FEB 27 2025 PM02:42

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

Date: 2/21/2025

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Rose, Earl, A.	140750	1887 RI

MILITARY SERVICE

Branch of Service:
- ☐ Air Force
- ☐ Army Air Corps
- ☐ Army Air Force
- ☐ Army
- ☐ Marine Corps
- ☐ Navy
- ☑ Coast Guard
- ☐ Unknown

Type of Rank:
- ☐ Enlisted
- ☐ Officer
- ☐ Unknown

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

Date & Place of Death: 1952 RI

State of Residence (upon entry into service):

Other Identifying Information (Parent's Names, CSC Number, etc.)
I found his name in another keeper's OPF as having preceded that keeper but it only gave initials.

Researcher Signature:

CIVILIAN SERVICE

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

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers:
- ☐ Yes
- ☐ No

CMRS Service Request Number: 2-3063-883-9412

CMRS Search Request Number(s): ~~CG 2-E2PKNT4~~

Attendant Signature:

Remarks:

'25 MAR 26 PM12:28:01

SCREENING NOTES

- ☐ Reviewed and Nothing Removed
- ☐ Items Removed and User Informed

Hold Requested:
- ☐ Yes
- ☐ No

Total Requests:

Screened Items:

- ☐ Additional charge outs and signatures on reverse side

Time Out:

Final Return:



SR# 2-30638839412

National Archives and Records Administration

NPRC

MPR Search Request

Priority: High

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



2-E2PKNT4

Non-Registry Block:

Registry Number: ***00000 013 965***

Facility & Floor/Level: ***STL1*** Module/Bay: ***5*** Row: ***4E***

Reg Veteran's Name: *ROSE EARL A*

SR Veteran's Name: *ROSE, EARL A*

SSN:

DOB: *01/01/1887*

POB: *RI*

SVN/SSN: *000140750*

Service Code: *CG*

Service Number:

SR Number: **2-30638839412**

Search Section: 5

Record Charged to:

Name: James Hebert
Room#: 158
Phone#: 3148010870

Core: Archival
Team: Public Research Room

Searcher Name: CTHIRDKILL

Initials: _____

Date: _____

Notes:



2-E2PKNT4

All Records Ordered for this Service Request:
2-E2PKNT4

Service Request Received in Center Date:		02/27/2025 00:00:00
Search Request Created By:	JMHEBERT	02/27/2025 15:23:17
Search Request Printed By:	DRWOLF	02/28/2025 07:02:31

3-13

PM
11 January 1955
M3-2

PHL
T. LeB

Miss Lila M. Rose
Box 250
Block Island, Rhode Island

Dear Miss Rose:

Receipt is acknowledged of your letter of 6 January 1955 relative to medical treatment as the dependent of Earl A. ROSE (140-750), BM1c, retired, deceased.

In reply Headquarters regrets to advise you that your entitlement to medical treatment at Government expense ceased upon the death of your father.

Very truly yours,

1/11/55

T. LE BLANC
CDR, USCG
Asst. Chief, Medical Division
By direction of the Commandant

LEBLANC:db 1-6

Box 250
Block Island R.I.
January 6, 1955.

United States Coast Guard Service
Washington D.C.

1955 JAN 10 14 33

PEA-A

Gentlemen.

May I take the liberty of asking the following information:

Under the Certificate of Dependency of Retired Personnel for Medical Relief, that was issued to my late father Earl C. Rose BM 1C. (140-750) U.S.C.G. Coast Guard, just what assistance am I entitled to under the Public Health Service.

May I enter a Government hospital for treatment for U.S. series of X Rays.

On the letter notifying my father that his request was approved there is a Number R.I. 053578. Which may help in finding the record.

Thanking you for any information that you can give me

Respectfully

Lila M. Rose.

File # C.G.-73

File 3-13 fk

OA-C652 (8-51)

REQUEST FOR VERIFICATION OF MILITARY SERVICE

DATE 8

THRU: (ADDRESS OF PARALLEL FIELD OFFICE)
1400 Pennsylvania Ave.,N.W.
Washington 25, D.C.
TO:
Commandant (PEM) U.S. Coast Guard
Washington 25, D.C.

FROM: Social Security Administration Field Office
307 Post Office Annex
Providence 3, R. I.

I

LAST NAME—FIRST NAME—MIDDLE NAME	SERVICE NO.	LAST GRADE
Rose, Earl Augusta	140 - 750	Boatsain Mate ~~1st class~~

DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
1926	2/1/47	Washington, D.C.

DATE OF BIRTH	DATE OF DEATH	REMARKS:
4/21/87	7/8/52	

In connection with a claim for Social Security benefits under Public Law 734, 81st Congress, it is requested that the information checked below concerning the above-named individual be furnished to the Social Security Administration. If the individual had more than one period of service, please give the information checked below for each period of service.

Frederick J. Gorman
(MANAGER)

II The following information has been extracted from the records on file in this office:

LAST NAME—FIRST NAME—MIDDLE NAME	SERVICE NO.	LAST GRADE
Rose, Earl Augusta	140 - 750	Boatsain Mate 1st Class

1 DATE(S) OF ENTRY INTO ACTIVE SERVICE	2 DATE(S) OF SEPARATION	3 CHARACTER OF SEPARATION(S)*
24 June 1941	1 February 1947	Retired by reason of thirty years service

4 *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY? ☐ YES ☐ NO

5 GIVE A MEANS OF ENTRY FOR EACH PERIOD OF SERVICE *(Railroad cases only)*
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED ☐ REENLISTED ☐ COMMISSIONED

REMARKS:
Subject named man had Life Saving Service (now USCG) 1 November 1909 to 15 September 1914, Signed contract for U. S. Coast Guard 1 January 1916, served to 30 April 1920 when he was Honorable Discharged, Entered Lighthouse Service 1 February 1926 served to 24 June 1941 when he signed enlistment contract in U. S. Coast Guard.

*IF CHARACTER OF SEPARATION WAS NEITHER HONORABLE, UNDER HONORABLE CONDITIONS, NOR DISHONORABLE, INDICATE WHETHER GIVEN FOR ONE OF THE FOLLOWING REASONS:

a. ☐ DESERTION
b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers only)*
c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY
d. ☐ BAD CONDUCT AS A RESULT OF A GENERAL COURT MARTIAL
e. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES
f. ☐ NONE OF THE ABOVE

RETURN TO: (ADDRESS OF PARALLEL FIELD OFFICE)
1400 Pennsylvania Ave., N.W.
Washington 25, D.C.

SIGNATURE: B. V. BALL,
RANK: Lieutenant Commander, USCGR
TITLE: Special Services Division
BY: Direction of Commandant DATE: 23 March 1953

U. S. GOVERNMENT PRINTING OFFICE 16—64221-2

MJM:jp Return to room 2111, Sta. 2-4

Form OA-C655a
(8-52)

FEDERAL SECURITY AGENCY
Social Security Administration
Bureau of Old-Age and Survivors Insurance

FILE 3-13

REQUEST FOR CERTIFICATION REGARDING PAYMENT(S) ON ACCOUNT OF VETERAN

A determination by your agency that periodic benefits or a lump-sum in lieu of periodic benefits are payable based in whole or in part on the active military or naval service in the Armed Forces of the United States during the period September 16, 1940, through December 31, 1953 of the veteran described below precludes or would preclude the allowance of wage credits based on the same service under sections 217(a) and (e) of the Social Security Act, as amended. Therefore, please fill in items 12 through 17 of this form and return one copy immediately to the Social Security Administration at the address shown below.

If a determination is still pending or if one is made hereafter, please fill in items 12 through 17 of a duplicate copy of this form when the determination is made and forward to the Social Security Administration.

SOCIAL SECURITY ADMINISTRATION

307 Post Office Annex
Providence, 3, Rhode Island

Frederick J. Gorman
(Manager, Field Office)
Frederick J. Gorman

October 30, 1952
(Date)

1. NAME OF VETERAN			2. SOCIAL SECURITY ACCOUNT NUMBER
Earl A. Rose			035-24-1915
3. BRANCH OF SERVICE	4. SERIAL NO.	5. RATE OR RANK	6. DATE OF BIRTH
Coast Guard	140-750	Boatswain Mate 1/c	4/21/87
7. DATE OF DEATH	8. PLACE OF DEATH	9. PERIOD(S) OF MILITARY OR NAVAL SERVICE	
7/9/52	New Shoreham, R. I.,	1910-1915 1916-1920 1926-1947	
10. OTHER IDENTIFYING INFORMATION			
11. NAME, ADDRESS, AND RELATIONSHIP TO VETERAN OF PERSON(S) CLAIMING SOCIAL SECURITY BENEFITS			
Maud E. Rose, Box 250, Block Island, R. I., Widow			

CERTIFICATION REGARDING PAYMENT ON ACCOUNT OF VETERAN

12. Please indicate by checking proper block if your agency has ever determined whether disability, retirement, or death payments may be made in connection with the employment or service of the veteran described above..... ☒ Yes ☐ No

(IF YOU CHECKED "NO," YOU NEED NOT COMPLETE ITEMS 13 THROUGH 17. If a determination is pending, check here ☐ and return the form. When a final determination is made, fill in duplicate copy of this form as indicated in second paragraph of explanatory statement above.)

13. Indicate disposition of determination by checking proper block..... ☒ Approved ☐ Disallowed

14. Give name and address of payee, if other than veteran:

~~Retirement applied for by veteran.~~

15. If an award has been approved, please indicate by checking one of the following blocks whether the award was for

a. ☒ monthly or other periodic payment
b. ☐ lump sum in lieu of periodic payments
c. ☐ lump sum which was not a commutation of or a substitute for periodic payments

16. (a) If either 15(a) or (b) is checked, is (was) gross amount of award based in whole or in part on military or naval service of the veteran in the Armed Forces of the United States during the period September 16, 1940, through July 24, 1947?..... ☒ Yes ☐ No

(b) If either 15(a) or (b) is checked, is (was) gross amount of award based in whole or in part on military or naval service of the veteran in the Armed Forces of the United States during the period July 25, 1947 through December 31, 1953?..... ☐ Yes ☒ No

17. If 16 is answered "Yes," please give citation of law or regulations under which award was approved:

Act of January 28 1915.

U. S. Coast Guard, Commandant
1300 E. Street, N. W.
Washington, 25, D. C.

B. V. BALL (Signature)
Lieutenant Commander, USCGR
(Title)
Special Services Division
By direction of the Commandant
5 January 1952 (Date)

MJM:hdh return to room 2111 sta 2-4

File in jacket
3-13

FA-1
23 July 1952
MR

General Accounting Office
Claims Division
Washington 25, D. C.

Gentlemen:

Statement of Pay Account for Earl A. Rose, BM1, U. S. Coast Guard, Retired, deceased, is forwarded for use in connection with settlement of claim for final pay and allowances.

Very truly yours,

R. L. EDMANDS, LT, USCG
Chief, Pay and Audit Section
By direction of the Commandant.

Encl: (1) Statement of Pay Account

VSDonahue:mch
7/23/52

6-7

V.S.D. JmL

PAY ACCOUNT OF RETIRED PERSONNEL (DECEASED)

...ates Coast Guard

...6 (Rev. 1-47)

...e	Rank or Rating	Yrs. of Service
Earl A. Rose	140-750 (BM1)	USCG, Retired Over 30 years

Pay Grade	Pay Computed From (Date)	To (Date of death)(Inclusive)
	1 July 1952	9 July 1952

CREDITS

Pay earned	$
Adjustments	$ 58.47
Total	$ 58.47

CHARGES

Allotments	$
Federal tax withheld and disposed of	$
Adjustments	$ withholding tax deducted 5.50 from pay each month no tax has been deducted from the amount for wich claim is being made.
Total	$

Balance (Check one)	Amount
☐ DUE or ☐ OVERPAID	58.47

Remarks

Account as stated on Retirement Pay Roll, Retired Officers and Enlisted Men of the United States Coast Guard,

for the month of June, ~~1952~~ (year),

voucher number 436-3674,

settled in the June, 1952 (year),

account of PAUL D. BANNING, CDO, SYMBOL NO. 346

R. L. EDMANDS, LT., USCG.,
Authorized Certifying Officer.

B 906

...61 A
...approved by
...roller General, U. S.
(April 13, 1934)

DATA SUPPORTING CLAIM FOR PAY AND ALLOWANCES OF PERSONNEL

(MEMORANDUM)

U. S. COAST GUARD

(To be retained by payee, and when payment is made by check, to be used as mailing copy)

Appropriation: 2030241, Retired Pay, Coast Guard, 1953 *Unit* Headquarters-Retired Roll

Total years of service Over 30 years

THE UNITED STATES, *Dr.*,

To Earl A. Rose (140-750) BM1, USCG, Deceased
(Name)

_____, *U. S. Coast Guard*
(Designation)

_____
(Address)

Pay period, duty, or grade _____

Monthly rate of pay $194.91
(Base and longevity)

For pay and allowances—
From 1 July 52, 19__, *to* 9 July 52, 19__
(Inclusive)

CREDITS:		NOTATIONS
Subsistence allowance	$	
Rental or quarters allowance		
Pay	58.47	
Balance forwarded from (Name of unit, noting month of roll or voucher)		
Sundry credits and adjustments		
TOTAL CREDITS	$ 58.47	
CHARGES:		
Allotment	$	
Clothing		
Forfeited		
Sundry charges and adjustments		
TOTAL CHARGES	$	

		NOTATIONS
Total Credits	$ 58.47	
Less—Total Charges, $		
Amt. retained		
TOTAL	$	
Net amount to be paid on this voucher	$ 58.47	

REMARKS: Died 9 July 1952. Last paid for period 1-30 June 1952 on D. O. Vou. No. 436-3674 settled in the June 1952 accounts of Paul D. Banning, CDO Symbol No. 346.

(Additional statements by Department if deemed necessary)

(ACCOUNTING CLASSIFICATION)

99-72
999900-1233

(Payee will NOT use this space)

Differences _____

Account verified; correct for $ 58.47

(Signature or initials) V.S.D. gmt

I certify that the foregoing account is true and correct and that payment therefor has not been received; that during the period for which rental allowance is claimed I was not assigned adequate quarters at my permanent station; that, if without dependents, I was not on field or sea duty during the period for which rental allowance is claimed; that, if with dependents, I did not occupy with them any public quarters assigned to me without charge at any station, nor did any of them occupy public quarters assigned to them or to any other officer or his dependents except for brief visits; that the increased allowances for dependents are claimed because of _____
(Here state whether lawful wife, unmarried child or children under 21 years, mother dependent upon officer for support, giving names and addresses of dependents, also ages of minor children)

and that, in case of dependent mother, I have contributed to her support during the current period for which allowances are claimed the sum of $_____, in cash or its equivalent, without any consideration in return, which contribution is her *chief support*, and each and every statement as set forth in her affidavit dated _____, 19____ {attached hereto / filed with voucher} for _____ (Month), 19____ is true and correct, and so remains at this time, except

(Here state fully changes occurring between date of last affidavit and signing of this voucher)

_____, 19____ (MEMORANDUM—DO NOT SIGN) _____, _____
(Date) (Name) (Official designation)

I certify that I have examined the foregoing account; that the statements contained therein have been compared with the records of the United States Coast Guard and found correct except as otherwise indicated; that the officer named is entitled to the amount of pay and allowances herein approved; and that during the period for which rental allowance is claimed on this voucher, the above-named officer was not assigned adequate quarters at his permanent station.

Approved for $ 58.47

Date 25 July 52, 19____ (MEMORANDUM—DO NOT SIGN) _____

R. L. EDMANDS, Lt., USCG,
Commanding, District Commander.

U. S. GOVERNMENT PRINTING OFFICE 16—29661-3

FILE
3-13

PS
1 August 1952
P6-2/L16-4
140-750

Mrs. Maud E. Rose
Block Island
Rhode Island

My dear Mrs. Rose:

Your claim for the final retired pay due the estate of your husband, Earl Augustus Rose, Boatswain's Mate, first class, United States Coast Guard, Retired, has been sent by this office to the General Accounting Office for settlement.

It is suggested that in the event there is undue delay in the settlement of this claim, you contact the Claims Division, General Accounting Office, Washington 25, D. C.

There is forwarded herewith the Withholding Statement for the Year 1952 to aid you in the settlement of your husband's estate.

Very truly yours,

B. V. BALL
Lieutenant Commander, USCGR
Special Services Division
By direction of the Commandant

Encl.
Form W-2

MJM:hdh return to room 2111 sta 2--4

PS
1 August 1952
P6-2/L16-4
140-750

General Accounting Office
Claims Division
Washington, D. C.

Sirs:

Enclosed is the claim of Mrs. Maud E. Rose claiming the final retired pay due the estate of her husband, Earl Augusta Rose, Boatswain's Mate, first class, United States Coast Guard, Retired, who died 9 July 1952 as a result of natural causes.

This claim in the amount of $58.47 has been examined and is approved for payment. The appropriation to be charged is 2020241, Retired Pay, Coast Guard, 1952.

Attached to the claim is a photostatic copy of a waiver showing funeral expenses incurred in this case in the amount of $625.00 have not been paid.

Very truly yours,

B. V. BALL
Lieutenant Commander, USCGR
Special Services Division
By direction of the Commandant

Encl.
1 - Form No. 2661
2 - Form No. 1055
3 - Waiver

MJM:hdh return to room 2111 sta 2--4

FILE 3-13

BFT.

7/18/52

PS
P6-2
(140-750)

JUL 17 1952

My dear Mrs. Rose:

It is with regret that I learn of the death on 9 July 1952 of your husband, Earl Augusta Rose, Boatswain's Mate, first class, United States Coast Guard, Retired.

While he was an active member of the Coast Guard he attained an enviable record of honorable service to his country.

I trust that the memory of the esteem in which he is held will help to sustain you in this sad hour. Please permit me to extend my sympathy to you and your family.

Sincerely yours,

MERLIN O'NEILL
Vice Admiral, U. S. Coast Guard
Commandant

Mrs. Earl Augusta Rose
Box 250
Block Island, Rhode Island

MJM:bft rm 2111 2-4 07/17

mjm.

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9885 (REV 12-48)

REPORT OF DEATH OF SERVICE PERSONNEL

File

TO: VERIFICATION SECTION OF VETERANS ADMINISTRATION Selective Service Hqs. DATE 11 July 1952

NAME	NUMBER	RATING
ROSE, Earl Augusta	1/0-750	Ret'd, Retired

DATE & PLACE OF ENLISTMENT
2/1/47 (Retirement Date)
Thirty years service.

Home address at time of retirement:
Box 250, Block Island, R. I.

DATE & PLACE OF BIRTH
21 April 1887 Newport, R. I.

NAME & ADDRESS OF NEXT OF KIN
Maud E. Rose (widow), Box 250, Block Island, R. I.

INSURANCE	DATE OF DEATH
None	9 July 1952

PRIOR SERVICE

COMMENTS
Originally entered the Life Saving Service (now U. S. Coast Guard) 1 November 190[illegible] at Block Island, R. I. and served to 15 September 191[illegible]—discharged own request. Signed contract of enlistment in U. S. Coast Guard 1 January 1916 at Block Island, R. I. and served to 30 April 1920 when he was honorably discharged for convenience of government at Block Island, R. I. Entered Light House Service 1 February 1926 at Block Island, R.I. and served until he signed contract of enlistment in USCG on 24 June 1941 at Block Island R. I. He served continuously to date of retirement 1 February 1947.

Subject named man died at Block Island, R. I.
Determination as to settlement of final retired pay has not been made.

(Signature, Military Morale Division) [illegible], USCGR
By direction Special Services Division

81529

FILE 3-13
BAT 7/1752

PS
17 July 1952
P6-2
SN 140-750

Mrs. Earl Augusta Rose
Box 250
Block Island, Rhode Island

My dear Mrs. Rose:

Headquarters has been advised of the death of your husband, Earl Augusta Rose, Boatswain's Mate, first class, United States Coast Guard, Retired, on 9 July 1952. Please accept my sincere sympathy.

At the time of death there was due the estate of your husband final retired pay. This retired pay ceases at death and there is no law providing for the continuance of payment of any part to dependents. The forms necessary to effect settlement of the final pay are herewith inclosed.

If there will be no legal representative to administer the estate of your husband, the next of kin, or the person who paid, or will pay the funeral expenses should execute the inclosed Forms No. 1055, claim for the final pay, in the presence of two witnesses, taking care to answer all questions as checked. If a representative is appointed, a copy of the Court Order showing the appointment should be attached to Forms No. 1055. If the funeral expenses have been paid, a bill receipted by the undertaker should be forwarded, otherwise, the undertaker should sign the inclosed waiver form. This information is necessary to support the claim for the final retired pay.

In the event you have in your possession any uncashed retired pay checks, these should be returned to Coast Guard Headquarters for settlement with the claim for retired pay due on date of death.

Veterans Administration Forms Nos. 530 and 534 are inclosed for making application for the pension award and burial allowance. It will be noted that a certified copy of the public record of marriage must be forwarded to substantiate the application for the pension award.

When the inclosed forms have been completed, return them to Coast Guard Headquarters in the inclosed pre-addressed envelope which requires no postage.

By direction of the Commandant.

Very truly yours,

B. V. BALL
Lieutenant Commander, USCGR
Special Services Division

Incl.
Form No. 1055
Forms No. 530 and 534
Waiver
Envelope

MJM:bft rm 2111 2-4

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9964 (Rev. 5-50)

REPORT OF DEATH

OF PERSONS OTHER THAN THOSE CARRIED AS MISSING

To: Chief, Office of Finance and Supply

DATE 11 July 1952 19___

NAME	SERVICE NO.	GRADE OR RATING
ROSE, Earl Augusta	140 750	BM1 Retired
DATE OF RECEIPT OF EVIDENCE OF DEATH	**ESTABLISHED DATE OF DEATH**	
11 July 1952	9 July 1952	

Information concerning death of the above-listed person has been received reporting established date of death as herein set forth.

R. J. BORROMEY, CAPTAIN, USCG
Special Services Division
Chief, Military Morale Division

B6810

MAY 4 1951

FILE
B.A.S.

UNITED STATES COAST GUARD
Washington 25, D. C.

From: Commandant
To: BMlc Earl A. Rose, USCG, Retired, Block Island, Rhode Island.

Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 06121 that will be issued to you.

2. Place your signature in the space provided on the face of the card and the fingerprints of both index fingers in the spaces provided on the back of the card. (NOTE: If an index finger is missing, use the next finger on the same hand and indicate on the card the finger actually used.) **PUT NO OTHER DATA ON THE CARD ITSELF.**

B. A. Shaw,
B. A. SHAW,
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-1

From: _____
To: Commandant

Card returned for validating and completion.

_____
Signature

IND-2

JUN 1 1951

From: Commandant
To: BMlc Earl A. Rose, USCG, Retired,

Your completed Identification Card bearing the number indicated in Paragraph 1 of basic letter is inclosed. Acknowledge receipt thereof by signing IND-3 and returning this letter to the Commandan together with the Retired Identification Card previously issued you. (NOTE: In the event the old card is not returned a satisfactory written explanation must be furnished as to why it cannot be returned.)

B. A. Shaw,
B. A. SHAW,
By direction

Inclosures: (1) Identification Card
(2) Franked envelope

IND-3

From: _____
To: Commandant

Receipt is acknowledged of the Armed Forces Identification Card referred to in basic correspondence. My old Retired Identification Card is returned herewith /or/ See explanation attached. (STRIKE ONE).

SIGN HERE Earl A. Rose BMlc
Return this sheet to HQ

XXXXXXXXXXXXXXXXXXXXXXXX
Signature

GPO DSO 3-258

FROM:
TO: Commandant

6121

FILE

B.A.S.

Subject: Armed Forces Identification Card, application for

It is requested that I be issued an Armed Forces Identification Card indorsed "Retired." In this connection a suitable photograph is inclosed and the following descriptive data is furnished:

Ross	Earl	Augustus	140 754	BM1C, USCG (Ret)
LAST NAME	FIRST NAME	MIDDLE NAME	SERVICE NUMBER	GRADE

Date of Birth 4/21/1887 Weight 155 lbs Height 5 ft. 8 inches

Color Hair Gray Color Eyes Blue Blood Type .....

(Optional)

Earl Augustus Ross
SIGNATURE

GPO DSO 3-257

UNITED STATES COAST GUARD
Washington 25, D. C.

Address Reply To
THE COMMANDANT (PO)
Refer To File: CG-71-72

6 JAN 1948

From: Commandant
To: Earl A. Rose BMlc Ret.

Subj: Retired identification card; completion of

1. There is inclosed herewith retired identification card No. 6141 that will be issued to you.

2. Place your signature and right index (or other) fingerprint in the spaces provided on the back of the card. Put no other data on card itself.

3. Fill in the following blanks on this sheet only, not on card:
Color of Hair Grey Color of Eyes Blue
Height 5ft-8 Weight 185lbs.
Date of Birth 21 April,1887
Permanent address Block Island, R.I.

4. Sign Ind-1 below and return the card and this letter to the Commandant (PO) in the inclosed envelope for validating and completion.

B. A. Shaw
B.A.Shaw
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-1

From: ROSE,Earl BMlc. (Ret.)
To: Commandant (PO)

Card returned for validating and completion.

Earl A. Rose
Earl A. Rose
Signature

Ind-2
Commandant (PO)

FEB 9 1948

From: Commandant
To: Earl A. Rose BMlc Ret.

Please acknowledge receipt of the completed identification card No. 6141 by signing Ind-3 and return to the Commandant (PO).

B. A. Shaw
B.A.Shaw
By direction

Incls
1. Ident. card
2. Franked envelope

Ind-3

From:
To: Commandant (PO)

Receipt is acknowledged.

Earl A Rose BMlc
Signature

A-6051

3—13— File 02

Ind-1

19 January, 1949
File: pmp-73

From: Commander, 1st CG District
To: Commandant (PE)

Subj: ROSE, Earl A. (140-570) BM1; personnel, retired.

No ans nec. adj. made = 1-27-49 02

Forwarded, inasmuch as subject-named man is retired.

R. A. Taylor

R. A. TAYLOR
By direction

Box #250

PERSONNEL DIVISION
RECEIVED
DEC 24 1948
1st C. G. DISTRICT

Box #250.
Block Island, R. I.
Dec. 21, 1948

Commander, 1st C. G. D.
Boston 13, Mass.

Dear Sir.

In reference to article seen in Coast Guard magazine (July: aboard #69.) in regard to "longevity" for former lighthouse who were transfered to Coast Guard in act of Aug. 5, 1939.

Please inform me

where I can get application
for same.

Respectfully

Earl A. Rose

Ret BM 1c

(PE-PR-20)
CG-73

26 May 1947

Mr. Earl A. Rose (140-750)(Retired)
Box 250
Block Island, Rhode Island

Dear Sir:

Referring to your letter of 10 April, 1947, you are advised that you are not entitled to mustering-out payment.

The Mustering-Out Payment Act of 1944 states, in part, that, "no payment shall be made to any member of the armed forces who, at the time of discharge or relief from active service, is transferred or returned to the retired list with retirement pay or to a status in which he receives retirement pay".

If such personnel have been discharged and reenlisted on or after 1 February, 1945, they are entitled to lump sum mustering-out payment.

In view of the above information and since you were not discharged and reenlisted on or after 1 February, 1945, no payment can be authorized in your case.

By direction of the Commandant.

Very truly yours,

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

U. S. COAST GUARD
MAIL SECTION
MAILED MAY 27 1947

AGB-ms-BAKER 3-13

3-12

Box 250.

Block Island, R.I.

April 10, 1947.

APR 15 '47

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

Dear Sir.

I was retired from the U.S. Coast Guard on Feb 1, 1947 Please inform me if I am entitled to mustering-out Pay

Earl G. Rose

Earl A. Rose B.M.1C. USCG
140-750

CERTIFICATE OF SETTLEMENT

General Accounting Office

3-14 File GAO,

Claim No. 1007462

Washington 25, May 9 1947
Date

Certificate No.
1543512

Earl A Rose (140-750)

Boatswain's Mate First Class,
United States Coast Guard,
Block Island, Rhode Island.

I Certify there is due from the United States to the above-named claimant(s) payable from the appropriation(s), the sum of

FIFTEEN AND 58/100 Dollars($ 15.58)

on account of

increased longevity for period April 9, to June 30, 1944 incident to service in United States Coast Guardd, service No. 140-750.
(1740900 Pay and Allowances, Coast Guard, 1944)

2071850 Payment of Certified Claims, 1947

To: The Secretary of the Treasury
(Division of Bookkeeping and Warrants).

MEMORANDUM

NAVCG 2533
U. S. COAST GUARD
October 1937

FILE
T. LeB

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

U.S. Coast Guard
(Unit)
Block Island, R.I.
(Place)
February 24, 1947

Upon being retired from active duty on February 1, 1947, I certify that the following are the names of my dependents for whom medical treatment may be required, from the Public Health Service. Their signatures appear below:

(Name, age, sex, and nature of dependency)	(Signature)
Maud E Rose, 63, Female - wife	Maud E. Rose
Lila M-Rose 36, Female, daughter	Lila M. Rose

I hereby certify that the above signatures were signed in my presence this Feb 25, 1947

Jackson A Young BM1c
(Signature of certifying officer and title)
Officer in Charge
S E Light Sta

Earl A. Rose
(Signature of retired person)

Boatswain's Mate, 1st Class.
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 17 March, 1947

1. Any officer of the Public Health Service authorized to furnish medical relief to dependents of Coast Guard personnel, under authority of the Act of Congress approved 30 July 1937, is requested to accept the evidence herein contained as identification for dependents of retired personnel.

U. S. COAST GUARD
MAIL SECTION
MAILED MAR 17 1947

By direction,

T. LE BLANC
Lt. Commander, USCG
(Rank)

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

U. S. GOVERNMENT PRINTING OFFICE 16—37889-1

3-14 file

CG-73 (FA-PR)

11 February, 1947

From: Commandant
To: Earl A. Rose, BM1c, USCG (Ret.) (140-750)
Block Island, Rhode Island

Subj: Claim for increased pay due to length of service

You are advised that your claim for increased pay due to length of service for period 9 April, 1944 to 30 June, 1944 was forwarded on 7 February, 1947 to the General Accounting Office for settlement. You will be informed as soon as your claim is settled. It is requested that HQ(FA-PR) be advised of any change in your address.

R. D. FRITZ
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED FEB 12 1947

MHB:adl 2-18

MHB

UNITED STATES COAST GUARD
WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PR FA-CP)
REFER TO FILE: CG- 73

3-14 File

4 February, 1947

Mr. Earl A. Rose (140-750)
Block Island, Rhode Island

RE:

Dear Sir:

Reference is made to your claim for increased pay due to length of service due and unpaid on date of discharge.

As soon as your claim has been developed and evidence has been secured establishing your entitlement under applicable law and regulations, you will be informed of the disposition made for payment.

Because of the research involved and necessity of communicating with units to which formerly attached, claims very often require a considerable length of time in their development. However, this office will make every attempt to complete your claim as quickly as possible.

By direction of the Commandant.

Very truly yours,

LESTER L. LOUIS
Lieut. Commander, USCG
Chief, Accounting Division
Chief, Central Pay Records Section

U.S. COAST GUARD
MAIL SECTION

MAILED FEB 5 - 1947

(PE-C)
CG-73

RETIRED

27 January, 1947

From: Commandant
To: Boatswain's Mate, first class, Earl Augusta Rose (140-750)
United States Coast Guard

Subj: Retirement

1. As you have completed thirty years service and have made suitable application for retirement, such application is hereby approved, and, by direction of the President, you are retired from active service under the provisions of Section 3 of the Act approved January 28, 1915. In accordance with the Act of April 23, 1930 (46 Stat. 253), your retirement will be effective as of 1 February, 1947.

2. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1) properly executed in duplicate to Headquarters. Signatures of children twelve years of age, or under, will not be required.

By direction 31787

MERLIN O'NEILL
Rear Admiral, U. S. Coast Guard
Acting Commandant

Incls
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

CC: Office of Finance
Pay and Audit Section

BEABES:me Return to 3-12

PE

WCC

9RR

THIRTY-YEAR-SERVICE RETIREMENT REQUEST

ROSE, Earl Augusta
(140-750) BMlc.

DATE:	1/31/47	
AGE:	59 yrs. 9 mos. 11 das.	
SERVICE:	14 yrs. 9 mos. 23 das.	CG
	15 yrs. 4 mos. 23 das.	LH
TOTAL:	30 yrs. 2 mos. 16 das.	

(Regular Enlistment)

31 January, 1947
APPROVED

W C Capron

Chief, Enlisted Personnel Division

Ind-2
COMDR.,1CGD
5 November, 1946

From: Commander, 1st CG District (pmp)
To: The Commandant (PE)

Subj: ROSE, Earl A. (140-~~745~~ 750) BM1c; retirement; request for

Forwarded for Headquarters' consideration.

R. A. TAYLOR
By direction

UNITED STATES COAST GUARD

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
Officer-in-Charge
South East Light Station
REFER TO FILE

73

BOSTON DISTRICT RECEIVED 4 NOV 1946 U.S. COAST GUARD

29, October 1946

To; Commandant (PE-C)
Via; 1 Cdr. 1CGD, Boston, Mass.
2 Cdr. C.G. Group, Woods Hole, Mass.
3 Officer-in-Charge, Block Island, LB. Station

Subj; Rose, Earl A. (140-~~745~~ 750) BM 1c., retirement, request for.

1. I have completed thirty (30) years of creditable service in the U.S. Coast Guard on the 24, October 1946 and have a total of eighty five (85) days of accrued leave.

2. Will be sixty (60) years old next birthday and it is requested that I be retired from the U.S. Coast Guard as soon as such retirement is made available.

Earl A. Rose
Earl A. Rose.

1. Ind.
Block Island L.B. Station
Block Island, R.I.
29, October 1946

Forwarded, approved.

Joseph F. Medeiros
Joseph F. Medeiros
Officer-in-Charge.

Ind-1
C.G. GROUP
Woods Hole, Mass.
1 November, 1946

To: Commandant (PE)

Via: Cdr.1CGD (pmp)

Forwarded, approved.

R.S. Lecky
R.S. LECKY

Ind-2
COMDR.,1CGD (pra)
25 September, 1946

3-12

To: The Commandant (PE)

Subj: ROSE, Earl A. (140-745) BM1c; retirement; request for

Forwarded for Headquarters' consideration.

R. A. TAYLOR
By direction

SEP 26



UNITED STATES COAST GUARD



ADDRESS REPLY TO
Southeast Light Sta.
Block Island, R.I.
AND REFER TO

73

17 September, 1946



To; Commandant.

Via; Cdr. 1CGD, Boston, Mass.
Via; Cdr. C.G.Group, Woods Hole, Mass.

Subj; Rose, Earl A. (140-745) BM 1/c, retirement, request for.

1. I will complete thirty (30) years continuous service in the U.S. Coast Guard on the 24 Oct. 1946.

2. My permanent rate is BM 1/c and I have accured eighty five (85) days leave.

3. It is requested that I be retired from the U.S. Coast Guard as soon as such retirement privilage is made available.

Earl A. Rose BM 1c
Earl A. Rose.

Block Island L.B. Sta.
Block Island R.I.
17 september, 1946.

Forwarded, approved.

Joseph F. Medeiros
Officer-in-charge.

Ind-1
C.G. GROUP
Woods Hole, Mass.
23 September, 1946

To: Commandant (PE)

Via: Cdr.1CGD (pra)

Forwarded, approved.

R. S. LECKY

UNITED STATES COAST GUARD

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-4) WASHINGTON 25, D. C.
REFER TO FILE: CG-73

5 February, 1947

MEMORANDUM FOR CHIEF, PAY & AUDIT SECTION

Subj: ROSE, Earl Augusta (140-750) BM1c
statement of creditable service

On the effective date of retirement, 1 February, 1947, the above named man had the following creditable service:

	Years	Months	Days
Coast Guard Service (active)	14	9	22
Coast Guard Service (inactive)			
Navy Service (active)			
Navy Service (inactive)			
Army Service (active)			
Army Service (inactive)			
Marine Corps Service (active)			
Marine Corps Service (inactive)			
Lighthouse Service	15	4	23
National Guard			
Other Service (specify)			

M. K. HUTCHINSON
Chief Pay Clerk, USCG
Enlisted Personnel Division

Return to 3-13

Chee A-5092

(PE-C)
CG-73-531
AUTH. 518480

15 November, 1946

From: Commandant
To: ROSE, Earl Augusta (140-745) BM1c, United States Coast Guard

Via: Commander, 1st CGD, and Commanding Officer, Coast Guard Group Woods Hole, Massachusetts

Subj: Orders pending retirement; travel

1. You are detached from all duties previously assigned you, and will await orders pending action on your request for retirement. You will proceed to your home, and will complete all travel within one year from the date of your detachment. Selection of your permanent home may be made any time within the one year period; however, once you have notified Headquarters of your arrival at your permanent home, action is final and no further designation can be made.

2. Travel may be performed at own expense if desired and you will be entitled, in lieu of government transportation by the shortest usually traveled route, to payment upon completion of your travel of a money allowance of 3 cents per mile for the same distance regardless of the mode of travel. Travel of your dependents and transportation of your household effects must be made in accordance with Pay and Supply Instructions. Travel by privately owned conveyance also is authorized. The travel necessary to the execution of these orders is required by the public interests, is hereby authorized, and is chargeable to travel allotment symbol No. 051-20.

3. The officer having custody of your pay record is hereby directed to forward it unclosed immediately to the Commandant (FA-P). You will immediately notify the Commandant (FA-P) of your mailing address and you will hereafter notify the Commandant (FA-P) of any change in that address. In order that your active duty pay record may be closed and your account taken up on the retired roll, you will indorse these orders to show the time and date you arrive at your home and forward them at the earliest date possible to the Commandant (FA-P). Your service and health records will be forwarded to the Commandant (PE-C), and your Continuous Service Certificate will be retained by you as your personal property.

4. During the period you are awaiting retirement, you are entitled to accept civilian employment and wear civilian clothes at your option.

W.C. CAPRON
By direction

U. S. COAST GUARD
MAIL SECTION
MAILED NOV 19 1946

CC: Office of Finance, in duplicate
Pay and Audit Section

BEABES:me Return to 3-13

REPORT OF CHANGE IN PERSONNEL
UNITED STATES COAST GUARD
NAVCG-2599 (REV. 6-44)

Last Nov. #9 1 File 3-14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ROSE, Earl A.	140-750	BM 1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP, BLOCK ISLAND R.I.	Southeast Light Sta. B.I. R.I.	Block Island R.I.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-305	3 Dec. 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-88 Posted

Provisional rating held on 31 July, 1943 BM2c acting appointment.

Permanent rating of petty officer first class now effective.

I certify the above named man is deemed fully qualified for the permanent rating of petty officer first class.

DUTY CODE NO. 30 AUTH: HQ L/ PEA-C File: CG-73
11-28-45

O.P. SWENSON Lt. USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

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

Records	
Posting PEA-E 88	Coding

Machine Accounting
Punched _____
Verified _____

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

3-12

1nd-1
DCGO,1ND
pra-73
20 November, 1945

To: The Commandant (PEA) 1945 NOV 23 13 44

Subj: ROSE, Earl A. (140-750) BM1c, USCG; permanent rating; request for PEA-A

Forwarded.

F. N. Martin

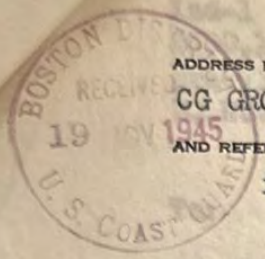
F. N. MARTIN
By direction

NOV 23 '45 PM

as a similar request was granted Boston (personal request made by Comdr Prentice & Capt. Gode) I see no alternative but to make this one also. Accordingly, make him a permanent BM1c if records show he obtained this rating on 8/1/43 as stated

UNITED STATES COAST GUARD
BLOCK ISLAND RHODE ISLAND





ADDRESS REPLY TO
CG GROUP
AND REFER TO
file-73

16 November, 1945

TO: Commandant

Via: District Coast Guard Officer, Boston, Mass.

Subj: ROSE, Earl A. (140-750) BM1c

1. Request is made for subject man to be given a permanent rate of BM1c.

2. Rose was a civilian Light Keeper for 15 years, enlisted in the Coast Guard as BM2c 24 June, 1941. Given provisional rating of BM1c 1 August 1943, loosing out by one day on retaining this rating permanently in accordance with Alcoast 143 dated 3 November, 1945.

3. In as much as this man has been in charge of Light Stations for the past 20 years and is in charge of men with permanent BM1c rates, it is thought only just that this man be granted permanent BM1c.

O.P. Swenson

O.P. SWENSON

No 6

File 3-14

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
ROSE, Earl A.	140-750	BM 1c.

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP BLOCK ISLAND R.I.	Southeast Light Sta.	Block Island R.I.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
01-305	12 Nov. 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-33

Provisional rating held on 31 July, 1943 - Boatswain's mate second class.

Permanent rating of boatswains mate second class now effective.

I certify that the above named man is deemed fully qualified for the permanent rating of boatswains mate second class.

J. P. Swenson

DUTY CODE NO. 30
AUTH: ALOCOAST 031400/143 O.P.SWENSON Lt.(jg) USCG

(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
II	XIV	XVII	XX	XXI

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

Records	
Posting	Coding
PEA-E 88	

Machine Accounting
Punched _____
Verified _____

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

N.C.G. No. 2599
U. S. Coast Guard
(Revised 1937)

3-13

REPORT OF CHANGE IN PERSONNEL

(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)
ROSE,	Earl	A.	140-750	B.M.1c, USCG

Block Island Southeast Lgt. Sta. 01-775-40
CG STA. BLOCK ISLAND, R.I. 01-775 (Unit) Block Island, R.I. (Place) 24 June, 1944 (Date)

This Date: Voluntarily extended enlistment for a period of three years, by reason of expiration of enlistment.

POD - Block Island, R.I.
PAFE - Block Island, R.I.

30-D
AUTHORITY: Alcoast 83, 1941

CC: HQ
DCGO, 1st Naval District
SCGO, Newport, R.I.

M. Heap

M. HEAP, Ensign, USCGR
(Commanding)

Executive Officer
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE

FORM 9619
TREASURY DEPT.

U. S. COAST GUARD

HEADING: WUY64 GOVT AJ NASHVILLE TENN DEC 15 1Ø52A

FROM: R.O. NASHVILLE

ACTION: COMDT CG

INFORM:

Trv. 11-14-42 to Woodbine Marine Iron + Ship. Co. Duluth, Minn. from Azalea

TEXT

Azalea 8/1/42

151530

WILL EARL ROSE 5Ø1-868 SEAMAN FIRST CLASS APPREHENDED AWOL 25 DAYS FROM WOODBINE. REQUEST INSTRUCTIONS.

check ats

Boston DCCO 1st ND authority effect transfer with travel time

Asst. Comdt.	Law
Aviation Eng.	Marine Engineering
CG Reserve	Maritime Service
Civil Engineer	Material
Civilian Personnel	Med Cal
Commandant	Merchant Ship
Communications	Operations
Const. & Repair	Permanent Board
Finance	Personnel
Group Training	Procurement
Inspector	Public Relations
Intelligence	Radio Engineering

WU #13 RCD SN 1255P 15 DEC 42.

OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

$

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD (20)
REC'D DEC 11 1941

Office of
Senior Coast Guard Officer
First Naval District

Boston, Massachusetts,
9 December, 1941.

From: Senior Coast Guard Officer, First Naval District.
To : Commandant.

Subject: ROSE, Earl A. (140-750) B.M.2c.; change in status and post of duty.

Reference: (a) Headquarters' letter, 4 December, 1941 (CP-75).
(b) Form 2249 approved 5 May, 1941.

1. Replying to reference (a), Headquarters is advised that change in status and post of duty of the subject-named man, covered by reference (b), was effected on 7 July, 1941.

O. A. LITTLEFIELD,
By direction.

This keeper has been Militarized and this change go in order - 4 Dec 1941

CP-75

4 December, 1941

From: Commandant.
To: ~~Commander~~,
Senior Coast Guard Officer, First Naval District,
Boston.

Reference: Form 2249 approved 5 May, 1941 for change in post of duty to Block Island S.E. Lt.Sta.

It is requested that the information or forms indicated in the items checked below be furnished Headquarters promptly, with the return of the attached papers, if any.

NAME AND DESIGNATION

ROSE, Earl A., keeper.

XXX(1) Give date of entrance on duty, of transfer, or of resignation.
(2) Furnish personal history sheet in duplicate.
(3) Furnish certified statement of unappointed service in duplicate.
(4) Furnish oath of office in duplicate.
(5) Furnish Civil Service Form 375 in triplicate.
(6) Furnish standard Form 13 in quadruplicate (abstract of official record).
(7) Furnish documentary evidence of date of birth as prescribed in Civil Service Form 2473, attached.
(8) Furnish one copy of certified Form 2806.
(9) Forward promptly address to which retirement pay checks are to be mailed.
(10) Have the enclosed form signed and returned.
(11) Furnish Form 3464a, Personnel Information Sheet.
(12) Furnish Form 2390, 1769, 2413, and 14.

T. O. ROBERTSON,
By direction.

Requested by Treas. Dept.

RECEIVED
DEC 5 1941

mc.S. Bth

HEADQUARTERS

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. PR9-73

TREASURY DEPARTMENT

U. S. COAST GUARD (13)

UNITED STATES COAST GUARD

RECD AUG 28 1941

WASHINGTON

18 August, 1941.

RECEIVED
AUG 20 1941
U.S. COAST GUARD

From: Commandant.
To: Commanding Officer, Block Island Station (Boston District).

Subject: ROSE, Earl A. (140-750) B.M.2c.; completion of records.

References: (a) Form 2679.
(b) Birth Certificate.
(c) Form 2678.

1. The reenlistment contract of Rose has been received at Headquarters with insufficient supporting papers. It is requested that references (a), (b), and (c) be completed and forwarded to Headquarters as soon as practicable.

2. It is further requested that this letter be returned with indorsement thereon as to the reason why these supporting papers were not included with enlistment contract as per Personnel Instructions and Regulations.

F. E. Allison

F. E. ALLISON,
By direction.

BOSTON DISTRICT 1st Indorsement Boston, Mass.,
73 20 August, 1941.

From: Commander, Boston District.
To : Commanding Officer, BLOCK ISLAND STATION.

1. Forwarded for compliance.

P. J. Smenton

P. J. SMENTON,
By direction.

Headquarters letter 18 August, 1941 (PR9-73) Subject: ROSE, Earl A. (140-750) B.M.2c. Completion of records.

73

BLOCK ISLAND STATION - 73 2nd Indorsement Block Island, R. I., 26 August, 1941.

U. S. COAST GUARD (73)

From: Commanding Officer, Block Island Station.
To: Commandant.

REC'D AUG 28 1941

Via: Commander, Boston District.

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

Inclosures: (A) Form 2679
(B) Birth Certificate.
(C) Form 2678.

1. Inclosures (A) to (C) inclusive is forwarded herewith as directed in basic communications.

2. The above papers were not forwarded with the enlistment contract because the applicant had served three prior enlistments in the U. S. Coast Guard and it was believed that the information they contain was already on file at Headquarters.

J. T. Hagglove
J. T. HAGGLOVE,

BOSTON DISTRICT 3rd Indorsement Boston, Mass.,
73 27 August, 1941.

1. Forwarded with inclosures.

P. J. Smenton
P. J. SMENTON,
By direction.

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

U. S. COAST GUARD
RECD JUL 11 1941

REPORT OF CHANGE IN PERSONNEL

140-750

ROSE,	Earl	A.	( )	B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

BREAKWATER BLOCK ISLAND/STATION	Block Island, R. I.,	9 July, 1941.
(Unit)	(Place)	(Date)

✓ 01-0167

At 1900, 7 July, 1941, reported at Southeast Light Station for assignment to duty, without change in salary or range.

AUTHORITY: Boston District Order No. 64.

Fm. 2249, approved 5-5-41.

J. T. Hagglove
J. T. HAGGLOVE,
(Commanding)

Chief Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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

REPORT OF CHANGE IN PERSONNEL

ROSE	Earl	A.		B.M.2c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

BLOCK ISLAND STATION	Block Island, R. I.,	24 June, 1941.
(Unit)	(Place)	(Date)

Resigned from former Lighthouse Service to accept reenlistment in the Coast Guard as of the close of 23 June, 1941.

Reenlisted 1600 this date, for a period of three years, as B.M.2c. in regular enlistment.

Not entitled to clothing bounty. PAPE - Block Island, R. I., 1630 this date, transferred to Great Salt Pond Light Sta. for assignment to duty. Position held: Keeper, Great Salt Pond Light Station. Salary: $1440 p.a. plus $240 p.a. for quarters. Creditable service for retirement under Lighthouse retirement act computed to and including day prior to date of reenlistment: 15 years, 4 months, 23 days. Prior military service: U. S. Coast Guard, 9 years, 2 months and 14 days. (Not verified)

AUTHORITY:

Headquarters 1st Indorsement on Form 2525-B, dated 31 May, 1941.

J. T. Hagglove
J. T. HAGGLOVE,
(Commanding)

Chief Boatswain (L)
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	Statistics	Correspondence	Records
		4	

U. S. GOVERNMENT PRINTING OFFICE 0 10935

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.

ROSE, Earl Augusta (NAME) | ( ) (SERVICE NUMBER) | B.M.2c. (RATING, RANK, OR GRADE)

EDUCATION:

(a) Grammar School: Eight years (Number of years attended, graduated) No Eight (Grade)

(b) High School: - - - - (Number of years attended, grade completed or graduated)

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

EXPERIENCE:

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

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

Specify ability as interperter 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 in trades which you have followed as well as such marks you desire to make regarding education and courses pursued.

Keeper, Great Salt Pond Light Station, Block Island, R. I., 15 Years, 4 months and 23 days

Use reverse side of this form when necessary.

J. T. Hagglove

J. T. HAGGLOVE, Ch. Bosn.(L)
(SIGNATURE)

NAVCG 2511-B
U. S. COAST GUARD
Form approved by Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PS-PR-5)
REFER TO FILE: CG-73

~~XXXXXX~~ OFFICERS

16 July, 1948

To: Chief, Pay Records Subsection

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 31 January, 1947 of ROSE, Earl Augusta (140-750) BMlc (Retired) USCG.

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
11-1-09	9-15-14 Dis.(Own request)	NONE		NONE		NONE	
1-1-16	9-19-18 H D	NONE		NONE		NONE	
9-20-18	4-30-20 H D	NONE		NONE		NONE	
6-24-41		NONE		NONE		NONE	
Enl. Ext.	3 Years from						
6-24-44	2-1-47 (Retired)	NONE		NONE		NONE	

JUL 16 1948

	Yr.	Mo.	Days
Coast Guard Service	14	9	22
Navy service			
Lighthouse service	15	4	23
Total	30	2	15

Completed 30 years prior to retirement, 1 February, 1947.

B. A. SHAW
By direction

Return to 3-13
TJT:id

16—36036-1 U. S. GOVERNMENT PRINTING OFFICE

2511-B
AST GUARD
Comptroller General, U. S.
February 25, 1938

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

ADDRESS REPLY TO
THE COMMANDANT (PE-PR-4) ~~OFFICERS~~ 17 January, 1947
REFER TO FILE: CG-73

To: Disbursing Officer, Coast Guard Headquarters

Subj.: Statement of service for longevity pay

Incl.:

The following is a statement of service, to and including 17 January, 1947 of ROSE, Earl Augusta (140-750) BMlc., USCG

Entered Service	Service Terminated	Absent Without Leave (Inclusive dates) From—	Absent Without Leave (Inclusive dates) To—	Absent Due to Own Misconduct (Inclusive dates) From—	Absent Due to Own Misconduct (Inclusive dates) To—	Nonperformance of Duty Because of (Inclusive dates) From—	Nonperformance of Duty Because of (Inclusive dates) To—
U.S.C.G.							
11-1-09	9-15-14 Dis. (Own request).	None		None		None	
1-1-16	9-19-18 H D	None		None		None	
9-20-18	4-30-20 H D	None		None		None	
6-24-41		None		None		None	
Enl. Ext. 3	yrs. from						
6-24-44	2-1-47	None		None		None	
Now serving	Retired						

	Yr.	Mo.	Days
Coast Guard Service	14	9	9
Navy service			
Total	14	9	9

Completed 12 years on 8 April, 1944

M. K. HUTCHINSON
By direction

16—36636-1 U. S. GOVERNMENT PRINTING OFFICE

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

TREASURY DEPARTMENT

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 16 August, 1941.

From: Commandant.
To: Commander, BOSTON DISTRICT.

Subject: ROSE, Earl Augusta (140-750) B.M.2c.: Statement of service of. (Block Island Sta.)

Inclosure:

1. The following is a statement of the service of the above-named man for the purpose of computing pay to and including 16 August, 1941.

Enlisted	Discharged	Absent Without Leave (Inclusive dates)		Sickness Due to Own Misconduct (Inclusive dates)		Nonperformance of Duty Because of (Inclusive dates)	
		FROM	TO	FROM	TO	FROM	TO
11-1-09	9-15-14 Dis. (Own request)	None		None		None	
1-1-16	9-19-18 H D	None		None		None	
9-20-18	4-30-20 H D	None		None		None	
6-24-41	Now serving	None		None		None	

	Yrs.	Mos.	Days
Total C. G. service	9	4	8
Navy service			
Other service			
Total	9	4	8

Completed 8 years service prior to re-enlistment in Coast Guard 24 June, 1941.

By direction:

MAILED
AUG 16 1941

F. E. ALLISON,
Chief, Enlisted Personnel Section.

U.S. GOVERNMENT PRINTING OFFICE 2—15507

mcs J.W.P. 8.8.

73

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF COMMANDER
BOSTON DISTRICT

U. S. COAST GUARD (5)

Boston, Mass.,
27 June, 1941.

REC'D JUN 30 1941

From: Commander, Boston District.
To : Commandant.

140 750

Subject; ROSE, Earl A. ( ) B.M.2c.; reenlistment of.

Inclosure: (A) Forms on reenlistment.

1. As the subject-named man had previous Coast Guard service it is requested that the service number be assigned at Headquarters and a statement of service furnished this office.

O. A. LITTLEFIELD,
By direction.

...RTMENT
...GUARD

ABSTRACT OF DISCHARGES PRESENTED BY AN APPLICANT FOR ENLISTMENT

Corner of discharge with number torn off

Name Earl Augusta Rose Serial number 140 750

Rate or grade at time of discharge Surfman

Service from which discharged U.S.Coast Guard Organization (If discharged from Army) - - -

Kind of discharge Honorable

Organization in which enlisted - - - -

Enlisted or enrolled (place) Station No.60, Block Island,R.I., (date) 20 September, 1918

Date called to active duty (if enrolled in U. S. N. R. F.) - - -

Date mustered into Federal Service (if enrolled in National Guard) - - - -

Date released from active duty or mustered out of Federal Service - - - -

Discharged (place) Station No.60, Block Island, R. I., (date) 30 April, 1920.

Federal service under this discharge* One years Seven months Ten days.

Previous service Seven years Seven months Four days.

Certified to be a correct excerpt from the latest discharge from the U. S. Coast Guard

presented to me this day by Earl Augusta Rose. Previous discharges Nos.3672,5038 and 8661.

Date 24 June, 1941.

J. T. HAGGLOVE,
Chief Boatswain (L) *Enlisting Officer.*

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

Name ..... Serial number .....

Rate or grade at time of discharge .....

Service from which discharged ..... Organization (If discharged from Army) .....

Kind of discharge .....

Organization in which enlisted .....

Enlisted or enrolled (place) ....., (date) .....

Date called to active duty (if enrolled in U. S. N. R. F.) .....

Date mustered into Federal Service (if enrolled in National Guard) .....

Date released from active duty or mustered out of Federal Service .....

Discharged (place) ....., (date) .....

Federal service under this discharge* ..... years ..... months ..... days.

Previous service ..... years ..... months ..... days.

Certified to be a correct excerpt from the latest discharge from the .....

presented to me this day by .....

Date .....

Enlisting Officer.

* Only *active* duty in Naval Reserve Force and *Federal Service* in National Guard will be entered. If period of service entered does not agree with the dates of enlistment and discharge, an explanation of the discrepancy will accompany this form.

U. S. GOVERNMENT PRINTING OFFICE: 1929 2—10582

1942 DEC 6 PM 1 55

3-12

UNITED STATES COAST GUARD

BLOCK ISLAND STATION

Block Island, R. I.
2 December, 1942

From: Commanding Officer, Block Island Station.
To: Commandant.

Subject: ROSE, Earl A. (140-750) BM2c; Statement of Creditable Service; request for.

Reference: (a) Personnel Bulletin No. 59-42 (27 May, 1942).

1. For purpose of computing pay and allowances, the Pay Office of the First Naval District requests a statement of creditable service on subject man. As this man has had previous Coast Guard Service, prior to his being changed in status from Civilian Keeper to Boatswain's Mate Second Class on June 24, 1941, it is requested that a Statement of Creditable Service, Form 2511, be supplied this office.

E. E. Webber

E. E. WEBBER

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

-ROSE, Earl A.-

RETIRED
FEB 1 1947

Service Record

ROSE
(Surname)

Earl Augusta (140-750) NB
(Christian names) (Service No.) (Citizenship)

B.M.2c. 24 June, 1941 Three
(Enlisted as) (Date) (Term of years)

Block Island Station Block Island, R. I.,
(Ship or station) (Place)

2—13678

(PS-C)
CC-73

27 January, 1947

From: Commandant
To: Boatswain's Mate, first class, Earl Augusta Rose (140-750)
United States Coast Guard

Subj: Retirement

1. As you have completed thirty years service and have made suitable application for retirement, such application is hereby approved, and, by direction of the President, you are retired from active service under the provisions of Section 3 of the Act approved January 28, 1915. In accordance with the Act of April 23, 1930 (46 Stat. 253), your retirement will be effective as of 1 February, 1947.

2. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return inclosure (1) properly executed in duplicate to Headquarters. Signatures of children twelve years of age, or under, will not be required.

Incls
1. Form 2533, in duplicate
2. Leaflet, Vocational Rehabilitation

CC: Office of Finance
Pay and Audit Section

BEABES:me Return to 3-12

PE

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

ADDRESS REPLY TO
THE COMMANDANT (PEA-C)
REFER TO FILE: CG-73

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

28 November, 1945

To: Commanding Officer, CG Group, Block Island, Rhode Island

Subj: Rose, Earl A. (140-750) BM1c; change in permanent rating

In accordance with the request contained in your letter of 16 November, 1945, file 73, you are authorized to change Rose's permanent rating from boatswain's mate, second class, to boatswain's mate, first class. Report action on Form 2599, citing this letter as the authority therefor.

E. ZOOLE
By direction

CC: DCGO, 1ND

NCG 2500-A
U. S. Coast Guard

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. STATION, Block Island, Rhode Island.
(Unit)
Block Island, Rhode Island
(Place)
23 June, 1944
(Date)

Pursuant to the Act of July 30, 1937 (50 Stat. 547) and the regulations prescribed thereunder,

I, ROSE, Earl Augusta (Name of applicant), 140 M.A. ~~126~~-750 (Service number), B.M.1c (Rating), having on 23 June, 1941 (Date), enlisted in the U. S. Coast Guard under a contract of enlistment for a term of three years, do hereby voluntarily agree for the consideration mentioned therein to extend said term of enlistment for a period of or for the duration and six months thereafter three years from the date of expiration thereof, subject to all the provisions of said contract of enlistment, of which this agreement shall form a part.

My reason for making this agreement is expiration of enlistment

Earl Augusta Rose
Earl Augusta Rose
(Signature of applicant)

Tip of right forefinger

Voluntarily agreed and subscribed to ~~before me~~ this 23rd day of June, A. D., 1944

M. Heap
M. HEAP, Ensign, USCGR,
(Commanding officer or notary public)
By direction.

U. S. C. G. STATION, Block Island, Rhode Island.
(Unit)
Block Island, Rhode Island.
(Place)
23 June, 1944
(Date)

This agreement is hereby accepted for and on behalf of the United States. Service hereunder shall begin on and from the date immediately following the date of expiration of said term of enlistment.

M. Heap
M. HEAP, Ensign, USCGR
(Officer authorized to accept extension)
By direction.

U. S. C. G. Headquarters, Washington, D. C.

(Date)

Returned. The application for extension is disapproved.

(For the Chief Personnel Officer)

Original will be filed at headquarters.
Duplicate will become first page of service record.

16—21990-1 U. S. GOVERNMENT PRINTING OFFICE

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

ENLISTMENT CONTRACT

REENLISTMENT of ROSE, Earl Augusta (140-750) as B.M.2c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station Block Island; Boston District, Block Island, R. I.,
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Block Island, R. I.,
(Place)

1. I, Earl Augusta Rose, this 24th day of June, 1941, desiring
(Full name)

to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows:

2. I was born in Block Island, R. I., on 21 April, 1887 Citizenship [a] NB.

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

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

Home address Block Island, R. I.,

Full name and address of the following: Maud Elizabeth Rose, Block Island, R. I.,
(Wife, if any)

None
(Children under 21 years of age. Specify ages of children)

Lillie May Rose, Block Island, R. I., Widowed? Yes
(Mother, if living)

Miss Lila May Rose (daughter) Block Island, R. I.,
(Next of kin, or person interested, if there are none of the above)

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

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

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

(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ____ had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue~~ and ~~Life-Saving~~ Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.
(If "not," so state)

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 30 April, 1920, from ~~Cutter~~ Station No. 60
(Strike out one)

with Honorable discharge, herewith submitted, serial No. Corner with number torn off.
(Kind of discharge)

9. I agree to and with the United States of America, represented by J. T. HAGGLOVE, United States Coast Guard, in manner and form following, that is to say:
(Name of enlisting officer)

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by J. T. HAGGLOVE, United States Coast Guard, does
(Name of enlisting officer)

hereby covenant and agree to and with the Earl Augusta Rose who has hereunto signed his
(Name of person enlisting)

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Earl Augusta Rose.
Earl Augusta Rose
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By J. T. Hagglove
J. T. HAGGLOVE, Chief Boatswain (L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J. T. Hagglove
J. T. HAGGLOVE,
Ch. Bosn. (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Earl Augusta Rose (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Earl Augusta Rose.
Earl Augusta Rose
(Signature of enlisted person)

Subscribed and sworn to before me this 24th day of June, A. D. 19 41.

J. T. Hagglove
J. T. HAGGLOVE
Chief Boatswain (L)
(Comdg. officer, ~~officer in charge, or other officer authorized to administer oaths~~)
Block Island Station.

12. DESCRIPTIVE LIST

Age 54 years 2 months. Height 5 feet 9 inches. Weight 185 pounds. Eyes Blue

Hair Sandy and Grey. Complexion Fair Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian (Within the United States, in the territory or islands of the United States)

where this enlistment is made.

16—8420

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

SERVICE RECORD

RECORD OF ROSE, Earl Augusta (Full name, surname to the left) 140-750 (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
BLOCK ISLAND STA.	B.M.1c(T)	8/1/43	E E Hilbert Lt.(jg)
CG STA.BLOCK ISL.	Per. rate of BM1c		
	auth: HQ L/ PEA-C		
	file: CG-73	11/28/45	J R Swanson Lt.

2—13678

Record of ROSE, Earl Augusta (Full name, surname to the left) 140-750 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Signature
6-30-41	B.M.2c.	Less than one month.						J. T. HAGGLOVE;
SEP 30 1941	BM 2C	3.2	3.0	2.9	3.0	1st Asst. Light Keeper	4.0	J.T. Hagglove
DEC 31 1941	BM 2C	3.2	3.0	2.9	3.0	1st Asst Keeper, SE Lt. Sta	4.0	J.T. Hagglove
MAR 31 1942	B.M. 2C	3.1	3.0	2.9	3.0	1st Asst Keeper SOUTHEAST LIGHT STA.	4.0	J.T. Hagglove
6-30-42	BM 2C	3.2	3.0	2.9	3.0	1st Asst Keeper	4.0	E E Webber
Sept. 30-'42	BM 2c	3.5	3.0	3.0	3.0	1st Asst. Keeper, SE Light	4.0	E E Webber
Dec. 31-'42	BM 2c	3.5	3.0	3.0	3.0	1st Asst. Keeper, SE Light	4.0	E E Webber
3/31/43	B.M.2c	3.5	3.5	3.0	3.5	1st Asst. Keeper, SE Light	4.0	E E Webber Lt.(jg)
6/30/43	B.M.2c	3.5	3.0	3.0	3.5	1st Asst. Keeper, SE Light	4.0	E E Webber Lt.(jg)
9-30-43	B.M.2c.	3.5	2.9	3.4	3.5	1st Asst. Keeper, SE Light	4.0	E E Webber Lt.(jg)
11/9/43	B.M.2c	3.5	2.9	3.4	3.5	1st Asst. Keeper, SE Light	4.0	E E Webber Lt.(jg)
12-31-43	B.M.1c	3.6	3.3	3.5	3.5	1st Asst. Keeper, SE Light	4.0	[illegible] Lt.
17 FEB 1944	B.M.1c	3.6	3.3	3.5	3.5	1st Asst. Keeper, SE Light	4.0	[illegible] Lt
3-31-44	B.M.1c.	3.6	3.3	3.5	3.5	1st Asst. Kepper, SE Light	4.0	[illegible]
6-30-44	B.M.1c.	3.6	3.3	3.5	3.5	1st Asst. Keeper, SE LIGHT	4.0	[illegible]
9-22-44	B.M.1c	3.6	3.3	3.5	3.5	1st Asst. Keeper, SE LIGHT	4.0	O. P. Swanson Lt(jg)
9-30-44	B.M.1c	LESS	THAN	ONE	MONTH	1st Asst. Keeper, SE LIGHT	4.0	O. P. Swanson Lt(jg)
12-31-44	BM1c	3.6	3.5		3.5	Keeper, SE Light.	4.0	O. P. Swanson Lt(jg)
3-31-45	BM1c	3.6	3.5		3.5	Keeper, SE Light	4.0	O. P. Swanson Lt(jg)
6-30-45	BM1c	3.6	3.5	-	3.5	Keeper, SE Light	4.0	O. P. Swanson
9-30-45	BM1c	3.6	3.5		3.5	Keeper, SE Light	4.0	O. P. Swanson
12-31-45	BM1c.	3.6	3.6	-	3.5	KEEPER Southeast Light Sta.	4.0	O. P. Swanson
Average								

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

4. SWIMMING QUALIFICATIONS

UNIT	DATE OF QUALIFICATION	SIGNAT

Record of ROSE Earl Augusta 140-750

(Full name, surname to the left) (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Proficiency in rating	Seamanship	Mechanical ability	Ability as leader of men	Special Qualification or Special Detail	Conduct	Signature
9-31-46	BM1C	3.6	3.6	—	3.5	SOUTHEAST LIGHT STATION	4.0	O. P. Forman, Lt.
6-30-46	BM1c.	3.6	3.6	-	3.5	SOUTHEAST LIGHT STATION	4.0	O. P. Forman Lt
10/20/44	B.M1C.	3.6	3.6		3.5	SOUTHEAST LIGHT STATION	4.0	J. F. Medeiros CB
12/1/46	B.M.1c.	3.6	3.4		3.5	SOUTHEAST LIGHT STATION	4.0	J. F. Medeiros, C.B.

RECORD OF ROSE, Earl Augusta (Full name, surname to the left) 140-750 (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
GROUP,BLOCK ISL,R.I.	11-13-45	Authorized to wear American Campaign Ribbon. Auth: ALNAV 351	O.P. Johnson Lt. (jg)
GROUP BLOCK IS. R.I.	1-14-46	Authorized to wear World War II Victory Ribbon. Auth. Alnav 352	O.P. Johnson

RECORD OF ROSE, Earl Augusta (Full name, surname to the left) 140-750 (Service No.)

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date From—	Date To—	Duty	Signature
			Keeper	
Block Island Station	6-24-41	7-7-41.	Great Salt Pond Light Station	J. T. HAGGLOVE
Block Island Station	7-7-41.		1st Asst.Keeper Block Island SE. Light Sta.,	J. T. HAGGLOVE,
CG STA. BLOCK ISLAND, R. I.	10-14-44	10-20-44	Al (Compensatory)	
CG GROUP, BLOCK ISLAND, R.I.	3-15-45	3-21-45	Al (Compensatory)	

U. S. GOVERNMENT PRINTING OFFICE 2—13678

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

RECORD OF ROSE, Earl Augusta (Full name, surname to the left) 140-750 (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
Block Island Station	6-24-41. Credit			30	0	J. T. HAGGLOVE
Block Island Station	10-25-41	11-10-41	15	15	0	J. T. Hagglove
BLOCK ISLAND STA.	6/3/42	6/14/42	10	5	0	Lt.(jg)
BLOCK ISLAND STA.	CREDIT	6/24/42	30	30	0	Lt.(jg)
BLOCK ISLAND STA.	4/27/43	5/8/43	10	20	0	Lt.(jg)
BLOCK ISLAND STA.	CREDIT	6/24/43	30	30	0	L.t(jg)
BLOCK ISLAND STA.	9-8-43	9-19-43	10	20	0	Lt.(jg)
BLOCK ISLAND STA.	1-18-44	1-29-44	10	10	0	Lieut.USCG
BLOCK ISLAND STA	CREDIT	6-24-44	30	30	30	
GROUP, BLOCK IS. RI	4-24-45	5-5-45	10	20	30	Lt(jg)
BLOCK ISLAND, R. I.	CREDIT	6-24-45	30	30	30	

16—9676

RECORD OF ROSE, Earl Augusta (Full name, surname to the left) 140-750 (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

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature
CG STA.BLOCK ISLAND	3 Yrs.	Enlistment extended for a period of three (3) years by reason of expiration of enlistment, under authority of Alcoast 83, 1941. Extention of enlistment was voluntary.	G. P. LEWIS, Lt.(jg),

12. ON DISCHARGE

Date ____, 19____ Place ____ Serial No. ____

Kind of discharge ____ Authority for ____

Discharged on account of ____

Is ____ recommended for reenlistment.
(If "not," so state, and show reason)

SIGNATURE ____

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

Form 2500-C
TREASURY DEPARTMENT
U. S. COAST GUARD
Revised October, 1931

RECORD OF ROSE, Earl Augusta (140-750)
(Full name, surname to the left)

16. ON RETIREMENT

1 February, 1947	30 Yrs Service.	H/L 1-27-47 CG-73
~~December 1~~, 1946, 193	Awaiting retirement	(PE-C) Auth. 618480
(Date)	(Cause)	(Authority)

17. ON DEATH

, 193			
(Date)	(Place)	(Cause)	(Place of burial

or disposition of remains) (Disposition of effects)

Was death incident to service?

18. RECORD OF SERVICE.

Creditable Coast Guard service during this enlistment:

(Yrs.) (Mos.) (Days)

(Notations under Article 12 to be considered when executing this article. *Days* under Article 12 to be reduced to *months* and *days* for longevity purposes, as set forth in Circular No. 3, Pay and Supply Instructions, dated May 6, 1929.)

19. CERTIFICATE ON DESERTION

Certified to be correct date of desertion , 193

Commanding Officer—District Commander.

20. CERTIFICATE UPON TERMINATION OF SERVICE

Certified to be correct upon termination of service , 193

Commanding Officer—District Commander.

2—13678

N. C. G.-2511 A
Form approved by
Comptroller General, U. S.
January 31, 1941

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

COAST GUARD STATION, BLOCK ISLAND, R.I.
(Unit)

ROSE, Earl Augusta — 23 June, 1944
(Name in full—surname to the left) (Date)

140-750 — Boatswain's Mate, First Class.
(Service number) (Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for three years)	1941	June	24			
Enlistment extended (for three years from)	1944	June	24			
Date of discharge (.....) (Character of discharge)						
Total time of last enlistment period				3	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (no days)	0	0	0
Creditable time served during last enlistment period	3	0	0

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

M. HEAP,

Date 23 June, 1944, 19— (Rank) Ensign, USCGR Acting, U. S. C. G.
Commanding officer.

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 24 June, 19 44 — COAST GUARD STATION, BLOCK ISLAND, R.I.
(Unit and place)

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

a period of three years from this date.

M. HEAP,

(Rank) Ensign, USCGR Acting, U. S. C. G.
Commanding officer.

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

(1)-Ⓟ NAME (PRINT CLEARLY): ROSE, (LAST) Earl (FIRST) Auguste. (MIDDLE)

B.M. 1/c. 127-050. SERVICE NUMBER | FT. 5 | IN. 6 | LBS. 185. | RACE W.

(2) HOME ADDRESS: Block Island, R.I.

(3) BIRTHPLACE: Newport, R.I. (GIVE CITY AND STATE OF U. S. OR NAME OF FOREIGN COUNTRY)

(4)-Ⓡ DATE OF BIRTH: 21 April, 1887 HOW LONG IN U.S.: NB YEARS

(5) CITIZEN [U.S.] NON-CITIZEN [L-28] TAKEN OUT FIRST PAPERS [ ]

(6)-Ⓣ MARITAL STATUS: Married (7)-Ⓣ NUMBER OF DEPENDENTS: One.

(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	7			Block Island.		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
POST GRADUATE						
TRADE, NIGHT OR BUSINESS SCHOOL						
(9)-Ⓟ TOTAL SCHOOL YEARS		X	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 ⓈⓅⒶⓃ	SPANISH (L-23) S	SPANISH R	SPANISH W	FRENCH (L-24) S	FRENCH R	FRENCH W	GERMAN (L-25) S	GERMAN R	GERMAN W	OTHER LANGUAGES (L-26) S	OTHER R	OTHER W	OTHER S	OTHER R	OTHER W
None															
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: Block Island, R.I. DATE: June 1940.

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

(13)-Ⓣ MAIN OCCUPATION: Lighthouse Keeper — YEARS AT IT: 15 — WKLY. WAGE: $ —

D.O.T. CODE: 5-61.310.

JUST WHAT DID YOU DO? Operated and maintained lighthouse. Took care of illuminating equipment, operates Fog signals, made periodic reports to Superiors.

LAST DATE OF EMPLOYMENT: June 1940.

EMPLOYER: U.S. Gov't. (Lighthouse Ser.) (FIRM NAME)

ADDRESS OF EMPLOYER: Washington, D.C.

DEPT., SHOP OR BRANCH — KIND OF BUSINESS: Gov. Service.

(14)-Ⓣ SECOND BEST OCCUPATION: Coast Guards man. — YEARS AT IT: 9 — WKLY. WAGE: $ —

D.O.T. CODE: 7-68.40.

JUST WHAT DID YOU DO? Started as Surfmen and advanced in that rating.

TEST GRADE—SCORE	SOCIAL STUDIES (15)-Ⓟ	ARITHMETIC (16)-Ⓟ	MECHANICAL APTITUDE (17)-Ⓟ				
None							

(18)-Ⓛ SERVICE SCHOOLS QUALIFIED FOR

1.
2.
3.

(19)-Ⓛ SERVICE SCHOOLS DESIRED

1. None.
2.
3.

(24) RATING

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

NON-ENGLISH SPEAKING 3

ILLITERATE N

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

SF 7 4 2 1 0 PREFIX | TENS | UNITS | TENTHS | HUNDREDTHS | THOUSANDTHS | HUNDREDS

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

(16) SERVICE SCHOOLS QUALIFIED FOR TOP ROW: PRIMARY BOTTOM ROW: SECONDARY

(18) SERVICE SCHOOLS DESIRED TOP ROW: PRIMARY BOTTOM ROW: SECONDARY

(10) LANGUAGES 23 E S | 24 F | 25 G | 26 OTH. | 27 Fluently | 28 NON-CIT. | 29 CIT.

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

39 38 37 | 17 16 15 14 13 12 11 10 9 8 X | 9 8 7 6 5 X | 9 8 7 6 5 X | 7 4 2 1 | 7 4 2 1 | REG. G S T W

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)
U.S.C.G.	9	Surf.	1920				

(21) C. G. SERVICE SCHOOLS ATTENDED

	NUMBER OF WEEKS	COURSE	DATE GRADUATED AND SCHOOL RATING
1.			
2.			
3.			
4.			

(22) REMARKS: Present duties:- Lighthouse Keeper at this Station
(1) Has done all kinds of Fishing, such as dragging, trawling etc. Has Knowledge of small boats of all kinds.

3.4.

(23) NEXT OF KIN

NAME ROSE, Maud E. (wife)
ADDRESS
CITY Block Island STATE R.I.

(24)- ® RECORD OF CURRENT SERVICE

DATE	UNIT	RATING	PRINCIPAL DUTY
6/24/41	Block Island R.I	BM 2/C	Lt. House
8/1/43	" " "	BM 1/C	" "

Prof. 3.5 Sea. 2.9 M.A. 3.4 Conduct 4.0. L.M. 3.5

(25) DATE OF INTERVIEW 10 Nov. 1943. UNIT Southeast R. I. LB Sta.
SIGNATURES
INTERVIEWER Francis J. Tennegan.
ENLISTED PERSON X. Earl A Rose BM 1c

C.G. FORM NO. 2719
JANUARY 1943

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

HOBEE KEYSORT U. S. PAT. NO. 2,515,497 19554-D

ROSE, Earl A. (140-750) BM2c

Southeast Light Station
BLOCK ISLAND STATION Block Island, R.I. 1 June, 1942.

STATEMENT OF SERVICE:

Discharged, honorable (own request):	9-15-14
Creditable service:	4 yrs, 10 mo. 14 days.
Dishharged, honorable:	9-18-18
Creditable service:	2 yrs, 8 mo. 18 days.
Discharged, honorable:	4-30-20
Creditable service:	1 yr., 7 mo. 10 days.
Current service:	
Changed status (from civilian keeper to BM2c)	6-24-41

Now serving.
ENTITLED TO SUBSISTENCE ALLOWANCE (@ 1.20/ day) as of this date.

Finance Circular 141-42 (6 Nov., 1942).

E. E. WEBBER,

Boatswain

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

ENLISTMENT CONTRACT

JKW 8/16/41

REENLISTMENT of ROSE, Earl Augusta (Full name, surname to left) 140 750 (Service number) as B.M.2c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station Block Island, Boston District, Block Island, R. I., (Location of vessel, or P. O. address of station)

(Draw line through designation not applying)

Accepted for enlistment at Block Island, R. I., (Place)

1. I, Earl Augusta Rose (Full name), this 24th day of June, 1941, desiring to enlist in the United States Coast Guard do declare that I am of good habits and character; that I have never deserted nor received a dishonorable discharge from the United States Coast Guard, Army, Navy, or Marine Corps; that I have never been discharged from any service through sentence of either a civil or military court; nor have I been discharged from any civil or military service under other than honorable conditions, except as follows:

2. I was born in Block Island, R. I., on 21 April, 1887 Citizenship [a] NB.

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

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

Home address Block Island, R. I.,

Full name and address of the following: Maud Elizabeth Rose, Block Island, R. I., (Wife, if any)

None (Children under 21 years of age. Specify ages of children)

Lillie May Rose, Block Island, R. I., (Mother, if living) Widowed? Yes

Miss Lila May Rose (daughter) Block Island, R. I., (Next of kin, or person interested, if there are none of the above)

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

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

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

(State fully nature of offense, if any, and nature of institution in which incarcerated)

6. I have ____ (If "not," so state) had previous service under the United States in the Coast Guard, ~~Army, Navy, Marine Corps, Revenue~~ and ~~Cutter Service~~, or Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

7. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

8. I was last discharged from the U. S. Coast Guard on 30 April, 1920, from ~~Cutter~~ Station No. 60 (Strike out one) with Honorable (Kind of discharge) discharge, herewith submitted, serial No. Corner with number torn off.

9. I agree to and with the United States of America, represented by J. T. HAGGLOVE (Name of enlisting officer), United States Coast Guard, in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the United States Coast Guard, and in due and seasonable time to repair to such vessel or station as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

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

Thirdly, the United States of America, represented by J. T. HAGGLOVE (Name of enlisting officer), United States Coast Guard, does hereby covenant and agree to and with the Earl Augusta Rose (Name of person enlisting) who has hereunto signed his

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

U. S. GOVERNMENT PRINTING OFFICE 16—8420

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

Earl Augusta Rose.
Earl Augusta Rose
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By J. T. Haggiove
J. T. HAGGLOVE, Chief Boatswain (L)
(Signature and rank of enlisting officer)

10. I CERTIFY to the signature of the above person enlisted, and that I have strictly complied in his case with the Regulations of the United States Coast Guard governing enlistments, and that no promise of any kind concerning assignment to duty or promotion during this enlistment has been made.

J. T. Haggiove
J. T. HAGGLOVE,
Ch. Bosn. (L), *U. S. C. G., Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Earl Augusta Rose, do solemnly swear (or affirm) that I will bear true faith and
(Full name)
allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Earl Augusta Rose.
Earl Augusta Rose
(Signature of enlisted person)

Subscribed and sworn to before me this 24th day of June, A. D. 19 41.

J. T. Haggiove
J. T. HAGGLOVE
Chief Boatswain (L)
(Comdg. officer, officer in charge of a unit, or notary public)
Block Island Station.

12. DESCRIPTIVE LIST

Age 54 years 2 months. Height 5 feet 9 inches. Weight 185 pounds. Eyes Blue

Hair Sandy and Grey Complexion Fair Color White Married Yes

Distinguishing marks None

13. CERTIFICATE AS TO PARENT OR GUARDIAN

(To be used only in the enlistment of a minor who states that he has no parent or guardian residing in the United States or in the insular possessions of the United States)

I CERTIFY that I have neither a parent nor guardian
(Within the United States, in the territory or islands of the United States)

where this enlistment is made.

16—8420

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

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

APPLICATION FOR ENLISTMENT

Position desired B.M.2 c.

WARNING

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

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

Block Island, R. I.,
(Place)
24 June, , 19 41.
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 54 years 2 months old, and believe myself to be physically qualified to perform the duties of the rating in which I may be enlisted; that I am of good habits and character in all respects; that I have never deserted from the U. S. Coast Guard, Navy, Marine Corps, Army, or Naval Reserve; and I certify that the following statements are correct:

Name in full Earl Augusta Rose

Date of birth 21 April, 1887

Place of birth Block Island, R. I., Citizenship Native born

Home address Block Island, R. I.,

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

Wife and daughter

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

Are your parents living? One Are your parents dependent on you for support? Not wholly

Name and address of next of kin Mrs Maud Elizabeth Rose (wife) Block Island, R. I.,

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

Employer's Name	His Address	His Business	Length of Employment From—	Length of Employment To—	You were Employed as—
U. S. Lighthouse Service			1926	1939	Light Keeper
U. S. Coast Guard (Civilian)			1939	1941	" "

Do you drink intoxicating liquors? If so, to what extent? None

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

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

2—13412

(OVER)

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

8 years grammar school, Block Island, R. I.,

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

If so, state which U. S. Coast Guard and U. S. Lifesaving Service

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

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

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

When did you apply? Cannot remember date Where? Block Island, R. I.,

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

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

Earl Augusta Rose.

(Sign your full name here) Earl Augusta Rose

Accepted or rejected Accepted Cause of rejection

Headquarters 3rd Indorsement on Form 2525-B, dated 31 May, 1941.

Date 24 June, 1941.

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

J. T. Hagglove

J. T. HAGGLOVE,
Chief Boatswain (U.)S. C. G.

U. S. GOVERNMENT PRINTING OFFICE 2—13412

Form No. 102

No. 4830

City of Newport, Rhode Island

Office of the City Clerk, June 7, 1941

A Transcript from the Record of Births

Registered No. .....

Date of Birth April 21, 1887

Full Name of Child

Earl Rose

Sex Male Color White

No. of child of Mother 1 Born alive or ~~still born~~

Place of Birth 90 Warner St.

Parent's Residence --

Father's Name Samuel M. Rose

Father's Age --

Father's Occupation Carpenter

Father's Birthplace New Shoreham, R. I.

Mother's Name ---

Mother's Maiden Name Lillie M. Ball

Mother's Age --

Mother's Birthplace New Shoreham, R. I.

Color of Parents: Fa. -- Mo. --

Remarks: ---

Physician or Midwife.

Filed 1887 193

City Clerk.

A true copy,
Attest:

G. Norman Sayer

City Clerk.

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

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Block Island, R. I.,
(Place)
23 August, 1941
(Date)

To Chief of Police, Block Island, R. I.,

DEAR SIR:

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

Earl Augusta Rose
(Name of applicant)

54 years 4 months	69 in.	185 Lbs.	White
(Age)	(Height)	(Weight)	(Color)

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

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

J. T. Wagglove
J. T. WAGGLOVE, Ch.Bosn.USCG.
Recruiting Officer.

Aug 23 1941
(Date)

To Recruiting Officer, Block Island, R. I.,

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

George G. Sheffield
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

DO NOT FOLD THIS FOR

Classification No. .....

RIGHT HAND

16—9747

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

LEFT HAND

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

LEFT HAND

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



RIGHT HAND

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



Form No. 2678
Treasury Department

U.S. COAST GUARD (18)

REPORT OF FITNESS OF APPLICANT

RECD AUG 28 1941

Coast Guard Recruiting Station Block Island Station

From: U.S. Coast Guard Recruiting Officer. 25 August, 194 1.
To : Commandant.

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

The applicant have served 8 years in Coast Guard and have served about 16 years in former U. S. Lighthouse Service. Prior to entering Government service he was working
(Firm) -(School) (Place)
as an independent commercial fisherman. Therefore, there is no one available for
recommendation. (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.

J. T. HAGGLOVE,
Recruiting Officer.

(Name of applicant) _____
(Filled in by recruiting officer)

Are you related to the applicant? _____

Was the applicant ever in your (employ)-(charge)? _____ When? _____, 194___

to _____, 194___ Where? _____ As _____

What was his (weekly wage)--(scholastic record)? _____

Why did he (leave)--(quit)? _____

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 _____

What was his reputation and standing when in your (employ)--(Charge)? _____
Has the applicant to your knowledge ever been discharged for inefficiency, neglect of duty, or moral unfitness? If so, state particulars. _____
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.

_____
(Signature of reference)

_____, 19___
(Date)

_____
(Post-office address)

PERSONNEL CLASSIFICATION BOARD FORM NO. 14—FIELD QUESTIONNAIRE
(To be filled out in accordance with the instructions given in P. C. B. Forms Nos. 15 and 16)

Bureau No. Lh. 1540 Sheet No. 3(b)10

Space reserved for the use of the Board

1. Rose (Surname) Earl (Given name) A. (Initial)

2. Department Commerce
3. Bureau Lighthouses
4. Field service Lighthouse Service
5. (a) Field station Block Island Breakwater light Station
(b) Subdivision Third District
(c) City or town Staten Island State N.Y.

6. Pay roll title Light Keeper
7. Customary office title Keeper
8. Present administrative allocation $1500-1600
9. Present gross rate of pay $ 1560.00
10. Deduction for allowances $ None
11. Net rate paid in cash $ 1560.00

12. Indicate by an "X" in the proper box or boxes the kind of allowances, if any, received by the employee:
☐ House ☐ Room { ☐ Furnished ☐ Unfurnished } ☐ Heat ☐ Light ☐ Fuel ☐ Laundry ☐ Uniform ☐ Subsistence or rations in kind Meals per day: ☐ 1 ☐ 2 ☐ 3

13. Describe any other allowance, privilege, or perquisite of value

14. If any special equipment or a bond is required by law or regulation to be furnished at the employee's expense, state kind and annual cost

15. (a) Regular hours of work: From 1159 Hrs. m. to m. (b) How many hours per week excluding unusual or irregular overtime work?
Summer Winter (c) If not a full time and all-the-year-round position, state number of hours per day;
number of days per { week / month / year } (d) If certain hours of availability for duty, outside of regular working hours, are required, state hours and type of such duty

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

17. (a) Does the employee in any way direct or supervise other employees? No (b) If so, in what way? (See Form 16 before answering)
(c) How many?

18. If the employee supervises other persons through immediate contact, give the name and the sheet numbers of such persons. (For such of these as may not be covered by questionnaires, give number and kinds by occupations.) If the employee exercises supervision through section or division heads, give the title of such sections or divisions and the names and sheet numbers of their heads.

18a. Not specified; average eight or less hours per day; sundays operation of light and fog signal engine only.

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? Yes (b) If so, in what way? (See Form 16 before answering.)
The station is a considerable distance from district headquarters and this employee works to a considerable extent upon his own responsibility. He performs his duties in accordance with regulations and special instructions received when the station is periodically inspected by the superintendent or an assistant superintendent.

20. What is the name, official position, and sheet number of the employee's immediate superior? J. F. Yates, Lighthouse Superintendent, 3(a)1.

21. Employee's education: Strike an "X" over the number representing the highest grade or year completed in each type of school:

Elementary								High				Normal				College				Postgraduate or professional				
1	2	3	4	X	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	(Kind)

Other education (describe):

22. What length and kind of experience or other training did the employee possess upon original entrance into this position which was most qualifying or pertinent?
Nine years in U.S. Coast Guard Service, Shore Station
Seven years fishing on the Pacific coast

Corrected and certified by: Earl A. Rose

Earl A. Rose.

10—1856

23. TO THE EMPLOYEE: Describe in detail the work you do. Put each distinct duty, task, or process in a separate paragraph. Explain first those that require most of your time. Explain occasional duties last. In the column at the left opposite each paragraph enter the approximate percentage of your time devoted to the work described in that paragraph. DO NOT ATTEMPT TO COMPOSE THIS STATEMENT WITHOUT FOLLOWING THE INSTRUCTIONS OF P. C. B. FORM NO. 15.

Percentage of working time	
100%	Have to light the range light at Great Salt Pond Light Station at sunset and have to extinguish the same at sunrise.
100%	During foggy weather I have to remain at the Great Salt Pond Station and run engine to blow fog horn, altho not obliged to stay at the Station in clear weather, have to be alert day and night for fog.
100%	Read gaslight gague at Block Island Breakwater, Outer Basin Gaslight and Great Salt Pond Breakwater gaslight once each week and send report of same; clean carbon when necessary.
100%	Send report on form No. 65 and No. 66.
100%	Keep all lights and buildings painted and in running condition.

24. I hereby certify that the foregoing was composed by me after reading P. C. B. Form No. 15, and that it is a true statement of my duties.

Earl A. Rose - Keeper
(Signature of Employee)

25. TO THE PREPARING OFFICER: Write your own description of the employee's work. If in describing the work of the position you would cover the same subject matter and use the same language and expressions, indicate your concurrence in the employee's statement and utilize the rest of the space below by giving further and broader information regarding the position, such as the kind and degree of responsibility involved, the ultimate purpose of the work, its place in your organization, its working conditions, etc. If more space is needed, attach a separate sheet. See instructions in Form No. 16.

Operate illuminating apparatus and fog signal engine; keep apparatus in clean and efficient working order; care for buildings, keep them clean and in order, including painting and minor repairs.
Attends to oil light and fog signal at Great Salt Pond Breakwater Inner End Light and takes gas pressure of following automatic acetylene lights and reports pressure to officer: Block Island Bkw. Outer Basin Light; Block Island Breakwater Light, and Great Salt Pond Breakwater Outer End Light.

26. How long have the employee's duties been substantially as described above? since February 1926.

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

OCT 12 1928, 1928 (Date) — F.W.OCKERELS (Signature of Preparing Officer) — Asst. Supe intendent. (Title)

28. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief, the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1500.00 to $1800.00

OCT 12 1928, 1928 (Date) — J.T. YATES (Signature of head of field office or station) — Superintendent. (Title)

29. I hereby certify that I have read all of the foregoing and that, to the best of my knowledge and belief the statements made on both sides of this sheet are accurate and complete, except as indicated in attached memorandum, marked ____ In my judgment the compensation of this position should be in a range from $1500, to $1800

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

U. S. GOVERNMENT PRINTING OFFICE: 1928

Form 73

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

FWO-JHG

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 3rd DISTRICT,

Staten Island, N. Y. Aug. 24, 1933, 19....
(City) (Date)

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Change in compensation. Legal residence, Rhode Island

Name, Earl A. Rose

Proposed salary, $1380 p.a.
Plus $240 p.a. for quarters (Bu)

Position, Keeper

Proposed range, $1260-1620 p.a.

Location, Block Is.Bkw.,Block Is.Bkw.Outer Basin,Great Salt Pond Bkw.Inner & Outer End, R.I.

Appropriation, Salaries, Keepers of Lighthouses

Effective, September 1,1933 { ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Keeper

Former salary, $1620 p.a.

Location, Block Is.Bkw.,Block Is.Bkw.Outer Basin,Great Salt Pond Bkw.Inner & Outer End.,R.I.

Former range, $1500-1860 p.a.
No quarters (Bu)

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

Previous incumbent and his pay, Self(Lt.#1544) Services terminated,

Reason,

Members of family in Government service,

Date of birth,

Remarks: Separate letter has this date been forwarded to the Bureau recommending change in pay and pay range of this position.

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

Secretary, Civil Service District.

J. T. YATES
~~Superintendent~~

BUREAU OF LIGHTHOUSES
WASHINGTON

August 25, 1933

Submitted to the Secretary of Commerce, approved, attention being invited to the Superintendent's letter of August 24 hereto attached, reduction in pay being proposed for the reason that family quarters are now provided.

W. P. HARMAN

Acting Commissioner of Lighthouses.

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1933 AUG 25 AM 8:43

FWO-JHG

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
3D DISTRICT, STATEN ISLAND, N. Y.

Commissioner of Lighthouses; Aug. 24,1933

SUBJECT: Position of Keeper, Block Island Bkw.etc. Lights, R. I.

1. Due to the fact that quarters have been provided to accomodate the family of the Keeper of Block Island Breakwater and Great Salt Pond Lights, Rhode Island, it is recommended that the present pay range of this station be changed from $1500-1860 per annum to $1260-1620 per annum, effective beginning September 1,1933.

2. Nomination Form 73 recommending change in compensation of the Keeper of this station from $1620 to $1380 per annum, effective beginning September 1,1933, is forwarded herewith.

J. T. YATES
Superintendent

Form A-38

DEPARTMENT OF COMMERCE
APPOINTMENT DIVISION
WASHINGTON

LIGHTHOUSES
1933 SEP - 9 - AM 10:05

September 1, 1933.

Mr. Earl A. Rose,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective September 1, 1933, or entrance on duty (allowance of quarters).

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

By direction of the Secretary.

Respectfully,

WM. J. GARDNER

Chief of Appointment Division.

From: $1620 per annum.

To: $1380 per annum.

Service and grade:

Appropriation (unit): Field.

SEP -9 1933

A
3

GOVERNMENT PRINTING OFFICE 11—9061

Form A-38

DEPARTMENT OF COMMERCE
DIVISION OF PERSONNEL
WASHINGTON

October 1, 1937.

Mr. Earl A. Rose,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective October 1, 1937.

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

By direction of the Secretary.

Respectfully,

HOWE L. GARDNER

Chief, Division of Personnel.

From: $1380 per annum.

To: $1440 per annum.

Service and grade:

Appropriation (unit): Field.

C
3

OCT 8 - 1937

GOVERNMENT PRINTING OFFICE 11—9051

CH 75

20 October, 1939.

From: Commandant
To: Commander, New York District

Subject: Earl A. Rose; disability retirement

Reference: (a) application for disability retirement
(b) certificate of medical examination

It is noted that the subject employee is recommended for disability retirement effective at the close of 31 January, 1940, although reference (b) shows that he was examined and found disabled on 26 August, 1939. Advise Headquarters promptly as to the status in which he is being carried in the meantime.

In computing the retired pay in this case, it has been found to be ($1408 x years 23,2083 ÷ 40) $816.93.

By direction,

C. H. JONES,
Chief Personnel Officer.

MAILED
OCT 23 1939
MAIL DESK

hlm/zee

Form 9

U. S. COAST GUARD (2)
REC'D SEP 7 1939 By
ANS'D

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Date August 30, 1939

Superintendent of Lighthouses,

Third District

Staten Island, N. Y.
(City)

I hereby apply for retirement from active duty in the Lighthouse Service effective February 1, 1940, on the basis of service shown hereon.

Earl Augusta Rose
(Name)

Keeper, Great Salt Pond and Block Island Bkw. Lts., R.I.
(Designation)

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES

City Staten Island, N.Y. *Date* Sept. 6, 1939

Commandant, U.S. Coast Guard

Submitted to ~~Commissioner of Lighthouses~~, Washington, D. C., recommending retirement at $ 816.97/3

per annum, effective at the close of January 31, 1940

It is certified that the record of service and pay shown on Page 2 is correct as shown by the records of this office, and that all Government service shown has been verified.

By direction:

J. T. Yates

J. T. YATES, *Superintendent of Lighthouses.*

BUREAU OF LIGHTHOUSES, *Washington, D. C.*, ...

Submitted to the Secretary of Commerce, recommending approval.

Reexamined and found disabled

Commissioner of Lighthouses.

FOR USE OF DEPARTMENT

11—10551

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

SUPERINTENDENT OF LIGHTHOUSES SEP 2 1939 RECEIVED

RETIREMENT UNDER ACT OF JUNE 20, 1918, AS AMENDED

(In case of disability retirement, execute medical certificate on Form 9a)

Name Earl A. Rose Date of birth April 21,1887

Designation Keeper, Great Salt Pond & Block Is.Bkw.Lts., R.I.

RECORD OF ALL ACTIVE GOVERNMENT SERVICE

(Including military, naval, and civilian service. Each department, branch, or independent office in which applicant served in a civilian capacity should be listed separately)

	Beginning			Ending			Remarks
	Month	Day	Year	Month	Day	Year	
Army							
Navy							
Marine Corps							
Civilian employment							Y----M----D
Lighthouse Service	Feb.	1	1926	Jan.	31	1940	14 - 0 - 0
U.S.Coast Guard (*)	Nov.	1	1909	Sep.	15	1914	4 - 10 - 15
do	Jan.	1	1916	Apr.	30	1920	4 - 4 - 0
							23 - 2 - 15
(*)Verified by letter of 3-13-26 from Headquarters, U.S.Coast Guard.							
Total service							

Does applicant receive or has he applied for a pension from the Government under any law? no If so, give number of pension certificate or of claim:

Does applicant receive or has he applied for compensation under the War Risk Insurance Act? No If so, give number of claim:

Does applicant receive or has he applied for compensation under the Federal Compensation Act, as amended? no

If so, state the compensation received:

STATEMENT BY FISCAL YEARS OF BASIC PAY RECEIVED DURING LAST FIVE YEARS OF ACTIVE SERVICE IMMEDIATELY PRECEDING EFFECTIVE DATE OF RETIREMENT

(Compute service on basis of 30 days a month. Do not include periods of leave without pay, rations, quarters, or other allowance)

Designation	Beginning			Ending			Rate of Pay	Pay Received
	Month	Day	Year	Month	Day	Year		
Keeper, Block Is. & Great Salt Pond Bkw. Lights, R.I.	Feb.	1	1935	Sept.	30	1937	$ 1380	$ 3680.00
	Oct.	1	1937	Jan.	31	1940	1440	3360.00

Total compensation for last five years of active service $ 7040.00

Average compensation for last five years of active service 1408.00

Annual rate of retired pay ($ 1408.00 × years 23.2083 * (Not exceeding 30) ÷ 40) = $ 816.97

U. S. GOVERNMENT PRINTING OFFICE 11—10551

*23 Y, 2 M, 15 D.

IN REPLYING, ADDRESS THE

~~TREASURY DEPARTMENT~~

U. S. PUBLIC HEALTH SERVICE

U. S. COAST GUARD
RECEIVED
AUG 18 1939
NEW YORK DIVISION

Block Island, R.I., August 12, 1939

RECEIVED
AUG 21 1939
COMMANDANT

To the Commander
Boston District
U.S.Coast Guard

Dear Sir,-

Earl Rose, Keeper of the Light, Great Salt Pond, at Block Island, has been in the service (Coast Guard and Light house service) for twenty-two years and eight months.

His health has been greatly impaired since he had a serious involvement of the lymphatic glands of the neck on ~~the~~ the right side in 1933,- was operated upon at Newport Hospital March 1933, convalescent through April 1933.

Thereafter, the nerve tissues affected, have caused clutching of throat muscles, burning sensation from throat to stomach, and numbness of right arm, any continuous use of which often has temporarily incapacitated him/

He has fought against it for the past six years, with such relief as I could render him, but he dont improve.

He now applies to me for advice, and I refer the matter to you for further action.

Is there a chance for him to obtain retirement soon, either on the ground of length of service, or by a medical survey on physical grounds?

Please advise what procedure, if any, to obtain action in ~~the~~ the case.

Respectfully yours,

Charles F. Perry

Charles F.Perry

Act.Asst.Surgeon
U.S.P.H.S.

6 6

BOSTON DISTRICT - 75 — 1st Indorsement — Boston, Mass., 17 August, 1939.

From: Commander, Boston District.
To : Commander, New York District.

1. Forwarded for your information and such action as may be necessary.

L. SPENCER,
Acting.

Form 9a

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

1

SUPERINTENDENT OF LIGHTHOUSES AUG 29 1939 FIRST DISTRICT

FILE T. C. B.

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

Born 4/21/87

NAME OF CLAIMANT Earl A. Rose DESIGNATION Keeper of Great Salt Pond Breakwater and Block Island Breakwater Lights, R.I. New York Dist

Height 70 inches Weight 185 pounds. Complexion Ruddy

Color of eyes Blue Color of hair Mixed Gray

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: Nothing in particular.

Description of duties of position (to be filled in by Superintendent of Lighthouses): Keeper of Block Island Breakwater and Great Salt Pond Breakwater, ~~lights, R.I. (4 lights in all)~~, also one power fog signal. The duties consist of the care and operation of two acetylene and two electric lights; one fog signal operated by oil engine; and the general maintenance of the stations including the cleaning and painting of inside and outside of dwelling and four skeleton steel towers, necessitating climbing of stairs and ladders.

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: Complains of dizziness, unsteady gait, pain in region of post operative scar on right side of neck, and poor vision.

U. S. COAST GUARD
REC'D OCT 20 1939 BY
MEDICAL SECTION

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/30 L. E. 20/100

With correction in spectacles: R. E. 20/ Has no spectacles L. E. 20/

Accommodation: Reads Jaeger No. No at 13 inches, without correction.

Reads Jaeger No. - - - at 13 inches, with correction.

Central color vision (binocular) Green and Red blind (Name method used) Colored plates and Williams lantern.

Inspection Negative

Pupils Appear normal Pupillary reaction S lightly sluggish

Hearing: ~~Whispered~~ Conversational voice (unaccentuated) heard with R. E. at R.E. 20/3 ft., L. E. at L.E. nil. 3 ft.
Whispered voice

Appearance of right drum O.K., left drum Not seen clearly - no discharge.

Is there any disease of the middle or internal ear or mastoid? No If so, specify

[OVER]

11—10543

Condition of nose and sinuses Good

Condition of mouth and throat, including tonsils and teeth Not remarkable.

Bones, joints, muscles, including atrophies No pathology noted
(Express limitation of motion, if any, in degrees and joint involved)

Respiratory system Good

Cardiovascular system:

(a) Heart No noticeable enlargement

(1) Murmurs None (2) Arrhythmias None noted

(b) Pulse rate: (1) Sitting 108 (2) After exercise 120 (3) 2 minutes after exercise 110

(c) Blood pressure: (1) Sitting—Syst. 174 Diast. 120 (2) After ex.—Syst. --- Diast. ---

(d) Condition of blood vessels Not remarkable

Evidence of thyroid or other endocrine disturbance No

Abdomen and gastro-intestinal system, including hernia Good

Genito-urinary system:

Urinalysis—Sp. gr. 1.015 Reaction Acid Albumin No Sugar No

Sediment microscopic (required when albumin or sugar is found) Not done

Reflexes, motor disturbances, etc.:

(a) Station Good (e) Gait Somewhat uncertain

(b) Tremor None (f) Coordination Rhomberg present.

(c) Patellar reflexes Exaggerated (g) Peripheral circulation Good

(d) Other motor disturbances Says he is dizzy at times.

Alcohol No Drugs No Syphilis No Epilepsy No

Other neurological findings None

General impression Cardio-vascular hypertension and mild neurasthenia are responsible for his symptoms.

Here describe fully nature of disability: There is a well healed scar along anterior border of right sterno-slydo-mastoid. The muscle is not atrophied. The pain in neck is out of proportion to objective findings. ~~Irritable~~

Is disability to perform duty of a permanent character? Yes

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? No Do you recommend reexamination with this in view? No

I HEREBY CERTIFY that upon examination I find the above-named claimant to be disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

The examining physician must be in the Federal Service.

USPHS Relief Station, Providence, R.I.
(Place of examination)

M.W. Houghton
(Examining surgeon)

August 26, 1939
(Date)

M.W. Houghton, A.A. Surgeon, Med. Off., in chg., USPHS Relief Station, Providence, RI
(Title and branch of medical service)

U.S. GOVERNMENT PRINTING OFFICE 11—10543

20 October, 1939.

From: Commandant
To: Commander, New York District

Subject: Earl A. Rose; disability retirement

Reference: (a) application for disability retirement
(b) certificate of medical examination

It is noted that the subject employee is recommended for disability retirement effective at the close of 31 January, 1940, although reference (b) shows that he was examined and found disabled on 26 August, 1939. Advise Headquarters promptly as to the status in which he is being carried in the meantime.

In computing the retired pay in this case, it has been found to be ($1408 x years 23,2083 ÷ 40) $816.93.

By direction,

C. H. JONES,
Chief Personnel Officer.

hlm/see

OFFICE OF THE CHIEF MEDICAL OFFICER

COAST GUARD HEADQUARTERS

FILE

Date 20 October, 1939.

Memorandum for— Chief Personnel Officer (Via Mr. Gross):

Subject: Keeper Earl A. Rose; physical condition.

10-2 Hurricane Dist

Reference: (a) Certificate of medical examination, disability retirement, Relief Station, Providence, R.I., 26 August, 1939 with attached papers.

1. Papers returned.

2. The medical evidence contained in reference (a) is not considered satisfactory by this office. It is recommended that Keeper Rose be directed to report to the Marine Hospital, Chelsea, Massachusetts for complete medical survey, report of same to be forwarded to Headquarters.

M. C. GUTHRIE,
Medical Director.

U. S. COAST GUARD
RECD NOV 30 1939 BY
MEDICAL SECTION

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

75

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
UNITED STATES COAST GUARD

GENERAL DEPOT
OFFICE SUPERINTENDENT OF LIGHTHOUSES
~~DISTRICT~~ STATEN ISLAND, N. Y.

U. S. COAST GUARD 4
REC'D OCT 28 1939 By

From: Commander, New York District. 25 October,1939

To : Commandant.

SUBJECT: Earl A. Rose, disability retirement.

Reference: (a) Application for disability retirement.
(b) Certificate of medical examination.
(c) Headquarters letter of 20 October,1939.

1. Great Salt Pond and Block Island Breakwater Lights, of which Mr.Rose is the Keeper, were transferred to the Boston District on 1 October,1939. At the time Mr.Rose's retirement was under consideration he was advised he had sufficient accrued leave to his credit to carry him from October 7,1939 to January 31,1940, but this office has no information as to whether or not he has applied for said leave.

R.W.DEMPWOLF

75
701
531

75

U. S. COAST GUARD (11)
REC'D. NOV 13 1939 By
ANS.

10 November, 1939.

Order No. 72.

From: Commander, Boston District.
To : Earl A. Rose, Keeper, Great Salt Pond Breakwater Lights, Block Island, Rhode Island.

Subject: Orders; travel.

Inclosure: Government transportation request No. T-192,846.

1. Proceed to Boston, Massachusetts, and report to Medical Officer in Charge, Outpatient Department, U. S. Public Health Service, Custom House, Boston, Massachusetts, at 9:30 a.m., 14 November, 1939, for medical re-examination in connection with your application for retirement on account of disability. Upon completion of the above order, return to Block Island and resume your regular status.

2. In lieu of all expenses for subsistence, a per diem of $3.50 is allowed. Travel by your own automobile, at the rate of four cents per mile, being more economical and advantageous to the United States, is authorized.

3. The travel necessary to the execution hereof is required by the public interests and is authorized, chargeable to Boston District Travel Allotment, Symbol No. 102.

4. Inclosure (1) provides for your transportation from Block Island to Newport, Rhode Island.

O. A. LITTLEFIELD,
By direction.

Copy to:
Headquarters. ✓
Dist.Acctng.Officer.

75

U. S. COAST GUARD 3
REC'D NOV 24 1939 By

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

U. S. COAST GUARD
REC'D NOV 24 1939 BY

OFFICE OF
THE DIVISION COMMANDER
BOSTON DIVISION

BOSTON, MASS.

MEDICAL SECTION

22 November, 1939.

From: Commander, Boston District.
To : Commandant.

Subject: Earl A. Rose, keeper; application for disability retirement.

Reference: (a) Headquarters' letter, 24 October, 1939.

Inclosure: (1) Form 9a, Medical certificate.

1. In compliance with reference (a), inclosure (1) is forwarded herewith.

O. A. LITTLEFIELD,
By direction.

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

U. S. COAST GUARD . 3

Form 9a

~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~

REC'D NOV 24 1939 By

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

NAME OF CLAIMANT EARL A. ROSE DESIGNATION Keeper of Great Salt Pond Breakwater and Block Island Breakwater Lights, Rhode Island.

Height 70 Weight 185 pounds. Complexion Ruddy

Color of eyes Blue Color of hair Mixed Gray

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: Nothing in particular.

Description of duties of position (to be filled in by Superintendent of Lighthouses): Keeper of Block Island Breakwater and Great Salt Pond Breakwater Lights, Rhode Island, (4 lights in all), also one power fog signal. The duties consist of the care and operation of two acetylene and two electric lights, one fog signal operated by oil engine; and the general maintenance of the stations including the cleaning and painting of inside and outside of dwelling and four skeleton steel towers, necessitating climbing of stairs and ladders.

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: Complains of dizziness, unsteady gait, pain in region of post operative scar on right side of neck, and poor vision.

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/50 L. E. 20/70

With correction in spectacles: R. E. 20/30 L. E. 20/25

Accommodation: Reads Jaeger No. - at 13 inches, without correction.

Reads Jaeger No. - at 13 inches, with correction.

Central color vision (binocular) Color blind (Name method used) Iso plates & lantern

Inspection Negative

Pupils Normal Pupillary reaction slightly sluggish

Hearing: Whispered voice (unaccentuated) heard with R. E. at 15 ft., L. E. at 0 ft.

Appearance of right drum Negative, left drum some retraction

Is there any disease of the middle or internal ear or mastoid? No If so, specify

[OVER]

Condition of nose and sinuses Moderate left nasal obstruction, otherwise negative.

Condition of mouth and throat, including tonsils and teeth Some Pyorrhea, otherwise negative.

Bones, joints, muscles, including atrophies ~~None normal~~ None

(Express limitation of motion, if any, in degrees and joint involved)

Respiratory system Negative

Cardiovascular system:

(a) Heart Negative

(1) Murmurs None (2) Arrhythmias None

(b) Pulse rate: (1) Sitting 104 (2) After exercise 122 (3) 2 minutes after exercise 104

(c) Blood pressure: (1) Sitting—Syst. 170 Diast. 100 (2) After ex.—Syst. 174 Diast. 102

(d) Condition of blood vessels Negative

Evidence of thyroid or other endocrine disturbance None noted.

Abdomen and gastro-intestinal system, including hernia Negative

Genito-urinary system:

Urinalysis—Sp. gr. 1018 Reaction Acid Albumin 0 Sugar 0

Sediment microscopic (required when albumin or sugar is found)

Reflexes, motor disturbances, etc.:

(a) Station Good (g) Gait Somewhat uncertain

(b) Tremor Coarse tremor rt. hand on extension Fine tremor left hand on extension (f) Coordination Fingers to tip of nose, poore.

(c) Patellar reflexes Marked exagerated (g) Peripheral circulation Good

(d) Other motor disturbances Reflex Romberg swaying but not falling, Babinski moderate right

Alcohol no Drugs no Syphilis Blood Hinton Negative Epilepsy no

Other neurological findings Moderate tremor right upper extremity and to a less extend on left.

General impression 1. Hypertension 2. Left ear deafness 3. Neurological findxings described above.

Here describe fully nature of disability: Scar about 2" long right side of neck front of ramus of jaw, rather tender. Hypertension, deafness left ear, Tremor accentuated right upper extremity, some abnormal reflexes (above stated) with poor coordination.

Is disability to perform duty of a permanent character? ? Possibly ?

Is it indicated that applicant may recover from disability and be fit for restoration to active duty?

? Possibly ? Do you recommend reexamination with this in view? Yes

-I- HEREBY CERTIFY that upon examination -I- find the above-named claimant to be disabled at the present time for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part.

The examining physician must be in the Federal Service

U. S. Marine Hospital Out-Patient Office, Custom House, Boston, Mass.
(Place of examination)

Abraham Kaufman
(Examining surgeon)

NOV 14 1939
(Date)

A. A. Surgeon.
(Title and branch of medical service)

U.S. GOVERNMENT PRINTING OFFICE 11—10543

FILE
U.S.C.G.

COAST GUARD HEADQUARTERS

Date 30 November, 1939.

Memorandum for Dr. Guthrie

Subject; Earl A. Rose, keeper, application for disability retirement.

Pursuant to your memorandum of 20 October, Mr. Rose was instructed to report to the Marine Hospital at Chelsea, Massachusetts, and the physicians report in that case is contained in the attached medical certificate of 14 November.

While Mr. Rose appears to be temporarily disab led there also appears to be some question as to whether or not this disability will continue. Perhaps some treatment should be resorted to rather than retirement at this time. However, the papers are herewith for your further examination and recommendation, particular attention being invited to the letter of the Public Health Service dated 12 August, 1939.

The present medical certificate from the Boston does not appear an adequate basis for action toward retirement for disability

R V Gross

Med-75

1 December, 1939.

FILED

From: Commandant.
To : Commander, New York District.

Subject: Keeper Earl A. Rose; physical condition.

Reference: (a) Report of medical examination, disability retirement, Outpatient Office, Marine Hospital, Boston, Mass., 14 November, 1939.

1. The Chief Medical Officer, upon reviewing reference (a), desires additional information in the case of Keeper Rose, in order that intelligent action may be taken upon his request for retirement. In view of this fact, arrangements should be made to refer Keeper Rose to the Marine Hospital, Chelsea, Massachusetts, for complete medical survey. Outpatient examination is not desired in this case.

2. Upon receipt of report of medical survey, forward same promptly to Headquarters.

By direction.

N. R. STILES,
Assistant Personnel Officer.

MAILED
DEC 2 1939
MAIL DESK

73

701

U. S. COAST GUARD 3

REC'D DEC 11 1939 By

9 December, 1939.

From: Commander, Boston District.
To : Officer in Charge, Block Island Station.

Subject: Personnel; orders; temporary duty; relief for Keeper, Earl A. Rose, Block Island and Great Salt Pond Breakwater Lights.

1. Orders are being issued to Keeper Earl A. Rose to proceed to the U. S. Marine Hospital, Chelsea, Massachusetts, for hospitalization and you will contact the above-named man to determine the date of his departure for hospitalization. When this has been determined, direct a qualified surfman to proceed to Block Island and Great Salt Pond Breakwater Lights on temporary duty during the absence of Mr. Rose. Upon the completion of the above temporary duty, the man selected will return to his regular station and resume his regular duties.

2. No expense is necessary to the execution of this order and none is authorized.

3. Forms 2599 and 2668, showing hour and date of departure from your station will be submitted when the man departs. Forms 2599 and 2668, showing hour and date of return from the temporary duty will be submitted by your station when the man returns from the above temporary duty.

4. The Keeper will submit Forms 2599 and 2668, showing the hour and date of the man's arrival. On these forms he will show the name, grade and salary of the person that the Coast Guard man relieved. He will also submit Forms 2599 and 2668, showing the hour and date that the man departs from the Light Station upon completion of the temporary duty.

5. The submission of Forms 2599 and 2668 by the units affected is important in that it affects the payrolls at this office and prompt submission of the forms is requested.

O. A. LITTLEFIELD,
By direction.

Copy to:
Headquarters,
Pay Office, Bos.Dist.
Keeper, Earl A. Rose.

- 75
531
701
(905)

U. S. COAST GUARD
RECD DEC 11 1939

75

10 December, 1939.

Order No. 152.

From: Commander, Boston District.
To : Earl A. Rose, Keeper, Great Salt Pond Breakwater Lights, Block Island, Rhode Island.

Subject: Orders; travel.

Inclosure: (1) Government Transportation Request No. T-192,867.
(2) Form C.A.16.

1. Upon being relieved by man to be assigned from the Block Island Coast Guard Station, proceed to Chelsea, Massachusetts and report to the Medical Director, U. S. Marine Hospital, for inpatient treatment and observation in connection with your application for retirement on account of physical disability. Upon discharge from the above inpatient treatment, report to this office for return transportation to Block Island.

2. In lieu of all expenses for subsistence, a per diem of $5.50 is allowed. However, this per diem allowance is not allowed for such period as you may be hospitalized. Travel by your own automobile, at the rate of four cents per mile, being more economical and advantageous to the United States, is authorized.

3. Travel is required by the public interests.

4. The above travel is chargeable to District Travel Allotment Symbol No. 102.

5. Inclosure (1) provides for your transportation from Block Island to Newport, Rhode Island. Inclosure (2) provides for your admission to U. S. Marine Hospital, Chelsea, Massachusetts.

O. A. LITTLEFIELD,
By direction.

Copy to:
Headquarters.
Dist.Acctng.Office.

Form 73 a

REPORT OF TRANSFER OF APPOINTEE

U.S. COAST GUARD (6)
REC'D DEC 21 1939 By
ANS'D

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U. S. Coast Guard
~~OFFICE OF SUPERINTENDENT OF LIGHTHOUSES ... DISTRICT~~
Change of District Headquarters

Office of Commander, Boston District, 19 December, 1939.

Leg. Res: R.I.
Born: 4/21/87

Commandant:
~~Commissioner of Lighthouses:~~

It is ~~proposed~~ to transfer the following-named employee as indicated, on or about 1 October, 1939.
(See instructions on reverse side)

Name, Earl A. Rose

Position, Keeper, Block Isl. Breakwater ~~Lts.~~ Lt. Sta. ~~and Grt. Salt Pond Lts.~~

From New York District

To Boston ~~District~~ Mass

Salary and range, $1440 per annum (~~1260-1620~~ 1320-1680) $240 Qrs.

Salary and range, $1440 per annum (~~1260-1620~~ 1320-1680) $240 Qrs

Previous incumbent and pay, ~~Himself.~~

Services terminated, ---

Reason, ---

O. A. Littlefield
Lieut.Comdr.U.S.C.G.
O. A. LITTLEFIELD
By direction

19 December, 1939.

The above-referred-to transfer became effective beginning with 1 October, 1939.
(Enter effective date in this space if transfer has been actually completed)

O. A. Littlefield
Lieut.Comdr.U.S.C.G.
O. A. LITTLEFIELD
By direction.

BUREAU OF LIGHTHOUSES
WASHINGTON

Submitted to the Secretary of Commerce for his information.

For the Commissioner:

Chief of Personnel Division.

11—11251 U.S. GOVERNMENT PRINTING OFFICE: 1934

TREAS. DEPT. STOCK FORM 248

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

PERSONNEL ACTION

Date Prepared: 28 December, 1939.

Name: Rose, Earl L.

From: U. S. Coast Guard

Nature of Action: Change of District Headquarters

BUREAU OR DIVISION NO.

DATE OF BIRTH:

LEGAL RESIDENCE:

VETERAN'S PREFERENCE

NATURE OF POSITION
NEW

ADDITIONAL IDENTICAL

VICE VACANCY:

VICE:

CIVIL SERVICE AUTHORITY:

DATE OF EFFECT:

SUBJECT TO RETIREMENT ACT:

	FROM	TO
Position	Keeper	Keeper
Grade	Field (Range $1320-1680)	Field (Range $1320-1680)
Salary	$1440 pa. plus $240 pa. Ctrs.	$1440 pa. plus $240 pa. Ctrs.
Bureau	U. S. Coast Guard	U. S. Coast Guard
Office	Staten Island, New York	Boston, Massachusetts
Unit		
Division		
Section		
Sub Section		
Headquarters	New York, New York	Boston, Massachusetts
Post of Duty	Block Is.Breakwater Lt.Sta.,R.I. Sal., Kprs. of Lhs.,Coast Guard	Block Is.Breakwater Lt.Sta.,R.I. Sal., Kprs. of Lhs.,Coast Guard
Appropriation		
Allotment	X	X

EFFECTIVE: 1 October, 1939.

FIELD ☐ DEPRTMTL. ☐ FIELD ☐ DEPRTMTL. ☐

Remarks:

Lighthouse Act

Justification: The station at which this employee is located was formerly in the Third Lighthouse District at Staten Island, New York, which office upon consolidation with the Coast Guard on July 1, 1939, fell within the New York Coast Guard District. Although the employee's station of duty has not been changed, it now falls within the limits of the district at Boston, Massachusetts, which is the reason for the submission of this form. The designation and pay of the employee are not affected.

DATE APPROVED

DATE

BILMAN FANFOLD COPY

BUREAU SUSPENSE AND FILE COPY

531
(903)

U. S. COAST GUARD 6
REC'D JAN 5 1940 By
ANS

4 January, 1940.

Order No. 165.

From: Commander, Boston District.
To : ROSE, Earl A., Keeper Great Salt Pond Light Station - PRESENT.

Subject: Orders; travel.

1. Proceed to Great Salt Pond Light Station and Block Island Breakwater and resume your regular status at that station.

2. In lieu of all expenses for subsistence, a per diem of $3.50 is allowed. Travel by your own automobile, at the rate of four cents per mile, being more economical and advantageous to the United States, is authorized.

3. Travel is required by the public interests and is authorized, chargeable to District Travel Allotment, Symbol No. 102.

4. Delivered and departed at 4:00 p.m. this date.

O. A. LITTLEFIELD,
By direction.

Copy to:
Headquarters.
Dist.Acctng.Office.

- -

BOSTON DISTRICT 1st Indorsement Boston,Mass.,
75-701-531 4 January,1940.

1. Issued Government transportation request T-192,873 to cover travel from Boston, Mass., to Providence, Rhode Island, via railroad, and Government transportation request T-192,874 to cover travel via steamboat from Newport, Rhode Island, to Block Island, Rhode Island.

O. A. LITTLEFIELD,
By direction.

Med-75

9 January, 1940.

FILE
W. Le. B.

From: Commandant.
To : Commander, New York District.

Subject: Keeper Earl A. Rose; physical condition.

Reference: (a) Headquarters' letter, 1 December, 1939 (Med-75).

1. Your attention is invited to reference (a) to which no reply has been received. It is requested that Headquarters be advised as to what steps have been taken relative to obtaining medical survey in the case of subject named man.

By direction.

N. R. STILES,
Assistant Personnel Officer.

MAILED
JAN 9 1940
MAIL DESK

75

U. S. COAST GUARD

REC'D JAN 11 1940

TREASURY DEPARTMENT

FILE 661

Med-75

U. S. COAST GUARD UNITED STATES COAST GUARD

REC'D JAN 12 1940 BY

MEDICAL SECTION

Office of Commander
New York District
Room 411, Customhouse
New York, N. Y.

10 January, 1940

From: Commander, New York District.
To : Headquarters.

Subject: Keeper Earl A. Rose, physical condition.
Reference: (a) Headquarters' letter, 1 December, 1939 (Med-75)
(b) Headquarters' letter 9 January, 1940 (Med-75).

1. Earl A. Rose was employed as Keeper of Great Salt Pond and Block Island Breakwater Lights, Rhode Island, which lights were transferred to the jurisdiction of the Boston District on 1 October, 1939. Reference (a) was accordingly forwarded to that District for compliance. Reference (b) will be forwarded to the Boston District this date.

P. E. Shaw

P. E. SHAW
By direction.

Copy to:
Boston Dist.

75 703

U. S. COAST GUARD

REC'D JAN 18 1940

75

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Office of Commander

COAST GUARD STATION

Boston District

DISTRICT

U. S. COAST GUARD Boston, Mass.

(POST OFFICE ADDRESS)

REC'D JAN 19 1940 BY

MEDICAL SECTION

16 January, 1940

From: Commander, Boston District.
To : Commandant.

Subject: Keeper Earl A. Rose; physical condition.

Reference: (a) Headquarters' letter, 9 January, 1940 (Med-75).

Inclosure: (1) Copy of letter from Commander, Boston District to Medical Director, U.S.Marine Hospital, Chelsea,Mass., 16 January, 1940 (75-703).

1. Replying to reference (a), inclosure (1) is forwarded for Headquarters' information. As indicated in inclosure (1), corrected report has been requested from the Medical Director, U. S. Marine Hospital, Chelsea, Mass.

2. In connection with this matter, Headquarters' attention is invited to the fact that correspondence relative to Keeper Rose, emanating from Headquarters, is being forwarded to the Commander, New York District. Mr. Rose, Keeper of Block Island and Great Salt Pond Breakwater Lights, is now under the jurisdiction of the Boston District.

C. A. Littlefield

C. A. LITTLEFIELD,
By direction.

75

FILE

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Boston, Mass.
(POST OFFICE ADDRESS)

Office of Commander
~~COAST GUARD STATION~~
Boston District
DISTRICT

U. S. COAST GUARD
REC'D JAN 26 1940

24 January, 1940

U. S. COAST GUARD
REC'T JAN 27 1940 BY
MEDICAL SECTION

From: Commander, Boston District.
To : Commandant.

Subject: Keeper Earl A. Rose; physical condition.

Reference: (a) Headquarters' letter, 1 December, 1939 (Med-75).

Inclosure: (1) Form 9a, Certificate of Medical Examination, Disability Retirement, dated 22 January, 1940, in case of the subject-named man.

1. In accordance with instructions contained in reference (a), inclosure (1), received this date from the U. S. Marine Hospital, Chelsea, Mass., is forwarded herewith.

O. A. LITTLEFIELD,
By direction.

JAN 27 1940

In view of the report no further action indicated. Keeper Rose should be returned to full duty

L. McClane

Form 9a

TREASURY DEPARTMENT
~~DEPARTMENT OF COMMERCE~~
~~LIGHTHOUSE SERVICE~~
U.S.Coast Guard

U. S. COAST GUARD
REC'D JAN 26 1940

CERTIFICATE OF MEDICAL EXAMINATION, DISABILITY RETIREMENT

(Act of March 4, 1925)

NAME OF CLAIMANT EARL A ROSE DESIGNATION Keeper of Great Salt Pond Breakwater and Block Island Breakwater Lights, Rhode Island

Height 66 inches Weight 185 lbs. pounds. Complexion - - - - -

Color of eyes - - - - - Color of hair - - - - -

Here give a complete personal description, together with permanent marks and scars other than those described below in physical examination: Scar on neck just below the right mandibular angle.

Description of duties of position (to be filled in by Superintendent of Lighthouses): Keeper of Block Island Breakwater and Great Salt Pond Breakwater Lights, Rhode island (4 lights in all), also one power fog signal. The duties consist of the ~~care and operation of two acetylene and two electric lights; one fog signal operated by oil engine;~~ and the general maintenance of the stations including the cleaning and painting of inside and outside of dwelling and four skeleton steel ~~towers, necessitating climbing of stairs and ladders.~~

Claimant makes the following statement in regard to the origin, nature, and extent of the alleged disability: About 5 yaars ago an "abscess" on right side of neck was lanced - has had pain on use of right arm ever since. Also complains of slight pain in left shoulder.

PHYSICAL EXAMINATION

Visual acuity (uncorrected): R. E. 20/- - - - - L. E. 20/- - - - -

With correction in spectacles: R. E. 20/- - - - - L. E. 20/- - - - -

Accommodation: Reads Jaeger No. - - - at 13 inches, without correction.

Reads Jaeger No. - - - at 13 inches, with correction.

Central color vision (binocular) - - - - (Name method used) - - - - -

Inspection Retinal arteries tortuous, mild degree.

Pupils - - - - Equal Pupillary reaction React to light & accommodation

Hearing: Whispered voice (unaccentuated) heard with R. E. at - - - ft., L. E. at - - - ft.

Appearance of right drum Normal, left drum Perforated

Is there any disease of the middle or internal ear or mastoid? Yes. If so, specify Has old perforation of ear drum. Air and bone conduction was deficient on left side.

[OVER]

11—10543

Condition of nose and sinuses Normal

Condition of mouth and throat, including tonsils and teeth Teeth sordid, bridge rt. lower and at. left. Tongue - no scars seen. Throat negative.

Bones, joints, muscles, including atrophies No edema. Uses right arm without limitation while undressing but on examination showed weakness that varied from time to time. Some limitation of motion of left shoulder joint on external rotation.
(Express limitation of motion, if any, in degrees and joint involved)

Respiratory system Chest and lungs clear and resonant.

Cardiovascular system:

(a) Heart No enlargement, shocks, thrills or murmurs. Electrocardiogram showed normal mechanism with left axis deviation.
(1) Murmurs No (2) Arrhythmias None

(b) Pulse rate: (1) Sitting 86 (2) After exercise 110 (3) 2 minutes after exercise 84

(c) Blood pressure: (1) Sitting—Syst. 138 Diast. 78 (2) After ex.—Syst. 140 Diast. 80

(d) Condition of blood vessels Mod. thickened.

Evidence of thyroid or other endocrine disturbance No

Abdomen and gastro-intestinal system, including hernia Obese. Liver dullness down 2 fingers' breadth

Genito-urinary system:

Urinalysis—Sp. gr. 1.018 Reaction acid Albumin 0 Sugar 0

Sediment microscopic (required when albumin or sugar is found)

Reflexes, motor disturbances, etc.:

(a) Station Normal (e) Gait Normal

(b) Tremor Normal (f) Coordination Normal

(c) Patellar reflexes Normal (g) Peripheral circulation Good

(d) Other motor disturbances Normal

Alcohol No Drugs Medicine Syphilis No Epilepsy No

Other neurological findings None

General impression Well-developed, well-nourished white male. Able to work

Here describe fully nature of disability: Mild general arteriosclerosis; obesity, moderate degree and bursitis, subdeltoid, right and left, mild degree; partial deafness, left ear.

Is disability to perform duty of a permanent character? No

Is it indicated that applicant may recover from disability and be fit for restoration to active duty? In my opinion this applicant has been able to perform normal duty right along.

Yes Do you recommend reexamination with this in view?

I HEREBY CERTIFY that upon examination I find the above-named claimant ~~not~~ ~~disabled for useful and efficient service by reason of the disability above described, which is not due to vicious habits, intemperance, or willful misconduct on his part~~ not disabled for useful and efficient service. Patient requested his own discharge on 1/4/40 stating that he was feeling fine and there was no limitation of motion of either arm and that he felt he was able to perform all the work pertaining to his rating.

The examining physician must be in the Federal Service

U. S. Marine Hospital, Chelsea, Mass.
(Place of examination)

W. H. Meyer
Examining surgeon

W. H. Meyer, P.A. Surgeon (R)

January 22, 1940
(Date)

U. S. Public Health Service
(Title and branch of medical service)

U. S. GOVERNMENT PRINTING OFFICE 11—10543

WHM:dd

CP 75

30 January, 1940.

From: Commandant
To: Commander, Boston District

Subject: Earl A. Rose, Keeper

In view of the fact that the medical reexamination shows Mr. Rose to be not disabled, he should be restored to duty promptly, if this has not already been done.

By direction,

C. H. JONES,
Chief Personnel Officer.

MAILED
FEB 1 - 1940
MAIL DESK

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

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment U S Coast Guard **Date** 9-9-39

1. Name in full (Mr., Miss, or Mrs.) Mr Rose (Surname) Earl (Given name) Augusta (Middle name)
2. Present address (Number) (Street) Block Island (City) R.I. (State)
3. Legal (voting) residence Rhode Island (State and Congressional District) Newport (County) New Shoreham (City or town)
4. Where born Rhode Island (State or foreign country) Newport (City or town) When born 4-21-87 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you Two
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
U S L S	B. I. R. I.	Surfman	$60.	8	1	1909	9		1914
U S C G	" " " "	" "	$62	1	1	1914	12	31	1916
" " " "	" " " "	" "	$62	1	1	1917	12	31	1917
" " "	" " " "	" "	$62	1	1	1918	9	20	1918
" " " "	" " " "	" "	$62	9	20	1918	4	30	1920
U. S. L. H. Serv.	" " " "	Keeper	$120.	2	1	1926			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

NAME	POSITION AND DEPARTMENT OR OFFICE IN WHICH EMPLOYED	RELATIONSHIP
None.	Position Department or office	
	Position Department or office	
	Position Department or office	

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

None. (Title) (Location) (Date appointment expires)

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

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

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

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

Enlisted 1-1-1916 Discharged 9-20-1918 | Enlisted ..... Discharged .....

Rank Surfman Rank ..... | Rank ..... Rank .....

Organization ..... Organization ..... | Organization ..... Organization .....

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) No

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Earl A Rose Block Island R4	Fishing.	15 years.

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 (7) 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs Earl Rose.

Relationship Wife Post office address

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

Mrs Earl A. Rose.
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form has not been sent to the Department

OCT 12 1939 RECEIVED TOWNPRINTSVILLE
OCT 1939 RECEIVED

44

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

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Lighthouse Service Date Sept 29, 1939

1. Name in full (Mr., Miss, or Mrs.) Rose (Surname) Earl Rose (Given name) Augusta (Middle name)
2. Present address Block Island (Number) (Street) (City) Rhode Island (State)
3. Legal (voting) residence (State and Congressional District) Newport (County) (City or town)
4. Where born Rhode Island (State or foreign country) Newport (City or town) When born 4-21-1887 (Month Day Year)
5. If foreign-born, state whether naturalized or alien
6. Indicate sex, marital condition, and race by check, thus: √ If Mrs., state other names under which previously employed.

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

7. Number and ages of dependents domiciled with you Two age 28 - 26
8. A complete record of your past service for the United States Government other than military or naval:

BRANCH OF SERVICE	PLACE OF EMPLOYMENT	POSITION	SALARY	DATE APPOINTED			DATE SEPARATED		
				Month	Day	Year	Month	Day	Year
Life Saving Service	Block Island	Surfman	$60.	9	1	1909	10		1914
U S C G	Block Island	Surfmans	$62.	1	1	1916	4	30	1920
Lighthouse	Block Island	Keeper	120.00	2	1	1926			

9. Are any members of your family, who are domiciled with you, in the U. S. Government service? If so, state below:

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

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

(Title) (Location) (Date appointment expires)

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

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

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

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

Enlisted Jan 1. 1916 Discharged April 30, 1920
Rank Rank
Organization Organization

Enlisted Discharged
Rank Rank
Organization Organization

[OVER]

10—1930

13. State any special qualifications not involved in your present position (for instance, lawyer, physician, civil engineer, knowledge of foreign languages, etc.) .....

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

NAME AND ADDRESS OF EMPLOYER	POSITION AND CHARACTER OF WORK	LENGTH OF SERVICE
Earl A Rose	Farming	11 year.

15. Education. Indicate by circling the number of years:

Common school	High school	College	(Name of college, degrees, and dates conferred)
1 2 3 4 5 6 (7) 8	1 2 3 4	1 2 3 4	

16. In case of emergency, notify Mrs Earl A Rose

Relationship Wife Post office address Block Island R.I.

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

Earl A Rose

(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE: 1930 10—1930

Copy of this form not submitted to department.

U. S. COAST GUARD
REC'D APR 21 1941

75

NOMINATION

COMMANDER, BOSTON DISTRICT Boston, Massachusetts 18 April, 1941.

Commandant, U. S. Coast Guard:

Action recommended TRANSFER

Name Earl A. Rose Date of birth Apr.21,1887 Legal residence Rhode Island

	From—	To—
Position,	Keeper	1st Assistant Keeper
Pay and grade	~~$1440 p.a. ($1260-$1620)~~ 1320-1440 (plus $240 p.a. quarters)	$1440 p.a. ($1260-$1620) OK (plus $240 p.a. quarters) OK
Station	~~Grt. Salt Pond &~~ Block Isl.Brwtr.,~~etc.~~	Block Island Southeast Lt. Sta.
Appropriation	Civilian Employees, C. G.	Civilian Employees, C. G.

Effective 25 April, 1941 (~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

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

Vice Elmer F. O'Toole #1543 Pay $1260pa. Services terminated about 24 Apr.,1941.

Reason Recommended for transfer to Minots Ledge Light Station 4-15-41.

Remarks: Employee is entitled to Military preference under the Civil Service Rules and Regulations. This action conforms with the policy set forth in Par. 4(a) of Headquarters' letter of 19 March, 1940 (PB-75). Upon approval of the above transfer, recommendation will be made for the discontinuance of the position of keeper, Grt.Salt Pond & B. I. Brwtr. Lt. Sta., in accordance with instructions contained in Headquarters' letter of 17 June, 1940 (PB-020-601). No travel is indicated.

Selection regular, _____, 19__

(DIRECT)
Manager, 1st Civil Service District.

O. A. LITTLEFIELD
By direction.

Commandant, U. S. Coast Guard, Washington, D. C., _____, 19__

Submitted to the Secretary of the Treasury, approved.

4-21-41
4-21-41 Rose, Earl A.
Ltr 4-22-41
Ltr 4-17-41 E.

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared May 2, 1941.

Name: Rose, Earl A.

From: U. S. Coast Guard

Bureau No: 1543

Change in status and post of duty - decrease in grade

	FROM	TO
Position Grade Salary	Keeper Field (Range $1320-1680) $1440 p.a. plus $240 p.a.Qtrs.	Keeper Field (range $1260-1620) $1440 p.a. plus $240 p.a.Qtrs.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment Field or Deptl.	Boston, Mass. Block Is. Nkw. Lt. Sta.,R.I. Civilian Employees, C.G. Field	Boston, Mass. Block Is. S.E. Lt.Sta., R.I. Civilian Employees, C.G. Field

EFFECTIVE
Remarks: E.O.D.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 4-21-1887

LEGAL RESIDENCE: R.I.

SEX: M | RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE: *

*Elmer F. O'Toole (Trans.)

Justification:

This is a regular position in the authorized complement of the station and it is necessary that it be filled in order that the essential work of the Service may be carried on.

It is notintended to fill the position which Mr. Rose is vacating at Block Island Breakwater Light Station, and therefore it will be discontinued at the proper time.

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

DATE OF OATH

N. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

BUREAU SUSPENSE AND FILE COPY

DEPT. STOCK FORM 2249
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

June 24, 1941
Date Prepared

TO:

Name: Rose, Earl A.

From: U. S. Coast Guard

Bureau No.:

Change in status - civilian to military.

	FROM	TO
Position	~~Keeper~~	~~Boatswain's Mate, 2c.~~
Grade	Field (Range $1260-1620)	No change in pay and allow-
Salary	$1440 p.a. plus $240 p.a. Qtrs.	ances, Sec. 7 Act of August 5, 1939, applies.
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	Boston, Mass.	Boston, Mass.
Post of Duty	Block Is. S.N. Lt. Sta., R.I.	Block Is. S.N.Lt.Sta., R. I.
Appropriation	Civilian Employees, C. O.	Pay and Allowances, C. O.
Allotment		

EFFECTIVE: June 24, 1941 — FIELD ☒ DEPRTMTL. ☐ — FIELD ☐ DEPRTMTL. ☐

Remarks:

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION: Reg.

DATE OF BIRTH: 4-21-1887

LEGAL RESIDENCE: R. I.

SEX: M — RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? Yes

SUBJECT TO RETIREMENT ACT? 6-20-15

DATE OF OATH

W. R. SPILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

DATE APPROVED BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

mc & 4th TOR

Form 93

NOTICE OF RESIGNATION OR DEATH

TREASURY DEPARTMENT

U. S. COAST GUARD (12)

United States Coast Guard

REC'D JUN 27 1941

Office of the Commander, Boston District,

Boston, Massachusetts, 26 June, 1941.

Commandant:

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

Name, Earl A. Rose — Position, Keeper

Legal residence, Rhode Island — Station, Great Salt Pond Light Station

Salary, $1440.00 per annum

The acceptance of this resignation (~~with~~ without) prejudice is recommended effective at the close of 23 June, 1941.

This employee has not taken leave in excess of the accrued rate.

REMARKS:

Mr. Rose's resignation was effective at the close of 23 June, 1941. He was inducted into the Coast Guard as a B.M.2c. and the oath was administered on 24 June, 1941.

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

U. S. Coast Guard
Washington

Submitted to the Secretary of the Treasury,

Married

Block Island, R. I.,
23 June, 1941.

From: ROSE, Earl A., Keeper, Great Salt Pond Light Station.
To : Commander, Boston District.

Subject: Resignation.

1. I hereby submit my resignation to be effective at the close of 23 June, 1941. in the U. S. Coast Guard.

Respectfully,

Earl A. Rose.
Earl A. Rose,

No. _____

Rose (SURNAME) Earl (FIRST NAME) Augusta (SECOND NAME)

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
4	21	1887	R.I. 2-1st	Newport	New Shorham

SEX m RACE W

RETIREMENT AGE 70 65

MILITARY SERVICE _____ YES X NO _____

MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____

REFERENCE	NATURE OF ACTION	POSITION AND GRADE	SALARY		EFFECTIVE DATE	DEPARTMENT OR ESTABLISHMENT OFFICIAL STATION	TOTAL SERVICE		
			PAY LESS ALLOWANCES	BASIC PAY			MOS.	DAYS	YRS.
	Enlisted	not complete			Feb,1911	U.S. CoastGuard-BlockIs.RI			
	Discharged				4/30/1920	ditto			
	Prob.App't.	Keeper		$1380.A	2/1/26	Comm., L.H.S., S.I., N.Y.			
	Pro.	Keeper		1440.	1/1/27	ditto			
	Pro.	Keeper		1560.	7/1/28	do			
	Pro.	Keeper		1620.	1/1/31	do			
	Readj.	Keeper	$1380. A.	1620.	9/1/33	do			
	Pro.	Keeper	1440.	1680.	10/1/37	do Block Is.Breakwater,R.I.			
	A.Trans.Reor.Plan II, 5-9-39		1440.	1680.*	7/1/39	Treas.,C.G.-N.Y.Dist.-Block Is.Breakwater,R.I.			
	Chg.Dist.Hqrs. Keeper		1440	1680 *	10- 1-39	" -Bos.Dist.-	"		

EDUCATION: (INDICATE NUMBER OF YEARS) COMMON SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 DEGREES, IF ANY _____

SPECIAL QUALIFICATIONS handle boat power doury or skiff

*Quarters $240

U. S. GOVERNMENT PRINTING OFFICE 16—183

Form No. 2599
TREASURY DEPARTMENT
U. S. COAST GUARD
(Revised 1937)

U. S. COAST GUARD (8)
RECD JUL 11 1941

REPORT OF CHANGE IN PERSONNEL

ROSE, (Surname) Earl (First name) A. (Middle initial) ( ) (Service No.) B.M.2c. (Rank or rating)

SE

BLOCK ISLAND STATION (Unit) Block Island, R. I., (Place) 9 July, 1941. (Date)

Transferred from Great Salt Pond Light Station at 1830, 7 July, 1941 for duty at Southeast Light Station, without change in salary or range.

AUTHORITY: Boston District Order No.64

Fm. 2249, approved 5-5-41.

J. T. Hugglove

J. T. HUGGLOVE, (Commanding)

Chief Boatswain (L) (Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS

U. S. GOVERNMENT PRINTING OFFICE 0 10935

U. S. COAST GUARD (11)
REC'D JUL 11 1941

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

Date 10 July, 1941.

REPORT OF EFFECTIVE DATE OF CHANGE IN POSITION
OR PAY STATUS OF CIVILIAN EMPLOYEE

From: Commander, BOSTON District.
To : Commandant.

Name Earl A. Rose

Nature of Action Change in status and post of duty.

Effective date of change 7 July, 1941

	FROM	TO
Position	Keeper	~~1st Assistant~~ Keeper
Pay	$1440 per annum	$1440 per annum
Salary Range	*$1260-$1620	$1260-$1620
Valuation of Quarters	$240. p. a.	$240. p. a.
Station	Great Salt Pond & Block Isl. Brwtr. Lt.Sta.	Block Island SE. Lt. Station.

Remarks: This change is reported in accordance with Department approval dated (perforated in Form 2249) May 5, 1941.

Signature O. A. Littlefield
O. A. LITTLEFIELD
By direction.

NOTE: The above report is submitted showing employee as a civilian as Form 2249 approved his change in status prior to his induction into the Military service on June 23, 1941, but transfer was not made until after his induction.

* Form 2249 indicates range: $1320-$1680.

my

arl 140-750

Name ROSE, E.A. Age 53 Total service L.H. - 13 yrs. C.Guard 10 yrs. (surfman) total 23 yrs.
(surname first)

Present station Great Salt Pond Lt. Present civil grade keeper Present pay 1440.

Allowances (per annum)

Qualified ? yes

Disqualified ? yes (give reason) apparent disqualification - neuritis - arthritis, shoulder.

Grade recommended by board B.M. 2nd cl. Pay and allowances

Grade determined by Hdqrs Pay and allowances (per annum)

If man is qualified but does not desire induction, state here

Increase or decrease of military pay and allowances with respect to present pay and allowances:

Increase

Decrease

Boston District

Service and age based on approximate date of December 31 1939.

140-750

STATEMENT OF PREVIOUS MILITARY SERVICE.

JUL 31 1939 RECEIVED COMPTROLLER'S OFFICE

Earl A. Rose (NAME - Print) | Keeper (GRADE) | 3rd LH Dist Great Salt Pond Etc., UNIT AND DISTRICT TO WHICH ATTACHED

I HAVE HAD PREVIOUS MILITARY SERVICE UNDER THE UNITED STATES AS FOLLOWS:

BRANCH OF SERVICE*	SERVICE NUMBER	ORIGINALLY ENLISTED		LAST DISCHARGED	
		DATE	PLACE	DATE	PLACE
ARMY					
NAVY					
MARINE CORPS					
COAST GUARD		Jan 1, 1916	Block Island RI	4-30-20	Block Island RI
COAST AND GEODETIC SURVEY					

CM. 9-2-15

* IF ANY OF ABOVE SERVICE WAS COMMISSIONED OR WARRANT SO INDICATE.

Staten Island, N.Y.
August 15, 1939.

Military service was verified under date of August 26, 1925 from discharge papers for the period from February 1911, to April 30, 1920.

EARL AUGUST ROSE
(SIGNATURE)

F. W. Ockenfels,
Asst. to the District Commander.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
STATEN ISLAND, N. Y.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE



THIRD DISTRICT

Great Salt Pond Blk
(Station, Depot, or Vessel)

July 1, 1939

Superintendent of Lighthouse
Staten Island N.Y.

Dear Sir, - In answer to your letter subject Military Service, I have a total service in the U S Coast Guard of 9 year 2 month 14 days previous to 1916 we had no discharge papers we just reenlisted when our time expired

Respectfully yours
Earl A. Rose. Keeper.

DISABILITY COMPENSATION CLAIM Section 202 - 10
REQUEST FOR COAST GUARD INFORMATION
FOR USE OF REGIONAL OFFICE #4,
Providence, R. I.

February 9, 1933.

DIVISION ADJUDICATION SUBDIVISION SECTION UNIT

It is requested that information be given on the subject checked and this sheet returned to the United States Veterans Bureau.

Name ROSE, Earl Augusta
(Last) (First) (Middle)
Rank or rating Surfman U.S.C.G.
Ship or Station
Date of enlistment 1-1-18
Home address Block Island, R. I.
Name of allottee
Alleged disability
Additional information
Did this veteran ever receive any discharge other than honorable from service in the U.S. Coast Guard

Compensation Claim No.: C-
Converted Insurance No.: K
Term Insurance No.: T
Date of Discharge ~~or death~~ 9-19-18

By F. A. HILL, Adjudication Officer

PA21-73.

27 February 1933.

From: Commandant, United States Coast Guard, Treasury Department, Washington, D. C.
To: United States Veterans Bureau

1. Name in full, with last rank or rating held ROSE, Earl Augusta, Surfman
Newport, R. I.
2. Date and place of birth 21 April, 1887,
3. Date and place of enlistment or appointment 1 November, 1909, Block Island; orig.enl.
4. Date of entrance into active service 1 November, 1909.
5. Age at enlistment or appointment 22 years
6. Date of reenlistments Continuous to 30 April, 1920
7. Home address
8. Date of desertion
9. Date of apprehension
10. Period and dates of absence from pay status
11. Present location and rank Out of the service
12. Date and period of indefinite furlough
Date of retirement and retirement pay
14. Date, cause, and place of discharge All discharges Honorable; 30 April, 1920, Hon.; last discharge.
15. Date of death
16. Cause of death
17. Disability in line of duty
18. Disability result of wilful misconduct
19. Disabilities noted at enlistment See attached report
20. Medical record on active duty, to include all admissions, duty, not duty, misconduct, etc.
21. Physical examination prior to discharge or inactive duty
22. Medical record inactive duty
23. Full transcript of pay from to ,19
24. Premium deductions from 19 to ,19
25. Has final settlement been made?
26. Amount refunded

Not discharged under other than honorable conditions. Entitlement for service during the World War from April 6, 1917 to [illegible] 1921

BY
Commandant, United States Coast Guard
By W. H. WEBB, By direction.

Form 12-D (Coast Guard) Rev. Oct. 1929

21 February,1933.

MEMORANDUM TO PAY AND ALLOWANCES OFFICER.

SUBJECT: Former Surfman Earl Augusta ROSE; medical history.

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

1. No physical defects noted at entrance in service.

2. Medical treatments as follows:-

" Treated at home as inpatient from 14 March to 31 March,1917 for "influenza".

Treated at Block Island, R.I. as outpatient on 13 April,1917 for "laryngitis" and on 10 December,1917 for "influenza" and on 24 February,1919 for "influenza, mild".

Treated at home as inpatient from 9 September, 1919 to 8 November, 1919 for "sprain left ankle and fracture fibula".

Treated at home as inpatient from 19 February to 15 March,1920 for "influenza".

3. No physical defects noted on physical examination at separation from service.

A.J. Mc Laughlin

leb

A.J. MC LAUGHLIN,
Medical Director.

March 13, 1926.

From: Commandant, U.S. Coast Guard.
To: Chief, Division of Appointments, Treasury Department.

Subject: Earl A. Rose - Statement of Service.

Reference: (a) Your letter of March 10, 1926.

1. In reply to reference (a), there is furnished a complete statement of service of the above named man:

Nov. 1, 1909 - Enlisted in the U.S. Life Saving Service in the rating of Surfman at Block Island Station.
Sept 15, 1914 - Given ordinary discharge by reason of own request from Block Island Station as Surfman. Honorable Conditions.
Jan. 1, 1916 - Reenlisted as Surfman at Sandy Point Station.
Sept 19, 1918 - Honorably discharged as Surfman from SandyPoint Station.
Sept 20, 1918 - Reenlisted as Surfman at Sandy Point Station.
Apr. 30, 1920 - Honorably discharged as Surfman from Sandy Point Station.

C. P. CLARK,
By direction.

73

TREASURY DEPARTMENT

OFFICE OF THE SECRETARY

WASHINGTON

DIVISION OF APPOINTMENTS

March 10, 1926.

U. S. COAST GUARD
REC'D MAR 12 1926
ANS'D By

The Commandant,

U.S. Coast Guard Service.

Sir:

You are requested to furnish this office with an abstract, in triplicate, of the official record of Earl A. Rose, who claims service as a Surfman at Station #62, Rhode Island, from 1909, to 1914, and from January 1, 1916, to April 30, 1920.

Respectfully,

Chief, Division of Appointments.

Surf.

Dead

Mc FILED C. W. H. 73

Rose

348741
(Application number)

Rose (Surname) Earl (Christian name) Gusta (Middle name) Surf. (6 G) (Rate)

(Service number) April 21, 1887 (Date of birth) Newport, R.I. (Place of birth)

HOME SERVICE

From—	To—	No. Days
4-6-17	6-30-19	
Total		

OVERSEAS SERVICE

From—	To—	No. Days
Total		

EXCEPTIONS

From—	To—	No. Days
Forwarded to Navy Dept. Feb. 5, 1925		
Total exceptions		

From—	To—	No. Days
Total exceptions		

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

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

Computed by .....

Verified by .....

Date .....

GOVERNMENT PRINTING OFFICE 2—13134

4/3

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

OFFICE OF
THE SUPERINTENDENT
Third.
DISTRICT

U.S.C.G. LAND ALLOTMENT OFFICE MAY 10 1920

Wakefield, R. I.,
(POST-OFFICE ADDRESS)
May 7, 1920.

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

From: Superintendent, Third District.
To: Commandant.

Subject: Surfman Earl A. Rose, Station No. 60; stoppage of War Risk Insurance.

Reference: (a) Circular Letter No. 119.

1. Stop War Risk Insurance Surfman Earl Augusta Rose, Station No. 60. Discharged April 30,1920. Checkage for April, fifteen dollars.

J. H. Quinan.
Acting.

1729
WIC
Chrs
Issue as of April.

FILE
By mcb

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

READ AND FOLLOW INSTRUCTIONS ON B[illegible].)

FILE.
C. P. C.

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

U. S. COAST GUARD
SUPT. 3d DIST.
REC'D MAR 23 1920
ANS'D

No. 60 {*Cutter. / *Station,} Third District.

Block Island, R. I.
(Place.)

February 19, 1920

U. S. COAST GUARD
REC'D MAR 24 1920
ANS'D

To Dr F. B. Husted
Block Island
R. I

Sir:

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

C. E. Peckham, Actg Keeper
(Title of officer signing request.)

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

Signature of person named above E. A. Rose

Rate Surfman

Nativity N; age, 32 years; height, 5 feet 8 inches; color of eyes, blue; color of hair brown; distinguishing marks Dk brown birth mark on left hip 3 in diameter

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island, R. I.
(Place.)

Feb. 19, 1920

I certify that I have examined E. A. Rose and find that he is now suffering from influenza, which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {~~*hospital~~ / ~~*office~~} at home treatment for a period of probably not to exceed 7 days; that his present disability is incident to service, and is not the result of his own vicious habits, and that he is now {~~*fit~~ / *unfit} for duty.

I further certify that:

(a) The above-named person is now able to bear transportation without injury, and without the services of an attendant, to ~~the nearest marine~~ his home.

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

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

The above-named person was—

*Admitted to ~~hospital~~ his home Feb. 19, 1920

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

F. B. Husted
contract
~~*Surgeon U. S. P. H. S.~~ ~~*Attending~~ Physician.

SECOND CERTIFICATE.

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

I certify that E. A. Rose {~~*was discharged from hospital~~ / *received last office treatment} at 11-00 {a. m. / ~~p. m.~~} March 15, 1920; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

F. B. Husted
contract
~~*Surgeon U. S. P. H. S.~~ ~~*Attending~~ Physician.

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

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

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

C. E. Peckham. A. Keeper
*Commanding Officer. *District Supt. *Keeper.

Left his duty 10-00 {a. m.} ~~{p. m.}~~ February 20, 1920

Returned to duty 12-05 {~~a. m.~~} {p. m.} March 15, 1920

C. E. Peckham. A. Keeper.
*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

1st Indorsement.
Office of Superintendent, Third District.
Wakefield, R.I., March 22, 1920.

From: Superintendent, Third District.
To: Commandant.

1. Forwarded.

H. M. Knowles.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

2—663

BUREAU OF
WAR RISK INSURANCE

TREASURY DEPARTMENT

WASHINGTON

IN REPLY REFER TO:
~~JRS/awj-7B~~

Oct. 31,1919

FROM: Insurance Division, Bureau of War Risk Insurance.

TO: Paymaster, Block Island R. I.
℅ U.S. Coast Guard, Headquarters, Washington, D.C.

SUBJECT: Reduction of Insurance of Earl Augusta Rose
Surfman
Bureau Insurance File # 304-894

1. This Bureau is in receipt of a request for reduction of insurance of the above named man.

2. Our records have been amended as below noted. Change should be made accordingly and the Insured advised of this action.

Original Amount $~~1,000~~ Premium $~~2.80~~ To be paid to ~~Sept 22,1919~~
and including

Decreased Amount $~~1,000~~ Premium $~~.71~~ Beginning with ~~Oct. 23,1919~~

LEON O. FISHER,
Assistant Director.
In Charge of Insurance Division.

Ins. Div. Form #53 (5-23-19)

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

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

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

U. S. COAST GUARD,
SUPT. 3d DIST.
REC'D NOV 10 1919
ANS'D

U.S.C.G. Station No. 60 {*Cutter. / *Station,} 3rd District.
Block Island, R. I. (Place.)
September 9, 1919.

To Dr C. F. Perry
Block Island. R. I.

U. S. COAST GUARD
REC'D NOV 18 1919 By
ANS'D

Sir:

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

Clarence E. Peckham, A. Keeper
(Title of officer signing request.)

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

Signature of person named above Earl A. Rose

Rate Surfman

Nativity M; age, 32 years; height, 5 feet 8 inches; color of eyes, blue; color of hair brown; distinguishing marks Axal brown birth mark on left hip. 3 in diameter

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island R. I. (Place.)
Sept. 9, 1919.

I certify that I have examined E. A. Rose and find that he is now suffering from Sprain left ankle, & fracture fibula, which is not communicable to others. In my professional opinion he is ..... in need of medical treatment; that he will require {*~~home~~ / *hospital} treatment for a period of probably not to exceed 4 wks; that his present disability is ..... incident to service, and is not the result of his own vicious habits, and that he is now {*~~fit~~ / *unfit} for duty.

I further certify that:

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

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

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

The above-named person was

*Admitted to ~~hospital~~ Rest home Sept 9, 1919

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

C. F. Perry M. D
*Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

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

I certify that Earl A. Rose {*~~was discharged from hospital~~ / *received last office treatment} at 9.00 {a. m. / ~~p. m.~~}

November 8, 1919; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

F. B. Husted
*~~Surgeon U. S. P. H. S.~~ *Attending Physician.

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

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

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

.....

Clarence E. Peckham
*~~Commanding Officer.~~ *~~District Supt.~~ & Keeper.

Left his duty 8 ~~a. m.~~ / ~~p. m.~~ Sept. 9, 1919

Returned to duty 10 ~~a. m.~~ / ~~p. m.~~ Nov. 8, 1919

Clarence E. Peckham
*~~Commanding Officer.~~ *~~District Supt.~~ & Keeper.

* Strike out words not applicable.

Third District,
Office of the Superintendent.
Wakefield, R.I., November 17,1919.

From: Superintendent, Third District,
To: Captain Commandant.

1. Forwarded.

H. M. Knowles.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

73

, March 13, 1919.

From: Commodore Commandant.
To: Superintendent, Third District.

Subject: Surfman Earl A. Rose, discharge.

Reference: (a) His application, 3/8/19, and indorsements.

1. You are authorized to discharge Surfman Earl A. Rose, Station No.60, at his own request, when you are able to enlist a man to fill the vacancy thus created.

2. This authorization does not relieve you of the responsibility for stoppage of Coast Guard and War Risk allotments.

E.P.Bertholf.

73

2nd Indorsement.

Third District.
Office of the Superintendent.
Wakefield, R.I., Mar. 11, 1919

From: Superintendent, Third District.
To: Commodore Commandant.

U.S. COAST GUARD
REC'D MAR 12 1919
ANS'D BY

Subject: Request for discharge.

1. Forwarded, with the recommendation that Surfman Rose's request for discharge be given him whenever it is possible to enlist another person to fill the vacancy thus created.

H. M. Knowles

H. M. Knowles.

OK able en mon voc

NAVY DEPARTMENT

UNITED STATES COAST GUARD

STATION No. 60

Block Island, R.I.,
(POST-OFFICE ADDRESS)

March 8, 1919.

U.S. COAST GUARD
REC'D MAR 12 1919
ANS'D BY

From: Surfman Earl A.Rose.
To: Superintendent, Third District.

Via: Keeper, Station No.60.

Subject: Request for discharge.

1. I respectfully request that I be discharged from the Coast Guard on April 1,1919 if possible. I own a fishing boat and as the prspect is very good for me to better myself I wish to engage in this work on that date.

Earl A. Rose, Surfman No.7.

First Indorsement.

Station No.60.
March 8, 1919.

1. Forwarded, approved.

2. Surfman Rose would be much benefited if his discharge could be given him on the date requested above.

D. A. Littlefield, Keeper.

TREASURY DEPARTMENT.
U. S. COAST GUARD.
Form 2650.

OFFICIAL TELEGRAM.

73

CONFIRMATION

U. S. COAST GUARD
REC'D OCT 18 1919
ANS'D
By

U.S. COAST GUARD PAY AND ALLOTMENT OFFICE OCT 18 1919

Bay Shore, N. Y., Oct. 17, 1919, 191

COAST GUARD

WASHINGTON

STOP WAR RISK ALLOTMENT SURFMAN ROLAND W SMITH STATION EIGHTY ONE DISCHARGED SIXTEENTH PERIOD CURRENT MONTH CHECKAGE EIGHT DOLLARS PERIOD 12017

@ 1002

W LIPPINCOTT

$8.00

OFFICIAL BUSINESS.
GOVERNMENT RATES.

CHARGE TREASURY DEPARTMENT APPROPRIATION FOR COAST GUARD, 191

NOTE.—Send messages to Washington, D. C., "Collect." Send all other messages "Paid" and charge to Treasury Department. Make no cash payments. Tariff books make provision for handling Government messages in this manner, and the attention of operators should be called to same.

2—8173

FILE
C. P. C.

73

First Indorsement.

Coast Guard Headquarters.
March 11, 1919.

From: Commodore Commandant.
To: Surgeon General, Public Health Service.

Subject: Voucher in favor of Dr. Charles F. Perry, in amt. $1.00 office treatment furnished Surfman Earl A. Rose, C.G. Station # 60.

1. Respectfully referred.

C. P. Clark,
By direction.

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

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

FILED

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

No.60 Harbor {*Cutter. / *Station.} 3rd District.

Block Island, R.I., Feb.24,1919. 191

To C.F.Perry,M.D.,
Block Island,
R.I.

U.S. COAST GUARD
RECD MAR 11 1919
ANS'D BY

Sir:

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

Arvald A. Littlefield, Keeper,
(Title of officer signing request.)

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

Signature of person named above Earl A Rose

Rate Surfman

Nativity American; age, 31 years; height, 5 feet 8 inches; color of eyes, blue; color of hair brown; distinguishing marks Birth mark on left hip.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island, R.I., Feb.24,1919. 191

I certify that I have examined Earl A.Rose and find that he is now suffering from Influenza,mild, which is not communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 3 days; that his present disability is incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:

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

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

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

The above-named person was—

*Admitted to hospital ....., 191

*Furnished first office treatment 2/24/19, 191

C.F.Perry, M.D.
(Lieut. M.C. U.S.N.)
*Surgeon U. S. P. H. S. *Attending Physician.

SECOND CERTIFICATE.

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

I certify that Ed.Rose {*was discharged from hospital / *received last office treatment} at 2:00 {a. m. / p. m.} 2/24/19, 191; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

C.F.Perry M.D.
*Surgeon U. S. P. H. S. *Attending Physician.

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

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

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

Gerald A. Littlefield
*Commanding Officer. *District Supt. *Keeper.

Left his duty Was not {a. m. / p. m.} off duty, 191

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

Gerald A. Littlefield
*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

73

NAVY DEPARTMENT

UNITED STATES COAST GUARD

FILED D. P. E.

U. S. COAST GUARD OFFICE, SUPT. 3rd DIST. RECD JUL 19 1918

STATION No. 60 Block Island, R.I.,
(POST-OFFICE ADDRESS)

U. S. COAST GUARD
REC'D JUL 20 1918
ANS'D BY

July 16, 1918., 19

From: Keeper, Station No.60.
To: Superintendent, Third District.

Subject: Qualification of Surfman E.A.Rose as swimmer.

References: (a)Circular Letter No.20.
(b)Superintendents' Letter July 10, 1918.

1. E.A.Rose, surfman No.7 was able to qualify as a good swimmer having passed the required test on this date.

Oswald A. Littlefield.

- - - -

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

READ AND FOLLOW INSTRUCTIONS ON [illegible].)

FILE.
C. P. C.

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

U. S. COAST GUARD
REC'D JAN 17 1918
ANS'D

By ..... No. 60 {*Cutter. / *Station, Third} District.

Block Island, R.I.
(Place.)

To Carroll H. Ricker, M.D.,
Block Island,
R.I.

January 10, 1918., 191

Sir:

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

Harold A. Littlefield Acting Keeper
(Title of officer signing request.)

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

Signature of person named above Earl A Rose

Rate Surfman

Nativity American; age, 30 years; height, 5 feet 8 inches; color of eyes, blue; color of hair lt. brown; distinguishing marks Brown birth mark on left hip

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island, R.I.,
(Place.)

January 10, 1918, 191

I certify that I have examined Earl A Rose and find that he is now suffering from 646 Influenza, which is communicable to others. In my professional opinion he is in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 5 days; that his present disability is incident to service, and is ~~not~~ the result of his own vicious habits, and that he is now {*fit / *~~unfit~~} for duty.

I further certify that:

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

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

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

The above-named person was—

*~~Admitted to hospital~~ ....., ~~191~~

*Furnished first office treatment 12-10-, 1917

Carroll H Ricker M.D
~~*Surgeon U. S. P. H. S.~~ *Attending Physician.

SECOND CERTIFICATE.

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

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

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

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

*Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

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

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

.....

.....

*Commanding Officer. *District Supt. *Keeper.

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

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

.....

*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

Office Dist. Supt. 3rd. Dist. Coast Guard, Jan. 15, 1918.

To Captain Commandant, Coast Guard.

Forwarded.

District Superintendent

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

U. S. COAST GUARD
OFFICE, SUPT. 3rd DIST.
RECD. SEP 19 1917

October 10, 1917.

District Superintendent,

Third District, Coast Guard,

Wakefield, R. I.

Subject: Swimming tests, Station 60.

Sir:

1. Referring to the reports of the swimming tests held at Station 60, you are advised that Headquarters is not disposed, at this time, to direct the discharge of Surfman C. A. Mitchell for failure to qualify as a good swimmer, because of his length of service, but directs that he be required to practice test "b" at every favorable opportunity and to undergo that test again next summer, the keeper to report the result attained by him.

2. You may reenlist Surfman E. A. Rose at the expiration of his current enlistment period, with the understanding that he be required to practice swimming at every favorable opportunity and to undergo next summer the tests in which he failed this summer, the keeper to report the result attained by him in each such test. Should he fail to qualify in these tests before the end of the swimming season his discharge for inaptitude will then be considered.

Respectfully,

Captain Commandant.

U. S. Coast Guard
~~Life-Saving Service,~~

Third District.

FILE
D. F.

Station, No. 60,

U S COAST GUARD
OFFICE, SUPT. 3rd DIST.
RECD. SEP 19 1917

Block Island, R. I.,
August 25, 1917.

Superintendent,
Third District, Coast Guard,
Wakefield, Rhode Island.

Subject: Swimming test of Earl A. Rose, Surfman No. 7.

Sir:

In accordance with Circular Letter No. 20 I would respectfully report the result of swimming test made by Earl A. Rose, Surfman No. 7 on this date as follows:

(a) Was able to pass this test successfully.
(b) Was not able to pass this test.
(c) Was able to pass the last part of this test (carrying a person 20 yds with the one hand carry).
(d) Was not able to pass this test.

Surfman Rose could swim but little a few week ago and as he now shows a marked inclination to improve himself I believe he will be able to qualify as a good swimmer shortly.

Respectfully,
Arunah A. Littlefield,
Acting Keeper.

TREASURY DEPARTMENT,
U. S. COAST GUARD,
~~Form 2622.~~—F. C., Sept. 26-16.

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

FILE
C. P. C.

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

No. 60 {*~~Cutter~~, *Station,} Third District.

Block Island, R. I.,
(Place.)

April 13, 191 7.

U. S. COAST GUARD
REC'D APR 18 1917
ANS'D

To Carroll H. Rieker, M. D.,
Block Island,
Rhode Island

Sir:

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

Oswald A. Littlefield, A. Keeper.
(Title of officer signing request.)

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

Signature of person named above Earl A Rose

Rate Surfman

Nativity American; age, 29 years; height, 5 feet 8 inches; color of eyes, blue; color of hair light brown; distinguishing marks Brown birth mark on left hip.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island R.I.,
(Place.)

April 13, 191 7

I certify that I have examined Earl A Rose and find that he is now suffering from Laryngitis 665, which is —— communicable to others. In my professional opinion he is —— in need of medical treatment; that he will require {*~~hospital~~, *office} treatment for a period of probably not to exceed 7 days; that his present disability is —— incident to service, and is not the result of his own vicious habits, and that he is now {*fit, *~~unfit~~} for duty.

I further certify that:

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

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

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

The above-named person was—

~~*Admitted to hospital ....., 191~~

*Furnished first office treatment 4—13—, 191 7

Carroll H Rieker MD

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

SECOND CERTIFICATE.

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

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

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

.....

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

* Strike out words not applicable.

(OVER.)

2—663

Coast Guard

UNITED STATES LIFE-SAVING SERVICE,

THIRD DISTRICT,

U. S. COAST GUARD
OFFICE, SUPT. 3rd DIST.
RECD. APR 17 1917
ESQ.

STATION, No. 60,

Block Island, R. I.,
April 13, 1917.

Superintendent,
Third District, Coast Guard,
Wakefield, Rhode Island.

Subject: Medical treatment for surfman.

Sir:

I have to report that Earl A. Dove, surfman No. 1 was suffering to such an extent from a severe cold that at 12 M. I sent him in station team to the office of medical officer, where he received treatment.

Respectfully,
Oswald A. Littlefield,
Acting Keeper.

(1 Enclosure)

Office, Supt. 3rd, Dist. Coast Guard, April 17, 1917.

1st Indorsement.

To Captain Commandant, Coast Guard.

Forwarded,

By direction of
District Superintendant,
E. W. Snydam,
Assistant,

it was not practicable
ublic Health Service

FILE.
C. P. C.

NAVY DEPARTMENT
TREASURY DEPARTMENT 73
UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON, April 13, 1917

Surfman Earl A. Rose,
Coast Guard Station No. 60,
Block Island, R.I.

Subject: Leave of absence on account of sickness.

Sir:

As requested in your application dated March 31, 1917, and in view of the evidence submitted, you are granted leave of absence on account of sickness to cover the period of your absence from 1.00 p.m. March 14, to 11.30 a.m. March 31, 1917

Respectfully,

(Signed) E. P. Bertholf
Captain Commandant.

HEADQUARTERS

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

WASHINGTON , April 6, 1917

73

No. 57499
APR 7 1917 A.M.
Bureau of the
Public Health Service

Indorsement.

To Surgeon General, Public Health Service:

Respectfully referred with request to be advised whether, in your opinion, the medical evidence herewith is sufficient to justify the conclusion that Surfman Earl A. Rose, C.G. Station No.60 was physically unfit for duty during the period covered by his application for leave of absence on account of sickness.

Please return papers.

By direction of the Captain Commandant.

Chief, Division of Operations.

Inclosure: Application, dated March 31, 1917 , for leave of absence on account of sickness from 1.00 p.m. March 14 to 11.30 a.m. March 31, 1917

TREASURY DEPARTMENT
Bureau of the Public Health Service,
Washington, APR 10 1917

Respectfully returned to the Captain Commandant, Coast Guard, with the opinion that the medical evidence of disability, herewith submitted, should be considered sufficient to entitle the within named applicant to leave of absence on account of sickness from mar 14 to mar 31, 1917

By direction of the Surgeon General.

Assistant Surgeon General.

U. S. COAST GUARD

REC'D APR 5 1917 BY
ANS'D

73

2d Indorsement.

Office Dist.Supt. 3rd.Dist.Coast Guard. April 4, 1917.

To Captain Commandant, Coast Guard.

Forwarded, approved. It is recommended that the leave of absence on account of sickness requested by Surfman Rose be granted.

District Superintendent.

Inclosure: Application dated 3/31/17 Surfman Earl A. Rose, Station No. 60, for leave of absence account of sickness, and accompanying papers.

Coast Guard Station No. 60,
March 31, 1917.

U. S. COAST GUARD
OFFICE, SUPT. 3rd DIST.
RCD. APR 2 1917
NSO.

First Indorsement

Superintendent, Third District, Coast Guard,

Forwarded with the statement that Earl A. Rose, surfman No. 7 was suffering to such an extent from what appeared to be a severe cold that he was unable to perform his duties and was taken to the office of the medical officer who upon examination found him to be suffering from influenza and ordered him taken to his home which was done.

Surfman Rose left the station at 1:00 p.m. on March 14th and returned to duty at 11:30 a.m. March 31st., and as his disability was incident to service I would recommend that the leave of absence be granted.

Respectfully,
Oswald A. Littlefield,
Acting Keeper.

LIFE-SAVING SERVICE,

3D DISTRICT,

U. S. COAST GUARD
OFFICE, SUPT. 3rd DIST.
REC'D APR 3 1917
ANS'D

No. 60 STATION,

March 31, 1917

Headquarters. Coast Guard,
Washington. D. C.

U. S. COAST GUARD
REC'D APR 5 1917
ANS'D BY

Through Superintendent,
Third District Coast Guard,
Wakefield Rhode Island.

Sir

Owing to sickness it is respectfully requested that I be granted a leave of absence from 1:00 P.M. March 14th. to 11:30 am March 31st. to cover the period of my absence from this station.

Respectfully,
Earl A Rose,
Surfman No. 7.

LIFE-SAVING

TREASURY DEPARTMENT,
U. S. COAST GUARD,
Form 2.—F. C., Sept. 26-16.

(READ AND FOLLOW INSTRUCTIONS ON BACK.)

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

U. S. COAST GUARD REC'D APR 5 1917 ANS'D

No. 60 {*Cutter / *Station, Third} District.

Block Island, R. I., (Place.)

March 14, 1917.

To Carroll W. Ricker, M. D.,
Block Island,
Rhode Island.

Sir:

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

Oswald A. Littlefield, temporarily in charge
(Title of officer signing request.)

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

Signature of person named above Earl A Rose.

Rate Surfman

Nativity American; age, 29 years; height, 5 feet 8 inches; color of eyes, blue; color of hair light brown; distinguishing marks, Brown Birth mark on left lip.

MEDICAL CERTIFICATE.

See paragraphs 7 and 8 on back.

Block Island R I (Place.)

March 14, 1917

I certify that I have examined Earl A Rose and find that he is now suffering from 646 Influenza, which is ——— communicable to others. In my professional opinion he is ——— in need of medical treatment; that he will require {*hospital / *office} treatment for a period of probably not to exceed 7 days; that his present disability is ——— incident to service, and is not the result of his own vicious habits, and that he is now {*fit / *unfit} for duty.

I further certify that:

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

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

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

The above-named person was—

~~*Admitted to hospital ....., 191~~

*Furnished first office treatment 3/14/, 1917

Carroll W Ricker M D

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

SECOND CERTIFICATE.

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

I certify that Earl A. Rose {*was discharged from hospital / *received last office treatment} at 9:30 {a. m. / p. m.} March 31, 1917; that he is now fit for duty, and that he was not fit for duty at any time while undergoing treatment.

Carroll W Ricker M D

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

* Strike out words not applicable.

(OVER.)

2—663

THIRD CERTIFICATE.

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

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

Oswald A. Littlefield
*Commanding Officer. *District Supt. *Keeper.

Left his duty 1:00 {a. m. / p. m.} March 14th., 1917

Returned to duty 11:30 {a. m. / p. m.} March 31st., 1917

*Commanding Officer. *District Supt. *Keeper.

* Strike out words not applicable.

INSTRUCTIONS.

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

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

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

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

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

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

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

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

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

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

War Service Certificate No. 4875, issued April 30, 1920.

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

U. S. COAST GUARD

REC'D MAY 10 1920
ANS'D

ENLISTMENT CONTRACT AND RECORD.

[1] RE ENLISTMENT of Rose, Earl Augusta (Full name.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60, 3rd District, Block Island, R. I. (Location of vessel, or P. O. address of station.)
(Draw line through designation not applying.)

1. I, Earl Augusta Rose (Full name.), this 20th day of September, 1918, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport, R. I., on Apr. 21, 1887 Citizenship Native born

Occupation Surfman Home address Block Island, R. I.

Full name and address of the following: Maud Spencer Rose, Block Island, R. I. (Wife, if any.)
Lila May Rose, Block Island, R. I. (Children under 16 years of age.)

Lillie May Rose, Block Island, R. I. (Mother, if living.)

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

3. I have ——— had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or (If "not" so state.)
Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

4. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

5. I was last discharged from the U. S. Coast Guard on Sept. 19, 1918, from ~~Cutter~~ Station No. 60 (Strike out one.)
with Honorable discharge, herewith submitted. (Kind of discharge.)

6. I agree to and with Oswald A. Littlefield (Name of comdg. officer, or officer in charge of a unit.) of the United States Coast Guard in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve ~~during the term of ONE YEAR~~ for the period of the war, not to exceed three years from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term ~~of ONE YEAR~~, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said Oswald A. Littlefield (Name of comdg. officer, or officer in charge of a unit.) for and in behalf of the United States, does hereby covenant and agree to and with the said Earl A. Rose (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose
(Signature of enlisted person.)

Oswald A. Littlefield Capt. U. S. C. G.
(Signature and rank of comdg. officer, or officer in charge of a unit.)

PAY AND ALLOTMENT OFFICE U. S. COAST GUARD POSTED

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

Oswald A. Littlefield
Keeper, U. S. C. G., *Enlisting Officer.*

2—1931

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

21. MERITORIOUS CONDUCT.

22. Record of Pree, Earl Augusta
(Full name.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATING.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR OFFICER IN CHARGE OF A UNIT.
Station No. 60	9/20/18	Surfman						4/30/20	H. Wilcox

I certify that this man having been discharged under honorable conditions, has been paid a gratuity of $60 as authorized by the Act of Feb. 24, 1919, and that this amount was included in the final settlement of his pay account.
H. Wilcox
Pay Officer.

AVERAGES

[1] State of health during enlistment:

[2] Proficient in Signals and running engines in surf-boats

Certified to be correct:

Clarence E. Peckham, Acting Keeper.
Enlisting Officer.

Approved:
H. Wilcox
acting ~~Commanding Officer~~.[3]—*District Superintendent.*[3]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) When the person enlisted states that he has had service under the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized in paragraph 12.

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

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

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

[2] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

U. S. COAST GUARD,
SUPT. 3d DIST.
REC'D MAY 3 1920
ANS'D

STATION No. 60

NAVY DEPARTMENT

UNITED STATES COAST GUARD

Block Island, R.I.
(POST-OFFICE ADDRESS)

April, 30, 19 20

I hereby certify that I am physically sound and in good health as far as I know.

E. A. Rose.

GUARD,
SUPT. 3d DIST.
REC'D MAY 6 1920
STATION No. 60
ANS'D

NAVY DEPARTMENT

UNITED STATES COAST GUARD

Block Island, R.I.
(POST-OFFICE ADDRESS)

April, 30, 1920

I certify that on this 30 th day of April 1920 I have examined Earl A.Rose, U.S.Coast Guard and find;

(A) That he is physically sound;

(B) ~~That he is not Physically sound for the following reasons.~~

F. B. Husted
contract Physician

ARTMENT
SK INSURANCE
on of
aval Insurance
rm 1B

INFORMATION FOR ALLOTMENT OF PAY
AND
APPLICATION FOR FAMILY ALLOWANCE.

THIS FORM MUST BE FILLED OUT IN TRIPLICATE.

Full name is Earl (Given) Augusta (Middle) Rose (Last name) Surfman, U.S.Coast Guard (Rank and organization)

Home address ---------- (No. and street or rural route) Block Island (City, town, or post office) Rhode Island (State)

Place and date of birth Newport (City or town) R.I. (State) 21st. (Day) April (Month) 1887 (Year) *Age* 31 yrs. (Nearest birthday)

Date of last enlistment or entry into active service January 1st. 1917 *Pay in United States $* 65.

I hereby certify that the following-named persons and no other come within the class of my wife, former wife divorced, or child as defined in the Act and entitled thereunder to compulsory allotment, and that the information stated opposite their respective names is correct. (If as to any of these there is no person so related to you, write "None" in the name column.)

Relationship to Me	Age	NAME (Given) (Middle) (Last name)	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	DATE OF BIRTH: Month	Day	Year	MARRIED? Enter "Yes" or "No"	REMARKS (Follow instructions)
Wife	33	Maud Spencer Rose	----------	Block Island	R.I.	Sept	12,	1884	Yes	
Child	6	Lila May Rose	----------	Block Island	R.I.	May	16,	1911		
Child										
Child										
Child										
Child										
Child										
									Remarried? "Yes" or "No"	Amount payable monthly by order of court
Divorced wife	* *	None				* *	*	* * *		

I hereby make voluntary allotments in addition to compulsory allotment, if any, as follows:

Relationship to Me	NAME	POST-OFFICE ADDRESS: No. and Street or Rural Route	POST-OFFICE ADDRESS: City, Town, or Post Office	POST-OFFICE ADDRESS: State	Amount of My Average Monthly Habitual Contribution Because of Dependency	AMOUNT OF ALLOTMENT
	None					$

Upon the basis of the foregoing information, which I hereby certify to be correct, I hereby apply for allowances for the following-named persons whose relationship and dependency are fully described above:

Maud Spencer Rose
Lila May Rose

Signed at ~~(on board)~~ Station No.60

The 21st. *day of* November, 1917

Witnessed by: Oswald A. Littlefield (Sign here) Earl Augusta Rose

Rank Acting Keeper,

Commanding U.S.C.G. Station No.60 Surfman U.S.Coast Guard
(Rank or rating) (Organization)

2—2840

...ENT
...SURANCE
...Insurance
...A

APPLICATION FOR INSURANCE

...ame is Earl (Given) Augusta (Middle) Rose (Last name)

...ne address ------- (No. and street or rural route) Block Island (City, town, or post office) Rhode Island (State)

Date of birth April (Month) 21st (Day) 1887 (Year) Age 31 years (Nearest birthday)

Date of last enlistment or entry into active service January 1st, 1917 (Give month, day, and year)

I hereby apply for insurance in the sum of $ 4,000 *payable as provided in the Act of Congress approved October 6, 1917, to myself during permanent total disability and from and after my death to the following persons in the following amounts:*

RELATIONSHIP TO ME	NAME OF BENEFICIARY (Given) (Middle) (Last name)	POST OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State	AMOUNT OF INSURANCE FOR EACH BENEFICIARY (In multiples of $500 only)
Wife	Maud Spencer Rose	(a) ------ (b) Block Island, R.I.	$ 4,000
		(a) (b)	
		(a) (b)	
		(a) (b)	
		(a) (b)	

In case any beneficiary die or become disqualified after becoming entitled to an installment but before receiving all installments, the remaining installments are to be paid to such person or persons within the permitted class of beneficiaries as may be designated in my last will and testament, or in the absence of such will, as would under the laws of my place of residence be entitled to my personal property in case of intestacy.

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

If this application is for more than $4,000 insurance, I offer it and it is to be deemed made as of the date of signature.

If this application is for less than $4,500 insurance and in favor of wife, child, or widowed mother, I offer it and it is to be deemed made as of February 12, 1918.

If this application is for less than $4,500 and in favor of some person or persons other than wife, child, or widowed mother, I offer it and it is to be deemed made as of { Date of signature / February 12, 1918, } **Strike out whichever is not wanted.**

NOTE.—If in the last paragraph you strike out "Date of signature" leaving "February 12, 1918," the law gives you $25 a month for life in case of permanent total disablement occurring prior to such date and the same monthly amount to your widow, child, or widowed mother for not to exceed 240 months less payments made to you while living, but nothing to anyone else in case of your death before such date, and the insurance for the designated beneficiary other than wife, child, or widowed mother is effective only if you die on or after February 12, 1918.

If you strike out "February 12, 1918," leaving "Date of signature," a smaller insurance both against death and disability takes effect at once, but is payable in case of death to the designated beneficiary.

To whom do you wish policy sent? (Name) Earl A. Rose

(Address) U.S.C.G.Station No.60, Block Island, R.I.

Signed at ~~on board~~ Station No.60

the 22nd *day of* November, 1917

Witnessed by: Oswald A. Littlefield

Rank Acting Keeper

Commanding U.S.C.G.Station No.60

Sign here Earl Augusta Rose

Surfman (Rank or rating.) U.S.Coast Guard (Organization.)

2—3636

(OVER)

NCE.

Monthly premium $0.81 .82

Name Rose, Earl Augusta

14. TRANSFERS.

Departed from—		Reported to—	
Vessel or station.	Date.	Vessel or station.	Date.

15. CHANGES IN RATING.

Vessel or station.	Rated to—	Date.

Qualified as a good voyage under Circular Letter No. 20 at Station No. 60 July 16, 1918

16. MONTHLY MARKS.

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

Month of service.	Rating.	Proficiency in rating.	Obedience.	Sobriety.	Conduct.	Health.	Vessel or station.	Signature of commanding officer or officer in charge of a unit.
January, 19 [1]								
February								
March 1919	Surfman	4.2	5	5	5	5	Station No. 60	G. A. Littlefield, Keeper
April	"	4.8	5	5	5	5	" No. 60	G. A. Littlefield, Keeper
May	"	4.3	5	5	5	5	" No. 60	G. A. Littlefield, Keeper
June	"	4.1	5	5	5	5	" No. 60	G. A. Littlefield, Keeper
July	"	4.3	5	5	5	5	" No 60	A. G. Northup A. Keeper
August	"	4.0	5	5	5	5	" No 60	A. G. Northup A. Keeper
September	"	4.0	5	5	5	5	" No 60	C. E. Peckham, A. Keeper
October	"	Absent entire month					" No 60	C. E. Peckham, A. Keeper
November	"	4.3	5	5	5	5	" No 60	C. E. Peckham, A. Keeper
December	"	4.3	5	5	5	5	" No 60	C. E. Peckham, A. Keeper
January 1920	"	4.3	5	5	5	4	" No 60	C. E. Peckham, A. Keeper
February	"	4.3	5	5	5	4	" No 60	C. E. Peckham, A. Keeper
March	"	4.3	5	5	5	4	" No 60	C. E. Peckham, A. Keeper
April	"	4.3	5	5	5	5	" No 60	C. E. Peckham, A. Keeper.
Averages		4.2	5	5	5	4.8		

[1] Insert year; also after first month marked.

[2] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here.

15. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

16. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

17. ON DISCHARGE.

Date April 30, 1920 Place Block Island, R.I. Serial No. 8821

Kind of discharge Honorable, authority of Headquarters Letter 10/25/19 – 73

Discharged on account of For convenience of Government

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

18. ON DESERTION.

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

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

19. ON RETIREMENT.

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

20. ON DEATH.

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

....., ...
(Disposition of effects.)

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

1 During current enlistment.

8. OATH OF ALLEGIANCE.

I, Earl Augusta Rose (Full name.), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Earl A. Rose
(Signature of enlisted person.)

Subscribed and sworn to before me this 20th day of September, A. D. 1918

Donald A. Littlefield
Keeper, U.S.C.G.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.); in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 31 years 11 months. Height, 5 feet 8 inches. Weight, 155 pounds. Eyes, blue Hair, brown. Complexion, florid Married, Yes Distinguishing marks, dk brown birth mark, p, left thigh, 3 in. di.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard [1] A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Not examined for reenlistment
_____, *U. S. P. H. S.*

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

12/13/16 (Date last vaccinated against smallpox.); 11/10/16 (Date last vaccinated against typhoid fever.)

12. PREVIOUS SERVICE.

Previous service under the United States: 7 yrs. 7 mos. 11 days. Coast Guard: 3 yrs. 8 mos. 19 days.

Army: 0 yrs. 0 mos. 0 days. Navy: 0 yrs. 0 mos. 0 days. Marine Corps: 0 yrs. 0 mos. 0 days.

Revenue-Cutter Service: 0 yrs. 0 mos. 0 days. Life-Saving Service: 11 yrs. 10 mos. 15 days.

Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service, 3 yrs. 8 mos. 19 days.

13. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

[1] Strike out letter not applicable.

[2] During current enlistment.

2—7931

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

ENLISTMENT CONTRACT AND RECORD.

1 Re ENLISTMENT of Rose, Earl August (Full name.) 140-750 as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60, 3rd District, Block Island, R. I. (Location of vessel, or P. O. address of station.)

(Draw line through designation not applying.)

1. I, Earl Augusta Rose (Full name.), this 20th day of September, 1918, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport, R. I., on Apr. 21, 1887 Citizenship Native born

Occupation Surfman Home address Block Island, R. I.

Full name and address of the following: Maud Spencer Rose, Block Island, R. I. (Wife, if any.)

Lila May Rose, Block Island, R. I. (Children under 16 years of age.)

U.S. COAST GUARD
REC'D SEP 23 1918
ANS'D

By Lillie May Rose, Block Island, R. I. (Mother, if living.)

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

3. I have ——— had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or (If "not" so state.)
Life-Saving Service, and I certify that the discharge or discharges therefrom which I have produced to the enlisting officer is or are the latest received by me.

4. I do not now belong to any branch, either active or reserve, of the military or naval service of the United States, or of any of the several States.

5. I was last discharged from the U. S. Coast Guard on Sept. 19, 1918, from ~~Cutter~~ Station No. 60 (Strike out one.)
with Honorable discharge, herewith submitted. (Kind of discharge.)

6. I agree to and with Oswald A. Littlefield (Name of comdg. officer, or officer in charge of a unit.) of the United States Coast Guard in manner and form following, that is to say:

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve ~~during the term of ONE YEAR~~ for the period of the war, not to exceed three years from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term ~~of ONE YEAR~~, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said Oswald A. Littlefield (Name of comdg. officer, or officer in charge of a unit.) for and in behalf of the United States, does hereby covenant and agree to and with the said Earl A. Rose (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A. Rose (Signature of enlisted person.)

Oswald A. Littlefield Keeper, U. S. C. G. (Signature and rank of comdg. officer, or officer in charge of a unit.)

PAY AND ALLOTMENT
OFFICE
COAST GUARD
POSTED
TO
BY
DATE 9-25-18

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

Oswald A. Littlefield
Keeper, U. S. C. G., Enlisting Officer.

1 In cases of reenlistment prefix "Re."

21. MERITORIOUS CONDUCT.

22. Record of Rose, Earl Augusta
(Full name.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATING.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR OFFICER IN CHARGE OF A UNIT.
Station No. 60	9/20/18	Surfman							
AVERAGES									

[1] State of health during enlistment:

[2] Proficient in

Certified to be correct:

Enlisting Officer.

Approved:

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

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by the Regulations.

(*b*) The contract of enlistment shall be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, desertion, retirement, death, or transfer of the enlisted person, the other copies shall be disposed of as required by the Regulations.

(*d*) When the person enlisted states that he has had service under the United States in any of the branches enumerated in paragraph 3 of the Contract, such services shall be itemized in paragraph 12.

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

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

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

[2] When an enlisted person who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

8. OATH OF ALLEGIANCE.

I, Earl Augusta Rose (Full name), do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the laws and Regulations for the government of the United States Coast Guard.

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

Earl A. Rose
(Signature of enlisted person.)

Subscribed and sworn to before me this 20th day of September, A. D. 19 18.

Oswald A. Littlefield
Keeper, U.S.L.S.
(Comdg. officer, officer in charge of a unit, or notary public.)

9. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____;
(Father, mother, or guardian.)

in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

10. MEDICAL CERTIFICATE.

Age, 31 years 4 months. Height, 5 feet 8 inches. Weight, 155 pounds. Eyes, blue Hair, brown

Complexion, florid Married, Yes Distinguishing marks, Dark brown birth mark, on left lip, 3 in. dia.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard [1] A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Not examined for reenlistment
_____, U. S. P. H. S.

11. VACCINATION.

(To be filled out upon enlistment, but any subsequent change shall be noted.)

12/13/16 (Date last vaccinated against smallpox.); 11/10/16 (Date last vaccinated against typhoid fever.)

12. PREVIOUS SERVICE.

Previous service under the United States: 7 yrs. 7 mos. 4 days. Coast Guard: 2 yrs. 8 mos. 19 days.

Army: 0 yrs. 0 mos. 0 days. Navy: 0 yrs. 0 mos. 0 days. Marine Corps: 0 yrs. 0 mos. 0 days.

Revenue-Cutter Service: 0 yrs. 0 mos. 0 days. Life-Saving Service: 4 yrs. 10 mos. 15 days.

Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service, 2 yrs. 8 mos. 19 days.

13. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.[2]

[1] Strike out letter not applicable.

[2] During current enlistment.

2—7931

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

ENLISTMENT CONTRACT AND RECORD.

[1] Re ENLISTMENT of Rose, Earl Augusta (Full name, surname to the left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60 Third, District, Block Island, R.I. (Location of vessel: P. O. address, station.)

(Draw line through designation not applying.)

1. I, Earl Augusta Rose (Full name, surname to the right.), this first day of January, 1918, 19 , desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport, R.I., on April 21st., 1887, 1 . Citizenship Native born

Occupation Surfman Home address Block Island, R.I.

Full name and address of the following: Maud Spencer Rose, Block Island, R.I. (Wife, if any.)

Lila May ROse, Block Island, R.I. (Children under 16 years of age.)

U.S. COAST GUARD
REC'D SEP 23 1918
ANS'D By

Lillie May Rose, Block Island, R.I. (Mother, if living.)

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

3. I have ~~not~~ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service. (If "not" so state.)

4. I was last discharged from the U. S. Coast Guard Dec. 31st., 1917, from ~~Cutter~~ Station NO. 60 (Strike out one.) (Name of cutter or station.)

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

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said Oswald A. Littlefield (~~Name of comdg. officer, dist. supt.~~, or keeper of station.) for and in behalf of the United States, does hereby covenant and agree to and with the said Earl A. Rose (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose
(Signature of enlisted person.)

Oswald A. Littlefield Acting Keeper, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

Oswald A. Littlefield
Acting Keeper, U. S. C. G. Enlisting Officer.

2—7931

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

7. OATH OF ALLEGIANCE.

I, Earl Augusta Rose, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A Rose
(Signature of enlisted person.)

Subscribed and sworn to before me this first day of January, A. D. 1918

Oswald A. Littlefield
Acting Keeper, U.S.L.S.S.
(Commanding officer or notary public.)

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____
(Father, mother, or guardian.)
in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, 30 years 8 months. Height, 5 feet 8 inches. Weight, 155 pounds. Eyes, blue Hair, brown
Complexion, florid Married, Yes Distinguishing marks, Scar brown birth mole on left lip, 3 in. dia.

I certify that I have carefully examined, in accordance with the regulations prescribed for standard * A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Not examined for reenlistment
_____, U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: ~~6~~ 6 yrs. 10 mos.

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

Army: --- yrs. ---- mos. Marine Corps: ---- yrs. ---- mos. Life-Saving Service: 4 yrs. 10 mos.

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

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date September 19, 1918 Place Block Island, R. I.

Kind of discharge Honorable No. 8661, authority of Paragraph 2, Circular Letter No. 73

Discharged on account of For the convenience of the Government

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

13. ON DEATH.

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

_____, _____
(Disposition of effects.)

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

2—7931

*Strike out letter not applicable.

21. MERITORIOUS CONDUCT.

22. Record of Rose, Earl Augusta

(Full name, surname to the left.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
Station No. 60	1/1/18	Surfman							
Discharged from Station No. 60	9/19/18	Surfman		4.22	5	5	5	8/31/18	H. H. Knowles
AVERAGES				4.22	5	5	5		

[1] State of health during enlistment: Excellent

[2] Proficient in Signals

Certified to be correct:

Oswald A. Littlefield

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

Approved:

H. H. Knowles

~~Commanding Officer.~~[3] Superintendent 3d District.[3]

INSTRUCTIONS.

(a) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by regulations.

(b) The contract of enlistment will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

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

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

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

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

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

[2] When an enlisted person, who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

U. S. COAST GUARD
RECD JAN 7 1918 By
OFFICE, SUPT, 3rd DIST.,
RECD. JAN 5 1918

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

ENLISTMENT CONTRACT AND RECORD.

[1] Re ENLISTMENT of Rose, Earl Augusta as Surfman
(Full name, surname to the left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60 Third, District, Block Island, R.I.
(Draw line through designation not applying.) (Location of vessel: P. O. address, station.)

1. I, Earl Augusta Rose, this first day of January 1918, 19 , desiring
(Full name, surname to the right.)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport, R.I., on April 21st., 1887, 1 . Citizenship Native born

Occupation Surfman Home address Block Island, R.I.

Full name and address of the following: Maud Spencer Rose, Block Island, R.I.
(Wife, if any.)

Lila May Rose, Block Island, R.I.
(Children under 16 years of age.)

Lillie May Rose, Block Island, R.I.
(Mother, if living.)

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

3. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service.
(If "not" so state.)

4. I was last discharged from the U. S. Coast Guard Dec., 31st, 1917 from ~~Cutter~~ Station NO. 60
(Strike out one.) (Name of cutter or station.)

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

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said Oswald A. Littlefield for and in behalf of the United States, does hereby covenant and agree to and
~~(Name of comdg. officer, dist. supt., or keeper of station.)~~
with the said Earl A. Rose, who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)
services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose
(Signature of enlisted person.)

Oswald A. Littlefield Acting Keeper, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

Oswald A. Littlefield
Acting Keeper, U. S. C. G. Enlisting Officer.

2—7931

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

7. OATH OF ALLEGIANCE.

I, Earl Augusta Rose, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name, surname to the right.)
the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A Rose.
(Signature of enlisted person.)

Subscribed and sworn to before me this first day of January, A. D. 1918

Oswald A. Littlefield
Acting Keeper, U. S. L. S.
(Commanding officer or notary public.)

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____,
(Father, mother, or guardian.)
in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, 30 years 8 months. Height, 5 feet 8 inches. Weight, 155 pounds. Eyes, blue Hair, brown
Complexion, florid Married, yes Distinguishing marks, oval brown birth mark on left hip (3in. diameter

I certify that I have carefully examined, in accordance with the regulations prescribed for standard * A/B physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Not examined for reenlistment.

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

10. PREVIOUS SERVICE.

Previous service under the United States: 6 yrs. 10 mos.

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

Army: -- yrs. -- mos. Marine Corps: -- yrs. -- mos. Life-Saving Service: 4 yrs. 10 mos.

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

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date _____ Place _____

Kind of discharge _____, authority of _____

Discharged on account of _____

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

13. ON DEATH.

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

_____
(Disposition of effects.)

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

2—7931

*Strike out letter not applicable.

21. MERITORIOUS CONDUCT.

22. Record of Rose, Earl Augusta

(Full name, surname to the left.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	OBEDIENCE.	SOBRIETY.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
Station No. 60	1/1/18	Surfman							
	QUALIFIED AS GOOD SWIMMER UNDER CIRCULAR LETTER No. [illegible]								
	AT STATION No. 60				July			191 8	
AVERAGES									

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

[2] Proficient in .....

Certified to be correct:

.....

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

Approved:

.....

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

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by regulations.

(*b*) The contract of enlistment will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

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

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

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

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

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

[2] When an enlisted person, who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

U. S. COAST GUARD

RECD JAN 7 19

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

ENLISTMENT CONTRACT AND RECORD.

[1]RE-ENLISTMENT of Rose, Earl Augusta (Full name, surname to the left.) as Surfman (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60 & 6d, District, Block Island R.I. (Location of vessel: P. O. address, station.)

(Draw line through designation not applying.)

1. I, Earl A Rose (Full name, surname to the right.), this 1st day of January, 1917, desiring to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport R.I., on April 21, 1887, Citizenship Native born

Occupation Fishing, Home address Block Island R.I.

Full name and address of the following: Maud Spencer Rose "Wife" (Wife, if any.) Block Island R.I.

Lila May Rose "Child" Block Island R.I. (Children under 16 years of age.)

Lillie May Rose "Mother" Block Island R.I. (Mother, if living.)

U. S. COAST GUARD REC'D FEB 7 1918 ANS'D

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

3. I have ____ had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service. (If "not" so state.)

4. I was last discharged from the U. S. Coast Guard Dec. 31, 1916, from ~~Cutter~~ Station No. 60, with Honorable discharge, herewith submitted. (Strike out one.) (Name of cutter or station.) (Kind of discharge.)

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said John E Tourgee (Name of comdg. officer, dist. supt., or keeper of station.) for and in behalf of the United States, does hereby covenant and agree to and with the said Earl A. Rose (Name of person enlisting.), who has hereunto signed his name, that he shall be paid in consideration of such services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose. (Signature of enlisted person.)

John E Tourgee Keeper, U. S. C. G. (Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

John E Tourgee

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

2—7931

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

7. OATH OF ALLEGIANCE.

I, Earl A. Rose, (Full name, surname to the right.) do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A Rose. (Signature of enlisted person.)

Subscribed and sworn to before me this First day of January, A. D. 1917

John E. Tourgee
Keeper Coast Guard Station No 60 (Commanding officer or notary public.)

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____ (Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made. (Within the United States, in the territory or islands of the United States.)

_____ (Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, 29 years 8 months. Height, 5 feet 8 inches. Weight, 155 pounds. Eyes, blue Hair, brown Complexion, florid Married, yes Distinguishing marks, small brown birth mark on left hip (3 in. in diameter)

I certify that I have carefully examined, in accordance with the regulations prescribed for standard *$\frac{A}{B}$ physical examination of applicants for service in the Coast Guard, the before-named applicant, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Not examined for reenlistment

—, U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: 5 yrs. 10 mos.

Coast Guard: 1 yrs. — mos. Navy: — yrs. — mos. Revenue-Cutter Service: — yrs. — mos.

Army: — yrs. — mos. Marine Corps: — yrs. — mos. Life-Saving Service: 4 yrs. 10 mos.

Continuous service: Coast Guard, Revenue-Cutter Service, Life-Saving Service 1 yrs. — mos.

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date December 31. 1916 (1917 G.M.T.) Place Block Island R. I.

Kind of discharge Honorable, No. 5038, authority of Article 371 (a) Regulations

Discharged on account of Expiration of term of enlistment.

Is — recommended for reenlistment. (If "not," so state.)

13. ON DEATH.

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

_____ (Disposition of effects.)

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

2—7931

*Strike out letter not applicable.

U. S. COAST GUARD
OFFICE, SUPT. 3rd DIST.
RECD. FEB 4 1918

NAVY DEPARTMENT

73

UNITED STATES COAST GUARD

HEADQUARTERS

WASHINGTON February 2, 1918.

1st Indorsement.

To: District Superintendent, Third District, Coast Guard.

Subject: Correction of enlistment contract.

Returned. Under Art. 12, correct date of discharge should be shown.

Return this indorsement and inclosed paper.

By direction of the Captain Commandant.

C. P. Clark,

Assistant Chief, Division of Operations.

Inclosure: Enlistment contract, January 1, 1917, Earl Augusta Rose.

2d Indorsement.

Office Dist.Supt. 3rd. District, Coast Guard, Feb. 5, 1918.
To Captain Commandant, Coast Guard.
Subject: Correction of enlistment contract.

Returned. Date of discharge has been corrected.

H. H. Knowles

District Superintendent.

Inclosure: Enlistment contract, Jan. 1, 1917, Earl Augusta Rose

14. ON TRANSFER.

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

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

15. ON DESERTION.

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

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

16. INOCULATION.

December 13, 1916.; November 10, 1916
(Date last vaccinated for smallpox.) (Date last received antityphold inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

20. MERITORIOUS CONDUCT.

21. Record of Rose "Earl Augusta"

(Full name, surname to the left.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	SOBRIETY.	OBEDIENCE.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
Station No 60	1-1-16	Surfman							
Discharged from Station No. 60	12/31/17	Surfman		3.82	5	5	5	12/31/17	H W Knowles
AVERAGES				3.82	5	5	5		

[1] State of health during enlistment: Excellent

[2] Proficient in

Certified to be correct:

Oswald A. Littlefield Keeper

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

Approved:

H W Knowles

Commanding Officer. ~~*Superintendent*~~ 3rd *District.*[3]

INSTRUCTIONS.

(*a*) This form shall be made and executed in triplicate on cutters and in quadruplicate at stations with all blank spaces filled in as required by regulations.

(*b*) The contract of enlistment will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

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

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

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

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

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

[2] When an enlisted person, who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

U.S. COAST GUARD
REC'D JAN 11 1917
AUSD

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

ENLISTMENT CONTRACT AND RECORD.

Re ENLISTMENT of Rose "Earl Augusta" as Seaman
(Full name, surname to the left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station No. 60 3rd, District, Block Island R.I.
(Draw line through designation not applying.) (Location of vessel: P. O. address, station.)

1. I, Earl Augusta Rose, this 1st day of January, 1917, desiring
(Full name, surname to the right.)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, or Revenue-Cutter Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport R.I., on April 21, 1887. Citizenship Native born
Occupation Fishing Home address Block Island R.I.
Full name and address of the following: Maud Spencer Rose "Wife"
(Wife, if any.)
Block Island R.I.
(Children under 16 years of age.)
Lila May Rose "Child" Block Island R.I.

Lillie May Rose "Mother" Block Island R.I.
(Mother, if living.)

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

3. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or
(If "not" so state.)
Life-Saving Service.

4. I was last discharged from the U. S. Coast Guard Dec. 31, 1916, from ~~Cutter~~ Station No. 60
(Strike out one.) (Name of cutter or station.)
with Honorable discharge, herewith submitted.
(Kind of discharge.)

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said John E Tourgee for and in behalf of the United States, does hereby covenant and agree to and
(Name of comdg. officer, dist. supt., or keeper of station.)
with the said Earl A Rose, who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)
services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose
(Signature of enlisted person.)

John E Tourgee Keeper, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

John E Tourgee
Keeper, U. S. C. G. Enlisting Officer.

2—7931

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

7. OATH OF ALLEGIANCE.

I, Earl A Rose, (Full name, surname to the right.) do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A Rose.
(Signature of enlisted person.)

Subscribed and sworn to before me this First day of January, A. D. 1917

John E Fourgey
Keeper Coast Guard Station No 60
(Commanding officer or notary public.)

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____ (Father, mother, or guardian.) in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, — years — months. Height, — feet — inches. Weight, — pounds. Eyes, — Hair, —

Complexion, — Married, — Distinguishing marks, —

I certify that I have carefully examined, in accordance with the regulations prescribed for the physical examination of applicants for [1] enlistment in the Coast Guard, the before-named applicant for [1] enlistment, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has no disease concealed or likely to be inherited.

—

_____

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

10. PREVIOUS SERVICE.

Previous service under the United States: 5 yrs. 10 mos.

Coast Guard: 1 yrs. — mos. Navy: — yrs. — mos. Revenue-Cutter Service: — yrs. — mos.

Army: — yrs. — mos. Marine Corps: — yrs. — mos. Life-Saving Service: 4 yrs. 10 mos.

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

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date _____ Place _____

Kind of discharge _____, authority of _____

Discharged on account of _____

Is _____ recommended for reenlistment.
(If "not," so state.)

13. ON DEATH.

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

_____, _____
(Disposition of effects.)

_____

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

2—7931

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

20. MERITORIOUS CONDUCT.

21. Record of Rose "Earl Augusta"

(Full name, surname to the left.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	SOBRIETY.	OBEDIENCE.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
Station No. 60	1-1-17	Surfman							
AVERAGES									

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

[2] Proficient in .....

Certified to be correct:

.....

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

Approved:

.....

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

INSTRUCTIONS.

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

(*b*) The contract of enlistment will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(*c*) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

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

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

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

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

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

[2] When an enlisted person, who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.

[3] Strike out words not applicable.

U.S. COAST GUARD
REC'D JAN 11 1917

46

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

ENLISTMENT CONTRACT AND RECORD.

[1] ENLISTMENT of Rose Augusta Earl as Surfman
(Full name, surname to the left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Sandy Point 3rd, District, Block Island R.I.
(Draw line through designation not applying.) (Location of vessel: P. O. address, station.)

1. I, Earl Augusta Rose, this 1st day of January, 1916/17, desiring
(Full name, surname to the right.)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, or Revenue-Cutter Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in ~~Rhode Island~~ Newport Rhode Island, on April 21st, 1887 Citizenship Native born

Occupation Fishing Home address Block Island R.I.

Full name and address of the following: Maud Spencer Rose. wife, Block Island, R.I.
(Wife, if any.)
(Children under 16 years of age.)
Lila May Rose. Child. Block Island R.I.

Lillie May Rose. Mother, Block Island R.I.
(Mother, if living.)
(Next of kin, or person interested, if there are none of the above.)

3. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or
(If "not" so state.)
Life-Saving Service.

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

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said John E. Lounge for and in behalf of the United States, does hereby covenant and agree to and
(Name of comdg. officer, dist. supt., ~~or~~ keeper of station.)
with the said ....., who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)
services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A. Rose.
(Signature of enlisted person.)

John E. Lounge A. Keeper, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

John E. Lounge
A. Keeper, U. S. C. G. Enlisting Officer.

2—7931

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

7. OATH OF ALLEGIANCE.

I, Earl Augusta Rose, do solemnly swear (or affirm) that I will bear true faith and allegiance to
(Full name; surname to the right.)
the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A. Rose
(Signature of enlisted person.)

Subscribed and sworn to before me this first day of January, A. D. 1916 ✓

Signed / Adelbert Keyes
Notary Public
(Commanding officer or notary public.)

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____;
(Father, mother, or guardian.)
in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19

_____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

_____
(Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, 28 years 8 months. Height, 5 feet 8 inches. Weight, 144 pounds. Eyes, Blue Hair, Brown
Complexion, Florid Married, Yes Distinguishing marks, Oval brown birth mark left hip (3 in diameter)

I certify that I have carefully examined, in accordance with the regulations prescribed for the physical examination of applicants for [1] enlistment in the Coast Guard, the before-named applicant for [1] enlistment, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Signed. Carol H Ricker M.D.
A. A. S., U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: 4 yrs. 10 mos.

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

Army: _____ yrs. _____ mos. Marine Corps: _____ yrs. _____ mos. Life-Saving Service: 4 yrs. 10 mos.

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

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date December 31, 1916 Place Block Island R. I.

Kind of discharge Honorable (No. 2672), authority of Article 371 (a) Regulations

Discharged on account of Expiration of term of enlistment.

Is _____ recommended for reenlistment.
(If "not," so state.)

13. ON DEATH.

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

_____
(Disposition of effects.)

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

2—7931

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

14. ON TRANSFER.

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

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

15. ON DESERTION.

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

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

16. INOCULATION.

December 5 1916; November 10, 1916
(Date last vaccinated for smallpox.) (Date last received antityphoid inoculation.)

17. PUNISHMENTS ADJUDGED BY COAST GUARD COURTS.

18. EXTENSION OF ENLISTMENT AND REASON THEREFOR.

19. NAVAL SERVICE OR MILITARY SERVICE ON SHORE.

2—7931

20. MERITORIOUS CONDUCT.

21. Record of Rose, Earl Augusta
(Full name, surname to the left.)

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

VESSEL OR STATION.	DATE RECEIVED ON BOARD OR AT STATION.	RATE.	DATE OF CHANGE IN RATING.	PROFICIENCY IN RATING.	SOBRIETY.	OBEDIENCE.	CONDUCT.	PAID IN FULL TO—	SIGNATURE OF COMMANDING OFFICER OR DISTRICT SUPERINTENDENT.
Station Sandy Point	1/1/16	Surfman							
Discharged from Station No. 60	12/31/16	Surfman		3.1+	5-	5-	5-		H H Knowles
AVERAGES				3.1+	5-	5-	5-		

[1] State of health during enlistment: Excellent

[2] Proficient in

Certified to be correct:

John E. Pourgee
~~Executive Officer.~~[3] Keeper of Station.[3]

Approved:

H H Knowles
Commanding Officer.[3] Superintendent ..... District.[3]

INSTRUCTIONS.

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

(b) The contract of enlistment will be read and explained by the enlisting officer to the applicant for enlistment, prior to his signature thereto.

(c) One copy of the complete form shall be mailed immediately to Headquarters. Upon the discharge, death, retirement, transfer, or desertion of the enlisted person, the other copies shall be disposed of as required by regulations.

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

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

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

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

[1] State whether seasickness or other ailment materially interfered with duty.
[2] When an enlisted person, who is proficient in running the engine of a launch, lifeboat or surfboat, an ice machine, refrigerating apparatus, or in signals or radio, is discharged, the fact of such proficiency shall be entered here in red ink.
[3] Strike out words not applicable.

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

ENLISTMENT CONTRACT AND RECORD.

Card
Flap

U. S. COAST GUARD
REC'D JAN 1 1916
NAVY DEPT.

JAN 14 1916
Bureau of the
Public Health

[1] ENLISTMENT of Rose Augusta Earl as Seaman
(Full name, surname to the left.) (Rating.)

U. S. Coast Guard ~~Cutter~~ Station Sandy Point 3rd, District, Block Island R.I.
(Draw line through designation not applying.) (Location of vessel: P. O. address, station.)

1. I, Earl Augusta Rose, this 1st day of January, 1916, desiring
(Full name, surname to the right.)
to enlist in the United States Coast Guard, do declare that I am of legal age (or have legal consent) to enlist; that I am of good habits and character; that I have never deserted or received a dishonorable discharge from the United States Coast Guard, Army, Navy, Marine Corps, or Revenue-Cutter Service; that I have never been discharged from the United States service, or any other service, through sentence of either a civil or military court; and that I have never been discharged from any service, civil or military, except with good character, and for the reasons given by me to the enlisting officer prior to enlistment.

2. I was born in Newport Rhode Island ~~Rhode Island~~ U.S., on April 21st, 1887 Citizenship Native born
Occupation Fishing Home address Block Island R.I.
Full name and address of the following: Maud Spencer Rose, wife, Block Island, R.I.
(Wife, if any.)
(Children under 16 years of age.) Lela May Rose, Child, Block Island R.I.
Lillie May Rose, Mother, Block Island, R.I.
(Mother, if living.)
(Next of kin, or person interested, if there are none of the above.)

3. I have ..... had previous service under the United States in the Coast Guard, Army, Navy, Marine Corps, Revenue-Cutter Service, or Life-Saving Service.
(If "not" so state.)

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

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

In the first place, I agree for the considerations hereinafter mentioned to enter the service of the Coast Guard of the United States, and in due and seasonable time to repair to such vessel or station of said Coast Guard as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties, and be in everything conformable and obedient to the lawful commands of the officers who may from time to time be placed over me.

Secondly, I oblige and subject myself, and for that purpose covenant and agree to serve during the term of ONE YEAR from the date first above written, unless sooner discharged by proper authority, and also to the further conditions that said period may be temporarily extended by reason of duty away from my usual station, or during an emergency to subserve the interests of the Government, or if restored to duty after trial by a Coast Guard court for unauthorized absence, to serve for such period as will, with the time served by me prior to said absence, amount to a full term of ONE YEAR, and I also oblige myself during such service to comply with and be subject to such laws, regulations, and discipline as are, or may be, established for the government of the Coast Guard of the United States.

Thirdly, the said John E Tougee for and in behalf of the United States, does hereby covenant and agree to and
(~~Name of comdg. officer, dist. supt., or~~ keeper of station.)
with the said Earl G. Rose, who has hereunto signed his name, that he shall be paid in consideration of such
(Name of person enlisting.)
services, the amount now established, or that may be established by authority of law, as the pay of the ratings which may, from time to time, be assigned him, subject to such forfeitures, deductions, and retentions as may be ordered by competent authority in accordance with the laws of the United States and the Regulations governing the Coast Guard.

Earl A Rose.
(Signature of enlisted person.)

John E Tougee J. Keeper, U. S. C. G.
(Signature and rank of comdg. officer, dist. supt., or keeper of station.)

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

John E Tougee
J. Keeper, U. S. C. G. Enlisting Officer.

2—7921

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

7. OATH OF ALLEGIANCE.

I, Earl Agusta Rose, (Full name, surname to the right.) do solemnly swear (or affirm) that I will bear true faith and allegiance to the UNITED STATES OF AMERICA, and that I will serve them honestly against all their enemies whomsoever; and that I will obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Laws and Regulations for the government of the United States Coast Guard.

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

Earl A Rose
(Signature of enlisted person.)

Subscribed and sworn to before me this first day of January, A. D. 1916

Adelbert Negus
Notary Public
(Commanding officer or notary public.)

ADELBERT NEGUS NOTARY PUBLIC NEW SHOREHAM, R.I.

8. CONSENT OF PARENT OR GUARDIAN.

(To be used in the enlistment of a minor under 21 years of age.)

I hereby consent to the enlistment of _____, of whom I am the _____; (Father, mother, or guardian.)

in the U. S. Coast Guard, as _____, to serve for ONE YEAR, unless sooner discharged; and I do hereby relinquish all claim to his service, and to any wages or compensation for the same.

Date, _____, 19 _____
(Signature of parent or guardian.)

I certify that I have neither a parent nor guardian _____ where this enlistment is made.
(Within the United States, in the territory or islands of the United States.)

(White) ✓

_____
(Signature of enlisted person.)

9. MEDICAL CERTIFICATE.

Age, 28 years 8 months. Height, 5 feet 8 inches. Weight, 144 pounds. Eyes, Blue Hair, Brown Complexion, Florid Married, Yes Distinguishing marks, Red brown birth mark left side (Small)

I certify that I have carefully examined, in accordance with the regulations prescribed for the physical examination of applicants for [1] _____ enlistment in the Coast Guard, the before-named applicant for [1] _____ enlistment, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would disqualify him from performing his duties in the United States Coast Guard, and that he has stated to me that he has no disease concealed or likely to be inherited.

Carroll A Peake M D
A. A. S., U. S. P. H. S.

10. PREVIOUS SERVICE.

Previous service under the United States: 4 yrs. 10 mos.

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

Army: _____ yrs. _____ mos. Marine Corps: _____ yrs. _____ mos. Life-Saving Service: 4 yrs. 10 mos.

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

11. ON RETIREMENT.

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

12. ON DISCHARGE.

Date _____ Place _____

Kind of discharge _____, authority of _____

Discharged on account of _____

Is _____ recommended for reenlistment.
(If "not," so state.)

13. ON DEATH.

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

_____, _____
(Disposition of effects.)

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

2—7931

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

TREASURY DEPARTMENT.
U. S. Coast Guard.
Form 2502.
Ed. 10,000—Nov. 18-15.

U. S. COAST GUARD
REC'D JAN 1 1916
ANS'D.
By Original

RECORD OF PHYSICAL EXAMINATION OF AN APPLICANT FOR SERVICE IN THE UNITED STATES COAST GUARD.

Block Island R.I. (Relief station or cutter.) December 31st 1915. (Date.)

STATEMENT OF APPLICANT.

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

Name Earl Augustus Rose Age 28 years 8 months.

Date of last discharge from the Coast Guard September (Surfman U.S.L.S.S.) 1914

Character of discharge, honorable or ordinary Honorable

Nativity Block Island R.I. U.S.A. Married or single Married Number of children One

	Name of disease.	Date of illness.
Diseases previous to age of 15	Measles	1894?
Diseases subsequent to age of 15	Mumps	1896?
Diseases during previous service in Coast Guard (Revenue-Cutter Service or Life-Saving Service.)	Influenza	1913

Father { Living 4 Hgs State of health Good
Dead 48 Cause and age at death Good

Mother { Living 3 Hgs State of health
Dead Cause and age at death

Brothers { Number living 0 State of health
Number dead 0 Cause and age at death

Sisters { Number living 0 State of health
Number dead 0 Cause and age at death

Have you, or has any member of your family, suffered from neurasthenia, epilepsy, or insanity, or been confined in any institution for the insane? If so, give a full statement:

No

Have you had venereal disease? If so, give full history including dates, symptoms, and complications:

No

2—7935

Have you, or has any blood relative of yours, been an inmate of a penal institution or poorhouse? If so, give a full statement:

No

Do you have severe headaches? No

Do you use tobacco in excess? ~~Smoke 2 pipes daily~~ Do you use alcohol in excess? No

Do you use morphine, cocaine, or chloral? No

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

I certify that the above statement is true to the best of my knowledge and belief.

Earl A. Rose
(Signature of applicant.)

WITNESS TO SIGNATURE:

Arnold A. Pickle M.D.
U. S. A. *Surgeon, U. S. P. H. S.*

PHYSICAL EXAMINATION.

Read and follow carefully pages 133, 134, 135, and 136 of the Appendix, Regulations of the Public Health Service, with the exceptions noted on the last page of this blank.

Height (without shoes) 5 feet 8 inches. Weight, stripped, 144 pounds.

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

If applicant is overweight, is it due to fat? ____ Is he underweight? No

General appearance:

Robust	Yes	Anaemic	No
Puny	No	Corpulent	No
Plethoric	No	Emaciated	No

Complexion:

White	Yes	Brunette	No
Black	No	Florid	yes
Mulatto	No	Yellow	No
Blonde	Yes	Red	No

Skin: Diseases No

Scars (give situation, length, and cause) Vaccination scars left forearm size half dollar brown birth-mark left hip and thumb nails greatest diameter

Distinguishing marks Birth-mark discribed above

Hair: Color Light brown Thickness Thick

Glands, enlargement:

Post occipital	No	Cervical	No	Femoral	No
Epitrochlear	No	Inguinal	No		

Head: Depressions Normal Irregularities No

Facial disfigurement No

Eyes: Color Blue Exophthalmus No

Chronic inflammation No Other abnormality No

Eyelids: Ptosis No Condition of conjunctiva on eversion Normal Other conditions Normal

2—7935

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

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

Is applicant partially or wholly color blind? No Were eyes tested with lantern, woolen skeins, ~~or both~~? Skeins

If color blind, state which colors he confuses ....

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

Abnormalities No Position Normal Shape Normal

Evidence of mastoid disease No Condition of drums Normal

Hearing (see note on last page of this blank):

Distance conversational speech can be heard, right ear 40, left ear 40

Distance whispered speech can be heard, right ear ~~fifteen~~ left ear Fifteen

Applicants are not eligible for standard "A" or "B" who can not hear conversational speech 30 feet and whispered speech 15 feet.

Nose: Deflection of septum No Polypi No

Chronic nasal catarrh No Is candidate a mouth-breather? No

Teeth: Condition of teeth, Good Has candidate any decayed teeth? No

Number and names of missing teeth not replaced by bridge work, Left upper third molar. Left lower third molar

Malpositions of teeth, No Does candidate wear a plate? No

Palate: Cleft, No Perforated, No Other conditions Normal

Fauces: Condition of tonsils Normal Pharynx Normal

Neck: Goitre No Other conditions Normal

Chest: Inspection—Pigeon-breasted No Flat chest No Barrel-shaped chest No

Normal chest Yes Supra and infra clavicular spaces Normal Respiratory rate Sixteen

Measurement—Inspiration 37 inches. Expiration 33 1/4 inches.

Lungs, Palpation Normal

Percussion Normal

Auscultation Normal

Heart, Palpation Normal

Percussion Normal

Auscultation Normal

Blood pressure: Systolic 135 One hundred thirty-five Diastolic 95 Pulse rate 86

Condition of heart and lungs after exercise Normal

Abdomen: Circumference at umbilicus 31 inches Tenderness No

Other abnormalities No

Liver, percussion Normal Palpation Normal

Spleen, percussion Normal Palpation Normal

Inguinal rings (size of) small Hernia No

Scrotum: Varicocele No Hydrocele No Sarcocele No

2—7935

Testicles: Induration N V Atrophy N

Other conditions Normal Undescended N V

Penis: Epispadias N V Hypospadias N V

Condition of prepuce Long loose Venereal diseases (give full history, including dates,

symptoms, and complications) N

Anus: External hemorrhoids N V Internal hemorrhoids N V

Fistulæ N V Prolapse of bowel N V Other conditions Normal

Spine: Tenderness N V Curvature Normal

Reflexes: Cremasteric Normal Patellar Normal

Pupillary—Reaction to light Does pupil accommodate for vision for short and long distance?

Upper extremity: Missing fingers N V Contractures of hand N

Other conditions, including evidence of old fractures and dislocations N

Lower extremity: Flat foot N V Bowed legs N V Knock-knees N V

Varicose veins N V Hammer toes N V Bunions N V

Corns (state number and if inflamed) N

Other abnormalties, including evidence of old fractures and dislocations Normal

Muscles: Muscular development Excellent

Coordination of muscular movements Excellent

Romberg N V Joint movements Normal

Defects of gait N V Agility Excellent

Habit spasms N V Chorea N V

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

Color Amber Sp. gr. 1.025

Albumen N V Sugar N V

Shreds N V

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

Epithelial cells Bladder Blood cells N V

Pus cells N V Casts N V

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

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

Other conditions

Temperature 98 8 Has applicant been successfully vaccinated against smallpox within five years? N V

Has the applicant aphasia? N V Does he stutter? N V

Do you consider the applicant mentally sound? Yes

(In deciding this question, the directions given on the last page of the blank should be strictly followed.) 2—7935

CERTIFICATE.

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

I certify on honor that I have carefully examined Earl Augustus Rose at the request of Jno E Tourgee, U. S. C. G., Enlisting Officer, as to his physical qualifications for standard "A," in accordance with the instructions on the last page hereof and the regulations of the Public Health Service, and find—

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

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

Darrell A Picken MD
a. a. Surgeon, U. S. Public Health Service.

CERTIFICATE.

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

I certify on honor that I have carefully examined _____ at the request of _____, U. S. C. G., Enlisting Officer, as to his physical qualifications for standard "B," in accordance with the instructions on the last page hereof and the regulations of the Public Health Service and find—

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

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

_____
Surgeon, U. S. Public Health Service.

*Obliterate the statement not applicable.

2—7935

NOTE.—If the person's disabilities are considered not incident to service he shall be rejected.

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

Referred to the Surgeon General, Public Health Service, for examination and recommendation.
By direction of the Captain Commandant.

.....

.....
(Title.)

U. S. COAST GUARD
REC'D JAN 1 5 1916
ANS'D. By

U. S. PUBLIC HEALTH SERVICE, WASHINGTON, Jan 14. 1916
(Date.)

This record has been examined at the Bureau of the Public Health Service, and it is recommended that the applicant be retained in the Coast Guard.*

By direction of the Surgeon General, Public Health Service.

W. C. Thompson

Assistant Surgeon General.
(Title.)

* State reason if recommendation be "not retained."

2—7935