AUG 25 2025 AM 11:00

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

Date: 8/25/2025

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
Roberts, Walter, Andrew	~~181289~~	1921 FL 8/3/21

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

2/18/1961

Service Period (Check all that apply):
- ☐ 1939 & Prior
- ☑ 1940 - 1950
- ☐ 1950 & After

Date & Place of Death: 1961 FL

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
Middle name is Andrew.

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) Try 510181

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-0006185503

CMRS Search Request Number(s): ~~CG-S002761-60033~~ released 8/27/25

Attendant Signature:

25 SEP 11 AM10:33:32

Remarks:

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:

(PS-2)

5512
12 August 1965

Mrs. Madeline S. Roberts
1800 Rugsby Road
Jacksonville, Florida 32208

Re: ROBERTS, Walter A., Jr. (510-181) ex-SN, USCGR

Dear Mrs. Roberts:

Current regulations permit issuance of dependent's identification cards only to Armed Forces active duty or retired service member and/or their dependents, or surviving dependents of deceased active duty or retired service members.

Since your husband received an Honorable Discharge from the U. S. Coast Guard Reserve on 6 April 1944, and you may not be considered in one of the categories listed above, your application must be denied.

I hope this information is of assistance.

Sincerely yours,

JAMES W. KINCAID
Captain, U. S. Coast Guard
Chief, Personnel Services Division
By direction of the Commandant

copy to:
Bonnie B. Blanton
County Courthouse
Jacksonville, Fla.

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD

Form Approved
Budget Bureau 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
ROBERTS, Walter Andrew, Jr.		

4. STATUS	5. GRADE-RATE-RANK	6. BRANCH OF SERVICE	7. SERVICE NUMBER
☐ ACTIVE DUTY ☐ RETIRED ☐ DECEASED AD ☐ DECEASED RETIRED ☐ OTHER (Specify)	Slc	U.S.C.G.	510-181

8. DATE OF (expiration of service or contract) OR (death) (if applicable)
Disch'd 4-6-44; died 2-18-61

REASON CARD IS REQUESTED (Check appropriate 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)

Died of Service connected disability
x

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

				FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
10a. LAST NAME - FIRST NAME - MIDDLE INITIAL ROBERTS, Madeline S.	b. RELATIONSHIP Unremarried Widow	c. COLOR EYES Hazel	d. COLOR HAIR Blonde	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS 1800 Rugsby Road Jacksonville, Florida 32208	h. DATE OF BIRTH 8-28-25	i. HEIGHT 5'7"	j. WEIGHT 145#	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
11a. LAST NAME - FIRST NAME - MIDDLE INITIAL ROBERTS, Walter Arthur	b. RELATIONSHIP Son	c. COLOR EYES blue-green	d. COLOR HAIR Brown	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
12a. LAST NAME - FIRST NAME - MIDDLE INITIAL	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 l. EXPIRATION DATE	m. DATE ISSUED
13a. LAST NAME - FIRST NAME - MIDDLE INITIAL	b. RELATIONSHIP	c. COLOR EYES	d. COLOR H	e. PRIVILEGE AUTHORIZED[1]	f. CARD NO. ISSUED
g. ADDRESS	h. DATE OF BIRTH	i. HEIGHT	j. WEIGHT	k. MC(C) EFFECTIVE DATE l. EXPIRATION DATE	m. DATE ISSUED
14a. LAST NAME - FIRST NAME - MIDDLE INITIAL	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 l. EXPIRATION DATE	m. DATE ISSUED
15a. LAST NAME - FIRST NAME - MIDDLE INITIAL	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 l. EXPIRATION DATE	m. DATE ISSUED

DENIED DENIED DENIED

16. RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF RECIPIENT

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

17. 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.

c. ☒ I am the widow of the deceased member or retired member named in Section I, that I am not now married and have never remarried since date of death of said member or retired member. Lawful marriage to said member or retired member took place at Panama City, Fla. (PLACE) on 10-28-44 (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

file
3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

P3-1
P6-4
510-181
20 March 1961

From: Commandant
To: Office of the Quartermaster General, Department of the Army, Memorial Division, Washington 25, D. C.

Subj: Verification of service of ROBERTS, Walter Andrew, Jr (510-181) ex-Seaman, first class, United States Coast Guard Reserve, deceased

Ref: (a) DA Form 1315 dated 10 March 1961

1. The service information listed below is verified from available records at Coast Guard Headquarters:

NAME:
ROBERTS, Walter Anirew, Jr

DATE AND PLACE OF BIRTH:
3 August 1921 - Apalachicola, Florida

SERVICE NUMBER:
510-181

HIGHEST RANK & ORG.:
Seaman, first class, USCGR

STATE OF RESIDENCE:
time of discharge - Florida

ACTIVE DUTY DATES:
28 March 1942 - 6 April 1944

DATE AND NATURE OF LAST SEPARATION:
6 April 1944 - Honorable Discharge

PRIOR SERVICE:
None

M. J. MAYER
Chief, Survivors Benefits Section
Special Services Division
U. S. Coast Guard
By direction

Encl:
DA Form 1315 dated 10 March 1961

Date of death: 18 February 1961
Interred at: Mary Esther Cemetery, Mary Ester, Florida
Applicant's Signature: Madeline S. Roberts, Widow, 1800 Rugsby Road, Jacksonville, Florida

CAGREEN:cag 20 March 1961



PERSONNEL SERVICES
DIVISION
1965 JUL 22 AM 10 54

ELMER R. KELLEY
COUNTY VETERANS SERVICE OFFICER

DUVAL COUNTY

ROOM 301, COUNTY COURTHOUSE
EL 5-4451, EXT. 230, 231

JACKSONVILLE, FLORIDA 32202

July 20, 1965

IN REPLY REFER TO:
ROBERTS, Walter Andrew, Jr
XC 41 906 30

Commandant of the Coast Guard

Washington, D. C.

Dear Sir:

Attached hereto you will please find DD Form 1172, Application for Uniformed Services Identification And Privilege Card in duplicate for Mrs. Madeline S. Roberts unremarried widow of the above deceased veteran.

Please place in line for immediate consideration.

Sincerely,

Bonnie B. Blanton

BONNIE B. BLANTON, Sr. Asst.
County Service Officer

BBB/cw

file
3-13

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD
HEADQUARTERS
WASHINGTON 25, D.C.

PS-1
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20 March 1961

From: Commandant
To: Office of the Quartermaster General, Department of the Army, Memorial Division, Washington 25, D. C.

Subj: Verification of service of ROBERTS, Walter Andrew, Jr (510-181) ex-Seaman, first class, United States Coast Guard Reserve, deceased

Ref: (a) DA Form 1315 dated 10 March 1961

1. The service information listed below is verified from available records at Coast Guard Headquarters:

NAME:
ROBERTS, Walter Andrew, Jr

DATE AND PLACE OF BIRTH:
3 August 1921 - Apalachicola, Florida

SERVICE NUMBER:
510-181

HIGHEST RANK & ORG.:
Seaman, first class, USCGR

STATE OF RESIDENCE:
At time of discharge - Florida

ACTIVE DUTY DATES:
28 March 1942 - 6 April 1944

DATE AND NATURE OF LAST SEPARATION:
6 April 1944 - Honorable Discharge

PRIOR SERVICE:
None

M. J. MAYER
Chief, Survivors Benefits Section
Special Services Division
U. S. Coast Guard
By direction

Encl:
DA Form 1815 dated 10 March 1961

Date of death: 18 February 1961
Interred at: Mary Esther Cemetery, Mary Ester, Florida
Applicant's Signature: Madeline S. Roberts, Widow, 1800 Rugsby Road, Jacksonville, Florida

CAGREEN:cag 20 March 1961

REGISTER OF DENTAL PATIENTS AT TYNDALL FIELD, FLORIDA

(1) SURNAME	(2) CHRISTIAN NAME	(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
Roberts,	Walter A. 226 922	CBM	Coast Guard Sq.		49	W	Fla.	29 yrs.

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
6 c	8 Exam (Routine) 1945	Initial Cl II
8	Cr Prlx March	LA. clancy
		Cl IV

Lt. Col. Dental Corps, U. S. A.

W. D., A. G. O. Form No. 8-116
(Old W. D., M. D. Form No. 79,
which may continue in use)
31 May 1944

☆ GPO 16—20622-1

UNITED STATES COAST GUARD

DISCONTINUANCE OF FAMILY ALLOWANCE NO. 814,045.

ENLISTED MAN	SERVICE NO.	AUTHORIZATION NO.
ROBERTS, JR., Walter A.	(510-181)	942,070

Roberts	Walter	A. Jr	510-181	Sea. 1c
Last Name	First Name	Middle Name	Service No.	Rating

4/13/44
Date

MEMORANDUM FOR CHIEF, MILITARY MORALE SECTION:

SUBJECT: REPORT OF DISCHARGE. N. D. Med.

1. Subject man has been discharged as of 6 April 1944 (date)

DATE 28 October, 1943.

Chief, Military Morale Section.

6242

S & A 66 RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTHORIZATION No. 942,070

814,045

Last Name	First Name	Middle Name	Service No.	Rating
ROBERTS, Jr.	Walter	A.	(510-181)	Sea.1c.

CLASS A or B	PAYEE	PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
A	P	1	Vera G. Roberts, General Delivery, Carrabelle, Florida.	Wife		

22.00

* THE AGE LIMITATION ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCE TO A DEPENDENT CHILD WILL APPLY EXCEPT AS NOTED HERE.

None

NO LEGAL LIMITATION EXISTS ON THE PAYMENT OF THE MONTHLY FAMILY ALLOWANCES TO A WIFE DIVORCED AND/OR CHILD(REN) EXCEPT AS NOTED HERE.

None

LAST AUTHORIZATION No. None (Number or "None"), DATED _____ 19____.

IS SUPERSEDED AND CANCELLED BY THIS AUTHORIZATION.

THE 1 (Number of) DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY AS ENTITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCE(S) AUTHORIZED BY PUBLIC LAW 625 (77th CONGRESS, 2nd SESSION), FIRST PAYMENT TO BE MADE FOR THE MONTH OF April, 19____.

DATE 20 April, 1943

BY AUTHORITY OF THE SECRETARY OF THE NAVY

Chief, Military Morale Section

BUREAU OF PERSONNEL COPY

PATENTED

B.N.P. 688 April 942,070 PART 1

NAVY DEPARTMENT
APPLICATION FOR FAMILY ALLOWANCES

Mail to:

☐ BUREAU OF NAVAL PERSONNEL (ENLISTED MEN, NAVY)
☒ COMMANDANT, U. S. COAST GUARD (ENLISTED MEN, COAST GUARD)
☐ COMMANDANT, MARINE CORPS (ENLISTED MEN, MARINE CORPS)

Date 23 March, 1943, 19___

814,045

I. I, ROBERTS, Jr. (Last name) Walter (First name) Andrew (Middle name) Sea.1c.(R) (Rate or rank)

U. S. Coast Guard, Crooked River Light Station, Carrabelle, Fla. 510-181 (Organization) (Service or serial number)

do hereby apply for the family allowance authorized by Servicemen's Dependents Allowance Act of 1942, for the following-named relatives and/or dependents who are related to me in the manner stated below and those named under Class B are each dependent upon me for a substantial portion of their support. I understand that a monthly deduction will be made from my pay in the amount as required by law ($22 for Class A *or* B dependents or $27 for Class A *and* B dependents).

II. CLASS A

List: Wife, children (including legally adopted child, stepchild, acknowledged illegitimate child), former wife divorced (to whom alimony is still payable). If you have no dependents in Class A, write "None."

1. ROBERTS (Last name) Vera (First name) Glisson (Middle name) Wife (Relationship) (Date of birth if minor)
Gen. Delivery (Number and street or R. F. D.) Carrabelle (City or post office) Florida. (State)

2. (Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

3. (Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

4. (Last name) (First name) (Middle name) (Relationship) (Date of birth if minor)
(Number and street or R. F. D.) (City or post office) (State)

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

(Name) (Number and street or R. F. D.) (City or post office) (State)

Date and place of marriage to present wife 14 March, 1943 Panama City, Florida.

Date and place of marriage to divorced wife _____

Amount of monthly alimony or support payment decreed by court order or legal agreement for former wife divorced, or wife and/or child living separate and apart, $_____

Date alimony or support payment ceases _____

Name and location of court _____

Name and designate any child included above who is legally adopted or has been acknowledged as illegitimate

16—30368-1

III. **CLASS B** **PART 1**

Consists of only the following relatives to whom you contribute a substantial portion of their support (father, mother, natural or adoption; grandfather, grandmother, stepfather, stepmother, of either husband or wife; person in loco parentis to you, brother, sister, half brother, half sister, stepbrother, stepsister, adopted brother, adopted sister, grandchildren).

Give following information as to each Class B dependent claimed:

1. _____
(Full name) (Relationship) (Date of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

2. _____
(Full name) (Relationship) (Date of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

3. _____
(Full name) (Relationship) (Date of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

4. _____
(Full name) (Relationship) (Date of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

5. _____
(Full name) (Relationship) (Date of birth if minor)

_____
(Number and street or R. F. D.) (City or post office) (State)

Estimated monthly income this dependent, $_____ *My total contribution last year,* $_____

(State name and address of the adult person to whom check is to be sent for each minor or incompetent dependent named above)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

_____
(Full name) (Number and street or R. F. D.) (City or post office) (State)

State any other facts pertinent to this claim or in explanation thereof:

_____

_____

Walter A. Roberts, Jr.
Walter A. Roberts, Jr. (Signature)

Subscribed and sworn to before me, this 23 day of March, 19 43

(Oath may be executed by any commissioned officer, notary public, or person legally authorized to administer oaths.)

E. P. Kaufman
E. P. Kaufman, (Signature)
Ensign, USCGR.
(Title)

16—29368-1

521

UNITED STATES COAST GUARD

St. Marks, Florida

OFFICE OF
THE CAPTAIN OF THE PORT

ADDRESS ALL COMMUNICATIONS FOR
THIS OFFICE
TO THE "CAPTAIN OF THE PORT"

FOR VICTORY
BUY
UNITED
STATES
WAR
BONDS
AND
STAMPS

MILITARY MORALE SECTION
U. S. C. G.
RECEIVED
OCT 27 1943

25 October 1943

To: The Commandant(PMM)

Subj: Walter A. Roberts, Jr. 510-181 USCGR; request for termination of family allowance class "A"

Subject man has requested his application for family allowance, class "A" be terminated. To support this request for termination a copy of the divorce decree is herewith submitted.

M. C. REDFORD
By direction

Incl
Copy of divorce decree

cc: DCGO 7ND

St. Marks, Florida

25 October 1943

To: The Commandant(PMM)

Subj: Walter A. Roberts, Jr. 510-181 USCGR; request for termination of family allowance class "A"

Subject man has requested his application for family allowance, class "A" be terminated. To support this request for termination a copy of the divorce decree is herewith submitted.

M. C. REDFORD
By direction

Incl
Copy of divorce decree

cc: DCGO 7ND

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT IN
AND FOR FRANKLIN COUNTY,
STATE OF FLORIDA. IN CHANCERY.

WALTER A. ROBERTS, Jr.,
Complainant,
-vs-
VERA MAE ROBERTS,
Defendant.

DIVORCE.

FINAL DECREE

This day, this cause coming on for final hearing upon the Bill of Complaint, the Decree Pro Confesso taken and entered against the defendant in the Clerk's office of Franklin County, Florida, and the Testimony taken and reported to the Court by W. P. Dodd, Special Examiner, heretofore appointed to take the same, and the Court having considered all the same and being now advised of its opinion in the premises, doth find as follows:

1. That the Court has jurisdiction over the subject matter and the parties to this cause.

2. That the defendant, Vera Mae Roberts, has been duly served with process in this cause as required by law.

3. That a Decree Pro Confesso has been duly entered according to law against the said defendant and that the same should be confirmed.

4. That the material allegations in the Bill of Complaint have been established and maintained by proof.

THEREUPON, it is Ordered, Adjudged and Decreed:

(a) That the Decree Pro Confesso heretofore entered against the defendant Vera Mae Roberts, be and the same is hereby confirmed.

(b) That Walter A. Roberts, Jr., the complainant, and Vera Mae Roberts the defendant, be and they are hereby divorced from each other absolutely and the marriage heretofore contracted between them is by this Decree forever dissolved and henceforth made of no effect in law.

DONE, ORDERED, ADJUDGED and DECREED, at Chambers in Tallahassee, Florida, this 13 day of October A. D. 1943.

(sgd) W. May Walker
CIRCUIT JUDGE.

Walter A Roberts

discontinuance
last payment
October, 1943.

Note: Received 13 October, 1943

(PMM)
CG-73

2 November, 1943

To: COTP, St. Marks, Florida

Via: DCGO, Seventh Naval District

Subj: Roberts, Walter A., Jr. (510-181) Seale(R); payment of family allowance

Your letter dated 25 October, 1943: Subject man should be informed that family allowance to Vera G. Roberts, his former wife divorced, has been terminated, last payment to be made for October, 1943.

J. R. HINNANT
By direction

U.S. COAST GUARD (3)
NOV - 2 1943

COY: MS/mpg

2110 2-4

Form 55 A
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

COMPLETED

CLINICAL RECORD
BRIEF

1235
CAD

Register No. 9118 Hospital Station Hospital, Dale Mabry Field, Fla.
Name Roberts, Walter A. Jr. Serial No. 510-181
Grade S/1 cl Co. Crooked River Light House Regt. and Arm or Service
Age 22 Race W. Nativity Fla. (3 August 1921)
Service 1 9/12 Date of admission 28 January, 19 44
Source of admission Casual
Station Carrabelle, Florida
Ward # 4 Previous admission None
Religion Prot. Home address Port St. Joe, Florida
Name and address of nearest relative (Mother) Mrs. Bessie Roberts
Address same as above.
28 March 1942 D D S
Severe Diabetes mellitus. (Initials of admitting officer)

Disposition St. Ward, Fla. Date 1/30/44, 19

Final diagnosis:

Diabetes mellitus, acute,

Additional diagnoses (Complications, special treatment and operations):

FILE
T. LeB

Line of duty Yes.
Condition on completion of case Improved

Transfer diagnosis confirmed or not confirmed
Autopsy

W Reitmeier M.C.
1st Lt.

10—18813

Chief Medical Officer

FEDERAL CORRECTIONAL INSTITUTION

TALLAHASSEE, FLORIDA.

January 28, 1944

Chief Medical Officer,
Dale Mabry Field,
Tallahassee, Florida.

Re: ROBERTS, Walter A. Jr.,
Service No. 510-181

Sir:

The above mentioned subject is suffering from severe Diabetes mellitus, which has only recently been noticed. He has never taken any treatment for it. Arrangements are being made for transfer to a Marine Hospital. However, his urine shows 4 plus sugar and 4 plus acetone. There is danger of coma enroute to the Marine Hospital. For this reason he is being refered to you temporarily for adjustment of his diabetes until he can travel safely.

Respectfully,

Robert W. Biach

ROBERT W. BIACH,
Assistant Surgeon, USPHS.,
Chief Medical Officer.

RWB/b

Form 55 B
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS PERSONAL HISTORY

Name ..... Grade ..... Ward .....

Chief complaint: wt. loss, polyuria, polydipsia } dur. 2 mos.

General appearance and condition on admission:

w/d, w/m, w/m, not appearing acutely ill.

Occupation: watch duty

Tropical service: none.

Habits (alcohol, tobacco, drugs): alc - occas beer.
tob. - occas. cigarette.

Family history:

M. & F - l. & w.
2 s + 1 b - l & w.
No history of diabetes or fam. disease.

Previous personal history:

childhood - measles, mumps, chickenpox.

Med. - 1939 - in bed for obs. - fainting.

Surg - T. + A. - age 7.

Injuries: None.

Venereal disease: No history

(OVER)

16—18815-4

HISTORY OF THE PRESENT ILLNESS

Pt. states that he was well until 2 mo. ago, when he gradually noticed that he had been Drinking more water, & Urinating more frequently, ca q 3 hrs. (previously 2 - 3 x/day). Appetite has been increasing. Wt. loss of 6 lbs in the last 1½ mo has occurred.

No recent infections or illness. No recent furuncles or nerve pains. On routine exam, urine was found to contain sugar ++++. This was repeatedly present.

At present, he has no complaints, except sl. nausea in A.M. (present for last 3-4 mo.). No vomiting, no cough. Appetite is good.

Form 55 C-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

PHYSICAL EXAMINATION

Name ..... Grade ..... Ward .....

Height: Normal weight: Present weight:

Skin:

normal, but dry.

Head (including special senses, nose, mouth, throat, and pharynx):

EENT less. normal

Neck:

no adenopathy
thyroid not enl.

Thorax:

symetrical

Lungs:

clear & resonant
throughout

Vascular system (arterial and venous): normal

Blood pressure: Systolic 134; diastolic 82

Heart:

Within normal
limits.

(OVER)

16—18316

PHYSICAL EXAMINATION

Abdomen: neg. No tenderness
+ K S - N. M. O

Hernia:

none

Genito-urinary:

normal

Anus and rectum:

normal

Glandular system (lymphatic and endocrine):

normal

Bones and joints:

normal

Muscular system:

fairly well developed

Nervous system:

deep reflexes sl. hypoactive
K. V. bilat. decreased.
No path. reflexes

Date 1/28, 1944

Signature [illegible] Name (typed) _____ Grade [illegible]

16—18816

Form 55 D
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED LABORATORY TESTS, AND CONSULTATIONS

Name _____ Grade _____ Ward _____

Transfer diagnosis:

Initial summary:

Working diagnosis or impression:

Diabetes Mellitus + acidosis.

Contemplated laboratory tests and special examinations:

Form 55 F
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

PROGRESS NOTES

Name _____ Grade _____ Ward _____

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

(Use both sides of this sheet)

16—18818

Form 55 G-1
MEDICAL DEPARTMENT, U.S. ARMY
(Revised May 31, 1939)

TREATMENT

Name Roberts, Walter A. N. Grade 3/cl. Ward 4

Date	
1-28/44	Bl. sugar and urinalysis done, R.C. Stark
1/28/44	Kahn Urine RBC, W.B.C. + differential. Fasting Blood sugar in A.M. Chest X/X-Ray. Urine to Lab. daily 6 AM, 10 AM, 3 p.m, 9 P.M. Blood cholesterol + N.P.N. ℞ - Force fluids (water). Nacl gr. X t.i.d. Diet C 120. P 60. F 70. noted R.C. N. Sap

Form 55 H-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Roberts, Walter A. V5. Grade 5/1 cl. Ward 4

Date	A.M. T	A.M. P	A.M. R	P.M. T	P.M. P	P.M. R	St	Wt	Medication and Nurse's Notes
									Ambulatory pt. admitted to Ward 4 (sailor) Offers no complaints, cc
8 pm				98	80	20			Orange Juice 9 P.M.
									Urine Spec 9-6 am.
1-29-44									Slept fairly well M.C.
0800	98²	84	20						Breakfast held for Blood Sugar,
									Blood cholesterol ord by N.P.N.
									diet - C. 120 - P. 60 - F. 70
1000									Specimen of Urine to lab.
1600				98⁴	80	20			Usual day.
1-30-44									Orange Juice 9 P.M.
									Urine Spec. 9-6 am.
1-30-44									Fair night. M.C.
0800	98⁴	84	20						Breakfast held for blood sugar.
									diet - C. 120 - P. 60 - F. 70
									Urine spec. 10-6

(Over)

Form 55 L
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

LABORATORY REPORTS

Name _____ Grade _____ Ward _____

Name Roberts, Walter A Jr. 9118 Rank S/1 Cl. Ward 4
Station Dnf Requested by Lt Sar

Color	Character	Reaction
Sp.G.	Albumen	Sugar Positive 3+
Blood	Bile	Volume

Microscopic: Acetone: Positive +++ 2 L
Diacetic Acid: Negative
M.S.

24 6 am 1-30-44 M.C.

24 7 " 1-28-44 M.C.

408] Form 55 L-2
AL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)
BLOOD (Chemistry)
☆ GPO 16—16983-1
Date 1-29-44

Remarks _____
Lab. _____, M. C.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)
BLOOD (Chemistry)
☆ GPO 16—16983-1
Date 1-29-44

24
URINALYSIS 9 am Date 1-29-44 C.C.W.

BLOOD 24 Date 1-24-44
URINALYSIS 10 AM Date 1-29-44 C.C.W.
1-29-44 C.C.W.
M.C.

URINALYSIS Date 1-28-44 C.C.W.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)
16—16983
Date _____

URINALYSIS 9 am Date 1-28-44

Form 55 L
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

LABORATORY REPORTS

Name _____ Grade _____ Ward _____

Name Roberts, Walter A Jr. 9118 Rank S/1c. Ward 4
Station Dnf Requested by Lt Sax

Color Character Reaction
Sp.G. Albumen Sugar Positive 3+
Blood Bile Volume

Microscopic: Acetone: Positive +++++ 24
Diacetic Acid: Negative
24 6 am 1-30-44 M.D.
24 9 1-28-44 M.D.
H.O.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)
☆ GPO 16—16983-1
BLOOD (Chemistry) Date 1-29-44
Remarks
Lab. , M. C.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)
☆ GPO 16—16983-1
BLOOD (Chemistry) Date 1-29-44
24

URINALYSIS 9 am Date 1-29-44 C.C.W.

BLOOD 24 Date 1-24-44

URINALYSIS 10 AM Date 1-29-44 C.C.W.
1-29-44 C.C.W.
H.C.

URINALYSIS 9 Date 1-28-44 C.C.W.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)
16—16983
Date

URINALYSIS 01 Date 1-28-44

16—18814

Form 55 L
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

LABORATORY REPORTS

Name ..... Grade ..... Ward .....

9118

Name Roberts, Walter A Jr. Rank S/1cl. Ward 4

Station DNF. Requested by Lt Surg

Color Character Reaction

Sp.G. Albumen Sugar Positive 3+

Blood Bile Volume

Microscopic:

acetone: Positive ++++
Diacetic Acid: Negative

23
9 pm. 1-28-44 M.D. M.C.

24

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)

BLOOD (Chemistry) Date 1-29-44
☆ GPO 16—16983-1

Remarks ....., M. C.

Lab. .....

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)

BLOOD (Chemistry) Date 1-29-44
☆ GPO 16—16983-1

24
URINALYSIS 9 pm Date 1-29-44 C.C.W.

BLOOD 24 Date 1-24-44

URINALYSIS 10 AM Date 1-29-44 C.C.W.
damaged 1-29-44 C.C.W.
M.C.

9?

URINALYSIS Date 1-28-44 C.C.W.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

Date .....

16—16983

Date 1-25-44

Name ---

Station Disp

Examination requested by Lt Davis

Indicate examination requested by check (✓) below:

WHOLE BLOOD	Normal	Found
N. P. N.	20–35	
Urea N.	10–15	
Uric Acid	1–3	
Creatinin	0.9–2.0	
✓Sugar	80–120	284
Chlorides	400–500	
Cholesterol	150–250	
Phosphorus	3–4	

PLASMA	Normal	Found
CO_2 (vol. %)	53–72	
pH Value	7.3–7.5	
SERUM		
Icteric index	4–8	
Van den Bergh (as bilirubin):		
Direct		
Indirect	0.1–0.25	
Calcium	9–11	

Remarks Fasting Blood sugar - Please do typ & am

Lab. ---, M. C.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)

BLOOD (Chemistry)

☆ GPO 16—16983-1

Date 1-29-44

Remarks ---

Lab. ---, M. C.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)

BLOOD (Chemistry)

☆ GPO 16—16983-1

Date 1-29-44

24

Name Roberts, Wallace, M. C.

Station DM 2 Lt Bad

Examination requested by

Indicate examination requested by check (✓) below:

WHOLE BLOOD	Normal	Found
N. P. N. ✓	20–35	26
Urea N.	10–15	
Uric Acid	1–3	
Creatinin	0.9–2.0	
Sugar	80–120	307.6
Chlorides	400–500	
Cholesterol ✓	150–250	240
Phosphorus	3–4	

PLASMA	Normal	Found
CO_2 (vol. %)	53–72	
pH Value	7.3–7.5	
SERUM		
Icteric index	4–8	
Van den Bergh (as bilirubin):		
Direct		
Indirect	0.1–0.25	
Calcium	9–11	

Remarks , M. C.

Lab.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised June 9, 1942)

BLOOD (Chemistry)

☆ GPO 16—16983-1

Date 1-29-44

24

Name ..... Grade ..... Ward .....

9118

...A Lt. Rank 5/1Cl. Ward 4

...by Lt Sart

Reaction positive 3+

1/19/90

Name Roberts, Walter J. Rank 5/1Cl. Ward 4

Station Requested by Lt Sart

Color	Character	Reaction
Sp.G. 1.043	Albumen	✓Sugar positive 4+
Blood	Bile	Volume

Microscopic:

✓Acetone – positive 4+ (acetone)

✓diacetic acid – negative

24 M.C.

URINALYSIS 3/m Date 1-29-44 C.C.W.

BLOOD 24 Date 1-29-44

URINALYSIS 10:AM Date 1-29-44 C.C.W.

1-29-44 C.C.W.

M.C.

URINALYSIS Date 1-28-44 C.C.W.

Date

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

16—16983

URINALYSIS Date 1-28-44

16—18814

Name _____ Grade _____ Ward _____

9118

Rank 5/Cl. Ward 4

Requested by Lt Sar

Reaction

Sugar Positive 3+

Rank Ward

Requested by Lt Sar

R.B.C. 4,240,000 W.B.C. 6,100 Hb.

DIFFERENTIAL: Neutrophiles 75 Lymphocytes 21

Monocytes Eosinophiles 2 Basophiles 2

R.B.C. morphology

Clotting time

Bleeding time

BLOOD M.D.

Date 1-29-44

URINALYSIS 24 10:AM

Date 1-29-44 C.C.W.

1-29-44 C.C.W.

M.C.

URINALYSIS

Date 1-28-44 C.C.W.

Date 1-20-44

Date 1-20-44

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

URINALYSIS

16—16983

16—18814

Name _____ Grade _____ Ward _____

Name Roberts, Walter A Jr. 9118 Rank S/1c Ward 4

Requested by Lt Sax

Reaction

Sugar Positive 3+

Roberts, Walter Rank S/1c Ward 4

Location DM 7 Requested by

Color	Character	Reaction
Sp.G.	Albumen	Sugar positive 3+
Blood	Bile	Volume

Microscopic:

✓ Acetone – positive 4+

✓ diacetic acid – negative

16

URINALYSIS 10 AM Date 1-29-44 C.C.W.

1-29-44 C.C.W.

M.C.

M.C.

URINALYSIS Date 1-28-44 C.C.W.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

Date

16—16983

URINALYSIS

Date 1-28-44

16—18814

Name

Ward

Date

Character

Albumen

Reaction

Volume

Roberts, Walter Rank S/1 Cl Ward 4

Location D M F Requested by Asst

Color

Character

Reaction

Sp. G. 1.047

Albumen

Sugar positive 3+

Blood

Bile

Volume

Microscopic:

Acetone – positive 4+

diacetic acid – negative

1-29- C.C.W.

H.C.

URINALYSIS

Date 1-28-44 C.C.W.

Form 66 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

Date

16—16963

URINALYSIS

Date 1-28-44

16—18814

Name _____ Grade _____ Ward _____

Name [illegible] Rank [illegible] Ward [illegible]

Station [illegible] Requested by [illegible]

Color _____ Character Albumen _____ Reaction Sugar Positive 3+

Blood _____ Bile _____ Volume _____

Microscopic:

[illegible] 24

[illegible] Rank [illegible]

[illegible] Requested by [illegible]

Color _____ Character Albumen _____ Reaction Sugar positive 3+

Sp. G. 1.046

Blood _____ Bile _____ Volume _____

Microscopic:

Acetone - positive 4+

Diacetic acid - negative

N.C.

URINALYSIS Date 1-28-44 C.C.W.

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

URINALYSIS Date _____

16—16983

URINALYSIS Date 1-28-44

Name _____ Grade _____ Ward _____

Name Roberts, Walter A Jr. Rank S/Sgt Ward V

Station Dnt Requested by [illegible]

Character _____ Reaction _____

Sugar Positive 3+

Volume _____

Roberts, Walter A Jr. Rank S/Sgt

Dnt Lab. _____

WHOLE BLOOD	Normal	Found	PLASMA	Normal	Found
N. P. N.	20–35		CO_2 (vol. %)	53–72	
Urea N.	10–15		pH Value	7.3–7.5	
Uric Acid	1–3		SERUM		
Creatinin	0.9–2.0		Icteric index	4–8	
Sugar	80–120	447	Van den Bergh (as bilirubin):		
Chlorides	400–500		Direct		
Cholesterol	140–180		Indirect	0.1–0.25	
Phosphorus	3–4		Calcium	9–11	

Remarks _____

Form 55 L-2
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

BLOOD (Chemistry)

Date 1-26-40 M. C.

URINALYSIS 01

16—16983

Date 1-26-xx

Character clear Reaction acid

Albumen Negative Sugar Positive ++

Bile Volume

Sample: negative

Stone: Positive ++++

28 M. S. M. C.

UNIVERSITY 2/m Date 1-28-44

16—18814

FEDERAL SECURITY AGENCY

U. S. PUBLIC HEALTH SERVICE

FEDERAL CORRECTIONAL INSTITUTION

TALLAHASSEE, FLORIDA.

IN REPLYING, ADDRESS THE
Chief Medical Officer

January 28, 1944

Chief Medical Officer,
Dale Mabry Field,
Tallahassee, Florida.

Re: ROBERTS, Walter A. Jr.,
Service No. 510-181

Sir:

The above mentioned subject is suffering from severe Diabetes mellitus, which has only recently been noticed. He has never taken any treatment for it. Arrangements are being made for transfer to a Marine Hospital. However, his urine shows 4 plus sugar and 4 plus acetone. There is danger of coma enroute to the Marine Hospital. For this reason he is being refered to you temporarily for adjustment of his diabetes until he can travel safely.

Respectfully,

Robert W. Biach

ROBERT W. BIACH,
Assistant Surgeon, USPHS.,
Chief Medical Officer.

RWB/b

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

Fele with clinical Record

NO DISPOSITION LETTER SENT. LT. SCANLON SAYS IT ISN'T NECESSARY AND BESIDES WE DON'T KNOW WHERE TO SEND IT.

8 February 1944

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

SF 7 4 2 1 0 — HUNDREDS THOUSANDS | TENS THOUSANDS | THOUSANDS | HUNDREDS | TENS | UNITS

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

(1)- (R) NAME (PRINT CLEARLY) (LAST) (FIRST) (MIDDLE): ROBERTS WALTER ANDREW | SERVICE NUMBER: 510-181 | HEIGHT: FT. 5 IN. 8 | WEIGHT: LBS. 140 | RACE: W

(2) HOME ADDRESS: PORT ST. JOE, FLA.

(3) BIRTHPLACE (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY): APALACHICOLA, FLA.

(4)- (R) DATE OF BIRTH: 8/3/1921 | HOW LONG IN U. S.: 21 YEARS

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

(6)- (T) MARITAL STATUS: MARRIED | (7)- (T) NUMBER OF DEPENDENTS: WIFE

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

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	X		APALACHICOLA, FLA.		1935
HIGH SCHOOL	4	X		"	GEN.	1939
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)- (R) TOTAL SCHOOL YEARS	12	X X X X X X X X X X X X				

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

PUNCH ONLY FOR S	SPANISH (L-23)	FRENCH (L-24)	GERMAN (L-25)	OTHER LANGUAGES (L-26)	
FAIRLY WELL	S R W	S R W	S R W	S R W	S R W
FLUENTLY (L-27)	S R W	S R W	S R W	S R W	S R W

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION: FT. W., FLA. | DATE: 3/25/42

(12)- (B) BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	✓			

(13)- (T) MAIN OCCUPATION: PAPER TESTER | YEARS AT IT: 1/2 | WKLY. WAGE: $35.00

D. O. T. CODE: 4-W-G20

JUST WHAT DID YOU DO? WORKED IN PAPER MILL TESTING PAPER FOR THICKNESS, COLOR ETC. USING INSTRUMENTS AND REPORTING WITH SAMPLES.

LAST DATE OF EMPLOYMENT: 3/26/42

EMPLOYER (FIRM NAME): ST. JOE PAPER CO.

ADDRESS OF EMPLOYER: ST. JOE, FLA.

DEPT., SHOP OR BRANCH: — | KIND OF BUSINESS: PAPER MFG.

(14)- (T) SECOND BEST OCCUPATION: SALES-PERSON | YEARS AT IT: 1 | WKLY. WAGE: $

D. O. T. CODE: 1-75.71 - GROCERY

JUST WHAT DID YOU DO? SOLD GROCERIES TO CUSTOMERS IN GROCERY STORE.

TEST	SOCIAL STUDIES	ARITHMETIC	MECHANICAL APTITUDE					
GRADE —SCORE	(15)- (R) 74	(16)- (R) 72	(17)- (R) 126					

(18)- (L) SERVICE SCHOOLS QUALIFIED FOR
1.
2.
3.

(19)- (L) SERVICE SCHOOLS DESIRED
1.
2.
3.

(24) RATING

(4) TOP ROW: YEAR OF BIRTH
(9) BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING

ILLITERATE

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

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

(10) LANGUAGES

28 NON-CIT.
29 CIT.

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

REG. G S T W

37 38

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS: THIS MAN DOES NOT DESIRE SERVICE SCHOOL OR CHANGE. LIKES PRESENT DUTY AT LIGHT HOUSE STATION. BEST SUITED FOR PRESENT DUTY. NOT VERY AGGRESSIVE.

(23) NEXT OF KIN WIFE

NAME MRS. VERA M. ROBERTS

ADDRESS GEN DEL.

CITY CARRABELLE STATE FLA.

(24) - (R) RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
2/12/42	ALGIERS, L A.	APP. S/C	BOAT CREW-
5/5/42	CHICKEE RIVER FLA.	S/C	LIGHT HOUSE -
6/1/42	C.G. ST. MARKS, FLA.	S/C	"

(25) DATE OF INTERVIEW 6/4/43 UNIT C.G. ST. MARKS FLA.

SIGNATURES

INTERVIEWER Judge W. Miller Jr. (Ft) 2/C

ENLISTED PERSON Walter A. Roberts Jr. S/C

N. C. G. FORM NO. 2719
JANUARY 1943

IMPORTANT — UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

MCBEE KEYSORT U. S. PAT. NO. 2,213,607

(PEA-A)
CG-73-783

Date: 29 February, 1944

To: DCGO, 7th Naval District

Subj: ROBERTS, Walter A. (510-181) Sea.1c.(R); discharge of

Ref: (a) Report of Medical Survey: U. S. Marine Hospital, Mobile, Alabama, dated 9 February, 1944, with four indorsements thereon.

(b) Article 588, Coast Guard Regulations

1. Pursuant to authority contained in reference (b) and in view of the information set forth in reference (a), discharge the above-named person with an honorable or ordinary discharge, dependent upon marks received, by reason of physical disability, incident to service.

2. The discharge certificate shall bear the following notation: "Discharged by reason of physical disability, incident to service."

3. Prior to discharge advise the above-named person as to the privilege of continuing treatment with the U.S. Public Health Service in accordance with the provisions of Article 3003, Regulations.

4. When an honorable discharge (Form 2510) is issued to enlisted members of the Reserve, the following notation will be typed in capital letters on the face of the certificate in line with the serial number, "United States Coast Guard Reserve."

U. S. COAST GUARD
MAIL SECTION (1)
MAILED MAR 1 1944

E. ZOOLE
By direction

COLEMAN:EMR

(PEA-A)
CG-73-783

Date: 29 February, 1944

To: DCGO, 7th Naval District

Subj: ROBERTS, Walter A. (510-181) Sea.1c.(R); discharge of

Ref: (a) Report of Medical Survey, U. S. Marine Hospital, Mobile, Alabama, dated 9 February, 1944, with four indorsements thereon.

(b) Article 588, Coast Guard Regulations

1. Pursuant to authority contained in reference (b) and in view of the information set forth in reference (a), discharge the above-named person with an honorable or ordinary discharge, dependent upon marks received, by reason of physical disability, incident to service.

2. The discharge certificate shall bear the following notation: "Discharged by reason of physical disability, incident to service."

3. Prior to discharge advise the above-named person as to the privilege of continuing treatment with the U.S. Public Health Service in accordance with the provisions of Article 3003, Regulations.

4. When an honorable discharge (Form 2510) is issued to enlisted members of the Reserve, the following notation will be typed in capital letters on the face of the certificate in line with the serial number, "United States Coast Guard Reserve."

E. ZOLL
By direction

COLEMAN:SNR

1-6

Ind-1
DCGO-7ND, Miami, Fla. (p)
CG-783
21 February, 1944

To: The Commandant.

Subj: ROBERTS, Walter A. (510-181), Sea.lc. (R); report of medical survey.

Forwarded for HQ consideration. It is recommended that subject-named man be discharged from the U.S. Coast Guard by reason of physical disability which was incurred in line of duty.

CHESTER M. ANDERSON
By direction

HQ med Office
26 Feb 1944

RECOMMEND DISCHARGE FOR PHYSICAL DISABILITY INCIDENT TO SERVICE, MAN TO BE ADVISED AS TO HIS RIGHTS TO CONTINUE TREATMENT FROM PUBLIC HEALTH SERVICE AFTER DISCHARGE IN ACCORDANCE WITH THE REGULATIONS.

OK
Discharge
JBC

RH Vanderhoek
CEM

1944 FEB 25 AM 10 21

DIST. COAST GUARD OFFICE
7TH NAVAL DIST., MIAMI, FLA.
FEB 21 7 29 AM '44

1st Indorsement

Date: February 9, 1944

From: COMMANDING OFFICER, US MARINE HOSPITAL, MOBILE, ALA.
(Officer convening board)

To: District Coast Guard Medical Officer,
8th Naval District.

Respectfully forwarded with recommendation that findings of the Board be complied with.

(Signature)
E.M.Townsend, Senior Surgeon,
Medical Officer in Charge.

2nd Indorsement

Date: 19 February, 1944.

From: ACOTP, St. Marks, Florida.

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

Forwarded, with recommendation that findings of the Board be complied with.

(Signature)
N.A.ERDMAN, Lieut.(jg) USCGR,
ACOTP.

Ind-3
ODCGMO, 7ND
CG-783
21 February, 1944

Indorsement

From: District Coast Guard Medical Officer, 7ND
To : District Coast Guard Officer, 7ND

(Signature)

Recommend discharge for disability which was incurred in line of duty.

Dated

T. R. DAWBER, Surgeon, USPHS
District C. G. Medical Officer

From: Chief Medical Officer, U.S. Coast Guard.
To: District Coast Guard Officer, 8th Naval District.

1. Forwarded. Recommendation Approved (Not Approved).

(Signature)

NOTE;- Last two indorsements to be used in cases requiring recourse to U. S. Coast Guard Headquarters, Washington, D.C.

REPORT OF MEDICAL SURVEY

Place US MARINE HOSPITAL, MOBILE, ALA. Date February 9, 1944

From: Board of Medical Survey
To: District Coast Guard Medical Officer, 8th Naval District
(for transmission to Commandant, U. S. Coast Guard Headquarters)

Name: ROBERTS, Walter A. (510-181) Rank or Rate S1c.(R)

BORN: Place Apalachicola, Fla. Date Aug. 3, 1921

ENLISTED OR APPOINTED: Date: March 28, 1942 Place: New Orleans, La.

TOTAL SERVICE: Coast Guard 2yrs, 10mos & 11 days Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted From: CAPTAIN OF THE PORT, ST. MARKS, FLA. Date January 30, 1944

Diagnosis Diabetes mellitus (USPHS nomenclature which carried on sick list) Diag.No. 871-785

Disablity was not (was or was not) the result of his own misconduct was (was or was not) incurred in line of duty

Existed prior to enlistment? No (Yes or No). If yes, was condition aggravated by service? (Yes or No)

Present Condition Unfit for duty as Coastguardsman Probable future duration Permanent

Recommendation Discharge from Coast Guard

FACTS ARE AS FOLLOWS: Sugar found in urine first time on routine examination on January 6, 1944. Diagnosis of diabetes mellitus confirmed by fasting blood sugar on January 18, 1944. Subject man has lost 6 pounds of weight since about November, 1943 in spite of good appetite. Subject man also has had nocturia and increased thirst for same period.

Urine - 4 Plus sugar on repeated tests. Blood sugar 359.2 on January 31, 1944.

Except for acetone odor on breath physical examination was normal.

Glen T. Smith, Asst. Surgeon(R)USPHS Senior Member of Board

Glen C. Wolf, Asst. Surgeon(R) USPHS Member of Board

Surgeon USPHS Member of Board

Naval Station of the Fort,
St. Marks, Florida,
21 July, 1943.

ROBERTS, JR., Walter A. (510-181) Sea.1c.(R)

1. I have been informed of the privileges and benefits in connection with National Service Life Insurance.

Signed Walter A. Roberts, Jr.
Walter A. Roberts, JR.

2. Application for National Service Life Insurance in the amount of $ 10,000- has been submitted.

J.C. DICKINSON, JR., Lieut. (jg)
Custodian of Record.

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

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

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350a, which requires a complete report of physical examination.) USE INK OR TYPE.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

1. NAME IN FULL: (Please print or type) — First: Walter; Middle: Andrew; Last name: Roberts, Jr.

2. HOME ADDRESS: Number — Street or rural route: P.O.Box 286; County, city, town, or post office: Pt. St. Joe; State: Florida

3. I WAS BORN AT — City, town, or post office: Apalachicola; State: Fla.; Day of month: 3; Month: August; Year: 1921; Age nearest birthday: 21

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 28 March, 1942

5. PRESENT ORGANIZATION — Rank, grade, or rating: Sea.1c.; Organization, regiment, station, ship, etc.: U. S. COAST GUARD (RES)

6. SERIAL NUMBER: 510-181

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

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

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$ 6.50	$	$	$	$

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

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

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Bessie Pryor Roberts	Mother	10,000	P.O.Box 286, Port St.Joe, Fla.
CONTINGENT	Walter Andrew Roberts	Father	10,000	P.O.Box 286, Port St.Joe, Fla.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1 day of May, 1942. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO— Walter A. Roberts (Name) (Please print or type) — P.O.Box 286, Port St.Joe, Florida (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of May, 1942, to cover the monthly premium of $ 6.50 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ 6.50 to cover the first monthly premium of $ 6.50 on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT New Orleans, La. ON THE 10 DAY OF April, 1942

WITNESSED BY: A. J. FLYNN, Pay Clerk, U.S.C.G.

INFORMATION AS TO SERVICE CERTIFIED BY: A. J. FLYNN, Pay Clerk, U.S.C.G.
(Rank and organization. See reverse side, Paragraph 6)

Walter Andrew Roberts, Jr.
Walter Andrew Roberts, Jr.
(Applicant sign here. Do not print signature)

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

DO NOT USE THIS SPACE

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

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—18411-1

U. S. COAST GUARD (28)
RECD MAY 7 1942

FORM 2522
COAST GUARD.

"FINAL MEDICAL CERTIFICATE"

COAST GUARD TRAINING STATION
NEW ORLEANS, LOUISIANA.

DATE: MAY 2 1942 1942.

ROBERTS, Walter Andrew	510-181	Sea. 1c. (R)
NAME, SURNAME FIRST.	SERVICE NUMBER.	RATE

SPECIAL TEMPORARY
ENLISTMENT.

TO: COMMANDANT, U.S.COAST GUARD,
WASHINGTON, D.C. (MEDICAL SECTION).

THE ABOVE-NAMED MAN RECEIVED OUT-PATIENT TREATMENT AS FOLLOWS:

DIAGNOSIS:	DIAGNOSIS NUMBER.	TREATMENT BEGAN.	TREATMENT ENDED.
ANTI-INOCULATION FOR SMALLPOX.	0119	APR 8 1942	APR 8 1942
ANTITYPHOID INOCULATION.	0122	APR 8 1942	APR 2 2 1942
ANTITETANIC INOCULATION.	0121	MAR 3 0 19[illegible]	MAY 2 1942

REMARKS: HE IS FIT FOR DUTY:

Subject named man has been issued identification tag with date of last tetanus inoculation, blood type, name in full, and serial number.

R. W. McComas
R. W. MCCOMAS.
ASSISTANT SURGEON, USPHS.
MEDICAL OFFICER.

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

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

Walter Andrew Roberts, Jr.,	510-181	Sea. 1c., USCGR
(Name in full)	(Service number)	(Rank or Rate)

(a) Grammar School: 7 Years Graduated
(Number of years attended & grade completed)

(b) High School: 4 Years Graduated
(Number of years attended & grade completed, graduated)

(c) Colleges: None
(Number of years attended, special studies pursued, or
None
completed, and degrees received, if any.

Have you had experience in any of the following crafts or professions? If so, indicate in the parenthesis after each of the following the number of years served at each, including up to the present time:

Aviation rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (general)	( )	Engineer, Steem	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Machanical Engineer	( )
Pharmacist	( )	Patern-maker	( )
Photographer (aviation)	( )	Photographer (general)	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

None

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

Use reverse side of this form when necessary.

(Sign your name before releasing)

Walter Andrew Roberts Jr.

Walter Andrew Roberts, Jr.,
(Signature)

Form NCG-2678
June 1938

RECD APR 29 1942 510-181 Seaman

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION New Orleans, Louisiana,
(Place)

28 March, 1942.
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: Principal - Chapman High School
(Name) (Address)

The man whose name appears below states he was ~~(employed)~~—(taught) by you at

Chapman High School, Apalachicola, Florida,
(Firm)—(School) (Place)

Student
(as)—(in grade)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

E. B. JAHNCKE, Lieut. (jg) USCGR
Recruiting Officer.

(Name of applicant) WALTER ANDREW ROBERTS, Jr.
(Filled in by recruiting officer)

Are you related to the applicant? no

Was the applicant ever in your ~~(employ)~~—(charge)? no (Yes—No) When? He graduated from Chapman High School the year before I came to Chapman, 19, to, 19, Where? As

What was his ~~(weekly wage)~~—(scholastic record)? Average

Why did he ~~(leave)~~—(quit)? Graduated

How do you rate his— (From investigation)

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?	✓		
General intelligence?		✓	
Ability?		✓	
Skill as a ____?			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars no

What was his reputation and standing when in your ~~(employ)~~—(charge)? from investigation Very good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars no

The above statement and answers are in my own handwriting ~~(have been dictated and carefully read by me)~~.

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Homer L. Jones, Prin.
(Signature of reference)

April 1, 1942
(Date)

Apalachicola, Fla.
(Post-office address)

U. S. GOVERNMENT PRINTING OFFICE 16—9746-1

Form NCG-2678
June 1938

U. S. COAST GUARD RECD APR 29 1942

5-10-181
Sea 1c

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION New Orleans, Louisiana,
(Place)

28 March, 1942.
(Date)

From: U. S. COAST GUARD RECRUITING OFFICER.

To: Harry H. Saunders - St. Joe Paper Company
(Name) (Address)

The man whose name appears below states he was (employed)—(taught) by you at

St. Joe Paper Company, Port St. Joe, Florida,
(Firm)—(School) (Place)

Sample Clerk
(as)—(in grade)

It is of great importance that this office have on record your estimate of his ability. If not personally acquainted with his work, kindly have the questions answered by an official of the company or school best able to supply this information. accurately.

The Government assumes that you will answer fully, carefully, and with frankness. Your reply will be considered strictly confidential. A franked envelope is enclosed for your reply so that you may give the matter immediate attention.

E. B. JAHNCKE, Lieut. (jg) USCGR
Recruiting Officer.

(Name of applicant) WALTER ANDREW ROBERTS, Jr.
(Filled in by recruiting officer)

Are you related to the applicant? No

Was the applicant ever in your (employ)—(charge)? Yes (Yes—No) When? Approx 2 years, 19___, to April 1st, 1942 Where? Laboratory As Board Inspector

What was his (weekly wage)—(scholastic record)? 31.17 average

Why did he (leave)—(quit)? To join Coast Guard

How do you rate his—

	CHECK ONE		
	Good	*Average*	*Poor*
Trustworthiness?	✓		
General intelligence?	✓		
Ability?	✓		
Skill as a ____?			

To your knowledge is the applicant addicted to the use of intoxicating liquors or harmful drugs, or has he any chronic ailments? If so, state particulars No

What was his reputation and standing when in your (employ)—(charge)? Very good

Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars No

The above statement and answers are in my own handwriting (have been dictated and carefully read by me).

NOTE.—If the statement and answers are dictated, strike out the statement above that they are in the handwriting of the signer.

Reed Porter
(Signature of referee)
Personnel Director
Port St Joe Fla
(Post-office address)

3-30, 1942
(Date)

U. S. GOVERNMENT PRINTING OFFICE 16—9746-1

Form 2682

TREASURY DEPARTMENT

U. S. Coast Guard

J10-181

Sea 1c

CHARACTER REFERENCE

TREASURY DEPARTMENT

U. S. COAST GUARD (20)

UNITED STATES COAST GUARD RECRUITING OFFICE

RECD APR 29 1942

New Orleans, Louisiana,

28 March, 1942.

WALTER ANDREW ROBERTS, Jr. has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer, fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

E. B. JAHNCKE, Lieut. (jg) USCGR

Recruiting Officer

1. How long have you known the applicant? . . . . . 20 years
2. What is his general reputation in the community? . . . . . good
3. Is he industrious? . . . . . yes
4. Is he trustworthy? . . . . . yes
5. Is he married? . . . . . no
6. What are his usual habits as regards to sticking to his job? since/he finished school I only know of two jobs he has worked at.
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . no
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . no
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . no
10. Are you related to the applicant? . . . . . no

G. Rodman Porter

G. Rodman Porter

(SIGNATURE)

P.O. Box 147

(STREET or BOX NUMBER)

Apalachicola, Florida

(CITY) (STATE)

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

J10 -181
Sea 1c.

CHARACTER REFERENCE

TREASURY DEPARTMENT

U. S. COAST GUARD (25)

UNITED STATES COAST GUARD RECRUITING OFFICE
New Orleans, Louisiana,
28 March, 1942.

REC'D APR 29 1942

WALTER ANDREW ROBERTS, Jr. has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer, fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

E. B. JAHNCKE, Lieut. (jg) USCGR
Recruiting Officer

1. How long have you known the applicant? 5. Years,. . . . . .
2. What is his general reputation in the community?. . Good. . . .
3. Is he industrious? . . . . . When working for my Company was O.K.
4. Is he trustworthy? . . . . . Yes
5. Is he married? . . . . . No
6. What are his usual habits as regards to sticking to his job? so far as I know good
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . not to my knoweledge .No .
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . No
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? I Think Not.
10. Are you related to the applicant? . . . . . No

This young man worked for my Company, Quality Gro., & Market for several Months, and left us of his own accord for more money with St., Joe Paper Co.,

W. C. Pridgeon
(SIGNATURE)

Box No. L
(STREET or BOX NUMBER)

Port St. Joe, Florida
(CITY) (STATE)

Form 2682
TREASURY DEPARTMENT
U. S. Coast Guard

J10-181
Sea 1c.

CHARACTER REFERENCE

U. S. COAST GUARD (29)
REC'D APR 29 1942

TREASURY DEPARTMENT

UNITED STATES COAST GUARD RECRUITING OFFICE
New Orleans, Louisiana,
28 March, 1942.

WALTER ANDREW ROBERTS, Jr. has applied at this office for enlistment in the United States Coast Guard and has referred us to you for a character reference. It will, therefore, be appreciated if you will transmit to this office by return mail, such information as you may be able to supply in regard to the questions enumerated below.

The government assumes that you will answer, fully, carefully and with frankness. Your reply will be considered strictly CONFIDENTIAL. A franked envelope with return address is enclosed for your reply so that you may give the matter your immediate attention. No postage is required. AN EARLY REPLY WILL ASSIST THIS MAN IN OBTAINING STEADY EMPLOYMENT.

E. B. JAHNCKE, Lieut. (jg) USCGR
Recruiting Officer

1. How long have you known the applicant? .4. Years . . . . . .
2. What is his general reputation in the community?. Very Good. .....
3. Is he industrious? . . . . . .Yes. . .....
4. Is he trustworthy? . . . . . .Yes. . .....
5. Is he married? . . . . . .No. . .....
6. What are his usual habits as regards to sticking to his job? . Good, he has only had two jobs since finishing school, he left first for more money.
7. Is he addicted to the use of intoxicating liquors or other habit forming drugs? . . . . . No
8. To your knowledge, has he ever been arrested, confined in jail, penitentiary, or other correctional institution? . . . . No
9. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? . . No
10. Are you related to the applicant? . . . . . No

Remarks, this young man worked first with my Company, and left of his own accord to work for St., Joe Paper Co., at more wages, he is a young man of good appearance and I have never known of any thing that would be against him in any way, as I know him he is absolutely trustworthy.

C. A. McClellan
(SIGNATURE)

Box 216
(STREET or BOX NUMBER)

Port St. Joe, Florida
(CITY) (STATE)

REMARKS: ---

CERTIFICATE

~~We~~ I } certify that { ~~we~~ I } have personally made this physical examination and find that ~~ROBERTS, Walter A. Jr.~~

He is physically qualified for enl
(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 ---

D E Waters

~~F.E. WATERS~~ *Surgeon, U.S. Public Health Service.*

P.A.(~~R.~~)

1st INDORSEMENT

28 March, 1942
(Date)

Place New Orleans, Louisiana

From: ODCGO, 8th Naval District

To: Commandant.

1. Forwarded for action. Present status:

Regular enlistment as Sea.1c., CGR
Lieutenant(jg)USCGR

E. B. JAHNCKE, *Commanding—Dist. Comdr.-Off. in Chg.*
By direction

2d INDORSEMENT

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

NOTED
F. W. B.

MAY 4 1942
(Date)

The findings of the certificate are not approved ---

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To: ---

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

N. C. G. 2525 B
U.S. COAST GUARD

Roberts

PHYSICAL EXAMINATION RECORD

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

Name ROBERTS, Walter A. Jr. Service Number _____
(Surname first)

Age: Years 20 Months 7 Color White

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

Rank or Rating _____

Place N.O. La. Date 3-28-42

Personal Medical History Tonsillectomy - 1926.

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Ishihara

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

Eyes, eyelids, and reflexes Normal

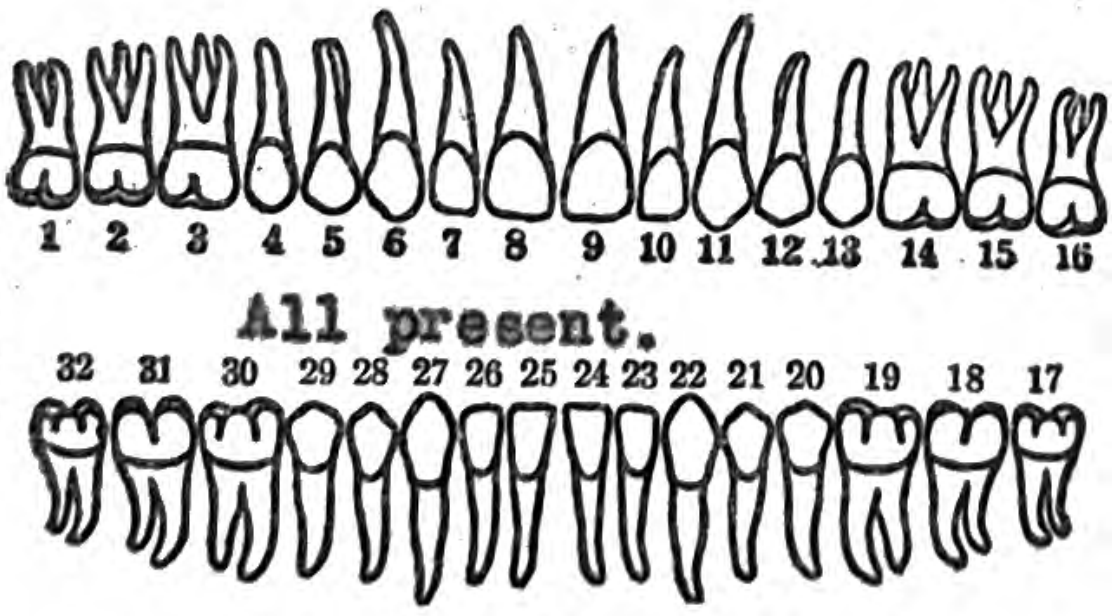
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



All present.

Gums Normal Temperature 37° C

Height 68 inches. Weight (stripped) 145 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 35" Expiration 32"

Heart and blood vessels Normal

Blood pressure: Systolic 125 Diastolic 80

Pulse before exercise 66, after exercise 72, after 2 min. 62

Lungs Normal

Abdomen and pelvis R L Q Scar

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1018

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 2-26-42 Result Negative

2—16141

REMARKS: _____

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that ROBERTS, Walter A. Jr.

He is physically qualified for enl.
(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 _____

F. E. Waters
F. E. WATERS
Surgeon, U.S. Public Health Service.
P.A. (R.)

1st INDORSEMENT

28 March, 1942
(Date)

Place New Orleans, Louisiana

From: ODCGO, 8th Naval District

To: Commandant.

1. Forwarded for action. Present status:

Regular enlistment as Sea.1c., CGR

E. B. Jahncke
Lieutenant(jg)USCGR
E. B. JAHNCKE, *Commanding—Dist. Comdr.-Off. in Chg.*
By direction

2d INDORSEMENT

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

NOTED
F. W. B.

(Date)

The findings of the certificate are not approved _____

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—16141

U. S. COAST GUARD (15)

REC'D APR 3 19

N. C. G. 2525 B
U.S. COAST GUARD

PHYSICAL EXAMINATION RECORD

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

Name ROBERTS, Walter A. Jr. • Service Number _____
(Surname first)

Age: Years 20 Months 7 Color White

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

Rank or Rating _____

Place N.O. La. Date 3-28-42

Personal Medical History Tonsillectomy - 1926.

Vision: R.E. 20/ 15 L.E. 20/ 15 Corrected: R.E. 20/ _____ L.E. 20/ _____

Color blind? No Test used Ishihara

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

Eyes, eyelids, and reflexes Normal

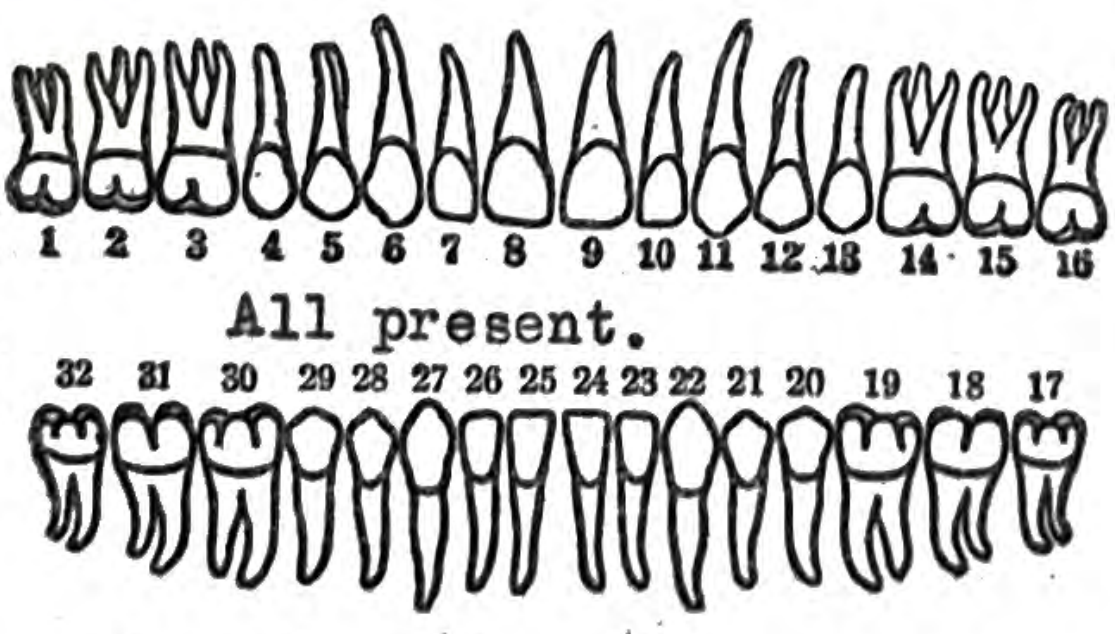
Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Head, face, and neck Normal

Mouth, nose, and throat Normal

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

(Right Side)



All present.

Gums Normal Temperature 37° C

Height 68 inches. Weight (stripped) 143 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 35" Expiration 32"

Heart and blood vessels Normal

Blood pressure: Systolic 125 Diastolic 80

Pulse before exercise 66, after exercise 72, after 2 min. 62

Lungs Normal

Abdomen and pelvis R L Q Scar

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin 0 Sugar 0 Shreds 0

Microscopical exam. (if indicated) epithelia _____ Sp. Gr. 1018

Blood cells _____ Pus cells _____ Casts _____

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

Wassermann or Kahn test: Date 2-26-42 Result Negative

2—16141

S-220. The following tables give the precedence of ratings by classes: Precedence

CHIEF PETTY OFFICERS

SEAMAN BRANCH:

Chief boatswain's mate
Chief gunner's mate
Chief quartermaster
Chief signalman

ARTIFICER BRANCH:

Chief machinist's mate
Chief water tender
Chief electrician's mate
Chief radioman
Chief carpenter's mate
Chief printer

AVIATION BRANCH:

Aviation chief machinist's mate
Aviation chief metalsmith
Chief photographer

SPECIAL AND COMMISSARY BRANCH:

Chief yeoman
Chief commissary steward
Bandmaster
Chief pharmacist's mate

PETTY OFFICERS, FIRST CLASS

SEAMAN BRANCH:

Boatswain's mate, first class
Gunner's mate, first class
Quartermaster, first class
Signalman, first class

ARTIFICER BRANCH:

Machinist's mate, first class
Water tender, first class
Electrician's mate, first class
Radioman, first class
Carpenter's mate, first class
Printer, first class

2-23-42 ✓ — mac — Orig ✓

COAST GUARD RESERVE

CODE SHEET FOR ENLISTED MEN

SHIPPED

CARD #1

Name Krentz, Martin Leroy ✓ a.s ✓

Reserve District _____ Card No. 1 f 7-13 ✓

Service No. 5-342611 ✓ Rate 0234 ✓ Date of enl. 02 (Mo.) 2 (Yr.) ✓

Date of exp. of enl. 02 (Mo.) 5 (Yr.) ✓ Term of Extension _____ Char. of enl. 01 ✓

Prior Coast Guard Service _____ Yrs. _____ Mos. Army Service _____ Yrs. _____ Mos. Navy Service _____ Yrs. _____ Mos.

Marine Corps Service _____ Yrs. _____ Mos. Total Service _____ Yrs. _____ Mos. _____ Days Pay Period 0 ✓

Next Pay Period 02 (Mos) 6 (Yr.) ✓ Pay Grade 9 ✓ Termination of Service _____

Date of Termination _____ Mo. _____ Yr.

CARD #2

Place of Original Enl. 022 ✓ Nativity 033 ✓ Citizenship 0 ✓ Color 0 ✓

Marital Status 0 ✓ Education 6 ✓ Trade _____ Special Training _____

Date of Birth 05 (Mo.) - 31 (Day) - 19 ✓ (Yr.) Campaign _____ Commissioned Service _____

Unit _____

U. S. COAST GUARD (13)
REC'D APR 3 1942

N.C.G.2500

ENLISTMENT CONTRACT
(COAST GUARD
UNITED STATES :
(COAST GUARD RESERVE

510 181

ENLISTMENT OF ROBERTS, Walter Andrew, Jr., ; 510-181 ; $54.00
(FULL NAME, SURNAME TO LEFT) (SERVICE NUMBER) (PAY PER MONTH)

ACCEPTED FOR ENLISTMENT AT New Orleans, Louisiana ; Sea. 1c., USCGR
(RATING IN WHICH ENLISTED)

ENLISTED AT Office, District Coast Guard Officer, N.O.La; 28 March, 1942

TRANSFERRED TO COAST GUARD TRAINING STATION, ALGIERS, NEW ORLEANS, LOUISIANA

OCCUPATION Board Inspector CITIZENSHIP* N.B. IF NATURALIZED,

PLACE AND DATE OF NATURALIZATION CERTIFICATE NO.

DATE OF BIRTH August 3, 1921 PLACE OF BIRTH Apalachicola, Florida

HOME ADDRESS Post Office Box #286, Port Saint Joe, Florida
(STREET AND NUMBER) (TOWN) (COUNTY) (STATE)

MARRIED OR SINGLE Single NAME AND ADDRESS OF NEXT OF KIN OR LEGAL

GUARDIAN Mrs. Bessie L. Pryor Roberts, (mother) P.O.Box #286, Port St. Joe, Florida
Mr. Walter A. Roberts, Sr., (father) P.O.Box #286, Port St. Joe, Florida

CONTINUOUS SERVICE CERTIFICATE (No.) PREVIOUS SERVICE ((COAST GUARD) RESERVE) (YRS)(MOS)(DAYS)

FIRST ENLISTED (DATE) AT (PLACE) AND WAS

LAST DISCHARGED (DATE) FROM (UNIT)

WITH (CHARACTER) DISCHARGED AS (RATE) No.

PREVIOUS NAVY SERVICE (YEARS)(MOS)(DAYS). PREVIOUS MARINE CORPS SERVICE

PREVIOUS ARMY SERVICE (YEARS)(MOS)(DAYS). AGE 20 YEARS 7 MONTHS.

HEIGHT 5 FEET 8 INCHES.* * * WEIGHT 143 POUNDS.

EYES Gray SEX Male HAIR Black COMPLEXION Ruddy COLOR White

PERSONAL CHARACTERISTICS, None MARKS, ETC. None

FOR AND IN CONSIDERATION OF THE PAY OR WAGES DUE TO THE RATINGS WHICH MAY FROM TIME TO TIME BE ASSIGNED ME DURING THE CONTINUANCE OF MY SERVICE, I AGREE TO AND WITH E. B. JAHNCKE, Lieutenant(jg) OF THE UNITED STATES COAST GUARD, AS FOLLOWS:

FIRST: TO ENTER THE COAST GUARD OF THE UNITED STATES AND TO REPORT TO SUCH STATION OR VESSEL AS I MAY BE ORDERED TO JOIN, AND TO THE UTMOST OF MY POWER AND ABILITY DISCHARGE MY SEVERAL SERVICES OR DUTIES AND BE IN EVERYTHING CONFORMABLE AND OBEDIENT TO THE SEVERAL REQUIREMENTS AND LAWFUL COMMANDS OF THE OFFICERS WHO MAY BE PLACED OVER ME.

SECOND: I OBLIGE AND SUBJECT MYSELF TO SERVE (THREE YEARS FROM 28 March, 1942 UNLESS SOONER DISCHARGED BY PROPER AUTHORITY (DURING MINORITY UNTIL 27 March, 1945

IN THE EVENT OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT TO EXIST DURING MY TERM OF SERVICE, I OBLIGE AND SUBJECT MYSELF TO SERVE UNTIL SIX MONTHS AFTER THE END OF THE WAR OR NATIONAL EMERGENCY IF SO REQUIRED BY THE SECRETARY OF THE NAVY UNLESS I VOLUNTARILY REENLIST OR EXTEND MY ENLISTMENT. I UNDERSTAND THAT WHEN SO DETAINED I AM NOT ENTITLED TO ENLISTMENT ALLOWANCE AND THAT IN TIME OF WAR THE ADDITION OF ONE-QUARTER PAY AS SPECIFIED IN THE ACT OF JULY 11, 1941 IS NOT APPLICABLE.

I ALSO OBLIGATE MYSELF, DURING SUCH SERVICE, TO COMPLY WITH AND BE SUBJECT TO SUCH LAWS, REGULATIONS, AND DISCIPLINE FOR THE GOVERNMENT OF THE COAST GUARD AS ARE OR SHALL BE ESTABLISHED BY THE CONGRESS OF THE UNITED STATES OR OTHER COMPETENT AUTHORITY, AND TO SUBMIT TO TREATMENT FOR THE PREVENTION OF SMALLPOX, TYPHOID (TYPHOID PROPHYLAXIS), AND TO SUCH OTHER PREVENTIVE MEASURES AS MAY BE CONSIDERED NECESSARY BY PROPER AUTHORITIES.

THIRD: I AM OF THE LEGAL AGE TO ENLIST; I HAVE NEVER DESERTED FROM THE UNITED STATES COAST GUARD, NAVY, ARMY, OR MARINE CORPS; I HAVE NEVER BEEN DISCHARGED FROM THE UNITED STATES SERVICE OR OTHER SERVICE ON ACCOUNT OF DISABILITY OR THROUGH SENTENCE OF EITHER CIVILIAN OR MILITARY COURT; AND I HAVE NEVER BEEN DISCHARGED FROM ANY SERVICE CIVIL OR MILITARY EXCEPT WITH GOOD CHARACTER AND FOR THE REASON GIVEN BY TO THE RECRUITING OFFICER PRIOR TO ENLISTMENT. I AM NOT A MEMBER OF THE COAST GUARD RESERVE, NAVAL RESERVE, NAVAL MILITIA, MARINE CORPS RESERVE, NATIONAL GUARD, OR ARMY RESERVE.

FOURTH: I UNDERSTAND THAT UPON ENLISTMENT IN THE COAST GUARD RESERVE, I MAY BE ORDERED TO ACTIVE DUTY IN TIME OF WAR OR WHEN IN THE OPINION OF THE PRESIDENT A NATIONAL EMERGENCY EXISTS, AND THAT I MAY BE REQUIRED TO PERFORM ACTIVE DUTY THROUGHOUT THE WAR OR UNTIL THE NATIONAL EMERGENCY CEASES TO EXIST FOR SIX MONTHS THEREAFTER.

FIFTH: I HAVE HAD THIS CONTRACT FULLY EXPLAINED TO ME, I UNDERSTAND IT, AND CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME CONCERNING ASSIGNMENT TO DUTY, OR PROMOTION DURING MY ENLISTMENT.

OATH OF ALLEGIANCE: I, Walter Andrew Roberts, Jr., DO SOLEMNLY SWEAR (OR AFFIRM) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA, AND THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER, AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE LAWS OF THE UNITED STATES AND THE REGULATIONS GOVERNING THE COAST GUARD.

AND I DO FURTHER SWEAR OR AFFIRM THAT ALL STATEMENTS MADE BY ME AS NOW GIVEN IN THIS RECORD ARE CORRECT.

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.
(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28 DAY OF MARCH, A.D. 1942

E. B. JAHNCKE

E. B. JAHNCKE, Lieutenant(jg)USCGR
(COMDG. OFFICER, NOTARY PUBLIC, OR OTHER OFFICER QUALIFIED TO ADMINISTER OATH)

By direction

(TITLE)

CITIZENSHIP SUBSTANTIATED AND CONTRACT PERFECTED.

E. B. JAHNCKE

E. B. JAHNCKE,

Lieutenant(jg) USCGR ENLISTING OFFICER.

Sea 1c

Form 2520 This application blank will be forwarded with enlistment contract in case of men accepted for enlistment.

APPLICATION FOR ENLISTMENT

Position desired Coast Guard

WARNING

If you have ever been in the Coast Guard, Army, Navy, or Marine Corps, and deny such service, your fingerprints will establish your identity and summary punishment will be forthcoming for fraudelent enlistment.

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

Application must be complete, in YOUR own hand writing, pen and ink.

Port St. Joe, Florida
(Place)

March 2, 1942.
(Date)

I respectfully request permission to enlist in the United States Coast Guard Reserve, 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, Coast Guard Reserve, or Naval Reserve; and I certify that the following statements are correct:

Name in FULL Walter Andrew Roberts, Jr.

Date of birth Apalachicola, Florida

Place of birth August 3, 1921 Citizenship Native

Home address Port St. Joe, Florida

Are you married? No Number of relationship of persons dependent on you for support? None

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

Are you prepared to support your dependents on service pay? No

Name and address of next of kin Mother: Mrs. Bessie S. Roberts Port St. Joe, Florida

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 non-employment, substitute school history.

Employer's name	His address	His business	Length of employment from	to	you were employed as
St. Joe Paper Co. (Harry H. Saunders)	Port St. Joe	Paper Mill	July 1940	March 1942	Sample Clerk.

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

Have you ever been arrested? No If so, for what?

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

I have had the following education:

NAME OF INSTITUTION	PLACE	NO. OF YEARS GRADUATED?
Chapman High School	Apalachicola, Fla.	3 yrs. (1939)

Have you ever served in the U. S. Coast Guard, Coast Guard Reserve, Navy, Marine Corps, Army, or Naval Reserve? No If so, state which
Are you now or have you been a member of the National Guard? No

PRODUCE your discharges from the U.S. Coast Guard, Coast Guard Reserve, Navy, Marine Corps, Army, Naval Reserve, or National Guard.
IF YOU HAVE HAD PREVIOUS SERVICE, ENLISTMENT WILL NOT BE EFFECTED UNLESS DISCHARGES ARE PRODUCED.

Have you ever applied for enlistment in the Coast Guard? No Coast Guard Reserve. No When did you apply? — Where? —
Were you accepted or rejected? — If rejected, state why —

Give names of three persons of repute for character references:

NAME	ADDRESS	PHONE NUMBER
W. C. Pridgeon	Port St. Joe, Florida	
C. A. McClellan	✓	✓
R. S. Po S Redman Porter	Apalachicola, Florida	

Have you had any boat experience? Yes If so, state I was reared in the Light-house Service where it was necessary to attend boats and handle with motor boats.
Have you had any mechanical experience? Yes If so, state Have had some experience with gasoline engines.
Other experience Have done a little painting and some carpenter work.

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.

(Sign your FULL name here) Walter Andrew Robeite, Jr.

Accepted or rejected accepted Cause of rejection

Date 28 March, 1942

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.

E. B. JAHNCKE, Lieutenant(jg)USCGR

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-D

CERTIFICATE OF APPLICANT

* * *

OFFICE, DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT - - - - -
NEW ORLEANS, LOUISIANA
28 March, 1942 - - - - - - - - -

To: Commandant, U. S. Coast Guard.

1. I hereby certify that I have this date had the enlistment contract fully explained to me, understand it fully and that no promises of any kind have been made to me concerning assignment to duty, discharge prior to enlistment, or advancement during the period for which I am enlisting in the Coast Guard Reserve.

2. I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY, and will accept without reservation such station or assignment commensurate with my ratings as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid

4. I further certify that the matter of desertion has been fully explained to me, and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT, and the meaning thereof.

6. I am fully aware of the rating and rate of pay in which I am enlisting, and I am aware of the fact that I am enlisting for a period of THREE YEARS.

7. I am full aware that I will be required to perform twenty-eight days' training duty during each enlistment year, or fourteen days' training duty and complete a correspondence course as prescribed from time to time. Further, that in time of war or when in the opinion of the President a National emergency exists, I may be required to perform active duty throughout the war or until the National emergency ceases to exist for six months thereafter.

Walter Andrew Roberts, Jr.

- - - Walter Andrew Roberts, Jr. - - -
(Signature of Applicant)

ATTEST:

E. B. JAHNCKE, Lieutenant(jg)USCGR
By direction - - - - - - - - -

Form NCG-2551
(June 1938)

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF Walter Andrew Roberts Jr

St Joseph Point Rge Lt Sta Port St Joe Fla Mar-2-1942
(Ship or Station) (Date)

I,[1] Walter A. Roberts, residing in the City

of Port St Joe Florida, County of Gulf

and State of Florida, do hereby consent to the enlistment

of[2] Walter Andrew Roberts Jr to serve for a period of THREE years

from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Apalachicola

Florida, on the 3rd day of August, 1921

And I, the said[1] Walter A Roberts do solemnly swear

(or affirm) that I am the[4] Father of the said[2] Walter A. Roberts Jr

to be enlisted by my consent as[3] Apprentice Seaman and that he has no other legal guardian but myself. So help me God.

Walter A Roberts
(Signature of Parent or Guardian)

Address: Port St. Joe Florida
(Street and Number) (City or Town) (State)

Personally appeared before me[1] Walter A Roberts,

a resident of Port St Joe, in the County of Gulf,

and State of Fla, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this

4 day of March, 1942

W A Lindsey
(Signature of Officer administering oath)

Notes to which the small figures refer in the oath of the parent or guardian:

(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

U. S. GOVERNMENT PRINTING OFFICE 16—25652-1

TO WHOM IT MAY CONCERN:

We certify that Walter Andrew Roberts, Jr. , was born on the 3rd day of August 1921, in Apalachicola,Florida.

Walter A. Roberts

Walter A.Roberts
Father

Bessie Pryor Roberts

Bessie Pryor Roberts
Mother

Sworn and subscribed to before me by Walter A Roberts and Bessie Pryor Roberts this 15th dy of March A.D. 1944

Notary Public, State of Florida at Large
My Commission Expires May 21, 1945

Form 2509
TREASURY DEPARTMENT
U.S. COAST GUARD

REPORT OF EXAMINATION
(Enlisted Personnel)

SHIP OR STATION. ODCGO, 8th Naval District

PLACE New Orleans, Louisiana

DATE. 28 March, 1942

ROBERTS, Walter Andrew, Jr. .....
(Name)

.....
(Rating)

was examined this day for the rating of seaman first class and was found qualified. The following marks were given; (Scale of marks 4.0 excellent;3.5 very good;3.0 good;2.5 passing;1.5 fair;1.0 indifferent;.0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
General knowledge and experience in seamanship	3.2		

Average marks....3.2.....

E. B. Jahncke
Lieutenant(jg)USCGR
E. B. JAHNCKE, (Signature and rank of member)

Approved..28 March, 1942.....
(Date)

.....
(Signature and rank of member)

W B Harbeson
Lieutenant(jg)USCGR
W. B. HARBESON (Signature and rank of commanding Officer)

I, Walter Andrew Roberts, Jr., , U. S. Coast Guard Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.

(The above oath must be executed in person before a notary public or a Coast Guard officer).

Subscribed and sworn to before me this TWENTY-EIGHTH day of MARCH, 1942.

Lieutenant(jg)USCGR

E. B. JAHNCKE,

By direction

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

OFFICE, DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT
(Unit)

NEW ORLEANS, LOUISIANA
(Place)

28 March, 1942
(Date)

FROM: ROBERTS, Walter A. Jr., (510-181), Sea. 1c., USCGR

To: COMMANDANT (via DISTRICT COAST GUARD OFFICER, EIGHTH NAVAL DISTRICT)

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

Not married (Full name of wife; if not married, so state)	(Address of wife)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)
None (Full name of child; if none, so state)	(Address of child)

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

Mrs. Bessie L. Pryor Roberts (Full name of relative)	mother (Relationship)	P. O. Box #286, Port St. Joe, Florida (Address of relative)

Not dependent
(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:

Mr. Walter A. Roberts, Sr., (Full name of relative)	father (Relationship)	P.O. Box #286, Port St. Joe, Florida (Address of relative)

Not dependent
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this
TWENTY-EIGHTH day of MARCH, 1942

E. B. Jahncke
Lieutenant(jg)USCGR
E. B. JAHNCKE, (Signature)
By direction
(Rank or title)

Walter Andrew Roberts Jr
Walter Andrew Roberts, Jr.,
(Signature)

Sea. 1c., USCGR
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.

WHERE TREATED	DIAGNOSIS	BEGAN	ENDED	I. P. O. P.
MOBILE ALA	Diabetes Mellitus: Acute naso-pharyngitis			
		1-30-44	3-28-44	IP
DALE MABRY SH FIELD FLA	Diabetes mellitus	1-28-44	1-30-44	IP

NAME ROBERTS, Walter A.

SERVICE NO. 510-181

N. C. G. 9541A

ROBERTS, Walter Andrew, Jr.
(NAME)

510 181
(SERVICE NUMBER)

SINGLE X
MARRIED
WIDOWED
DIVORCED

PRIOR MILITARY SERVICE YRS. MOS. DAYS

219321

BIRTH, DATE OF 3 August, 1921
BIRTH, PLACE OF Apalachicola, Florida
CITIZENSHIP N

UNIT	DATE	RANK OR RATING	SERVICE YRS.	SERVICE MOS.	SERVICE DAYS	REMARKS
RO FORT WORTH						ORIG. ENL. REGULAR RESERVE 3 YEARS OR D. O. E. AUTH.
ACC-NEW ORLEANS	3-28-42	Sea.1c.				ASSIGNED ACTIVE DUTY
NEW ORLEANS TR. STA.	3-28-42	Sea.1c.				TR
New Orleans Light Sta.	5-6-42	Sea. 1c				TR. Crooked River Light Station
COTP St. Marks(7ND)	Sept. 1942	Sea 1c				TR. WITH Crooked River Light Station
Cotp Tampa (07)	1-1-44	Sea 1c				Reorg. ACotp St. Marks
Cotp Tampa (07)	4-6-44	SIC	2	0	9	H D (PHYS. DIS) H/C 2-29-44

SERVICE RECORD CARD OF COAST GUARD RESERVE

16—26829-1 U. S. GOVERNMENT PRINTING OFFICE

1. REGISTER NO. 9118

2. LAST NAME | 3. FIRST NAME AND MIDDLE INITIAL | 4. A. S. NO.

Roberts, | Walter A. Jr. | 510181

5. GRADE	6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
S/1cl	U. S.	Coast Guard	22

9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION
W	Fla.	1-9/12	28 Jan 1944

13. SOURCE OF ADMISSION Informal transfer, U. S. Coast Guard, Crooked River Light House, (a)

14. CAUSE OF ADMISSION

Diabetes mellitus, severe, cause unknown.

Disch
4-6-44

15. LINE OF DUTY Yes

16. INJURY CODE NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

18. PLACE OF TREATMENT

Hospital

19. DISPOSITION

Duty

20. DATE OF DISPOSITION 30 Jan 1944

21. NAME OF HOSPITAL

Station Hospital, Dale Mabry Field, Fla.

22. SENT WITH REPORT OF S. & M. FOR MONTH OF Jan 1944

23.

J. H. SCANLON, 1st Lt., M.A.C.,
Registrar. *Medical Corps, U. S. Army.*

Form 52 16—16381
MEDICAL DEPARTMENT, U. S. A.
(Revised March 15, 1938)

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

U.S.S. MENKAR (AK-123)
c/o FLEET POST OFFICE
SAN FRANCISCO, CALIF.

U.S.S. MENKAR (AK-123)
(Unit)

(Place)

APR 1 1945
(Date)

FROM: BRAVO, Rufino (217-260) S1c USCG.

U.S.S. MENKAR (AK-123)

TO: COMMANDANT (via CO,)

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:

Christina Jeannette BRAVO (Full name of wife; if not married, so state)	1426 N. 16th St., Philadelphia, Pa. (Address of wife)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 1st day of April, 1945

J. A. ROOT, Lieut. USCGR.
(Signature)

By direction.
(Rank or title)

Rufino Bravo
Rufino BRAVO,
(Signature)

S1c USCG
(Rank or rating)

16—25758-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CAPTAIN OF THE PORT
U. S. COAST GUARD
ST. MARKS, FLORIDA

ROBERTS, Walter A. (Name, surname first) | 510-181 (Service number) | Seale (Rank or rating)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 3/28/44, 19

To: Captain of the Port, USCG
(Coast Guard unit)
St. Marks, 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
Diabetes Mellitus	871-785	1/30/44	3/28/44
Acute naso-pharyngitis	302-100	1/30/44	3/28/44

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

Board of Medical Survey held and same hasbeen approved by CG headquarters.

CONDUCT REPORT:

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

E. H. Drake

E.H. Drake, Asst. Surg.(R) U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 19 , has been transferred this date , 19 , to the U. S. Marine Hospital at for further treatment.

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

M

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

CAPTAIN OF THE PORT
U. S. COAST GUARD
ST. MARKS, FLORIDA

ROBERTS, Walter A. (Name, surname first) | 510-181 (R) (Service number) | Sea. 1c (Rank or rating) | (Unit)

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

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

Place ACOTP, St. Marks, Florida, Date 30 January, 1944

To: Marine Hospital, Mobile, Ala.

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 Asst CAPTAIN OF THE PORT U. S. COAST GUARD ST. MARKS FLORIDA

Walter A. Roberts
(Signature of patient)

W. A. Erdman
U. S. Coast Guard.

~~Walter A. Roberts~~

RETURN MEDICAL CERTIFICATE

Place Mobile, Ala., Date 2/2/44, 19

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

871-785 Diabetes Mellitus
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 30 days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U.S. Marine {*hospital / *office} on 1/30/44, 19

E. H. Drake
E. H. Drake, ~~Asst. Surg.~~ (R) U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27159-1

VETERANS ADMINISTRATION
Insurance Form 365

DUPLICATE FILE

NOTIFICATION OF DISCONTINUANCE OF ALLOTMENT

(National Service Life Insurance Premiums)

ROBERTS, JR.	Walter	A.	510-181	Sea.1c(R)	UNITED STATES COAST GUARD RRSERVE
(Last name)	(First name)	(Middle initial)	(Service number)	(Grade or rank)	(Unit or organization)

I hereby request the discontinuance of allotment in the amount of $ 6.50 for the monthly premium on $ 10,000.00 (Amount of insurance) after deduction has been made for the month of April, 19 44

I { desire / ~~do not desire~~ } to continue my insurance in force and understand that if I do desire to continue my insurance I must tender premiums due within the grace period by remittance direct to the Veterans Administration, Washington, D. C., beginning June, 19 44

Permanent home address Route 3 (Number and street or rural route) PORT ST. JOE (City, town, or postoffice) FLORIDA (State)

Dated 6 April, 19 44 Walter A. Roberts, Jr. (Signature of insured)

Reason for discontinuance Medical disbharge of allotter

This is to inform the Veterans Administration, Washington, D. C., that the last checkage to be made on account of the allotment of the above-named insured { was / ~~xxx~~ will be } made for the month of April, 19 44; for the premium due for the month of May, 19 44

J.T. ECHOLS (Signature of disbursing officer)

LIEUT (Rank and organization) USCG (Service)

To: VETERANS ADMINISTRATION
NAVY—via Allotment Officer (Original only).
MARINE CORPS—via The Paymaster (In duplicate).
COAST GUARD—via Headquarters (In duplicate).

REMARKS:

16—19173

NCG 2525-A

DENTAL RECORD

(To be filled in by the Dental Officer)

ROBERTS,
(Surname)

Walter A. Jr.
(Given name-s)

Sea. 1c — 510-181
(Rank or rate) (Service number)

INSTRUCTIONS

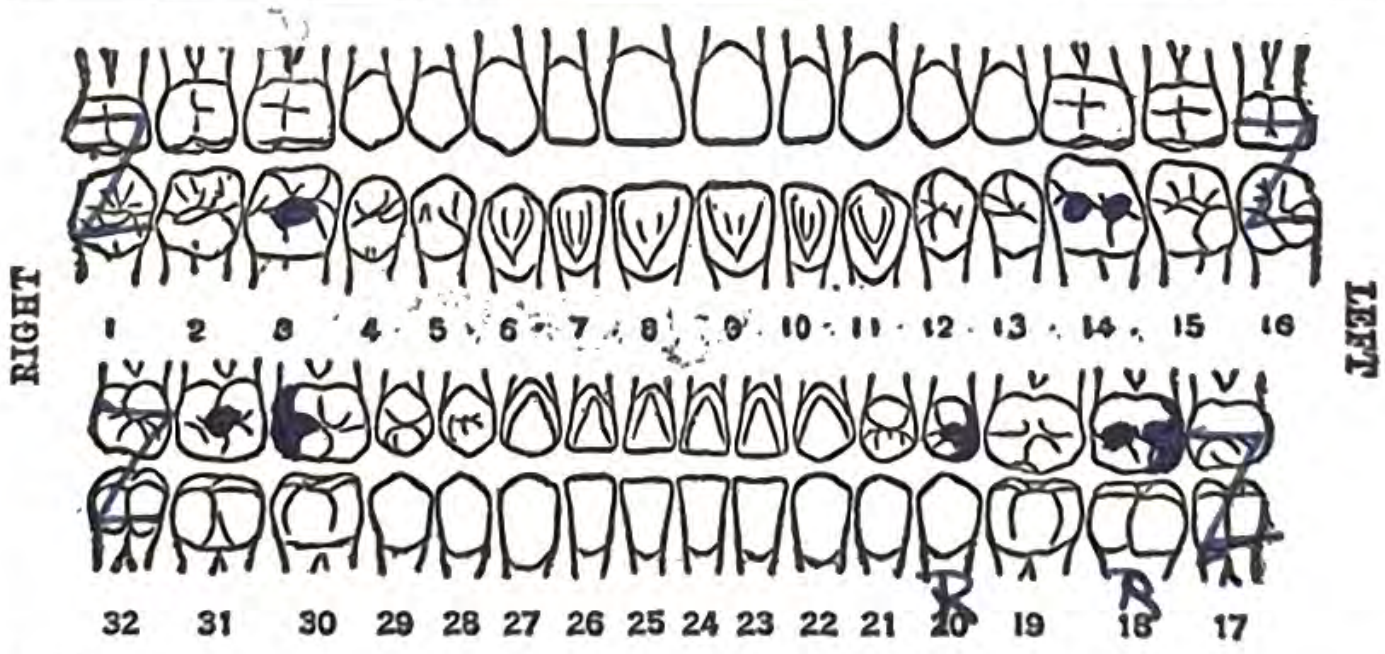
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

RECORD OF FIRST DENTAL EXAMINATION

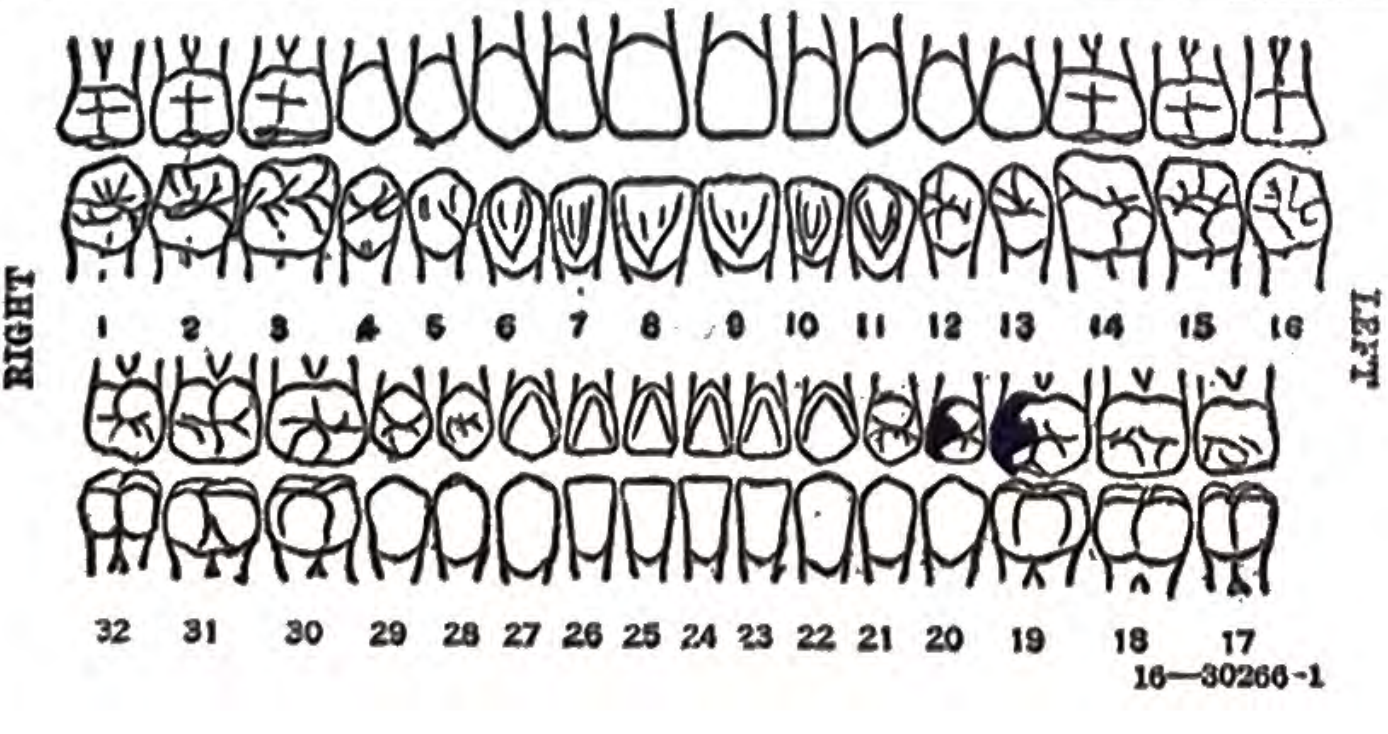


REMARKS:

JACKSON W. BATES,
Asst. Dental Surgeon (R) USPHS
MOTORIZED DENTAL STATION No. 5

8-10-43
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—30266-1

Form 2525-A—TREASURY DEPARTMENT—COAST GUARD

DENTAL RECORD

(To be filled in by the Dental Officer)

ROBERTS
(Surname)

Walter A. Jr.
(Given name-s)

Sea.1c(R) 510-181
(Rank or rate) (Service number)

INSTRUCTIONS

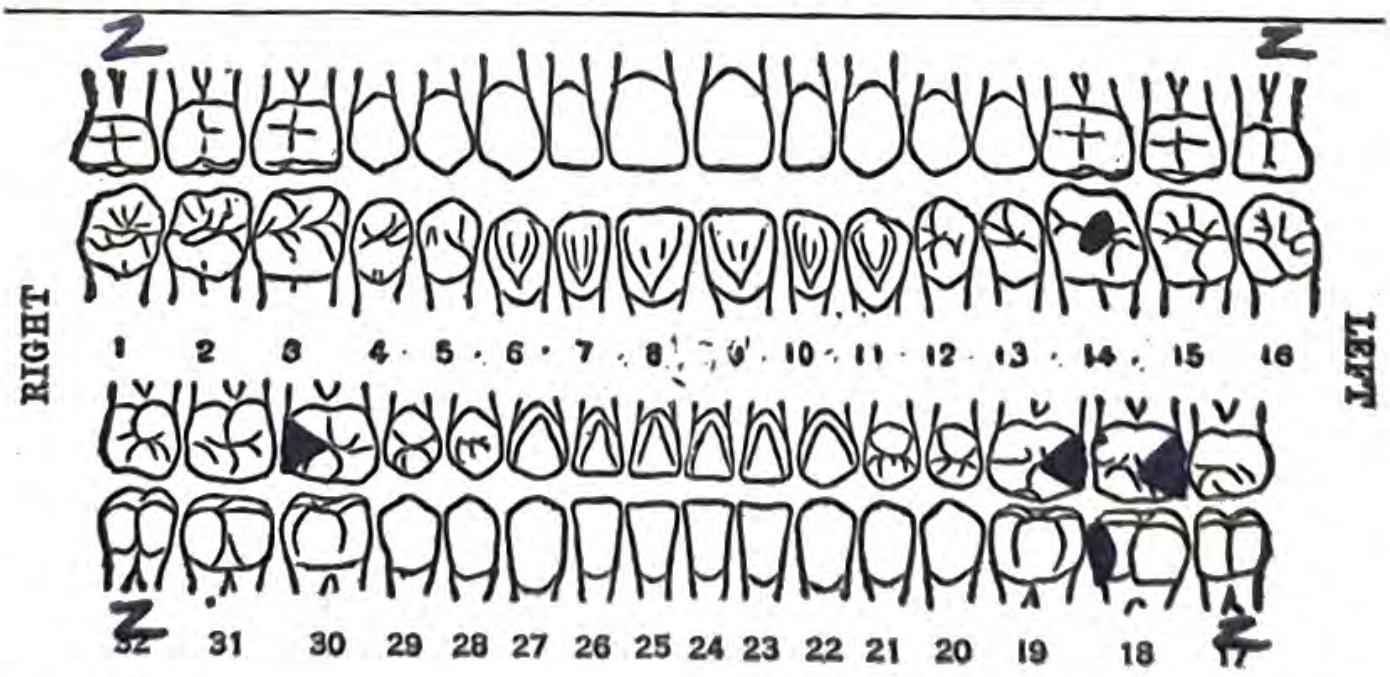
The Dental Record will be inserted as the top sheet in the Health Record.

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

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

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

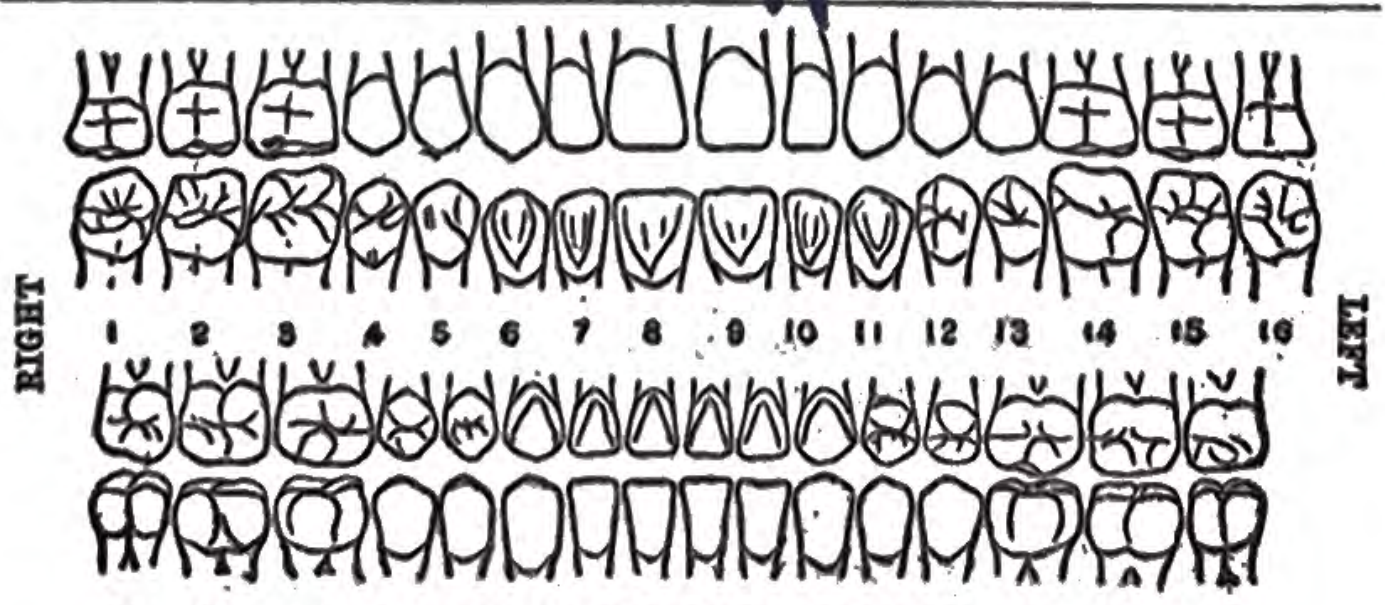
RECORD OF FIRST DENTAL EXAMINATION



REMARKS: ~~H. G. TRAUTMAN, Asst. Dental Surg. USPHS.~~

3-30-42 DENTAL OFFICER, C. G. TRG. STATION
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name ROBERTS, Walter A. Jr. **Service Number** 510-181
(Surname first)

Age: Years 22 **Months** 5 **Color** white

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

Rank or Rating Sea 1class

Place F. C. I., Tallahassee, Fla **Date** January 6, 1944

Personal Medical History Usual choldhood diseases Tonsillectomy in childhood

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

Color blind? No **Test used** Ishihara

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

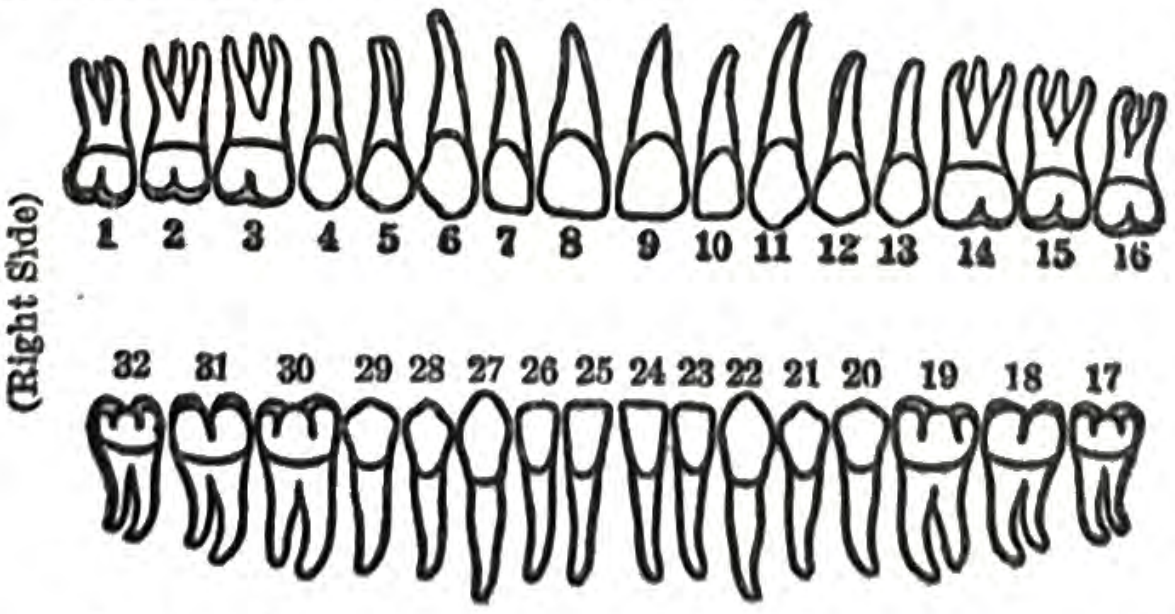
Eyes, eyelids, and reflexes Normal

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, "T".)
Examination not performed



Gums Normal **Temperature** 98°

Height 68½ inches. **Weight (stripped)** 132 **Lbs. Obesity** No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36 **Expiration** 33½

Heart and blood vessels Normal

Blood pressure: Systolic 130 **Diastolic** 80

Pulse before exercise 80, **after exercise** 126, **after 2 min.** 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg **Sugar** 2 plus **Shreds** Neg

Microscopical exam. (if indicated) epithelia none **Sp. Gr.** 1.035

Blood cells Neg **Pus cells** Neg **Casts** Neg

Blood (if indicated) Hb ____%. **Reds** ____ **Whites** ____

Wassermann or Kahn test: Date 1-6-44 **Result** ____

16—27070-1

REMARKS: Presence of sugar in urine requires further study. History suggestive of early diabetes

CERTIFICATE

~~We~~ / I certify that ~~we~~ / I have personally made this physical examination and find that Walter A Roberts Jr. See

He is physically qualified for Drivers permit (remarks
(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

Robert W. Biach

ROBERT W. BIACH,
Assistant *Surgeon, U.S. Public Health Service.*

1st INDORSEMENT

(Date)

Place

From:

To: Commandant.

1. Forwarded for action. Present status:

Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

(Date)

The findings of the certificate are not approved

By direction of the Surgeon General:

Medical Director, U.S. Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

(Date)

From: Commandant.

To:

1.

Insert this copy in health record.

By direction,

Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

NCG—2525 B

PHYSICAL EXAMINATION RECORD

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

Name ROBERTS, Walter A. Jr. Service Number 510-181
(Surname first)

Age: Years 22 Months 5 Color white

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

Rank or Rating Sea 1clss

Place F. C. I., Tallahassee, Fla Date January 6, 1944

Personal Medical History Usual choldhood diseases
Tonsillectomy in childhood

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

Color blind? No Test used Ishihara

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

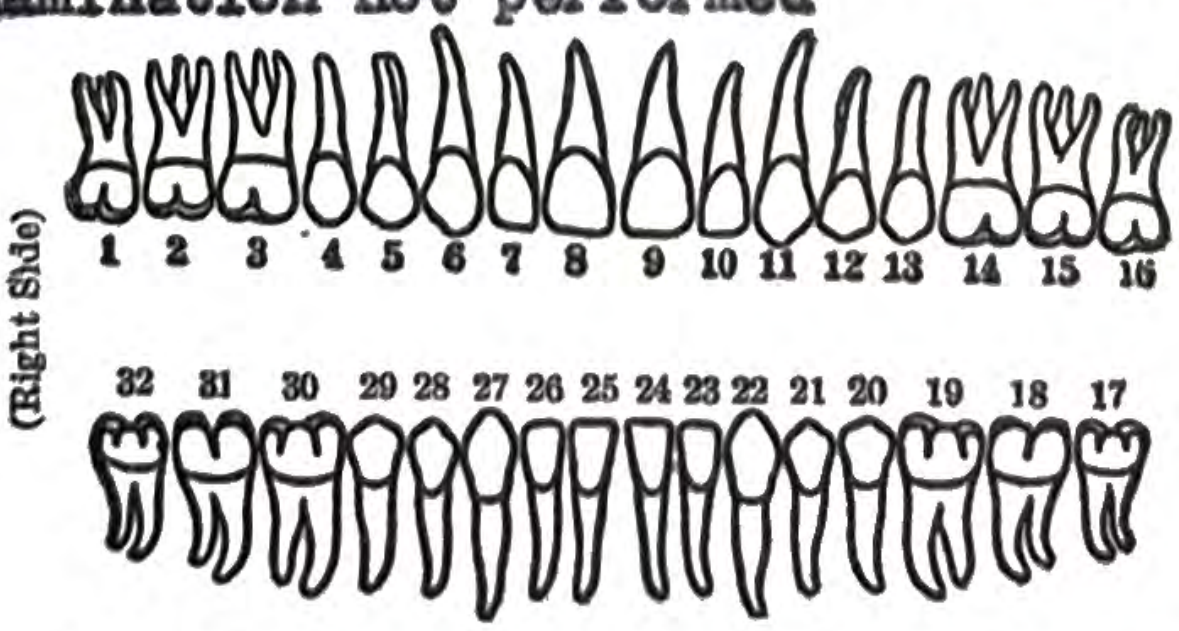
Eyes, eyelids, and reflexes Normal

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, "T".)
Examination not performed



Gums Normal Temperature 98°

Height 68½ inches. Weight (stripped) 132 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 36 Expiration 33½

Heart and blood vessels Normal

Blood pressure: Systolic 130 Diastolic 80

Pulse before exercise 80, after exercise 126, after 2 min. 72

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Normal

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg Sugar 2 plus Shreds Neg

Microscopical exam. (if indicated) epithelia none Sp. Gr. 1.035

Blood cells Neg Pus cells Neg Casts Neg

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

Wassermann or Kahn test: Date 1-6-44 Result ____

16—27070-1

REMARKS: Presence of sugar in urine requires further study. History suggestive of early diabetes

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that Walter A Roberts Jr.

He is physically qualified for Drivers permit (See remarks
(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 _____

Robert W. Bach

ROBERT W. BIACH, Assistant Surgeon, U.S. Public Health Service.

1st INDORSEMENT

_____
(Date)

Place _____

From:

To: Commandant.

_____

1. Forwarded for action. Present status:

_____

_____

_____

_____

_____
Commanding—Dist. Comdr.-Off. in Chg.

2d INDORSEMENT

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

_____
(Date)

The findings of the certificate are not approved _____

_____

_____

_____

_____

By direction of the Surgeon General:

_____
Medical Director, U.S Public Health Service.

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

_____
(Date)

From: Commandant.

To:

1.

_____

Insert this copy in health record.

By direction,

_____
Chief, Personnel Section.

U. S. GOVERNMENT PRINTING OFFICE 16—27070-1

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

VACCINATION AND INOCULATION RECORD

Name ROBERTS, Walter Andrew, Jr.,
(Surname first)

Rank or rating Sea.1c., Service number 510-181

SMALLPOX VACCINATION

Number of prior scars 1

DATE	SIGNATURE OF MEDICAL OFFICER VACCINATING	RESULT	SIGNATURE OF MEDICAL OFFICER OBSERVING RESULT
4-8-42	BC	PR	BC

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

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATES ADMINISTERED			SIGNATURE OF MEDICAL OFFICER
First	Second	Third	
4-8-42	4-15-42	4-22-42	BC

EXEMPTION

(If exempted from vaccination or inoculation, state reason)

BLOOD TYPE 'A' BC

TETANUS TOXOID 3-30-42 5/4/43 Bruce Common

Tetanus Toxoid - 8-27-43

C. S. McLaughlin
(Signature of medical officer)

2—16142

Form NCG-2525D

MEDICAL HISTORY

Surname ROBERTS Service No. 510-181

Christian name-s Walter Andrew, Jr.,

STATE NAME OF PLACE	DATE EACH NEW ENTRY

F.C.I. Tallahassee, Fla. 1/6/44

During physical exam. for driver's permit urine was found to contain 2+ sugar. Subject, had not eaten for several hours. He gives history of increased thirst for 1½ months, with increased urine output, and loss of 6 lbs. wt. in last 1½ months. These findings require further examination. Several urine exams as well as blood sugar should be done as soon as possible. Referred to Medical Dept. of Camp Gordon Johnson.

R.W. Brink
Asst Surg. USPHS

Form NCG-2525D

MEDICAL HISTORY

Surname Roberts Service No. 510-181

Christian name-s Walter A. Jr.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

F.C.I. Tallahassee, Fla. Jan. 6, 1944

During physical exam. for drivers permit urine was found to contain 2+ sugar. Subject had not eaten for several hours. He gives history of increased water consumption, increased urine output, and loss of 6 lbs weight in last 1½ months.

Referred to medical dept. at Camp Gordon Johnson for further urine and blood sugar studies.

Robert W. Bush
2nd Lieut. USPHS

1/3/44

Glucose tolerance indicative of Diabetes mellitus severe case

Fasting Blood 536.1	4+
30 min. 493.6	4+
60 min. 481.9	4+
120 min. 555.5	4+
180 min. 714.3	4+

Form NCG-2525D

MEDICAL HISTORY

Page _____

Surname ROBERTS, Service No. 510-181

Christian name-s Walter A.

STATE NAME OF PLACE	DATE EACH NEW ENTRY

U. S. MARINE HOSPITAL
MOBILE, ALA.

1/30/44: Admitted to inpatient treatment.
~~DIAGNOSIS:~~
871-785 Diabetis Mellitus
302-100 Acute naso-pharyngitis
Incident of service, not misconduct.
CHIEF COMPLAINT: Sugar in urine.
~~Present History: Sugar was discovered~~ in urine on routine exam. 1/6/44. Pt. states that fasting blood sugar on 1/18/4 confirmed diagnosis.
Progress Notes:
~~Examination of urine 1/31/44:~~
Reaction: Acid Color Straw Albumen Neg
Sugar: Positive 4plus.
Examination of Blood 1/31/44:
359.2 mgms. Glucose.
~~2/8/44:~~ Board of Medical Survey held with recommendation that pt, be discharged from the Coast Guard due to diagnosis of Diabetes Mellitus.
2/11/44: Tests are still green and pt. ~~feels well.~~
2/28/44: Pt. improving under treatment
3/28/44: Discharged, Survey has been approved and pt. to report back to station to receive same. Condition Improved, ~~Unift for~~ Military service but may return to cililian occupation at once.

Is/ W. H. Drake, Asst. Surg(R)

Charles F. Donaldson, PhM3c

16—25658-1

Form No. 2525E
TREASURY DEPARTMENT
U. S. COAST GUARD
March 1938

TERMINATION OF HEALTH RECORD

Name ROBERTS, Walter Andrew, Jr.

Rating Sea. 1c., USCGR Service Number 510-181

Place _____ Date _____

I certify that I have today examined the above-named person, and find that he has the following disease or physical condition likely to result in physical disability or death.:

Diabetes Mellitus

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 PRIOR TO DISCHARGE NECESSARY.

Jacob J Freedman

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) _____

Diabetes

TO BE FILLED IN ONLY WHEN PHYSICAL EXAMINATION PRIOR TO DISCHARGE NECESSARY.

Walter Andrew Roberts Jr

Seaman 1c

Rank or Rating, U.S. Coast Guard.

Service terminated 4.6.44 (Date)

At C.O.P. Camp Hoan (Place)

By reason of Physical Disability (Expiration enlistment; physical disability; undesirability; desertion, etc.)

Jacob J Freedman

(RA. Surg.), Custodial Officer.
(Rank) USPHS(R)

2—16144

HOME ADDRESS REPORT

(Complete both forms. See instructions on reverse side.)

NAME ROBERTS, Walter Andrew, Jr., Florida
(Last name) (First name) (Middle name) (State, see note below)

RANK OR RATING Seaman first class — Port St. Joe,
(City or town, and county)

SERVICE U. S. COAST GUARD RESERVE — Post Office Box #286
(Army, Navy, Marine Corps, etc.) (Street No. or R. F. D. No.)

No. 510-181 RACE White
(Army serial or Navy Service)

NOTE.—Give home address at time of entrance into service.

(This form is not to be used for men inducted into service through Selective Service)

Walter Andrew Roberts, Jr.
(Signature)

D. S. S. Form 166—HOME ADDRESS REPORT. 16—18433 GPO

REPORT OF SEPARATION

(Not to be used in case of a change in rank or rating)

1. ROBERTS WALTER ANDREW JR. 2. S/C 3. [X] White. [ ] Negro. [ ] Other.
(Last name) (First name) (Middle name) (Rank or rating)

4. Entered Service MARCH 28 1942 5. Through [ ] Regular Army. [ ] National Guard. [ ] Selective Service. [ ] Navy. [ ] Marine Corps. [X] Coast Guard. 6. 510-181
(Month) (Day) (Year) (Serial or Service no.)

7. Home address at time of entry into Service:

POST OFFICE BOX 286 PORT SAINT JOE. FLORIDA.
(Street or R. F. D. number) (City or town) (County) (State)

8. Date of discharge or separation APR. 6 1944 9. Discharge certificate [X] Honorable. [ ] Blue. [ ] Dishonorable.
(Month) (Day) (Year)

10. Cause of discharge or separation PHYSICAL DISABILITY INCIDENT TO SERVICE
(State specifically)

FOR THOSE MEN WHO HAD REGISTERED AT A SELECTIVE SERVICE LOCAL BOARD BEFORE ENTRANCE INTO SERVICE

11. Local Board of origin (special care must be taken in giving correct Local Board address and number) _____ NOT KNOWN _____ _____
(Local Board number) (Selective Service order no.) (County) (State)

D. S. S. Form 167
(Rev. 7-1-42)

GPO 16—18311-4

_____
(Signature of reporting officer—Rank)

(PEA-A)
CG-73-783

29 February, 1944

To: DCGO, 7th Naval District

Subj: ROBERTS, Walter A. (510-181) Sea.1c.(R); discharge of

Ref: (a) Report of Medical Survey, U. S. Marine Hospital, Mobile, Alabama, dated 9 February, 1944, with four indorsements thereon.

(b) Article 588, Coast Guard Regulations

1. Pursuant to authority contained in reference (b) and in view of the information set forth in reference (a), discharge the above-named person with an honorable or ordinary discharge, dependent upon marks received by reason of physical disability, incident to service.

2. "Discharge" discharge certificate shall bear the following notation: "By reason of physical disability, incident to service."

3. Prior to discharge advise the above-named person as to the privilege of continuing treatment with the U.S. Public Health Service in accordance with the provisions of Article 3003, Regulations.

4. When an honorable discharge (Form 2510) is issued to enlisted members of the Reserve, the following notation will be typed in capital letters on the face of the certificate in line with the serial number, "United States Coast Guard Reserve."

Diagnosis: Diabetes mellitus

E. COLE
By direction

COLEMAN:EHR

N.C.G.2500

ENLISTMENT CONTRACT
(COAST GUARD
UNITED STATES :
(COAST GUARD RESERVE

ENLISTMENT OF **ROBERTS, Walter Andrew, Jr.,** (FULL NAME, SURNAME TO LEFT); **510-181** (SERVICE NUMBER); **$54.00** (PAY PER MONTH)

ACCEPTED FOR ENLISTMENT AT **New Orleans, Louisiana**; **Sea. 1c., USCGR** (RATING IN WHICH ENLISTED)

ENLISTED AT **Office, District Coast Guard Officer, N.O.,La.**; **28 March, 1942**

TRANSFERRED TO **COAST GUARD TRAINING STATION, ALGIERS, NEW ORLEANS, LOUISIANA**

OCCUPATION **Board Inspector** CITIZENSHIP* **N.B.** IF NATURALIZED,

PLACE AND DATE OF NATURALIZATION _____ CERTIFICATE NO. _____

DATE OF BIRTH **August 3, 1921** PLACE OF BIRTH **Apalachicola, Florida**

HOME ADDRESS **Post Office Box #286, Port Saint Joe, Florida** (STREET AND NUMBER) (TOWN) (COUNTY) (STATE)

MARRIED OR SINGLE **Single** NAME AND ADDRESS OF NEXT OF KIN OR LEGAL

GUARDIAN **Mrs. Bessie L. Pryor Roberts, (mother) P.O.Box #286, Port St. Joe, Florida**

Mr. Walter A. Roberts, Sr., (father) P.O.Box #286, Port St. Joe, Florida (COAST GUARD)

CONTINUOUS SERVICE CERTIFICATE (No.) PREVIOUS SERVICE (RESERVE) (YRS)(MOS)(DAYS)

FIRST ENLISTED (DATE) AT (PLACE) AND WAS

LAST DISCHARGED (DATE) FROM (UNIT)

WITH (CHARACTER) DISCHARGED AS (RATE) No.

PREVIOUS NAVY SERVICE (YEARS)(MOS)(DAYS). PREVIOUS MARINE CORPS SERVICE

PREVIOUS ARMY SERVICE (YEARS)(MOS)(DAYS). AGE **20** YEARS **7** MONTHS.

HEIGHT **5** FEET **8** INCHES.* WEIGHT **143** POUNDS.

EYES **Gray** SEX **Male** HAIR **Black** COMPLEXION **Ruddy** COLOR **White**

PERSONAL CHARACTERISTICS, **None** MARKS, ETC. **None**

FOR AND IN CONSIDERATION OF THE PAY OR WAGES DUE TO THE RATINGS WHICH MAY FROM TIME TO TIME BE ASSIGNED ME DURING THE CONTINUANCE OF MY SERVICE, I AGREE TO AND WITH **E. B. JAHNCKE, Lieutenant(jg)** OF THE UNITED STATES COAST GUARD, AS FOLLOWS:

FIRST: TO ENTER THE COAST GUARD OF THE UNITED STATES AND TO REPORT TO SUCH STATION OR VESSEL AS I MAY BE ORDERED TO JOIN, AND TO THE UTMOST OF MY POWER AND ABILITY DISCHARGE MY SEVERAL SERVICES OR DUTIES AND BE IN EVERYTHING CONFORMABLE AND OBEDIENT TO THE SEVERAL REQUIREMENTS AND LAWFUL COMMANDS OF THE OFFICERS WHO MAY BE PLACED OVER ME.

SECOND: I OBLIGE AND SUBJECT MYSELF TO SERVE (THREE YEARS FROM **28 March**, 1942 UNLESS SOONER DISCHARGED BY PROPER AUTHORITY (DURING MINORITY UNTIL **27 March, 1945**

IN THE EVENT OF WAR OR NATIONAL EMERGENCY DECLARED BY THE PRESIDENT TO EXIST DURING MY TERM OF SERVICE, I OBLIGE AND SUBJECT MYSELF TO SERVE UNTIL SIX MONTHS AFTER THE END OF THE WAR OR NATIONAL EMERGENCY IF SO REQUIRED BY THE SECRETARY OF THE NAVY UNLESS I VOLUNTARILY REENLIST OR EXTEND MY ENLISTMENT. I UNDERSTAND THAT WHEN SO DETAINED I AM NOT ENTITLED TO ENLISTMENT ALLOWANCE AND THAT IN TIME OF WAR THE ADDITION OF ONE-QUARTER PAY AS SPECIFIED IN THE ACT OF JULY 11, 1941 IS NOT APPLICABLE.

Health record sent to medical 9/9/42 Bg.

I ALSO OBLIGATE MYSELF, DURING SUCH SERVICE, TO COMPLY WITH AND BE SUBJECT TO SUCH LAWS, REGULATIONS, AND DISCIPLINE FOR THE GOVERNMENT OF THE COAST GUARD AS ARE OR SHALL BE ESTABLISHED BY THE CONGRESS OF THE UNITED STATES OR OTHER COMPETENT AUTHORITY, AND TO SUBMIT TO TREATMENT FOR THE PREVENTION OF SMALLPOX, TYPHOID (TYPHOID PROPHYLAXIS), AND TO SUCH OTHER PREVENTIVE MEASURES AS MAY BE CONSIDERED NECESSARY BY PROPER AUTHORITIES.

THIRD: I AM OF THE LEGAL AGE TO ENLIST; I HAVE NEVER DESERTED FROM THE UNITED STATES COAST GUARD, NAVY, ARMY, OR MARINE CORPS; I HAVE NEVER BEEN DISCHARGED FROM THE UNITED STATES SERVICE OR OTHER SERVICE ON ACCOUNT OF DISABILITY OR THROUGH SENTENCE OF EITHER CIVILIAN OR MILITARY COURT; AND I HAVE NEVER BEEN DISCHARGED FROM ANY SERVICE CIVIL OR MILITARY EXCEPT WITH GOOD CHARACTER AND FOR THE REASON GIVEN BY TO THE RECRUITING OFFICER PRIOR TO ENLISTMENT. I AM NOT A MEMBER OF THE COAST GUARD RESERVE, NAVAL RESERVE, NAVAL MILITIA, MARINE CORPS RESERVE, NATIONAL GUARD, OR ARMY RESERVE.

FOURTH: I UNDERSTAND THAT UPON ENLISTMENT IN THE COAST GUARD RESERVE, I MAY BE ORDERED TO ACTIVE DUTY IN TIME OF WAR OR WHEN IN THE OPINION OF THE PRESIDENT A NATIONAL EMERGENCY EXISTS, AND THAT I MAY BE REQUIRED TO PERFORM ACTIVE DUTY THROUGHOUT THE WAR OR UNTIL THE NATIONAL EMERGENCY CEASES TO EXIST FOR SIX MONTHS THEREAFTER.

FIFTH: I HAVE HAD THIS CONTRACT FULLY EXPLAINED TO ME, I UNDERSTAND IT, AND CERTIFY THAT NO PROMISE OF ANY KIND HAS BEEN MADE TO ME CONCERNING ASSIGNMENT TO DUTY, OR PROMOTION DURING MY ENLISTMENT.

OATH OF ALLEGIANCE: I, Walter Andrew Roberts, Jr., DO SOLEMNLY SWEAR (OR AFFIRM) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA, AND THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER, AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE LAWS OF THE UNITED STATES AND THE REGULATIONS GOVERNING THE COAST GUARD.

AND I DO FURTHER SWEAR OR AFFIRM THAT ALL STATEMENTS MADE BY ME AS NOW GIVEN IN THIS RECORD ARE CORRECT.

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.

(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26 DAY OF MARCH, A.D. 1942

E. B. JAHNCKE, Lieutenant(jg)USCGR

(COMDG. OFFICER, NOTARY PUBLIC, OR OTHER OFFICER QUALIFIED TO ADMINISTER OATH)

By direction

(TITLE)

CITIZENSHIP SUBSTANTIATED AND CONTRACT PERFECTED.

E. B. JAHNCKE,

Lieutenant(jg) USCGR ENLISTING OFFICER.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised July 1941)

SERVICE RECORD

RECORD OF ROBERTS, Walter Andrew, Jr., 510-181
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
ODCGO, 8th N.D.	3-28-42	Lt. (jg)	C. G. TRG. STA. New Orleans, La.	MAR 2 8 1942	Lieut.
C. G. TRG. STA. New Orleans, La.	MAY 5 1942	Lieut. Colonel	Crooked River Lt. Sta	5-5-42	Lt. (jg)
C.O.P. ST. MARKS	DEC 3 1 1943		COP, TAMPA	JAN 1 1944	ASST. COP
SCGO-COTP, Tampa	4/6/44	Lt.			

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature

16—9676-1

Record of ROBERTS, Walter Andrew, Jr., 510-181
(Full name, surname to left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Prof. in rating.	Seaman-ship.	Mechanical ability.	Ability leader men	Special Qualifications or Special Detail	Conduct	Signature
3-28-42	Sea.lc.,(R)					LESS THAN ONE MONTH	4.0	Comdr By direction
3-31-42	Sea.lc.(R)	LESS THAN ONE MONTH - - - - - - - - - - - -					4.0	Lieut-Comdr. By direction
5-5-42	Sea.lc.(R)	2.8	2.8	-	2.8		4.0	Lieut-Comdr. By direction
6-30-42	Sea.lc.	3.0	3.0	3.0	2.8		4.0	Comdr. By direction.
9-30-42	Sea.lc.	3.0	3.0	3.0	2.8		4.0	Lt.
3/31/43	Sea.lc.	3.0	2.5	-	2.8	COP, ST. MARKS	4.0	Ens.
JUN 8 0 1943	Sea.lc.	3.0	3.0	-	3.0	C.O.P. ST. MARKS	4.0	J. C. DICKINSON, JR.
SEP 8 0 1943	Sea/c.	3.4	3.0	-	3.4	C.O.P. ST. MARKS	4.0	
DEC 8 1 1943	Sea.lc.	3.3	3.2	3.1	3.3	C.O.P. ST. MARKS	4.0	
3-31-44	Sea.lc.	3.4	3.3	3.2	3.5	COP Tampa	4.0	
4/6/44	Sea.lc.	3.4	3.3		3.5	SCGO-COTP, Tampa	4.0	Lt.
Average		3.14	3.01	3.07	3.06	SCGO-COTP TAMPA	4.0	Lt.

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF ROBERTS, Walter Andrew, Jr., 510-181
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

Unit	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority to be shown in this column	Signature

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
SCGO-COTP TAMPA	4/6/44	"Issued Honorable Lapel Button"	R M Duncan Lt.
SCGO-COTP TAMPA	4/6/44	Service record does not show service outside the Continental Limits or Alaska	R M Duncan Lt.

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised June 1938

RECORD OF ROBERTS, Walter Andrew, Jr., 510-181
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	
ODCGO, 8th N.D.	Orig. Enl.	3-28-42	CREDIT	30		Lt.(jg)
COP, ST. MARKS	3/15/43	3/18/43	3	27		Ensign
C.O.P. ST. MARKS	3/28/43	CREDIT		30		
C.O.P. ST. MARKS	8/7/43	8/11/43	3	27		

16—9676

RECORD OF ROBERTS, Walter Andrew, Jr. 510-181
(Full name, surname to the left) (Service No.)

10. ABSENT FROM DUTY

(On account of sickness or injury due to own misconduct. Without leave (including overleave, desertion, imprisonment under civil arrest resulting in conviction), and absence from duty (confinement) while awaiting trial by a Coast Guard court resulting in a conviction, or while serving a sentence.) (Absences less than 24 hours not to be entered.) (Show inclusive dates.)

Unit	Months	Days	From—	To—	Remarks	Signature
ODCGO, 8th N.D. C. G. TRG. STA. New Orleans, La.	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					Lt.(jg)
C.O.P. ST. MARKS	No deductible time while attached to this unit NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT					Lieut-Comdr. By direction
SCGO-COTP TAMPA	NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT					Lt.

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

PEA-E 51

12. ON DISCHARGE

Date 6 April, 1944 Place Tampa, Florida Serial No. - - - - -
Kind of discharge Honorable Authority for H/L 29 Feb.,1944 (CG-73-783),(PEA-A)
Discharged on account of "Discharged by reason of physical disability, incident to service."
Is not - - - - for the above reason - - - - - - recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE R.W. DIERLAM, Lieut., USCG

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

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

RECORD OF ROBERTS, Walter Andrew, Jr., 510-181
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

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

Nav. S. and A. Form 550

MUSTERING OUT PAYMENT

COMMANDING OFFICER'S CERTIFICATE

I CERTIFY THAT ROBERTS, (Surname) Walter (First Name) A.,Jr. (Initial) 510-181 (File or Service No.) Sea.1c.,U.S.Coast Guard Reserve (Rank or Rating & Branch of Serv.)

IS BEING DISCHARGED OR RELEASED FROM ACTIVE DUTY 4/6/44 (Date) and that he (~~she~~) had active service in the armed forces

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

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

CAPTAIN OF THE PORT, TAMPA, FLORIDA
Activity from which Discharged

P.N. HUNT, Lieut.Comdr., USCGR
Name and Signature of Officer Authorized to Sign in accordance with Art. 2025(2)NR

VETERAN'S CERTIFICATE

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

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

ADDRESS TO WHICH CHECKS ARE TO BE MAILED:

Route #3,
(Number) (Street)
Port St.Joe (City) (Zone) Florida (State)

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

Walter A. Roberts, Jr.
Walter A.Roberts, Jr.
Signature of Applicant

DISBURSING OFFICER'S PAYMENT DATA

Paid $100.00 on P.V. 603 Check No. 19,772 Dated 4/6/44

J. T. ECHOLS, SDA, Navy-Coast Guard, 55-143
Type Name and Symbol No. of Disbursing Officer Making Initial Payment

MUSTERING OUT PAYMENTS DIVISION DATA

FBA

Audited
Date 4/17/44
Initials RW

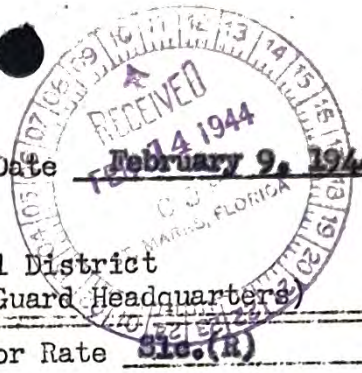
INSTRUCTIONS ON REVERSE

Certified to be correct upon termination of service 6 April, 19 44

R.W. DIERLAM, Lieut., USCG
Commanding Officer ~~or Officer in Charge~~

U. S. GOVERNMENT PRINTING OFFICE 16—9076

REPORT OF MEDICAL SURVEY



Place US MARINE HOSPITAL, MOBILE, ALA. Date February 9, 1944

From: Board of Medical Survey
To: District Coast Guard Medical Officer, 8th Naval District
(for transmission to Commandant, U. S. Coast Guard Headquarters)

Name: ROBERTS, Walter A. (510-181) Rank or Rate Slc.(R)

BORN: Place Apalachicola, Fla. Date Aug. 3, 1921

ENLISTED OR APPOINTED: Date: March 28, 1942 Place: New Orleans, La.

TOTAL SERVICE: Coast Guard 2yrs, 10mos/ 11 days/ Navy ____ Marine Corps ____ Army ____

PRESENT HISTORY OF CASE

Admitted From: CAPTAIN OF THE PORT, ST. MARKS, FLA. Date January 30, 1944

Diagnosis Diabetes mellitus Diag.No. 871-785
(USPHS nomenclature which carried on sick list)

Disablity was not the result of his own misconduct was incurred in line of duty
(was or was not) (was or was not)

Existed prior to enlistment? No. If yes, was condition aggravated by service?
(Yes or No) (Yes or No)

Present Condition Unfit for duty as Coastguardsman Probable future duration Permanent

Recommendation Discharge from Coast Guard

FACTS ARE AS FOLLOWS: Sugar found in urine first time on routine examination on January 6, 1944. Diagnosis of diabetes mellitus confirmed by fasting blood sugar on January 18, 1944. Subject man has lost 6 pounds of weight since about November, 1943 in spite of good appetite. Subject man also has had nocturia and increased thirst for same period.

Urine - 4 Plus sugar on repeated tests. Blood sugar 359.2 on January 21, 1944.

Except for acetone odor on breath physical examination was normal.

Glen T. Smith, Asst. Surgeon(R) USPHS
Senior Member of Board

Glenn C. Wolf, Asst. Surgeon(R) USPHS
Member of Board

Surgeon USPHS
Member of Board

1st Indorsement

Date: February 9, 1944

From: COMMANDING OFFICER, US MARINE HOSPITAL, MOBILE, ALA.
(Officer convening board)

To: District Coast Guard Medical Officer,
8th Naval District.

Respectfully forwarded with recommendation that findings of the Board be complied with.

(Signature)
E.M.Townsend, Senior Surgeon,
Medical Officer in Charge.

2nd Indorsement

Date: _____

From: District Coast Guard Medical Officer, 8th Naval District.
To: District Coast Guard Officer, 8th Naval District.

_____
(Signature)

Indorsement
(For use only by DCGO 8th Naval District)

Date: _____

From: District Coast Guard Officer, 8th Naval District
To: Commandant.

_____
(Signature)

Indorsement

Date: _____

From: Chief Medical Officer, U.S. Coast Guard.
To: District Coast Guard Officer, 8th Naval District.

1. Forwarded. Recommendation Approved (Not Approved).

_____
(Signature)

NOTE;- Last two indorsements to be used in cases requiring recourse to U. S. Coast Guard Headquarters, Washington, D.C.

N. C. G.-2529
(Rev. 9-2-41)

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

OFFICE, DISTRICT COAST GUARD OFFICER, EIGHTH NAVAL DISTRICT (Unit) — NEW ORLEANS, LOUISIANA (Place)

28 March, 1942 (Date)

FROM: ROBERTS, Walter A. Jr., (510-151), Sea. 1c., USCGR

To: COMMANDANT (via DISTRICT COAST GUARD OFFICER) EIGHTH NAVAL DISTRICT

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

(Full name of wife; if not married, so state)	(Address of wife)
Not married	
None	
None	
None	

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Mrs. Bessie L. Pryor Roberts	mother	P. O. Box #286, Port St. Joe, Florida

Not dependent
(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)
Mr. Walter A. Roberts, Sr.,	father	P.O. Box #286, Port St. Joe, Florida

Not dependent
(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this TWENTY-EIGHTH day of MARCH, 1942

E. E. Jahncke
Lieutenant(jg)USCGR
E. E. JAHNCKE, (Signature)
By direction
(Rank or title)

Walter Andrew Roberts, Jr.
Walter Andrew Roberts, Jr.,
(Signature)
Sea. 1c., USCGR
(Rank or rating)

U. S. GOVERNMENT PRINTING OFFICE 16—25758-1

TREASURY DEPARTMENT
U. S. Coast Guard
Form 2500-D

CERTIFICATE OF APPLICANT

* * *

OFFICE, DISTRICT COAST GUARD OFFICER
EIGHTH NAVAL DISTRICT - - - - -
NEW ORLEANS, LOUISIANA
28 March, 1942 - - - - - - - - -

To: Commandant, U. S. Coast Guard.

1. I hereby certify that I have this date had the enlistment contract fully explained to me, understand it fully and that no promises of any kind have been made to me concerning assignment to duty, discharge prior to enlistment, or advancement during the period for which I am enlisting in the Coast Guard Reserve.

2 I further certify that I am fully aware that I am enlisting for GENERAL SERVICE ONLY, and will accept without reservation such station or assignment commensurate with my ratings as I may receive from time to time during enlistment.

3. I hereby agree to vaccination against smallpox and prophylactic inoculation against typhoid

4. I further certify that the matter of desertion has been fully explained to me, and I am aware of the consequences of such act.

5. I am fully aware of the penalties resulting from FRAUDULENT ENLISTMENT, and the meaning thereof.

6. I am fully aware of the rating and rate of pay in which I am enlisting, and I am aware of the fact that I am enlisting for a period of THREE YEARS.

7. I am full aware that I will be required to perform twenty-eight days' training duty during each enlistment year, or fourteen days' training duty and complete a correspondence course as prescribed from time to time. Further, that in time of war or when in the opinion of the President a National emergency exists, I may be required to perform active duty throughout the war or until the National emergency ceases to exist for six months thereafter.

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.
(Signature of Applicant)

ATTEST:

Lieutenant(jg)USCGR
E. B. JAHNCKE,
By direction

Form NCG-2551
(June 1938)

CONSENT, DECLARATION, AND OATH OF PARENT OR GUARDIAN

(NOTE.—To be executed in duplicate in the enlistment of a minor under twenty-one years of age. The original to be attached to the enlistment contract and forwarded to Headquarters. The duplicate to be filed in the service record.)

ENLISTMENT OF Walter Andrew Roberts Jr
St Joseph Point Rge St Sta Port St Joe Fla. Mar-2-1942
(Ship or Station) (Date)

I,[1] Walter A Roberts, residing in the City
of Port St Joe Florida County of Gulf
and State of Florida, do hereby consent to the enlistment
of [2] Walter Andrew Roberts Jr to serve for a period of THREE years
from date of enlistment, unless sooner discharged, subject to all requirements and lawful commands of the officers who may, from time to time, be placed over him; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same, and I certify that there are no circumstances now existing or that can be foreseen which will cause me to request his discharge at any time during this enlistment, and I do further certify that he was born in Apalachicola
Florida, on the 3rd day of August, 1921

And I, the said [1] Walter A Roberts do solemnly swear (or affirm) that I am the [4] Father of the said [2] Walter A Roberts Jr, to be enlisted by my consent as [3] Apprentice Seaman and that he has no other legal guardian but myself. So help me God.

Walter A Roberts
(Signature of Parent or Guardian)

Address: Port St Joe Florida
(Street and Number) (City or Town) (State)

Personally appeared before me [1] Walter A Roberts,
a resident of Port St Joe, in the County of Gulf,
and State of Fla, who is well known to me as a credible person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this
4 day of March, 1942

H Allendson
(Signature of Officer administering oath)

Notary Public, State of Florida at large
My commission expires Mar. 4, 1945.
Issued by Assn. Bonding & Ins. Co.

Notes to which the small figures refer in the oath of the parent or guardian:
(1) Fill with the NAME of the parent or guardian.
(2) Fill with the NAME of the applicant.
(3) Fill with rating for which enlisted.
(4) Fill with the words, "FATHER," "MOTHER," or "GUARDIAN," as the case may be.

U. S. GOVERNMENT PRINTING OFFICE 16—25552-1

EDUCATIONAL AND SPECIAL QUALIFICATIONS.

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

Walter Andrew Roberts, Jr.,	510-181	Sea. 1c., USCGR
(Name in full)	(Service number)	(Rank or Rate)

(a) Grammar School: 7 Years Graduated
(Number of years attended & grade completed)

(b) High School: 4 Years Graduated
(Number of years attended & grade completed, graduated)

(c) Colleges: None
(Number of years attended, special studies pursued, or
None
completed, and degrees received, if any.

Have you had experience in any of the following crafts or professions? If so, indicate in the parenthesis after each of the following the number of years served at each, including up to the present time:

Aviation rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (general)	( )	Engineer, Steem	( )
Engineer, diesel	( )	Lathe operator	( )
Machinist	( )	Machanical Engineer	( )
Pharmacist	( )	Patern-maker	( )
Photographer (aviation)	( )	Photographer (general)	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (electric)	( )

Specify ability as interpreter in foreign languages below:

None

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

Use reverse side of this form when necessary.

(Sign your name before releasing)

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.
(Signature)

I, Walter Andrew Roberts, Jr., U. S. Coast Guard Reserve, being first duly sworn, upon oath depose and say that I am not drawing, nor have I a claim pending for a pension, disability allowance, disability compensation, or retired pay from the Government of the United States.

Walter Andrew Roberts, Jr.

Walter Andrew Roberts, Jr.

(The above oath must be executed in person before a notary public or a Coast Guard officer).

Subscribed and sworn to before me this TWENTY-EIGHTH day of MARCH, 1942.

Lieutenant(jg)USCGR

H. B. JAHNCKE,

By direction

Form 2509
TREASURY DEPARTMENT
U.S. COAST GUARD

REPORT OF EXAMINATION
(Enlisted Personnel)

SHIP OR STATION. CDCGO., 8th Naval District

PLACE New Orleans, Louisiana.

DATE. 28 March, 1942.....

. ROBERTS, Walter Andrew, Jr.... .....
(Name) (Rating)

was examined this day for the rating of ....seaman first class..... and was found qualified. The following marks were given; (Scale of marks 4.0 excellent;3.5 very good;3.0 good;2.5 passing;1.5 fair;1.0 indifferent;.0 bad. In order to be recommended for advancement in rating, a candidate must have a minimum mark of 2.5 in each subject. The candidate will be examined in the prescribed subjects together with such other subjects as may be deemed necessary). If examined for rating of Yeoman, First Class, or Chief Yeoman, state whether stenographer or not, and number of words taken accurately from dictation. Stenographic notes, transcription of same, and text used in dictation in cases where stenography is required should be forwarded with report of examination.

SUBJECT	MARKS	SUBJECT	MARKS
General knowledge and experience in seamanship	3.2		

Average marks....3.2.....

.....Lieutenant(jg)USCGR.....
(Signature and rank of member)
E. B. JARNIGAN,

Approved..28 March, 1942.....
(Date)

.....
(Signature and rank of member)

W.O.Harbeson Lieutenant(jg)USCGR.....
(Signature and rank of commanding Officer)
W. B. HARBESON

VETERANS ADMINISTRATION
Insurance Form 350

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

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

(For use by persons who enter the active service in the land or naval forces of the United States after October 8, 1940. Application must be made to the Veterans Administration while in the active service and within 120 days after entrance into such service. NOTE.—Persons in the active service on October 8, 1940, and persons who thereafter reenlist or reenter the active service immediately following discharge from previous enlistments or who thereafter are discharged to immediately accept commissions and whose services are continuous, must make application on Insurance Form 350 a, which requires a complete report of physical examination.) USE INK OR TYPE.

1. NAME IN FULL: (Please print or type) — First: Walter; Middle: Andrew; Last name: Roberts, Jr.

2. HOME ADDRESS: Number / Street or rural route: P.O. Box 256; County, city, town, or post office: Pt. St. Joe; State: Florida

3. I WAS BORN AT — City, town, or post office: Apalachicola; State: Fla.; Day of month: 3; Month: August; Year: 1921; Age nearest birthday: 21

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 28 March, 1942

5. PRESENT ORGANIZATION — Rank, grade, or rating: Sea. 1c.; Organization, regiment, station, ship, etc.: U. S. COAST GUARD (RES)

6. SERIAL NUMBER: 510-181

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") None

8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS: No

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

10. I WILL PAY PREMIUMS AS INDICATED BELOW:

BY DEDUCTION MONTHLY	BY ALLOTMENT MONTHLY	PAYMENTS TO BE MADE DIRECT TO VETERANS ADMINISTRATION AS FOLLOWS: Monthly	Quarterly	Semiannual	Annual
$	$ 6.50	$	$	$	$

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

12.

	FULL NAME OF BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount for each beneficiary	Post-office address (Number and street, city, town, or post office)
PRINCIPAL	Bessie Pryor Roberts	Mother	10,000	P.O. Box 256, Port St. Joe, Fla.
CONTINGENT	Walter Andrew Roberts	Father	10,000	P.O. Box 256, Port St. Joe, Fla.

Permitted class of beneficiaries: Husband or wife, child, parent, brother or sister of the insured. (See reverse side, Paragraph 4.)

13. I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1 day of May, 19 42. If no date is specified the insurance herein applied for shall become effective as follows:
a. If the first premium is to be paid by allotment or deduction, the insurance will become effective on the first day of the month following the month in which the application and allotment or authorization for deduction are executed, provided the amount of the premium is deducted from the applicant's active service pay in accordance with the allotment or authorization, or
b. If the first premium is paid by direct remittance, the insurance will become effective as of the day on which the application and tender of premiums are made and forwarded to the Veterans Administration.
(See reverse side, Paragraph 1, for further information as to effective dates of insurance)
THE UNITED STATES IS NOT LIABLE FOR DEATH OCCURRING PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I REQUEST THE POLICY BE MAILED TO—
Walter A. Roberts (Name) (Please print or type) — P.O. Box 256, Port St. Joe, Florida (Address)

15. (A) I WILL AUTHORIZE {Allotment / Deduction} from my pay for month of May, 1942, to cover the monthly premium of $ 6.50 on the amount of insurance applied for. (This authorization may be effective during periods of active service only.)

(B) I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by {Draft / Money order / Check} in the amount of $ 6.50 to cover the first monthly premium of $ 6.50 on the amount of insurance applied for.
(Write above whether monthly, quarterly, semiannual, or annual)

SIGNED AT New Orleans, La. ON THE 10 DAY OF April, 19 42

WITNESSED BY: A. J. FLYNN, Pay Clerk, U.S.C.G.

INFORMATION AS TO SERVICE CERTIFIED BY: A. J. FLYNN, Pay Clerk, U.S.C.G.
(Rank and organization. See reverse side, Paragraph 6)

Walter Andrew Roberts, Jr.
Walter Andrew Roberts, Jr.
(Applicant sign here. Do not print signature)

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

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

DO NOT USE THIS SPACE

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

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

16—18411-1

NEW ORLEANS
TRAINING STATION
Algiers, Louisiana

RECRUIT QUESTIONNAIRE

COMPANY Y-2

REPORTED 28 March, 1942

ROBERTS, (Last Name) Walter (First Name) A., Jr. (Middle Int) (510-181) (Service No.) Sea. 1.c. USCGR. (Rating)

Date of Enlistment: March 28th 1942 Place of Enlistment New Orleans, La.

Home Address: Box 286 - Port St. Joe, Florida
(Street or Avenue) (City) (State)

Married or Single: Single

Dependents: None
(Enumerate and give relationship, i.e. (2) Mother & Father.)

Give any previous military experience such as Army, Navy, Marine, Corps, Coast Guard, any Reserve Corps, National Guard or private Military schools, etc. Give number of years, rating or rank, name of service, institution and place.
None.

WHAT EDUCATION HAVE YOU HAD

	(Give City and State)	(Years)	(Graduate)
Grade School:	Apalachicola, Florida	7	Yes
High School:	Apalachicola, Florida	5	Yes
College or University:	None	None	No
Private Technical School:	None	None	No
Private Commercial School (Business College):	None (City and State)	None	No.

After leaving school what kind of work have you done; give approximate length of time on each job, including, if any, service in C.C.C. or N.Y.A.

2 yrs. Paper mill

ALSO ANSWER QUESTIONS ON OTHER SIDE

Considering your schooling and the work you have done in civil life, if given the opportunity, what kind of work would you like to follow in the Coast Guard? Seaman

What musical instruments, if any do you play? None How good? ✓

In what sports are you interested, and how proficient? None

Proficiency in foreign languages, if any, stating which ones, and ability therein:

LANGUAGES None

How good are you at speaking this language? _____
(Fair, Good or Excellent)

How good are you at reading this language? _____
(Fair, Good or Excellent)

How good are you at writing this language? _____
(Fair, Good or Excellent)

Could you act as a translator? _____
(Yes or No)

Could you act as an interpretor? _____
(Yes or No)

Social Security Account Number _____

CAMP ADDRESS Coast Guard Training Sta., N.O. Algiers La.

HOME ADDRESS Box 286 - Port Saint Joe, Florida

I ENTERED MILITARY SERVICE ON March 24th 1942
(month) (Day) (Year)

DURING THE 2 years PRIOR TO THIS DATE I WORKED IN THE FOLLOWING STATES:

Florida

I LAST WORKED FOR St. Joe Paper Co.
(Employers Name)

Port Saint Joe, Florida
(Address)

X Walter A. Robecta, Jr.
(Signature)

(1)-Ⓑ NAME (PRINT CLEARLY) ROBERTS (LAST) WALTER (FIRST) ANDREW (MIDDLE) | 510-181 SERVICE NUMBER | FT. 5 | IN. 8 | LBS. 140 | W RACE

(2) HOME ADDRESS PORT ST. JOE, FLA.

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

(4)-Ⓡ DATE OF BIRTH 8/3/1921 HOW LONG IN U. S. 21 YEARS

(5) CITIZEN L-29 4 NON-CITIZEN L-28 TAKEN OUT FIRST PAPERS

(6)-Ⓣ MARITAL STATUS MARRIED (7)-Ⓣ NUMBER OF DEPENDENTS WIFE

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

SCHOOL	Number of Years	GRADUATED YES	GRADUATED NO	NAME AND LOCATIONS OF INSTITUTIONS ATTENDED	MAJOR SUBJECT OR SPECIALIZATION	DEGREE AND DATE RECEIVED
GRAMMAR SCHOOL	8	✓		APALACHICOLA, FLA-		1935
HIGH SCHOOL	4	✓		"	GEN.	1939
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓡ TOTAL SCHOOL YEARS	12	X X X X X X X X X X X X				

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

PUNCH ONLY FOR S	SPANISH (L-23) S R W	FRENCH (L-24) S R W	GERMAN (L-25) S R W	OTHER LANGUAGES (L-26) S R W	S R W
FAIRLY WELL					
FLUENTLY (L-27)					

(11) DISTRICT OF CURRENT ENLISTMENT OR INDUCTION 8TH N. D. DATE 3/28/42

(12)-Ⓑ BRANCH OF SERVICE

REGULAR	RESERVE G	RESERVE S	RESERVE T	RESERVE W
	✓			

(13)-Ⓣ MAIN OCCUPATION PAPER TESTER | YEARS AT IT 1/2 | WKLY. WAGE $35.00

D. O. T. CODE 4-H.920

JUST WHAT DID YOU DO? WORKED IN PAPER MILL ~~AS~~ TESTING PAPER FOR THICKNESS, COLOR ETC, USING INSTRUMENTS AND COMPARING WITH SAMPLES.

LAST DATE OF EMPLOYMENT 3/26/42

EMPLOYER ST. JOE PAPER CO. (FIRM NAME)

ADDRESS OF EMPLOYER ST. JOE, FLA.

DEPT., SHOP OR BRANCH — KIND OF BUSINESS PAPER & PULP

(14)-Ⓣ SECOND BEST OCCUPATION SALESPERSON | YEARS AT IT 1 | WKLY. WAGE $15.00

D. O. T. CODE 1-75.21 GROCERY

JUST WHAT DID YOU DO? SOLD GROCERIES TO CUSTOMERS IN GROCERY STORE.

TEST	SOCIAL STUDIES (15)-Ⓑ	ARITHMETIC (16)-Ⓑ	MECHANICAL APTITUDE (17)-Ⓑ
GRADE —SCORE	74	72	126

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED

1.
2.
3.

(24) RATING

(6) (9) TOP ROW: YEAR OF BIRTH BOTTOM ROW: NUMBER OF SCHOOL YEARS

NON-ENGLISH SPEAKING

ILLITERATE

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

U. S. COAST GUARD
ENLISTED PERSONNEL QUALIFICATION CARD

(20) PREVIOUS MILITARY EXPERIENCE

BRANCH OF SERVICE	YEARS IN EACH	HIGHEST GRADE	LAST DISCHARGE (YEAR)	SPECIAL TRAINING RECEIVED: SPECIFIC NATURE	YEARS	MO'S.	LAST DATE (YEAR)

(21) C. G. SERVICE SCHOOLS ATTENDED	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS: THIS MAN DOES NOT DESIRE SERVICE SCHOOL OR CHANGE. LIKES PRESENT DUTY AT LIGHT HOUSE STATION. BEST SUITED FOR PRESENT DUTY. NOT VERY AGGRESSIVE.

(23) NEXT OF KIN WIFE

NAME MRS. VERA M. ROBERTS

ADDRESS DEN DEL.

CITY CARRA BELLE STATE FLA.

(24) - ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
3/28/42	ALGIERS, L A.	~~A.B.~~ S.C	BOOT CAMP-
5/42	BROOKER RIVER, FLA.	S/C	LIGHT HOUSE -
6/1/42	COR ST. MARKS, FLA.	S/C	"

(25) DATE OF INTERVIEW 6/4/43 UNIT COR ST. MARKS FLA.

SIGNATURES

INTERVIEWER Judge V. Mills Spl (1) 3/c

ENLISTED PERSON Walter A. Roberts Jr 8/c

MCGRAW KEYSORT U. S. PAT. NO. 2,213,697

N. C. G. FORM NO. 2718
JANUARY 1943

IMPORTANT -- UNDER NO CIRCUMSTANCES WILL THIS CARD BE FOLDED, ROLLED OR CREASED.

Detachment of the Fort,
St. Marks, Florida,
21 July, 1943.

ROBERTS, JR., Walter A. (510-181) Sea.1c.(R)

1. I have been informed of the privileges and benefits in connection with National Service Life Insurance.

Signed Walter A. Roberts, Jr.
Walter A. Roberts, Jr.

2. Application for National Service Life Insurance in the amount of $ 10,000- has been submitted.

J.C.DICKINSON, JR., Lieut.(jg)
Custodian of Record.

SCGO-COTP

Tampa, Florida

File No. 783

4 March, 1944

To: Veterans Administration Facility, Montgomery, Alabama

Subj: Application for pension

1. It is requested that application for pension due to physical disability, incident to service while a member of the U.S. Coast Guard Reserve be given consideration based on the enclosures forwarded herewith.

2. I am being given an Honorable Discharge from the CAPTAIN OF THE PORT, TAMPA, FLORIDA and the U.S.Coast Guard on 6 April, 1944.

3. My address subsequent to discharge will be:

Route #3,
Port St.Joe, Florida.

Walter Andrew Roberts, Jr.
/510-181/ Sea.1c.,USCGR

Incl:
1. Application for Pension (Veterans Administration Form 526).
2. Typewritten copy of medical record.
3. A copy of the report of the Board of Medical Survey.
4. A statement showing the type of discharge issued.

NAVCG 2599
U. S. COAST GUARD
(Rev. June 1943)

REPORT OF CHANGE IN PERSONNEL

ROBERTS,	Walter	A.,Jr.	510-181	Sea.1c.(R)
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

SCGO-COTP OFFICE	07-600	Tampa, Fla.	6 April, 1944
(Major unit)	(Unit Item No. or vessel's assigned district)	(Place)	(Date)

CG Section Office
(Minor unit)

1000 - This date, discharged from the U.S.Coast Guard Reserve with an Honorable Discharge by reason of phyiscal disability, incident to service.

PAFE: New Orleans, La.
POD: Tampa, Fla.

Total Creditable Coast Guard Reserve Service (2 years - 0 months 9 days).

Entitled to travel allowance in the amount of 5¢ per mile from POD: Tampa,Fla. to PAFE: New Orleans, La. (824 miles - $41.20) and paid in full to date of discharge fifty-six dollars and ninty cents ($56.90).

Address subsequent to discharge will be:

Route #3,
Port St.Joe, Florida.

DUTY CODE No.:
AUTHORITY:

H/L 29 Feb.,1944
CG-73-783(PEA-A)

R. W. DIERLAM, Lieut.,USCG
(Commanding)

SCGO-COTP, By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel					
Rate	R T	Pay Grade	District	Foreign Domestic	Duty
II	III	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
DJ.	

Machine Accounting
Punched
Verified

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