Members of family in Government service, None

Date of birth, June 20, 1896

Remarks: As radiobeacon installation is to be made at Fowey Rocks Lighthouse and this nominee is familiar with this apparatus, this transfer is for the best interest of the Service. Quarters for family not furnished at station.

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

W. W. Bennett

Secretary, Civil Service District.

Superintendent of Lighthouses

BUREAU OF LIGHTHOUSES
WASHINGTON

March 24, 1931

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses.

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KEY WEST, FLA.
LHP:EP
REFER TO FILE NO.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 7TH DISTRICT
KEY WEST, FLA.
March 20, 1931

Transfer of Keepers.

LIGHTHOUSES
1931 MAR 23 AM 11 17

Commissioner of Lighthouses:

1. Inclosed are Forms 73, Nominations for transfer of Edward E. Riles 3rd Assistant Keeper, Dry Tortugas Lighthouse to the position of 2nd Assistant Keeper, at $1440.00 at Fowey Rocks Lighthouse and Benjamian H. Lowe from the position of 2nd Assistant Keeper of Fowey Rocks Lighthouse to the position of 3rd Assistant Keeper at Dry Tortugas Lighthouse at $1320.00 per annum.

2. The Bureau is advised that this transfer is on the request of these keepers and it will be noted that no increased expenditure under Salaries, Keepers of Lighthouses will result inasmuch as the present pay of each is $1380, whereas the transfer to Fowey Rocks will give Riles an increase of $60.00 but there will be a corresponding deduction in the pay of Lowe when transferred to Dry Tortugas Lighthouse.

Wm. W. Bennett

Superintendent of Lighthouses
FHH

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KEY WEST, FLA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



SEVENTH DISTRICT
Dry Tortugas
(Station, Depot, or Vessel)
March 7 - 31, 192

Supt of Lighthouses
Key West Fla.

Sir. (Through Keeper in Chge Dry Tortugas light Station)

I am informed unofficially there a chance to exchange places with 2nd Asst keeper at Jowey Rocks Light.

With your approval would appreciate the opportunity of changing for the betterment of any condition financially any time that is convienient to parties concerned after April 30th 1931.

Respectfully
Edward E Riles
3rd Asst Keeper

A. M. Asbury.
Keeper

WBD.

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES 1930 DEC 29 AM 9:10

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 7th DISTRICT,

Key West, Florida (City) December 26 (Date), 1930

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion + reallocation

Name, Edward E. Riles

Position, Keeper (3d Asst.)

Location, Dry Tortugas L. H., Florida.

Effective, January 1, 1931

Former position, Keeper (3d Asst.)

Location, Dry Tortugas L. H., Florida

Legal residence, Florida

Proposed salary, $1380. A.

Proposed range, ~~$1380-1740.~~ 1320-1680 A.

Appropriation, Salaries, Keepers of Lighthouses

~~The exact date of entrance on duty~~ or as soon thereafter as he enters on duty.

Former salary, $1260. A.

Former range, $1260 - 1620. A.

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

Previous incumbent, Some ltr 670 Services terminated, - - -

Reason,

Members of family in Government service, None

Date of birth, June 20, 1896.

Remarks:

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

---

Secretary, Civil Service District.

W. W. Smith

Superintendent of Lighthouses.

FKP

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce, approved.

DEC 30 1930

1730 Letter Rec'd

Acting Commissioner of Lighthouses

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

11—2314

Standard Form No. 13
Approved by the President
2-26-26—Revised 1-10-28

Copy

(Ent /m

ABSTRACT OF OFFICIAL RECORD OF U. S. GOVERNMENT EMPLOYEE

(For the use of the department to which the employee has been transferred)

INSTRUCTIONS

1. The act, approved February 14, 1922, prescribes that "each executive department, and each independent establishment of the Government not within the jurisdiction of any executive department, shall establish and maintain such record as will enable it to determine the amount deducted within each fiscal year from the basic salary, pay, or compensation of each employee within its jurisdiction to whom this act applies. When such employee is transferred from one office to another a certified abstract of his official record shall be transmitted to the office to which the transfer is made."

2. A complete official record in the Federal service of the employee named should be set forth on this abstract. If an employee is transferred to another department, an abstract will be prepared in duplicate, showing his appointment in the department from which transferred and all changes of grade or compensation while therein. The original, properly executed, will be transmitted to the department to which transferred, the duplicate to be retained in his personal file. Should such employee be again transferred the second department will prepare an abstract setting forth the data contained in that received by it, with the addition of his record while in the second department, such abstract to be transmitted to the department to which he is transferred, a duplicate being retained.
In the case of a reinstatement, the department in which the employee is reinstated should apply to the establishment in which the former service was rendered for an abstract of record in the case. Statements of employees must not be accepted unless verified from official records.

3. In Table II show the amount deducted for the retirement fund during each **fiscal year**, or part of **fiscal year**, the employee was in your service.

4. This certificate must be signed and countersigned (if necessary) by an official recognized by the Bureau of Pensions as authorized to sign certificate of administrative officer on application for refunds.

5. In the case service was per diem and continuous through the calendar year, so state; if intermittent, give dates of beginning and ending of actual employment, with the number of days served.

NAME: Riles, Edward E. — June 20, 1896
(Surname first, Mr., Miss, or Mrs.) — (Date of birth)

U. S. Public Health Service, Treasury Department
(Department and office in which last service was had. See Paragraph 2 of Instructions)

Tampa Bay, Fla. — October 23, 1929.
(Place) — (Date)

I. SERVICE RECORD

ESTABLISHMENT (a)	ACTION (b)	POSITION (Pay-roll title)	RATE OF PAY (c)	DATE EFFECTIVE
U.S.Public Health Service	T.A.	Asst. Engr.	$1680	9/1/26
	P.A.	" " Fum.	1680	6/1/28
	Pro.	" " "	1800	7/1/28
	Res.	" " "	1800	9/30/29

10—1831

(a) Place the name of department, bureau, or office in which the service was performed.

(b) Indicate the nature of the action according to the following key abbreviations: PA, probational appointment; Exc., excepted from examination; E. O., Executive order; Rein., reinstatement; Trans., transfer; Pro., promotion; Red., reduction; Res., resignation; Rem. C., removed for cause; Rem. R., removed, reduction of force; L. W. O. P., leave without pay for periods of one month or more.

(c) Under rate of pay, do not include bonuses, allowances, overtime pay, or compensation given in addition to basic pay of positions as fixed by law or regulation.

Copy

II. STATEMENT OF DEDUCTIONS FOR RETIREMENT FUND—BY FISCAL YEARS

(See Instructions No. 3)

BEGINNING—			ENDING—			DEDUCTIONS		BEGINNING—			ENDING—			DEDUCTIONS	
Month	Day	Year	Month	Day	Year	Dollars	Cents	Month	Day	Year	Month	Day	Year	Dollars	Cents
June	1	1928	June	30	1928	4	90								
July	1	1928	June	30	1929	65	00								
July	1	1929	Sept.	30	1929	15	75								

Do records show employee has made application for refund of any portion of amount shown above? Yes.
(Yes or No)

If the records show that refund of the above deductions has been made in whole or in part, state the amount or amounts, and period or periods covered and give claim number. (If none, so state) Not paid yet

State leaves of absence in current calendar year: annual None; sick None; without pay None

State any leave of absence in excess of six months in the aggregate in any calendar year: None

The foregoing is a complete abstract of the official record on file in this office showing all Federal service to date of the employee named herein.

By direction of the Surgeon General.

(Sgd.) C.C.Pierce
(Signature)

Countersigned Oct. 29, 1929, 19

Assistant Surgeon General,
(Official title)
Divisionof Personnel & Accounts.

(Sgd.) H.W.Stutler
(Signature)
Acting Chief, Division of Appointments

(Official title)

7th Dist

Oct. 31, 1929

Furnished to:
Bureau of Lighthouses.

10—1831 U. S. GOVERNMENT PRINTING OFFICE: 1928

CRE.

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

REPORT ON PROBATIONARY APPOINTEE

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

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

Commerce
(Department)

Lighthouse Service, Seventh District, Key West, Fla., March 6, 1930.
(Bureau or office) (Place and date)

To Commissioner of Lighthouses.
(Head of department or establishment)

The probationary period of the person named below expires at the close of business on ~~March~~ 6, 1930. ~~, 192~~.

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

Name Edward E. Riles

Position Keeper (Third Assistant)

Salary $1,500.00 per annum.

Appropriation Salaries of Keepers of Lighthouses.

Station Dry Tortugas Lighthouse.

Date of entrance on duty October 7, 1929.

Remarks:

MAR 8 - 1930

For and in the absence of the Superintendent.

H W Haskins

Assistant Superintendent.

Submitted:

Acting Commissioner of Lighthouses
(Head of bureau or office)

GOVERNMENT PRINTING OFFICE 10—1732

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

Bureau No. 14.670 *Sheet No.* 7(b)-15

Space reserved for the use of the Board

1. [illegible] (Surname) _____ (Given name) _____ (Initial)

2. Department Commerce
3. Bureau Lighthouse
4. Field service Lighthouse Service
5. (a) Field station Key Portuguez Light Station
   (b) Subdivision _____
   (c) City or town Key West, State Florida

6. Pay roll title Light Keeper
7. Customary office title Third Assistant Keeper
8. Present administrative allocation $1260-1560
9. Present gross rate of pay $ 1560.00
10. Deduction for allowances $ 240.00
11. Net rate paid in cash $ 1320.00

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

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

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost _____
Uniform $10.00

15. (a) Regular hours of work: From [illegible] m. to [illegible] m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer [illegible] Winter [illegible] (c) If not a full time and all-the-year-round position, state number of hours per day _____;
number of days per { week / month / year } _____ (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty [illegible] Male on station practically on duty all hours of the day or night.

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

17. (a) Does the employee in any way direct or supervise other employees? No (b) If so, in what way? (See Form 16 before answering) _____
(c) How many? _____

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

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
Is assigned regular work and special tasks, work is inspected, is instructed in details of work in accordance with plans and rules laid down by superiors, is expected to confer with superior, follow detailed instructions and directions as to methods and purposes and is accountable for results.

20. What is the name, official position, and sheet number of the employee's immediate superior? Andrew M. Albury, Keeper, 7(b)-12.

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

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

Other education (describe): _____

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?

Percentage of working time

[illegible] are as follow: The most important is the care and watching of the light. At this station the watches are divided between the keepers equally. One man takes the first watch one night and stays on watch from sundown until midnight and the following night he is on watch from midnight until sun rise.

30% During the hours of the watch utmost vigilance must be maintained in order to correct any irregularity that might impair the proper functioning of the light or the revolving apparatus. He must mike the light ready when on duty the first watch and generally prepare it for the night service. He must extinguish it when on the morning watch, clean up the watch room, replace the lens curtains, fill oil and lamps and tentatively make ready for the lighting at sun set.

10% It is also the duty of this keeper to stand regular radiobeacon transmittal watches, care for and make minor repairs to the radiobeacon apparatus and engines and clean and oil the engines in order to keep them in proper running condition at all times. Beacon signals are transmitted regularly at 2 to 2:30 and 8 to 8:30 A.M. and 2: to 2:30 and 8 to 8:30 P.M. during good weather and continuously during foggy weather.

15% This keeper also assists in the scraping and painting of the station and this includes both the outside of the structure and the inside. He must also paint his own quarters and assist the other keepers in painting the beacon house, oil house, paint locker, pump house, boat house and docks and the

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

[illegible] (Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

I concur in the above. This is an important seacoast light and upon its proper functioning, depends the safety of thousands of persons and property valued at thousands of dollars, which pass this section every year. This position is therefore of the greatest importance, and great responsibility is placed upon the keepers.

26. How long have the employee's duties been substantially as described above? ----------

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

Septem (Date) 24, 1928 L. W. Plummer (Signature of Preparing Officer) Chief Cl (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ---------- In my judgment the compensation of this position should be in a range from $ 1260 to $ 1560

September 24, (Date), 1928 [illegible] (Signature of head of field office or station) Superintendent of Lighthouses (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ---------- In my judgment the compensation of this position should be in a range from $ 1260, to $ 1560

SEP 25 1928 (Date), 1928 H B BOWERMAN (Signature of head of bureau or his representative) Acting Commissioner of Lighthouses (Title)

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

ing at the station.

20% The incumbet in this position must also assist in the care of the boat by hauling it out of the water on the marine railway, scrubbing and painting the bottom and overhauling and making minor repairs thereto as well as painting the inside, topside, etc. and making minor repairs that may be necessary in this connection. He must also assist in overhauling, cleaning, painting and making necessary repairs to the engine and in checking over and keeping in proper condition the tools and equipment attached to the boat.

25% The duties of this position are to assist in the cleaning of the grounds occupied by the lighthouse Reservation, the trimming of hedges, and removal of all trash from the grounds. The pumping of water and the cleaning of water tanks. The polishing and cleaning of the lens, cleaning of storm pane glasses and window glasses. The cleaning and polishing of all brass equipment and utensils and the making of repairs thereto. The scrubbing of watch room and dwelling floors, washing of linens, oiling of clockwork or revolving apparatus and cleaning thereof and the scraping and painting of the radiobeacon antenna tower, water tank tower and generally perform all other duties performed by the other keepers at this station.

FORM 38

LIGHTHOUSES
1929 SEP 21 AM 9:04

NOMINATION

1 Folder

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 7th DISTRICT,

Key West, Fla., (City) September 12 (Date), 1929

COMMISSIONER OF LIGHTHOUSES:

Action recommended, probationary appointment

Name, Edward E. Riles

Position, 3rd Assistant Keeper

Location, Dry Tortugas L. H., Fla.

Effective, October 1, 1929.

Legal residence, Florida.

Proposed salary, $1,260.00 A.P.

Proposed range, $1260-$1560.

Appropriation, Salaries of Keepers of Lighthouses.

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

Former position, None

Location,

Former salary,

Former range,

Rank on eligible list, 1st Rating, Keeper Percentage, 94.50, Other eligibles considered:
Burian F. Sasnett C
Raymond Lones. C

Previous incumbent, James W. Woods ~~Manuel Fernandez~~ (LT. #670) Services terminated, August 26, 1929.

Reason, Resigned

Members of family in Government service, None

Date of birth, June 20, 1896.

Remarks:

Selection regular, subject to the action of the U. S. Civil Service Commission, September 19, 1929

L A Moyer
Secretary, 5th Civil Service District.

W. M. Wemmill
Superintendent of Lighthouses.

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 28 1929

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses

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

11—2314

AFFIDAVIT RELATING TO WAR GRATUITY

I, E. E. Riles, do solemnly swear that the discharge herewith presented is the last discharge I have received from any military service of the United States Government, and I do further swear that having been discharged from the United States Coast Guard on October 23rd, 1918, I have not since that date enlisted in the Army, Navy, or Marine Corps, nor have I enrolled in the Naval Reserves.

E. E. Riles.

Sworn and subscribed to before me this 6th day of July, nineteen hundred and twenty.

W. A. DICKENSON NOTARY PUBLIC STATE OF OREGON

W A Dickenson
Notary Public.
My Commission Expires 1/28/24

U. S. Coast Guard Headquarters WASHINGTON WAR GRATUITY PAID SEP 3 1920 Pay and Allotment Officer

PA41-73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON June 30, 1920.

U. S. COAST GUARD
REC'D JUL 10 1920 By
ANS'D

Edward Earl Riles,
c/o Home Service Section, American Red Cross,
Tampa, Florida.

Subject: Former Coxswain Edward Earl Riles; war gratuity.

Reference: (a) Letter June 14, 1920.

Inclosures: 1. Affidavit relating to war gratuity.
2. Honorable Discharge No. 13330.

Sir:

1. Inclosure 1 should be executed and sworn to before a notary public.

2. Return all papers to Coast Guard Headquarters, Washington, D. C., so that settlement of your claim for war gratuity may be expedited.

By direction of the Commandant.

Respectfully,

C. H. Jones,
Lieutenant Commander, U.S.C.G.

U. S. Coast Guard Headquarters
WASHINGTON
WAR GRATUITY PAID
SEP 2 1920
Pay and Allotment Officer

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Nov. 12-15.

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

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 SEP 29 1916
A.S.D.

TAMPA ..... {*Cutter. / *Station} ..... XXXX ..... District. XXX

Charleston, S. C. (Place.)

September 22, 1916

To Medical Officer in Charge,
U.S. Public Health Service,
Charleston, S.C.

Sir:

You are hereby requested to examine E. Riles, {~~*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.

J. McGrath (Title of officer signing request.) 2nd Lieut.

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

Signature of person named above E. Riles

Rate Seaman

Nativity Native born; age, 20 years; height, 5 feet 4 inches; color of eyes, gray; color of hair brown; distinguishing marks none

MEDICAL CERTIFICATE.

Charleston S. C. (Place.)

September 22, 1916

I certify that I have examined E. Riles and find that he is now suffering from Acute Catarrhal Bronchites, 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 10 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 September 22, 1916

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

Franklin F. Sams
aa *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 E. Riles {*was discharged from hospital / ~~*received last office treatment~~} at 1.30 {a. m. / p. m.} September 24, 1916, that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

Franklin F. Sams
aa *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 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 ..... 1:00 {a. m. / p. m.} September 22, 191 6

Returned to duty ..... 3:00 {a. m. / p. m.} September 24, 191 6

Chas Gatewood

*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

INSTRUCTIONS.

1. Four application forms properly filled out shall be sent with the patient. The medical officer or attending private physician after having the patient write his name (except in case of commissioned officers or cadets) for comparison with the signature of the patient which appears in the application, will fill out and sign the proper certificate under the heading "Medical certificate," in each of the four forms, retain one copy of the form, and return three copies to the officer who signed the request for examination and treatment. That officer shall immediately forward one of the returned application forms to Headquarters, one to the Surgeon General, Public Health Service, and retain one.

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 or attending private physician for the purpose of having the "second certificate" thereon filled out and returned. When the officer who signed the request for the treatment receives this retained application from the medical officer 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 treatment a patient furnished relief on this application 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 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 former 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 or a private physician, a brief and comprehensive 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 to the officer who signed the request for the treatment. The latter shall forward this report to Headquarters, and shall see that the necessary forms (No. 1946-a-b-c) are furnished. No portion of Form 1946 c need be filled in except that which shows the amount of sugar and albumen in the urine.

5. When a bill for hospital care or professional services is submitted by an attending private 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.)

2—663

TREASURY DEPARTMENT,
U. S. COAST GUARD.
Form 2522.—F. C., Nov. 12-15.

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

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 SEP 25 1916
ANS'D. By

TAMPA {*Cutter. / *Station, XXXX} District. XXX

Charleston, S. C. (Place.)

September 22, 191 6

To Medical Officer in Charge,
U.S. Public Health Service,
Charleston, S.C.

Sir:

You are hereby requested to examine E. Riles {*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.

J. M. Gourley (Title of officer signing request.) 2nd Lieut.

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

Signature of person named above E. Riles

Rate Seaman

Nativity Native born; age, 20 years; height, 5 feet 4 inches; color of eyes, gray; color of hair brown; distinguishing marks none

MEDICAL CERTIFICATE.

Charleston. S. C. (Place.)

September 22, 191 6

I certify that I have examined E. Riles and find that he is now suffering from Acute Catarrhal Bronchitis, 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 10 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 September 22, 191 6

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

Franklin F. Sands
Asst *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

, October 12, 1916.

Commanding Officer,

Coast Guard Cutter TAMPA,

Charleston, S. C.

Sir: Subject: Promotion, E.Riles,seaman.

Referring to your letter of October 6, you are authorized to rate Seaman Edward Riles an acting coxswain.

Respectfully,

(Signed) E. P. BERTHOLF

Captain Commandant.

The provisions of the Regulations relative to the minimum age for this rate are hereby waived in this case.

(Signed) A. J. Peters

Assistant Secretary.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

COAST GUARD CUTTER

TAMPA

Charleston Navy Yard, S. C.,

October 6, 1916.

U. S. COAST GUARD
REC'D OCT 9 1916
ANS'D By

Captain Commandant,

U. S. Coast Guard,

Washington, D. C.

Subject: Waiving age limit in case of E. Riles.

Sir:

1. Authority is requested to give a rating of acting coxswain when a vacancy occurs to Edward Riles, seaman, who at present lacks several months of being 21 years of age.

2. Riles is a native of Tampa, Florida, and has had the longest continuous service on the ship and station of any of the available deck force. He has been performing the duties of a coxswain in anticipation of the transfer of two of the coxswains upon arrival of the ship at Key West. Other petty officers are desirous of being transferred at the first opportunity. By filling the ratings, as vacancies occur, with men who are accustomed to the climate of the station, when practicable, it is hoped that in the future the number of requests for transfer will diminish.

Respectfully,

Chas Satterlee

Commanding.

OK

73

TREASURY DEPARTMENT

No. 952. CG-122

COPY, FINDINGS AND SENTENCE, MINOR COAST GUARD COURT.
CONVENED ON TAMPA, February 7, 1917.
ORDER COMMANDING OFFICER, February 2, 1917. February 24, 1917.
CASE EDWARD EARL RILES, ACTING QUARTERMASTER, U. S. COAST GUARD.

CHARGE: Violating lawful regulation issued by the Secretary of the Treasury.

FINDINGS: Specification proved by plea and of the charge guilty.

SENTENCE: To be reduced to the next inferior rating, that of seaman, and to forfeit one (1) month's pay, amounting to forty dollars and eighty cents ($40.80).
SIGNED: C.H.Johnson,Second Lieut. of Engrs., U.S.Coast Guard, President.
SIGNED: R.A.Bothwell, Second Lieutenant, U.S.Coast Guard, Member.
SIGNED: G.R.Crosby, Third Lieutenant, U.S.Coast Guard, Member and Recorder.

By direction of the Secretary, the proceedings and findings of a minor Coast Guard court, convened on board the U. S. Coast Guard Cutter TAMPA, in the case of Edward Earl Riles, acting quartermaster, U. S. Coast Guard, who was found guilty of sleeping while on watch on February 2, 1917, in violation of article 1963 of the Regulations, and who was sentenced to be reduced to the next inferior rating, that of seaman, and to forfeit one (1) month's pay, amounting to forty dollars and eighty cents ($40.80), are approved.

The sentence in the case is mitigated to the following:

To forfeit one month's pay amounting to forty dollars and eighty cents ($40.80), and thus mitigated is approved.

The commanding officer is directed to cause the sentence as mitigated to be carried into effect.

(Signed) Byron R. Newton.
Assistant Secretary.

WASHINGTON, February 24, 1917.
OFFICIAL:

(Signed) E. P. Berthelf
Captain Commandant.

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

UARD CUTTER
TAMPA

Key West, Fla.,

January 23, 1917.

U.S. COAST GUARD
REC'D JAN 26 1917
ANS'D
By

Captain Commandant,

U. S. Coast Guard,

Washington, D.C.

Subject: Extension of acting rating of E.Riles, quartermaster.

Sir:

Headquarters is informed that the probationary period of three months in case of E. Riles, quartermaster, has been extended until he becomes proficient in signals.

Respectfully,

Chas Satterlee
Commanding.

73

COAST GUARD CUTTER
TAMPA

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Key West, Fla., March 4, 1917

Dated - 3-9-17
From - 3-4-17
Sent - 3-9-17

U. S. COAST GUARD
REC'D MAR 6 1917 BY
ANS'D

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

Subject: Permanent rating.

Sir:

1. Headquarters is informed tnat Edward Earl Riles has completed his probationary period as acting quartermaster. He was rated acting quartermaster October 16,1916, and was not recommended for a permanent rate on account of not being proficient in signals. He is now proficient and is recommended for a permanent rating.

2. He is a native born citizen of the United States is of good conduct and proficient in rating in which he has been acting.

Respectfully,

Chas Satterlee
Commanding.

21 Yrs. 7 mos

CG-122

, February 24, 1917.

Commanding Officer,

Coast Guard Cutter TAMPA,

Key West, Florida.

Subject: Case ,Edward E. Riles.

Sir:

1. There is transmitted herewith a copy of the findings and sentence of a minor Coast Guard court, with the action of the reviewing authority thereon, in the case of Edward Earl Riles, Acting Quartermaster,U.S. Coast Guard of your command.

2. In accordance therewith you are directed to cause the sentence as mitigated,to be carried into effect.

Respectfully,

(Signed) E. P. Berthelf

Captain Commandant.

Inc.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

REPLY TO TITLE AND NO.

DUPLICATE LETTER OF LIGHT VESSELS
KEY WEST, FLA.

OFFICE OF SUPERINTENDENT 7TH DISTRICT
KEY WEST, FLA.

June 6, 1925.

Discontinuance of Lighthouses.

Edward E. Miles,

Key West, Fla.

Sir:

For the information of the Department this office has received that Edward E. Miles entered on duty as Keeper (Civil Assistant) of Dover Shoals L.H., Florida on June 1, 1925, at $1200, per annum in accordance with Notice of Change of Salary dated May 20, 1925.

Superintendent of Lighthouses.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared: January 10, 1941

Name:

From: Miles, Edward E.
U. S. Coast Guard

Bureau No: 673

Promotion

	FROM	TO
Position		Keeper
Grade		
Salary	Field (Range $1500-1860) $1560 p.a. plus $60 p.a. Long.	Field (Range $1500-1860) $1620 p.a. plus $60 p.a. Long.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters		
Post of Duty		Jacksonville, Fla.
Appropriation		Ponce Inlet Lt. Sta., Fla.
Allotment		Civilian Employees, C.G.
Field or Deptl.		Field

EFFECTIVE
Remarks: January 16, 1941

Justification:

No increase in pay since June 1, 1932.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE

SEX | RACE

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT?

DATE OF OATH

BUREAU SUSPENSE AND FILE COPY

Form A-38

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 28, 1932.

Mr. Edward E. Riles,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective June 1, 1932, or entrance on duty (change of duties).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER.

Chief of Appointment Division.

From: $1500 per annum.

To: $1560 per annum.

Service and grade: Field.

Appropriation (unit):

7
2

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
KEY WEST, FLA.
REFER TO FILE No. LHP-VAA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1932 JUN - 18 - AM 9:29

OFFICE OF SUPERINTENDENT, 7TH DISTRICT
KEY WEST, FLA.

June 16, 1932.

Commissioner of Lighthouses:

Edward E. Riles.

For the information of the Department this office has to report that Edward E. Riles entered on duty as Keeper (First Assistant) of Fowey Rocks L.H., Florida on May 3, 1932, at $1500. per annum in accordance with Notice of Change of Salary dated May 3, 1932.

W. D. Bruesette
Superintendent of Lighthouses.

Bureau of Lighthouses, Washington
JUN 20 1932

Submitted to Secretary of Commerce for his information
For the Commissioner:

Chief, Personnel Division.

DEPARTMENT OF COMMERCE
Bureau of Lighthouses
Washington

June 13, 1932

Superintendent of Lighthouses: Key West, Fla.

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

NAME AND DESIGNATION EDWARD E. RILES -- Kpr.

(1) * Give date of entrance on duty, ~~of transfer, or of resignation.~~
(2) Furnish personal history sheet.
(3) Furnish oath of office.
(4) Furnish civil service form 375 in triplicate.
(5) Submit form SS-66, showing last day served by temporary appointee .
(6) Furnish standard form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in civil service form 2473, attached.
(8) Submit inclosed nominations through the District Civil Service Secretary.
(9) Miscellaneous.

* ~~Thisischangeinsalaries~~
Change in pay from $1440 to $1500 in accordance with your nomination of April 25, 1932, was approved by Department letter of May 3, and it is requested that the effective date in this case be reported to the Bureau, which date can not be prior to the date of approval by the Department.

For the Commissioner:
R. J. GROSS
Chief of Personnel Division.

H-M

District _____ Date _____

Returned to Commissioner of Lighthouses:

Superintendent of Lighthouses.

PW-73

3-12
File
m & m.

2 February, 1943.

Mrs. Mary Jeanette Riles,
3025 S. W. 16th Terrace,
Miami, Florida.

My dear Mrs. Riles:

Your claim for the final pay due the estate of your husband Edward E. Riles, Boatswain's Mate, first class, United States Coast Guard, has been approved for payment by this office and forwarded to the General Accounting Office, Claims Division, Washington, D. C. for settlement.

You may experience some delay in receiving payment, since the volume of claims submitted to that office is very great. In the event that you desire further information relative to the probable date of settlement, it is suggested that you communicate direct with the General Accounting Office.

By direction of the Commandant.

Very truly yours,

J. L. AHERN,
Captain, U. S. Coast Guard,
Chief, Military Morale Section.

U. S. COAST GUARD (5)

RECEIVED FEB 3- 1943

M. J. J. Mrs. Joynes, Room 3202 2-4

3-12

PW-73

File m y m.

16 January, 1943.

From: Commandant.
To: Captain of the Port, Miami, Florida.

Via: District Coast Guard Officer, Seventh Naval District.

Subject: RILES, Edward E. (140-217) B.M. 1c (pro); U. S. Coast Guard (deceased); disposition of personal effects.

Reference: (a) Your letter 7 January, 1943 (73).
(b) Article 3075 Regulations.

1. You are authorized to ship at Government expense the personal effects of subject named man as listed in reference (a) to the next of kin, Mrs. Mary Jeanette Riles (wife), 3172 Indiana Street, Miami, Florida.

2. Receipt in duplicate for articles shipped should be obtained and the original forwarded to Headquarters.

J. L. AHERN,
By direction.

U. S. COAST GUARD (11)
MAILED JAN 18 1943

Mrs. Joynes, Room 2116 2-4

M.J.M.

3-17 PW-73

22 December, 1942.

From: Commandant.
To: Captain of the Port, Miami, Florida.

Subject: RILES, Edward E. (140-217) B.M.1c., U. S. Coast Guard, (deceased); final pay, settlement of.

Reference: (a) Your dispatch 192011.
(b) Article 144, Pay and Supply Instructions.

1. In view of reference (a), it is requested that you have those papers prepared which are necessary to effect settlement of all pay and allowances due the estate of subject named man.

2. The forms necessary to make claim for the final pay will be forwarded to the next of kin, Mrs. Mary Jeanette Riles, (wife), 3172 Indiana Street, Miami, Florida, direct from this office.

J. R. HINNANT,
By direction.

U. S. COAST GUARD (11)
MAILED DEC 22 1942

Mrs. Joynes, Room 2116 2-4

M. J. M.

1. Name Riles, Edward C. (Surname first.) Rate O.S. U.S.C.G.

2. Enlisted: Place Charleston, S. C. Date 10-16-16

3. Born: Place Punta Gorda, Fla. Date 6-20-1896.

4. Received as patient from

5. Diagnosis Influenza (By name from nomenclature.)

6. Diagnosis No. (458) Key letter Specialty letter

7. Taken up as P Date 7-3-18 Origin D.

8. *Disposition D. Date 7-5-18 Sick days (2)

9. Transferred as patient to

10. This card sent from U.S.S. Tampa, Q.G.

N. M. S. (F card) ORIGINAL. * OVER 4—2101

FILED C.S.

ng) (Unit)

TREATMENT

BEGAN	ENDED	IP or OP

IDENTIFICATION NEGATIVE

140-217
Service Number

E.E. Riles
Name

U.S.C.G.

B.M. 1c
Rank or Rate

For Bureau

DEPT. STOCK FORM 2249
REV. 1941

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared 1 July, 1941

Name: Niles, Edward Earl

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1500-1860) $1620 p.a. plus $60 p.a.Clths.	Boatswain's Mate 1c. Pay 1108.80 Quarters 419.75 Rations 438.00 $1966.55
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Jacksonville, Florida Fowey Rocks Light Sta., Fla. Civilian Employees, C. G.	Jacksonville, Florida. Fowey Rocks Lt.Sta.,Florida. Pay and Allowances, C.G.
	FIELD ☐ DEPRTMTL. ☒	FIELD ☒ DEPRTMTL. ☐

EFFECTIVE
Remarks: 1 July, 1941.

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH

LEGAL RESIDENCE Florida

SEX M | RACE W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

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

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY

AUG 12 1941

BUREAU OR DIVISION PERSONNEL FILES

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE: 13

Date Prepared 1 July, 1941

Name: Niles, Edward Earl

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position Grade Salary	Keeper Field (Range $1500-1860) $1620 p.a. plus $60 p.a.Clrs.	Boatswain's Mate 1c. Pay 1106.00 Quarters 419.73 Rations 438.00 $1966.55
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment	Jacksonville, Florida Fowey Rocks Light Sta., Fla. Civilian Employees, C. G.	Jacksonville, Florida. Fowey Rocks Lt.Sta.,Florida. Pay and Allowances, C.G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☐ DEPRTMTL. ☐

EFFECTIVE *Remarks:* 1 July, 1941.

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

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH 6-20-96

LEGAL RESIDENCE Florida

SEX M | RACE W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

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

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

DATE OF OATH

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

AUG - 4 1941

Form 93
MENT OF COMMERCE
LIGHTHOUSE SERVICE
Approved Oct. 1 1938

NOTICE OF RESIGNATION OR DEATH

OFFICE ~~SUPERINTENDENT OF LIGHTHOUSES~~ Commander Jacksonville DISTRICT,

Commandant, U. S. Coast Guard Headquarters, 15 July, , 19 41.
~~COMMISSIONER OF LIGHTHOUSES~~

Herewith is transmitted the { ~~notice of death,~~ resignation, } in duplicate, of the following-named employee:

Name, Edward Earl Riles Position, 1st Asst Keeper

Legal residence, Florida. Station, Fowey Rocks Light Station. Fla.

Salary, $1620 per annum plus $60 per annum for ~~xxxx~~ quarters.

The acceptance of this resignation { ~~with~~ without } prejudice is recommended effective at the close of 30 June, 1941.

Death occurred
(Date)

This employee has not taken leave in excess of the amount earned.

If deduction for excess leave has not been made, state reasons.

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

Resigned to accept enlistment in the Coast Guard.

N. G. RICKETTS, Commander, USCG.
Chief of Staff, Jacksonville District.
~~Superintendent of Lighthouses~~

U. S. GOVERNMENT PRINTING OFFICE 11—4623

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce,

73

COAST GUARD AIR STATION

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Miami, Florida
30 June, 1941

RECEIVED
15 JUL 1941
U. S. COAST GUARD
Jacksonville District

From: RILES, Edward Earl, First Assistant Keeper, Fowey Rocks Light Station, Florida.
To: Commandant.

Via: Commanding Officer, Air Station, and Commander, Jacksonville District.

Subject: Resignation.

1. I hereby tender my resignation from the Coast Guard, effective immediately, for the purpose of enlisting in the Coast Guard on 1 July, 1941.

Edward Earl Riles

Edward Earl Riles.

AIR STATION - 75-73 1st Indorsement Miami, Florida
30 June, 1941

From: Commanding Officer, Air Station, Miami, Florida.
To: Commandant.

Via: Commander, Jacksonville District.

1. Forwarded.

K. P. Maley

K. P. MALEY.

STOCK FORM 22
V. 6-40

UNITED STATES TREASURY DEPA[illegible]
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared January 10, 194[illegible]

Name: Miles, Edward S.

From: U. S. Coast Guard

Bureau No: 673

Promotion

	FROM	TO
Position		Keeper
Grade	Field (Range $1500-1860)	Field (Range $1500-1860)
Salary	$1560 p.a. plus $60 p.a. Cvra.	$1620 p.a. plus $60 p.a. Cvra.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty		Jacksonville, Fla.
Appropriation		Four Rocks Lt. Sta., Fla.
Allotment		Civilian Employees, C.G.
Field or Deptl.		Field

EFFECTIVE
Remarks: January 16, 1941

Justification:

No increase in pay since June 1, 1932.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION
Regular

DATE OF BIRTH
6-20-1896

LEGAL RESIDENCE
Florida

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

SUBJECT TO RETIREMENT ACT?
Lighthouse Act

DATE OF OATH

1641

BUREAU OR DIVISION PERSONNEL FILES

FEB 7 1941

Noted
PGI

Washington, D. C.,

22 December, 1942.
(Date)

From: Commandant, U. S. Coast Guard.
To: Verification Section of Veterans Administration.

Subject: Service personnel, report on.

1. The following is submitted for your information:

(a) Riles, Edward Earl (110-217) B.M.1c
(Name) (Number) (Rating)

(b) 1 July, 1941 - [illegible], Jacksonville,
(Date of enlistment)

(c) 20 June, 1896 - [illegible], Florida.
(Date and place of birth)

(d) Mary Jeanette Riles, wife,
(Beneficiary and address)
3172 Indiana Street, Miami, Florida.

(e) same as (d)
(Next of kin and address)

(f) Died 12 December, 1942 - drowned
(Date reported missing, killed, or died)

(g) Enlisted 10-14-16, U.S.N. 10/15/16 - reenlisted 10/16/16 U.S.N. 10/25/18.
(Prior service--dates)

(h) Comment: Prior to enlistment on 1 July, 1941, Riles was a civilian employee in the Lighthouse Service. World War Service from 4/6/17 to 10/25/18.

J. B. STEWART
Lieut. Comdr. Captain, U. S. Coast Guard,
Acting Chief, Military Morale Section,
By direction.

THIS REPORT IS FOR OFFICIAL USE ONLY AND IS NOT TO BE RELEASED TO THE PUBLIC.

918
M.J.M.

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: DN170 Z QUKF 192011 QUAH Q QUAV GR 21

FROM: COTP MIAMI

ACTION: COMDT CG

INFORM: DCGO 7ND MIAMI

TEXT

EDWARD E RILES 140 DASH 217 BM1C ACCIDENTLY FELL OVERBOARD AND DROWNED X PRONOUNCED DEAD BY BASE DOCTOR 1540 THIS DATE

Phoned Lt Condr Hinnant 1940

TOD 2316 LH DEC 19

E WR

OPERATOR'S RECORD AND DATE

Asst. Comdt.	Law
Aviation Eng.	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Material
Civilian Personnel	Medical
Commandant	Merchant Ship
Communications	Operations
Const. & Repair	Permanent Board
Finance	Personnel
Group Training	Procurement
Inspector	Public Relations
Intelligence	Radio Engineering

OFFICIAL INITIALS

$

73

THE AMERICAN RED CROSS

TAMPA CHAPTER

W. A. CARTER, CHAIRMAN

R. M. CLEWIS, TREASURER

HOME SERVICE SECTION
2ND FLOOR, CITY HALL
TAMPA, FLA.

DEPARTMENT OF CIVILIAN RELIEF
DR. L. A. BIZE, CHAIRMAN

MRS. R. A. ELLIS, DIRECTOR
HOME SERVICE SECTION

U.S.C.G. PAY AND ALLOTMENT OFFICE
MAY 28 1920

U.S. COAST GUARD
REC'D MAY 28 1920
ANS'D
By

May 25, 1920.

Re: Former Coxswain Edw. Earl Riles
PA4 - 73

Coast Guard Headquarters,
Washington, D.C.

Dear Sir:-

Under date March 31, you were notified from our office over the signature of J.B.Riles, that his brother Edward Earl Riles had left home for a short long sea voyage. Consequently you were asked th hold over the matter of award of travel pay and Gratuity of $60. until his return, when the necessary affidavit would be sent promptly to your office.

Mr. Riles just reached our port three days ago and we are sending herewith the paper duly executed and signed by the claimant,- also letters you asked returned.

Very truly yours,

Mrs. R.E.Ellis, Director,
Home Service Section, A.R.C.

(W)

PA41 - 73

FILE
R.W.K.

, June 9, 1920.

Mrs. R. A. Ellis, Director,
Home Service Section, A.R.C., 2nd Floor City Hall,
Tampa, Fla.

Subject: Former Coxswain Edward E. Riles; war gratuity.

References: (a) Your letter, May 25, 1920.
(b) Affidavit of Edward E. Riles dated May 25, 1920.

Madam:

1. Reference (b) was received in this office with reference (a). However, no action toward payment of the war gratuity of the above named man can be taken until his discharge of October 25, 1918, is returned to this office.

By direction of the Commandant.

Respectfully,

C. H. Jones,
Captain, U.S.C.G.

Encl Rwk

C. H. Jones,
Lieutenant Commander, U.S.C.G.

Tampa, Florida, July 7th, 1920.

U. S. COAST GU

Subject: Former Coxswain Edward Earl Riles; War Gratuity.

REC'D JUL 10 192
ANS'D

Reference:
(a) Your letter of June 30, 1920.
(b) Duplicate of above letter under date of February 28, 1920.

Inclosures:
(1) Executed affidavit relating to War Gratuity.
(2) Honorable Discharge No. 13330.
(3) Original of your letter of June 30, 1920.

Sir:-

1. I am again returning my discharge and affid-vit relating to War Gratuity, in hopes that my gratuity claim may adjusted.

Edward Earl Riles,
c/o Home Service Section,
American Red Cross,
Tampa, Fla.

U.S. COAST GUARD
REC'D MAY 28 1920
ANS'D
By

AFFIDAVIT RELATING TO WAR GRATUITY

I, Edward Earl Ribes, do solemnly swear that the discharge herewith presented is the last discharge I have received from any military service of the United States Government, and I do further swear that having been discharged from the United States Coast Guard on October 25, 1918, I have not since that date enlisted in the Army, Navy, or Marine Corps, nor have I enrolled in the Naval Reserves.

Edward Earl Ribes.

3510 Jasmine St

Jasmine 3 La.

Sworn and subscribed to before me
this 25 day of May,
nineteen hundred and twenty.

Jenny Ohme
Notary Public.

In Reply, Please Refer To No.

Navy Department
(Bureau of Supplies and Accounts)
Washington, D. C.

141-733-DG

2 January 1920

Edward Earl Riles,
~~c/o J. B. Riles,~~
~~2307 Fla. Ave.~~, 3510 Jamaica St
Tampa, Fla.

Subject: $60 gratuity - Act of 24 Feb. 1919.

Reference: (a) Claim for gratuity
(b) Claim for travel pay
(c) Affidavit.

Sir:

Your Honorable Discharge was not enclosed with references. You are requested to forward same to Bonus Section, Disbursing Division, bureau of Supplies and Accounts.

Respectfully,

By direction of the Paymaster General.

PA4 - 73

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON, February 28, 1920.

Edward Earl Riles,
~~c/o J.B. Riles~~, 3510 Jamaica St.
~~2807 Florida Ave.~~,
Tampa, Fla.

Subject: Former Coxswain Edward Earl Riles; war gratuity.

Reference: (a) Your letter, December 26, 1919.
(b) Your letter, February 4, 1920.
(c) Letter from Navy Department, (Bureau of Supplies and Accounts), February 17, 1920.

Inclosures: 1. Affidavit relating to war gratuity.
2. Honorable discharge No.13330.

Sir:

1. Inclosure 1 should be executed and sworn before a notary public.

2. Return all papers to Coast Guard Headquarters, Washington, D.C., so that settlement of your claim for war gratuity may be expedited.

By direction of the Commandant.

Respectfully,

C.H. Jones

C.H. Jones,
Captain, U.S.C.G.

43
531

In Reply, Please Refer
To No.

NAVY DEPARTMENT

(BUREAU OF SUPPLIES AND ACCOUNTS)
WASHINGTON, D. C.

141-733-DG

17 February 1920.

This letter must not be delivered to any person except addressee or on his written authority. If addressee is dead return letter to Navy Department, Washington, D. C. with date of death if known.

U.S. COAST GUARD ALLOTMENT OFFICE
FEB 18 1920

U.S. COAST GUARD
REC'D FEB 18 1920
ANS'D
By

U. S. Coast Guard Headquarters,
Treasury Department,
Washington, D. C.

Subject: $60.00 Gratuity under Act of 24 Feb. 1919, in the case of Edward Earl Riles.

Enclosures: (a) Claim dated 26 Dec. 1919 for $60. gratuity,
(b) Claim for travel-pay.

1. As the above-named man is in the Coast Guard, the enclosed correspondence is being forwarded, as coming within your jurisdiction.

By direction of the Paymaster General.

Tampa, Fla. Feb. 4, 1920.

BUREAU OF SUPPLIES & ACCOUNTS
RECD
17 FEB 1920

In re: Edward Earl Riles,
Formerly, Coxswain on "Tampa"
Dschgd. Oct. 25, 1918,
From Barge Office, New York, N.Y.
Battery Place.

Your file: 141-733-DG.

Navy Department,
Bureau of Supplies and Accounts,
Washington, D.C.

Dear Sirs:

Attention: J.B.Ransdell,

Replying to your letter of January 2, 1920, in which you advised that my Honorable Discharge was not enclosed with my application for bonus and travel pay. This I cannot understand as I certainly am confident that I enclosed my discharge with my application. Could it be possible that when my communication was opened in your office that my discharge was misplaced? I regret this exceedingly for I surely don't want to lose my discharge. If discharge has not been misplaced in your office, I don't know where it is, for I certainly have not my discharge. While, I suppose, this means that I will not receive my bonus and travel pay, but that I will not recover my discharge, which, as stated above, is a great loss to me.

Asking that you have a search made in your office, in the hopes of finding my discharge, I remain

Yours very truly,

Edward Earl Riles

Edward Earl Riles,
c/o J. B. Riles,
2807 Florida Ave.
Tampa, Fla.

POSTMASTER:
This letter must not be delivered to any person except the addressee or on his written authority. If addressee is dead return letter to sender with date of death if known.

State of Florida,
County of Hillsboro.

Before me, a Notary Public, personally appeared Edward Earl Riles, who being duly sworn, testifies as follows:

I entered the service October 16, 1914, Tampa, Fla., and was discharged October 25, 1918 at Battery Place, Barge Office, New York, N.Y.,- as shown by my Honorable Discharge attached to my claim for Bonus and Travel Pay.

At time of my Discharge October 25, 1918 I did not receive travel pay and was compelled to pay my own transportation from New York, N.Y. to Tampa, Florida, my bona fide home and residence. For this reason, I am making claim for travel pay.

Edward Earl Riles

Sworn to before me this
26th day of December 1919

Notary Public.

My Commission expires:_____

Notary Public State of Florida at large
My commission expires April 2, 1922

address
c/o J. B Riles.
2807 Florida Ave
Tampa, Fla.

CLAIM FOR $60.00 BONUS.

coast guard

Tampa, Fla. Dec. 26, 1919.

RECD 29 DEC 1919 BUREAU, S. & A.

In re: Edward Earl Riles,
Formerly, Coxswain on "Tampa"
Entered Service Oct.16,1914,
Tampa,Fla.
Age 19 yrs.

Navy Department,
Bureau of Supplies and Accounts,
Washington, D.C.

Sir:

In accordance with Section 1406 of the Revenue Act approved February 24, 1919 authorizing the payment of a bonus of $60.00 to discharged men, I hereby make application for same, attaching hereto my Honorable Discharge and other information necessary to secure this bonus.

Thanking you for your prompt attention, I am

Yours very truly,

Edward E Riles

Edward Earl Riles,
c/o J. B. Riles,
2807 Florida Ave.,
Tampa, Fla.

DISBURSING DIVISION BUREAU OF S and A RECEIVED 29 DEC 1919 P.M. A.M.

Date of Discharge: October 25, 1918,
From Barge Office, New York, N.Y.
Battery Place,
Rank: Coxswain.

I also enclose claim for travel pay, and when you have issued me check for $60.00 bonus, will you kindly refer my claim with Honorable Discharge to the ~~xxxxxx~~ proper department for travel pay,- which I have addressed to the "Bureau of Navigation, Navy Dept." And ask that you request this Department to give my case early attention. I will dependon you seeing that my claim for travel pay is referred to the proper department.

D

CLAIM FOR TRAVEL PAY.

Tampa, Fla. Dec. 26, 1919.

In re: Edward Earl Riles,
Formerly, Coxswain, on "Tampa".
Entered Service: Oct. 16, 1914.
Tampa, Fla.
Age, 19 yrs.
Discharged October 25, 1918
Battery Place, Barge Office,
New York, N.Y.

U.S. COAST GUARD
REC'D FEB 18 1920
ANS'D
By

Bureau of Navigation,
Navy Department,
Washington, D.C.

Dear Sirs:

I herewith enter claim for travel pay from New York, N.Y. at which place I received my Honorable Discharge October 25, 1918,- at Battery Place, Barge Office, N.Y. to Tampa, Florida, my bona fide home and residence.

I entered the service from Tampa, Fla. (my home) October 16, 1914. At time of my discharge I was not given travel pay and was compelled to buy my own ticket from New York, N.Y. to Tampa, Fla.

I enclose affidavit duly sworn to before a Notary Public to this effect, and request that you kindly send me check for said amount due me.

Thanking you in advance for your early attention to my case, I remain

Yours very truly,

Edward E. Riles

Edward Earl Riles,
c/o J. B. Riles,
2807 Florida Ave.,
Tampa, Fla.

Do not in Bureau

Fil
CMH

PA2-73

1 February, 1929.

Edwin S. Bettelheim, Jr.,
Chairman, National Legislative Committee,
Veterans of Foreign Wars of the United States,
519 Metropolitan Bank Building,
Washington, D. C.

Subject: Former Coxswain Edward Earl Riles; adjusted compensation.

Reference: (a) Your letter, 25 January, 1929.

Sir:

1. In reply to reference (a), you are advised that there is no record of receipt in this office of the application for adjusted compensation mentioned in reference (a). However, the records show that application for adjusted compensation filed by this man was forwarded to the Navy Department with a statement of his compensable service in the Coast Guard on 28 May, 1925, and that the application was assigned No. 435959, by that Department. It is therefore suggested that you communicate with the Adjusted Compensation Branch, Bureau of Navigation, Navy Department, Washington, D. C. relative to the matter.

By direction of the Commandant.

Respectfully,

E. L. HUTCHESON,
Assistant Chief, Division of Materiel.

CMH fwc

FILE By Burch

February 28, 1920.

Edward Earl Riles,
c/o J.B. Riles,
2807 Florida Ave.,
Tampa, Fla.

Subject: Former Coxswain Edward Earl Riles: war gratuity.

Reference: (a) Your letter, December 26, 1919.
(b) Your letter, February 4, 1920.
(c) Letter from Navy Department, (Bureau of Supplies and Accounts), February 17, 1920.

Inclosures: 1. Affidavit relating to war gratuity.
2. Honorable discharge No.13330.

Sir:

1. Inclosure 1 should be executed and sworn before a notary public.

2. Return all papers to Coast Guard Headquarters, Washington, D.C., so that settlement of your claim for war gratuity may be expedited.

By direction of the Commandant.

Respectfully,

C.D. Comb.
Captain, U.S.C.G.

POSTMASTER:
This letter must not be delivered to any person except the addressee or on his written authority. If addressee is dead return letter to sender with date of death if known.

Ans.

File cnt

P42-75

1 February, 1929.

Edwin S. Bettelheim, Jr.,
Chairman, National Legislative Committee,
Veterans of Foreign Wars of the United States,
819 Metropolitan Bank Building,
Washington, D. C.

Subject: Former Commwain Edward Earl Miles; adjusted compensation.

Reference: (a) Your letter, 25 January, 1929.

Sir:

1. In reply to reference (a), you are advised that there is no record of receipt in this office of the application for adjusted compensation mentioned in reference (a). However, the records show that application for adjusted compensation filed by this man was forwarded to the Navy Department with a statement of his compensable service in the Coast Guard on 28 May, 1925, and that the application was assigned No. 436959, by that Department. It is therefore suggested that you communicate with the Adjusted Compensation Branch, Bureau of Navigation, Navy Department, Washington, D. C. relative to the matter.

By direction of the Commandant.

Respectfully,

E. L. HUTCHISON,
Assistant Chief, Division of Material.

PM RECD

PHONE NATIONAL 5484

VETERANS OF FOREIGN WARS
OF
THE UNITED STATES
FOUNDED 1899

File 73
CMH.

EUGENE P. CARVER, JR.
COMMANDER-IN-CHIEF
BOSTON, MASSACHUSETTS

HEZEKIAH N. DUFF
SENIOR VICE-COM.-IN-CHIEF
LANSING, MICHIGAN

PAUL C. WOLMAN
JUNIOR VICE COM.-IN-CHIEF
BALTIMORE, MARYLAND

NATIONAL SERVICE BUREAU
E. S. BETTELHEIM, JR., DIRECTOR
319 METROPOLITAN BANK BLDG.
WASHINGTON, D. C.

COAST GUARD PAY AND ALLOTMENT

JAN 28 29

January the Twenty-fifth
1 9 2 9

Re: Edward Earl Riles.

E. L. Hutchison, Asst., Chief,
Division of Material,
U. S. Coast Guard,
Washington, D. C.

U. S. COAST GUARD
REC'D JAN 28 1929 By
ANS

Sir:

Reference is had to your letter of January 23rd, on the above named man. The letter of December 18th, to which I referred, reads as follows:

"Admiral Frederick C. Billard,
Commandant, U. S. Coast Guard,
14th & Pa., Ave., N. W.,
Washington, D. C.

Dear Admiral:
Enclosed is an application for the World War Adjusted Compensation for a man of the Coast Guard. I don't know whether it is to go through you or through the Navy Department. Will you put it in the proper channel and advise me.
Thanking you, I am."

Would you be good enough to again take this up and advise me at your convenience.

Yours very truly,

EDWIN S. BETTELHEIM, JR.,
Director.

File

PA2-75.

23 January, 1929.

Edwin S. Bettelheim, Jr.,
Chairman, National Legislative Committee,
Veterans of Foreign Wars of the United States,
519 Metropolitan Bank Building,
Washington, D. C.

Subject: Former Coxswain Edward Earl Riles; adjusted compensation.

Reference: (a) Your letter, 17 January, 1929.

Sir:

1. In reply to reference (a), you are advised that there is no record at Coast Guard Headquarters of the receipt of your letter of 18 December, 1928, relative to the above subject. If you will therefore forward copy of same the matter will receive immediate attention.

By direction of the Commandant.

Respectfully,

E. L. HUTCHISON,
Assistant Chief, Division of Materiel.

AM FILE

PHONE MAIN 5990

73

VETERANS OF FOREIGN WARS
OF
THE UNITED STATES
FOUNDED 1899

EUGENE P. CARVER, JR.
COMMANDER-IN-CHIEF
BOSTON, MASSACHUSETTS

HEZEKIAH N. DUFF
SENIOR VICE-COM.-IN-CHIEF
LANSING, MICHIGAN

PAUL C. WOLMAN
JUNIOR VICE COM.-IN-CHIEF
BALTIMORE, MARYLAND

COAST GUARD PAY AND ALLOTMENT
JAN 19 29

NATIONAL LEGISLATIVE COMMITTEE
EDWIN S. BETTELHEIM, JR., CHR.
319 METROPOLITAN BANK BLDG.
WASHINGTON, D. C.

File dmt.

January 17th, 1929.

Re: Edward Earl Riles.

U. S. COAST GUARD
REC'D
ANS'D JAN 19 1929 By

Admiral Frederick C.Billard,
Commandant, U. S.Coast Guard,
14th & Pa. Ave.,N.W.,
Washington, D.C.

Dear Admiral:

Under date of December 18th, 1928 I wrote you with reference to the above captioned in which I enclosed an application for World War Adjusted Compensation.

Will you be good enough to advise me as to the present status of this case.

Yours very truly,

Edwin S.Bettelheim,Jr.,
Chairman.

Form 3229a

VETERANS ADMINISTRATION

MEMORANDUM

Date May 1, 1943
BA-DA

From Chief Clerk
To U. S. Coast Guard Headquarters
Subject RILES, Edward E.
~~XC-1,542,731 S-140-217~~
BM 1/c USCG, Enl: 10/16/14 Died: 12/19/42

The original record of the proceedings of a Board of Officers which you loaned this Administration in the above identified case is herewith returned.

Please sign the enclosed carbon copy of this memorandum as a receipt for the record and return it to the Office of the Chief Clerk, attention Record Verification Subdivision.

W. C Black

W. C. BLACK

Att. (1)

Received 5/3/43
M. Beaton

3-13

PE-PR-29

FILE

UNITED STATES COAST GUARD

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

PS

MAR 10 1953

File: P15/MM
(140-217)

Returned by post office

Mrs. Mary Jeanette Riles
3025 S. W. 16th Terrace
Miami, Florida

My dear Mrs. Riles:

The Commandant, United States Coast Guard, has the honor to forward to you herewith the following medals earned by your late husband, Edward E. Riles, Boatswain's Mate, first class, United States Coast Guard:

American Defense Service Medal
American Campaign Medal
World War II Victory Medal

In order that you may understand the significance of the above awards, two bulletins containing the requirements for eligibility are inclosed.

Please acknowledge receipt of the inclosures by signing Part C of the attached Form CG-2927 and return it in the inclosed self-addressed envelope.

Sincerely yours,

B. V. BALL
Lieutenant Commander, USCGR(W)
Assistant to Chief, Special Services Div.
By direction of the Commandant

Incls:
1 AmDefSerMed
1 AmCampMed
1 WWIIVicMed
1 Form CG-2927 with env.
2 Regulations bulletins

RECEIPT FOR MEDALS
RTMENT
UARD
471

AMERICAN DEFENSE SERVICE MEDAL AND CLASPS
AND/OR
WORLD WAR II VICTORY MEDAL

MAR 10 1953

INSTRUCTIONS

Return this form to Commandant (PMM), U. S. Coast Guard, Washington 25, D.C. Typewrite or print in ink. Give home address in Section A only if separated from the Service.

A. GENERAL DATA

NAME (Last) RILES, (First) Edward Earl (Middle)

SERVICE NUMBER	RANK OR RATING	UNIT (If on active duty)
140-217	BM1c	

HOME ADDRESS (Give Number, Street, City, Zone No., and State)
3025 S.W. 16th Terrace, Miami, Florida

INDICATE STATUS BY CHECK MARK

- ☐ Active duty USCG, USCGR, or USPHS
- ☐ Officer - (Inactive) USCGR or USPHS
- ☐ Retired from USCG or USCGR
- ☐ Discharged from USCG, USCGR, or USPHS
- ☐ Disenrolled from USCGR (T)
- (X) Deceased USCG

B. STATEMENT OF ELIGIBILITY

Do not fill in this statement unless you have no proof of eligibility for awards claimed.

I hereby certify that I am eligible for the awards checked below. I have not previously received these awards from any other source.

- ☐ American Defense Service Medal
  - ☐ Fleet Clasp
  - ☐ Sea Clasp
  - ☐ Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- ☐ World War II Victory Medal (No Clasp)

_____
(Signature)

A WILLFULLY FALSE CERTIFICATION IS A CRIMINAL OFFENSE. U.S. CODE, TITLE 18, SEC. 80

C. RECEIPT FOR AWARDS

I hereby acknowledge receipt of the awards checked below. I certify that I have not previously received these awards from any other source.

- ☒ American Defense Service Medal
  - ☐ Fleet Clasp
  - ☐ Sea Clasp
  - ☐ Base Clasp

  EACH PERSON IS ENTITLED TO ONLY ONE TYPE OF CLASP.
- ☒ World War II Victory Medal (No Clasp)

(SIGN HERE) MRS. MARY JEANETTE RILES
WIDOW
(Recipient sign here)

(Do not sign unless awards are actually received)

A-1164

3-285

Dead files

SUPT. OF LT. HS. JUL 11 1939 KEY WEST, FLA.

STATEMENT OF PREVIOUS MILITARY SERVICE.

Edward E. Riles (NAME - Print) | 1st. Asst. Kpr. (GRADE) | Fowey Rocks L. H., 7th L. H. Dist. UNIT AND DISTRICT TO WHICH ATTACHED

D

I HAVE HAD PREVIOUS MILITARY SERVICE UNDER THE UNITED STATES AS FOLLOWS:

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS					
COAST GUARD	None	10/16/14	Tampa Flo	10/25/18	Barge Office N Y
COAST AND GEODETIC SURVEY					

cg, 4-0-10

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

Edward E Riles
(SIGNATURE)

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

REPORT OF CHANGE IN PERSONNEL

RILES	Edward	E.	140-217	B.M. 1c
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

AIR STATION	Miami, Florida.	2 September, 1942.
(Unit)	(Place)	(Date)

This date, as member of Fowey Rocks Light Station, transferred to jurisdiction of Captain of the Port, Miami, Florida.

AUTHORITY: DCGO,7ND/L 9-1-42(020-601)

K. P. MALEY
(Commanding)

Lieut. Comdr., USCG
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

1943 FEB 12 31

OFFICE OF
CAPTAIN OF THE PORT
MIAMI, FLORIDA

4 February, 1943

From: Captain of the Port, Miami, Florida
To : Commandant,

via : District Coast Guard Office, Seventh Naval District.

Subject: Riles, Edward E. (140-217) B M 1c (pro). U.S. Coast Guard (deceased); disposition of personel effects.

Reference: (a) Letter, Headquarters, 16 January, 1943 (23)

(b) Riles, Edward E. (140-217) B M 1c (pro) U.S. Coast Guard, Inventory of personel effects.

Inclosure: (A) Reference (b)

1. Forwarded.

S.V. CHAPMAN
Executive Officer

---

73 1st Indorsement Office, District Coast Guard Officer, Seventh Naval District, Miami, Florida. 9 February, 1943.

From: District Coast Guard Officer, Seventh Naval District.
To : Commandant.

1. Forwarded.

D. A. ANELLO,
By direction.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

OFFICE OF
CAPTAIN OF THE PORT
MIAMI, FLORIDA

Miami, Florida
26 January, 1943

INVENTORY OF PERSONAL EFFECTS OF RILES, EDWARD, E. (140-217) BM 1c (pro)

1	dungaree trousers
1	work shirt
1	sweater
1	pr shoes
2	pr socks
1	pr eye glasses
2	toothbrushes
8	pkgs. Prince Albert Tobacco
16	pkgs. Bull Durham Tobacco
1	billfold
1	small pocket knife
	$1.81 currency

Received the above articles 26 January, 1943.

Mrs. Mary Jeanette Riles

Mrs. Mary Jeanette Riles



~~Feb 3-14~~
File 3-14
HB
73

140-217

My dear Mrs. Riles:

It is my privilege to forward to you an Accolade from the President of the United States in memory of your husband, Edward Earl Riles, Boatswain's Mate, first class, United States Coast Guard.

This award is made to you as a tribute to your husband's sacrifice in the service of his country. May it serve in some small measure as a lasting memorial and a tangible manifestation of the Government's grateful recognition of his faithful and unselfish performance of duty.

Sincerely yours,

R. R. WAESCHE
Admiral, USCG
Commandant

Mrs. Mary Jeanette Riles
3025 S. W. 16th Terrace
Miami, Florida

: hb Return to 2-4

Mailed
7-24-

U. S. COAST GUARD (23)

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 1938

FOLLOW INSTRUCTIONS ON BACK

REC'D MAR 14 1942 FILE

RIES, Edward E. | 140-217 | B.M.2c. | Miami Air Station C.M.
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

*REGULAR
*SPECIAL
*TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Miami, Florida, Date March 9, 1942

To: U.S. Coast Guard Air Station,
(Coast Guard unit)
Miami, Florida.
(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
Abrasions, rt. wrist, mutiple-	# 4001		
Wound, lacerated, face-	# 4128	2-19-42	3-9-42

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

Discharged, eighteen (18) days off duty, and nine(9) days off on own time.

CONDUCT REPORT:

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

Randall B. Haas

Randall B. Haas
P.A.Surgeon, USPHS *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 _____, 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.

2—663

Coast Guard

Riles

(Surname.)

Edward Earl

(Christian Name.)

HEALTH RECORD

OF

THE ABOVE-NAMED MAN DURING

RE ENLISTMENT.



RATINGS:

(Write in full, one to a line.)

Seaman
(D) Cox
(P) Cox.

4—2684

HEALTH RECORD OF

Name Riles, Edward Earl.
(Surname first.)

Enlisted as Seaman

At Charleston, S. C. Tampa, Fla.

Date 10-16-16; to serve { ~~four~~ one years. / during minority.

Date of birth June 20-1896

Place of birth Punta Gorda, Fla.

Former diseases or injuries (recruit's statement): Asthma

Former occupations: Mariner.

Holds C. S. C. No. ____ { Previous service, } 2 years.

First enlisted ____ (Date.) Last discharged ____ (Date.)

Name and address of nearest relative or friend, (Father) David E. Riles 5101 Nebraska ave., Tampa Fla.

Religion, Protestant

DESCRIPTIVE LIST.

Eyes, Gray; Hair, Brown; Complexion, Fair

Height, 6 ft inches; Weight, 130 pounds.

Vision: R., ____/20; L., ____/20.

Hearing: R., ____/15; L., ____/15.
(Whispered voice: Distance in feet.)

Circumference of chest: mean, ____ inches;

expansion, ____ inches.

	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 "/".

Remarks: ____.

(Entries on this page and the next are made by Examining Surgeon at time of enlistment. Corrections to be made in red ink and initialed.)

MEDICAL HISTORY.

Name of patient Riles, Edward Earl.

Place U. S. S. Tampa

6-6-18

Patient Gives Statement
(Urethritis Specific)
Jan 1918

H. H. Sles
A. Surg USN.

7 U. S. S. Tampa, 6. G.
Foreign Waters, 7-3-18
Influenza (458) Duty:
Usual Symptoms and Treat
D. Ds to duty 7-5-18
a

H. H. Sles
Asst. Surg. U. S. N. R. F.

Marks, scars, etc., since enlistment or not previously noted:

Termination of Service.

Name of ship or station N.Y. Reunion

Place New York, N.Y.

Date Oct. 25, 1918.

By reason of Expiration Enlistment

Physical defects disqualifying for reenlistment (if any):

None.

Examining surgeon at time of discharge:

Ralph E. Porter

Surgeon, U. S. ~~Navy~~.

4—2684

ABSTRACT OF HEALTH RECORD.

Name Riley Edward Earl (In full, surname first.) During Re (1st, 2d, etc.) enlistment.

PLACE.	DATE. Attached.	DATE. Detached.	*DIAGNOSIS AND SICK DAYS. (e. g., Colica, 2; Hernia, 26; etc.)	Physically desirable for service. (Yes or no.)	SIGNATURE OF MEDICAL OFFICER.
U.S.S. Tampa	10-16-16	9-16-18	Influenza, G.	Yes.	W. H. Teter.
Barracks Base 9		SEP 27 1918	Bronch	Yes	H. A. NOREEN

4—2684

*Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

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

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (7)
FEB 16 1942

RILES, Edward E. (Name, surname first) | 140-217 (Service number) | B. M.1c. (Rank or rating) | Miami Air 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)

Place Miami, Florida., Date ~~XXXXX~~ 2-19-42, 19

To: MEDICAL OFFICER IN CHARGE,

U.SP.H.S., Miami, Fla.

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 Air Station, Miami, Fla.

Edward E. Riles
Edward E. Riles,
(Signature of patient)

W. D. Shields
W. D. SHIELDS, Lieut. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Miami, Florida, Date February 9th, 19 42

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

Abrasions, rt. wrist, multiple - #4001; Wound, lacerated, face, - #4128 (Caused by telephone pole which patient struck while driving a car on 2/7/42.)
(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~~ 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 USPHS Relief Station, Miami, Florida, {*~~hospital~~ / *office} on February 9th, 19 42

Randall B. Haas
Randall B. Haas
P. A. Surgeon, USPHS, 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

PR13-73

1 August, 1941.

From: Commandant.
To: Commanding Officer, Miami Station (Jacksonville District.)

Subject: RILES, Edward E. (140-217) B.M.1c.- correction and completion of records.

References: (a) Enlistment contract.
(b) Personnel Bulletin 19-41.

1. Since Edward E. Riles has had previous service in the Coast Guard, Headquarters has corrected reference (a) to show his service number to be 140-217. It is requested that your records be corrected accordingly.

2. It is requested that application for enlistment be forwarded to Headquarters as this form was not with the enlistment contract and supporting papers.

3. It is further requested that, in the future, the date photographs were taken be noted on the back of such photographs, in accordance with reference (b).

F. E. ALLISON,
By direction.

MAILED
AUG 1 1941

IN REPLY REFER TO NO. 73-

Folder 73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

FEDERAL BUILDING

JACKSONVILLE, FLA.

OFFICE OF THE COMMANDER
JACKSONVILLE DISTRICT

U. S. COAST GUARD
RECD AUG 23 1941

21 August, 1941.

From: Commander Jacksonville District.
To : Commandant.

Subject: RILES, Edward E. (140-217) B.M.lc.; completion of record.

Reference: (a) Headquarters' letter 1 August 1941 (PR13-73).

Inclosure: (A) Form 2520, in case of subject man.

1. In accordance with instructions contained in reference (a), inclosure (A) is forwarded herewith.

N. G. RICKETTS,
Chief of Staff.

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 20 June, 1941.

From: Commandant.
To: Commanding Officer, MIAMI AIR STATION.

Subject: RILES, Edward Earl (140-217) ex-Cox.: 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
10-16-14	10-15-15 H D	None		None		None	
10-16-15	10-15-16 H D	None		None		None	
10-16-16	10-25-18 H D	None		None		None	

RECEIVED
JUN 20 1941
COAST GUARD

	Yrs.	Mos.	Days
Total C. G. service	4	0	10
Navy service			
Other service			
Total	4	0	10

Completed years service

By direction:

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 2—15507

mcb H.C.B. Bas.

HEADING

FROM: MIAMI AIRSTA

ACTION: COMDT

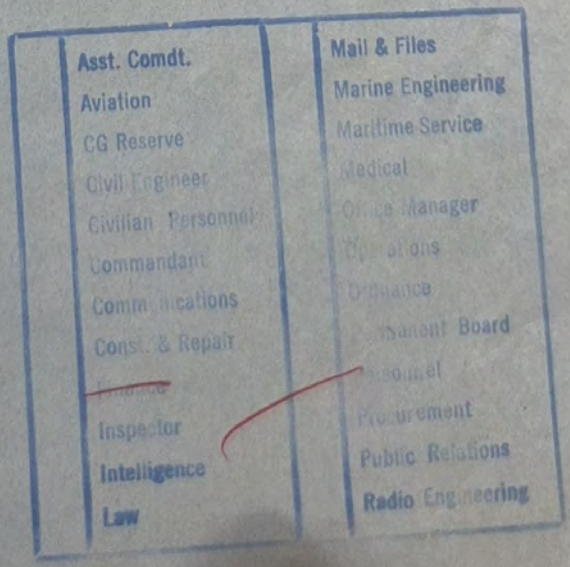
INFORM:

TEXT

REQUEST STATEMENT OF COASTGUARD SERVICE FOR PAY PURPOSES OF EDWARD S RILES ASSTKEEPER FOWEY ROCK LIGHT STATION WHO IS TO BE ENLISTED IN COAST GUARD X DISCHARGED 25 OCT 1918

TOD 1740 JUNE 18 XX 1941 NM

WR



OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

Riles, Edward E

REMARKS: None

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Regular enlistment
(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

Durbin T. Yoder
DURBIN T. YODER,
A.A.Surg. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

12 May, 1941.
(Date)

Place U.S. Coast Guard Air Sta. Miami, Fla.

From: Commanding Officer,
To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment in regular establishment.

K.P. MALEY, Lieut.
Commanding Dist. Comdr. Off. in Chg.

2d INDORSEMENT

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

MAY 20 1941
(Date)

The findings of the certificate are not approved

By direction of the Medical Director

By direction of the Surgeon General:

T. LeBLANC
Medical Director, U.S. Public Health Service.
CHIEF PHARMACIST.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

20 MAY 1941
(Date)

From: Commandant.
To: Commander, Jacksonville District
1. ENLISTMENT AUTHORIZED AS B.M.1c R.E.

Insert this copy in health record.

By direction,

S. P. MEHLMAN
Chief, Training Section
Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

REMARKS:

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Enlistment
(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 Durbin T. Yoder
DURBIN T. YODER,

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

1st INDORSEMENT

5-22-41
(Date)

Place Miami, Florida.

From: U.S. Coast Guard Air Station
To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment.

K.P. MALEY, Lieut.
Commanding Dist. Comdr. Off. in Chg.

2d INDORSEMENT

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

MAY 31 1941
(Date)

The findings of the certificate are not approved

By direction of the Medical Director

By direction of the Surgeon General:

T. LeBLANC
Medical Director, U.S. Public Health Service.

RGL
BMH

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.
To: Commander, U.S.C.G. Air Station
Miami, Florida.
1. Enlistment Auth. R.E. BM 1c.

Insert this copy in health record.

By direction,

By direction

U.S. GOVERNMENT PRINTING OFFICE 2—16141

185-8 mo.

U. S. COAST GUARD

RECD MAY 28 1941

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

DUPLICATE

PHYSICAL EXAMINATION RECORD

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

Name RILES, Edward E. (Surname first) Service Number _____

Age: Years 45 Months 0 Color White

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

Rank or Rating Keeper, Fowey Rocks Light Station

Place Miami, Fla. Date 5-18-41

Personal Medical History Usual childhood diseases, Burn left leg 1915. Laceration of right foot 1928.

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

Color blind? No Test used Plates

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

Eyes, eyelids, and reflexes Normal

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



12. 14. 30 missing.

Gums Normal Temperature 37.2 C.

Height 67 1/4 inches. Weight (stripped) 132 Lbs. Obesity No

Skin Pityriasis rosea of trunk and thighs.

Lymph. glands Normal

Chest: Inspiration 37 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 140 Diastolic 92

Pulse before exercise 90, after exercise 102, after 2 min. 98

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Scar on left leg & rt. heel.

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds None

Sp. Gr. 1.014

Microscopical exam. (if indicated) epithelia _____ Casts _____

Pus cells _____

Riles, Edward E

REMARKS: None

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Regular enlistment
(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

Durbin T. Yoder
DURBIN T. YODER,
A.A. Surg. Surgeon, U.S. Public Health Service.

1st INDORSEMENT

12 May, 1941.
(Date)

Place U.S. Coast Guard Air Sta. Miami, Fla.

From: Commanding Officer,

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment in regular establishment.

K.P. MALEY, Lieut.
Commanding—Dist. Comdr. Off in Chg.

2d INDORSEMENT

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

MAY 20 1941
(Date)

The findings of the certificate are not approved

By direction of the Medical Director:

By direction of the Surgeon General:

T. LeBLANC,
Medical Director, U.S. Public Health Service.
CHIEF PHARMACIST.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

20 MAY 1941
(Date)

From: Commandant.

To: Commander, Jacksonville District

1. ENLISTMENT AUTHORIZED AS B.M.1c R.E.

Insert this copy in health record.

By direction,

S. P. MEHLMAN
Chief, Training Section
Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

REMARKS:

CERTIFICATE

I } certify that { I } have personally made this physical examination and find that Edward E. Riles

He is physically qualified for Enlistment
(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 Durbin T. Yoder
DURBIN T. YODER,

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

1st INDORSEMENT

5-22-41
(Date)

Place Miami, Florida.

From: U.S. Coast Guard Air Station

To: Commandant.

1. Forwarded for action. Present status: Applicant for enlistment.

K.P. MALEY, Lieut.
Commanding—Dist. Comdr. Off in Chg.

2d INDORSEMENT

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

MAY 31 1941
(Date)

The findings of the certificate are not approved

By direction of the Medical Director:

By direction of the Surgeon General:

RCG
BMH

T. LeBLANC,
Medical Director, U.S. Public Health Service.
CHIEF PHARMACIST.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.

To: Commander, U.S.C.G. Air Station
Miami, Florida.

1. Enlistment Auth. R.E. BM 1c.

Insert this copy in health record.

By direction,

By direction

U.S. GOVERNMENT PRINTING OFFICE 2—16141

187-8 mos.

U. S. COAST GUARD

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

RECD MAY 19 1941

PHYSICAL EXAMINATION RECORD

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

Name RILES, Edward E. Service Number
(Surname first)

Age: Years 45 Months 0 Color White

For: Regular [redacted] enlistment.
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating 1st. Asst. Keeper.

Place Miami, Fla. Date 5-8-41

Personal Medical History Usual childhood diseases. Burn left leg 1915. Laceration Rt. foot 1928.

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

Color blind? No Test used Plates

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

Eyes, eyelids, and reflexes Normal

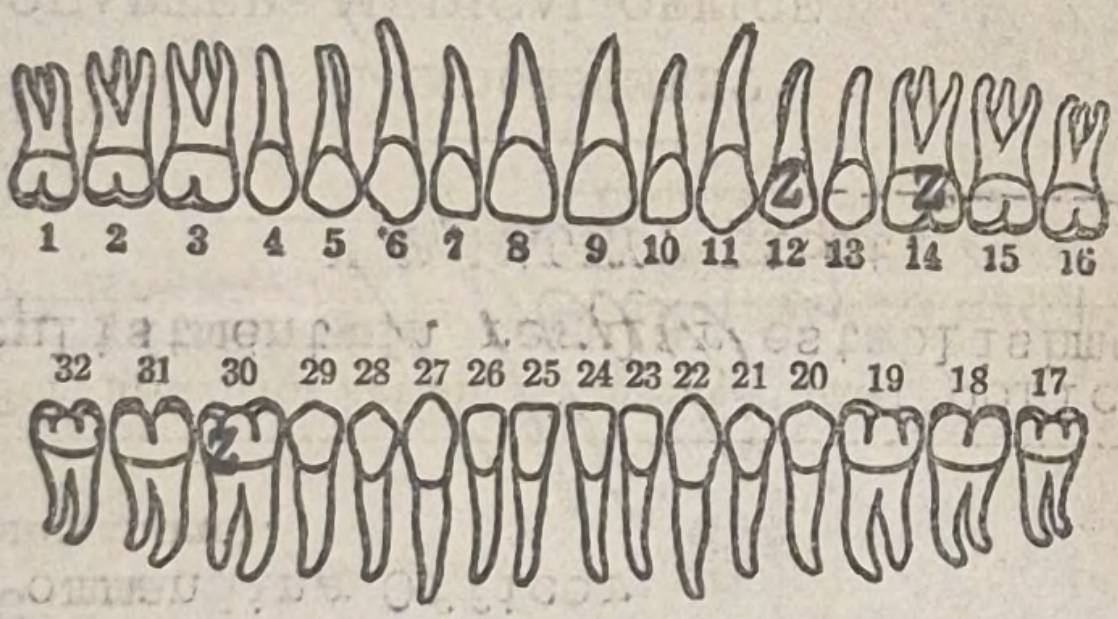
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



Gums Normal Temperature 37.2 C.

Height 67 1/4 inches. Weight (stripped) 145 Lbs. Obesity No

Skin Macular eruption on trunk and thighs. (pityriasis rosea

Lymph. glands Normal

Chest: Inspiration 37 Expiration 35

Heart and blood vessels Normal

Blood pressure: Systolic 140 Diastolic 92

Pulse before exercise 90, after exercise 102 after 2 min. 98

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds no

Microscopical exam. (if indicated) epithelia Sp. Gr. 1.014

Blood cells Pus cells Casts

Reds Whites

73
701

FILE
G. E. W.

5 May, 1931.

Mr. Edward E. Riles,
510 Osborne Avenue,
Tampa, Florida.

Sir:

In compliance with request contained in your letter of recent date, there is forwarded to you herewith, one Victory Medal with (~~Without~~) ESCORT Clasp and one Victory Button conferred upon you in accordance with the provisions of an Act of Congress approved May 13, 1908, directing the preparation and distribution of medals to officers and men of the Navy and Marine Corps of the United States, who participated in engagements and campaigns deemed worthy of such commemoration.

This medal is issued to you by the Coast Guard in recognition of your services rendered in the Coast Guard while this organization was serving as one of the adjunct forces of the Navy during the World War.

You are authorized to have engraved upon the rim of this medal, your name, rating, and the name of the vessel or station on which you served during the World War.

Please sign and return the receipt which is also enclosed herewith.

Honorable Discharge No.13330 is also returned herewith.

Very truly yours,

F. C. BILLARD,
Rear Admiral, U.S.Coast Guard,
Commandant.

73

U.S. COAST GUARD
RECD
APR 27 1931
BY

FILE
G.E.W.

Nav-650-SC

First Endorsement. 24 April 1931.

From: The Chief of the Bureau of Navigation.

To : The Commandant, U.S. Coast Guard,
Coast Guard Headquarters, Washington, D.C.

Subject: RILES, Edward Earl, formerly Coxswain, U.S.C.G.
Request for Service Medal.

Enclosure: (A) Honorable Discharge No. 13330, from U.S.C.G.

1. Forwarded herewith is the application of the above named man for a Victory Medal on account of service in the United States Coast Guard.

F. B. UPHAM
Chief of Bureau.

R. W. GRUELICK
By direction.

Transmittal

Overseas 6 Apr, 1917 - 30 Oct, 1918.

Tampa April 6, 1917 - Sept 6, 1918

(Escort)

APPLICATION FOR VICTORY MEDAL

ORIGINAL

ENLISTED MEN

ARD EARL, Coxswain, USCG
(Christian name in full) (Army serial number) (Grade and organization—Instr. 1)

TO BE PREPARED ON TYPEWRITER BY APPLICANT

ctory Medal with appropriate clasps for
United States Army in The World War:
erations participated in (Instruction 2):

	CAMBRAI		SOMME OFFENSIVE
	SOMME DEFENSIVE		OISE-AISNE
	LYS		YPRES-LYS
	AISNE		ST. MIHIEL
	MONTDIDIER-NOYON		MEUSE-ARGONNE
	CHAMPAGNE-MARNE		VITTORIO-VENETO
	AISNE-MARNE		

Defensive sector service (Instruction 3):

Service abroad not entitling me to battle clasp, in (Instruction 4)

X FRANCE; ____ ITALY; ____ SIBERIA; ____ RUSSIA; X ENGLAND

Signature of Applicant (Instr. 6) Edward Earl Riles

Address 510 Osborne Avenue, Tampa, Florida.

Date 4-21-31

3—7740

TO BE FILLED OUT BY FORWARDING AND APPROVING OFFICER

_____, _____
(Station of forwdg. or apprg. officer) (Date)

To The Adjutant General of the Army (____Incls.)

Signature _____

To the Depot Officer, G. S. Depot, Phila., Pa. (Instr. 8)
Approved for Victory Medal.
With battle clasps:*

Allen G

With clasp __ for service not entitling to battle clasp:*

Signature of Approving Officer _____

_____
(Rank and designation)

(Instructions 7 and 9)

*If none, so state.

TO BE PREPARED ON TYPEWRITER BY APPLICANT

DEPOT OFFICER
GENERAL SUPPLY DEPOT
U. S. ARMY
PHILADELPHIA, PA.

OFFICIAL BUSINESS

Penalty for private use, $300

To: EDWARD EARL RILES,
(Name of person to whom package is to be mailed)

510 Osborne Avenue,
(Number and street or rural route)

Tampa, Florida.
(City, town, or post office)

U.S.A.
(State or country)

TO BE FILLED OUT BY APPROVING OFFICER

Contents:

One Victory Medal

With Battle Clasps for*

With Clasp for*

*If none, so state

3—7740

TREASURY DEPARTMENT

UNITED STATES COAST GUARD,

Washington, D.C.

FILE
G. E. W.

RECEIPT FOR VICTORY MEDAL, CLASP OR BUTTON.

Tampa Fla
(Place)

5/8/31
(Date).

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

U. S. COAST GUARD
REC'D MAY 26 1931 By
ANS 1

Sir:-

I hereby acknowledge receipt of one Victory Medal with (~~without~~) Escort clasp and one Victory Button, conferred upon me in accordance with the provisions of an Act of Congress approved May 13, 1908 directing the preparation and distribution of medals to officers and men of the Navy and Marine Corps of the United States, who participated in engagements and campaigns deemed worthy of such commemoration. The Victory Medal, Clasp and Button indicated in the foregoing is issued to me in recognition of my services as a member of the Coast Guard while that organization was serving as one of the adjunct forces of the Navy during the World War.

Respectfully,

Edward E. Riles, Boxswain
(NAME AND RATING HELD).

U.S.S. Tampa C.G.
(Vessel or station from which discharged).

COAST GUARD.
Form 9545.
REGISTER ENLISTED FORCE.

140-217

Former Lighthouse employee, Enlisted pursuant to the Act of August 5, 1939.

Riles, Edward Earl

21834

Other creditable service— YRS. MOS. DAYS.

Birth, date of, June 20, 1896

Birth, place of, Punta Gorda, Fla.

Citizenship, N

2—8095

VESSEL OR STATION.	DATE.	RATE.	SERVICE. YRS.	SERVICE. MOS.	SERVICE. DAYS.	REMARKS.
~~Miami~~ Tampa	10-16-14	Boy 2C				Orig. enl.
"	10-5- 15	Seaman				
"	10-12-16	Cox (A)				
"	10-16-16	Qm (a)				
"	3-4-17	Qm.				
"	8-9-17	Seaman				
"	8-14-17	Cox (a)				
"	11-14-17	Cox				In hospital when Tampa was sunk on Sept. 26, 1918.
NEW YORK DIV.	10-23-18	"				Tr
" " "	10-25-18	"	4		10	H.D.-Enlistmant extended under Art. 336, Regs. - On foreign duty - country at war.
						Auth. Form 2525-B, 6-3-41.
MIAMI AIR STA.(JD)	7-1-41	B.M.1c.				Re.THREE YEARS REGULAR.
FOWEY ROCKS LT STA(MD)	7-1-42	B.M.1c.				Reorganization
COTP MIAMI	9-2-42	B.M.1c.				TR
COTP MIAMI	12-19-42	B.M.1c.				DIED (Drowned).