MAY 12 2025 AM10:53

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

Date: 5/7/2025

REQUESTER INFORMATION

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

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

Name used in Service (Please Print – Last, First, Middle)	Service Number/SSN	Date & Place of Birth
Ryan, Toney ~~407 737~~	422-44-0425	Nov 7, 1899 AL

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: 1978 AL

State of Residence (upon entry into service):

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

Researcher Signature: Andrew Burns

CIVILIAN SERVICE

(Agency & Location) Try 226917

From: | To:

(Agency & Location)

From: | To:

(Agency & Location)

From: | To:

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

This Space Intentionally Left Blank

STAFF USE ONLY

Appointment Time and Date:

Additional Researchers: ☐ Yes ☐ No

CMRS Service Request Number: C-0005669893

CMRS Search Request Number(s): CGS-00272803 77

Attendant Signature:

Remarks: 25 JUN 2 PM12:39:10

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:

INFORMAL INFORMATION REPLY

DATE: Sept. 25, 1984

RE: Ivey 226 917

DATE OF INQ	RECEIVED ON	ON BEHALF OF

REFERRED PRC BY

THE REPLY TO THE INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S). IF IT IS NECESSARY TO WRITE TO US AGAIN CONCERNING THIS SUBJECT, PLEASE RETURN ALL PAPERS TO THIS CENTER.

1. Copies of requested military ☑ personnel ☐ medical records are attached.

☐ Deleted and undeleted copies of your separation document(s) are attached.

☐ We regret some of the copies are of poor quality; however, they are the best copies obtainable.

☐ The Privacy Act of 1974 does not permit the release of a social security number or other personal information to the public without the authorization of the veteran concerned. Therefore, personal identifying data relating to other persons have been deleted from the attached documents.

☐ Military personnel, upon discharge from the Armed Forces, are issued a discharge certificate. These certificates are prepared in the original only; therefore, copies cannot be furnished. The law does provide that upon presentation of satisfactory proof of loss (such as a signed statement), an honorably discharged veteran or the surviving spouse may be given a "certificate in lieu of lost or destroyed discharge." Before we can consider a certificate lost in the mail, 60 days must have passed since date of discharge. We are unable to issue a certificate in lieu to anyone other than as provided by law.

☐ The document you have requested, DD Form 214, Report of Separation, was not used until Jan. 1, 1950. However, a similar form was used when you were separated. A copy of it is attached.

☐ At the time you were separated, it was not the practice to issue a document which served as a report of separation.

☐ The original Report of Separation was issued at the time of separation. Another original cannot be issued. The attached copy, however, will serve the same purpose as the original.

☐ No Report of Separation was issued since you had no active service, or less than 90 days of active duty for training.

☐ Your service record does not contain a copy of a Report of Separation, or its equivalent.

☐ We are furnishing the attached Regional Form R6-6954, Certification of Military Service, in lieu of the requested document. This will verify your military service and may be used for any official purpose.

☐ That portion of your request seeking Army service medals/awards has been referred to the U.S. Army Reserve Components Personnel and Administration Center, Attn: AGUZ-PSE-AW, 9700 Page Blvd., St. Louis, MO 63132. That office has jurisdiction over the issuance of Army medals and awards. Further correspondence on this subject should be addressed to that office.

☐ The medical records you request: ☐ The documents you request pertaining to discharge: have been lent to the Veterans Administration and may be obtained from the VA office shown below.

☐ Your Reenlistment Eligibility (RE) Code issued upon release from active duty on _____ is: _____.

☐ Your record of service in the _____ indicates you were in a POW status from _____ to _____.

☐ The reason and authority for your separation from active duty/discharge on _____ is _____.

Carl A. Ryan
Rt. 1, Box 2910
Gulf Shores, Al.
36542

6KP/MN-C
B. Hill
for

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

REFERRED TO NPRC BY

ON BEHALF OF

Ryan, Torrey

226917

THE REPLY TO YOUR INQUIRY WILL BE FOUND IN THE CHECKED ITEM(S).

☒ Under the provisions of the Privacy Act of 1974, we must have the written consent of the individual whose records are involved before considering your request. If the individual is a minor dependent of a veteran, the parent or legal guardian must sign the release. If the person is mentally incompetent, the legal guardian must sign the release. (The legal representative or guardian should furnish a copy of the court appointment.) Although the Privacy Act does not apply to the records of deceased individuals, Department of Defense instructions indicate that we must have the written consent of the next of kin if the individual is deceased. For purposes of the release authorization, the next of kin is defined as any of the following: widow or widower, son, daughter, father, mother, brother or sister. If you are able to obtain the written consent, please return your request to us.

☐ We are unable to determine what information or documents you want. Please send us a detailed statement outlining the specific information or document needed.

☐ Upon receipt of your reply, we will consider your request promptly and fur. h all available information or documents that may be released under policies of the military service.

☐ The information or document you request may be released only under certain conditions. Please explain the purpose for which you intend to use it.

☐ If legal proceedings are pending, please inform us of the nature of the action and whether the United States is a party.

☐ Military personnel, upon separation from the Armed Forces, are furnished a separation document containing a resume of their military service. We believe this document contains sufficient evidence of service for the purpose described. If not, or if the separation document is not available, the specific information needed will be furnished upon receipt of the service person's authorization. If the document has been lost, the veteran may obtain a copy by writing to this Center.

☐ The military record needed to answer this inquiry is not in our files. If the record was here on July 12, 1973, it would have been in the area that suffered the most damage in the fire here on that date and may have been destroyed. There are alternate record sources available:

☐ which often can be used to reconstruct the information or document required. Complete the attached form as completely as possible and return to this Center.

☐ that these sources do not contain the particular type of information or document requested. We regret that we

d States usually can be obtained from the Bureau of Vital Statistics in the appropriate bureau appears below:

GENERAL SERVICES ADMINISTRATION

NOTICE

WE DO NOT RETAIN COPIES OF ALL INQUIRIES NOR OF THE REPLIES THERETO. IF YOU FIND IT NECESSARY TO WRITE AGAIN CONCERNING THIS SUBJECT, PLEASE RETURN ALL CORRESPONDENCE. THIS WILL ENABLE US TO GIVE YOU FASTER SERVICE.

Carl W. Ryan
Rt 1 - Box 2910
Gulf Shores Al. 36542

6NCPM

PEGGY D. COX
Chief, Navy Reference Branch

NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

GENERAL SERVICES ADMINIST

R6-6933 (REV. 6/81)

Gulf Shores, AL
August 21, 1984

Dear Sirs:

I would like to know how I may obtain a copy of the Discharge and Service Records of my father, Toney Ryan (#226 917). He first joined the Lighthouse Service on October 22, 1925. His first duty was at Sand Island Lighthouse, off the Alabama Coast. He transfered into the U.S. Coast Guard in 1939 when they took over the Lighthouse Service, and he retired, June 30, 1950. At the time of his retirement, he was stationed at Curtis Bay, MD and held Chief Boatswain's Mate rating.

Please advise me what it will cost for a copy of his records.

Thank you,

Carl W. Ryan

Carl W. Ryan
Rt. 1, Box 2910
Gulf Shores, AL 36542



Emma Ryan, 77, of Gulf Shores died Aug. 12, 1981. Services were at 3 p.m. Aug. 15, 1981, in Lagoon Baptist Church with the Rev. Ralph Rogers officiating. Burial was in Miller Memorial Cemetery under direction of Bayview Funeral Home of Foley.

Survivors include five daughters, Doris Southworth of Bon Secour, Antoinette Reed of Chickasaw, Regina Hall of Foley, Elaine Harrison of Foley and Esther Nelson of Fairhope; three sons, Carl Ryan, Larry Ryan and C'etis Ryan, all of Gulf Shores; 30 grandchildren and 23 great-grandchildren.

e
14, 1978 at 3 p.m. from Lagoon Baptist Church with the Rev. Rubin Grimes officiating. Burial followed in Miller Memorial Cemetery.

Survivors include his widow, Mrs. Emma Ryan, Gulf Shores; five daughters, Doris Southworth, Bon Secour, Antoinette Reed, Chickasaw, Regina Wood, Gulf Shores, Elaine Harrison, Foley, and Esther Nelson, Fairhope; three sons, Carl, Larry and Cletis Ryan, all of Gulf Shores; five sisters, Fannie Everett, Eugenia Bosarge; Olivea Bosarge, Mattie Nelson and Nelis Roberts, all of Bayou Le Batre; three brothers, Charles Ryan and Leroy Ryan, Irvington, and John Ryan, Calif.; 27 grandchildren; 19 great grandchildren.

Arrangements were by Bayview Funeral Home, Foley.

Sept. 14, 1984

Sirs:

I apoligize for not stating that my father, Toney Ryan, (and mother) were dead when I made my request to you for a copy of his military records and discharge, but since I was his son, I did not think there would be a question of the Privacy Act. Just to be on the safe side, I have enclosed a copy of the death notices of my parents, and I would still like to know what it will cost to get a copy of my father, Toney Ryan's military records?

My reason for asking for these records are that my daughter needs a copy in order to award a Posthumous "Cross of Military Service" in his name by the United Daughters of the Confederacy.

Please advise as soon as possible.

Sincerely,

Carl W. Ryan

Carl W. Ryan
Rt. 1, Box 2910
Gulf Shores, AL 36542

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY | REPORT NUMBER AND TYPE: FINAL | DATE PREPARED: 7 DEC 1978

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

RYAN, Toney (n) 226 917 BMC, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 11 September 1978
Place: Mobile, AL - Mobile Infirmary
Cause: Cardiovascular collapse

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

7 November 1899 - Dauphin Island, LA - Caucasian

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY | CHECK IF APPLICABLE ☐ CREW ☐ NON-CREW

422 44 0425 E-7 over 22 yrs. service $1088.40 per mo. (PL92-210)

6. DUTY STATUS

RETIRED 1 July 1950 *Physical Disability

7. INTERESTED PERSONS (Name, Address, Relationship)

Emma V. Ryan, widow, Star Route, Box 1555, Gulf Shores, AL 36542 (1)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

COMCOGARD GRU MOBILE AL - 15 September 1978

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NOT REGISTERED 25 June 1941 - Mobile, AL - USCG

11. PRIOR SERVICE DATA

☒ YES ☐ NO FLHS

12. REMARKS

*Arthritis mixed, lumbar and dorsal spine	Code No.	5003	20%
Arthritis, rheumatoid, right ankle		5002	10%
Pterygium bilateral			0%
Varicose veins right foot and leg, moderate		7120	10%

RETIRED PAY DISCONTINUED ON DATE OF DEATH - NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:
[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

15. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD FORM 1 MAR 80 1300

3-13

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SERVICE NUMBER	3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	4. COMPONENT AND BRANCH OR CLASS
RYAN, Toney	226-917	BMC/7-1-48	USCG(RET)

5. QUALIFICATIONS: SPECIALTY NUMBER OR SYMBOL	RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	6. EFFECTIVE DATE OF SEPARATION: DAY	MONTH	YEAR	7. TYPE OF SEPARATION
- - -	- - -	1	7	1950	RETIRED

8. REASON AND AUTHORITY FOR SEPARATION	9. PLACE OF SEPARATION
R/L dated 6-22-50, File PEC 73, & 706	New Orleans, La.

10. DATE OF BIRTH: DAY	MONTH	YEAR	11. PLACE OF BIRTH (City and State)	12. DESCRIPTION: SEX	RACE	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
7	11	1899	Dauphin Island, Ala.	Male	Caucasian	Blk-Grey	Hazel	5'10"	156

SELECTIVE SERVICE DATA

13. REGISTERED: YES	NO	SELECTIVE SERVICE NUMBER	14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)	15. INDUCTED: DAY	MONTH	YEAR
	X	- - - - - - - - - -	- - - - - - - - - -	- -	- - -	- - -

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES	NO	COMPONENT AND BRANCH OR CLASS	COGNIZANT DISTRICT OR AREA COMMAND
	X	- - - - -	- - - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION	18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE
[X] ENLISTED [ ] REENLISTED [ ] COMMISSIONED [ ] CALLED FROM INACTIVE DUTY	BM1c

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY	MONTH	YEAR	PLACE (City and State)	20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)
25	6	47	New Orleans, La.	Mobile Point Light Sta., Gasque, Ala.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET COAST GUARD) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	6	0	0
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	6
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	8	3
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	24	8	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY: DAY - MONTH - YEAR - AMOUNT -

26. FOREIGN AND/OR SEA SERVICE: YEARS None — MONTHS — DAYS —

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
From previous records: Authorized Good Conduct Medal; American Area Med; World War II Victory Medal;

28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)
BMC- Various Assignments	- - - - -

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
- - -	- -	- -	- - - -

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBERS, IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month): N.S.L.I.	U.S.G.L.I.	33. MONTH ALLOTMENT DISCONTINUED	34. MONTH NEXT PREMIUM DUE
- - -	- - - -	- -	- -

35. TOTAL PAYMENT UPON SEPARATION	36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER
RETIREMENT, PPAY CONTINUED		

AUTHENTICATION

38. REMARKS (Continue on reverse)
RETIRED FOR PHYSICAL DISABILITY INCIDENT TO SERVICE
First enlisted 6-25-41, Mobile Ala, home address at entry, Gasque, Ala.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

NAME, GRADE AND TITLE (Typed)
B. M. CHISWELL, LCDR., USCG
Chief, Civil Readjustment Section

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. - CLAIM NUMBER -

41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM	TO	42. MAIN CIVILIAN OCCUPATION	43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER
-	-	-	-

44. UNITED STATES CITIZEN	45. MARITAL STATUS	46. NON-SERVICE EDUCATION (Years successfully completed): GRAM-MAR	HIGH SCHOOL	COL-LEGE	DEGREE(S)	MAJOR COURSE OR FIELD
[X] YES [ ] NO	Married	6	-	-	-	-

47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)
Route #3, Foley, Ala.

48. SIGNATURE OF PERSON BEING SEPARATED
Toney Ryan

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD.
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C.
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ, COAST GUARD, WASHINGTON, D.C.)

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Pay and Audit Section, Station 6-4 DATE: 6 July, 1950

FROM : Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13

SUBJECT: RYAN, Toney (226-917) BMC (Ret); leave record

The leave record of subject man, who was retired on 1 July, 1950, contains several discrepancies which indicate a possibility that the payment for unused leave at the time of retirement may have been incorrect. In order that we may verify the leave record, it is requested that you inform us of the periods for which leave rations were credited during the period from 1 September 1946 to 30 June, 1950.

B. A. Shaw
B. A. SHAW

17 July, 1950

FA- Sta. 6-4, HQ PAY UNIT

Susbsistence allowance credited from 7/1/46 - 2/15/49; 3/2/49-6/13/49, incl.

Lv. Rations credited 6/14 to 6/28/49, inclusive; and 9/3 - 9/27/49, inclusive; SICK LEAVE 1/8 - 1/23/1950; 5/24/50 - 6/30/50.

Eleven days lump-sum leave.

R. L. Edmands
R. L. EDMANDS,
Chief, Pay and Audit Section

Leave record agrees with above.
Payment for 11 days unused leave
on retirement apparently is OK.
RS

Chief, Pay and Audit Section, Station 6-4 6 July, 1950

Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13
RYAN, Toney (226-917) BMC (Ret); leave record

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Eleven days lump-sum leave.

R. L. EDMANDS,
Chief, Pay and Audit Section

CG-2511 (Revised)
approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-1[illegible]-1[illegible])
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)EMC, USCG

Statement of service of.

Reference: Your letters dated 27 October, 1949 & 4 November, 1949

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G.							
6-25-41		None		None		None	
Enl. ext. 3 yrs. from							
6-25-44	6-24-47 HD	None		None		None	
6-25-47							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13
TJT;ft
SH

CG-2511 (Revised)
orm approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)EMC, USCG
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Reference: Your letters dated 27 October, 1949 & 4 November, 1949

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Entered Service	Service Terminated	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—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G.							
6-25-41		None		None		None	
Enl. ext. 3 yrs. from							
6-25-44	6-24-47 HD	None		None		None	
6-25-47							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

UNITED STATES COAST GUARD

U. S. COAST GUARD
MAIL & RECORDS
SERVICE SECTION
RECEIVED NOV 2-1949

ADDRESS REPLY TO:
COMMANDANT
U.S.COAST GUARD YARD
CURTIS BAY 26, MD.

27 October, 1949

FILE: CG-73

From: Commandant, CG YARD
To: Commandant (PE-PR)

Subj: RYAN, Toney (226-917), BMC., USCG; Statement of Creditable Service; request for

1. It is requested that a Statement of Creditable Service be furnished in the case of subject-named man for pay purposes.

2. RYAN states that he served in the U.S. Lighthouse Service from 22 October, 1925 to 23 June, 1941, at which time he was inducted into the U.S. Coast Guard.

R. J. Chevrier
R. J. CHEVRIER,
By direction.

Cms. 2-20-50
F.T.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD YARD
CURTIS BAY 26, MD.

FILE: [illegible]

From: [illegible]
To: Department (Pay-[illegible])

Subj: RYAN, Toney (226-917) BMC; Statement of Creditable Service; request for

It is requested that a Statement of Creditable Service (Form CG-2511) be furnished in the case of subject named man for pay purposes.

V. J. Cheverus
R. J. CHEVERUS,
By direction.

NAVCG 2533
U. S. COAST GUARD
October 1937

3.13

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

~~(Unit)~~ HOME
Route #3 Foley Ala.
(Place)
July 3. , 1950

Upon being retired from active duty on June 30 , 1950, 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:

Emma V Ryan 47 Female Wife — Emma V Ryan
(Name, age, sex, and nature of dependency) (Signature)

Eloise Regenia Ryan 13 Female Daughter — Eloise Regina Ryan
(Name, age, sex, and nature of dependency) (Signature)

Eletis Jay Ryan 7 Male Son — Eletis Jay Ryan
(Name, age, sex, and nature of dependency) (Signature)

Mary Elaine Ryan 7 Female Daughter — Mary Elaine Ryan
(Name, age, sex, and nature of dependency) (Signature)

June Esther Ryan 6 Female Daughter — June Esther Ryan
(Name, age, sex, and nature of dependency) (Signature)

I hereby certify that the above signatures were signed in my presence this 30th June , 1950

S. L. BROWN, CSCLK, USCG
(Signature of certifying officer and title)

Toney Ryan.
(Signature of retired person)

C. B. M.
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 17 July , 1950

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.

7/17/50

T. LE BLANC
Lt. Commander, USCG

By direction,

(Rank) ~~XXXX

3—13 File

FA
13 July 1950
73

From: Commandant
To: Toney Ryan, BMC USCG (Retired)
Route #3
Foley, Alabama

Subj: Disability retirement pay

Ref: (a) Career Compensation Act of 1949
(b) Commandant (PE-C) letter to you dated 22 June 1950, file 73-706

1. You are advised that under the provisions of Section (402 (d) and 415) of reference (a), you may elect to receive disability retirement pay computed by

(a) Multiplying an amount equal to the monthly basic pay (new rate) of your rating at time of retirement by a number equal to the number of years of active service to which you are entitled, multiplied by 2½ per centum

(b) multiplying an amount equal to the monthly basic pay (new rate) of your rating at time of retirement by the percentage of your physical disability as of the date your name was placed on the retired list

(c) multiplying an amount equal to your basic monthly pay (old rate) as of 30 September 1949, by 75 per centum.

2. Inclosure, which contains computations of your retirement pay under (a and b) (a, b and c) above, is forwarded for your information and use in determining which one of the methods you wish to select.

3. Advise the Commandant (FA-PA) promptly which method of computation you desire your retirement pay to be based on, in order that your account may be stated on the retired roll and payments commenced.

JUL 14 1950

R. L. EDMANDS
By direction

Incl: Forms, Computations of Physical
Disability Retirement Pay

JGant:mch
7/13/50 6-7

gg/dd mb

Chief, Pay and Audit Section, Station 6-4 6 July, 1950

Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13
RYAN, Toney (226-917) BMC (Ret); leave record

The leave record of subject man, who was retired on 1 July, 1950, contains several discrepancies which indicate a possibility that the payment for unused leave at the time of retirement may have been incorrect. In order that we may verify the leave record, it is requested that you inform us of the periods for which leave rations were credited during the period from 1 September 1946 to 30 June, 1950.

B. A. SHAW

SMITH:jfw;return to 3-13

Coast Guard Depot, Galveston, Texas - 8th District

3-13 FILE

23 - 5 - 9 (3/31/49) RYAN, Toney (226-917) BMC

RYAN, Toney (226-917) BMC
(Name) (Service Number) (Rate)

Active service to and including 31 March 1949

	Years	Months	Days
COAST GUARD	7	9	6
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE	15	8	3
TOTAL SERVICE FOR RETIREMENT	23	5	9
Inactive Service			
TOTAL SERVICE FOR LONGEVITY	23	5	9

Entitled to 10% for conduct _____
(Yes - No)

BMC

ACTIVE DUTY PAY $_____ YEARS OF SERVICE _____

PERCENTAGE FOR SERVICE _____% PERCENTAGE FOR CONDUCT _____%

MAXIMUM PERCENTAGE ALLOWED BY LAW OR TOTAL _____

GROSS RETIRED PAY $_____

Ret Pay Div 7-1-50 - Ltr

DK

Commanding Officer
CG DEPOT, Galveston, Texas

25 May, 1949

File: 73

From: RYAN, Toney (n) (226-917) BMC
To : Commandant (P)
Via : (1) CO, CG DEPOT, Galveston, Texas
(2) Commander, 8th CG District (p)

Subj: Retirement

It is requested that I be placed on the retired list of the Coast Guard. I will have completed 23 years, 8 months service on 22 June, 1949.

TONEY RYAN

Ind-1
CG DEPOT, Galveston, Texas
73

25 May, 1949

Forwarded, approved.

23-5-9

W. IRVING COOK

Ind-2
CCCGD-8 (p)

27 May, 1949
File: 73

From: Commander, 8th CG District
To: Commandant (P)

Forwarded.

S. L. BROWN
By direction

Methods 3-13

Taken from original retirement letter of RYAN, Toney (226-917)BMC (Retired)

Ind-1
CCCGD-8/pmp
New Orleans, La.

30 June, 1950
File: pmp 73-706

FILE
B.A.S.

From: Commander, 8th CG District
To: RYAN, Toney (226-917) BMC, United States Coast Guard

1. Forwarded for compliance with basic orders.

S. E. BROWN
By direction

Ind-2
Foley, Alabama

(date) 3 July, 1950
File: 73-706

1. Received at 1400 this date. July 3, 1950

Toney Ryan

(date) 3 July, 1950
File: 73-706

Ind-3
Foley, Alabama

From: RYAN, Toney (226-917) BMC, USCG - Retired
To: Commandant (PE-C)

1. My permanent home of selection is:

Foley, Alabama

2. I arrived at above address at 1230 . May 21, 1950

(Signed) Toney Ryan

3-13
4.20

Taken from original retirement letter of RYAN, Toney (226-917)BMC (Retired)

Ind-1
CCCGD-8/pmp
New Orleans, La.

30 June, 1950
File: pmp 73-706

From: Commander, 8th CG District
To: RYAN, Toney (226-917) BMC, United States Coast Guard

1. Forwarded for compliance with basic orders.

S. E. BROWN
By direction

Ind-2
Foley, Alabama

(date) 3 July, 1950
File: 73-706

1. Received at 1400 this date. July 3, 1950

Toney Ryan

(date) 3 July, 1950
File: 73-706

Ind-3
Foley, Alabama

From: RYAN, Toney (226-917) BMC, USCG - Retired
To: Commandant (PE-C)

1. My permanent home of selection is:

Foley, Alabama

2. I arrived at above address at 1230 . May 21, 1950

(Signed) Toney Ryan

22 June, 1950
PR-C 73, 706
AUTH: 519478

From: Commandant
To: RYAN, Toney (226-917)BMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 40 per centum.

2. On 19 June, 1950, the Secretary of the Treasury approved the proceedings and findings of the Board as amended by the Physical Review Council. You are, therefore, retired for permanent disability in accordance with Section 402 of the Career Compensation Act of 1949. In accordance with the Act of April 23, 1930 (5 U.S.C. 47a), your retired pay will commence on 1 July, 1950.

3. You will immediately notify the Commandant (FA-P) of your mailing address and you will thereafter notify the Commandant (FA-P) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if accomplished within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

5. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PH). Signatures of children, twelve years of age or under, will not be required.

6. The certifying officer is directed by copy hereof to forward photostatic copy of your pay record to the Commandant (FA-P), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

F. V. HELMER
By direction

Incls (2)
CORRESPONDENCE:me Ret 3-11

PEA-A JUN 22 15

Accts. Section
Date JUN 22 1950
Initial

am
Dlh

EASURY DEPARTMENT
S. COAST GUARD
HQ-9959 (Rev 2-50)

COMMENTS BY LEGAL DIVISION

PROCEEDINGS: Are in due form and technically correct. DATE 9 JUNE, 1950

FINDINGS: There is evidence in the record to support the findings.

K. L. Hamm
(SIGNATURE OF CHIEF COUNSEL)

FORWARDING INDORSEMENT

FROM: COMMANDANT, U. S. COAST GUARD 12 JUN 1950
TO: SECRETARY OF THE TREASURY
FORWARDED FOR THE CONSIDERATION OF THE SECRETARY OF THE TREASURY

MERLIN O'NEILL
Vice Admiral, U. S. Coast Guard
(SIGNATURE OF THE COMMANDANT)
Commandant

ACTION OF SECRETARY OF THE TREASURY

TO: COMMANDANT, U. S. COAST GUARD DATE JUN 19 1950
RETURNED.
Approved. It is directed that Toney Ryan (226-917) BMC. USCG, be placed on the permanent physical disability retired list of the U. S. Coast Guard, effective 1 July, 1950, in accordance with Section 402 of The Career Compensation Act of 1949.

G. M. Humphrey
Action
(SIGNATURE OF THE SECRETARY OF THE TREASURY)

141

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9959 (Rev 2-50)

ACTION UPON PHYSICAL EVALUATION BOARD

OKB

CASE OF (NAME)	SERVICE NUMBER	RANK, RATE
RYAN, Toney	226-917	BMC

COMMENTS BY PERSONNEL

		YEARS	MONTHS	DAYS
	AGE	50	6	24
SERVICE FOR RETIREMENT	COAST GUARD	8	11	6
	NAVY			
	ARMY			
	OTHER L.H.S.	15	8	3
	TOTAL	24	7	9

REMARKS: DATE 31 May, 1950

HIGHEST RANK OR RATING HELD: BMC

REGULAR [XX] RESERVE [ ] Regular Enlistment

BMIN SPECIALTY (IF ANY)

Enlistment expires 24 June, 1950

ACTION OF PHYSICAL EVALUATION BOARD

FINDINGS: That RYAN, Toney (226-917) BMC is unfit to perform the duties of his rating by reason of (1) ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE; (2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE; (3) PTERYGIUM BILATERAL; and (4) VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE incurred while entitled to receive basic pay.

That each disability is not due to intentional misconduct or willful neglect and was not incurred during a period of unauthorized absence.

That such combined disabilities is considered to be 40% disabling in accordance with the current Veterans' Administration Schedule for Rating Disabilities, computed as follows:

5003 - ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE	20%
5002 - ARTHRITIS, RHEUMATOID, RIGHT ANKLE	10%
7120 - VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE	10%
None - PTERYGIUM BILATERAL	0%

That accepted medical principles indicate that each disability is of a permanent nature.

RECOMMENDATIONS:

RYAN ACKNOWLEDGED RECEIPT ON 24 MAY, 1950 OF A COPY OF THE PROCEEDINGS AND RECOMMENDED FINDINGS OF THE PHYSICAL EVALUATION BOARD AND HAS SUBMITTED A SIGNED STATEMENT THAT HE DOES NOT DESIRE TO SUBMIT A REBUTTAL.

ACTION OF PHYSICAL REVIEW COUNCIL

FINDINGS:

6 June 1950

The Physical Review Council concurs in the findings of the Physical Evaluation Board except that the diagnosis 5003 - Arthritis mixed, lumbar and dorsal spine - 20%. In view of limitation of motion of back, it is recommended that the percentage of disability under this diagnosis be increased to 30%. Total combined disability will be 40%.

RECOMMENDATIONS:

That RYAN, Toney, (226-917) BMC, be placed on the permanent physical disability retired list of the U. S. Coast Guard in accordance with Section 402, Career Compensation Act of 1949.

WILLIAM W. KENNER Captain, U. S. Coast Guard President	WALTER C. CAPRON Captain, U. S. Coast Guard Member	JOHN J. WALSH Lieutenant (jg) USPHS Member

B 5010

UNITED STATES COAST GUARD
NEW ORLEANS 9, LOUISIANA



ADDRESS REPLY TO
Comdr. 8th CGD
Custom House, Box 282
REFER TO FILE

COAST GUARD PHYSICAL EVALUATION BOARD

26 May, 1950

File: dli 73-706

From: President, Physical Evaluation Board, 8th CG District
To: The Secretary of the Treasury
Via: The Commandant (PE)

Subj: RYAN, Toney (226-917) BMC, USCG; forwarding of record of proceedings of physical evaluation board in case of

1. Record of proceedings of Coast Guard Physical Evaluation Board in the case of subject man, convened by precept dated February 13, 1950, is forwarded herewith together with inclosures.

2. On 24 May, 1950, receipt for a copy of the record of proceedings and recommended findings of the physical evaluation board was acknowledged by RYAN, who signed a statement indicating that he did not desire to file a rebuttal to the recommended findings of the board.

3. All records and papers pertaining to this case were made available to the individual for examination prior to the date set for the hearing.

SEVERT A. OLSEN
Captain, U. S. Coast Guard

Incls:
1. Ltr from RYAN to President 8CGD Physical Evaluation Board, dtd 5-24-50
2. Subject record (1)

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 282

23 May, 1950

COAST GUARD PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Physical Evaluation Board
To: RYAN, Toney (226-917) BMC, U. S. Coast Guard

Subj: Physical Evaluation Board; transmittal of copy of proceedings and recommended findings

1. The Physical Evaluation Board, convened at Custom House, New Orleans, Louisiana, on 11 May, 1950, to consider your case, after deliberation on the evidence presented to it, has made recommended findings in accordance with Part II, Article 225 of Regulations Pertaining to Retirement and Separation for Physical Disability. A copy of the proceedings and recommended findings of the Board are transmitted herewith for your information.

2. You are requested to acknowledge receipt of this copy of such proceedings and recommended findings and complete the statement relating to your desires to file a rebuttal, on the carbon copy of this letter and return same, duly signed, to the President, Physical Evaluation Board, Office of the Commander, 8th Coast Guard District.

3. You are hereby advised of your right to file a rebuttal to the recommended findings of the Board in accordance with Part II, Article 229 of the Regulations Pertaining to Retirement and Separation for Physical Disability, within ten days, exclusive of Sundays and Holidays, after receipt by you of a copy of the proceedings and recommended findings of the Board.

Severt A. Olsen

SEVERT A. OLSEN
Captain, U. S. Coast Guard

DATE: May 24 1950

I hereby acknowledge receipt on this date, of a copy of the proceedings and recommended findings of the Physical Evaluation Board convened at New Orleans, Louisiana on 11 May, 1950.

I ~~do~~ (do not)* desire to submit a rebuttal.

Toney Ryan

TONEY RYAN
(226-917) BMC, USCG

*(Strike out inapplicable words).

U. S. COAST GUARD
WASHINGTON, D.C. 20591

REPORT OF CASUALTY	REPORT NUMBER AND TYPE: FINAL	DATE PREPARED: 7 DEC 1978

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

RYAN, Toney (n) 226 917 BMC, USCG, Retired

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE

Died: 11 September 1978
Place: Mobile, AL - Mobile Infirmary
Cause: Cardiovascular collapse

3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE

7 November 1899 - Dauphin Island, LA - Caucasian

4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

NOT APPLICABLE

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY | CHECK IF APPLICABLE

422 44 0425 E-7 over 22 yrs. service $1088.40 per mo. (PL92-210) ☐ CREW ☐ NON-CREW

6. DUTY STATUS

RETIRED 1 July 1950 *Physical Disability

7. INTERESTED PERSONS (Name, Address, Relationship)

Emma V. Ryan, widow, Star Route, Box 1555, Gulf Shores, AL 36542 (1)

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

COMCOGARD GRU MOBILE AL - 15 September 1978

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

NOT REGISTERED 25 June 1941 - Mobile, AL - USCG

11. PRIOR SERVICE DATA

☒ YES ☐ NO FLHS

12. REMARKS

*Arthritis mixed, lumbar and dorsal spine	Code No.	5003	20%
Arthritis, rheumatoid, right ankle		5002	10%
Pterygium bilateral			0%
Varicose veins right foot and leg, moderate		7120	10%

RETIRED PAY DISCONTINUED ON DATE OF DEATH - NO ALLOTMENTS IN EFFECT FOR DEPENDENTS

FOOTNOTES:
[1] Adult next of kin.
[2] Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.
[3] Beneficiary for unpaid pay and allowances - as designated on record of emergency data.

13. DISTRIBUTION

VA

14. SIGNATURE (By direction of the Commandant)

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch

DD FORM 1 MAR 80 1300

3-15

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

CHARACTER OF SEPARATION: HONORABLE

DEPARTMENT: U. S. COAST GUARD

SEPARATION DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: RYAN, Toney
2. SERVICE NUMBER: 226-917
3. GRADE - RATE - RANK AND DATE OF APPOINTMENT: BMC/7-1-48
4. COMPONENT AND BRANCH OF CLASS: USCG(RET)
5. QUALIFICATIONS — SPECIALTY NUMBER OR SYMBOL: - - - ; RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: - - - -
6. EFFECTIVE DATE OF SEPARATION: DAY 1 MONTH 7 YEAR 1950
7. TYPE OF SEPARATION: RETIRED
8. REASON AND AUTHORITY FOR SEPARATION: H/L dated 6-22-50, File PEC 73, & 706
9. PLACE OF SEPARATION: New Orleans, La.
10. DATE OF BIRTH: DAY 7 MONTH 11 YEAR 1899
11. PLACE OF BIRTH (City and State): Dauphin Island, Ala.
12. DESCRIPTION: SEX: Male; RACE: Caucasian; COLOR HAIR: Blk-Grey; COLOR EYES: Hazel; HEIGHT: 5'10"; WEIGHT: 156

SELECTIVE SERVICE DATA

13. REGISTERED — YES: ; NO: X; SELECTIVE SERVICE NUMBER: - - -
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): - - - - - - -
15. INDUCTED — DAY: ; MONTH: ; YEAR:
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT — YES: ; NO: X; COMPONENT AND BRANCH OR CLASS: - - -
COGNIZANT DISTRICT OR AREA COMMAND: - -

SERVICE DATA

17. MEANS OF ENTRY OTHER THAN BY INDUCTION: X ENLISTED; REENLISTED; COMMISSIONED; CALLED FROM INACTIVE DUTY
18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: BMlc
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: DAY 25 MONTH 6 YEAR 47 PLACE (City and State): New Orleans, La.
20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State): Mobile Point Light Sta., Gasque, Ala.

STATEMENT OF SERVICE FOR PAY PURPOSES	A. YEARS	B. MONTHS	C. DAYS
21. NET COAST GUARD SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	6	0	0
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD	3	0	6
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	15	8	3
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	24	8	9

25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY — DAY: MONTH: YEAR: AMOUNT:
26. FOREIGN AND OR SEA SERVICE — YEARS: None; MONTHS: ; DAYS:
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: From previous records: Authorized Good Conduct Medal; American Area Med: World War II Victory Medal;
28. MOST SIGNIFICANT DUTY ASSIGNMENT: BMC- Various Assignments
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): - - - - -

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED	DATES (From-To)	MAJOR COURSE	31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED
- - -	- -	- -	- - - -

INSURANCE AND PAY DATA

GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.L.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.L.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER IF KNOWN.

32. KIND OF INSURANCE (amount and premium due each month) — N.S.L.I.: - - - ; U.S.G.L.I.: - - - -
33. MONTH ALLOTMENT DISCONTINUED: - -
34. MONTH NEXT PREMIUM DUE: - -
35. TOTAL PAYMENT UPON SEPARATION: RETIREMENT, PPAY CONTINUED
36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT:
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER:

AUTHENTICATION

38. REMARKS (Continue on reverse): RETIRED FOR PHYSICAL DISABILITY INCIDENT TO SERVICE
First enlisted 6-25-41, Mobile Ala, home address at entry, Gasque, Ala.

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN:
NAME, GRADE AND TITLE (Typed): B. M. CHISWELL, LCDR., USCG
Chief, Civil Readjustment Section

PERSONAL DATA

40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC: - - - - - - - ; CLAIM NUMBER: -
41. DATES OF LAST CIVILIAN EMPLOYMENT — FROM: - - ; TO: - -
42. MAIN CIVILIAN OCCUPATION: - - -
43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: - - -
44. UNITED STATES CITIZEN — YES: X; NO:
45. MARITAL STATUS: Married
46. NON-SERVICE EDUCATION (Years successfully completed) — GRAMMAR: 6; HIGH SCHOOL: - -; COLLEGE: - -; DEGREE(S): - - -; MAJOR COURSE OR FIELD: - - -
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State): Route #3, Foley, Ala.
48. SIGNATURE OF PERSON BEING SEPARATED: Toney Ryan

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

DD FORM 1 JAN 50 214

HEADQUARTERS COPY (ARMY & AIR FORCE: ATTACH TO SERVICE RECORD
NAVY: TO BUREAU OF NAVAL PERSONNEL, WASHINGTON, D.C.
MARINE CORPS: AFFIXED TO SERVICE RECORD BOOK.
COAST GUARD: TO HQ. COAST GUARD, WASHINGTON, D.C.)

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Pay and Audit Section, Station 6-4 DATE: 6 July, 1950

FROM : Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13

SUBJECT: RYAN, Toney (226-917) BMC (Ret); leave record

The leave record of subject man, who was retired on 1 July, 1950, contains several discrepancies which indicate a possibility that the payment for unused leave at the time of retirement may have been incorrect. In order that we may verify the leave record, it is requested that you inform us of the periods for which leave rations were credited during the period from 1 September 1946 to 30 June, 1950.

B. A. SHAW

17 July, 1950

FA- Sta. 6-4, HQ PAY UNIT

Susbsistence allowance credited from 7/1/46 - 2/15/49; 3/2/49-6/13/49, incl.

Lv.Rations credited 6/14 to 6/28/49, inclusive; and 9/3 - 9/27/49, inclusive; 1/8 - 1/23/1950; 5/24/50 - 6/30/50.

SICK LEAVE

Eleven days lump-sum leave.

R. L. EDMANDS,
Chief, Pay and Audit Section

Leave record agrees with above.
Payment for 11 days unused leave
disallowment apparently is OK
[illegible]

1/1 - 6/30 Pay Record:

Lo Rate 1/8 - 1/23, incl = 16 days

" " 5/24 - 6/30 " = 38 "

---

11 days Lump Sum Lo.

Chief, Pay and Audit Section, Station 6-4

6 July, 1950

Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13
RYAN, Toney (226-917) BM2 (Ret); leave record

The leave record of subject man, who was retired on 1 July, 1950, contains several discrepancies which indicate a possibility that the payment for unused leave at the time of retirement may have been incorrect. In order that we may verify the leave record, it is requested that you inform us of the periods for which leave rations were credited during the period from 1 September 1946 to 30 June, 1950.

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17 July, 1950

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Lv. Rations credited 6/14 to 6/28/49, inclusive; and 9/3 - 9/27/49, inclusive; 1/8 - 1/23/1950; 5/2/50 - 6/30/50.

Eleven days lump-sum leave.

R. L. EDMANDS,
Chief, Pay and Audit Section

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-11)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)EMC, USCG
Statement of service of.

Reference: Your letters dated 27 October, 1949 & 4 November, 1949

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G. 6-25-41		None		None		None	
Enl. ext. 3 yrs. from 6-25-44	6-24-47 HD	None		None		None	
6-25-47 Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

Return to 3-13

TJT;ft

SH

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO NO. (PE-PR-11)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)BM2, USCG
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Reference: Your letters dated 27 October, 1949 & 4 November, 1949

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Entered Service	Service Terminated	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—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G. 6-25-41		None		None		None	
Enl. ext. 3 yrs. from 6-25-44	6-24-47 HD	None		None		None	
6-25-47 Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD YARD
CURTIS BAY 26, MD.

MAIL & RECORDS SERVICE SECTION
RECEIVED NOV 2 - 1949

27 October, 1949
FILE: CG-73

From: Commandant, CG YARD
To: Commandant (PE-PR)

Subj: RYAN, Toney (226 917), BMC., USCG; Statement of Creditable Service; request for

1. It is requested that a Statement of Creditable Service be furnished in the case of subject-named man for pay purposes.

2. RYAN states that he served in the U.S. Lighthouse Service from 22 October, 1925 to 23 June, 1941, at which time he was inducted into the U.S. Coast Guard.

R. J. Chevrier
R. J. CHEVRIER,
By direction.

Ens. 2-20-36 F.T.

UNITED STATES COAST GUARD

ADDRESS REPLY TO:
COMMANDANT
U.S. COAST GUARD YARD
CURTIS BAY 26, MD.

FILE:

RYAN, Toney (226-917) BMC;

M. J. Cheverie

NAVCG 2583
U. S. COAST GUARD
October 1937

3.13

CERTIFICATE OF DEPENDENCY OF RETIRED PERSONNEL FOR MEDICAL RELIEF

Robt. E. H3 (Unit) Home Foley Ala.
(Place)
July. 3. , 1950

Upon being retired from active duty on June 30 , 1950, 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)
Emma V Ryan 47 Female Wife	Emma V Ryan
Eloise Regenia (Ryan) 13 Female Daughter	Eloise Regina Ryan
Elvin Jay Ryan 7 Male Son	Elvin Jay Ryan.
Mary Elaine Ryan 7 Female Daughter	Mary Elaine Ry.
June Esther Ryan 6 Female Daughter	June Esther Ryan

I hereby certify that the above signatures were signed in my presence this 30th June , 1950

E. L. Brown
S. L. BROWN, CSCLR, USCG
(Signature of certifying officer and title)

Toney Ryan.
(Signature of retired person)

C. B. M.
(Rank or rating)

HEADQUARTERS First Endorsement, Washington 17 July , 1950

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.

7/17/50

T. LE BLANC
Lt. Commander, USCG

By direction,

(Rank) ~~Assistant Commandant~~

ADVISE HEADQUARTERS PROMPTLY OF ANY CHANGE IN STATUS OF DEPENDENTS

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

3—13 File

FA
13 July 1950

From: Commandant
To: Toney Ryan, BMC USCG (Retired)
Route #3
Foley, Alabama

Subj: Disability retirement pay

Ref: (a) Career Compensation Act of 1949
(b) Commandant (PE-C) letter to you dated 22 June 1950, file 73-706

1. You are advised that under the provisions of Section (402 (d) and 415) of reference (a), you may elect to receive disability retirement pay computed by

(a) Multiplying an amount equal to the monthly basic pay (new rate) of your rating at time of retirement by a number equal to the number of years of active service to which you are entitled, multiplied by 2½ per centum

(b) multiplying an amount equal to the monthly basic pay (new rate) of your rating at time of retirement by the percentage of your physical disability as of the date your name was placed on the retired list

(c) multiplying an amount equal to your basic monthly pay (old rate) as of 30 September 1949, by 75 per centum.

2. Inclosure, which contains computations of your retirement pay under (a and b) (a, b and c) above, is forwarded for your information and use in determining which one of the methods you wish to select.

3. Advise the Commandant (FA-PA) promptly which method of computation you desire your retirement pay to be based on, in order that your account may be stated on the retired roll and payments commenced.

JUL 14 1950

R. L. EDMANDS
By direction

Incl: Forms, Computations of Physical
Disability Retirement Pay

JGant:mch
7/13/50 6-7

Chief, Pay and Audit Section, Station 6-4

6 July, 1950

Chief, Processing and Records Section
Enlisted Personnel Division, Station 3-13
RYAN, Toney (226-917) BMC (Ret); leave record

The leave record of subject man, who was retired on 1 July, 1950, contains several discrepancies which indicate a possibility that the payment for unused leave at the time of retirement may have been incorrect. In order that we may verify the leave record, it is requested that you inform us of the periods for which leave rations were credited during the period from 1 September 1946 to 30 June, 1950.

B. A. SHAW

SMITH:jfw;return to 3-13

cg Depot Galveston, Texas - 8th District

3-13 FILE

23 - 5 - 9 (3/31/49) RYAN, Toney (226-917) BMC

RYAN, Toney (226-917) BMC
(Name) (Service Number) (Rate)

Active service to and including 31 March 1949

	Years	Months	Days
COAST GUARD	7	9	6
NAVY			
ARMY			
MARINE CORPS			
LIGHTHOUSE	15	8	3
TOTAL SERVICE FOR RETIREMENT	23	5	9
Inactive Service			
TOTAL SERVICE FOR LONGEVITY	23	5	9

Entitled to 10% for conduct _____
(Yes - No)

BMC

ACTIVE DUTY PAY $_____ YEARS OF SERVICE _____

PERCENTAGE FOR SERVICE _____% PERCENTAGE FOR CONDUCT _____%

MAXIMUM PERCENTAGE ALLOWED BY LAW OR TOTAL _____

GROSS RETIRED PAY $_____

_____

Ret Pay Div 7-1-50 - Ltr

Ok

Commanding Officer
CG DEPOT, Galveston, Texas

25 May, 1949

File: 73

From: RYAN, Toney (n) (?36-917) BMC
To : Commandant (P)
Via : (1) CO, CG DEPOT, Galveston, Texas
(2) Commander, 8th CG District (p)

Subj: Retirement

It is requested that I be placed on the retired list of the Coast Guard. I will have completed 23 years, 8 months service on 22 June, 1949.

TONEY RYAN

Ind-1
CG DEPOT, Galveston, Texas
73

25 May, 1949

23-5-9

Forwarded, approved.

W. IRVING COOK

27 May, 1949
File: 73

Ind-2
CCCGD-8 (p)

From: Commander, 8th CG District
To: Commandant (P)

Forwarded.

S. L. BROWN
By direction

~~Not Used~~ 3-13

Taken from original retirement letter of RYAN, Toney (226-917)BMC (Retired)

Ind-1
CCCGD-8/pmp
New Orleans, La.

30 June, 1950
File: pmp 73-706

FILE
B.A.S.

From: Commander, 8th CG District
To: RYAN, Toney (226-917) BMC, United States Coast Guard

1. Forwarded for compliance with basic orders.

S. E. BROWN
By direction

Ind-2
Foley, Alabama

(date) 3 July, 1950
File: 73-706

1. Received at 1400 this date. July 3, 1950

Toney Ryan

(date) 3 July, 1950
File: 73-706

Ind-3
Foley, Alabama

From: RYAN, Toney (226-917) BMC, USCG - Retired
To: Commandant (PE-C)

1. My permanent home of selection is:

Foley, Alabama

2. I arrived at above address at 1230 . May 21, 1950

(Signed) Toney Ryan

3 - 13
4.22

Taken from original retirement letter of RYAN, Toney (226-917)BMC (Retired)

Ind-1
OCCGD-8/pmp
New Orleans, La.

30 June, 1950
File: pmp 73-706

From: Commander, 8th CG District
To: RYAN, Toney (226-917) BMC, United States Coast Guard

1. Forwarded for compliance with basic orders.

S. E. BROWN
By direction

Ind-2
Foley, Alabama

(date) 3 July, 1950
File: 73-706

1. Received at 1400 this date. July 3, 1950

Toney Ryan

(date) 3 July, 1950
File: 73-706

Ind-3
Foley, Alabama

From: RYAN, Toney (226-917) BMC, USCG - Retired
To: Commandant (PE-C)

1. My permanent home of selection is:

Foley, Alabama

2. I arrived at above address at 1230 . May 21, 1950

(Signed) Toney Ryan

22 June, 1950
PE-C 73, 706
AUTH: 519478

From: Commandant
To: RYAN, Toney (226-917)EMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 40 per centum.

2. On 19 June, 1950, the Secretary of the Treasury approved the proceedings and findings of the Board as amended by the Physical Review Council. You are, therefore, retired for permanent disability in accordance with Section 402 of the Career Compensation Act of 1949. In accordance with the Act of April 23, 1930 (5 U.S.C. 47a), your retired pay will commence on 1 July, 1950.

3. You will immediately notify the Commandant (PA-1) of your mailing address and you will thereafter notify the Commandant (PA-1) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if accomplished within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

5. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PH). Signatures of children, twelve years of age or under, will not be required.

6. The certifying officer is directed by copy hereof to forward photostatic copy of your pay record to the Commandant (PA-1), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

PEA-A JUN 22 15

F. V. HELMER
By direction

Incls (2)
CORRESPONDENCE:me Ret 3-11

Accts. Section
Date JUN 22 1950
Initial

Dkh

EASURY DEPARTMENT
S. COAST GUARD
HQ-9959 (Rev 2-50)

COMMENTS BY LEGAL DIVISION

PROCEEDINGS: Are in due form and technically correct. DATE 9 JUNE, 1950

FINDINGS: There is evidence in the record to support the findings.

K. L. Harrison
(SIGNATURE OF CHIEF COUNSEL)

FORWARDING INDORSEMENT

FROM: COMMANDANT, U. S. COAST GUARD
TO: SECRETARY OF THE TREASURY
FORWARDED FOR THE CONSIDERATION OF THE SECRETARY OF THE TREASURY

12 JUN 1950

MERLIN O'NEILL
Vice Admiral, U. S. Coast Guard
(ACTING FOR AND IN THE ABSENCE OF THE COMMANDANT)
Commandant

ACTION OF SECRETARY OF THE TREASURY

TO: COMMANDANT, U. S. COAST GUARD
RETURNED.

DATE JUN 15 1950

Approved. It is directed that Toney Ryan (226-917) BMC. USCG, be placed on the permanent physical disability retired list of the U. S. Coast Guard, effective 1 July, 1950, in accordance with Section 402 of The Career Compensation Act of 1949.

G. M. Humphrey
Acting.
(SIGNATURE OF THE SECRETARY OF THE TREASURY)

141

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-9959 (Rev 2-50)

ACTION UPON PHYSICAL EVALUATION BOARD

0173

CASE OF (NAME)	SERVICE NUMBER	RANK, RATE
RYAN, Toney	226-917	BMC

COMMENTS BY PERSONNEL

		YEARS	MONTHS	DAYS
	AGE	50	6	24
SERVICE FOR RETIREMENT	COAST GUARD	8	11	6
	NAVY			
	ARMY			
	OTHER L.E.S.	15	8	3
	TOTAL	24	7	9

REMARKS: DATE 31 May, 1950

HIGHEST RANK OR RATING HELD: BMC

REGULAR [XX] RESERVE [ ] Regular Enlistment

BMIN SPECIALTY (IF ANY)

Enlistment expires 24 June, 1950

ACTION OF PHYSICAL EVALUATION BOARD

FINDINGS: That RYAN, Toney (226-917) BMC is unfit to perform the duties of his rating by reason of (1) ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE; (2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE; (3) PTERYGIUM BILATERAL; and (4) VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE incurred while entitled to receive basic pay.

That each disability is not due to intentional misconduct or willful neglect and was not incurred during a period of unauthorized absence.

That such combined disabilities is considered to be 40% disabling in accordance with the current Veterans' Administration Schedule for Rating Disabilities, computed as follows:

5003 - ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE	20%
5002 - ARTHRITIS, RHEUMATOID, RIGHT ANKLE	10%
7120 - VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE	10%
None - PTERYGIUM BILATERAL	0%

That accepted medical principles indicate that each disability is of a permanent nature.

RECOMMENDATIONS:

RYAN ACKNOWLEDGED RECEIPT ON 24 MAY, 1950 OF A COPY OF THE PROCEEDINGS AND RECOMMENDED FINDINGS OF THE PHYSICAL EVALUATION BOARD AND HAS SUBMITTED A SIGNED STATEMENT THAT HE DOES NOT DESIRE TO SUBMIT A REBUTTAL.

ACTION OF PHYSICAL REVIEW COUNCIL

FINDINGS:

6 June 1950

The Physical Review Council concurs in the findings of the Physical Evaluation Board except that the diagnosis 5003 - Arthritis mixed, lumbar and dorsal spine - 20%. In view of limitation of motion of back, it is recommended that the percentage of disability under this diagnosis be increased to 30%. Total combined disability will be 40%.

RECOMMENDATIONS:

That RYAN, Toney, (226-917) BMC, be placed on the permanent physical disability retired list of the U. S. Coast Guard in accordance with Section 402, Career Compensation Act of 1949.

WILLIAM W. KENNER	WALTER C. CAPRON	JOHN J. WALSH
Captain, U. S. Coast Guard	Captain, U. S. Coast Guard	Lieutenant (jg) USPHS
President	Member	Member

UNITED STATES COAST GUARD
NEW ORLEANS 9, LOUISIANA



ADDRESS REPLY TO
Comdr. 8th CGD
Custom House, Box 282
REFER TO FILE

COAST GUARD PHYSICAL EVALUATION BOARD

26 May, 1950

File: dli 73-706

From: President, Physical Evaluation Board, 8th CG District
To: The Secretary of the Treasury
Via: The Commandant (PE)

Subj: RYAN, Toney (226-917) BMC, USCG; forwarding of record of proceedings of physical evaluation board in case of

1. Record of proceedings of Coast Guard Physical Evaluation Board in the case of subject man, convened by precept dated February 13, 1950, is forwarded herewith together with inclosures.

2. On 24 May, 1950, receipt for a copy of the record of proceedings and recommended findings of the physical evaluation board was acknowledged by RYAN, who signed a statement indicating that he did not desire to file a rebuttal to the recommended findings of the board.

3. All records and papers pertaining to this case were made available to the individual for examination prior to the date set for the hearing.

SEVERT A. OLSEN
Captain, U. S. Coast Guard

Incls:
1. Ltr from RYAN to President 8CGD Physical Evaluation Board, dtd 5-24-50
2. Subject record (1)

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 282

23 May, 1950

COAST GUARD PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Physical Evaluation Board
To: RYAN, Toney (226-917) BMC, U. S. Coast Guard

Subj: Physical Evaluation Board; transmittal of copy of proceedings and recommended findings

1. The Physical Evaluation Board, convened at Custom House, New Orleans, Louisiana, on 11 May, 1950, to consider your case, after deliberation on the evidence presented to it, has made recommended findings in accordance with Part II, Article 225 of Regulations Pertaining to Retirement and Separation for Physical Disability. A copy of the proceedings and recommended findings of the Board are transmitted herewith for your information.

2. You are requested to acknowledge receipt of this copy of such proceedings and recommended findings and complete the statement relating to your desires to file a rebuttal, on the carbon copy of this letter and return same, duly signed, to the President, Physical Evaluation Board, Office of the Commander, 8th Coast Guard District.

3. You are hereby advised of your right to file a rebuttal to the recommended findings of the Board in accordance with Part II, Article 229 of the Regulations Pertaining to Retirement and Separation for Physical Disability, within ten days, exclusive of Sundays and Holidays, after receipt by you of a copy of the proceedings and recommended findings of the Board.

SEVERT A. OLSEN
Captain, U. S. Coast Guard

DATE: May 24 1950

I hereby acknowledge receipt on this date, of a copy of the proceedings and recommended findings of the Physical Evaluation Board convened at New Orleans, Louisiana on 11 May, 1950.

I ~~do~~ (do not)* desire to submit a rebuttal.

TONEY RYAN
(226-917) BMC, USCG

*(Strike out inapplicable words).

RECORD OF PROCEEDINGS

of a

COAST GUARD PHYSICAL EVALUATION BOARD

convened at

OFFICE, COMMANDER, EIGHTH COAST GUARD DISTRICT

NEW ORLEANS, LOUISIANA

case of

RYAN, Toney (226-917) Chief Boatswain's Mate

U. S. COAST GUARD

TREASURY DEPARTMENT
OFFICE OF THE SECRETARY
WASHINGTON

February 13, 1950

To: Captain Severt A. Olsen (1083), USCG - Office of Commander, Eighth Coast Guard District, New Orleans, Louisiana

Subj: Precept for Coast Guard Physical Evaluation Board

Ref: (a) Regulations pertaining to Retirement and Separation for Physical Disability.

A Coast Guard Physical Evaluation Board consisting of yourself as president and of any two of the following Coast Guard officers to be designated by you as members: Commander Henry J. Wuensch, USCG; Commander Montegue F. Garfield, USCG; Commander Edward A. Eve, Jr., USCG; Commander Joseph F. McCue, USCG; Commander Charles R. Monteiro, USCG; Lieutenant Commander Charles E. Masters, Jr., USCG; Lieutenant Commander Claude G. Winstead, USCG; Lieutenant Commander James W. Stonecypher, USCG; Lieutenant Commander Howard M. Sias, USCG; Lieutenant Henry A. Pearce, Jr., USCG; Lieutenant James D. Luse, USCG; Lieutenant (junior grade) Kenneth H. Langenbeck, USCG; Lieutenant (junior grade) John D. McCann, USCG; Lieutenant (junior grade) Leo J. A. King, USCG; also any two medical members of the U. S. Public Health Service as authorized by the Administrator, Federal Security Agency, in his letters of March 29, 1946, is ordered to convene at the Office of the Commander, Eighth Coast Guard District, U. S. Marine Hospital, New Orleans, Louisiana, U. S. Marine Hospital, Galveston, Texas, or any other place in the Eighth Coast Guard District the president of the Board deems necessary, from time to time as may be necessary for the examination and evaluation of the physical fitness to perform the duties of their office, rank, grade, or rating of such personnel of the United States Coast Guard and Coast Guard Reserve as may be ordered to appear before it. In the event other duties prevent your acting as president of the Board for the consideration of some particular case, you may designate Commander Henry J. Wuensch, USCG; to act as president of the Board for that case.

The proceedings of the board will be in accordance with reference (a)

The junior Coast Guard member of the board will act as recorder.

The Commander, Eighth Coast Guard District will furnish the board with the necessary clerical assistance.

By direction of the President.

/s/ E. H. FOLEY, JR.
Acting Secretary of the Treasury

A TRUE COPY: ATTEST.

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"A"

FEDERAL SECURITY AGENCY
WASHINGTON
Zone 25

Office of
THE ADMINISTRATOR

March 29, 1946

Dear Admiral:

I have today authorized the Medical Officers in Charge of the U. S. Public Health Service Stations to designate any two Medical Officers attached to their several stations, to serve on Coast Guard Retiring Boards deemed necessary for the examination of such personnel as may be ordered to appear before it. I hereby authorize the District Coast Guard Officer to appoint any two Medical Officers of the U. S. Public Health Service, attached to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

The proposal to permit any combination of two U. S. Public Health Service Medical Officers, attached either to the Public Health Service Station or to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards is acceptable.

Sincerely yours,

(acting) Administrator
/s/ Maurice Collins

Admiral Joseph F. Farley, U. S. C. G.
Commandant, United States Coast Guard
Washington, D. C.

Certified to be a true and correct copy.

/s/ M. F. YOUNG
Lieutenant Commander, USCG.

A TRUE COPY: ATTEST:

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"B"

FEDERAL SECURITY AGENCY
WASHINGTON
Zone 25

March 29, 1946

Gentlemen:

You are hereby authorized to designate any two Medical Officers attached to your station, to serve on Coast Guard Retiring Boards deemed necessary for the examination of such personnel of the U. S. Coast Guard as may be ordered to appear before it.

I have also today authorized the District Coast Guard Officer to appoint any two Medical Officers of the U. S. Public Health Service attached to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

It will be permissible for any combination of two U. S. Public Health Service Medical Officers, attached either to the Public Health Service Station, under your jurisdiction, or to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

Sincerely yours,

/s/ Maurice Collins
Acting Administrator

Medical Officers in Charge
U. S. Public Health Service Stations.

Certified to be a true and correct copy:

/s/ M. F. YOUNG
Lieutenant Commander, USCG.

A TRUE COPY: ATTEST:

Leo J. King
LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"C"

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
NEW ORLEANS 15, LA.

February 23, 1950

To: President, Coast Guard Retiring Board
Eighth Coast Guard District
Custom House
New Orleans, Louisiana

Subject: Designation of Medical Officers as Members of the Retiring Board

1. Under authority dated March 29, 1946, from the Administrator, Federal Security Agency, the following medical officers are designated to serve, on call, as members of the Coast Guard Retiring Board:

Senior Surgeon (R) B. L. Newell
Senior Surgeon (R) Henry V. Stroupe, and
Sr. Asst. Surgeon James R. Green, Alternate.

2. Previous office directive dated August 11, 1949, is hereby rescinded.

/s/ W. W. NESBIT, MEDICAL DIRECTOR, USPHS
Medical Officer in Charge

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"D"

18 April, 1950
PE-C 73, 706
AUTH: 518368

From: Commandant
To: RYAN, Toney (226-917) BMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Examination by Coast Guard Physical Evaluation Board; orders; travel

1. A CoastGuard Physical Evaluation Board of which Captain Severt A. Olsen, USCG, is president has been ordered to convene to evaluate your physical fitness to perform the duties of your rating. When directed by the president of the board, present yourself before the board for examination at such time and place as may be designated by him. Deliver these orders to the president of the board for all proper indorsements.

2. When released from further attendance before the board, resume your former status while awaiting final action on the Physical Evaluation Board.

3. Your attention is inivted to the Regulations pertaining to retirement and separation for physical disability.

4. Travel necessary to the execution of these orders is required by the public interests and is chargeable to Headquarters travel allotment symbol No. 99-20, under the authorization number indicated above.

5. No proceed time is allowed under these orders.

/s/ F. V. HELMER
By direction

A TRUE COPY: ATTEST.

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"E"

UNITED STATES COAST GUARD
NEW ORLEANS 9, LOUISIANA

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

ADDRESS REPLY TO
Comdr. 8th CGD
Custom House, Box 282
AND REFER TO

8 May, 1950

CG PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Coast Guard Physical Evaluation Board, 8th CGD
To: Lieutenant (junior grade) Leo J. King, USCG, Recorder and Member

Subj: RYAN, Toney (226-917)BMC, U. S. Coast Guard, examination for retirement; selection of members for physical evaluation board in case of

Refs: (a) Precept convening CG physical evaluation board for 8th CGD Office, dated 13 February, 1950
(b) H/L file PE-C 73-706 dated 18 April, 1950

1. Pursuant to the authority granted to me by the Secretary of the Treasury by virtue of reference (a), and in accordance with the provisions of reference (b), the Coast Guard Physical Evaluation Board of which I am President, is ordered to convene at the Office of Commander, Eighth Coast Guard District, Custom House, New Orleans, Louisiana, at 1:00 p.m., on or about 11 May, 1950, or as soon thereafter as practicable, for the purpose of examining and evaluating the physical fitness of RYAN, Toney (226-917) BMC, USCG, to determine whether or not he meets the requirements for physical disability retirement as set forth in Public Law 351, 81st Congress, Career Compensation Act of 1949.

2. The physical evaluation board will be constituted as follows:

Captain Severt A. Olsen, U. S. Coast Guard, President
Commander Montague F. Garfield, U. S. Coast Guard, member
Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, member
Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, member
Lieutenant (junior grade) Leo J. King, U. S. Coast Guard, member and recorder.

SEVERT A. OLSEN
Captain, U. S. Coast Guard

CC: Each member
Medical OinC USMH

"F"

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 282

8 May, 1950

CG PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Coast Guard Physical Evaluation Board, 8th CGD
To: RYAN, Toney (226-917) EMC, USCG

Subj: Examination before physical evaluation board

You were notified by the Commandant, U. S. Coast Guard, by letter dated April 18, 1950, file PE-C 73-706 that you were to present yourself before a physical evaluation board to be convened at such time and place as would later be designated. This board will meet at 1:00 p.m., on or about 11 May, 1950, at the Office of Commander, Eighth Coast Guard District, Custom House, New Orleans, Louisiana. You are directed to be present at this time.

/s/ SEVERT A. OLSEN
Captain, U. S. Coast Guard

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"G"

OFFICE OF COMMANDER
EIGHTH COAST GUARD DISTRICT
NEW ORLEANS, LOUISIANA
THURSDAY, 11 May, 1950

The board met at 1:00 p.m.

Present:

Captain Severt A. Olsen, U. S. Coast Guard, president;
Commander Montegue F. Garfield, U. S. Coast Guard, member;
Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, member;
Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, member;
Lieutenant (junior grade) Leo J. King, U. S. Coast Guard, member and recorder.

Daniel D. Wiesman, yeoman first class, U. S. Coast Guard, entered as a reporter.

The board decided to sit with open doors.

Toney Ryan, chief boatswain's mate, U. S. Coast Guard, the individual whose physical fitness is being evaluated, entered.

The individual whose physical fitness is being evaluated was represented by Lieutenant (junior grade) Kenneth H. Langenbeck, U. S. Coast Guard as his counsel.

The recorder read the precept and amendments thereto, copies hereto prefixed marked "A", "B", "C" and "D".

The recorder read an order from the Commandant to the individual whose physical fitness is being evaluated, dated 18 April, 1950, directing him to appear before the board, copy hereto prefixed marked "E".

The recorder read an order of the president of the board, constituting the membership thereof and fixing the time of the hearing, dated 8 May, 1950, original hereto prefixed marked "F".

The recorder read the order of the president of the board to the individual whose physical fitness is being evaluated, requiring him to report at the time and place fixed for the hearing, dated 8 May, 1950, copy hereto prefixed marked "G".

Article 203, Rights of Individual Concerned, and Article 229, Rebuttal of Regulations Pertaining to Retirement and Separation for Physical Disability approved 10 February, 1950, were read and explained to the individual concerned.

The individual concerned stated that he did not object to any member.

The members, recorder and reporter of the Board were duly sworn.

A letter appended, marked "H" was received from Headquarters, transmitting the papers named therein, which are appended marked "1" to "5". Those marked "1" to "3", inclusive were read by the recorder.

The medical members, having been directed by letter, copy appended marked "6", which was read by the recorder, to examine the past and present physical and mental condition of Toney Ryan (226-917) chief boatswain's mate, U. S. Coast Guard, submitted a written report, which was sworn to, read by the junior medical member of the board, and is appended marked "7"; "8"; "9"; and "10".

Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, the junior medical member of the board was duly sworn as a witness.

Examined by the recorder:

1. Q. State all the causes from which Toney Ryan's disability or disabilities proceed.
A. He has arthritis mixed, lumbar and dorsal spine; rheumatoid arthritis, right ankle; varicose veins right foot and leg and pterygium bilateral. Pterygium bilateral is not considered to be disabling.

2. Q. Do accepted medical principles indicate that each disability is of a permanent nature?
A. Yes they are.

3. Q. Is RYAN's disabilities such as to render him unfit to perform the duties of his office, rank, grade or rating?
A. Yes sir.

4. Q. Have all reasonable measures for the amelioration of the disabling conditions been tried?
A. Yes sir.

5. Q. Was each disability incurred while RYAN was entitled to receive basic pay?
A. Yes sir.

6. Q. Was there any information before the medical members of the board which would indicate that any of RYAN's disabilities may be due to intentional misconduct or willful neglect?

A. No sir.

7. Q. Was there any information before the medical members of the board indicating that any of the disabilities were incurred during a period of unauthorized absence of RYAN?

A. No sir.

8. Q. What is the percentage of disability of RYAN, computed in accordance with the current Veterans' Administration SCHEDULE FOR RATING DISABILITIES and also the appropriate Code Numbers on which the disability rating is based.

A. Arthritis mixed, lumbar and dorsal spine, code number 5003, 20%; arthritis, rheumatoid, right ankle, code number 5002, 10%; varicose veins right foot and leg, moderate, code number 7120, 10%; pterygium bilateral, no code number and no percent. Disabilities combined is considered to be 40%.

9. Q. Doctor what is your medical opinion as to the effect of RYAN's disabilities in the ordinary activities of civilian life?

A. I think he will be handicapped and that he will be subject to recurrent bouts of pain and inability to move around as well as to perform motion that he would have to do in order to earn a living in any occupation.

Examined by the board:

10. Q. Does the x-rays show any formation of calcium?

A. Yes sir.

Neither the board, the recorder, nor the individual concerned desired further to examine this witness; the witness resumed his seat as a member.

Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor Stroupe, you have heard the testimony of Doctor Newell; do you concur with his statements?

A. I do.

2. Q. Do you wish to make any additional comment?

A. No.

Neither the board, the recorder, nor the individual concerned desired further to examine this witness; the witness resumed his seat as a member.

The individual concerned was duly sworn as a witness.

Examined by the recorder:

1. Q. Do you wish to be retired?
A. Yes sir.

2. Q. State the nature of your disability?
A. Well I have a pain in my right ankle and it works up to the lower part of the spine and hip and at times I can hardly walk. I walk about two blocks and I have to rest. If I get somewhere and lay down and elevate my leg the pain will leave for awhile, when I get up it will start hurting again.

3. Q. Do you know what caused your disability?
A. Arthiritis, I don't know what caused it. My ankle was hurt when I fell from a ladder while painting and caught my ankle on the ladder.

4. Q. Did your ankle give you any trouble prior to that time?
A. No, not until I hurt it.

5. Q. How long have you suffered from your disability?
A. About two years.

6. Q. Has there been any change in your ailment since the first time you noticed it?
A. Yes, it is getting worse.all the time.

Do you believe that anything could be done that has not been done to alleviate this ailment?
A. No sir, the doctors done everything they could.

8. Q. Have you cooperated with your doctors in receiving treatment for your ailment?
A. Yes sir.

9. Q. Were you given an opportunity to examine the papers and records in your case prior to convening of this board?
A. Yes sir, I saw all those papers.

10. Q. Do you desire to say anything further concerning your case?
A. No sir.

Neither the board, the recorder, nor the individual whose physical fitness is being evaluated desired further to examine this witness; the witness resumed his seat as the individual concerned.

Neither the board, the recorder, nor the individual concerned desired to call any more witnesses.

Toney Ryan, the individual whose physical fitness is being evaluated, made the following oral statement:

"I can't perform my duties like I should. I can't do the work that I should do now in the service. I have had an easy job up there at the Coast Guard Yard. I didn't have any walking to do at all. All I had to do was to keep people off the decommissioned ships and I don't think there is an easier job. It got so I couldn't even do that duty and they sent me back to the hospital to see what they could do for me."

Toney Ryan, the individual whose physical fitness is being evaluated desired to make no argument.

The recorder desired to make no argument.

The inquiry was finished, the individual concerned withdrawing, having been informed that he would receive due notification when he might regard himself as discharged from further attendance before the board.

After full and mature deliberation, the board makes the following:

RECOMMENDED FINDINGS OF FACT

1. That RYAN, Toney (226-917) chief boatswain's mate, U. S. Coast Guard is unfit to perform the duties of his rating by reason of (1) ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE (2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE (3) PTERYGIUM BILATERAL (4) VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE incurred while entitled to receive basic pay.

2. That each disability is not due to the intentional misconduct or willful neglect of Toney Ryan, chief boatswain's mate and that each disability was not incurred during a period of unauthorized absence of Toney Ryan.

3. That such combined disabilities is considered to be 40% percentum disabling in accordance with the current Veterans' Administration Schedule for Rating Disabilities, computed as follows:

(1) ARTHRITIS MIXED, LUMBAR & DORSAL SPINE - CODE NUMBER 5003 - 20%
(2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE - CODE NUMBER 5002 - 10%
(3) VARICOSE VEINS RIGHT FOOT & LEG MODERATE CODE NUMBER 7120 - 10%
(4) PTERYGIUM BILATERAL NO CODE NUMBER OR PERCENT

4. That Toney Ryan (226-917) BMC, U. S. Coast Guard, has completed 24 years, 6 months of active service.

5. That accepted medical principles indicate that each disability is of a permanent nature.

SEVERT A. OLSEN
Captain, U. S. Coast Guard, President

MONTEGUE F. GARFIELD,
Commander, U. S. Coast Guard, Member

HENRY V. VAROUS,
Senior Surgeon (R) U. S. Public Health Service, Member

BENJAMIN L. NEWELL,
Senior Surgeon (R) U. S. Public Health Service, Member

LEO J. KING,
Lieutenant (junior grade) U. S. Coast Guard, Member & Recorder.

The board then, at 2:10 p.m., adjourned to await the action of the convening authority.

SEVERT A. OLSEN,
Captain, U. S. Coast Guard, President

LEO J. KING,
Lieutenant (junior grade) U. S. Coast Guard, Member & Recorder.

UNITED STATES COAST GUARD

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

APR 1950 RECEIVED

18 April, 1950
FILE: PE-C 73, 706

From: Commandant
To: Captain Severt A. Olsen (1083), USCG - President
Physical Evaluation Board, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)BMC; appearance before Physical Evaluation Board

Ref: Precept convening Physical Evaluation Board

1. There are inclosed such papers from the medical and personnel records of subject-named man as are considered of interest to the board. RYAN has been directed to present himself before the board of which you are president at such time and place as shall be indicated in instructions issued by you. The board will be convened at any of the places authorized in the reference.

2. The board will be guided by Regulations Pertaining to the Retirement and Separation for Physical Disability, approved by the Secretary of the Treasury on 10 February, 1950.

3. Records at Headquarters disclose the following with regard to this man:

	Years	Months	Days
Active Military Service as of 31 March, 1950 -	24	5	9
Unauthorized Absences -		None	

4. When the board has completed its examination of this man furnish the Commandant (PE) by dispatch, a summary of its recommended findings, together with any other recommendations as to the disposition of this man, such as, return to full or light duty, continuance of medical treatment, granting of sick leave, orders to home pending retirement, or such other disposition as may be warranted.

5. Return inclosure 1 with report of the board to the Commandant (PE).

F. V. HELMER
By direction

Incls
1. Pertinent Medical and Personnel papers
2. Copy of Commandant's (PE-C) letter, file 73, 706 to Ryan

"H"

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore, Md Date March 14, 1950
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name RYAN, Toney Number 226-917 Rank or rate BMC
(In full, surname first) (File or service No.)

Born: Place Dauphin, Ireland Date November 7, 1899

Enlisted ~~or appointed~~ Date Lighthouse Service, October 22, 1925 Place Mobile, Ala.
(Name of ship or station)
C.G.: June 24, 1942

Reported for active duty, ~~USNR~~: Date June 24, 1942 Place Mobile, Ala.

Total service: ~~Navy~~ ~~Marine Corps~~ ~~Army~~
Lighthouse and Coast Guard, 24 Yrs., - 4 Months

PRESENT HISTORY OF CASE

Admitted from U.S. Coast Guard Yard, Curtis Bay, Md. Date Feb. 20, 1950

Diagnosis Arthritis, mixed, lumbar spine Key letter _____ Specialty letter _____
(If more than one diagnosis, state which is carried on sick list)
~~Rheumatoid arthritis, right ankle~~

Summary of case history: Pterygium, bilateral

This 50 years old CG was admitted on 2-20-50 with a chief complaint of pain in the right ankle region. Patient says he has had difficulty with the right ankle for approximately 2 years now and attributes this to an injury which he received 2 years ago when he fell down a ladder and was suspended by the right foot and ankle being caught under a rong causing the right ankle and foot to be markedly plantar flexed. At that time he was disabled for a period of about 10 days and was treated by a private physician who said that there were no fractures present. The swelling and pain gradually subsided but he has continued to have aching sensations in the right foot and ankle region with pain beginning at the plantar surface under the longitudinal arch and tending to run upward through the ankle joint to the leg and back to the thigh. He notices this pain mostly during cold weather or after he has walked a couple blocks. He has been treated in this hospital from August 4, 1949, until Sept. 2, 1949 and was diagnosed as having varicose veins of the right leg, proxisimal nocturnal dyspnea; causalgia of the right leg due to old injury; osteoarthritis of the lumbar vertebral joints and rheumatoid arthritis of the lumbar vertebral joints. At that time he had the varicose veins of his right leg corrected by multiple incisions and ligations. Patient got along quite well postoperatively. He had been discharged on Sept. 2, 1949, with a recommended 4 weeks sick leave for recovery. He subsequently was followed in the Out-Patient Department and was seen by Dr. Davies who furnished him a back support which was designed to help relieve the patient's tired feeling in the back when he did heavy work or was overly tired. Patient has continued to have the pain in the right ankle reg on and was therefore returned to this hospital for further treatment and possible survery from the Coast Guard. "1 (1)"

REPORT OF MEDICAL SURVEY

Place _____ Date _____
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name _____ Number _____ Rank or rate _____
(In full, surname first) (File or service No.)

Born: Place _____ Date _____
(Name of place and State or county)

Enlisted or appointed: Date _____ Place _____

Reported for active duty, USNR: Date _____ Place _____

Total service: Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from _____ Date _____

Diagnosis _____ Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

in the right ankle after he had ambulated for just a matter of a few minutes or so. The patient developed a cellulitis of the left cheek which was treated with penicillin, 200,000 units BID for a period of about a week, plus hot wet soaks. This gradually subsided and there were no complications from this infection. At the time of discharge the cellulitis of the face was clear. In view of the patient's mixed arthritis of the spine and his arthritis of the right ankle, which causes him increasing pain and disability on activity, it is our impression that this patient should be discontinued from active duty in the Coast Guard. This was discussed with the patient and he was quite willing to accept retirement.

The individual under examination has been advised of the disposition indicated by the Board and a statement by him that he has been so advised is attached.

Personal appearance of this individual before a Physical Evaluation Board would not be deleterious to his physical or mental health.

Disclosure to the individual of information relative to his physical or mental condition would not adversely effect his physical or mental health.

If discharged into his own custody he will not constitute a menace to himself or to the public safety and he is not likely to become a public charge.

ORIGIN: is not (Is or is not) the result of his own misconduct and was not (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? _____ (Yes or No)

Present condition unfit for duty Probable future duration indefinite

Recommendation:

That this man appear before a physical evaluation board.

J. J. Davies, Sr. Surg., U. S. PHS, U. S. N. — *Senior Member of Board.*

John L. Wilson, Med. Dir., U.S. PHS, U. S. N. — *Member.*

Norman Tarr, M.D. Norman Tarr, Asst. Surg., U.S. PHS, U. S. N. — *Member.*

16—11583-2

"1 (2)"

1st Endorsement

MEDICAL OFFICER, USCG YARD Date 5 April, 1950

From: ~~Commanding Officer~~. I concur with the findings of the Board of Medical Survey.

To: COMMANDANT, USCG YARD
(Officer convening board)

A. LINK KOVEN
(Signature) SURG., USPHS

2d Endorsement

From: Commandant, YARD Date 6 April, 1950

To: Commandant (PM)

1. Forwarded. The proceedings, findings, and recommendation of the Board of Medical survey are concurred with.

(Signature)

2. ~~RYAN is now on sick leave pending action on this Report of Medical Survey.~~ In the event the recommendation of the Board is approved, it is requested that authority be granted to transfer RYAN administratively to the office of the Commander, 8th CG District.

3. His address while on sick leave is: RFD3, Foley, Alabama.

JOHN ROUNTREE
By direction

Endorsement

From: *Bureau of Medicine and Surgery.* Date

To:

1. Forwarded: *Recommendation of Board Approved.*

(Signature)

Endorsement

From: Date

To:

(Signature)

U. S. GOVERNMENT PRINTING OFFICE 16—11583-2

3-12

Ind-1
11 April, 1950

From: Surgeon General, U. S. Public Health Service
To: Commandant, U. S. Coast Guard

Returned with the recommendation that Toney RYAN (226-917) BMC, USCG, be brought before a physical evaluation board to determine whether or not he meets the requirements for physical disability retirement as set forth in Public Law 351, 81st Congress, Career Compensation Act of 1949.

By direction.

Paul M. Stewart

PAUL M. STEWART
Rear Admiral, USPHS

RYAN, Toney (226-917)BMC
DATE: 3-31-50
AGE: 50 Yrs. 4 Mos. 24 Das.
SERVICE: 8 Yrs. 9 Mos. 6 Das. CG
15 Yrs. 8 Mos. 3 Das. LIGHTHOUSE

13 April, 1950
APPROVED

W C Capron

W. C. Capron, Captain, USCG
Chief, Enlisted Personnel Div.

"2"

IN REPLYING, ADDRESS
U. S. MARINE HOSPITAL
WYMAN PARK DRIVE AND 31ST STREET
BALTIMORE 11, MARYLAND

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

March 14, 1950

TO WHOM IT MAY CONCERN.

BOARD OF MEDICAL SURVEY CASE OF RYAN, Toney 226-917 BMC USCG, DATED MARCH 14, 1950:

In accordance with Personnel Circular No. 9-50, I have been advised of the contents of Medical Board Of Survey, dated March 14, 1950, held in my case and further advised of the disposition indicated therein.

Toney Ryan

Toney RYAN
226-917 BMC-USCG.

HEALTH RECORD

RYAN, Toney	226-917	BMC. USCG.	
(Name)	(Service No.)	(Rating)	(Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
MOBILE ALA	Caries of teeth; calculus	4-29-43	5- 5-43	OP
MH #70, NYC	Vincent's infection	7-15-43	7-15-43	OP
MH SI NY	Varicocele	8- 6-43	Cancelled	OP
MOBILE ALA	Gastroenteritis due to unknown cause; calculus on teeth	12-15-43	12-20-43	IP
CG OP BASE MOBILE	Contusions-face & both legs	4- 6-45	4- 6-45	OP
MH MOBILE ALA	Under observation for low back pain of undetermined origin	5- 1-48		
	Changed to: Degenerative joint disease		5-11-48	IP
MOBILE ALA	Hernia, inguinal, indirect, right	3-10-49		
	Hernioplasty, inguinal, right			
	Varicose veins of legs		3-24-49	IP
AT HOME	Sick leave	3-24-49	4-23-49	IP
MH BALTIMORE MD	Observation-cardio-vascular disease	8- 4-49		
	Varicose veins of leg, right primary; paroxysmal nocturnal dyspnea, due to above			
	Causalgia of leg, right due to old injury			
	Osteoarthritis, lumbar vertebral joints			
	Arthritis, rheumatoid, lumbar			
	Vertebral joints		9- 2-49	IP
AT HOME	Sick leave	9- 2-49	9-30-49	IP
MH BALTIMORE	Arthritis mixed lumbar spine	9-30-49	2-20-50	OP
MH BALTIMORE	Arthritis, mixed lumbar spine	2-20-50		
	Rheumatoid arthritis, right ankle			
	Pterygium, bilateral			IP

CERTIFIED TO BE A TRUE TRANSCRIPT OF THE MEDICAL HISTORY IN THIS CASE.

T. LE BLANC
Lt. Commander, USCG

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

PHYSICAL EXAMINATION RECORD

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

RYAN, TONEY

Name _____ Service Number _____
(Surname first)

Age: Years 41 Months 6 Color White

For: Induction into Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Keeper, LHS

Place Mobile, Ala Date May 19, 1941

Personal Medical History Usual childhood diseases

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

Color blind? No Test used Ishihara

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

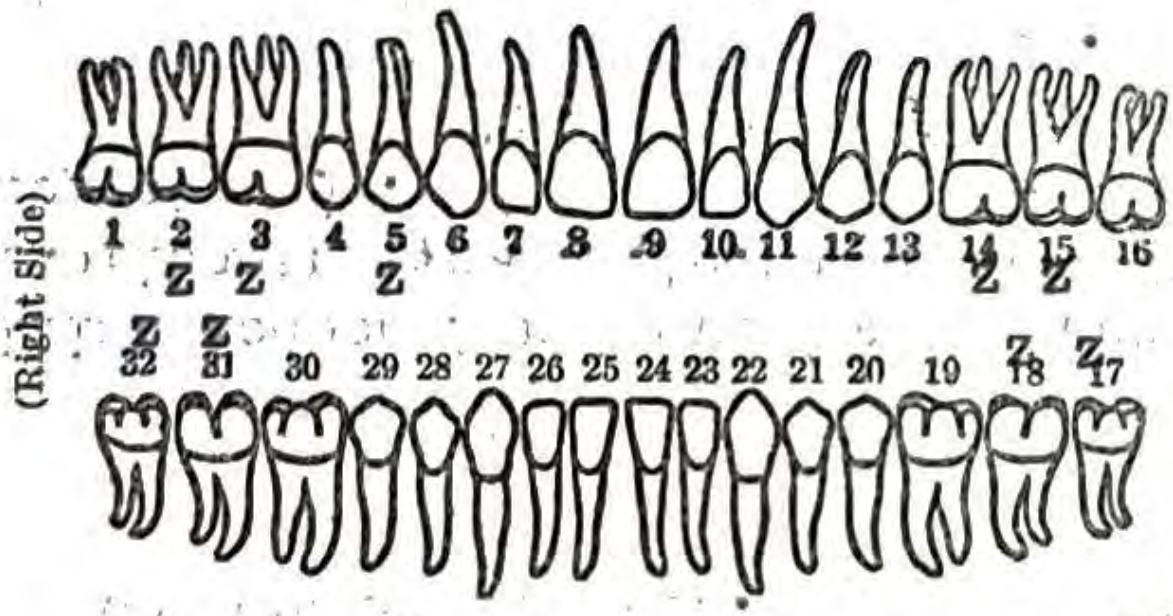
Eyes, eyelids, and reflexes bilateral pterygia

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Normal Temperature 37

Height 70 inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39 in. Expiration 37 in.

Heart and blood vessels Normal

Blood pressure: Systolic 124 Diastolic 80

Pulse before exercise 74, after exercise 98, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Bilateral varicocele

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Shreds _____

Microscopical exam. (if indicated) epithelia Present Sp. Gr. 1.024

Blood cells _____ Pus cells Rare Casts _____

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

Wassermann & Kahn test: Date 5-20-41 Result Negative

2—16141

REMARKS: .....

.....

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that examination shows

He is physically qualified for induction into C. G.
(Enlistment, appointment, promotion)

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

He is not physically qualified for .....

on account of .....

.....

5-22-41 ..... A. A. V24
Surgeon, U.S. Public Health Service.

1st INDORSEMENT

24 May, 1941.
(Date)

Place MOBILE BASE, Mobile, Alabama.

From: Commanding Officer.

To: Commandant.

.....

1. Forwarded for action. Present status: Civilian Keeper for induction in Regular Establishment as B.M.1c. under Act of 5 August, 1939.

Commanding—Dist. Comdr.-Of. in Chg.
M. Peterson, Chief Bos'n. USCG.

2d INDORSEMENT

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

MAY 31 1941
(Date)

The findings of the certificate are ~~not~~ approved .....

.....

.....

By direction of the Medical Director

.....

By direction of the Surgeon General:

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

REG. CHIEF PHARMACIST.
15 MIC

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.

To: Commander, Mobile Base.

1.

Enlistment Auth. R.E. BM 1c.

Insert this copy in health record.

By direction,

By. Personnel Section.
By direction

U.S. GOVERNMENT PRINTING OFFICE 2—10141

15 Yr 6 mo

PR5-73

From: Commandant.
To:

Subject:

provisional rating made permanent.

Reference: (a) Personnel Bulletin 17-39.

1. The provisional rating of the above-named man as is made permanent effective this date. However, his present rating will remain provisional until such time as it is made permanent by Headquarters.

By direction,

F. E. ALLISON,
Assistant Chief, Detail Section.

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 262

1 May, 1950

CG PHYSICAL EVALUATION BOARD

File: dll 73-706

From: President, Coast Guard Physical Evaluation Board
To: Senior Surgeon (R) Henry V. Stroupe and Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service

Subj: RYAN, Toney (226-917) SM2C, U. S. Coast Guard; examination of

1. You will make a careful examination into the past and present physical and mental condition of subject man, whose case has been referred to this board for examination and report as to whether he is unfit to perform the duties of his rank, grade or rating. Standard Forms 504, 505, 506, and 507, Clinical Record, shall be completed, and attached to and made a part of the medical report which shall be executed under oath.

2. Besides a personal examination, you will examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and you will also endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and will report the result in writing, which shall be in the form of a sworn statement.

/s/ SEVERT A. OLSEN
Captain, U. S. Coast Guard,
President

Incls:
1. Copy of H/L. dtd 18 April, 1950, file PE-C 73-706
2. Medical record of RYAN, Toney

CC: dcs
Medical CinC, USMH

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"6"

NEW ORLEANS, 16, LOUISIANA

Commander 8th CGD.
U.S.Marine Hospital,

3 May,1950

U.S.COAST GUARD EVALUATION PHYSICAL BOARD

From: Senior Surgeon (R) Henry V. Stroupe, and Senior Surgeon (R) Benjamin L.Newell, U.S.Public Health Service.
To: President, Coast Guard Physical Evaluation Board

Subj: RYAN, Toney (226-917) BMC,USCG examinatiob of

1. We have carefully and separately examined Toney Ryan,(226-917) BMC, USCG, as to his past and present physical amd mental condition, together with the records pertaining to his case. There is submitted herewith a complete and detailed report of the physical and mental condition of Toney RYAN,(226-917) BMC,USCG, executed under oath, together with Standard Forms 504, 505, 506, attached hereto and made part hereof.

2. We believe that Toney RYAN,(226-917),BMC,USCG, is unfit to perform the duties of office by reasons of the following,1. Arthritis mixed,lumbar and dorsal spine (5003),2. Arthritis ,rheumatoid,right ankle (5002),3. Pterygium bilatteral,4. Varicose veins right foot and leg,moderate (7120), incurred while entitled to receive basic pay, not due to intentional misconduct or willful neglect and not incurred during a period of unauthorized absence; that these disabilities combined is considered to be forty percentum (40) disabling, computed in accordance with the Current Veteran's Administration Schedule for Rating Disabilities as follows; 1. Arthritis mixed, lumbar and dorsal spine,(5003) 20%, 2. Arthritis, rheumatoid,right ankle (5002) 10%, 3. Pterygium bilateral 0%, 4. Varicose veins right foot and leg,moderate (7120) 10%. Accepted medical principles indicate that the disability is of a permanent nature.

HENRY V. STROUPE
Senior Surgeon (R) USPHS

BENJAMIN L. NEWELL
Senior Surgeon (R) USPHS

Sworn to and subscribed before me, this 9th day of May,1950

LEO J. KING
LT.CG, USCG Member and Recorder.

"77"

Standard Form 504
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **HISTORY—Part I**

NATURE AND DURATION OF COMPLAINTS (*Include circumstance of admission*)

" "
PAIN IN RIGHT ANKLE AND BACK

HISTORY OF PRESENT ILLNESSES

Patient states he has had pain and swelling in the right ankle for about two (2) years. States he also had pains in the spine, noticable on motion with occasional pain down the right thigh and leg. He attributes his difficulty to an accident injury in which he fell from a ladder catching his foot under a rung and causing a marked plantar flexion of the foot due to his suspension. He was treated by a private physician who advised that no fracture was present. The swelling subsided but pain was persistent. His foot and ankle ached and the pain runs upward to the calf and thigh. Even after a quietus period the pain returns after walking two (2) blocks. He also states that it hurts worse in cold weather. He was hospitalized at the U.S.Marine Hospital, Baltimore, Maryland in August,1949 because of varicose veins of the right leg; causalgia right leg,rheumatoid arthritis of lumbar spine, at this time the varicose veins were removed. He was later furnished a back support to relieve him of discomfort in his spine while working. He continued to have pains in the foot,ankle,calf, and back,and these synptoms have continued to date.

(Continue on reverse side)

SIGNATURE OF PHYSICIAN		DATE
B.L.NEWELL,SR. SURG.(R) USPHS H.V.STROUPE SR. SURG.(R) USPHS		9 May,1950
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
RYAN, Toney (226-917) BMC, USCG		

U.S.MARINE HOSPITAL, NEW ORLEANS, LA.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE 16—56188-1

Standard Form 505
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD | **HISTORY—Part 2**

PAST HISTORY

INSTRUCTIONS.—*Include (1) OCCUPATION (Prewar and postwar), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, and (8) INJURIES.*

1. Commercial fisherman.
2. Lighthouse service and the U.S.Coast Guard. This patient has 15 years, 8 months and 6 days in the Lighthouse Service. Has been in the U.S.Coast Guard for 08 years, 9 months and 6 days.
3. Occasional beer, smokes about one package of cigarettes per day, no drugs.
4. Father died at the age of 60 from Heart disease.
   Mother died at the age of 58 from a stroke.
   Three (3) brothers living and well.
   Five (5) sisters living and well.
   One (1) sister died at childbirth.
   No tuberculosis or insanity in the family to his knowledge.
5. Usual childhood diseases.
   Typhoid at the age of twelve (12).
6. Rheumatism for a period of two (2) years.
7. Hernioplasty right ---1949
   Ligation varicose veins----August,1949
   Tonsillectomy---------1938
8. Injury of right ankle------1947,1948

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
RYAN, Toney (226-917) BMC, USCG		

16—56187-1

U.S.MARINE HOSPITAL, NEW ORLEANS, LOUISIANA
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HISTORY—Part 3
SYSTEM REVIEW

INSTRUCTIONS.—*Include (1) GENERAL, (2) HEAD [Including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.*

1. Negative.
2. Has had bilateral pterygium for several years.
3. Bilateral pterygium.
4. Negative.
5. Negative.
6. Negative.
7. Negative.
8. Nocturnal dyspnea since 1949, relieved by sitting up.
9. Varicose veins developed in right leg about 2 years ago.
10. Negative.
11. Negative.
12. Negative. Not applicable.
13. Negative.
14. Negative.
15. See Part one (1)
16. Negative.

SIGNATURE OF PHYSICIAN

B.L.MERRELL,SR.SURG.(R)USPHS H.V.STROUPE, SR. SURG.(R) USPHS

DATE

9 May,1950

U. S. GOVERNMENT PRINTING OFFICE 16—66187-1

Standard Form 506
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD — PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
3 May, 1950	69 inches	145#	155#	150#	98.8	80	130/80

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

1. Well developed, well nourished white male who walks with apparent pain and limps on right leg.
2. No pathology noted.
3. Pterygium into cornea right eye three (3) mm. (Vision 20/30 each eye
   Pterygium into cornea left eye four (4) mm.
4. Normal, no pathology noted.
5. No pathology noted.
6. No pathology noted.
7. No pathology noted.
8. No pathology noted.
9, 10 Lungs clear to percussion on consultation.
11. Normal size and position, regular rhythm normal, no murmur.
12. No organs palpable, no masses.
13. No hernia, hernioplasty scar right inguinal.
14. Normal
15. Prostate slightly enlarged, not tender.
16. Prostate slightly enlarged, not tender.
17. Can bend forward 60 degrees, lateral flexion and hyper-extension are painful. Slight muscle spasm excited on flexion.
18. Right ankle swollen and tender on one occasion, later the swelling subsided but pain still present. Motion of ankle not limited, but painful. Other joints of extremities applicably normal. Superficial varicose veins right foot and leg.
19. Normal reflexes, no sensing loss.
20. Scar right ankle due to surgery for varicose veins.
21. No pathology noted.
22. Lumbar spine and sacro-iliac joints: Slight osteoarthritic changes of the lower
X-ray lumbar. Atheromatous changes of the abdominal aorta and pelvic vessels.
   Dorsal Spine: Slight osteoarthritic changes.

(*Continue on reverse side*)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
RYAN, Toney (226-917) BMC, USCG		

U.S. MARINE HOSPITAL, NEW ORLEANS, L.A
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

10—56185-1

PHYSICAL EXAMINATION
Standard Form 506

"10"

PHYSICAL EXAMINATION

INITIAL IMPRESSION

ARTHRITIS, MIXED,LUMBAR SPINE,
RHEUMATOID ARTHRITIS, RIGHT ANKLE,
PTERYGIUM, BILATERAL.
VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE

SIGNATURE OF PHYSICIAN

B.L.NEWELL, SR. SURG. (R) USPHS H.V.STROUPE, SR. SURG. (R) USPHS

U. S. GOVERNMENT PRINTING OFFICE 16—56185-1

RECORD OF PROCEEDINGS

of a

COAST GUARD PHYSICAL EVALUATION BOARD

convened at

OFFICE, COMMANDER, EIGHTH COAST GUARD DISTRICT

NEW ORLEANS, LOUISIANA

case of

RYAN, Toney (226-917) Chief Boatswain's Mate

U. S. COAST GUARD

TREASURY DEPARTMENT
OFFICE OF THE SECRETARY
WASHINGTON

February 13, 1950

To: Captain Severt A. Olsen (1083), USCG - Office of Commander, Eighth Coast Guard District, New Orleans, Louisiana

Subj: Precept for Coast Guard Physical Evaluation Board

Ref: (a) Regulations pertaining to Retirement and Separation for Physical Disability.

A Coast Guard Physical Evaluation Board consisting of yourself as president and of any two of the following Coast Guard officers to be designated by you as members: Commander Henry J. Wuensch, USCG; Commander Montegue F. Garfield, USCG; Commander Edward A. Eve, Jr., USCG; Commander Joseph F. McCue, USCG; Commander Charles R. Monteiro, USCG; Lieutenant Commander Charles E. Masters, Jr., USCG; Lieutenant Commander Claude G. Winstead, USCG; Lieutenant Commander James W. Stonecypher, USCG; Lieutenant Commander Howard M. Sias, USCG; Lieutenant Henry A. Pearce, Jr., USCG; Lieutenant James D. Luse, USCG; Lieutenant (junior grade) Kenneth H. Langenbeck, USCG; Lieutenant (junior grade) John D. McCann, USCG; Lieutenant (junior grade) Leo J. A. King, USCG; also any two medical members of the U. S. Public Health Service as authorized by the Administrator, Federal Security Agency, in his letters of March 29, 1946, is ordered to convene at the Office of the Commander, Eighth Coast Guard District, U. S. Marine Hospital, New Orleans, Louisiana, U. S. Marine Hospital, Galveston, Texas, or any other place in the Eighth Coast Guard District the president of the Board deems necessary, from time to time as may be necessary for the examination and evaluation of the physical fitness to perform the duties of their office, rank, grade, or rating of such personnel of the United States Coast Guard and Coast Guard Reserve as may be ordered to appear before it. In the event other duties prevent your acting as president of the Board for the consideration of some particular case, you may designate Commander Henry J. Wuensch, USCG; to act as president of the Board for that case.

The proceedings of the board will be in accordance with reference (a)

The junior Coast Guard member of the board will act as recorder.

The Commander, Eighth Coast Guard District will furnish the board with the necessary clerical assistance.

By direction of the President.

/s/ E. H. FOLEY, JR.
Acting Secretary of the Treasury

A TRUE COPY: ATTEST.

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"A"

FEDERAL SECURITY AGENCY
WASHINGTON
Zone 25

Office of
THE ADMINISTRATOR

March 29, 1946

Dear Admiral:

I have today authorized the Medical Officers in Charge of the U. S. Public Health Service Stations to designate any two Medical Officers attached to their several stations, to serve on Coast Guard Retiring Boards deemed necessary for the examination of such personnel as may be ordered to appear before it. I hereby authorize the District Coast Guard Officer to appoint any two Medical Officers of the U. S. Public Health Service, attached to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

The proposal to permit any combination of two U. S. Public Health Service Medical Officers, attached either to the Public Health Service Station or to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards is acceptable.

Sincerely yours,

(acting) Administrator
/s/ Maurice Collins

Admiral Joseph F. Farley, U. S. C. G.
Commandant, United States Coast Guard
Washington, D. C.

Certified to be a true and correct copy.

/s/ M. F. YOUNG
Lieutenant Commander, USCG.

A TRUE COPY: ATTEST:

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"B"

FEDERAL SECURITY AGENCY
WASHINGTON
Zone 25

March 29, 1946

Gentlemen:

You are hereby authorized to designate any two Medical Officers attached to your station, to serve on Coast Guard Retiring Boards deemed necessary for the examination of such personnel of the U. S. Coast Guard as may be ordered to appear before it.

I have also today authorized the District Coast Guard Officer to appoint any two Medical Officers of the U. S. Public Health Service attached to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

It will be permissible for any combination of two U. S. Public Health Service Medical Officers, attached either to the Public Health Service Station, under your jurisdiction, or to the Office of the District Coast Guard Officer, to serve on Coast Guard Retiring Boards.

Sincerely yours,

/s/ Maurice Collins
Acting Administrator

Medical Officers in Charge
U. S. Public Health Service Stations.

Certified to be a true and correct copy:

/s/ M. F. YOUNG
Lieutenant Commander, USCG.

A TRUE COPY: ATTEST:

Leo J. King
LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"C"

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
NEW ORLEANS 15, LA.

February 23, 1950

To: President, Coast Guard Retiring Board
Eighth Coast Guard District
Custom House
New Orleans, Louisiana

Subject: Designation of Medical Officers as Members of the Retiring Board

1. Under authority dated March 29, 1946, from the Administrator, Federal Security Agency, the following medical officers are designated to serve, on call, as members of the Coast Guard Retiring Board:

Senior Surgeon (R) B. L. Newell
Senior Surgeon (R) Henry V. Stroupe, and
Sr. Asst. Surgeon James R. Green, Alternate.

2. Previous office directive dated August 11, 1949, is hereby rescinded.

/s/ W. W. NESBIT, MEDICAL DIRECTOR, USPHS
Medical Officer in Charge

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"D"

18 April, 1950
PE-C 73, 706
AUTH: 518368

From: Commandant
To: RYAN, Toney (226-917) BMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Examination by Coast Guard Physical Evaluation Board; orders; travel

1. A CoastGuard Physical Evaluation Board of which Captain Severt A. Olsen, USCG, is president has been ordered to convene to evaluate your physical fitness to perform the duties of your rating. When directed by the president of the board, present yourself before the board for examination at such time and place as may be designated by him. Deliver these orders to the president of the board for all proper indorsements.

2. When released from further attendance before the board, resume your former status while awaiting final action on the Physical Evaluation Board.

3. Your attention is inivted to the Regulations pertaining to retirement and separation for physical disability.

4. Travel necessary to the execution of these orders is required by the public interests and is chargeable to Headquarters travel allotment symbol No. 99-20, under the authorization number indicated above.

5. No proceed time is allowed under these orders.

/s/ F. V. HELMER
By direction

A TRUE COPY: ATTEST.

LEO J. KING
LTJG, USCG, MEMBER & RECORDER

"E"

UNITED STATES COAST GUARD
NEW ORLEANS 9, LOUISIANA

ADDRESS REPLY TO
Comdr. 8th CGD
Custom House, Box 282
AND REFER TO

8 May, 1950

CG PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Coast Guard Physical Evaluation Board, 8th CGD
To: Lieutenant (junior grade) Leo J. King, USCG, Recorder and Member

Subj: RYAN, Toney (226-917)BMC, U. S. Coast Guard, examination for retirement; selection of members for physical evaluation board in case of

Refs: (a) Precept convening CG physical evaluation board for 8th CGD Office, dated 13 February, 1950
(b) H/L file PE-C 73-706 dated 18 April, 1950

1. Pursuant to the authority granted to me by the Secretary of the Treasury by virtue of reference (a), and in accordance with the provisions of reference (b), the Coast Guard Physical Evaluation Board of which I am President, is ordered to convene at the Office of Commander, Eighth Coast Guard District, Custom House, New Orleans, Louisiana, at 1:00 p.m., on or about 11 May, 1950, or as soon thereafter as practicable, for the purpose of examining and evaluating the physical fitness of RYAN, Toney (226-917) BMC, USCG, to determine whether or not he meets the requirements for physical disability retirement as set forth in Public Law 351, 81st Congress, Career Compensation Act of 1949.

2. The physical evaluation board will be constituted as follows:

Captain Severt A. Olsen, U. S. Coast Guard, President
Commander Montague F. Garfield, U. S. Coast Guard, member
Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, member
Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, member
Lieutenant (junior grade) Leo J. King, U. S. Coast Guard, member and recorder.

SEVERT A. OLSEN
Captain, U. S. Coast Guard

CC: Each member
Medical OinC USMH

"F"

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 282

8 May, 1950

File: dli 73-706

CG PHYSICAL EVALUATION BOARD

From: President, Coast Guard Physical Evaluation Board, 8th CGD
To: RYAN, Toney (226-5 7) BMC, USCG

Subj: Examination before physical evaluation board

You were notified by the Commandant, U. S. Coast Guard, by letter dated April 18, 1950, file PE-C 73-706 that you were to present yourself before a physical evaluation board to be convened at such time and place as would later be designated. This board will meet at 1:00 p.m., on or about 11 May, 1950, at the Office of Commander, Eighth Coast Guard District, Custom House, New Orleans, Louisiana. You are directed to be present at this time.

/s/ SEVERT A. OLSEN
Captain, U. S. Coast Guard

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"G"

OFFICE OF COMMANDER
EIGHTH COAST GUARD DISTRICT
NEW ORLEANS, LOUISIANA
THURSDAY, 11 May, 1950

The board met at 1:00 p.m.

Present:

Captain Severt A. Olsen, U. S. Coast Guard, president;
Commander Montegue F. Garfield, U. S. Coast Guard, member;
Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, member;
Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, member;
Lieutenant (junior grade) Leo J. King, U. S. Coast Guard, member and recorder.

Daniel D. Wiesman, yeoman first class, U. S. Coast Guard, entered as a reporter.

The board decided to sit with open doors.

Toney Ryan, chief boatswain's mate, U. S. Coast Guard, the individual whose physical fitness is being evaluated, entered.

The individual whose physical fitness is being evaluated was represented by Lieutenant (junior grade) Kenneth H. Langenbeck, U. S. Coast Guard as his counsel.

The recorder read the precept and amendments thereto, copies hereto prefixed marked "A", "B", "C" and "D".

The recorder read an order from the Commandant to the individual whose physical fitness is being evaluated, dated 18 April, 1950, directing him to appear before the board, copy hereto prefixed marked "E".

The recorder read an order of the president of the board, constituting the membership thereof and fixing the time of the hearing, dated 8 May, 1950, original hereto prefixed marked "F".

The recorder read the order of the president of the board to the individual whose physical fitness is being evaluated, requiring him to report at the time and place fixed for the hearing, dated 8 May, 1950, copy hereto prefixed marked "G".

Article 203, Rights of Individual Concerned, and Article 229, Rebuttal of Regulations Pertaining to Retirement and Separation for Physical Disability approved 10 February, 1950, were read and explained to the individual concerned.

The individual concerned stated that he did not object to any member.

The members, recorder and reporter of the Board were duly sworn.

A letter appended, marked "H" was received from Headquarters, transmitting the papers named therein, which are appended marked "1" to "5". Those marked "1" to "3", inclusive were read by the recorder.

The medical members, having been directed by letter, copy appended marked "6", which was read by the recorder, to examine the past and present physical and mental condition of Toney Ryan (226-917) chief boatswain's mate, U. S. Coast Guard, submitted a written report, which was sworn to, read by the junior medical member of the board, and is appended marked "7"; "8"; "9"; and "10".

Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service, the junior medical member of the board was duly sworn as a witness.

Examined by the recorder:

1. Q. State all the causes from which Toney Ryan's disability or disabilities proceed.
A. He has arthritis mixed, lumbar and dorsal spine; rheumatoid arthritis, right ankle; varicose veins right foot and leg and pterygium bilateral. Pterygium bilateral is not considered to be disabling.

2. Q. Do accepted medical principles indicate that each disability is of a permanent nature?
A. Yes they are.

3. Q. Is RYAN's disabilities such as to render him unfit to perform the duties of his office, rank, grade or rating?
A. Yes sir.

4. Q. Have all reasonable measures for the amelioration of the disabling conditions been tried?
A. Yes sir.

5. Q. Was each disability incurred while RYAN was entitled to receive basic pay?
A. Yes sir.

6. Q. Was there any information before the medical members of the board which would indicate that any of RYAN's disabilities may be due to intentional misconduct or willful neglect?
A. No sir.

7. Q. Was there any information before the medical members of the board indicating that any of the disabilities were incurred during a period of unauthorized absence of RYAN?
A. No sir.

8. Q. What is the percentage of disability of RYAN, computed in accordance with the current Veterans' Administration SCHEDULE FOR RATING DISABILITIES and also the appropriate Code Numbers on which the disability rating is based.
A. Arthritis mixed, lumbar and dorsal spine, code number 5003, 20%; arthritis, rheumatoid, right ankle, code number 5002, 10%; varicose veins right foot and leg, moderate, code number 7120, 10%; pterygium bilateral, no code number and no percent. Disabilities combined is considered to be 40%.

9. Q. Doctor what is your medical opinion as to the effect of RYAN's disabilities in the ordinary activities of civilian life?
A. I think he will be handicapped and that he will be subject to recurrent bouts of pain and inability to move around as well as to perform motion that he would have to do in order to earn a living in any occupation.

Examined by the board:

10. Q. Does the x-rays show any formation of calcium?
A. Yes sir.

Neither the board, the recorder, nor the individual concerned desired further to examine this witness; the witness resumed his seat as a member.

Senior Surgeon (R) Henry V. Stroupe, U. S. Public Health Service, the senior medical member of the board, was duly sworn as a witness.

Examined by the recorder:

1. Q. Doctor Stroupe, you have heard the testimony of Doctor Newell; do you concur with his statements?
A. I do.

2. Q. Do you wish to make any additional comment?
A. No.

Neither the board, the recorder, nor the individual concerned desired further to examine this witness; the witness resumed his seat as a member.

The individual concerned was duly sworn as a witness.

Examined by the recorder:

1. Q. Do you wish to be retired?
A. Yes sir.

2. Q. State the nature of your disability?
A. Well I have a pain in my right ankle and it works up to the lower part of the spine and hip and at times I can hardly walk. I walk about two blocks and I have to rest. If I get somewhere and lay down and elevate my leg the pain will leave for awhile, when I get up it will start hurting again.

3. Q. Do you know what caused your disability?
A. Arthiritis, I don't know what caused it. My ankle was hurt when I fell from a ladder while painting and caught my ankle on the ladder.

4. Q. Did your ankle give you any trouble prior to that time?
A. No, not until I hurt it.

5. Q. How long have you suffered from your disability?
A. About two years.

6. Q. Has there been any change in your ailment since the first time you noticed it?
A. Yes, it is getting worse.all the time.

Do you believe that anything could be done that has not been done to alleviate this ailment?
A. No sir, the doctors done everything they could.

8. Q. Have you cooperated with your doctors in receiving treatment for your ailment?
A. Yes sir.

9. Q. Were you given an opportunity to examine the papers and records in your case prior to convening of this board?
A. Yes sir, I saw all those papers.

10. Q. Do you desire to say anything further concerning your case?
A. No sir.

Neither the board, the recorder, nor the individual whose physical fitness is being evaluated desired further to examine this witness; the witness resumed his seat as the individual concerned.

Neither the board, the recorder, nor the individual concerned desired to call any more witnesses.

Toney Ryan, the individual whose physical fitness is being evaluated, made the following oral statement:

"I can't perform my duties like I should. I can't do the work that I should do now in the service. I have had an easy job up there at the Coast Guard Yard. I didn't have any walking to do at all. All I had to do was to keep people off the decommissioned ships and I don't think there is an easier job. It got so I couldn't even do that duty and they sent me back to the hospital to see what they could do for me."

Toney Ryan, the individual whose physical fitness is being evaluated desired to make no argument.

The recorder desired to make no argument.

The inquiry was finished, the individual concerned withdrawing, having been informed that he would receive due notification when he might regard himself as discharged from further attendance before the board.

After full and mature deliberation, the board makes the following:

RECOMMENDED FINDINGS OF FACT

1. That RYAN, Toney (226-917) chief boatswain's mate, U. S. Coast Guard is unfit to perform the duties of his rating by reason of (1) ARTHRITIS MIXED, LUMBAR AND DORSAL SPINE (2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE (3) PTERYGIUM BILATERAL (4) VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE incurred while entitled to receive basic pay.

2. That each disability is not due to the intentional misconduct or willful neglect of Toney Ryan, chief boatswain's mate and that each disability was not incurred during a period of unauthorized absence of Toney Ryan.

3. That such combined disabilities is considered to be 40% percentum disabling in accordance with the current Veterans' Administration Schedule for Rating Disabilities, computed as follows:

(1) ARTHRITIS MIXED, LUMBAR & DORSAL SPINE - CODE NUMBER 5003 - 20%
(2) ARTHRITIS, RHEUMATOID, RIGHT ANKLE - CODE NUMBER 5002 - 10%
(3) VARICOSE VEINS RIGHT FOOT & LEG MODERATE CODE NUMBER 7120 - 10%
(4) PTERYGIUM BILATERAL NO CODE NUMBER OR PERCENT

4. That Toney Ryan (226-917) BMC, U. S. Coast Guard, has completed 24 years, 6 months of active service.

5. That accepted medical principles indicate that each disability is of a permanent nature.

SEVERT A. OLSEN
Captain, U. S. Coast Guard, President

MONTEGUE F. GARFIELD,
Commander, U. S. Coast Guard, Member

HENRY V. MALONE,
Senior Surgeon (R) U. S. Public Health Service, Member

BENJAMIN L. NEWELL,
Senior Surgeon (R) U. S. Public Health Service, Member

LEO J. KING,
Lieutenant (junior grade) U. S. Coast Guard, Member & Recorder.

The board then, at 2:10 p.m., adjourned to await the action of the convening authority.

SEVERT A. OLSEN,
Captain, U. S. Coast Guard, President

LEO J. KING,
Lieutenant (junior grade) U. S. Coast Guard, Member & Recorder.

UNITED STATES COAST GUARD

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

APR 1 RECEIVED

18 April, 1950
FILE: PE-C 73, 706

From: Commandant
To: Captain Severt A. Olsen (1083), USCG - President
Physical Evaluation Board, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)BM3; appearance before Physical Evaluation Board

Ref: Precept convening Physical Evaluation Board

1. There are inclosed such papers from the medical and personnel records of subject-named man as are considered of interest to the board. RYAN has been directed to present himself before the board of which you are president at such time and place as shall be indicated in instructions issued by you. The board will be convened at any of the places authorized in the reference.

2. The board will be guided by Regulations Pertaining to the Retirement and Separation for Physical Disability, approved by the Secretary of the Treasury on 10 February, 1950.

3. Records at Headquarters disclose the following with regard to this man:

	Years	Months	Days
Active Military Service as of 31 March, 1950 -	24	5	9
Unauthorized Absences -		None	

4. When the board has completed its examination of this man furnish the Commandant (PE) by dispatch, a summary of its recommended findings, together with any other recommendations as to the disposition of this man, such as, return to full or light duty, continuance of medical treatment, granting of sick leave, orders to home pending retirement, or such other disposition as may be warranted.

5. Return inclosure 1 with report of the board to the Commandant (PE).

F. V. HELMER
By direction

Incls
1. Pertinent Medical and Personnel papers
2. Copy of Commandant's (PE-C) letter, file 73, 706 to Ryan

"H"

REPORT OF MEDICAL SURVEY

Place U. S. Marine Hospital, Baltimore, Md (Name of hospital, ship, or station where survey is held) Date March 14, 1950

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name RYAN, Toney (In full, surname first) Number 226-917 (File or service No.) Rank or rate BMC

Born: Place Dauphin, Ireland Date November 7, 1899

Enlisted ~~or appointed~~ Date Lighthouse Service, October 22, 1925 Place Mobile, Ala.

Reported for active duty, ~~USNR~~: Date C.G.: June 24, 1942 Place Mobile, Ala.

Total service: ~~Navy~~ ~~Marine Corps~~ ~~Army~~ Lighthouse and Coast Guard, 24 Yrs., - 4 Months

PRESENT HISTORY OF CASE

Admitted from U.S. Coast Guard Yard, Curtis Bay, Md. Date Feb. 20, 1950

Diagnosis Arthritis, mixed, lumbar spine Key letter _____ Specialty letter _____

(Enter most dominant chronic defect which should be listed first)

Summary of case history: ~~Rheumatoid arthritis, right ankle~~ Pterygium, bilateral

This 50 years old CG was admitted on 2-20-50 with a chief complaint of pain in the right ankle region. Patient says he has had difficulty with the right ankle for approximately 2 years now and attributes this to an injury which he received 2 years ago when he fell down a ladder and was suspended by the right foot and ankle being caught under a rong causing the right ankle and foot to be markedly plantar flexed. At that time he was disabled for a period of about 10 days and was treated by a private physician who said that there were no fractures present. The swelling and pain gradually subsided but he has continued to have aching sensations in the right foot and ankle region with pain beginning at the plantar surface under the longitudinal arch and tending to run upward through the ankle joint to the leg and back to the thigh. He notices this pain mostly during cold weather or after he has walked a couple blocks. He has been treated in this hospital from August 4, 1949, until Sept. 2, 1949 and was diagnosed as having varicose veins of the right leg, proxisimal nocturnal dyspnea; causalgia of the right leg due to old injury; osteoarthritis of the lumbar vertebral joints and rheumatoid arthritis of the lumbar vertebral joints. At that time he had the varicose veins of his right leg corrected by multiple incisions and ligations. Patient got along quite well postoperatively. He had been discharged on Sept. 2, 1949, with a recommended 4 weeks sick leave for recovery. He subsequently was followed in the Out-Patient Department and was seen by Dr. Davies who furnished him a back support which was designed to help relieve the patient's tired feeling in the back when he did heavy work or was overly tired. Patient has continued to have the pain in the right ankle region and was therefore returned to this hospital for further treatment and possible survery from the Coast Guard. "1 (1)"

M

REPORT OF MEDICAL SURVEY

Place _____ Date _____
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name _____ Number _____ Rank or rate _____
(In full, surname first) (File or service No.)

Born: Place _____ Date _____
(Name of place and State or county)

Enlisted or appointed: Date _____ Place _____

Reported for active duty, USNR: Date _____ Place _____

Total service: Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from _____ Date _____

Diagnosis _____ Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Summary of case history:

in the right ankle after he had ambulated for just a matter of a few minutes or so. The patient developed a cellulitis of the left cheek which was treated with penicillin, 200,0(units BID for a period of about a week, plus hot wet soaks. This gradually subsided and there were no complications from this infection. At the time of discharge the cellulitis of the face was clear. In view of the patient's mixed arthritis of the spine and his arthritis of the right ankle, which causes him increasing pain and disability on activity it is our impression that this patient should be discontinued from active duty in the Coast Guard. This was discussed with the patient and he was quite willing to accept retirement.

The individual under examination has been advised of the disposition indicated by the Board and a statement by him that he has been so advised is attached.

Personal appearance of this individual before a Physical Evaluation Board would not be deleterious to his physical or mental health.

Disclosure to the individual of information relative to his physical or mental condition would not adversely effect his physical or mental health.

If discharged into his own custody he will not constitute a menace to himself or to the public safety and he is not likely to become a public charge.

ORIGIN: is not (Is or is not) the result of his own misconduct and was not (Was or was not) incurred in line of duty.

Existed prior to appointment or enlistment? No (Yes or No) If "Yes," was condition aggravated by service? _____ (Yes or No)

Present condition unfit for duty Probable future duration indefinite

Recommendation:

That this man appear before a physical evaluation board.

J. J. Davies, Sr. Surg., U. S. PHS, U. S. N.
16—11583-2 *Senior Member of Board.*

John L. Wilson, Med. Dir., U.S. PHS, U. S. N.
Member.

Norman Tarr, Asst. Surg., U.S. PHS, U. S. N.
Member.

1 (2)

1st Endorsement

From: MEDICAL OFFICER, USCG YARD Date 5 April, 1950

To: COMMANDANT, USCG YARD

I concur with the findings of the Board of Medical Survey.

(Officer convening board)

A. LINK KOVEN

(Signature) SURG., USPHS

2d Endorsement

From: Commandant, YARD Date 6 April, 1950

To: Commandant (PM)

1. Forwarded. The proceedings, findings, and recommendation of the Board of Medical survey are concurred with.

(Signature)

2. RYAN is now on sick leave pending action on this Report of Medical Survey. In the event the recommendation of the Board is approved, it is requested that authority be granted to transfer RYAN administratively to the office of the Commander, 8th CG District.

3. His address while on sick leave is: RFD3, Foley, Alabama.

JOHN FOUNTREE

By direction

Endorsement

From: *Bureau of Medicine and Surgery*

Date

To:

1. Forwarded: *Recommendation of Board Approved.*

(Signature)

Endorsement

From:

Date

To:

(Signature)

U.S. GOVERNMENT PRINTING OFFICE 16—11563-2

3-14

Ind-1
11 April, 1950

From: Surgeon General, U. S. Public Health Service
To: Commandant, U. S. Coast Guard

Returned with the recommendation that Toney RYAN (226-917) BMC, USCG, be brought before a physical evaluation board to determine whether or not he meets the requirements for physical disability retirement as set forth in Public Law 351, 81st Congress, Career Compensation Act of 1949.

By direction.

Paul M. Stewart

PAUL M. STEWART
Rear Admiral, USPHS

RYAN, Toney (226-917)BMC
DATE: 3-31-50
AGE: 50 Yrs. 4 Mos. 24 Das.
SERVICE: 8 Yrs. 9 Mos. 6 Das. CG
15 Yrs. 8 Mos. 3 Das. LIGHTHOUSE

13 April, 1950
APPROVED

W C Capron

W. C. Capron, Captain, USCG
Chief, Enlisted Personnel Div.

2

IN REPLYING, ADDRESS
U. S. MARINE HOSPITAL
WYMAN PARK DRIVE AND 31ST STREET
BALTIMORE 11, MARYLAND

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

March 14, 1950

TO WHOM IT MAY CONCERN.

BOARD OF MEDICAL SURVEY CASE OF RYAN, Toney 226-917 BMC USCG, DATED MARCH 14, 1950:

In accordance with Personnel Circular No. 9-50, I have been advised of the contents of Medical Board Of Survey, dated March 14, 1950, held in my case and further advised of the disposition indicated therein.

Toney Ryan

Toney RYAN
226-917 BMC-USCG.

HEALTH RECORD

RYAN, Toney	226-917	BMC. USCG.	
(Name)	(Service No.)	(Rating)	(Unit)

Where Treated	Diagnosis	TREATMENT BEGAN	TREATMENT ENDED	IP or OP
MOBILE ALA	Caries of teeth; calculus	4-29-43	5- 5-43	OP
MH #70, NYC	Vincent's infection	7-15-43	7-15-43	OP
MH SI NY	Varicocele	8- 6-43	Cancelled	OP
MOBILE ALA	Gastroenteritis due to unknown cause; calculus on teeth	12-15-43	12-20-43	IP
CG OP BASE MOBILE	Contusions-face & both legs	4- 6-45	4- 6-45	OP
MH MOBILE ALA	Under observation for low back pain of undetermined origin	5- 1-48		
	Changed to: Degenerative joint disease		5-11-48	IP
MOBILE ALA	Hernia, inguinal, indirect, right	3-10-49		
	Hernioplasty, inguinal, right		3-24-49	IP
	Varicose veins of legs			
AT HOME	Sick leave	3-24-49	4-23-49	IP
MH BALTIMORE MD	Observation-cardio-vascular disease	8- 4-49		
	Varicose veins of leg, right primary; paroxysmal nocturnal dyspnea, due to above			
	Causalgia of leg, right due to old injury			
	Osteoarthritis, lumbar vertebral joints			
	Arthritis, rheumatoid, lumbar Vertebral joints		9- 2-49	IP
AT HOME	Sick leave	9- 2-49	9-30-49	IP
MH BALTIMORE	Arthritis mixed lumbar spine	9-30-49	2-20-50	OP
MH BALTIMORE	Arthritis, mixed lumbar spine	2-20-50		
	Rheumatoid arthritis, right ankle			
	Pterygium, bilateral			IP

CERTIFIED TO BE A TRUE TRANSCRIPT OF THE MEDICAL HISTORY IN THIS CASE.

T. LE BLANC
Lt. Commander, USCG

Form No. 2525 B
TREASURY DEPARTMENT
U.S. Coast Guard

PHYSICAL EXAMINATION RECORD

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

Name RYAN, TONEY (Surname first) Service Number

Age: Years 41 Months 6 Color White

For: Induction into Coast Guard
(Special temporary or regular enlistment, appointment or promotion)

Rank or Rating Keeper, LHS

Place Mobile, Ala Date May 19, 1941

Personal Medical History: Usual childhood diseases

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

Color blind? No Test used Ishihara

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

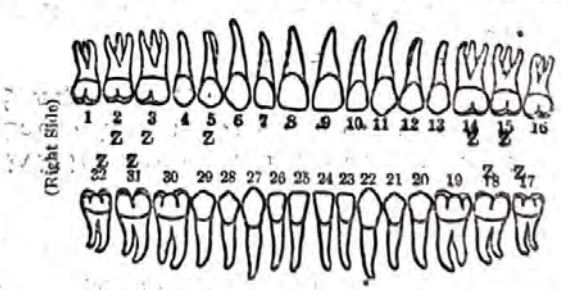
Eyes, eyelids, and reflexes bilateral pterygia

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

Head, face, and neck Normal

Mouth, nose, and throat Normal

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



Gums Normal Temperature 37

Height 70 inches. Weight (stripped) 150 Lbs. Obesity No

Skin Normal

Lymph. glands Normal

Chest: Inspiration 39 in. Expiration 37 in.

Heart and blood vessels Normal

Blood pressure: Systolic 124 Diastolic 80

Pulse before exercise 74, after exercise 98, after 2 min. 76

Lungs Normal

Abdomen and pelvis Normal

Genito-urinary organs Bilateral varicocele

Spine and extremities Normal

Nervous and mental conditions Normal

Urine: Albumin Neg. Sugar Neg. Sheds

Microscopical exam. (if indicated) epithelia Present Sp. Gr. 1.024

Blood cells Pus cells Rare Casts

Blood (if indicated) Hb % Reds Whites

Wassermann & Kahn test: Date 5-20-41 Result Negative

5—16141

REMARKS:

CERTIFICATE

~~We~~ / I } certify that { ~~we~~ / I } have personally made this physical examination and find that examination shows

He is physically qualified for induction into C. G.
(Enlistment, appointment, promotion)

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

He is not physically qualified for

on account of

5-22-41 A. A. [signature] Surgeon, U.S. Public Health Service.

1st INDORSEMENT

24 May, 1941.
(Date)

Place MOBILE BASE, Mobile, Alabama.

From: Commanding Officer.

To: Commandant.

1. Forwarded for action. Present status:
Civilian Keeper for induction in Regular Establishment as B.M. 1c under Act of 5 August, 1939.

[signature] Commanding, Third Coast Gd. in Chg.
M. Peterson, Chief Bos'n. USCG.

2d INDORSEMENT

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

MAY 31 1941
(Date)

The findings of the certificate are ~~not~~ approved

By direction of the Medical Director

By direction of the Surgeon General:

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

R.L.G.
10 MIC

3d INDORSEMENT

HEADQUARTERS, WASHINGTON.

3 June, 1941
(Date)

From: Commandant.

To: Commander, Mobile Base.

1.

Enlistment Auth. R.E. BM 1c.

Insert this copy in health record.

By direction,

[signature]
By direction

U.S. GOVERNMENT PRINTING OFFICE 2—10141

((15926) (

PR5-73

From: Commandant.
To:

Subject:
provisional rating made permanent.

Reference: (a) Personnel Bulletin 17-39.

1. The provisional rating of the above-named man as is made permanent effective this date. However, his present rating will remain provisional until such time as it is made permanent by Headquarters.

By direction,

F. E. ALLISON,
Assistant Chief, Detail Section.

NEW ORLEANS 9, LOUISIANA

Comdr. 8th CGD
Custom House, Box 282

1 May, 1950

CG PHYSICAL EVALUATION BOARD

File: dli 73-706

From: President, Coast Guard Physical Evaluation Board
To: Senior Surgeon (R) Henry V. Stroupe and Senior Surgeon (R) Benjamin L. Newell, U. S. Public Health Service

Subj: RYAN, Toney (226-917) HMC, U. S. Coast Guard; examination of

1. You will make a careful examination into the past and present physical and mental condition of subject man, whose case has been referred to this board for examination and report as to whether he is unfit to perform the duties of his rank, grade or rating. Standard Forms 504, 505, 506, and 507, Clinical Record, shall be completed, and attached to and made a part of the medical report which shall be executed under oath.

2. Besides a personal examination, you will examine closely all matter transmitted to the board in this case from the files and records of Coast Guard Headquarters, and you will also endeavor to obtain from any other authentic source within your reach such information as will aid the board in the performance of its duties, and will report the result in writing, which shall be in the form of a sworn statement.

/s/ SEVERT A. OLSEN
Captain, U. S. Coast Guard,
President

Incls:
1. Copy of H/L dtd 18 April, 1950, file PE-C 73-706
2. Medical record of RYAN, Toney

CC: dcs
Medical CinC, USCH

A TRUE COPY: ATTEST.

LEO J. KING,
LTJG, USCG, MEMBER & RECORDER

"6"

NEW ORLEANS, 15, LOUISIANA

Commander 8th CGD.
U.S.Marine Hospital,

3 May,1950

U.S.COAST GUARD EVALUATION PHYSICAL BOARD

From: Senior Surgeon (R) Henry V. Stroupe, and Senior Surgeon (R) Benjamin L.Newell, U.S.Public Health Service.
To: President, Coast Guard Physical Evaluation Board

Subj: RYAN, Toney (226-917) BMC,USCG examinatiob of

1. We have carefully and separately examined Toney Ryan,(226-917) BMC, USCG, as to his past and present physical and mental condition, together with the records pertaining to his case. There is submitted herewith a complete and detailed report of the physical and mental condition of Toney RYAN,(226-917) BMC,USCG, executed under oath, together with Standard Forms 504, 505, 506, attached hereto and made part hereof.

2. We believe that Toney RYAN,(226-917),BMC,USCG, is unfit to perform the duties of office by reasons of the following,1. Arthritis mixed,lumbar and dorsal spine (5003),2. Arthritis ,rheumatoid,right ankle (5002),3. Pterygium bilatteral,4. Varicose veins right foot and leg,moderate (7120), incurred while entitled to receive basic pay, not due to intentional misconduct or willful neglect and not incurred during a period of unauthorized absence; that these disabilities combined is considered to be forty percentum (40) disabling, computed in accordance with the Current Veteran's Administration Schedule for Rating Disabilities as follows; 1. Arthritis mixed. lumbar and dorsal spine,(5003) 20%, 2. Arthritis, rheumatoid,right ankle (5002) 10%, 3. Pterygium bilateral 0%, 4. Varicose veins right foot and leg,moderate (7120) 10%. Accepted medical principles indicate that the disability is of a permanent nature.

HENRY V. STROUPE
Senior Surgeon (R) USPHS

BENJAMIN L. NEWELL
Senior Surgeon (R) USPHS

Sworn to and subscribed before me, this 9th day of May,1950

LEO F. KUNG
LTJG, USCG Member and Recorder.

47"

Standard Form 504
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD	HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (*Include circumstance of admission*)

" "

PAIN IN RIGHT ANKLE AND BACK

HISTORY OF PRESENT ILLNESSES

Patient states he has had pain and swelling in the right ankle for about two (2) years. States he also had pains in the spine, noticable on motion with occasional pain down the right thigh and leg. He attributes his difficulty to an accident injury in which he fell from a ladder catching his foot under a rung and causing a marked plantar flexion of the foot due to his suspension. He was treated by a private physician who advised that no fracture was present. The swelling subsided but pain was persistent. His foot and ankle ached and the pain runs upward to the calf and thigh. Even after a quietus period the pain returns after walking two (2) blocks. He also states that it hurts worse in cold weather. He was hospitalized at the U.S.Marine Hospital, Baltimore, Maryland in August,1949 because of varicose veins of the right leg; causalgia right leg,rheumatoid arthritis of lumbar spine, at this time the varicose veins were removed. He was later furnished a back support to relieve him of discomfort in his spine while working. He continued to have pains in the foot,ankle,calf, and back,and these synptoms have continued to date.

(*Continue on reverse side*)

SIGNATURE OF PHYSICIAN		DATE
B.L.NEWELL,SR. SURG.(R) USPHS	H.T.STROUPE SR. SURG.(R) USPHS	9 May,1950
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME RYAN, Toney (226-917) BMC, USCG	REGISTER NO.	WARD NO.

U.S.MARINE HOSPITAL, NEW ORLEANS, LA.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HISTORY—Part I
Standard Form 504

U. S. GOVERNMENT PRINTING OFFICE 16—50188-1

Standard Form 505
Promulgated August 1948
By Bureau of the Budget
Circular A—52

CLINICAL RECORD | **HISTORY—Part 2**

PAST HISTORY

INSTRUCTIONS.—*Include (1) OCCUPATION (Prewar and postwar), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, and (8) INJURIES.*

1. Commercial fisherman.
2. Lighthouse service and the U.S.Coast Guard. This patient has 15 years, 8months and 6 days in the Lighthouse Service. Has been in the U.S.Coast Guard for 28 years, 9 months and 6 days.
3. Occasional beer, smokes about one package of cigarettes per day, no drugs.
4. Father died at the age of 60 from Heart disease.
   Mother died at the age of 58 from a stroke.
   Three (3) brothers living and well.
   Five (5) sisters living and well.
   One (1) sister died at childbirth.
   No tuberculosis or insanity in the family to his knowledge.
5. Usual childhood diseases.
   Typhoid at the age of twelve (12).
6. Rheumatism for a period of two (2) years.
7. Hernioplasty right ——1949
   Ligation varicose veins——August, 1949
   Tonsillectomy————1938
8. Injury of right ankle——1947, 1948

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
RYAN, Toney (226-917) BMC, USCG		

HISTORY—Part 3

SYSTEM REVIEW

INSTRUCTIONS.—*Include (1) GENERAL, (2) HEAD [Including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.*

1. Negative.
2. Has had bilateral pterygium for several years.
3. Bilateral pterygium.
4. Negative.
5. Negative.
6. Negative.
7. Negative.
8. Nocturnal dyspnea since 1949, relieved by sitting up.
9. Varicose veins developed in right leg about 2 years ago.
10. Negative.
11. Negative.
12. Negative. Not applicable.
13. Negative.
14. Negative.
15. See Part one (1)
16. Negative.

SIGNATURE OF PHYSICIAN		DATE
B.L. MEEKIL, SR.SURG.(R)USPHS	H.V.STROUBE, SR. SURG.(R) USPHS	9 May, 1950

U. S. GOVERNMENT PRINTING OFFICE 16—66187-1

Standard Form 506
Promulgated August 1948
By Bureau of the Budget
Circular A—32

CLINICAL RECORD — PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
3 May,1950	69inches	145#	155#	150#	98.8	80	130/80

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

1. Well developed,well nourished white male who walks with apparent pain and limps on right leg.
2. No pathology noted.
3. Pterygium into cornea right eye three (3) mm. (Vision 20/30 each eye
   Pterygium into cornea left eye four (4) mm.
4. Normal, no pathology noted.
5. No pathology noted.
6. No pathology noted.
7. No pathology noted.
8. No pathology noted.
9,10 Lungs clear to percussion on consultation.
10. Normal size and position, regular rhythm normal,no murmur.
12. No organs palpable, no masses.
13. No hernia, hernioplasty scar right inguinal.
14. Normal
15. Prostate slightly enlarged, not tender.
16. Prostate slightly enlarged, not tender.
17. Can bend forward 60 degrees, lateral flexion and hyper-extension are painful. Slight muscle spasm excited on flexion.
18. Right ankle swollen and tender on one occasion,later the swelling subsided but pain still present.Motion of ankle not limited,but painful.Other joints of extremities applicably normal. Superficial varicose veins right foot and leg.
19. Normal reflexes,no sensing loss.
20. Scar right ankle due to surgery for varicose veins.
21. No pathology noted.
22. Lumbar spine and sacro-iliac joints: Slight osteoarthritic changes of the lower lumbar. Atheromatous changes of the abdominal aorta and pelvic vessels.
    Dorsal Spine: Slight osteoarthritic changes.

X-ray

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
RYAN, Toney (226-917) BMC, USCG		

U.S.MARINE HOSPITAL, NEW OLREANS, L.A
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—86185-1

PHYSICAL EXAMINATION
Standard Form 506

"10"

PHYSICAL EXAMINATION

INITIAL IMPRESSION

ARTHRITIS, MIXED,LUMBAR SPINE,
RHEUMATOID ARTHRITIS, RIGHT ANKLE,
PTERYGIUM, BILATERAL.
VARICOSE VEINS RIGHT FOOT AND LEG, MODERATE

SIGNATURE OF PHYSICIAN

B.L.NEWELL, SR. SURG. (R) USPHS R.V.STROUPE, SR. SURG. (R) USPHS

U. S. GOVERNMENT PRINTING OFFICE 16—66186-1

15 May 1950
PS-2 73, 706
AUTH: 519859

From: Commandant
To: Commander, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)EME; Orders home; travel; pending final action on Physical Evaluation Board

1. In accordance with the recommendations contained in your dispatch 1216582 (May), you are authorized to direct subject-named man to proceed to his home to await action on the Physical Evaluation Board held in his case.

2. Inform RYAN that the period of absence from duty between date of transfer home and the date of his release from active duty will be charged against his annual leave minus travel time from duty station to his home if final action results in his retirement. However, any annual leave remaining to his credit on release from active duty will be compensated for in cash.

3. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment, symbol No. 99-20, under the authorization number indicated above.

4. Prior to transfer home, advise this man of his rights and benefits as a veteran. RYAN will be further advised that ND Form 214, Report of Separation from the Armed Forces of the United States will be issued and forwarded to him upon his release from active duty.

5. No proceed time is allowed under this order.

RECD MAY 15 15 41
PEA-A

W. E. CAPRON
By direction

U. S. COAST GUARD
Accounting Office
FUNDS AVAILABLE
Date MAY 15 1950
Initial: [illegible]

CORRESPONDENCE:me Ret 3-13

CG 9619 (REV. 12-47)
TREASURY DEPT.

U. S. COAST GUARD

PE

3-11

HEADING: BEP73

NMNM BEPJC

FROM: FDE BESFJ 20
RNM 121658Z
FM CCGD EIGHT

1950 MAY 12 14 43

ACTION: TO COMDR COGARD

PEA-A

GRNC

INFORM:

TEXT

DLI TO PE X RECOMMENDED FINDINGS OF FACTS PHYSICAL EVALUATION BOARD CASE OF RYAN TONEY 226 917 NMC X BOARD FINDS THAT RYAN IS UNFIT TO PERFORM DUTIES HIS RATE ROLLOWING REASONS X PAREN ONE PAREN ARTHRITIS MIXED LUMBAR AND DORSAL SPINE CODE NUMBER 5003 PAREN TWO PAREN ARTHRITIS RHEUMATOID RIGHT ANKLE CODE NUMBER 5002 PAREN THREE PAREN PTERYGIUM BILATERAL NO CODE NUMBER PAREN FOUR PAREN VARICOSE VEINS RIGHT FOOT AND LEG MODERATE CODE NUMBER 7120 X COMBINED DISABILITIES IS CONSIDERED TO BE 40 PERCENT DISABLING X INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY X DISABILITY IS PERMANENT X IS RESULT OF INCIDENT OF SERVICE NOT DUE TOHIS OWN INTENTIONAL MISCONDUCT OR WILLFUL NEGLECT AND NOT INCURRED WHILE ON UNAUTHORIZED ABSENCE X BOARD RECOMMENDS RYAN RESUME FORMER STATUS OF INDEFINITE SICK LEAVE PENDING HEADQUARTERS ACTION ON ABOVE BOARD

orders home

CFN 226 917 5003 5002 7120 40

12/1659Z MAY BESFJ

OPERATOR'S RECORD AND DATE

EMAL 1950

OFFICIAL INITIALS

3-13
File

15 May, 1950
PE-C 73, 706
AUTH: 518859

From: Commandant
To: Commander, Eighth Coast Guard District

Subj: RYAN, Tenny (226-917)USCG; Orders home; travel; pending final action on Physical Evaluation Board

1. In accordance with the recommendations contained in your dispatch 121658Z (May), you are authorized to direct subject-named man to proceed to his home to await action on the Physical Evaluation Board held in his case.

2. Inform RYAN that the period of absence from duty between date of transfer home and the date of his release from active duty will be charged against his annual leave minus travel time from duty station to his home if final action results in his retirement. However, any annual leave remaining to his credit on release from active duty will be compensated for in cash.

3. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment, symbol No. 99-20, under the authorization number indicated above.

4. Prior to transfer home, advise this man of his rights and benefits as a veteran. RYAN will be further advised that DD Form 214, Report of Separation from the Armed Forces of the United States will be issued and forwarded to him upon his release from active duty.

5. No proceed time is allowed under this order.

W. G. CAPRON
By direction

CORRESPONDENCE:me Ret 3-13

15 May, 1950
PE-C 73, 706
AUTH: 518859

From: Commandant
To: Commander, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)HMC; Orders home; travel; pending final action on Physical Evaluation Board

1. In accordance with the recommendations contained in your dispatch 121658Z (May), you are authorized to direct subject-named man to proceed to his home to await action on the Physical Evaluation Board held in his case.

2. Inform RYAN that the period of absence from duty between date of transfer home and the date of his release from active duty will be charged against his annual leave minus travel time from duty station to his home if final action results in his retirement. However, any annual leave remaining to his credit on release from active duty will be compensated for in cash.

3. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment, symbol No. 99-20, under the authorization number indicated above.

4. Prior to transfer home, advise this man of his rights and benefits as a veteran. RYAN will be further advised that DD Form 214, Report of Separation from the Armed Forces of the United States will be issued and forwarded to him upon his release from active duty.

5. No proceed time is allowed under this order.

W. C. CAPRON
By direction

15 May, 1950
PE-C 73, 706
AUTH: 518859

From: Commandant
To: Commander, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)BM2; Orders home; travel; pending final action on Physical Evaluation Board

1. In accordance with the recommendations contained in your dispatch 121650Z (May), you are authorized to direct subject-named man to proceed to his home to await action on the Physical Evaluation Board held in his case.

2. Inform RYAN that the period of absence from duty between date of transfer home and the date of his release from active duty will be charged against his annual leave minus travel time from duty station to his home if final action results in his retirement. However, any annual leave remaining to his credit on release from active duty will be compensated for in cash.

3. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment, symbol No. 99-20, under the authorization number indicated above.

4. Prior to transfer home, advise this man of his rights and benefits as a veteran. RYAN will be further advised that DD Form 214, Report of Separation from the Armed Forces of the United States will be issued and forwarded to him upon his release from active duty.

5. No proceed time is allowed under this order.

W. C. CAPRON
By direction

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

[redacted] poste 9.10.14 [redacted]

No. 185

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
RYAN, Toney (n)	226-917	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
OCCGD-8		NOLa.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
08-02000		4-30-50

TIME
DATE — REPORTED FROM:
FOR

AUTH:

TIME
DATE — TRANSFERRED TO:
FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

26 April, 1950:--Attached to OCCGD-8 having been transferred from CG Yard, Curtis Bay, Md. to this office, for Adm. Med. Purp., while on indefinite sick leave pending appearance before Physical Evaluation Board.

AUTH: H/L 4-14-50 PE-A-73

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	7-11-49
CLASS A NO. DEP.	CLASS B NO. DEP.							

S. L. BROWN, CSCLK., USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED
	PE-DR-25	

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA. SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF CHANGE IN PERSONN[redacted]

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-45)

No. 40

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMC., USCG

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG YARD		Curtis Bay, Md.

MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	MINOR UNIT ITEM No.	DATE
155		24 April, 1950

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Effective 1300, 24 April, 1950 - Transferred to the Office of the Commander, 8th CG District, New Orleans, La., for administrative purposes while on indefinite sick leave pending HQ action on the Report of the Board of Medical Survey held in his case.

ADDRESS WHILE ON INDEFINITE SICK LEAVE:- RR#3, Foley, Ala.

DUTY CODE NO.
AUTH: HL 4-14-50 (PE-A)(73)

L. R. CHENOWETH, CSCLK., USCG.,
Personnel Officer (Commanding)
By dir.

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty

Records	
Posting	Coding

Machine Accounting
Punched _____
Verified _____

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

18 April, 1950
PE-C 73, 706

From: Commandant
To: Captain Severt A. Olsen (1083), USCG - President
Physical Evaluation Board, Eighth Coast Guard District

Subj: RYAN, Toney (226-917)BMC; appearance before Physical Evaluation Board

Ref: Precept convening Physical Evaluation Board

1. There are inclosed such papers from the medical and personnel records of subject-named man as are considered of interest to the board. RYAN has been directed to present himself before the board of which you are president at such time and place as shall be indicated in instructions issued by you. The board will be convened at any of the places authorized in the reference.

2. The board will be guided by Regulations Pertaining to the Retirement and Separation for Physical Disability, approved by the Secretary of the Treasury on 10 February, 1950.

3. Records at Headquarters disclose the following with regard to this man:

	Years	Months	Days
Active Military Service as of 31 March, 1950 -	24	5	9
Unauthorized Absences -		None	

4. When the board has completed its examination of this man furnish the Commandant (PE) by dispatch, a summary of its recommended findings, together with any other recommendations as to the disposition of this man, such as, return to full or light duty, continuance of medical treatment, granting of sick leave, orders to home pending retirement, or such other disposition as may be warranted.

5. Return inclosure 1 with report of the board to the Commandant (PE).

F. V. HELMER
By direction

1950 APR 18 11 16
PEA-A

Incls
2. Pertinent Medical and Personnel papers
2. Copy of Commandant's (PE-C) letter, file 73, 706 to Ryan

CORRESPONDENCE:me Ret 3-13

3-13

18 April, 1950
PE-C 73, 706
AUTH: 518368

From: Commandant
To: RYAN, Toney (226-917)BMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Examination by Coast Guard Physical Evaluation Board; orders; travel

1. A Coast Guard Physical Evaluation Board of which Captain Severt A. Olsen, USCG, is president has been ordered to convene to evaluate your physical fitness to perform the duties of your rating. When directed by the president of the board, present yourself before the board for examination at such time and place as may be designated by him. Deliver these orders to the president of the board for all proper indorsements.

2. When released from further attendance before the board, resume your former status while awaiting final action on the Physical Evaluation Board.

3. Your attention is invited to the Regulations pertaining to retirement and separation for physical disability.

4. Travel necessary to the execution of these orders is required by the public interests and is chargeable to Headquarters travel allotment symbol No. 99-20, under the authorization number indicated above.

5. No proceed time is allowed under these orders.

F. V. HELMER
By direction

1550 APR 18 16 00
PEA-A

U. S. COAST GUARD
Accounting Office
FUNDS AVAILABLE
Date: APR 18 1950
Initial:

CORRESPONDENCE:me Ret 3-13

14 April, 1950
PE A 73

From: Commandant
To: Commandant, CG YARD

Subj: RYAN, Toney (226-917) BMC; administrative transfer; authorization of

In accordance with the request contained in your indorsement 2, dated 6 April 1950, of the Report of the Board of Medical Survey held in the case of subject man, you are authorized to effect his administrative transfer to the Commander, 8th CG District.

W. C. CAPRON
By direction

CC: Commander, 8th CG District (p)

1950 APR 14 14 44
PEA-A

HELMER:WHB:AIM
cy ret 3-13

a dm. WHB

6 April, 1950
PE A 73

From: Commandant
To: Commandant, CG YARD

Subj: RYAN, Toney (226-917) BMC; indefinite sick leave; authorization of

In view of the information contained in your dispatch 051450 April 1950, you are authorized to grant subject man indefinite sick leave pending HQ action on the report of the Board of Medical Survey held in his case.

F. V. HELMER
By direction

WHB:AIM
ey ret 8-13

AIM

WHB

1950 APR 6 PM 32
PEA-A

CG 9619 (REV. 12-47)
TREASURY DEPT.

U. S. COAST GUARD

PE

HEADING
PP BEPJC
DE BEPJY 4

FROM
RR 051450Z
FM COGARD YARD

1950 APR 5 10 46

3-11

ACTION
TO COGARD HDQTS
GRNC

PEA-A

INFORM

TEXT

PE X

REFMYLTR 14 MARCH 1950 FILE 73 REQUESTING AUTH GRANT TONEY RYAN (226-917) BMC INDEFINITE SICK LV PENDING FINAL ACTION ON MEDICAL BOARD OF SURVEY X PRESENT SICK LV EXPIRES 14 APRIL 1950 X ADVISE

APR 5 1950

Recommend approval
Diagnosis: Osteoarthritis Lumbar vertebral joints

CFN 14 1950 73 (226-917) 14 1950

05/1455Z APR BEPJY

JSAL 1950
OPERATOR'S RECORD AND DATE

OFFICIAL INITIALS

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney	226-917	BMC	USCG Yard
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital, Baltimore, Md, Date April 1, 1950, 19

To: COMMANDANT, (PM)
USCG YARD, (Coast Guard unit)
CURTIS BAY, MARYLAND
(Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

FILE

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Arthritis, mixed, lumbarspine		2/20/50	
Rheumatoid arthritis, right ankle			
Pterygium, bilateral			3/14/50

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

Indefinite sick leave - pending action physical evalulation board.

CONDUCT REPORT:

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

John L. Wilson

Medical Director, *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

3-13 COPY file

14 March, 1950
CG-73

From: Commandant, CG YARD
To: Commandant (PE)

Subj: RYAN, Tomey (226-917), BMC., USCG; indefinite sick leave; authorization for

Subject-named man has been recommended for indefinite sick leave by the Medical Officer in Charge, U.S. Marine Hospital, Baltimore, Md., pending final action on Medical Board of Survey held in his case. It is requested that authorization to grant RYAN this indefinite sick leave be furnished.

L. H. CHENOWETH,
By direction.

1950 APR 7 15 23
PEA-A

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney	226-917	BMC	USCG Yard
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place CURTIS BAY, MARYLAND, Date 16 February, 19 50

To: MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
BALTIMORE, MARYLAND

FILED
T. Lee

SIR: You are requested to examine the above-named {*~~officer~~ / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDANT, USCG YARD

Toney Ryan
(Signature of patient)

A. LINK KOVEN
SURG., USPHS
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital ~~Baltimore 11, Md~~, Date February 20, 1950, 19

I CERTIFY that I have examined the above-named person and find him suffering from 2413-912 Osteoarthritis lumbar vertebral joints
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No.~~} Fit for duty? {*~~Yes.~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes.~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes.~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately Undetermined days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at U. S. Marine Hospital Baltimore, Md {*hospital / *office} on February 20, 1950, 19

John L. Wilson
Medical Director,
U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

APPLICATION FOR LEAVE OF ABS[illegible]
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG YARD	Curtis Bay, Md.	6 January, 1950

FROM (REQUESTER):	TO	VIA:
RYAN, Tony (226-917) BMC	Personnel Officer, YARD	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
20		7 January, 1950			

REASON FOR REQUEST:

REGULAR ACCRUED LEAVE

My address on leave will be: Foley Ala., Route #3

I will immediately inform my commanding officer of any change in address while on leave.

Tony Ryan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG YARD Date: 6 January, 1950 earned
Leave record indicates balance of 36 days' annual and 16 days ~~Furlough~~ Leave due.
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

R. J. CHEVRIER, CSCLK, USCG
~~COMMANDING EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG YARD Date: 7 January, 1950
Departed at 0005 this date. This leave of absence will expire before 0900 - 29 January, 1950, at CG YARD and is subject to the special instructions indicated on reverse hereof.

R. J. CHEVRIER, CSCLK, USCG
~~COMMANDING EXECUTIVE~~—PERSONNEL OFFICER.

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank — Title

Ind.-6 Unit: CG YARD Date: 24 January, 1950
Reported at 2345 this date, having taken 17 days' leave and 0 days' TT.

R. J. Chevrier
R. J. CHEVRIER, CSCLK, USCG
~~COMMANDING EXECUTIVE~~—PERSONNEL OFFICER.

16—40220-3

[OVER]

NCG-2522

3-13

FOLLOW INSTRUCTIONS ON BACK

Ryan, Toney (Name, surname first) | 226-917 (Service number) | CBOSN (Rank or rating) | Yard (Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place CURTIS BAY, MARYLAND, Date 4 August, 19 49

MLE
I. Lab

To: MEDICAL OFFICER IN CHARGE
U. S. MARINE HOSPITAL
BALTIMORE, MARYLAND

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to COMMANDANT, USCG YARD

Toney Ryan
(Signature of patient)

J. Jay Platt
J. JAY PLATT
ASS'T. SURG., USPHS (R) U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Marine Hospital Baltimore, Md, Date August, 5th, 1949, 19

I CERTIFY that I have examined the above-named person and find him suffering from Obs-Cardio-vascular disease
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately Undet days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. Marine Hospital Baltimore, Md {*hospital / *office} on August 4, 1949, 19

J. F. Van Ackeren
J. F. Van ACKEREN,
Medical Director, U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

File 3-13

JUL 28 1949

PE-C-73

Hon. Frank Boykin
House of Representatives, Room 412
Washington, D.C.

My dear Mr. Boykin:

Reference is made to telephonic communication of 26 July, 1949, between Mr. Lucas of your office and Commander Bender of Coast Guard Headquarters, relative to the retirement of Toney Ryan (226-917) chief boatswain's mate.

Not more than one percent of the total enlisted strength of the Coast Guard may be retired each year under the twenty-year plan. As there have been applications from many more men than could be retired in any one year, these requests have been considered in the order of total creditable service completed, and, of course, limited to one percent of the total strength. At the present time, there are numerous requests for retirement on file at Coast Guard Headquarters pending action at a later date. Ryan's official request is among those on file and will be considered in its turn in order of creditable service completed.

The records at Coast Guard Headquarters indicate that Ryan is approximately #350 on the twenty-year retirement list. Providing there is no change in the law and it is continued to be administered as it is at the present time, Ryan cannot anticipate retirement until approximately June, 1951.

Your interest is indeed appreciated and I trust that the above will advise you relative to this matter.

Very truly yours,

J. F. FARLEY
Admiral, U. S. Coast Guard
Commandant

Mailed 7-29-49 jhc

Correspondence:jhc:vmh ret to 3-11 Prep: 26 July, 1949

Fill in blocks as initialled - do not use for routing.

OFFICE OR DIVISION DESIGNATORS	PE	P	C											
INITIALS OF RESPONSIBLE OFFICERS	WCC													
INTRA-OFFICE OR DIVISION INITIALS			911											

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

No. 1

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG YARD		Curtis Bay, Md.
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**
155		5 July, 1949

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)

0610 4 July, 1949 Reported this date fm GALVESTON DEPOT for ASDU having taken 15 days delay enroute to count as leave, 4 days prodeed, 2 days tt. H/L 5-13 (PE-A) CG 701,531 Auth. No. 514921

DUTY CODE NO. H/L 5-13 (PE-A)
AUTH: CG 701,531 Auth. No. 514921

R. J. Chevrier
R. J. CHEVRIER, USCLK, USCG
Personnel Officer, By direction (Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
001		50	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
480		037	

Records	
Posting	Coding
PE-A-F	

Machine Accounting	
Punched	CODE NO. 10
Verified	

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

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

UNITED STATES COAST GUARD

New Orleans 9, La.

ADDRESS REPLY TO
Commander, 8th CG
District (pmp)
REFER TO FILE

23 May, 1949
File: 701

From: Commander, 8th CG District
To: Commandant (PE-A)

Subj: Report of enlisted personnel transfers

Ref: (a) Personnel Memorandum No. 10-48

In accordance with reference (a) the following is submitted:

1. H/L 13 May, 1949, file PE-A 7o1, 531, Auth. No. 514921:

RYAN, Toney (n) (226-917), BMC

M. GARFIELD
By direction

CC: (dcs)

1949 MAY 25 16 17
PEA-A

NCG-2522

RECEIVED FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (n) (Name, surname first) | 226-917 (Service number) | BMC (Rank or rating) | Galveston Depot (Unit)

MAR 31 1949

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

COAST GUARD DEPOT GALVESTON, TEXAS

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 24 March, 19 49

To: Commanding Officer
USCG (Coast Guard unit) Depot
Galveston, Texas
(Address)

FILE T. Le

The above-named patient was discharged from {*inpatient *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Hernia, inguinal, indirect, right	0601-6393	3/10/49	3/24/49
Herniorrhaphy, inguinal, rt.	0601-50	3/15/49	Do
Varicose veins of legs	48x-430.9	Not treated	

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

Thirty (30) Days convalesence leave recommended.

CONDUCT REPORT:

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

Ralph E. Porter

RALPH E. PORTER, Medical Director,
Medical Officer in Charge U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

U. S. Public Health Service.

* Strike out words not applicable.

16—27156-1

3-12 • OCG 53535 • not 50

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NAME (Last, first, middle initial)	GRADE OR RATE			SERVICE NUMBER
RYAN, Toney	~~POC~~ CPO(E-7)	USCG	X	226-917
		USCGR		

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED	
	Gulf Shores, Alabama 36542	PHOTO BEING MADE BY ISSUING ACTIVITY	

REASON FOR REQUESTING CARD (Check appropriate box)

- ☐ INITIAL ISSUE
- ☐ RETIRED WITH PAY
- ☐ CHANGE IN GRADE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ REPLACE MUTILATED CARD
- ☐ PRESENT CARD EXPIRED
- ☐ RELEASED TO INACTIVE DUTY
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD (Explain on reverse)
- ☒ OTHER (Specify) Replace mutilated 1173 with 2CG Retired

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
11-7-99	155	5-10	Gray	Brown	A- Neg

DATE OF APPLICATION	SIGNATURE OF APPLICANT
17 Sept. 1968	x Toney Ryan

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
☐ ACTIVE ☐ RESERVE ☒ RETIRED	☒ MEDICARE AUTHORIZED ☐ MEDICARE NOT AUTHORIZED X NoCivMedCare	INDEFINITE	S. HUTCHINSON, Chief Records Branch Enlisted Personnel Division U. S. Coast Guard, Washington, D. C.

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
0018102	29 Oct 1968	G. Barton G. BARTON, LT., USCG MIO, Mobile, Alabama

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE

GPO 899538

3-12 ● OCG.53535 ● not 50

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-4011 (6-60)

APPLICATION FOR ARMED FORCES IDENTIFICATION CARD, DD2CG

PART I - TO BE COMPLETED BY APPLICANT (Print or type)

NAME (Last, first, middle initial)	GRADE OR RATE			SERVICE NUMBER
RYAN, Toney	~~POC~~ CPO(E-7)	USCG	x	226-917
		USCGR		

DUTY ASSIGNMENT (Ship, Station, etc.)	MAILING ADDRESS (If not on active duty)	35 MM PHOTO ATTACHED	
	Gulf Shores, Alabama 36542	PHOTO BEING MADE BY ISSUING ACTIVITY	

REASON FOR REQUESTING CARD (Check appropriate box)

- ☐ INITIAL ISSUE
- ☐ ENTRY ON EXTENDED ACTIVE DUTY
- ☐ RELEASED TO INACTIVE DUTY
- ☐ RETIRED WITH PAY
- ☐ REPLACE MUTILATED CARD
- ☐ REPLACE LOST, STOLEN OR DESTROYED CARD (Explain on reverse)
- ☐ CHANGE IN GRADE
- ☐ PRESENT CARD EXPIRED
- ☒ OTHER (Specify) Replace mutilated 1173 with 2CG Retired

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES	BLOOD TYPE
11-7-99	155	5-10	Gray	Brown	A- Neg

DATE OF APPLICATION	SIGNATURE OF APPLICANT
17 Sept. 1968	x Toney Ryan

PART II - TO BE COMPLETED BY VERIFYING OFFICER

The data entered in the items above have been verified and corrected as noted in appropriate items.

TYPE OF DD 2CG TO BE ISSUED	RETIRED CARD ONLY	EXPIRATION DATE	SIGNATURE, TITLE, AND MAILING ADDRESS OF VERIFYING OFFICER
☐ ACTIVE ☐ RESERVE	2 ☒ MEDICARE AUTHORIZED		S. HUTCHINSON, Chief
☒ RETIRED	☐ MEDICARE NOT AUTHORIZED		Records Branch
	X NoCivMedCare	INDEFINITE	Enlisted Personnel Division
			U. S. Coast Guard, Washington, D. C.

PART III - TO BE COMPLETED BY ISSUING OFFICER

CARD NO. ISSUED	DATE OF ISSUE	SIGNATURE, TITLE AND MAILING ADDRESS OF ISSUING OFFICER
0018102	29 Oct 1968	G. BARTON, LT., USCG MIO, Mobile, Alabama

REPLACES CGHQ-3505, CGHQ-9958, AND VARIOUS APPLICATION FORMS USED IN FIELD, ALL OF WHICH ARE OBSOLETE GPO 899538

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (Name, surname first) | 2226-917 (Service number) | BMC (Rank or rating) | Galveston Depot (Unit)

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

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

Place Galveston, Texas, Date 8 March, 19 49

To: Medical Officer in Charge
U. S. Marine Hospital
Mobile, Ala.

FILE
I. Les

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, USCG Depot, Galveston, Texas.

(Signature of patient)

W. Erving COOK
Chief Bosn. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Mar. Hosp. Mobile, Ala., Date 10 March, 19 49

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

?(1) Inguinal hernia, indirect, rt. (2) Varicose veins of legs.
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 14 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. Marine {*hospital / *office} on 10 March, 19 49

RAIPH E. PORTER, Medical Director
Medical Officer in Chg. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (Name, surname first) 226-917 (Service number) BM1 (Rank or rating) Mobile Point Light Station (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place USMH Mobile, Ala, Date 24 May, 1948, 19

To: Commader 8th CG Dist (pm)
(Coast Guard unit)
New Orleans, La.
(Address)

FILE
T. LeB

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Under observation for low back disease changed to :			
Degenerative joint disease	240-G12	5-1-48	5-11-48

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

CONDUCT REPORT:

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

Ralph E. Porter

RALPH E. PORTER, Medical Director
Medical Officer in Charge, *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

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

No. 170

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney (n)	226-917	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
OCCGD-8	Mobile Point Range Rear Light Sta.	Fort Morgan, Ala.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
	08-063	2-21-49

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME 1300
DATE 2-15-49
TRANSFERRED TO: CG Depot, Galveston, Texas.
FOR asdu

AUTH: OCCGD-8(pmo)/L 1-27-49 CG 73-531

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:
S.L. BROWN, SCDR., USCG
By direction
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty

RECORDS	
Posting	Coding

MACHINE ACCOUNTING
Punched _____
Verified _____

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

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

No._____

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney (n)	(226-917)	BMC
MAJOR UNIT NAME	**MINOR UNIT NAME**	**LOCATION**
CG DEPOT		Galveston, Texas
MAJOR UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM No.**	**DATE**

TIME 0910
DATE 2 February, 1949
REPORTED FROM: Mobile Point Range Rear Lghtsta, Gasque, Ala.
FOR asdu

DUTY CODE NO.
AUTH: 8CGD/L 1/27/49 T/O 080758

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

CHANGED IN {RANK / RATING} FROM_____ TO_____ EFFECTIVE_____

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

CC: 8CGD
Record
File

DUTY CODE NO.
AUTH:

W. IRVING COOK, CBOSN, USCG
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
001		08	2	

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
090		097	

Records	
Posting	Coding
PEA-E 21	

Machine Accounting
Punched_____
Verified_____

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

20 July, 1948
PE-C-73

From: Commandant
To: Commander, 8th CG District (p)

Subj: Chief Petty Officer Rating certificates, forwarding of

Inclosures are forwarded herewith for further forwarding to the below-named men.

Colvin, Joseph T. Jr. (213-036) BMC
French, Charles E. (201-650) BMC
Hamilton, William J. Jr. (104-496) BMC
Harper, Elmer (200-121) BMC
Lambert, John M. (106-068) QMC
Locke, Beverly E. (222-046) BMC(AN)
Mason, Charles B. (213-035) BMC
McCullough, Homer A. (106-975) BMC
Murphy, Matt (232-356) BMC
Pace, Clarence M. (215-618) BMC
Peabody, Merrill W. (209-546) BMC
Peyton, Englisbee K. (222-182) BMC
Roberts, Walter A. (226-922) BMC
Ryan, Toney (226-917) BMC
Sewell, Joseph P. (200-584) BMC
Sigler, Bernard M. (222-056) BMC
Teater, Karl G. Jr. (225-365) YNC
Thompson, Christian G. (145-412) BMC
Welch, Woodrow W. (213-041) BMC
Wilson, Ulmer C. (213-002) BMC

W. C. CAIRON
By direction

CORRESPONDENCE:jhc;vmh ret to 3-13

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

25

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
~~CGD-8~~	Mobile Pt. Lt. Sta.	Mobile, Ala.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-063	7 July 1948

TIME — REPORTED FROM:
DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

CHANGED IN {~~RANK~~ / RATING} FROM BM1 TO BMC EFFECTIVE 1 July 1948

DUTY CODE NO. 30-D AUTH: H/L 6-7-48 (PE-C) CG-73 & Art. 561 (1) CG Regs.

OTHER CHANGES (SPECIFY)

OK - MPQ

DUTY CODE NO. AUTH: M. Garfield
M. GARFIELD
By Direction (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
001		08	2	
II	XIV	XVII	XX	XXI

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
272		248	101
XI	XIV	XV	XVIII

RECORDS	
Posting	Coding
4	CLEAR

MACHINE ACCOUNTING
Punched
Verified

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

(PE-C)

7 June, 1948
CG-73

From: Commandant
To: Commander, 8th CG District (pmp)

Subj: Personnel; advancement in rating

1. Under authority of Article 561 (1), CG Regulations, the below named men are advanced to the ratings indicated, effective 1 July, 1948, provided that for 1 year they have had no mark of less than 3.0 and an average of not less than 3.5 in Proficiency in Rating and for 2 years no mark less than 3.0 and an average of not less than 3.5 in Conduct. If advancement is not justified, the Commandant (PE) will be immediately advised.

COLVIN, Joseph T. Jr. (213-036), BM1 to BMC
FRENCH, Charles E. (201-650), EN1 to ENC
HAMILTON, William J. Jr. (104-496), BM1 to BMC
HARPER, Elmer (200-121), BM1 to BMC
LOCKE, Beverly E. (222-046), BM1(AN) to BMC(AN)
MASON, Charles B. (213-035), BM1 to BMC
McCULLOUGH, Homer A. (106-975), BM1 to BMC
MURPHY, Matt (232-356), EN1 to ENC
PACE, Clarence M. (215-618), EN1 to ENC
PEABODY, Morrill W. (209-546), BM1 to BMC
ROBERTS, Walter A. (226-922), BM1 to BMC
RYAN, Toney (226-917), BM1 to BMC
SIGLER, Bernard M. (222-056), BM1 to BMC
THOMPSON, Christian G. (145-412), BM1 to BMC
WELCH, Woodrow W. (213-041), BM1 to BMC
WILSON, Ulmer C. (213-002), BM1 to BMC

2. Chief Petty Officer Rating certificates will be forwarded under separate cover at a later date.

3. Forward Forms 2599 and make necessary entries in service records showing advancements, citing this letter and Article 561 (1), Regulations as the authority therefor.

W. C. CAPRON,
By direction

CORRESPONDENCE: ghc
Ret to 3-13

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Ryan, Tony	226-917	BM1	Mobile Point Light Station
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

Place CG Depot, Mobile, Ala., Date 1 May, 1948

To: Commanding Officer

Marine Hospital, Mobile, Ala.

FILED T. LeB

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Comdr. 8th CG District, Customs House, New Orleans, La.

Tony Ryan
(Signature of patient)

U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place USMH, Mobile, Ala., Date 12 May, 1948, 19

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

Under observation for low back pain of undetermined origin
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *~~No~~} Fit for duty? {*~~Yes~~ / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*~~Yes~~ / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*~~Yes~~ / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately ? days absence from duty. He was admitted to {*inpatient / *~~outpatient~~} treatment at USMH Mobile Ala {*hospital / *~~office~~} on 1 May, 1948, 19

Ralph E Porter

RAIPH E. PORTER, Medical Director

Medical Officer in Charge U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

183

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
~~O, Comdr, 8th CG Dist.~~	Mobile, Point Lt, Sta.	New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
~~08-201~~ 08-065	27 June, 1947

TIME 2330
DATE 25 June, 1947
REPORTED FROM: O, Comdr, 8th CG Dist., Nola
FOR asdu

DUTY CODE NO. 30-D
AUTH: OC8CGD/2766 (pmp) 6-25-46 CG-73-531

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.
AUTH:

M. Garfield
M. GARFIELD,
By direction (*Commanding*)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

Enlisted Personnel				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		08	2	
II	XIV	XVII	XX	XXI

Officer Personnel			
District	Sea Shore	Foreign Domestic	Duty
272		248	
XI	XIV	XV	XVIII

Records	
Posting	Coding

Machine Accounting	
Punched	CODED NO. 4
Verified	

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

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

156

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O, Comdr, 8th CGDist.		New Orleans, La.

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-001	25 June, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1300
DATE 25 June, 1947

TRANSFERRED TO: Mobile Point Light Station, Gasque, Ala.
FOR asdu

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

M. Garfield
M. GARFIELD,
By direction
(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

Machine Accounting
Punched _____
Verified _____

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

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

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O COMDR EIGHTH CG DISTRICT		New Orleans, Louisiana

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-001	24 June, 1947

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)

24 June, 1947 discharged from the U.S. Coast Guard (regular establishment) by reason of EXPIRATION OF ENLISTMENT AND EXTENSION THEREOF.
Issued HD A69970
Entitled to MCP in am't $200. Entitled to TA from POD New Orleans, Louisiana to PAFE Mobile, Alabama

25 June, 1947 reenlisted in regular establishment of the U.S. Coast Guard to serve for a period of three (3) years. Reenlisted in permanent rating of BM1c.

Entitled to reenlistment allowance in am't of $150.00 in accordance with attached statement of creditable service.

DUTY CODE NO.: 18D
AUTH: ~~EXHXXXXXXX~~ Art 581 CG Regs and PB 109-44

M. Garfield
M. GARFIELD, Commander, USCG
(Commanding) By direction

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

Machine Accounting
Punched CODED NO. 4
Verified

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

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

153

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O, Comdr, 8th CG Dist.		New Orleans, La.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-001	25 June, 1947

TIME 0800
DATE 24 June, 1947
REPORTED FROM: Mobile, Point Lt. Sta., Gasque, Ala.
FOR discharge and reenlistment.

DUTY CODE NO. 18-D AUTH: OC8CGD/D 201601Z June, 1947

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO. AUTH:

M. Garfield
M. GARFIELD,
By direction
(Commanding)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL				
Rate	Pay Grade	District	Foreign Domestic	Duty
101		08	2	
II	XIV	XVII	XX	XXI

OFFICER PERSONNEL			
District	Sea Shore	Foreign Domestic	Duty
258		008	
XI	XIV	XV	XVIII

RECORDS	
Posting	Coding
PEA-E 44	

MACHINE ACCOUNTING	
Punched	CODED NO. 4
Verified	

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

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

155

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O, Comdr, 8th CGDist.	Mobile, Point Lt. Sta.	Gasque, Ala.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-063	25 June, 1947

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO.

AUTH:

TIME 1130
DATE 21 June, 1947

TRANSFERRED TO: O, Comdr, 8th CG Dist., New Orleans, La.
FOR discharge and reenlistment.

AUTH: 30-D 0C8CGD/D 201610Z June, 1947

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

DUTY CODE NO.

AUTH:

M. Garfield

M. GARFIELD,
By direction
(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

Machine Accounting
Punched _____
Verified _____

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

CG–2888 (9–46)

TREASURY DEPARTMENT
U. S. COAST GUARD

CLAIM FOR SETTLEMENT—UNUSED LEAVE

(Armed Forces Leave Act of 1946)

Print or Type—
Do Not Use Pencil

MEMBERS ON ACTIVE DUTY ON 1 SEPTEMBER, 1946

Ryan, Toney F	F.M.1c	226-917
(Name—Surname to left)	(Rank or rating 31 Aug. 1946)	(Signal or Service Number)

1(a). (Following to be completed by all members on active duty on 1 September, 1946:)

On 31 August, 1946, I had accrued leave under the Armed Forces Leave Act of 1946 in the amount of 68 days. I hereby make claim for compensation for the excess of such amount over 60 days.

(b). (Following to be answered only by those classified in the first three enlisted pay grades on 31 August, 1946:)

On 31 August, 1946, I had the following dependent:

(If none, so state)	Emma V. Ryan	Wife (6 Children)
	(Name of dependent)	(Relationship)

2(a). (Following to be completed only by those officers who make claim herein for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939:)

I was last separated under honorable conditions from enlisted status on _____ (Date of discharge or promotion to officer rank), then holding the rating of _____ in the following service _____ (Army, Navy, Marine Corps, or U. S. C. G.). On such date of separation I had accrued, during periods of enlisted service subsequent to 7 September, 1939, _____ days unused leave, computed in accordance with the provisions of the Armed Forces Leave Act of 1946, for which unused leave I hereby make claim for compensation.

(b). (Following to be completed only by those officers who make claim herein for compensation for unused leave accrued during periods of enlisted service subsequent to 7 September, 1939, who were serving in the first three enlisted ratings on date of last separation under honorable conditions from enlisted status:)

On date of last separation under honorable conditions from enlisted status I had the following dependent:

(If none, so state)	(Name of dependent)	(Relationship)

3. (Following to be completed by all claimants:)

I do solemnly swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge and belief, and that I have not previously submitted a claim for compensation under the Armed Forces Leave Act of 1946.

Toney Ryan
(Signature of claimant) (DO NOT PRINT OR TYPE)

Subscribed and sworn to (or affirmed) before me at Paley, Ala.
this 3rd day of January 1947

(SEAL)

Lee K. Gibson
(Signature of Notary Public or other officer authorized to administer oaths for general purposes)

(OVER)

16—49451-1

4. (*Following to be completed by the Commanding Officer of the unit at which claimant is serving on date of claim:*)

The foregoing statements have been verified by the official records of this unit, in accordance with paragraph 4 of Commandant's Circular No. 33–46.

E. A. COFFIN, JR., Comdr., USCG — O COMDR 8 CG
(Signature of Commanding Officer) (Unit)
By direction of the Commanding Officer — New Orleans, La.

5. (*Following to be completed by the authorized certifying officer having custody of claimant's pay records:*)

I certify that on 31 August, 1946, the person making claim herein was entitled, under applicable instructions, to credit of pay and, if an officer, allowances, at the following rates:

$141.75		
(*Monthly pay (base and longevity)*)	(*Officer monthly rental allowance*)	(*Officer daily subsistence allowance*)

D. B. Trotter
D.B. TROTTER, Chief Pay Clerk, USCG
(*Signature of authorized certifying officer*)

This form is to be completed in accordance with Commandant's Circular No. 33–46, inserting one copy in the individual's service record.

If entry in item 1 is for more than 60 days, or if any entry is made in item 2, forward original and one copy to Terminal Leave Unit, U. S. Coast Guard Headquarters, Washington 25, D. C.

Where no compensation is indicated forward original only to Commandant (PO) or (PE) as applicable.

Completion of item 5 is not required if no compensation is indicated in item 1, or if compensation is indicated only in item 2.

U. S. GOVERNMENT PRINTING OFFICE 16—49451-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

file 3-14

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN Toney	226-917	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	Mobile Point Light Station	Mobile, Ala.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-074	30 Han., 1946

TIME — REPORTED FROM:

DATE — FOR

DUTY CODE NO. — AUTH:

TIME — TRANSFERRED TO:

DATE — FOR

AUTH:

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

DUTY CODE NO. — AUTH:

OTHER CHANGES (SPECIFY)

EXAMINED PEA-E-B

15 Jan., 1946: Effective this date, unit designation changed from CG OPERATING BASE, Mobile, Ala., to CG GROUP, Mobile, Ala.

DUTY CODE NO. 30-D

AUTH: Dist.Cir.No.6-46

ADAM ORGERA, Lt.(jg), USCG
Personnel Officer (Commanding) XXXXX

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

Machine Accounting
Punched _____
Verified _____

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

UNITED STATES COAST GUARD

Mobile, Alabama

Address reply to
CO, CG OPERATING BASE
And refer to:
File 71-781-72-73-783

20 December, 1945

To: RYAN, Toney (226-917) CBM

Subj: American Campaign Ribbon and Medal; authorization for.

Ref: (a) ALNAV 351, 20 October, 1945

1. As authorized by reference (a), you are hereby advised that you are eligible for the American Campaign Medal and authorized to wear the American Campaign Ribbon inasmuch as the records at this unit indicate that you have served honorably for an accumulative period of one or more years in the U. S. Coast Guard (Reserve) since 7 December, 1941.

2. You are directed to retain this letter for the purpose of procuring the American Campaign Medal inasmuch as it will serve as the basis upon which medal will be issued at a later date. Availability of subject medal will be made by public announcement.

L. C. MUELLER, Commander, USCG
CO, CG Operating Base,
Mobile, Alabama

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

File 3-14

191

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney	226-917	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	MOBILE POINT LIGHT STATION	Mobile, Alabama

UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-074	16 November, 1945

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

7-31-43: CR PM1c (permanent)

SUBJECT MAN IS DEEMED FULLY QUALIFIED FOR THE RATING OF BM1c.

DUTY CODE NO. 30-D

AUTH: ALCOAST 143-45

L. C. MUELLER, Commander, 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

Machine Accounting
Punched _____
Verified _____

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

File DRS.

(L)
CG-123
486

Ind-5
15 June, 1945

To: SecNav (Office of the Judge Advocate General)

Subj: Admin. Rpt. - Accident involving jeep; death of James R. Perrin, S1c, V-6, USNR; injuries to Toney Ryan, CBM, USCG; sub. by CO, NavRecSta, Mobile, Ala., 15 Apr. 1945.

1. Returned.

2. The Commandant, USCG, is of the opinion that Toney Ryan, CBM, USCG, sustained his injuries not as a result of his own misconduct.

3. Subject to the above remarks and to the remarks of the JAG and of the forwarding officer, the attached administrative report is recommended for approval.

7/2/45 Ltr to Miss Neula. DRS.
6/26/45

K. S. HARRISON
By direction

MAIL SECTION (8)
MAILED JUN 22 1945

Report No. 02829

8-7

RBJ:der

RBJ instr. gds

4th Endorsement

Pers 651 MB 2 June 1945

From: The Chief of Naval Personnel.
To: The Commandant, U. S. Coast Guard.

Subject: Admin. Rpt. - Accident involving jeep; death of James E., Perrin, S1c, V-6, USNR; injuries to Toney Ryan, CBM, USCG; sub. by CO, NavRecSta, Mobile, Ala., 18 Apr. 1945.

1. Forwarded, recommending approval, subject to the remarks of the Judge Advocate General contained in the Second Endorsement.

By direction

W. H. SNYDER,
Lieutenant, U.S.N.R.,
Discipline Section,
Enlisted Performance Division.

End-3 25 May 1945 BUMED:RL:SBC R-PERRIN, James Earl
1-16-19

To: USCG
Via: BuPers

Subj: Admin. Rpt. - Accident involving jeep; death of James E. Perrin, Slc, V-6, USNR; injuries to Toney Ryan, CBM, USCG; sub. by CO, NavRecSta, Mobile, Ala., 18 Apr. 1945.

1. Forwarded, recommending approval; subject to the remarks of the Judge Advocate General in the Second Endorsement.

By direction of the Chief, BuMed:

B. E. IRWIN
Lt. Comdr. (HC) USN

JAG:I:JLP:rmc
MM-Perrin, James E./A9

12 MAY 1945

End--2

To: USCG
Via: (1) BuMed
(2) BuPers

Subj: Admin. Rpt. - Accident involving jeep; death of James E. Perrin, Slc, V-6, USNR; injuries to Toney Ryan, CBM, USCG; sub. by CO, NavRecSta, Mobile, Ala., 18 Apr. 1945.

1. Forwarded for recommendation.

2. It is the opinion of the Judge Advocate General that the death of James Earl Perrin, late seaman first class, V-6, U.S.N.R., occurred on 6 April 1945, not as the result of his own misconduct.

3. The determination of the question of line of duty is not now necessary in the case of James Earl Perrin, late seaman first class, U.S.N.R.

4. While the reporting officer in this case did not express an opinion thereon, it is the opinion of the Judge Advocate General, from the evidence adduced in the record, that the injuries to Toney Ryan, chief boatswain's mate, U.S.C.G., occurred on 4 April 1945, not as the result of his own misconduct.

5. It is noted that no expression of opinion on the question of line of duty is set forth in the record in the case of Toney Ryan, chief boatswain's mate, U.S.C.G. Although it is not necessary at this time to determine the question of line of duty, the reporting officer in this case should have expressed an opinion thereon. C.M.O. 10, 1937, 5, 6.

6. Subject to the above remarks, and to the remarks of the forwarding officer, the attached administrative report is legal.

By direction of the Judge Advocate General:

H. A. SAILOR
H. A. SAILOR
Captain, U.S.N.

UNITED STATES COAST GUARD

WASHINGTON 25, D. C.

FILE D.Y.Ry



ADDRESS REPLY TO
THE COMMANDANT (L)
REFER TO FILE: CG-123
486

25 May, 1945

To: CO, CG Operating Base, Mobile, Alabama

Via: DCGO, 8ND

BOARD OF INVESTIGATION CONVENED AT MOBILE POINT LIGHT STATION, USCG, FORT MORGAN, ALABAMA, 6 APRIL, 1945, TO INQUIRE INTO COLLISION OF SCOUT CAR NO. T-3315, DRIVEN BY RYAN, TONEY, CBM, USCG, 4 APRIL, 1945.

ACTION BY FINAL REVIEWING AUTHORITY

The proceedings, finding of facts, opinion and recommendation in the attached case, as supplemented and revised, and the actions of the convening and reviewing authorities thereon, are approved, subject to the remarks of the convening and reviewing authorities and to that which is contained herein.

It appears from this record that TONEY RYAN, CBM, USCG, sustained his injuries not as a result of his own misconduct. The determination of the question of line of duty is not now necessary in this case: see CMO 10, 1937, pp. 5, 6.

If not already accomplished, the DCGO, 8ND, is (1) to cause a copy of this record to be transmitted to the proper authority in the U. S. Navy for his information and whatever action is deemed appropriate in connection herewith, and (2) is to cause paragraph 1 of the recommendation to be carried out.

K. S. Harrison

K. S. HARRISON
By direction

Board No. 2371

(1)
CG-123
486

25 May, 1945

To: CO, CG Operating Base, Mobile, Alabama

Via: DCGO, 8ND

BOARD OF INVESTIGATION CONVENED AT MOBILE POINT LIGHT STATION, USCG, FORT MORGAN, ALABAMA, 6 APRIL, 1945, TO INQUIRE INTO COLLISION OF SCOUT CAR NO. T-3315, DRIVEN BY RYAN, TONEY, CBM, USCG, 4 APRIL, 1945.

ACTION BY FINAL REVIEWING AUTHORITY

The proceedings, finding of facts, opinion and recommendation in the attached case, as supplemented and revised, and the actions of the convening and reviewing authorities thereon, are approved, subject to the remarks of the convening and reviewing authorities and to that which is contained herein.

It appears from this record that TONNY RYAN, CBM, USCG, sustained his injuries not as a result of his own misconduct. The determination of the question of line of duty is not now necessary in this case: see CMO 10, 1937, pp. 5, 6.

If not already accomplished, the DCGO, 8ND, is (1) to cause a copy of this record to be transmitted to the proper authority in the U. S. Navy for his information and whatever action is deemed appropriate in connection herewith, and (2) is to cause paragraph 1 of the recommendation to be carried out.

N. S. HARRISON
By direction

Board No. 2371

U. S. COAST GUARD
MAIL SECTION (1)
MAILED MAY 28 1945

8-7
RBJ:rbh RBJ - CWS JJS

(2)
CG-123
486

25 May, 1945

To: CO, CG Operating Base, Mobile, Alabama

Via: DCGO, 8ND

BOARD OF INVESTIGATION CONVENED AT MOBILE POINT LIGHT STATION, USCG, FORT MORGAN, ALABAMA, 6 APRIL, 1945, TO INQUIRE INTO COLLISION OF SCOUT CAR NO. G-3315, DRIVEN BY RYAN, TOMMY, GSM, USCG, 4 APRIL, 1945.

ACTION BY FINAL REVIEWING AUTHORITY

The proceedings, finding of facts, opinion and recommendation in the attached case, as supplemented and revised, and the actions of the convening and reviewing authorities thereon, are approved, subject to the remarks of the convening and reviewing authorities and to that which is contained herein.

It appears from this record that TOMMY RYAN, GSM, USCG, sustained his injuries not as a result of his own misconduct. The determination of the question of line of duty is not now necessary in this case: see CMO 10, 1937, pp. 5, 6.

If not already accomplished, the DCGO, 8ND, is (1) to cause a copy of this record to be transmitted to the proper authority in the U. S. Navy for his information and whatever action is deemed appropriate in connection herewith, and (2) is to cause paragraph 1 of the recommendation to be carried out.

K. S. HARRISON
By direction

Board No. 2371

8-7

RECORD OF PROCEEDINGS, IN REVISION, OF A

MAY 11 '45 AM

BOARD OF INVESTIGATION CONVENED AT THE OFFICE

OF THE COAST GUARD OPERATING BASE, MOBILE, ALA.,

ON April 27, 1945, FOR THE PURPOSE OF INQUIRING

INTO THE COLLISION OF SCOUT CAR NO. T-3315, AT FORT MORGAN, ALA.,

ON 4 APRIL, 1945.

Board No. 2371
COURTS AND BOARDS SECTION
Received 5-11-45

UNITED STATES COAST GUARD

ADDRESS REPLY TO
CG.OPERATING BASE,
Mobile, Alabama.
AND REFER TO
123

27 April, 1945.

To: Lieutenant Henry H. Goodwin, USCG.

Subj: Reconvening of Board of Investigation; collision of scout car T-3315, Fort Morgan, Ala., 4 April, 1945.

Ref: (a) DCGO,8ND, action 24 April, 1945.

You are hereby ordered to reconvene the board of investigation in the case of the collision of scout car T-3315, Fort Morgan, Ala., 4 April, 1945, for the purpose of complying with DCGO,8ND, action, dated 24 April, 1945.

L. C. Mueller

L. C. MUELLER.

OFFICE, CG. OPERATING BASE,

Mobile, Alabama,

April 27, 1945.

The board reconvened for the purpose of complying with DCGO,8ND, action, dated 24 April, 1945. Present: sole member.

No witnesses not otherwise connected with the investigation were present.

In compliance with DCGO,8ND, action, dated 24 April, 1945, the board makes the following amendments:

1. The board amends second sentence to original finding of fact No. 12, to read as follows:

> However, there is physical evidence in the record showing that a rut, in the loose sand, was made by the vehicle prior to the time it hit the tree.

2. The board amends original opinion No. 1, to include the following:

> (c) Based on Finding of Fact No. 5, and answer to question No. 8, page 2, it is the opinion of the board that there was a rut, in the loose sand, approximately 6 to 8 inches deep, about 35 feet long, which would have slowed the speed of the vehicle to the extent that it would have come to a near dead stop before hitting the tree without the brakes being applied if the vehicle would had been under control.

3. The board amends original Opinion No. 2 to read as follows:

> Based on the Autopsy Report on Perrin, dated 6 April, 1945, from the U. S. Naval Hospital, Pensacola, Fla., Exhibit "8", it is the opinion of the board that the injuries and death of Perrin were caused in the collision of scout car T-3315 on or about 7:00 p.m., 4 April, 1945.

The board adheres to its original finding of facts, opinions, and recommendations, except as noted above.

Henry H. Goodwin

HHENRY H. GOODWIN,
Lieutenant, U. S. Coast Guard.

The board then, on 27 April, 1945, adjourned to await the action of the convening authority.

Henry H. Goodwin

HENRY H. GOODWIN,
Lieutenant, U. S. Coast Guard.



Office, District Coast Guard Officer,
Eighth Naval District,
Custom House Building,
New Orleans, Louisiana,
Tuesday, 24 April, 1945.

Returned for revision in accordance with Articles 860, 861, and 1011 of Coast Guard Courts and Boards. The record fails to contain evidence to substantiate the second sentence of Finding of Fact 12 or Opinions 1 and 2. Evidence should be adduced to substantiate such finding and opinions, and, if such evidence is not available, they should be changed. If the Coast Guard driver was guilty of negligence, he must be recommended for trial by general court martial (Law Bulletin No. 81, F, Courts (a).) In the present state of the record, the evidence not only would not support a conviction before a general court martial, but hardly justifies the making of a recommendation for one.

The driver of the Coast Guard Vehicle in this accident should have been designated as a defendant before the foregoing board of investigation. (Articles 884 and 904, Coast Guard Courts and Boards.)

NORMAN H. LESLIE.
Captain, U. S. Coast Guard,
District Coast Guard Officer,
Eighth Naval District.

NEW ORLEANS, LOUISIANA
MAR 23 8 29 AM '45

RECORD OF PROCEEDINGS OF

A BOARD OF INVESTIGATION

CONVENED AT MOBILE POINT

LIGHT STATION, U. S.

COAST GUARD, FORT MORGAN,

ALABAMA, ON 6 APRIL, 1945,

FOR THE PURPOSE OF INQUIRING INTO THE COLLISION

OF SCOUT CAR NO. T-3315, at FORT MORGAN, ALABAMA,

ON 4 APRIL, 1945.

UNITED STATES COAST GUARD



ADDRESS REPLY TO
CO, CG OPERATING BASE MOBILE, ALABAMA
AND REFER TO 123

5 April, 1945

To: Lieutenant Henry H. Goodwin, USCG.

Subj: Board of investigation to inquire into the collision of Scout Car No. T-3315, 4 April, 1945.

Refs: (a) Chapter XVIII, CG. Courts & Boards--1935 (as amended).
(b) Part F, Law Bulletin No. 81.

1. A board of investigation, consisting of yourself, as sole member, is hereby ordered to convene at Mobile Point Light Station, U. S. Coast Guard, Fort Morgan, Alabama, as soon as practicable for the purpose of inquiring into the collision of Scout Car No. T-3315, at Fort Morgan, Alabama, on 4 April, 1945.

2. It is directed that the board notify Toney Ryan (226-917), CBM, U. S. Coast Guard, who was the driver of Scout Car T-3315, at the time of the collision, of the time and place of meeting, and that he will be an interested party to the investigation, and will be accorded the rights of such party as provided by Coast Guard Courts and Boards.

3. It is directed that the board notify James Perrin (8938068), seaman, first class, USNR., who was the occupant in scout car T-3315, at the time of the collision, of the time and place of meeting of the investigation, and that he may be present in the status of interested party, and will be accorded the rights of such party as provided by Coast Guard Courts and Boards.

4. The board will thoroughly investigate the matter hereby submitted to it, and upon the conclusion of its investigation will report the evidence adduced, the facts established thereby, and also its opinion and recommendation.

5. The attention of the board is invited to references (a) and (b).

6. This office will furnish the necessary clerical assistance.

L. C. MUELLER.

cc: HQ.
DCGO,8ND.

A

Mobile Point Light Station, (checked)

U. S. Coast Guard,

Fort Morgan, Ala.

April 6, 1945

The board met at 11:00 a.m.

Present:

Lieutenant Henry H. Goodwin, U. S. Coast Guard, sole member.

Raul Zavaleta (213-043) Chief Yeoman, U. S. Coast Guard, entered as reporter and was duly sworn.

The board decided to sit with open doors.

The precept, hereto prefixed marked "A", was read.

No witnesses not otherwise connected with the investigation were present.

The board introduced in evidence, made a part of the record, and marked Exhibits "1", Form 26, Driver's Report--Accident, and Motor Transportaion.

A witness called by the board entered, was duly sworn, and was informed of the subject matter of the investigation.

Examined by the board:

1. Q. State your name, rating and present station.

   A. Toney Ryan (226-917) Chief Boatswain's Mate, U. S. Coast Guard, Mobile Point Light Station, Fort Morgan, Alabama.

2. Q. What are your present duties?

   A. Officer-in-charge, Mobile Point Light Station, Fort Morgan, Alabama.

3. Q. How long have you been in the U. S. Coast Guard service?

   A. Since 1939, and previous to that I was with the U. S. Lighthouse Service, a total of 19 years and 6 months.

4. Q. How long have you been officer-in-charge of Mobile Point Light Station, Ft. Morgan, Alabama?

A. Four years and nine months.

5. Q. On or about 7:00 p.m., 4 April, 1945, were you driving scout car T-3315, from the direction of Foley, Ala., to Ft. Morgan, Alabama?

A. Yes, sir.

6. Q. Do you have a state driver's license to operate a vehicle?

A. Yes, sir. A license from the State of Alabama.

7. Q. How long have you been driving a motor vehicle?

A. For about 19 years.

8. Q. State in your own words what happened on or about 7:00 p.m., 4 April, 1945?

A. As I was driving scout car T-3315 from the direction Foley, Ala., towards Ft. Morgan, Ala., just inside the entrance to the reservation scout car slipped off the brick road, which was wet due to mist, into the soft sand shoulder, and I lost control of the vehicle, and side swiped a tree; hitting with the left front wheel, and brought the vehicle to a stop. I was traveling about 20 to 25 miles per hour before I hit the tree.

9. Q. Were you the only occupant in scout car T-3315?

A. No, sir. James Perrin (8938068), seaman, first class, USNR., was the other occupant, who had accompanied me to a grocery store to purchase groceries and returning back to the station with me.

10. Q. What happened to Perrin?

A. I believe he was thrown out of the car at the time I hit the tree.

11. Q. Did you become unconscious from the car hitting the tree?

A. For a few minutes I did not know where I was.

12. Q. After you gained consciousness what did you do?

A. After I gained consciousness I looked around and found Perrin about 10 or 15 feet from the spot, I exactly don't know how far. He was conscious, and complaining about his left leg hurting. Perrin laid there, and I came to the station to get some help.

13. Q. What did you do after that?

A. I got some of the boys from the station to go to the scene of the accident to give Perrin some help, but they found out that they could not help him. In the meantime an ambulance had been called from Barin Field, Alabama, which arrived at about 8:45 p.m., 4 April, 1945, and took Perrin to the hospital at Barin Field, Alabama.

14. Q. Do you know if Perrin was transferred from the hospital at Barin Field, Alabama?

A. I don't know.

15. Q. What were the damages to car T-3315 from the result of the accident?

A. The left front side was smashed, radiator pushed in, left front wheel bent, windshield broken, and the gasoline tank punctured.

16. Q. Did you make a report of this accident to your Commanding Officer?

A. Yes, sir. I made a report of the accident to the Office of the Coast Guard Operating Base, Mobile, Alabama, by telephone immediately after the accident.

17. Q. At the time of the accident were you under the influence of intoxicating liquor?

A. No, sir.

18. Q. At the time of the accident was Perrin under the influence of intoxicating liquor?

A. No, sir. Not that I know of.

19. Q. What is your reason for having run off on your left hand side of the road?

A. Since the road is approximately 9 feet wide I was hugging the left side, and the car slipped into the soft sand shoulder.

20. Q. Were you making a curve on the road at the time the car slipped into the shoulder?

A. Yes, sir.

21. Q. Do you think that this accident could have been avoided?

A. No, sir; I don't think so as I was taking all precautions in driving.

22. Q. Did you experience any trouble in steering scout car T-3315, prior to the accident?

A. Yes, sir. Even on a smooth road it would always tend to pull to the left, and on a rough road, or bumpy road it would have a shimmy in the front wheels.

23. Q. When was the first time that you experienced this difficulty in the steering of scout car T-3315?

A. The day of the accident on 4 April, 1945.

24. Q. Just prior to the accident did you have any trouble in steering car 3315?

A. Yes, sir. It was not normal steering.

The board did not desire further to examine this witness.

The board informed the witness that he was privileged to make any further statement covering anything relating to the subject matter of the investigation which he thought should be a matter of record in connection therewith, which had not been fully brought out by the previous questioning.

The witness stated that he had nothing further to say.

The witness was duly warned and withdrew.

A witness called by the board entered, was duly sworn, and was informed of the subject matter of the investigation.

Examined by the board:

1. Q. State your name, rating and present station.

   A. Joseph T. Cellura (2852334) Cox. USNR., permanently attached to the U. S. Navy Receiving Station, Mobile, Alabama, but presently on temporary duty at Ft. Morgan, Alabama, in connection with the security of the reservation.

2. Q. How long have you been on temporary duty at Ft. Morgan, Alabama?

   A. Since March 10, 1945

3. Q. State in your own words what you know about the accident which took place on or about 7:00 p.m., 4 April, 1945?

   A. At about 7:15 p.m., 4 April, 1945, Toney Ryan, C.B.M., came in the house, and said that he had an accident with scout car T-3315, and that James E. Perrin was hurt, he told me where he was, and that Perrin needed help. So Conway and myself left for the scene of the accident. Upon arriving, found Perrin laying on the ground moaning, and we took our undershirts off, and made him lay still, and he said that he was cold. We did not have anything to wrap him up so I ripped the top of the scout car, and covered Perrin with it. Then later, another boy who had called an ambulance from the station arrived at the scene of the accident, with a battle light, and a sheet, and covered him with our undershirts, the sheet and the top of the scout car. We tried to make him as comfortable as possible, and waited for the ambulance to arrive.

4. Q. Did he complain about anything hurting him?

   A. Yes, sir. His leg, and he said he was broken up inside, and he seemed very delirious, and his speech was incoherent.

5. Q. What time did the ambulance arrive at the scene of the accident?

   A. About 8:45 p.m., 4 April, 1945.

6. Q. What took place after the ambulance arrived?

   A. We helped the pharmacist mate from Barin Field, U. S. Navy, Alabama, in placing the splint on Perrin's left leg, placed him on a stretcher and in the ambulance. The ambulance then left for the hospital at Barin Field.

7. Q. Did you notice if Perrin was bleeding from his mouth, nose or ears?

A. He was not bleeding.

8. Q. Did you notice any bruises on Perrin's body?

A. None other than bruises and swelling on his left leg.

9. Q. Up until the time the pharmacist mate arrived , was Perrin unconscious?

A. No, sir.

10. Q. At the time Tony Ryan notified you of the accident, did he seem to be under the influence of intoxicating liquor?

A. No, sir. He only seemed dazed, as he had received several bruises on his face from the result of the accident.

The board did not desire further to examine this witness.

The board informed the witness that he was privileged to make any further statement covering anything relating to the subject matter of the investigation which he thought should be a matter of record in connection therewith, which had not been fully brought out by the previous questioning.

The witness stated that he had nothing further to say.

The witness was duly warned and withdrew.

A witness called by the board entered, was duly sworn, and was informed of the subject matter of the investigation.

Examined by the board:

1. Q. State your name, rating and present station.

A. George C. Conway (513-433) Sea.1c., USCGR., attached to Mobile Point Light Station, Gasque, Alabama.

2. Q. How long have you been stationed at Mobile Point Light Station?

A. Since September, 1942.

At this time the board read to Conway the testimony of Cellura.

3. Q. You have heard the testimony of Cellura regarding this accident, do you fully concur with his testimony?

   A. Yes, sir, with the exception that I noticed that Perrin had some scratches on the pit of his stomach.

4. Q. At the time Toney Ryan notified you of the accident, did he seem to be under the influence of intoxicating liquor?

   A. No, sir.

5. Q. Have you ever driven scout car T-3315?

   A. Yes, sir.

6. Q. When was the last time that you drove scout car T-3315?

   A. April 3, 1945.

7. Q. Did you experience any trouble in steering scout car T-3315, on that date?

   A. Yes, sir; I experienced difficulty in steering it, in that it seemed to have a shimmy in the front wheels.

8. Q. Did you experience any other difficulty in steering?

   A. No, sir.

The board informed the witness that he was privileged to make any further statement covering anything relating to the subject matter of the investigation which he thought should be a matter of record in connection therewith, which had not been fully brought out by the previous questioning.

The witness stated that he had nothing further to say.

The witness was duly warned and withdrew.

At this time the board proceeded to the scene of the accident and with the aid of the testimony given herein, introduced Form 27 in evidence, made a part of the record, and marked Exhibit "2" for identification.

At this time the board introduced the following documents in evidence, made a part of the record, and marked for identification:

Exhibit "3" certified copy of a telegram from Commanding Officer, U. S. Navy Hospital, Pensacola, Florida, dated April 7, 1945.

Exhibit "4" signed statement from Toney Ryan, undated, with Lieut. (j.g.) J. P. Famel, Assistant Shore Patrol Officer, NAAS, Barin Field, indorsement thereon.

Exhibit "5" Lieut. (j.g.) J. P. Famel, Assistant Shore Patrol Officer, NAAS, Barin Field, signed statement, undated. Lieut. Famel made the preliminary investigation of the accident.

Exhibit "6" official photographs of scout car T-3315 of the positions of of subject car after the collision.

Exhibit "7" letter from Engineering Officer, CG. Operating Base, Mobile, Ala., dated 6 April, 1945, indicate damages, and approximate cost to repair the T-3315.

Exhibit "8", certified copy of autopsy report on Perrin, dated 6 April, 1945, from the U. S. Naval Hospital, Pensacola, Fla.

The board made a thorough check of the records in the offices of the Coast Guard Operating Base, Mobile, Ala., with a view of determining whether Toney Ryan was a certified driver as required by Coast Guard regulations. This check revealed that Toney Ryan is not a certified driver.

The board did not desire to call any more witnesses.

The investigation was finished.

After full and mature deliberation, the board finds as follows:

FINDING OF FACTS

1. That an accident occurred on or about 7:00 p.m., 4 April, 1945, when CG. truck T-3315, driven by Toney Ryan (226-917) C.B.M., U.S.C.G., side-swiped a tree, as he was proceeding from the direction of Foley, Ala., to Mobile Point Light Station, Fort Morgan, Ala., at the entrance to Fort Morgan, Ala., as indicated by exhibit "1".

2. James E. Perrin (8938068) Sea.1c., USNR., was a passenger in scout car T-3315 at the time of the accident.

3. Toney Ryan was in an official duty when the accident occurred, in that he was returning to the station with supplies for the use of the crew stationed at Mobile Point Light Station.

4. At the time of the accident it was raining, and the brick road was wet and slippery, and also bumpy.

5. The front left and rear left wheels of the T-3315 got off the slippery brick road into a soft shoulder, about 35 feet from a tree, making a curving rut of about 6 to 8 inches deep before the accident occurred, side-swiping into the tree with the left front side.

6. Toney Ryan received slight bruises on his face and both legs, and James E. Perrin was completely thrown out of Jeep 3315, and sustained compound fracture of the left tibia, simple fracture left femur, multiple laceration both ankles, and internal injuries necessitating hospitalization.

7. James E. Perrin was taken from the scene of the accident at 8:45 p.m., 4 April, 1945, to the U. S. Navy Sick Bay at Barin Field, Florida, and from there to the U. S. Naval Hospital, Pensacola, Florida, where he was pronounced dead at 8:15 a.m., 6 April, 1945, due to internal injuries sustained in the accident.

8. Jeep 3315 sustained damages:--left side of body smashed, radiator pushed in, front wheel and axel bent, windshield broken, and gasoline tank punctured. The extent of the damages sustained by scout car 3315 due to the collision was in the approximate amount of $175.00.

9. Neither Toney Ryan or James E. Perrin were under the influence of intoxicating liquor at the time of the accident.

10. Upon the board checking the files of the office of the Coast Guard Operating Base, Mobile, Alabama, it found that Toney Ryan was not a certified driver as required by Coast Guard Regulations, although, Toney Ryan does possess an Alabama State Driver's License.

11. There existed a defect in the steering gear of the 3315, but not enough to have any bearing on the accident.

12. There is no evidence to indicate the speed of the T-3315, except the uncorroborated statement of Toney Ryan, which states that he was going between 20 to 25 miles per hour prior to the time the T-3315 hit the tree. However, there is physical evidence in the record showing that a rut was made by the vehicle prior to the time it hit the tree to indicate that T-3315 was traveling faster than 20 to 25 miles per hour.

OPINION

1. It is the opinion of the board that there was carelessness on the part of Toney Ryan in driving due to the following:

(a) There was ample space for Ryan to avoid hitting the tree as indicated by exhibit "2".

(b) Ryan, being familiar with the road and knowing that the brick surface was slippery, should have been proceeding at reasonable and controllable speed. That such was not the case is evidenced by the length and depth of the rut in the loose sand, made by the left wheels. Said rut would indicate the speed of the T-3315 was more than 20 to 25 miles per hour. It is the opinion of the board that said vehicle being driven at a speed of from 20 to 25 miles per hour could have been stopped within a few feet and could have been sufficiently controlled to avoid hitting with force an object thirty feet or more distant at time of leaving the road.

2. It is the opinion of the board that the death of James E. Perrin resulted from internal injuries sustained in the accident in which Toney Ryan was the driver.

RECOMMENDATION

1. That jeep 3315 be repaired by Coast Guard personnel, and put in good operating condition.

2. It is recommended that Toney Ryan be made subject to the disciplinary action to be taken against those responsible for accidents causing injuries and deaths.

Henry H. Goodwin
HENRY H. GOODWIN,
Lieutenant, U. S. Coast Guard
Sole member.

The board then, on 13 April, 1945, adjourned to await the action of the convening authority.

Henry H. Goodwin
HENRY H. GOODWIN,
Lieutenant, U. S. Coast Guard
Sole member.

OFFICE, COAST GUARD OPERATING BASE,

Mobile, Alabama,

April 16, 1945.

Forwarded. The proceedings, finding of facts, opinion and recommendation of the foregoing board of investigation are approved.

L. C. MUELLER, COMDR., USCG.,
CO. CG. OPERATING BASE,
MOBILE, ALA.

Office, District Coast Guard Officer
Eighth Naval District
New Orleans, Louisiana
7 May, 1945

Forwarded. The proceedings, findings of fact, opinions and recommendations of the foregoing board of investigation, and the action in revision, together with the action of the convening authority thereon are approved subject to that which is contained herein.

Opinion No. 1 is not concurred in. There is nothing in the evidence to justify the opinion that the driver of the Government vehicle was negligent and, in view of the physical condition of the roadway, it is entirely probable that the accident was unavoidable.

Recommendation No. 2 is disapproved and irrespective of the provisions of Law Bulletin 81 F, Courts (a), no recommendation for general court-martial will be made, nor will any other form of disciplinary action be taken unless Headquarters so directs.

NORMAN H. LESLIE
Captain, U. S. Coast Guard
District Coast Guard Officer
Eighth Naval District

OFFICE, COAST GUARD OPERATING BASE
MOBILE, ALABAMA
MAY 3, 1945

Forwarded. The proceedings, finding of facts, opinions and recommendations of the foregoing board of investigation, in revision, are approved, except Opinion 1(c), which is not approved.

L. C. MUELLER, COMDR., USCG.,
CO. CG. OPERATING BASE,
MOBILE, ALA.

17. Was an investigation made by a policeman (civil or military)? ..... MILITARY SHORE PATROL ..... If so, state Name ..... No. .....

Precinct or station BARIN NAVAL FIELD

18. Names and addresses of persons other than driver in Government car:

PERRIN, J.E. S1c USNR.

19. Names and addresses of other witnesses:

(Signature of driver)

I certify that the above report was delivered to me on the ..... day of ....., 19....., at ..... o'clock .....

(Signature of officer in charge)

(Official title)

(Government department or establishment)

NOTE.—This report should be attached to report of Investigating Officer.

10—1810 U. S. GOVERNMENT PRINTING OFFICE

Standard Form No. 26
Approved by the President
June 10, 1927

DRIVER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

INSTRUCTIONS TO DRIVERS

In case of injury to person or damage to property:

A. Stop car and render such assistance as may be needed.
B. Fill out this form, ON THE SPOT, so far as possible.
C. Deliver this report promptly to your immediate superior.

Failure to observe these instructions will result in disciplinary action.

1. Name of Government driver: TONEY RYAN C.B.M.
2. Stationed at MOBILE POINT LIGHTSTATION
3. Make and type of Government vehicle JEEP
4. Service number T-3315
5. Name and address of owner of other vehicle (or owner of property damaged).....
6. Name and address of driver of other vehicle .....
7. License of other vehicle: State ..... No. .....
8. Place of accident: City FT. MORGAN, ALA.

Street .....

10—1810

Exhibit "1"

Standard Form No. 27
Approved by the President
June 10, 1927

INVESTIGATING OFFICER'S REPORT—ACCIDENT
MOTOR TRANSPORTATION

This report, together with the driver's report (Form No. 26), must be submitted promptly in accordance with department regulations.

ACCIDENT

Date April 4, 1945. 19 Hour 7:00 p. M.

Place: City or town Ft. Morgan, U.S.Army Reservation, State Ala.

Street Alabama.

Weather misty Condition of roadway slippery

GOVERNMENT VEHICLE AND DRIVER

Make and type of vehicle Scout car, Ford (midget) 1/4 ton, Motor #GPW-68547 Service No. T-3315

Name of driver Toney Ryan (226-917), C.B.M., USCG.

His title and station Officer in charge, Mobile Point Light Station.

PRIVATE VEHICLE OWNER AND DRIVER

Make and type of vehicle License No.

Owner: Name NONE

Address

Driver: Name

Address

License No.

PERSONS INJURED

Toney Ryan, C.B.M., USCG., Mobile Point Light Station, Ft. Morgan,Ala., slight bruises on the face and both legs.

Names and addresses and extent of injuries James E.Perrin (8938068) Sea.lc., USNR., U.S.Naval Receiving Sta.,Mobile,Ala., compound fracture of the left tibia, simple fracture left femmer, multiple laceration both ankles, and internal injuries.

If medical aid was rendered, state by whom U.S.Navy Sick Bay, Barin Field, Fla., and U. S. Naval Hospital, Pensacola, Fla.

DAMAGE TO GOVERNMENT VEHICLE

left side of body smashed, radiator pushed in, front wheel and axel bent, windshield broken, and gasoline tank punctured.

DAMAGE TO PRIVATELY OWNED VEHICLE OR OTHER PROPERTY

N O N E

WITNESSES (Important)

ALWAYS SECURE NAMES AND ADDRESSES OF WITNESSES

Names	*Addresses*
James E. Perrin (8938068) Sea.lc., USNR.,	U. S. Naval Receiving Station, Mobile, Ala.

Pronounced dead at 8:15 a.m., 6 April, 1945.

POLICE REPORT

Did city or State police report the accident? U. S. Navy Shore Patrol, Barin Field,Fla.

If report was made, attach copy.

OFFICIAL DUTY

Government car was proceeding from midway between Gulf State Park and Ft. Morgan to Ft. Morgan,Ala.

Was driver performing official duty? yes.

Indicate the duty: obtaining provisions for the station.

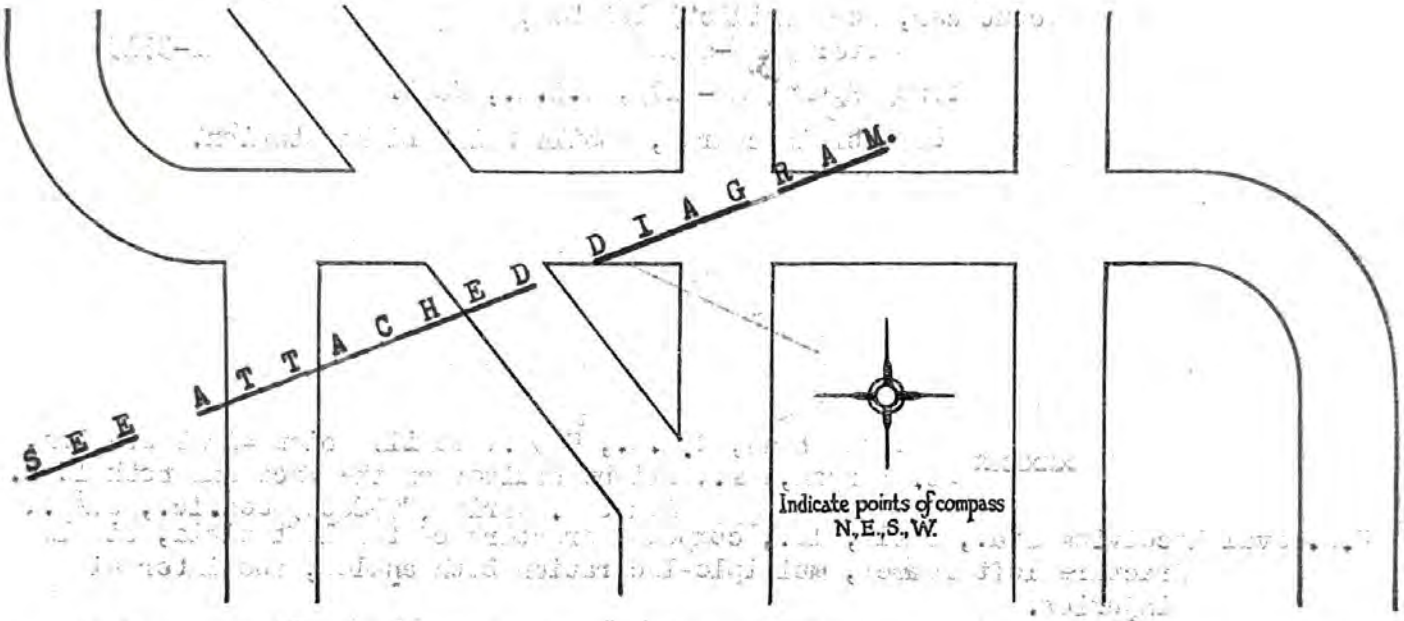
Exhibit "2"

INVESTIGATING OFFICER'S SKETCH

Show in black the relative positions of the colliding vehicles, or of the vehicle and pedestrian, *just before* the collision, and *at the time* of the collision.

Show in *red* their relative positions *just after* the collision.

Label the streets and every object depicted, and indicate measurements; show by dotted lines the course followed by each vehicle, and add any explanatory statement that would aid in an understanding of the occurrence.



If the above diagram is not applicable, attach substitute diagram.

I hereby certify that the foregoing is a true and correct report of the accident, according to the best of my knowledge and belief, based upon investigation made by me personally. Attached hereto as a part hereof are the following papers: .....

.....

Henry H. Goodwin, Lieut., USCG.

Investigating Officer.

INSTRUCTIONS TO INVESTIGATING OFFICER

1. Attach driver's accident report, with supplemental signed statement from driver. Among other things, the driver's statement should describe the course of the Government car, and the course of the vehicle or person collided with, just before and at the time of the collision; the rates of speed and how estimated; the signals of warning; condition of brakes, of lights, of streets as to being slippery; efforts made by driver to avoid collision; facts showing whether or not other driver, or person was in fault, etc.

2. Attach signed statement from each witness.

3. Attach copy of traffic regulation violated, if any.

4. Attach photographs of scene of accident and of damaged cars, if any taken.

5. Attach Findings and Recommendations of Investigating Officer.

U. S. GOVERNMENT PRINTING OFFICE 10—1809

Attachment to Form 27

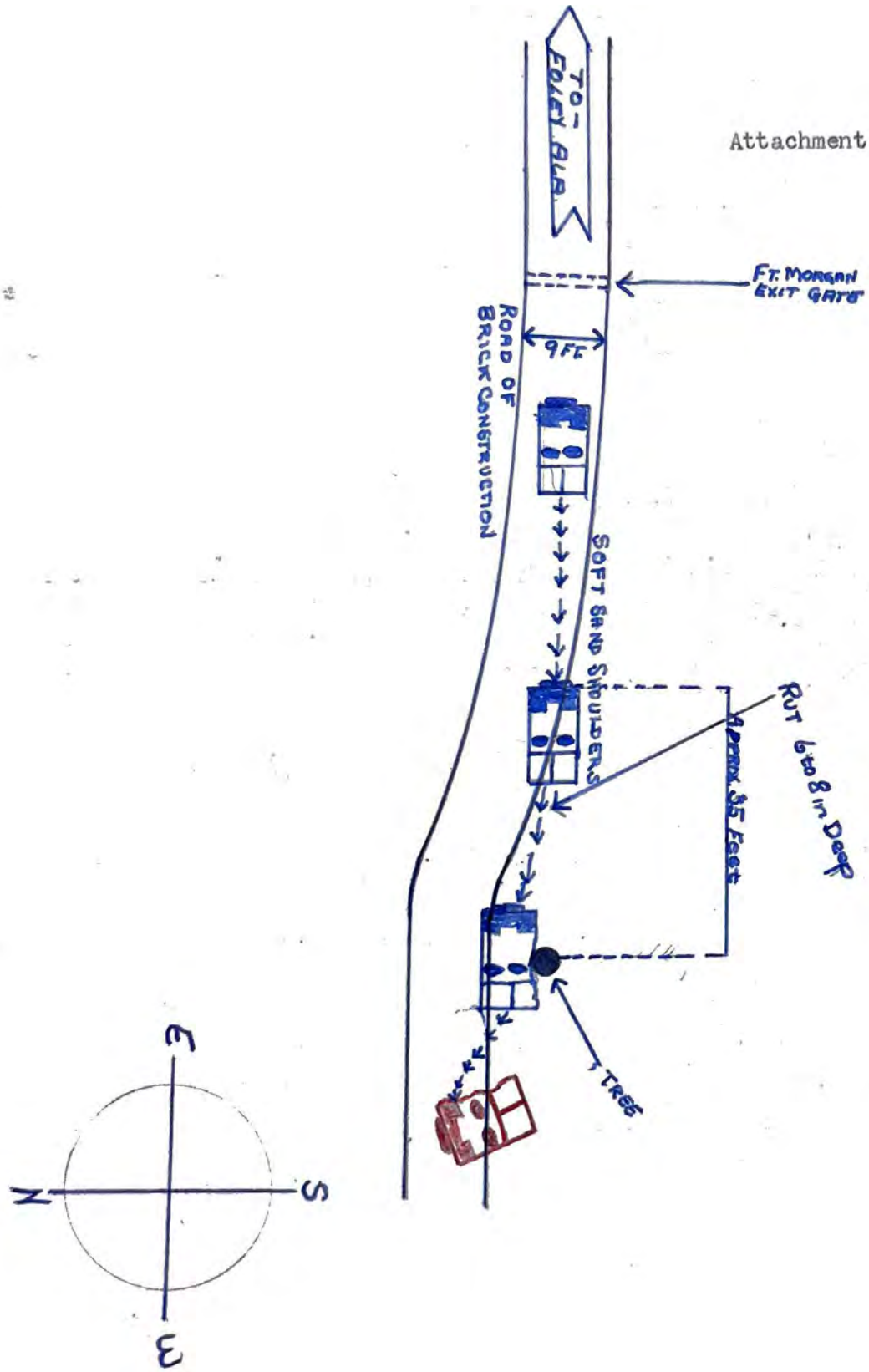


Exhibit "2"-"1"

STANDARD FORM No. 14a
APPROVED BY THE PRESIDENT
MARCH 10, 1926
(Revised Sept. 1940)

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

TREASURY DEPARTMENT
U. S. COAST GUARD

Charge Appropriation: General Expenses, Coast Guard,

16—17467 U. S. GOVERNMENT PRINTING OFFICE

XVME35 39 GOVT-NA PENSACOLA FLO 7 1050A
PRIORITY CO. CG. OPERATION BASE
RM 407 FEDERAL BLDG.

1945 APR 7 AM 11 01

INFO TO CO NRS BLADELY ISLAND MOBILE ALA AUTOPSY PERFORMED ON PERIN CONFIRMED CLINCIAL DIAGNOSIS OF INJURIES MILTIPLE EXTREME AS CAUSE OF DEATH CERTIFIED COPIES OF HOSPITAL RECORDS AND AUTOPSY WILL BE FORWARDED ADVISE IMMEDIATELY ON RELEASE OF BODY

COMMANDING OFFICER NAVAL HOSPITAL.

CO NRS.

CERTIFIED TO BE A TRUE COPY

Henry H. Goodwin

HENRY H. GOODWIN,
Lieut., USCG.

EXHIBIT "3"

.Statement:

Entering Ft.Morgan at about 7 P.M. on April 4,1945, driving Coast Guard Jeep T-3315, the left front wheel got off the pavement into the deep, sandy shoulders causing me to lose control of the vechile, side-swipping a tree. The Jeep swung around to a stop. J.E.Perrin SIClass USNR,attached to the Mobile Naval Receiving Station, only other passenger in the Jeep was thrown out sustaining injuries. I went to the Station and reported the accident to Lt.(jg) Moyer USCG,Mobile, Ala. and called an ambulance from Barrin Field to give assistance to Perrin. He was removed to the Barrin Field Sick Bay for further medical attention.

Toney Ryan.
Toney Ryan C.B.M. USCG.

H. Pleasants:

Due to the peculiar circumstances of this accident. I am of the opinion that this car was speeding, jumped a rough spot in the road at the exit Gate and left the highway. The driver although we have no proof, must have been speeding and was probably drunk.

H.G. Pleasants

Exhibit "4"

FILE NO.

.....

U. S. NAVAL AUXILIARY AIR STATION

BARIN FIELD

U. S. NAVAL AIR TRAINING BASES

PENSACOLA, FLORIDA

Investigator:

1) In my opinion this Jeep was traveling at a minimum of 45 miles per hour.

2) The driver had very poor control of the Jeep - because he knew the area and could have easily avoided the tree.

3) The driver told me he was driving 20 - 25 miles per hour - If this is true he was so drunk he didn't know where he was.

J F Fennell

Exhibit "5"

EXHIBIT 6-1



EXHIBIT 6-2

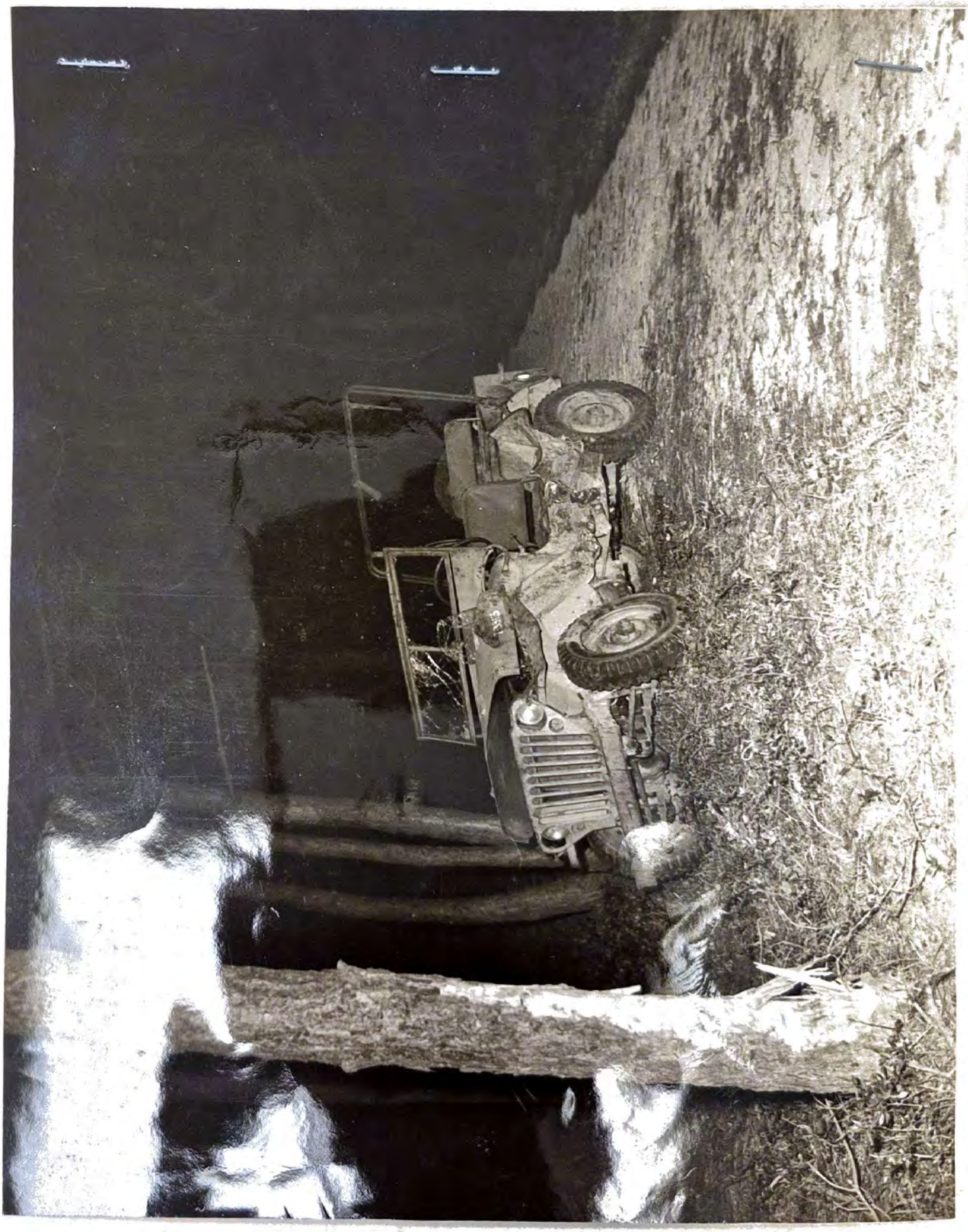


EXHIBIT 6-3

U. S. NAVAL HOSPITAL
Pensacola, Florida

6 April 1946

Report on [redacted], James Paul, Sic., V-6, USNR. Aged 26 years.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished white male measuring inches in length, showing the following external evidences of injury:

1. Superficial abrasions and contusions of left lumbar region; entire right side of [illegible], particularly the epigastric region and right hypochondriac region; the upper [illegible]ties, particularly the anterior surface of the right; extensive contusion of the right hip and thigh. There is also a slight purplish discoloration of the right lowerequadrant of the abdomen.

2. The left leg and thigh are encased in a plaster cast, which was applied for fixation of a compound comminuted fracture of the tibia and fibula.

3. The right ankle shows abrasions and contusions and there is a sutured wound, measuring approximately 8 cm. in length, below the right internal malleolus over the region of a hematoma described clinically.

There is no riger mortis. There is slight post-mortem lividity in the dependent portions of the body. The pupils are equal and moderately dilated.

INTERNAL EXAMINATION

The body is opened by the usual Y-shaped incision. The muscles are thick and well-developed. There is a considerable amount of subcutaneous fat. The abdominal cavity contains a large amount, estimated to be from one to two liters, of bloody fluid. There is an extensive laceration in the left diaphragm, measuring 12 cm. in length, approximately seven cm. posterior to the attachment of the diaphragm anteriorly to the seventh rib and extending from a point five cm. to the left of the esophagus. The lateral end of this rent in the muscles of the diaphragm is irregular, showing a jagged margin. The fundus of the stomach and the left lobe of the liver are found within the left pleural cavity, having herniated through the diaphragmatic opening described. The stomach isempty and there is a subserous hemorrhage in its anterior surface but no perforation through its wall. The left lobe of the liver shows two long, linear lacerations eight to nine cm. in length, extending to within one cm. of the lateral tip of this lobe, and involving the capsule and superficial liver tissue to a depth of about five mm. in the midportion of the deeper laceration. The tissue of this lobe is paler than that of the remainder of the liver. The right lobe shows two similar lesions, the larger of which is situated ten cm. above the inferior border, measures 13 cm. in length and shows an area of hemorrhage into the hepatic tissue approximately 1 x 2 cm., in addition to the hemorrhage along the line of the tear. The liver weight is 2070 grams.

The spleen is found in its normal position and shows intact capsule and no evidence of injury. The other abdominal viscera show no effects of trauma, except a small hemorrhage into the omentum, and no other lesions. The colon is moderately

Exhibit "8"

UNITED STATES COAST GUARD

ADDRESS REPLY TO
CG OPERATING BASE
AND REFER TO 486-606

Mobile, Alabama.

13 April, 1945

To: CO, CG Operating Base, Mobile, Alabama.

Subj: Scout Car T-3315; report of inspection of

1. Subject scout car was towed to the CG Depot and inspected for damages resulting from a collision with a tree just inside the entrance of Fort Morgan, Alabama, while being driven by Toney Ryan, C.B.M., U.S.C.G. It was found that the following damages were caused by the collision:

Left side of body smashed.
Radiator pushed in.
Front wheel and axle bent.
Gasoline tank punctured.

2. It is recommended that subject scout car be repaired and put in first class condition at the CG Depot, Mobile, Alabama, by Coast Guard personnel. Estimated cost of material and labor is $175.00.

H. H. Goodwin.
H. H. GOODWIN

EXHIBIT "7"

U. S. NAVAL HOSPITAL
Pensacola, Florida

6 April 1945

Autopsy Report on [redacted]. James Earl, Sla., Vnf., USN. Aged 26 years.

distended in its ascending and transverse portions.

The left pleural cavity contains approximately 1000 to 1500 cc. of bloody fluid. The left lung is completely collapsed. It is soft and flabby, of a dark purple color, and shows numerous ecchymoses in the subpleural tissue. The weight of the left lung is 630 grams. The right lung weighs 990 grams. It is crepitant in its apical portions and partially crepitant throughout all lobes. The anterior border is pale and emphysematous. The lower and posterior portions of this lung are dark reddish purple on surface examination. On sectioning, the cut surfaces are grey to reddish grey and large amounts of blood-tinged, frothy fluid pour from the pulmonary tissue.

The heart and pericardial cavity show no lesions.

The head is opened in the usual manner, by a postauricular-occipital scalp incision and by sawing and removing the cranial vault. No intracranial injury is found.

GROSS ANATOMICAL DIAGNOSIS

1. Compound comminuted fracture of left tibia and fibula.

2. Multiple abrasions and contusions of the trunk and extremities.

3. Rupture of diaphragm, left, with herniation of fundus of stomach and left lobe of liver into the left pleural cavity.

4. Contusions and lacerations of the liver.

5. Hemoperitoneum.

6. Left hemothorax.

7. Collapse of left lung.

8. Pulmonary edema, right.

CERTIFIED TO BE A TRUE COPY:

V. T. MOSS
Lt.(HC) USN

/s/ E. W. TOWNSEND,
Lt.Cdr. MC(W), USNR,
Pathologist.

Exhibit "8-1"

(PEA)
CG-73

21 February, 1944

To: COTP (Primary), Mobile, Ala.

Subj: Ryan, Toney (226-917) C.B.M. (a); advancement in rating

1. In accordance with the recommendation contained in your letter dated 11 February, 1944, file 73-701, and the provisions of paragraph 3 of Personnel Bulletin No. 82-43, the above-named man is temporarily advanced to the rating of chief boatswain's mate, effective 1 March, 1944.

2. Report action on Form 2599.

E. ZOOLE
By direction

CC: DCGO, 8th ND

U. S. COAST GUARD (11)
MAIL FEB 22 1944

BEABES:jhc

REFER TO 1944 FEB 18 AM [redacted]

3211392

UNITED STATES COAST GUARD
Mobile, Alabama.

RECEIVED
FEB 14 1944
PERSONNEL OFFICER

DISTRICT GUARD LOUISIANA
FEB 14 9 04 AM '44

OFFICE, COTP(Primary)

11 February, 1944.

To: The Commandant.

Via: DCGO, 8th Naval District

Subj: RYAN, Toney (226-917), C.B.M.(a); recommendation of for placement in pay grade one (1).

1. Subject man is recommended for placement in pay grade one (1), in accordance with the provisions of paragraph 3 of Personnel Bulletin No. 82-43, dated 13 July, 1943.

2. Ryan was advanced to the rating of C.B.M.(a) on 15 September, 1942, and has completed one (1) year of creditable service since that date. Subject man has demonstrated his ability to direct a working force under him; is a leading man of strong character; is capable of maintaining discipline; and is recommended for advancement.

3. Average marks earned by Ryan for the period of one year while serving as C.B.M.(a) are as follows:

P.I.R.	SEAMANSHIP	ABILITY AS LEADER OF MEN	CONDUCT
3.6	3.5	3.5	4.0

L. C. MUELLER.

Ind-1
DCGO, 8(pra)
15 February, 1944.

To: Commandant (PEA).

Forwarded, approved for pay grade 1.

OK
3/1/44

W. K. SCAMMELL.

CC:
COTP, Mobile, Ala.

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

VETERANS ADMINISTRATION
Insurance Form 350a
Rev. Aug. 1942

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (d) (1), NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED, AND REGULATIONS OF THE VETERANS ADMINISTRATION
WITH REPORT OF PHYSICAL EXAMINATION

For use by: (1) Persons in the active service in the land or naval forces of the United States at any time after expiration of the period of 120 days following the date of entrance into the active service; (2) persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, at any time while in the active service. USE INK OR TYPE.

FILE

1. NAME IN FULL (Please print or type) — First: TONEY — Middle: — Last name: RYAN

2. HOME ADDRESS: Number — Street or rural route — County, city, town, or post office: Gasque, Alabama. — State

3. I WAS BORN AT — City, town, or post office: Dauphin Island, — State: Alabama — Day of month: 7 — Month: November — Year: 1899 — Age nearest birthday: 44

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY: 25 June, 1941

5. PRESENT ORGANIZATION — Rank, grade, or rating: C.B.M. — Organization, regiment, station, ship, etc.: USCG., Mobile Point Lt. Sta.

6. SERIAL NUMBER: (226-917)

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

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

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF $ 5,000.00

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") No IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, $ None POLICY NO. .....
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of $10,000 at any one time)

11.	COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of Insurance to be paid to each beneficiary	Post office address (Number and street, city, town, or post office and State)
PRINCIPAL	Mrs. Emma V. Ryan	Wife	5,000.00	Gasque, Alabama.
CONTINGENT				

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see Specific Instructions, page 4, paragraph 2)

12. I REQUEST THE POLICY TO BE MAILED TO—(Please print or type)
Mrs. Emma V. Ryan — Gasque, Alabama.
(Full name) (Address)

13. EFFECTIVE DATE OF INSURANCE (See Specific Instructions, page 4, paragraph 1).
I REQUEST THAT THE EFFECTIVE DATE of this policy be made the 1st day of February, 19 44, and
A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by Money Order (Check, draft, or money order) in the amount of $ 4.75 in payment of the first monthly premium on the insurance. or
(Write above whether monthly, quarterly, semiannual or annual)
B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of $ 4.75 on the insurance, or
C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of $ ..... on the insurance.
If an effective date is not specified by the applicant the insurance herein applied for shall become effective as follows:
(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.
(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.
THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

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

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
$ 4.75	$ XXXX	$	$	$

SIGNED AT Mobile, Alabama ON THE 24th DAY OF January, 19 44

WITNESSED BY: AND
INFORMATION AS TO SERVICE CERTIFIED BY:
John R. Reddock, Ensign, USCGR.
(Rank and organization)

Toney Ryan
Toney Ryan
(APPLICANT SIGN HERE. DO NOT PRINT SIGNATURE)
APPLICANT MUST ALSO SIGN STATEMENT ON PAGE 2
(For further information see Specific Instructions, page 4, paragraph 4)

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

ALL QUESTIONS MUST BE COMPLETELY ANSWERED

DO NOT USE THIS SPACE

Effective Date ..... Age ..... Amt., $..... Premium: Mo. $..... Qr. $..... S. A. $..... A. $.....
Beneficiary .....
Action taken .....
Examiner ..... Reviewer .....
Certificate issued ..... Policy issued .....

16—18722-1

STATEMENT OF APPLICANT

(APPLICANT MUST DATE AND SIGN THIS STATEMENT AT BOTTOM OF THIS PAGE)

The purpose of the questions contained in this form is to secure complete information regarding the condition of the applicant's health. Every question must be answered. All diseases, injuries, abnormalities, deformities, infirmities, or the results thereof on impairment of bodily functions must be stated and fully described. Statements made by the applicant in this application are relied upon in granting insurance. Consequently, any deception or false statement either by inference, omission, or otherwise may result in cancelation of the insurance or in the refusal to pay a claim on the policy. In either case, the premiums are not returnable. The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

ALL QUESTIONS MUST BE COMPLETELY ANSWERED. IF IN DOUBT AS TO MEDICAL TERMS, CONSULT PHYSICIAN.

15. Have you ever applied to the Veterans Administration or other Government agency for (a) Disability compensation? No (b) Disability allowance? No (c) Retirement pay? No (d) Pension? No (e) Hospitalization? No (f) Examination or treatment? No (Answer "Yes" or "No" to each question.) If answer is "Yes," state number and place of application

16. Has any application for insurance on your life ever been declined? No If answer is "Yes," state name of insurance company and approximate date of your application

17. Insofar as you know, have your parents, brothers, sisters, wife, or children ever been afflicted with—Tuberculosis No Paralysis No Insanity No Epilepsy No Apoplexy No

18. Have you ever had any of the following (answer "Yes" or "No")—

(a) Surgical operation None (b) Accident or injury None (c) Hospitalization for illness No

If answer is "Yes" to any of the above questions, give nature of operation, accident, injury, or illness, with date and name and address of attending physician

19. (a) Have you ever had any of the following: (Answer "Yes" or "No" after each item)

CANCER No CONSUMPTION (Tuberculosis) No DIABETES No FITS OR CONVULSIONS No GOITER No
NERVOUS OR MENTAL TROUBLE No KIDNEY STONES No PARALYSIS No RHEUMATISM No SYPHILIS No
ANEMIA No GALL STONES No DISEASE OF THE STOMACH OR INTESTINES No

(b) Have you within the last 5 years had any of the following: (Answer "Yes" or "No" after each item)

APPENDICITIS No ARTHRITIS No ASTHMA No CHRONIC BRONCHITIS No HABITUAL COUGH No
PLEURISY No OTHER DISEASES OF THE LUNGS No FISTULA No HEMORRHOIDS No RECTAL ABSCESS No
TUMOR No SINUSITIS No VARICOSE VEINS No

(c) Have you within the last 5 years had any disease of— (Answer "Yes" or "No" after each item)

BLOOD VESSELS No HEART No BLADDER No KIDNEYS No LIVER No PROSTATE No SKIN No
BONES No JOINTS No EYES No EARS No

(d) If you have been treated for any of the above diseases, state approximate dates, duration, names, and addresses of attending physicians

20. (a) Do you use alcohol? Yes If so, to what extent? Moderately.

(b) Do you use habit-forming drugs? No If so, to what extent? No

(c) Have you ever been treated for alcoholism or drug addiction? No

(If answer is in the affirmative, give details)

21. Give all illnesses within the last 5 years together with names and addresses of physicians who treated you None

(a) Have you consulted a physician during the last 5 years for any reason concerning your health other than because of the illnesses stated above? None

22. Time lost from your occupation through illness during the last 5 years None

23. To your knowledge have you any disease, disability, physical abnormality, or deformity, congenital, or otherwise? None

24. Do you understand that the Government will rely on the truth of your answers in deciding whether to grant the insurance applied for? Yes.

I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, firm, or corporation to whom or to which I have applied for employment may divulge to the Veterans Administration or in any suit against the United States by reason of the foregoing testify as to, or produce in court any information obtained by them, or it, concerning myself.

I HAVE READ ALL OF THE FOREGOING ANSWERS AND SAME ARE TRUE TO MY OWN KNOWLEDGE.

SIGNED ON THIS 24th DAY OF January, 1944

Toney Ryan
(SIGNATURE OF APPLICANT)

16—18722-1

MEDICAL EXAMINER'S REPORT

Examination may be made by medical officers in active service with the Army, Navy, Marine Corps, Coast Guard or physicians of the U. S. Public Health Service; examination may also be made by physicians of the Veterans Administration at a Regional Office or Facility or by physicians designated by the Veterans Administration for the purpose of making such examinations, and who are not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance of the policy. This examination report must not be divulged to the applicant.

25. Are you related to applicant by blood or marriage? No (See above)

26. How well and how long have you known him? At present

27. By what means are you satisfied with his identity? CG Identification Card (Give some mark of identification)

28. Have you ever treated the applicant for any disease or injury? No If so, give dates and diagnosis

29. Height in shoes. 5 ft. 11 in.

30. Weight, coat and vest off 156 lbs.

31. Girth of chest, normal 33 in. Forced expiration 32 in.; forced inspiration 35 in.

32. Girth of abdomen. 29 in.

THE APPLICANT MUST BE STRIPPED FOR REMAINDER OF EXAMINATION

33. STATE PULSE RATE:
(a) Before exercise 84 (c) One minute after 90
(b) Immediately after 96 (d) Two minutes after 86

34. Blood pressure:

Before exercise	Immediately after exercise
Systolic 110	Systolic 115
Diastolic 70	Diastolic 72

Instrument used
(Take diastolic pressure at the disappearance of all sounds)

35. Report of Heart and Blood Vessels:
Is there a murmur? No If the answer is "Yes," state location and time
Where transmitted Functional or organic
Probable cause Any history of acute rheumatic fever or rheumatism
Any enlargement, dilation, or hypertrophy? No Measurements
Any evidence of myocarditis? No Dyspnea
How severe? Edema of extremities or lungs No Cyanosis No
Is there any arteriosclerosis? No If answer is "Yes," describe fully and state if same is greater than to be expected consistent with the age of the applicant.
Is there any evidence of kidney disturbance? No
State if compensation is maintained or is failing No Is there any irregularity of the force of the heartbeats as heard while taking the blood pressure?
If the pulse is irregular or intermittent, state the type of arrhythmia, the number of irregular and missed beats per minute, and if the arrhythmia is affected by exercise.

36. Has there been any abnormal variation in weight within the past year? No If so, explain fully

37. After examination do you find any abnormality of the lungs? No (Afternoon temperature is required in slender persons with suspected tuberculosis tendency or with suspicious signs.) Obtain a careful history of every so-called pleurisy case with special reference to duration, effusion, and what disease it followed Record the facts here.

38. Do you, by thorough physical examination and inquiry, find any evidence of disease or impairment—
(a) Of the brain or nervous system? (Examine patella and pupillary reflexes—observe station and gait.)
(b) Of mouth, nose, or throat? No
(c) Of the stomach, liver, other abdominal or genital organs? Varicocele
(d) Of the skin, glands, lymph, or endocrine? No
(e) Of the ears? (Test each ear, give degree of any deafness or discharge) No
(f) Of the eyes? (Test each eye separately before and after correction and give cause of any impairment.) No
(a) Is there any abnormality of external structures? No
(b) Is there any nystagmus, conjunctivitus, inequality of pupils, or abnormal reaction to light and accommodation? No
(g) Of the bones and joints? No

39. Do you find any evidence which in your opinion indicates the applicant ever had —(a) Syphilis No (b) Rheumatism No

40. Any deformity or departure from normal in any respect? No

41. URINALYSIS:
Specific gravity 1.020 Albumin Trace Neg. Color amber
Reaction Alkaline Sugar Neg.
(Microscopic examination is required if albumin is present)

42. Was the specimen passed at the time of the examination? Yes

43. Has the applicant lost an eye, hand or arm, foot or leg? No

44. Is the applicant ruptured? No If so, give size type and location Is a suitable support worn?

[OVER]

MEDICAL EXAMINER'S REPORT—Continued

45. FEMALES: Any history of uterine or ovarian diseases or any disease of breast? (Glands, thyroid, etc.)	Married: If pregnant, month advanced _____ Number of pregnancies _____ Were deliveries normal? _____	Date of last menstruation _____ Is menstruation regular and normal? _____ Has she successfully passed the menopause?	Number of miscarriages, if any, and dates.

46. REMARKS (if you have any facts or impressions gained and not covered in this report, please indicate in detail): _____

Examination of Ryan, Toney made by H.J.Nagler P.A.Surgeon(R)USPHS

(Type or print applicant's name)

(Type or print examining physician's name and official designation)

this 24 day of January, 1944

Mobile (CITY) Mobile (COUNTY) Alabama (STATE) H.J.Nagler P.A.Surgeon(R)USPHS (SIGNATURE OF EXAMINING PHYSICIAN)

(The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.)

MONTHLY PREMIUMS FOR EACH $1,000 OF INSURANCE—FIVE-YEAR LEVEL PREMIUM TERM PLAN

Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.	Age	Mo.Prem.
15	$0.63	20	$0.65	25	$0.67	30	$0.71	35	$0.76	40	$0.85	45	$0.99	50	$1.27	55	$1.77	60	$2.60
16	.64	21	.65	26	.68	31	.72	36	.77	41	.87	46	1.03	51	1.35	56	1.90	61	2.32
17	.64	22	.66	27	.69	32	.73	37	.79	42	.89	47	1.08	52	1.44	57	2.05	62	3.07
18	.64	23	.66	28	.69	33	.74	38	.81	43	.92	48	1.14	53	1.54	58	2.21	63	3.34
19	.65	24	.67	29	.70	34	.75	39	.83	44	.95	49	1.20	54	1.65	59	2.40	64	3.64

SPECIFIC INSTRUCTIONS

1. The applicant should specify the exact date of the month on which he desires the insurance policy to become effective. Upon written request of the applicant the policy of insurance may be issued effective while the applicant is in the active service—(A) as of the date on which valid application is signed, provided there is tendered with the application a direct remittance in payment of the first premium or an allotment of pay, involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium; (B) as of the first day of the month following the date valid application is signed and the first premium is tendered, if such premium is paid by a direct remittance or by an allotment of pay effective in the month in which application for insurance is signed; (C) as of the first day of the month in which valid application is signed and the first premium is tendered by a direct remittance; (D) as of the first day of any month, but not more than six months, prior to the month in which valid application is signed and the first premium is tendered by a direct remittance, provided that there be paid an amount equal to the full reserve on the insurance at the end of the month prior to the month in which the application for insurance is signed and the first premium for the month in which the application is signed. A tender of the first premium or authorization to allot the first premium from service pay in connection with an application for insurance should be made on or before the date of the report of physical examination incident to the application for insurance.

2. The insurance may be applied for in favor of one or more of the following persons: Husband or wife, child (including adopted child, stepchild, illegitimate child), parent (including parent through adoption and person who stood in loco parentis to the insured at any time prior to entry into active service for a period of not less than one year), brother or sister (including those of the half blood) of the insured.

The insured may name any person or persons within the permitted class as contingent beneficiary or beneficiaries who will take the monthly installments of insurance if the principal beneficiary or beneficiaries predecease the insured, or take any remaining monthly installments if the principal beneficiary or beneficiaries survive the insured but die before all installments certain have been paid.

3. The insurance shall be payable in the following manner:

(1) If the beneficiary to whom payment is first made is under 30 years of age at the time of maturity, in two hundred and forty equal monthly installments at the rate of $5.51 for each $1,000 of insurance.

(2) If the beneficiary to whom payment is made is 30 or more years of age at the time of maturity, in equal monthly installments for one hundred and twenty months certain, with such payments continuing during the remaining lifetime of such beneficiary. The amount of the monthly installment for each $1,000 of insurance shall be determined by the age of the beneficiary at the date of the death of the insured.

(3) Any installments certain of insurance remaining unpaid at the death of any beneficiary shall be paid in equal monthly installments in an amount equal to the monthly installments paid to the first beneficiary, to the person or persons then in being within the classes hereinafter specified and in the order named, unless designated by the insured in a different order—

(A) to the widow or widower of the insured if living;
(B) if no widow or widower, to the child or children of the insured, if living, in equal shares;
(C) if no widow, widower, or child, to the parent or parents of the insured who last bore that relationship, if living, in equal shares;
(D) if no widow, widower, child, or parent, to the brothers and sisters of the insured, if living, in equal shares.

If no beneficiary is designated by the insured or if the designated beneficiary does not survive the insured, the beneficiary shall be determined in accordance with the order specified in subparagraph (3) of the above and the insurance shall be payable in equal monthly installments in accordance with subparagraph (1) and (2) as the case may be.

4. This application must be witnessed and the information as to service certified by the commissioned officer who has custody of the applicant's service record unless by reason of detached service no commissioned officer is available, in which event it may be witnessed by a noncommissioned officer who, if he has custody of the applicant's service record, may certify the information as to service.

U. S. GOVERNMENT PRINTING OFFICE 16—18722-1

~~CG-2522~~

FOLLOW INSTRUCTIONS ON BACK

RYAN, Tony (Name, surname first) 226-917 (Service number) CBM (Rank or rating) Ft. Morgan Ala. (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 12/20/43, 19

To: Medical Officer, USCG
(Coast Guard unit)
Mobile, Ala.
(Address)

The above-named patient was discharged from {*inpatient / *~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Gastroenteritis due to unknown cause	601-930	12/16/43	12/20/43
Calculus on teeth	613-615	Not treated	

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

~~None~~

CONDUCT REPORT:

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

E.H. DRAKE, ~~AS SURGEON~~ (R) *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____

_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE C.M.

RYAN, Tony	226-917	CBM	Ft. Morgan, Ala.
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place Mobile, Ala., Date 13 December, 19 43

To: Medical Officer In Charge

Marine Hospital

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Med. Officer, Mobile Area

Tony Ryan
(Signature of patient)

H.J. Nagler
H.J. Nagler, P. A. Surg. (R) USPHS U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Mobile, Ala., Date 12.15/43, 19

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

601-930 Acute Gastroenteritis Acute Gastroenteritis
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 10 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S. Marine {*hospital / *office} on 12/13/43, 19

E.H. Drake

E.H. DRAKE, AS SURGEON (R) U. S. Public Health Service.

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

(Patient's signature)

WITNESS:

(Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

10—27156-1

N.C.G. - 2529

UNITED STATES COAST GUARD
DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

Mobile, Alabama
(Place)

Mobile Point Light Station
(Unit)

1 October, 1943
(Date)

From: [redacted], Toney (226-817), C.B.M.(a)

To: Commandant (Via Official Channels)

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

Emma V. Ryan — Gasque, Ala.
(Full name of wife; if not married, so state) — (Address of Wife)

Larry A. Ryan (age:16yrs.) — Gasque, Ala.
(Full name of child; if none, so state) — (Address of child)

Doris Lee Ryan (age:15yrs.) — Gasque, Ala.
(Full name of child; if none, so state) — (Address of child)

Antoinette E. Ryan (age:11yrs.) — Gasque, Ala.
(Full name of child; if none, so state) — (Address of child)

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

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

(State briefly wherein dependency exists)

Date of Marriage: 30 April, 1921, Place of Marriage: Mobile, Ala.

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

Subscribed and sworn to before me this

1st. day of October, 1943

Toney Ryan
(Signature)

J. R. Reddock
(Signature)
J. R. REDDOCK
Ensign, USCGR
(Rank or Title)

C.B.M.
(Rank or Rating)

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

Ryan, Tony (Name, surname first) 226-917 (Service number) CBM (Rank or rating) Mobile Point (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 5 May, 1943

To: Medical Officer (Coast Guard unit)

Mobile Area (Address)

The above-named patient was discharged from {*inpatient / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Caries of teeth	613-910	4-29-43	5-5-43
Calculus on teeth	613-615	4-29-43	5-5-43

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

CONDUCT REPORT:

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

Ray P. Bryant
Dental Surgeon U.S. Public Health Service.
16—27156-1

NOTICE OF MEDICAL TRANSFER

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

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

_____ since _____, 19 , has been
(Diagnosis)

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

_____
U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

FILE

Ryan, Tony	226-91[illegible]	CBM	Mobile Point[illegible]
(Name, surname first)	(Service number)	(Rank or rating)	(Unit)

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

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

Place Mobile, Ala., Date April 29, 1943

To: Medical Officer

Marine Hospital

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Medical Officer, Mobile Area

Tony Ryan
(Signature of patient)

H. J. Nagler R.M.
H.J.Nagler, P.A.Surg.(R)USPHS
U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Mobile, Ala., Date 30 April, 1943

I CERTIFY that I have examined the above-named person and find him suffering from 613-910 Caries of teeth, 613-615 Calculus on teeth.

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U.S.Marine {*hospital / *office} on 29 April, 1943

Dr. Ray O. Brunz
Lieut. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

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

UNITED STATES COAST GUARD

ENCLOSED
NO. 17.

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MOBILE POINT LIGHT STATION (Unit) — Casque, Alabama. (Place)

1 April, 1943. (Date)

FROM: RYAN, Toney (226-917), C.B.M.(a)(Pro).

TO: COMMANDANT (via Official Channels.)

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

(Full name of wife; if not married, so state)		(Address of wife)
EMMA Victoria Ryan	Wife.	Casque, Alabama.
Larry Alfred Ryan, son, 15 Years	"	"
Doris Lee Ryan, daughter, 11 years.	"	"
Emma Antionette Ryan, daughter, 9 years.	"	"
Eloise Regina Ryan, daughter, 5 years.	"	"

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

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

(Full name of relative)	(Relationship)	(Address of relative)
Amanda T. Rowell	Mother-in-law	Pascagoula, Mississippi.

Potential.
(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

Date and place of marriage: 4-30-21, Mobile, Alabama.

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

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

L. L. Nicholson, III, Lieut.(j.g.), (R).
(Signature)

(Rank or title)

Toney Ryan
(Signature)

C.B.M.(a)(Pro).
(Rank or rating)

16—25758-1

NCG-2529

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MOBILE POINT LIGHT STATION, (Unit) Gasque, Alabama. (Place)

1 October, 1942. (Date)

From: RYAN, Toney (226-917) C.B.M.(a)(Pro).

To: COMMANDANT (Via District Coast Guard Officer, Eighth Naval District.)

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

Emma Victoria Ryan	Wife.	Gasque, Alabama.
(Full name of wife; if not married, so state)		(Address of wife)
Carl Wesley Ryan, Son, 19 Years		As above.
Clinton Kibert Ryan, Son, 17 years.		" "
(Full name of child; if none, so state)		(Address of child)
Lany Alfred Ryan, Son, 15 Years.		" "
Doris Lee Ryan, daughter, 11 years.		
(Full name of child; if none, so state)		(Address of child)
Emma Antionette Ryan, daughter, 9 years.		" "
Eloise Regina Ryan, daughter, 5 years		" "
(Full name of child; if none, so state)		(Address of child)

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

Amanda T. Rowell	Mother-in-law	Pascagoula, Mississippi.
(Full name of relative)	(relationship)	(Address of relative)

Potential.
(State briefly wherein dependency exists)

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

(Full name of relative)	(relationship)	(Address of relative)

(State briefly wherein dependency exists)

* DATE AND PLACE OF MARRIAGE: 4-30-21, Mobile, Alabama.

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

Subscribed and sworn to before me this 1st. day of October, 19 42.

Willie Skipper, Lieut., U.S.C.G., (Signature)

Asst. Capt in of the Port, Mobile Ala. (Rank or title)

Toney Ryan (Signature)

C.B.M.(a)(Pro). (Rank or rating)

8 September, 1942.

From: Commandant.
To: Commanding Officer, Coast Guard Base, Mobile, Alabama.

Subject: RYAN, Toney (226-917) B.M.1c.; advancement of.

1. Effective upon receipt hereof, advance subject-named man to chief boatswain's mate, (acting)(provisional).

E. J. ROLAND,
By direction.

MAILED
SEP 10 1942
COAST GUARD

73-701

~~XXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~

~~TREASURY DEPARTMENT~~

UNITED STATES COAST GUARD

~~NEW ORLEANS, LA.~~

~~XXXXXXXXXXXXXXXX~~
~~NEW ORLEANS DISTRICT~~
~~XXXXXXXXXXXXXXXX~~
MOBILE BASE

Mobile, Alabama,

28 August, 1942.

From: Commanding Officer, MOBILE BASE.
To: Commandant.

Via: District Coast Guard Officer, Eighth Naval District.

Subject: RYAN, Toney (226-917), B.M. 1c; advancement to C.B.M. (a)(Pro).

1. Subject man is recommended for advancement to the rating of C.B.M. (a)(Pro).

2. Prior to his induction into the Coast Guard on 25 June, 1941, Ryan had completed over thirteen (13) years creditable service in the former Lighthouse Service, most of that period having been spent keeper in charge of various lighthouses. Since his induction into the Coast Guard, Ryan has be stationed at Mobile Point Light Station as officer in charge, and his services in this capacity have been satisfactory. Subject man has demonstrated that he is capable of maintaining discipline, and is considered physically, morally and professionally qualified for advancement to the chief petty officer grade.

3. Average marks earned by Ryan during his period of service in the Coast Guard are as follows:

Proficiency in rating - - - - - - - - 3.5
Seamanship - - - - - - - - - - - - - 3.5
Leader of men - - - - - - - - - - - - 3.5
Conduct - - - - - - - - - - - - - - - 4.0

L. C. Mueller.

advanced by
H/L 9-8-42
(PE-73)

70c

1942 SEP 4 AM 8 06

Pers

Brandon Steele

73 1st Indorsement Office, DCGO, 8th Naval District,
New Orleans, Louisiana.
31 August, 1942.

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

Subject: RYAN, Toney (226-917) B.M.1c.; advancement of.

1. Forwarded, approved. There is a vacancy in the authorized complement of this district for the rating of chief boatswain's mate (acting) (provisional).

J. F. FARLEY.

Ryan, Tony (NAME) [redacted] (226-917) (NUMBER) [redacted] B.M.1c (RATE) 9/5/42 (DATE)

(From Lighthouse Service) → 19.

ENLISTED	RATING	DATE	BORN	NAVY OR ARMY
	B.M.1c	6/25/41	11/7/1899	Nd

RATING CHANGED TO

(COMMENDATION)

(CENSURE ETC)

(COURTS)

YRS.	SHIPS AND STATIONS	PROF.	CON.	SOB.	LD. SHP.

(REMARKS)

(G.C.M. & B.)

✓

(YES) (NO) (?)

(OFFICER CHECKING)

U. S. COAST GUARD (16)

Form 2529
Treasury Department
U. S. Coast Guard

REC'D MAY 28 1942
United States Coast Guard

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MOBILE POINT LIGHT STATION (unit) — Casque, Alabama. — 25 May, 1942. (date)

RYAN, Tonsy (226-917), B.M.1c.

FROM:

DCOCGND & COP, Mobile, Ala.

TO: Commandant (via _____)

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

Emma Victoria Ryan — Casque, Alabama.
(full name of wife, if none, so state) — (address of wife)

Carl Wesley Ryan, son, age 19 years. — As above.
Clint Elbert Ryan, son, age 17 years. — " "
Larry Alfred Ryan, son, age 15 years. — " "
Doris Lee Ryan, daughter, age 11 years. — " "
Emma Antionette Ryan, daughter, age 9 years. — " "
Eloise Mae De Ryan, daughter, age 5 years. — " "
(full name of child; if none, so state) — (address of child)

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

Amanda T. Rowell — Mother-in-law — Casque, Alabama.
(full name of relative) — (relationship) — (address of relative)

Potential.
(state briefly wherein dependency exists)

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

(full name of relative) — (relationship) — (address of relative)

(state briefly wherein dependency exists)

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

Date of Marriage 4-30-21.

Subscribed and sworn to before me this 25th day of May, 19 42.

B. C. Mueller, Commander, U.S.C.G.,
Captain of the Port, Mobile, Ala.
(signature)

(rank or title)

Tonsy Ryan,
B.M.1c.
(signature)

(rank or rating)

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

U. S. COAST GUARD (18)
REC'D JUN 28 1941

REPORT OF CHANGE IN PERSONNEL

RYAN, (Surname)	Toney (First name)	- - - (Middle initial)	(226-917) (Service No.)	Boatswain's mate 1c. (Rank or rating)

MOBILE BASE (Unit)	Mobile, Alabama (Place)	25 June, 1941. (Date)

Originally enlisted this date in the Regular Establishment for a period of THREE years, in the rating of Boatswain's mate, first class. Accepted for enlistment at Mobile, Alabama. Enlistment effected pursuant to the induction of former Lighthouse Service Personnel into the regular establishment of the Coast Guard in accordance with the Act of 5 August, 1939.

Reassigned to duty upon enlistment at Mobile Point Light Station, Mobile Point, Alabama.

Permanent Station: Mobile Point Light Station.

AUTHORITY: Headquarters' indorsement on Form 2525-B, dated 19 May, 1941.
Act of 5 August, 1939.

M. Peterson, Chief Bos'n., USCG.,
(Commanding)
Commanding Officer, MOBILE BASE.
(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)

U. S. COAST GUARD (17)
REC'D JUL 7 1941

RYAN, Toney

REPORT OF CHANGE IN PERSONNEL

RYAN	Toney	- -	(226-917)	B.M.1c.
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

MOBILE BASE	Mobile, Alabama	25 June, 1941.
(Unit)	(Place)	(Date)

Originally enlisted this date in the Regular Establishment for a period of THREE years, in the rating of Boatswain's mate, first class. Accepted for enlistment at Mobile, Alabama. Enlisted effected pursuant to the induction of former Lighthouse Service Personnel into the regular establishmmnt of the Coast Guard in accordance with the Act of 5 August, 1939.
Reassigned to duty upon enlistment at (Mobile Base) MOBILE POINT LIGHT STATION, Mobile Point, Alabama. Permanent station: Mobile Point, Alabama.
Total service to 24 June, 1941 - 15 yrs. 8 mos. 3 das. as follows:
U.S. Ligthouse Service: - - - - - 13 Yrs. 8 mos. 9 das.
U.S. Coast Guard: - - - - - - - - 1 Yr. 11 mos. 24 das.
Position held:- - - - - Lighthouse Keeper. Salary: - - - - $ 1440 per annum.

AUTHORITY: Headquarters' indorsement on Form 2525-B, dated 19 May, 1941.
Act of 5 August, 1939.

M. Peterson
(Commanding)
M. Peterson, Chief Bos'n., USCG.,
Commanding Officer, MOBILE BASE.
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	CHD		

U. S. GOVERNMENT PRINTING OFFICE : O 10935

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

EK
Incl.

10/20-Rec. Hist. sheet to Dist.

DEPARTMENT OF COMMERCE
LIGHTHOUSES
BUREAU OF LIGHTHOUSES
WASHINGTON

1925 OCT 22 PM 12 14

October 17, 1925.

Subject: Personal History sheet Toney Ryan.

Returned to Superintendent of Lighthouses, New Orleans, La., for completion of questions 2, 7, and 9. Attention in this connection is invited to Bureau circular No. 529 of August 6, 1925. Be guided accordingly in the future.

J. S. CONWAY

Acting Commissioner of Lighthouses.

* *

WJB.

Office of Superintendent of Lighthouses, 8th Dist.
New Orleans, La., October 20, 1925.

Returned to the Commissioner of Lighthouses:

1. Personal History Sheet of Toney Ryan returned herewith, completed as directed above.

For and in the absence of the Superintendent.

F. A. Muth

First Assistant Superintendent.

IN REPLYING ADDRESS
COMMISSIONER OF LIGHTHOUSES
AND REFER TO DATE OF THIS LETTER
AND FILE NO.

RG-EK

DEPARTMENT OF COMMERCE
BUREAU OF LIGHTHOUSES
WASHINGTON

JUL 13 1926
NEW ORLEANS
LIGHTHOUSES
JUL 14 AM 11 01

July 7, 1926.

Superintendent of Lighthouses, New Orleans, La.

1. In reference to your nomination for transfer of Keeper Toney Ryan from Sand Island Light Station to Round Island Light Station vice W. L. Laughlin:

2. The Department informally advises the Bureau that it appears the vice should be William Henry George, who held a temporary appointment vice Laughlin. Advise the Bureau as promptly as practicable in order that the records may be adjusted and proper notice duly issued.

Phoned Dept ok file T.S. 7/14 J. S. CONWAY

Acting Commissioner of Lighthouses.

Hydro
Radio
Engr. Cons.
Mar. Engr.
Personnel
Financial
Law and Prop.
Adm Asst.
Gen. Cons.
Genr.

WJB:LEC

Office of Supt. of Lighthouses, 8th Dist.,
New Orleans, La., July 12, 1926

1. Returned to the Commissioner of Lighthouses:

2. The vice should be William Henry George instead of W. J. Laughlin, and the records of this office have been changed accordingly.

E. S. LAMPHIER
Superintendent of Lighthouses.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

WJB/JP

A.E.Steiner)
Tony Ryan) Commendation

LIGHTHOUSES
1926 AUG 21 PM 12 14

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.

August 19, 1926.

Commissioner of Lighthouses:

copy in file

1. A report has been received from A. E. Steiner, Keeper of Round Island Light Station, Mississippi, under date of August 14, 1926, reading as follows:

> "A fishing party from Pascagoula, Mississippi, on their way to Horn Island, in a gasoline launch No. A.1441, broke down by the South Spit Beacon and myself and Assistant Keeper went out and towed their boat to station and then I took the party ashore at Pascagoula. We gave them all assistance we could. This happened on the 10th day of August about 11 AM."

2. It is recommended that the above named keepers be commended by the Bureau for the assistance rendered.

E. S. Lamphier.
Superintendent of Lighthouses.

B

August 26, 1926.

Tony Ryan, Assistant Keeper,
Round Island Light Station, Mississippi.
(Through Superintendent of Lighthouses, New Orleans, La.)

The Bureau is in receipt of a report from the Superintendent regarding assistance rendered by you on August 10, 1926 to a fishing party whose boat became disabled near the South Spit Beacon. The Bureau is pleased to commend you for the assistance rendered on this occasion and to note the matter on the records as part of your official history.

J. S. CONWAY

Acting Commissioner of Lighthouses.

Rec'd. in Bulletin Sept. 1, 1926.

LIGHTHOUSES---Appointment Division's files

Exact copy as signed by.....

Mailed.....by.....

Bureau of Lighthouses, Wash., Copy to 8th Dist.

October 27, 1926.

Toney Ryan, Assistant Keeper,
Round Island Light Station, Mississippi,
(Through Superintendent of Lighthouses, New Orleans, La.)

The Bureau is in receipt of a report from the keeper which was forwarded by the Superintendent, regarding the assistance you rendered in getting the disabled tug boat "LAURA" to Pascagoula for repairs. The Bureau is pleased to commend you for the assistance rendered in this instance, and to note the matter on the records as part of your official history.

G. R. PUTNAM

Commissioner of Lighthouses.

See Supt's. report of Oct.21,1926 in file of Keeper A.E.Steiner.

LIGHTHOUSES---Appointment Division's files

Record copy assigned by

Bureau of Lighthouses, Wash., Copy to Supt

Form 73
LEC

LIGHTHOUSES
1929 JAN 30 PM 12 12

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La., (City) January 28 (Date), 1929

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer — Legal residence, Alabama

Name, Toney Ryan — Proposed salary, $1320 p.a.

Position, Keeper in the Lighthouse Service — Proposed range, $1260-$1560 p.a.

Location, Round Island Light Station, Miss. — Appropriation, Sals.L.H.Keepers

Effective, February 10, 1929 — [1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service — Former salary, $1500 p.a.

Location, Sand Island Light Station, Ala. — Former range, $1440-$1740 p.a.

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

Previous incumbent, George R. Carpenter — Services terminated, January 12, 1929

Reason, Resigned

Members of family in Government service, NONE

Date of birth, November 7, 1899

Remarks: Telegram, dated January 28, 1929, from Toney Ryan accepting this transfer is inclosed herewith.

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

E. J. Lamplugh.
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

JAN 30 1929

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses.

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

11—2314

POSTAL TELEGRAPH - COMMERCIAL CABLES

CLARENCE H. MACKAY, PRESIDENT

TELEGRAM

CLASS OF SERVICE DESIRED	
FAST TELEGRAM	
DAY LETTER	
NIGHT TELEGRAM	
NIGHT LETTER	

The sender must mark an X opposite the class of service desired; otherwise the telegram will be transmitted as a fast telegram.

TELEGRAMS TO ALL AMERICA

THE MACKAY SYSTEM — POSTAL TELEGRAPH — COMMERCIAL CABLES — THE PULSE OF THE WORLD

CABLEGRAMS TO ALL THE WORLD

RECEIVER'S NUMBER

COPY

CHECK

TIME FILED

STANDARD TIME

Send the following Telegram, subject to the terms on back hereof, which are hereby agreed to.

23NO ED 11 DOMESTIC GOVT.

FORT MORGAN ALA JAN 28 1929

SUPT LIGHTHOUSES

NEW ORLEANS LA

TRANSFER REQUESTED ROUND ISLAND LIGHT STATION LETTER FOLLOWS WHEN

WEATHER PERMITS

T RYAN

1021A

PERSONNEL CLASSIFICATION BOARD FORM NO. [redacted] FIELD QUESTIONNAIRE
(To be filled out in accordance with the [redacted]uctions given in P. C. B. Forms Nos. 15 a[redacted]6)

Bureau No. [redacted]247 *Sheet No.* [redacted]

Space reserved for the use of the Board

1. RYAN [redacted] TONEY [redacted]
(Surname) (Given name) (Initial)

2. Department [redacted]
3. Bureau [redacted]
4. Field service [redacted]
5. (a) Field station [redacted]
(b) Subdivision [redacted]
(c) City or town [redacted] State [redacted]

6. Pay roll title [redacted]
7. Customary office title [redacted]
8. Present administrative allocation [redacted]
9. Present gross rate of pay $ [redacted]
10. Deduction for allowances $ [redacted]
11. Net rate paid in cash $ [redacted]

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 [redacted]

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 [redacted]

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

16. (a) Rate of pay for overtime [redacted] (b) Amount of overtime pay in last 12 months [redacted]

17. (a) Does the employee in any way direct or supervise other employees? [redacted] (b) If so, in what way? (See Form 16 before answering) [redacted]
(c) How many? [redacted]

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

19. (a) Is the employee in any way directed, supervised, or instructed, or his work reviewed? [redacted] (b) If so, in what way? (See Form 16 before answering.)
[redacted]

20. What is the name, official position, and sheet number of the employee's immediate superior? [redacted]

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): [redacted]

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?
[redacted]

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	
30%	General cleaning of light station, such as scaling, scraping paint and repainting.
25%	On watch.
15%	Operating and maintaining power plant.
10%	Trips ashore for mail and supplies.

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.

(Temporary questionnaire, original to be forwarded later) .....
(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.

Cares for second order flashing electric light. Operates kerosene engine driven electric generators. Station isolated and difficult of access. Post office reached by boat, twelve miles distant.

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

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

SEP 22 1928, 1928 — E. S. LANPHIER — SUPERINTENDENT OF LIGHTHOUSES.
(Date) (Signature of Preparing Officer) (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 $ 1440 to $ 1740

SEP 22 1928, 1928 — E. S. LANPHIER — SUPERINTENDENT OF LIGHTHOUSES.
(Date) (Signature of head of field office or station) (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 $ 1440, to $ 1740

SEP 25 1928, 1928 — H. B. BOWERMAN — Acting Commissioner of Lighthouses.
(Date) (Signature of head of bureau or his representative) (Title)

U. S. GOVERNMENT PRINTING OFFICE: 1928

Form 84
LEC

LIGHTHOUSES
1929 JUL 10 AM 8

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT.

New Orleans, La., July 8, 1929

COMMISSIONER OF LIGHTHOUSES,
Washington, D. C.

No reply has been received from the Bureau to communication (nominations) from this office dated June 17, 1929 in the ~~matter subject~~ case of Toney Ryan, and June 22, 1929, in the case of W. J. Laughlin.

Laughlin.

Superintendent of Lighthouses

EJD Bureau of Lighthouses, Washington, D. C., July 15, 1929.

Returned to Superintendent of Lighthouses, New Orleans, Louisiana, with advice that the Department notices of change in salary for Toney Ryan and W. J. Laughlin were mailed to your office about July 8. If these have not been received, it is requested that the Bureau be advised.

E. C. GILLETTE

Acting Commissioner of Lighthouses.

Airways
Surveys
Constr.
Commun.
Weather
District
Asst. Engr.
Chief Engr.
Radio
Engr. Constr.
Mar. Engr.
Personnel
Finance
Law & Prop.
Asstst.
Dep. Comm'r.
Commissioner

Rec'd

To be forwarded in duplicate. Indicate in blank space inclosed in parentheses character of the communication, that is, whether letter, indorsement, Form 80, Form 97, etc.

11—6363

Form 73
LHC

LIGHTHOUSES
1929 JUN 19 AM 8 45

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT.

New Orleans, La. (City) June 17 (Date), 1929

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer

Name, Toney Ryan

Position, Keeper in the Lighthouse Service

Location, Sabine Pass Light Station, Texas

Effective, July 1, 1929

7-15-29 gfA

Legal residence, Alabama

Proposed salary, $1380 p.a.

Proposed range, $1320-$1620 p.a.

Appropriation, Sals.L.H.Keepers

[1] ~~the actual date of entrance on duty~~, or
as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service

Location, Round Island Light Station, Miss.

Former salary, $1320 p.a.

Former range, $1260-$1560 p.a.

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

Previous incumbent, Englisbee K. Peyton - (Lt.#188) Services to be terminated, about June 30, 1929.

Reason, To be promoted to position of First Assistant Keeper, Sabine Pass Light Station, Texas

Members of family in Government service, NONE

Date of birth, November 7, 1899.

Remarks:

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

---

Secretary, Civil Service District.

E. S. Lamplier.

Superintendent of Lighthouses

BUREAU OF LIGHTHOUSES
WASHINGTON

JUN 21 1929

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses

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

11—2314

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

LIGHTHOUSES
1929 AUG 7 AM 7 35

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
August 5, 1929

copy on file

J. J. Olivier, Keeper,
Sabine Pass Light Station,
Sabine, Texas

1. This office desires to commend Toney Ryan, Second Assistant Keeper, and yourself for recovering the acetylene gas cylinder No. 6487 which was dropped overboard from the station launch and later recovered by Second Assistant Keeper divind and making lines fast to the cylinder.

2. This commendation will be made part of the official records of the Second Assistant Keeper and yourself.

(Signed) E. S. Lanthier

Superintendent of Lighthouses

2 copies to Commissioner

Form 73

WJB.

LIGHTHOUSES 1929 SEP 18 AM 8:58

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La., (City) September 14 (Date), 1929.

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Toney Ryan

Position, Keeper in the Lighthouse Service.

Location, Sabine Pass Light Station, La.

Effective, October 1, 1929.

[1] the actual date of entrance on duty, or as soon thereafter as he enters on duty.

Legal residence, Alabama.

Proposed salary, $1440 p. a.

Proposed range, $1380-$1680.

Appropriation, Sals, Kprs. of L.H.

Former position, Keeper in the Lighthouse Service

Location, Sabine Pass Light Station, La.

Former salary, $1380 p. a.

Former range, $1320-$1620.

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

Previous incumbent, Englisbee K. Peyton - (LT. #162) to be Services terminated, about Sept. 30, 1929.

Reason, To be transferred to Southwest Pass Jetty Lt. & Fog Sig. Sta., La.

Members of family in Government service, None.

Date of birth, Nov. 7, 1899.

Remarks:

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

E. V. Kaufhold.
Superintendent of Lighthouses.

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

SEP 19 1929

Submitted to the Secretary of Commerce, approved.

Acting Commissioner of Lighthouses

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

11—2314

8th's
See/letter Sept.25,1930 commending J.J.Olivier, J.A. Ryan and T. Ryan for assistant rendered in file of J.J.Olivier.

Form 73
Ed. April, 1929
LHC

1931 AUG 17 AM 9:29

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La. (City) August 14 (Date), 1931

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer — Legal residence, Alabama

Name, Toney Ryan — Proposed salary, $1260 p.a.

Position, Keeper in the Lighthouse Service — Proposed range, $1200-$1560

Location, Pensacola Light Station, Fla. — Appropriation, Sals.L.H.Keepers

Effective, September 1, 1931 — [1] the actual date of entrance on duty, ~~or~~ ~~as soon thereafter as he enters on duty~~

Former position, Keeper in the Lighthouse Service — Former salary, $1440 p.a.

Location, Sabine Pass Light Station, Texas — Former range, $1380-$1740

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

Previous incumbent, Luther Pumphrey(Lt.#183) Services terminated, May 31, 1931

Reason, Resigned

Members of family in Government service, NONE

Date of birth, November 7, 1899

Remarks: Letter from Mr. Ryan is attached in which he accepts this transfer.

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

E. J. Langlinais

Secretary, Civil Service District. Superintendent of Lighthouses

---

BUREAU OF LIGHTHOUSES
WASHINGTON

August 18, 1931.

Submitted to the Secretary of Commerce, approved. The filling of this position is necessary in order to safeguard life and property.

Acting Commissioner of Lighthouses.

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

11—2314

(COPY-LEC)

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Eighth District
Sabine Pass Light Sta.
July 1, 1931

Superintendent of Lighthouses,
New Orleans, La.

Sir:

Referring to your letter of June 30, I will accept transfer to Pensacola Light Station as 2nd Assistant Keeper with pay at the rate of $1260 per annum.

(Signed) Toney Ryan
1st Asst. Keeper

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

August 21, 1931.

Mr. Toney Ryan,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective September 1, 1931, or entrance on duty (by change of station).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1440 per annum.

To: $1260 per annum.

Service and grade:

Appropriation (unit): Field.

A
8

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA

NJB:BMA

Toney Ryan - Effective date of change in pay.

RECEIVED
1931 SEP 25 AM 9:33

September 22, 1931.

Commissioner of Lighthouses:

1. Referring to Department letter of August 21, 1931, in the case of Toney Ryan, who was transferred from the position of First Assistant Keeper of Sabine Pass Light Station, Texas, with pay at the rate of $1440.00 per annum, to the position of Second Assistant Keeper at Pensacola Light Station, Florida, with pay at the rate of $1260.00 per annum.

2. The Bureau is advised that the effective date of this change in pay is September 8, 1931.

E. S. Lamplugh
Superintendent of Lighthouses.

RLC:EMF Bureau of Lighthouses, Washington, D. C., September 25, 1931.

Submitted to the Secretary of Commerce for his information.

W. P. HARMAN,
Acting Commissioner of Lighthouses.

(COPY-[illegible]C)

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Pensacola Lt.Sta.
Dec.14, 1931

Superintendent, Sir: 1/6 Statute Lights.

In regards to the explosion which occurred at Caucus Cut Front Range on Dec. 4, 1931, we was cleaning it out from where it had dumped the charge.

We had the bell seal out and the hopper swinging in the clear. Mr. Ryan was standing on the tank fixing to lower the hopper to me. I was standing on the floor. As I reached up to take the hopper there was a flash of fire came out of the tank which burned Mr. Ryan's left cheek, eye and eye lid slightly. We could not give any account for the explosion as there was no fire any place around the beacon.

(Signed) L. E. Miller, 1st Asst.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.

ESL:LEC
Incl.

Caucus Cut Range
Front Light, Fla.

RECEIVED
1931 DEC 18 AM 9 29

December 16, 1931

1/6/32 - wrote 8th Dist. Supt. (1778) Copy sent 12/18

Commissioner of Lighthouses:

1. Inclosed herewith is copy of letter, dated December 14, 1931, from L. E. Miller, First Assistant Keeper, Pensacola Lighthouse, Fla., relative to an explosion which occurred at Caucus Cut Range Front Light, December 4, 1931. The Report of Termination of Disability, Form C.A.3, shows that Toney Ryan, Second Assistant Keeper, who was injured, was disabled for only one day. The report of the Medical Officer states the nature of injury "Burn, fire. lids & cornea left eye, and left cheek." There does not seem to be any further action which can be taken in this matter.

2. It is believed that all keepers exercise due care in handling acetylene generators or acetylene tanks, and it is only recently that these incidents have been happening. There have been no fatalities and, luckily, no serious injuries in this district for a long period of years, although minor accidents have occurred from time to time.

E. S. LANPHIER
Superintendent of Lighthouses

Bureau of Lighthouses, Washington
DEC 23 1931

Submitted to Secretary of Commerce for his information
For the Commissioner:

Chief, Personnel Division.

H.B.B.

D.C

Commr.

Might wish to run brief item in Bulletin cautioning keepers and setting forth best methods of handling this equipment.

RCS

encl
copy 11/2

This is the second occurrence recently in connection with old Coll Acetylene Generators. I believe they shld all be called in. Do not think any addl caution is needed in view of many issued in part

HHE
Jan 2/32

Concur w. H.B.B.
Rec. advise 8th
make no further
expenditures for
repairs etc. Refer
place with more

Form 73
Ed. April, 1929
LEC

LIGHTHOUSES
1932 FEB - 3 - AM 9:07

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT.

New Orleans, La. (City) February 1 (Date), 1932

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Transfer

Name, Toney Ryan — Legal residence, Alabama

Position, Keeper in the Lighthouse Service — Proposed salary, $1440 p.a.

Location, Sand Island Light Station, Ala. — Proposed range, $1380-$1740

Effective, February 16, 1932 — Appropriation, Sals.L.H.Keepers

[1] ~~the actual date of entrance on duty~~, or as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service — Former salary, $1260 p.a.

Location, Pensacola Light Station, Fla. — Former range, $1200-$1560

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

Previous incumbent, James M. Hatten (Lt.#111) — Services to be terminated, about Feb.15,1932

Reason, To be transferred.

Members of family in Government service, NONE

Date of birth, November 7, 1899

Remarks: This transfer is at the request of the keepers involved.

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

E. S. Lamphier
Superintendent of Lighthouses

_____
Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

February 3, 1932

Submitted to the Secretary of Commerce, approved. The filling of this position is considered necessary for the safeguarding of life and property.

Acting Commissioner of Lighthouses

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

11—2314

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

February 11, 1932.

Mr. Toney Ryan,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective February 16, 1932, or entrance on duty (by change of station).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER

Chief of Appointment Division.

From: $1260 per annum.

To: $1440 per annum.

Service and grade:

Appropriation (unit): Field.

DSE

8

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE
LIGHTHOUSES

Toney Ryan, Effective
date of change in pay

1932 MAR - 18 - AM 9 : 00

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA

March 16, 1932

Commissioner of Lighthouses:

1. Referring to Department letter of February 11, 1932, in the case of Toney Ryan, who was transferred from the position of Second Assistant Keeper at Pensacola Light Station, Fla., with pay at the rate of $1200 per annum, to the position of Second Assistant Keeper at Sand Island Light Station, Ala., with pay at the rate of $1440 per annum, effective February 16, 1932, or upon entrance on duty:

2. The Bureau is advised that the effective date of this change in pay is March 11, 1932.

E. S. LANPHIER

Superintendent of Lighthouses

For the Commissioner,

Chief, Personnel Division

Form 73
LEC

NOMINATION

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT OF LIGHTHOUSES, 8th DISTRICT,

New Orleans, La. (City), May 6 (Date), 1932

COMMISSIONER OF LIGHTHOUSES:

Action recommended, Promotion

Name, Toney Ryan

Position, Keeper in the Lighthouse Service

Location, Sand Island Light Station, Ala.

Effective, May 20, 1932

Legal residence, Alabama

Proposed salary, $1680 p.a.

Proposed range, $1680-$2040

Appropriation, Sals.L.H.Keepers

[1] ~~the actual date of entrance on duty,~~ or as soon thereafter as he enters on duty.

Former position, Keeper in the Lighthouse Service

Location, Sand Island Light Station, Ala.

Former salary, $1440 p.a.

Former range, $1440-$1800

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

Previous incumbent and his pay, I.J.Stokes (Lt.#222) / $1680 p.a.

Services terminated, to be about May 20, 1932

Reason, To be transferred to Chandeleur Light Station

Members of family in Government service, NONE

Date of birth, November 7, 1899

Remarks: See accompanying letter.
The filling of this vacancy is necessary for the safeguarding of life and property.

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

E. J. Langlier
Superintendent of Lighthouses

Secretary, Civil Service District.

BUREAU OF LIGHTHOUSES
WASHINGTON

May 9, 1932

Submitted to the Secretary of Commerce, approved, attention being invited to Department letter of April 5 approving the reallocation of the Sand Island Light Station.

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
NEW ORLEANS, LA.

LEC
Incl.

LIGHTHOUSES 1932 MAY-9-AM 9:15

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
May 6, 1932

Toney Ryan, 2nd A.K.
Sand Island L.S., Ala.

Commissioner of Lighthouses:

1. Referring to nomination in the case of Toney Ryan for promotion to the position of Keeper at Sand Island Light Station, Ala., the Bureau is advised that Mr. Ryan has been selected for this promotion instead of the First Assistant Keeper due to the fact that he has had a longer period of service than J. F. Goodson. He has had previous service at Sand Island Light Station serving in the capacity of First and Second Assistant Keeper, and, at his request, was returned to Sand Island Light Station recently in the position of Second Assistant Keeper. Mr. Ryan has also had a better record of service than Mr. Goodson.

E. S. LANPHIER

Superintendent of Lighthouses

Form A-88

DEPARTMENT OF COMMERCE

APPOINTMENT DIVISION

WASHINGTON

May 12, 1932.

Mr. Toney Ryan,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective May 20, 1932, or entrance on duty (change of duties).

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

By direction of the Secretary.

Respectfully,

EDW. J. GARDNER,

Chief of Appointment Division.

From: $1440 per annum.

To: $1680 per annum.

Service and grade:

Appropriation (unit): Field.

S
DSE

GOVERNMENT PRINTING OFFICE 11—9051

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

L.101/11/24656

Toney Ryan, Effective date of change in pay

1931 MAY-28- AM 9:04

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.

May 26, 1932

Commissioner of Lighthouses:

1. Referring to Department letter of May 12, 1932, in the case of Toney Ryan, First Assistant Keeper at Sand Island Light Station, Ala., with pay at the rate of $1440, who was promoted to the position of Keeper, with pay at the rate of $1680 per annum, effective May 20, 1932, or entrance on duty:

2. The Bureau is advised that the effective date of this change in pay is May 23, 1932.

E. S. LAMPHIER

Superintendent of Lighthouses

Bureau of Lighthouses, Washington

JUN 1 1932

Submitted to Secretary of Commerce for his information

For the Commissioner:

Chief, Personnel Division.

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.

DEPARTMENT OF COMMERCE

LIGHTHOUSE SERVICE

LIGHTHOUSES
MAY 11 [illegible] 46 AM '38

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, May 9, 1938

Toney Ryan, Keeper,
Sand Island Light Station
Dauphin Island, Ala.

Copy to Dept
copy 5/11

1. Receipt is acknowledged of your letter of May 1st, reporting that, on that date, you towed the disabled pleasure boat "Betty" from Fort Gaines to Cedar Point. It is noted, also, that the owner of the boat returned the gasoline and cylinder oil used for the trip.

2. The above is approved, and this office takes pleasure in commending you for your actions in this matter. This commendation will be made part of your official history and a copy will be forwarded to the Commissioner of Lighthouses.

For and in the absence of the Superintendent.

(Signed) A. M. Zibilich
Assistant Superintendent

2 copies to Commissioner

E-K

- - - - - -

Bureau of Lighthouses, Washington, D. C.,
May 11, 1938.

Submitted to Secretary of Commerce for information.

For the Commissioner:

R. J. Gross
Chief, Personnel Division.

Form 73
DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE
Approved Sept. 1, 1938
LBC

SPECIAL
LIGHTHOUSES
TELEGRAPHIC REPLY IS DESIRED
MAY 15 9 24 AM '39

NOMINATION

8th LIGHTHOUSE DISTRICT New Orleans, La. (City) May 13 (Date), 1939

COMMISSIONER OF LIGHTHOUSES:

Action recommended Transfer

Name Toney Ryan Date of birth Nov. 7, 1899 Legal residence Alabama

	From—	To—
Position,	Keeper in the Lighthouse Service	Keeper in the Lighthouse Service
Pay and grade	$1680 p.a. ($1680-$2040)	$1380 p.a. ($1380-$1740)
Station	Sand Island Light Station, Ala.	Mobile Point Light Station, Ala.
Appropriation	Sals.Lighthouse Keepers	Sals.Lighthouse Keepers

Effective May 21, 1939 { [1] ~~the expiration of entrance examination~~, or as soon thereafter as he enters on duty.

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

Vice Thomas Broxson Pay $1440 p.a. Services to be terminated about May 20,1939

Reason To be transferred to position of Light Attendant Port Arthur-Sabine-Neches Canal and River Lights, Texas.

REMARKS: [2] Letter dated May 6, 1939, from Toney Ryan, requesting this transfer, is attached.

Selection regular, ..., 19.....

Manager, Civil Service District.

Superintendent of Lighthouses.

BUREAU OF LIGHTHOUSES, WASHINGTON, , 19

MAY 16 1939

Submitted to the Secretary of Commerce, approved.

W.P. HARMAN

Acting Commissioner of Lighthouses.

COPY

[1] Strike out the clause which does not apply.
[2] In case of vessel officer, state license held.

11—2314

COPY

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Eighth District
Sand Island Light Station
May 6, 1939

Superintendent of Lighthouses

New Orleans, La.

Sir:

I understand that the Keeper at Fort Morgan Light Station are going to be transferred. If so I would like to be considered for transfer to Fort Morgan Light Station.

(Signed) T. Ryan

Keeper

May 23, 1939.

Mr. Toney Ryan,

Through the Commissioner of Lighthouses.

Sir:

You are advised that your compensation has been changed as indicated below, effective upon entrance on duty (change of station).

A new appointment certificate will not be issued as a result of this change, and an oath of office is not required.

By direction of the Secretary:

Respectfully,

Oliver C. Short
OLIVER C. SHORT
Director of Personnel.

From: $1680 per annum.

To: $1580 per annum.

Appropriation (unit): Field.

C:HP
8

MAY 29 1939

Form 84
LEC

LIGHTHOUSES
MAY 31 9 01 AM '39

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

Place New Orleans, La.

Date May 29, 1939

Commissioner of Lighthouses, Washington, D.C.,

~~Superintendent of Lighthouses.~~

Subject: **Nomination of Toney Ryan, Keeper, Sand Island Light Station, to Keeper, Mobile Point Light Station, Ala. Date of nomination May 13, 1939. Telegraphic reply was requested.**

Bureau (.....*) dated .....

Your (.....*) dated .....

No. **reply** ~~xxxxx~~ has been received from your office on the above subject. Please advise as to status.

Dept notice Dapproval dated May 23 was mailed to 8th on May 29. Through oversight 8th was not notified by wire

For the ~~Commissioner~~ Superintendent,

Chief Clerk.

Bureau of Lighthouses, Washington, D.C.,
June 2, 1939

Returned to Superintendent of Lighthouses, New Orleans, La.

Department Notice of approval was mailed to your office on May 29th. It is regretted that through an oversight your office was not notified by wire.

6

For the Commissioner:

C.J.LUDWIG, Jr.
Chief Clerk.

HM/C

To be prepared in duplicate.
* Indicate in blank space enclosed in parentheses whether letter, endorsement, etc.

U. S. GOVERNMENT PRINTING OFFICE: 1934

LIGHTHOUSES
JUN 24 8 46 AM '39

ADDRESS ALL COMMUNICATIONS TO
SUPERINTENDENT OF LIGHTHOUSES
NEW ORLEANS, LA.
LEC

DEPARTMENT OF COMMERCE
LIGHTHOUSE SERVICE

OFFICE OF SUPERINTENDENT, 8TH DISTRICT
NEW ORLEANS, LA.
June 22, 1939

CHANGE IN DESIGNATION, PAY, OR STATUS OF EMPLOYEE

Name: Toney Ryan

Nature of Action: Transfer

Effective Date: June 4, 1939

	FROM	TO
Position:	Keeper in the L.H.Service	Keeper in the L.H.Service
Pay:	$1680 p.a. (1680-2040)	$1380 p.a. ($1380-1740)
Station:	Sand Island L.S., Ala.	Mobile Point L.S., Ala.

Remarks: This change is reported in accordance with Department letter dated May 23, 1939.

E. C. Merrill
Superintendent of Lighthouses

reported to Dgl
6/30

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March [redacted]

U. S. COAST GUARD
FOLLOW INSTRUCTIONS ON BACK
REC'D NOV 3 1939

Mobile Point LS, Ala.
N. O. Dist.

RYAN, Toney — (Name, surname first) — (Service number) — Lighthouse Keeper — (Rank or rating) — (Unit)

NOV - 1 1939
NEW ORLEANS DISTRICT

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

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

Place New Orleans, La., Date October 17, 1939

FILE

To: Medical Officer in Charge
U. S. Marine Hospital
Mobile, Alabama

SIR: You are requested to examine the above-named {*civilian employee / *officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to New Orleans District Office, N.O., La.

Toney Ryan, Kpr., U.S.Coast Guard
(Signature of patient)

E. C. Merrill
Superintendent U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place Mobile, Alabama, Date October 25, 1939

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

0202 Calculus, dental; 0255 Caries, dental
(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 0 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at U. S. Marine {*hospital / *office} on October 25, 1939

REC'D NOV 3 - 1939 U.S. COAST GUARD MEDICAL SECTION

Dr. Ray P. Brearley
P.A. Surgeon U.S. Public Health Service.

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

REC'D NOV 3 - 1939 U.S. COAST GUARD MEDICAL SECTION

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

_____ U. S. Public Health Service.

*Strike out words not applicable.

Approved and forwarded NOV -- 1 1939

T. J. Burkett
New Orleans District
Chief of Staff

Form 2522
TREASURY DEPARTMENT
U. S. Coast Guard
Revised March 193

FOLLOW INSTRUCTIONS ON BACK

U. S. COAST GUARD (6)
REC'D JAN 19 1940 By

RYAN, TONEY
(Name, surname first) (Service number) (Rank or rating) (Unit)

NEW ORLEANS DISTRICT
U. S. COAST GUARD
NEW ORLEANS, LOUISIANA

FILED U.S.

*REGULAR
*SPECIAL
TEMPORARY
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place Mobile, Alabama, Date January 15, 1940, 193

JAN 16 11 49 AM '40

To: Mobile Point Light Station,
(Coast Guard unit)
Mobile, Alabama
(Address)

DIST. COMDR. / CH. OF STAFF / OPERAT. / MAINT. / RESERVE / PERSONNEL / COMMUN. / REPORT / RETURN TO / INTELL. / P & S / ORDNANCE

The above-named patient was discharged from {*~~inpatient~~ x / *outpatient} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Calculus, dental	0202	10-25-39	10-30-39
Caries, dental	0255	"	"
	U. S. COAST GUARD		
	REC'D JAN 19 1940	BY	
	MEDICAL SECTION		

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

CONDUCT REPORT:

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

Dr. Ray P. Breaux
P.A. Dental Surgeon U. S. Public Health Service.

NOTICE OF MEDICAL TRANSFER

(Patient's name, service number, rank or rating, and unit), who has been under {*inpatient / *outpatient} treatment at {*office / *hospital} at for (Diagnosis) since , 193 , has been transferred this date JAN 16 1940, 193 , to the U. S. Marine Hospital at for further treatment.

Approved forwarded
W. Burkett
New Orleans District
Chief of Staff

U. S. Public Health Service.

*Strike out words not applicable.

2—663

STANDARD FORM N[illegible]
(Approved by the President[illegible]/24)
Revised Dec. 5, 1929

PERSONAL HISTORY STATEMENT

(To be prepared by appointee in own handwriting)

Department or Establishment Treas.-Coast Guard-Lighthouse Service (Mobile Point Lt.Sta/.Ala.-Keeper) Date March 20 1940

1. Name in full (Mr., ~~Miss, or Mrs.~~) Ryan (Surname) Doney (Given name) [illegible] (Middle name)
2. Present address [illegible] (Number) Gasque (Street) [illegible] (City) Ala. (State)
3. Legal (voting) residence Alabama 1th (State and Congressional District) Mobile (County) Bayou La Batre (City or town)
4. Where born Dauphin Island (State or foreign country) (City or town) When born Nov 7 1899 (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 7 Ages 36-16-15-12-9-7-3-years old
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. lighthouse service	Sand Island Ala	2nd Asst. Kpr.	$1260	Oct	22	1925	July	28	1926
"	8th Dist Round Island Miss	Asst Kpr	$1140	July	29	1926	Apr	30	1927
"	Sand Island Ala	1st Asst Kpr	1380	May	1	1927	Feb	13	1929
"	Round Island Miss	Asst. Keeper	1320	Feb	14	1929	July	14	1929
"	Sabine Pass Texas	2nd Asst Keeper	1380	July	15	1929	Sept	7	1931
"	Pensacola Fla	" " "	1260	Sept	8	1931	Mar	10	1932
"	Sand Island Ala	" " "	1440	Mar	11	1932	June	3	1939
"	Mobile Point Ala	Keeper	1380	June	4	1939	Still employed		

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:

(Title) No (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 None	Discharged None	Enlisted None	Discharged None
Rank	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

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 Emma V. Ryan

Relationship Wife Post office address Gadsden Ala

I certify that the foregoing answers are correct to the best of my knowledge and belief.

Toney Ryan
(Name as usually written and which will be used as official signature)

U. S. GOVERNMENT PRINTING OFFICE 10—1930

Copy of this form not sent to the Dept.

STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared January 10, 1941.

Name: Ryan, Toney

From: U. S. Coast Guard

Bureau No:

Promotion

	FROM	TO
Position		Keeper
Grade		Field (Range $1380-1740)
Salary	Field (Range $1380-1740) $1380 p.a. plus $240 p.a. Ctrs.	$1440 p.a. plus $240 p.a. Ctrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters		New Orleans, La.
Post of Duty		Mobile Point Lt.Sta., Ala.
Appropriation		Civilian Employees, C.G.
Allotment		
Field or Deptl.		Field

EFFECTIVE
Remarks: January 16, 1941.

Justification:

No increase in pay since May 23, 1932.

H. R. STILES,
Commander, U. S. Coast Guard,
Assistant Personnel Officer.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

Reg.

DATE OF BIRTH
11-7-1899

LEGAL RESIDENCE
Ala.

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

SUBJECT TO RETIREMENT ACT?
Lighthouse Act 6-20-16

DATE OF OATH

BUREAU SUSPENSE AND FILE COPY

DEPT. STOCK FORM 2249
REV. 6-40

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

TO:

Date Prepared January 10, 1941

Name: Ryan, Toney

From: U. S. Coast Guard

Bureau No:

Promotion

	FROM	TO
Position Grade Salary	Field (Range $1380-1740) $1380 p.a. plus $240 p.a.Otrs.	Keeper Field (Range $1380-1740) $1440 p.a. plus $240 p.a.Otrs.
Bureau or Div. Organizational Subdivisions		U. S. Coast Guard
Headquarters Post of Duty Appropriation Allotment Field or Deptl.		New Orleans, La. Mobile Point Lt.Sta.,Ala. Civilian Employees, C.G. Field

EFFECTIVE
Remarks: January 16, 1941.

Justification:

No increase in pay since May 23, 1932.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION
Reg.

DATE OF BIRTH
11-7-1899

LEGAL RESIDENCE
Ala.

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

SUBJECT TO RETIREMENT ACT?
Lighthouse Act 6-20-16

DATE OF OATH

BUREAU OR DIVISION PERSONNEL FILES

1641

FEB 7 1941

U. S. COAST GUARD
REC'D MAY 26 1941

75-531

TREASURY DEPARTMENT
UNITED STATES COAST GUARD
NEW ORLEANS, LOUISIANA

Office of the Commander
New Orleans District.

23 May, 1941.

From: Commander, New Orleans District.
To: Tony Ryan, Keeper, Mobile Point Light Station.

Subject: Orders; physical examination; travel.

1. In order to determine your physical qualifications for induction into the military establishment of the Coast Guard, from your present civilian status in the Coast Guard, you will proceed to Mobile, Alabama and report to the Public Health Service representative indicated on the attached memorandum for the necessary physical examination. Upon completion of this examination you will return to your regular station and duty.

2. Any travel necessary to the execution of this order is authorized, chargeable to the New Orleans District travel allowance, Symbol No. 14. Travel via privately owned conveyance at the rate of 4¢ per mile is authorized, if desired, however, if such means of transportation exceeds the cost by commercial carrier, you will be reimbursed for the cost by commercial carrier. If transportation requests are desired, and the location of your station provides for their use, make application to this office for same.

3. The inclosed papers will be delivered to the Public Health Service representative to whom you will report for physical examination.

F. J. HINKLEY,
Chief of Staff.

Copy to:
Headquarters.
Pay Officer.
Mobile Base.

DEPT. STOCK FORM
REV. 1-41

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

PAGE:

TO:

Date Prepared: 25 June, 1941

Name:

From: Ryan, Tenny
U. S. Coast Guard

Bureau No.:

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1380-1740)	Pay 1008.00
Salary	$1440 p.a. plus $240 p.a.Subs.	Rations 438.00 $1446.00
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters		
Post of Duty	New Orleans, Louisiana.	New Orleans, Louisiana.
Appropriation	Mobile Point Light Sta., Ala.	Mobile Point Lt.Sta., Ala.
Allotment	Civilian Employees, C. G.	Pay and Allowances, C. G.
	FIELD ☐ DEPRTMTL. ☐	FIELD ☐ DEPRTMTL. ☐
EFFECTIVE	X	X

Remarks:

25 June, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

Justification:

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH: 11-7-99

LEGAL RESIDENCE: Alabama

SEX: M RACE: W

NATURE OF POSITION

NEW | ADDTL. IDENT.

VICE VACANCY | VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE?

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

DATE APPROVED BY THE SECRETARY: AUG 12 1941

BUREAU OR DIVISION PERSONNEL FILES

UNITED STATES TREASURY DEPARTMENT
WASHINGTON, D. C.

Date Prepared: 25 June, 1941

From: Ryan, Toney
U. S. Coast Guard

Bureau No.:

	FROM	TO
Position	Keeper	Boatswain's Mate, 1c.
Grade	Field (Range $1380-1740)	Pay 1008.00
Salary	$1440 p.a. plus $240 p.a.Gtrs.	Rations 438.00 $1446.00
Bureau or Div. Organizational Subdivisions	U. S. Coast Guard	U. S. Coast Guard
Headquarters	New Orleans, Louisiana.	New Orleans, Louisiana.
Post of Duty	Mobile Point Light Sta., Ala.	Mobile Point Lt.Sta., Ala.
Appropriation	Civilian Employees, C. G.	Pay and Allowances, C. G.
Allotment		
	FIELD ☐ DEPRTMTL. ☐ X	FIELD ☐ DEPRTMTL. ☐ X

EFFECTIVE
Remarks: 25 June, 1941.

The change indicated is pursuant to the Act of August 5, 1939.

Justification: Change in status - civilian to military.

CIVIL SERVICE OR OTHER LEGAL AUTHORITY

APPROPRIATION

DATE OF BIRTH: 11-7-99

LEGAL RESIDENCE: Alabama

SEX	RACE
M	W

NATURE OF POSITION

NEW	ADDTL. IDENT.

VICE VACANCY	VICE

HAS C. S. COMM. ALLOWED VETERAN'S PREFERENCE? No

SUBJECT TO RETIREMENT ACT? Lighthouse Act

DATE OF OATH

DATE APP[illegible] BY THE SECRETARY

BUREAU SUSPENSE AND FILE COPY

RG

U. S. COAST GUARD (8)
REC'D JUN 30 1941

Form 93.

NOTICE OF RESIGNATION.

TREASURY DEPARTMENT,
United States Coast Guard,

Office of Commander,
New Orleans District.

New Orleans, Louisiana,
27 June, 1941.

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

Subject: Resignation of **Toney Ryan, effective close 24 June, 1941.**

Reference: (a) Subject named employee's resignation dated

Inclosure: (1) Reference (a), in duplicate.

1. Herewith is transmitted the resignation of the following named employee of the former Lighthouse Service:

Name:	**Toney Ryan**
Legal Residence:	**Alabama**
Position:	**Lighthouse Keeper**
Station:	**Mobile Point Light Station, Ala.**
Salary:	**$1440 per annum (plus $240 p.a.qtrs.)**

2. The acceptance of this resignation is recommended effective the day prior to the date he accepts military status with the Coast Guard.

3. This employee has not taken leave in excess of the accrued rate.

J. L. Ahern
J. L. AHERN

TREASURY DEPARTMENT,
United States Coast Guard.

Place: Mobile, Alabama.
Date: 24 June, 1941.

From: Toney Ryan, Keeper, Mobile Point Light Station.
To : Commander, New Orleans District.

Subject: Resignation.

1. I hereby tender my resignation as Keeper, Mobile Point Light Station, and - - - with the former Lighthouse Service for the purpose of accepting military status with the U. S. Coast Guard, this resignation to become effective on the day prior to the date of my commission, appointment, or enlistment in the U. S. Coast Guard. **Effective date of resignation 24 JUNE, 1941.**

Toney Ryan
(Signature)

CP-75 NEW ORLEANS DISTRICT 1st Indorsement New Orleans, Louisiana, 27 June, 1941

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

1. Forwarded, approved.

J. L. Ahern
J. L. AHERN

(To be submitted in triplicate).

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

REPORT OF CHANGE IN PERSONNEL

RYAN	Toney	- -	Civilian	Lighthouse Keeper
(Surname)	(First name)	(Middle initial)	(Service No.)	(Rank or rating)

NEW ORLEANS DISTRICT	New Orleans, La.	3 July, 1941
(Unit)	(Place)	(Date)

Resigned as Keeper of Mobile Point Light Station, Ala., on 24 June, 1941, for the purpose of enlisting in the U. S. Coast Guard.

Annual Salary - $1440 (plus $240 p.a.qtrs.)

AUTHORITY: Headquarters letter 19 April, 1941 (P-75)

D D Hesler
(Commanding)
D. D. HESLER, LT., U.S.C.G.
Personnel Officer
By direction
(Title)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

LAW	PERSONNEL RECORDS		
	STATISTICS	CORRESPONDENCE	RECORDS
	amy		

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 entry in the Coast Guard.

RYAN, Toney Toney Ryan. (226-917) B.M. 1c
(Name in full) (Service number) (Rank or Rate)

(a) Grammar School: 6 years
(Number of years attended & grade completed)

(b) High School: None
(Number of years attended & grade completed, graduated)

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

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

Aviation Rigger	( )	Aviation Mechanic	( )
Accountant	( )	Bookkeeper	( )
Carpenter	( )	Dentist	( )
Draftsman	( )	Electrician (Telephone)	( )
Electrician (general)	( )	Engineer, steam	( )
Engineer, diesel	( )	Lathe operater	( )
Machinist	( )	Mechanical Engineer	( )
Pharmacist	( )	Pattern-maker	( )
Photographer (aviation)	( )	Photographer (general)	( )
Plumber and fitter	( )	Secretary	( )
Sign-painter	( )	Stenographer	( )
School Teacher	( )	Tool Maker	( )
Telephone Linesman	( )	Telegrapher	( )
Welder (acetylene)	( )	Welder (lectric)	( )

Specify ability as interpreter in foreign languages below:

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

Fished for 12 years.

Use reverse side of this form when necessary.

(Sign your name before releasing) Toney Ryan. Toney Ryan
(Signature)

22 June, 1950
PH-C 73, 706
AUTH: 519478

From: Commandant
To: RYAN, Tenny (226-917)MKO, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Retirement from active duty; orders; travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 40 per centum.

2. On 19 June, 1950, the Secretary of the Treasury approved the proceedings and findings of the Board as amended by the Physical Review Council. You are, therefore, retired for permanent disability in accordance with Section 402 of the Career Compensation Act of 1949. In accordance with the Act of April 23, 1930 (5 U.S.C. 47a), your retired pay will commence on 1 July, 1950.

3. You will immediately notify the Commandant (PA-P) of your mailing address and you will thereafter notify the Commandant (PA-P) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if accomplished within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

5. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PH). Signatures of children, twelve years of age or under, will not be required.

6. The certifying officer is directed by copy hereof to forward photostatic copy of your pay record to the Commandant (PA-P), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

F. V. HELMER
By direction

Incls (2)

CORRESPONDENCE:mc Ret 3-11

-RYAN-

Ret

UNITED STATES COAST GUARD
New Orleans 9, La.

ADDRESS REPLY TO
Commander, 8th CG
District (pmp)
REFER TO FILE

REGISTERED MAIL
30 June, 1950
File: pmp 73

From: Commander, 8th CG District
To: Commandant (PE-PR)

Subj: RYAN, Toney (n) (226-917) BMC, USCG - Retired; records, forwarding of

Health and Service Records, subject man, are forwarded herewith for Headquarters custody.

S. L. BROWN
By direction

Incl: HR/SR, subj. man

REPORT OF CHANGE IN PERSONNEL

TREASURY DEPARTMENT
United States Coast Guard
CG-2599 (REV. 3-48)

No. 193

SURNAME, FIRST NAME, INITIAL	SERVICE OR SIGNAL NO.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
OCCGD-8		New Orleans, La.
MAJOR UNIT ITEM NO. OR VESSEL'S ASSIGNED DISTRICT	**MINOR UNIT ITEM NO.**	**DATE**
08-02000		30 June, 1950

TIME — REPORTED FROM:
DATE — FOR

AUTH:

TIME — TRANSFERRED TO:
DATE — FOR

AUTH:

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

AUTH:

OTHER CHANGES (SPECIFY)

Detached from active duty upon retirement.

AUTH: H/L 6-22-50, PE-C 73-706, AUTH: 519478

EXTRA COMPENSATION

FAMILY ALLOWANCES		MAQ/D	S & Q	FLIGHT PAY	SEA DUTY	ARMS QUAL.	AWARDS MEDALS	
CLASS A NO. DEP.	CLASS B NO. DEP.							

S. L. BROWN, CSCLK, USCG
By direction (Commanding.)

SPACE BELOW IS FOR HEADQUARTERS' USE ONLY

ENLISTED PERSONNEL					
RATE	DIST.	FOR. DOM.		UNIT	RATE LOSS

RECORDS		
EXAMINED	POSTED	CODED

OFFICER PERSONNEL							
GRADE	CHAR. APPT.	STATE	DIST.	SEA, SHORE	DUTY		DATE

16—40355-3 U. S. GOVERNMENT PRINTING OFFICE

UNITED STATES COAST GUARD

ADDRESS REPLY TO
Commandant, CG YARD
Curtis Bay, Md.
REFER TO FILE

24 April, 1950
CG-73

From: Commandant, CG YARD
To: Commander, 8th CG District

Subj: RYAN, Tenny (226-917), BMC., USCG; administrative transfer

1. In accordance with HL 14 April, 1950 (PE-A)(73), subject-named man is administratively transferred to the 8th CG District, effective 1300, this date.

2. Service record, health record and pay account are forwarded herewith.

3. RYAN is presently on indefinite sick leave residing at RR#3, Foley, Ala.

L. R. CHENOWETH,
By direction.

14 April, 1950
PE A 73

From: Commandant
To: Commandant, CG YARD

Subj: RYAN, Toney (226-917) BMC; administrative transfer: authorization of

In accordance with the request contained in your indorsement 2, dated 6 April 1950, of the Report of the Board of Medical Survey held in the case of subject man, you are authorized to effect his administrative transfer to the Commander, 8th CG District.

W. C. CAPRON
By direction

CC: Commander, 8th CG District (p)

HELMER:WHB:AIM
cy ret 3-13

RYAN, Tenny

CG YARD

155

226-917

BMC., USCG

Curtis Bay, Md.

24 April, 1950

Effective 1300, 24 April, 1950 - Transferred to the Office of the Commander, 8th CG District, New Orleans, La., for administrative purposes while on indefinite sick leave pending HQ action on the Report of the Board of Medical Survey held in his case.

ADDRESS WHILE ON INDEFINITE SICK LEAVE:- RR#3, Foley, Ala.

HL 4-24-50 (PE-A)(73)

L. R. CHENOWETH, CSCLK., USCG.,
Personnel Officer
Hydir.

Commandant, CG YARD
Curtis Bay, Md.

24 April, 1950

From: Commandant, CG YARD
To: RYAN, Toney (226-917), BMC., USCG

Subj: Administrative transfer

1. In accordance with HL 14 April, 1950 (PE-A)(73), you have this date been administratively transferred to the office of the Commander, 8th CG District, P.O. Box 282, New Orleans, La.

2. Keep the Commander, 8th CG District notified as to your home address while you are on indefinite sick leave.

L. R. CHENOWETH,
By direction.

Commandant, CG YARD
Curtis Bay, Md.

24 April, 1950
CG-73

From: Commandant, CG YARD
To: Commander, 8th CG District

Subj: RYAN, Toney (226-917), BMC., USCG; administrative transfer

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From: Commandant
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W. C. CAPRON
By direction

CC: Commander, 8th CG District (p)

HELMER:WHB:AIM
ey ret 3-13

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

UNITED STATES { COAST GUARD / [redacted] }

RE ENLISTMENT OF RYAN, Toney (Full name, surname to left); 226-917 (Service number); $135.00 (Pay per month)

Accepted for enlistment at New Orleans, Louisiana; Boatswains Mate 1c (Rating in which enlisted)

Enlisted at Office, Comdr. 8th CG District - New Orleans, Louisiana 25 June, 1947 (Date of enlistment)

Transferred to Mobile Point Light Station

Occupation U.S. Coast Guard Citizenship* NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 7 November, 1899 Place of birth Dauphin Island, Alabama

Home address Mobile Point Light Station - Gasque, Alabama (Street and number) (Town) (County) (State)

Married or single married Name and address of next of kin or legal guardian (wife)

EMMA VICTORIA RYAN - Mobile Point Light Station, Gasque, Alabama (Relationship) (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / [redacted] } 6 (Years) 0 (Months) 0 (Days)

First enlisted Mobile, Alabama (Date) on 25 June, 1941 (Place) and was last discharged 24 June, 1947 (Date) from Office, Comdr. 8th CG District - New Orleans, La. (Unit)

with HONORABLE (Character) discharge as Boatswain's Mate 1c (Rate) No. A69970

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

Previous Army service NONE (Years) (Months) (Days) Age 47 years 8 months.

Height 5 feet 10 inches. Weight 156 pounds.

Eyes hazel Sex male Hair black to grey Complexion medium Color white

Personal characteristics ____ marks, etc. 1/2" scar upper lip below l. nostril
1" scar inner l. ankle; 1/4" scar middle toe, l. foot

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

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

Second: I oblige and subject myself to serve { three(3) years from 25 June, 1947, 1 / during minority until ____, 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Toney Ryan

TONEY RYAN

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25TH day of JUNE, A. D. 1947

M Garfield

M. GARFIELD, Commander, USCG

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

Chief, Personnel Division 8th CG District
New Orleans, Louisiana

(Title)

Citizenship substantiated and contract perfected.

M Garfield

M. GARFIELD, Commander, USCG

Pay Office, 8TH C.G. District, New Orleans, La.
Paid $150.00 Re-Enl. Allowance, Cash, 6/25/47

D. B. Trotter

D. B. TROTTER, Chief Pay Clerk, USCG

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

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until _____, by reason of

_____

under authority of _____

_____

_____

(Signature of man)

_____

(Signature of commanding officer)

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

NCG 2500-C
(Rev. June 1942)

SERVICE RECORD

RECORD OF RYAN, Toney (Full name, surname to the left) 226-917 (Service number)

1. TRANSFERS

Departed from— Unit	Date	Signature	Reported to— Unit	Date	Signature
O, Cdr, 8 CG Dist.	6/25/47	M Garfield Comdr, USCG-By dir.	O COMDR 8CGD U.S. Coast Guard to serve for a period of three (3) years.	6-25-47 reenlisted in the	M Garfield, Comdr., USCG
Mobile Point L/S	2-15-49	T. L. Bacon SCLK., USCG By Dir.	Mobile Point L.S. Sta.	6-26-47	M Garfield Comdr, USCG-By dir.
CG DEPOT, Galveston CG YARD	6/13/49 4-24-50	W. IRVING COOK, CBOSN. R.K. Chenoweth CSClk Bydir	CG DEPOT, Galveston, Texas. CG YARD OCCGD-8, NOLa. (Adm med)	3/2/49 7-4-49 4-26-50	W. IRVING COOK, CBOSN R. J. Clements CSClk., By Dir T. L. Bacon CSCLK., USCG, By dir.

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
O COMDR 8CGD Mobile Pt. Light Sta.	Perm. Rate BM1c CR TO BMC (H/L 6-7-48(PE-C)	7-1-48	M Garfield Comdr., USCG M Garfield Cdr., USCG, By Dir.

3. DETAILS—RESERVE ACTIVE DUTY

Ship or station	Date From—	Date To—	Duty	Signature

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

16—9676-2

RECORD OF RYAN

(Full name, surname to the left) (Service number)

5. SPECIAL QUALIFICATIONS

Ship	Date	Proficient in—	Signature

6. EFFICIENCY MARKS

DATE	RATE	PROFICIENCY IN RATING	SEAMANSHIP	MECHANICAL ABILITY	ABILITY LEADING MEN	SPECIAL QUALIFICATION OR SPECIAL DETAIL	CONDUCT	SIGNATURE
4-22-50	BMC	LESS THAN ONE MONTH					4.0	[signature] CSC,USCG By dir.
6-30-50	BMC	3.0					4.0	[signature] J.L. BROWN, CSCLK, CCCGD8 By direction
Average	3.38						4.0	

16—9676-2

RYAN, Tony

8. LEAVE RECORD 226-917

ACCRUED LEAVE				LEAVE TAKEN								
Reason & Date	Creditable service for leave purposes Mos.	Creditable service for leave purposes Days	No. of days earned	Departed Hour	Departed Date	Returned Hour	Returned Date	Type and reason	No. days	Bal. due	Signature and Unit
				0005	1-7-50	2345	1-24-50	REGACC	17	19	YARD V.J. Coleman CSCLK, By dir.
				1630	5-23-50	2400	6-30-50	ACCREG	19	0	T.L. Brown S.L. BROWN, CSCLK
								ADVREG	19	-19	OCCGD8, By dir
Retired 6-30-50	11	30	30							11	T.L. Brown S.L. BROWN, CSCLK OCCGD8, By dir

Elects and is entitled to cash compensation for eleven (11) days unused accrued leave

T.L. Brown

S. L. BROWN, CSCLK, USCG

EIGHTH COAST GUARD DISTRICT, NEW ORLEANS, LA.
PAID (11 Days) LSL, BP&L $102.41; Allow. $21.45, 6/30/50.

M. C. REDFORD, PCLK, USCG. ACO.

9. PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

(Includes AOL, AWOL, Excess Leave, & Sentence of Confinement by a Coast Guard Court)

From (Inclusive dates)	To (Inclusive dates)	Reason	Months	Days	Signature and Unit

NCG 2500-C
(Revised June 1942)

RECORD OF RYAN, Toney (Full name, surname to the left) 226-917 (Service Number)

8. LEAVE ACCOUNT WITH PAY

Ship or station	Date		Number of days	Balance		Signature
	Departed	Returned		Annual	Reenlist	

9. ABSENCE FROM DUTY WITHOUT PAY

Ship or station	Number of days	From—	To—	Remarks	Signature
O, Cdr, 8 CG Dist.		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			M Garfield Comdr. USCG-By dir.
Mobile Pt. L/S		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			
CG DEPOT, Galveston		NO DEDUCTIBLE TIME WHILE ATTACHED TO THIS UNIT			W. IRVING COOK, CBOSN.
CG YARD		NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			CSClk By dir.

10. TRIALS BY COURTS MARTIAL

Ship or station	Date	REMARKS: Kind of court, charge, sentence of court, and action of reviewing authority

16—9676-2

RECORD OF _____ _____
(Full name, surname to the left) (Service Number)

11. DESERTION

Date _____, 19____ Unit _____ Place _____

12. DEATH

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

13. RETIREMENT

Unit	Date	Cause	Authority	Signature
CCCGD-8	6-30-50	Act of 4-23-30 (5 U.S.C. 47a)	H/L 6-22-50, P-EC 73,706 AUTH: 519478	S.L. BROWN, CSCLK, By direction

14. DISCHARGE

Date _____ Place _____

Discharged by reason of _____

Kind of discharge _____ Serial No. _____

Authority _____

Rating _____ Monthly rate of pay _____

Furnished travel allowance at the rate of _____ cents per mile from _____

to _____ and paid $_____ in full to date of discharge by

_____ with check No. _____
(Name of Disbursing Officer)

Address subsequent to discharge will be:

_____

_____

Has signified intention { to / not to } reenlist next day.

Creditable Coast Guard service during this enlistment _____ (Years) _____ (Months) _____ (Days)

Completed _____ years' net service for pay purposes on _____

Total time lost and deducted for pay purposes thereafter to date of discharge _____ (Years) _____ (Months) _____ (Days)

_____
(Date)

Certified correct upon termination of service.

_____
Commanding Officer.

16—9676-2

RECORD OF (RYAN, Toney)
Full name, surname to left Service No.

LEAVE RECORD

ACCRUED CRELITS			LEAVE TAKEN					BAL DUE	CO's SIGNATURE AND UNIT
REASON	DATE	NO DAYS	FROM	TO	REASON	NO DAYS	AIV LR.	NO DAYS	
IC	9/1/46	60						60	
Lv Credited upon reenlistment 6-25-47	6/25/47	60							Comdr., USCG
			12/10/47	1/10/48	ANLV	30		30	Comdr.
ANCR	6/30/47	1						31	
BBF	7/1/47	31						31	
ANCR	6/30/48	30						61	Cdr.
BBF	7/1/48	60 ok.						60	Cdr.
			12-16-48	1-15-49	ACC REG	30		30	LT. BROWN, SCLK By Dir. CCGD-8
			2/21/49	3/1/49	ACC REG	8		22	W. IRVING COOK, CO
			3/8/49	3/10/49		1		21	W. IRVING COOK, CO
			6-14-49	6-28-49	REG	15		6	CSCLK, By dir
ANCR	6-30-49	30						36	CSCLK, BY DIR
BBF	7-1-49	36						36	CSCLK, By dir

see new sheet.

PERIODS FOR WHICH LEAVE DOES NOT ACCRUE

FROM	TO	REASON	NO. DAYS	CO's SIGNATURE AND UNIT
3/10/49	3/24/49	AH	14	W. IRVING COOK, CBOSN. USCG WIC
3/24/49	4/24/49	Conval. lv.	30	W. IRVING COOK, CBOSN. USCG WIC

KIAN, Toney
CGD-8
08-063

226-917 BMC

Mobile Pt. Lt. Sta. Mobile, Ala.

7 July 1948

~~xxxx~~ BM1 BMC 1 July 1948

30-D H/L 6-7-48 (PE-C) CG-73 & Art. 561 (1) CG Regs.

M. GARFIELD
By Direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O COMDR EIGHTH CG DISTRICT		New Orleans, Louisiana

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-001	24 June, 1947

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)

24 June, 1947 discharged from the U.S. Coast Guard (regular establishment) by reason of EXPIRATION OF ENLISTMENT AND EXTENSION THEREOF.
Issued HD A69970
Entitled to MOP in am't $200. Entitled to TA from POD New Orleans, Louisiana to PAFE Mobile, Alabama

25 June, 1947 reenlisted in regular establishment of the U.S. Coast Guard to serve for a period of three (3) years. Reenlisted in permanent rating of BMlc.

Entitled to reenlistment allowance in am't of $150.00 in accordance with attached statement of creditable service.

DUTY CODE NO. 18D
AUTH: Art 561 CG Regs and PB 103-44

M. GARFIELD, Commander, USCG
(Commanding)
By direction

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

Machine Accounting
Punched _____
Verified _____

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

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

OFFICE, COMMANDER EIGHTH CG DISTRICT (Unit) — New Orleans, Louisiana (Place)

25 June, 1947 (Date)

FROM: RYAN, Toney (226-917) BMlc.,USCG

TO: COMMANDANT (via Commander, Eighth CG District)

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

EMMA VICTORIA RYAN (Full name of wife; if not married, so state)	Mobile Point Light Station (Address of wife)
~~DORIS LEE RYAN (age 16)~~ 13 ~~EMMA ANTIONETTE RYAN (age 14)~~ 6 ELOISE REGINA RYAN (age 11) 13 CLITES J. RYAN (age 4)) twins MARY ELAINE RYAN (age 4)) 6 JUNE ESTA RYAN (age 2) 5 (Full name of child; if none, so state)	same address (Address of child)
(Full name of child; if none, so state)	(Address of child)
(Full name of child; if none, so state)	(Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 25TH day of JUNE, 1947

M. GARFIELD, Commander, USCG
(Signature)

Chief, Personnel Division 8CGD
(Rank or title)

Toney Ryan
TONEY RYAN
(Signature)

BMlc
(Rank or rating)

16—25758-1

NAV. S. and A. Form 510
Form prescribed by Comptroller General, U. S.
November 3, 1943

Commanding Officer's

PAY RECORD ORDER

OFFICE, COMMANDER EIGHTH CG DISTRICT — C. O. Order No. 1512
(Name and type and number of activity (or unit))

To DISBURSING OFFICER: 08-C01 — CG PERSONNEL

You are hereby authorized and directed to open, adjust or close, as indicated, the pay records of the individuals listed below:

FILE OR SERVICE No.	SURNAME	FIRST NAME	INITIAL	REASON FOR CHANGE *	1947 (YEAR) From—	To—
226-917	RYAN	Toney	(n)	Discharged from USCG(EXX regestab) by reason of EXP OF ENLISTMENT AND EXT THEREOF. Issued HD A69970		-6/24/47
				Auth: Art 581 CG Regs		
				Ent to MOP in am't $200		
				Ent to TA from PCD New Orleans, La. to PAFE Mobile, Alabama		
				Reenlisted in USCG (reg estab) to serve for a period of three (3) years. Reenlisted in perm. rate EMlc		-6/25/47
				Ent to reenlistment allow in am't of $150 in accordance with attached statement of creditable service		
				Ent to longevity for a period of six (6) years in accordance with attached statement of creditable service		-6/25/47

(D. O. Symbol number)

M. GARFIELD, Commander, USCG
(Name and signature) By direction

OFFICER (See Art. 2025 (2) N. R.)

*Enter descriptive data of reason for commencement or stoppage of credit in the individual's pay record, date of qualification and monthly or daily rate of credit whenever necessary, i. e., "Subs. @ $1.80 per day, Qtrs. @ $1.25 per day, GRFO—Pract 7/2/43, MstrDvr Qual 3/2/39, Messman, Com. Rats."

16—40145-1

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

UNITED STATES COAST GUARD

STATEMENT OF CREDITABLE SERVICE

(For Enlistment Allowance)

Office, Commander Eighth CG District - New Orleans La.
(Unit)

RYAN, Toney
(Name in full—surname to the left)

24 June, 1947
(Date)

226-917
(Service number)

BOATSWAIN'S MATE, FIRST CLASS
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for three years)	1941	6	25
Enlistment extended (for three years from)	1944	6	25
Date of discharge (HONORABLE) (Character of discharge)	1947	6	24

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	6	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. GARFIELD, Commander, U.S. Coast Guard
Chief, Personnel Division 8th CG District

Date 24 June, 1947

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

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 June, 1947

Office, Commander Eighth CG District
New Orleans, Louisiana

I CERTIFY that the above-named man REENLISTED IN REGULAR ESTABLISHMENT U.S. COAST GUARD for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE(3) years from this date.

M. GARFIELD, Commander, U.S. Coast Guard
Chief, Personnel Division 8th CG District

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

16—20903-1

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

U.S. COAST GUARD YARD
CURTIS BAY, MD

UNITED STATES COAST GUARD HEADQUARTERS

FEB 24 8 56 AM '50
MAIL & FILES

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)BMC, USCG

Statement of service of.

Reference: Your letters dated 27 October, 1949 & 4 November, 1949

1. The following is a statement of the service of the above-named man for the purpose of computing pay:

Entered Service	Service Terminated	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—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G.							
6-25-41		None		None		None	
Enl. ext. 3 yrs. from							
6-25-44	6-24-47 HD	None		None		None	
6-25-47							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON 20 February, 1950

From: Commandant.

To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)BMC, USCG

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		FROM—	TO—	FROM—	TO—	FROM—	TO—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G.							
6-25-41		None		None		None	
Enl. ext. 3 yrs. from							
6-25-44	6-24-47 HD	None		None		None	
6-25-47							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

CG-2511 (Revised)
Form approved by Comptroller General, U. S.
February 25, 1938

ADDRESS THE COMMANDANT, U. S. COAST GUARD
AND REFER TO No. (PE-PR-14)
CG-73

STATEMENT OF CREDITABLE SERVICE

UNITED STATES COAST GUARD HEADQUARTERS

WASHINGTON

20 February, 1950

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To: Commandant, Coast Guard YARD, Curtis Bay, Maryland

SUBJECT: RYAN, Toney (226-917)BMC, USCG

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		FROM—	TO—	FROM—	TO—	FROM—	TO—
15 yrs. 8 months and 3 days Lighthouse service creditable for pay purposes							
U.S.C.G.							
6-25-41		None		None		None	
Enl. ext. 3 yrs. from							
6-25-44	6-24-47 HD	None		None		None	
6-25-47							
Now serving							

B. A. SHAW
By direction

U. S. GOVERNMENT PRINTING OFFICE 16—32658-3

APPLICATION FOR LEAVE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 5-45)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
USCG YARD	Curtis Bay, Md.	6 January, 1950

FROM (REQUESTER):	TO	VIA:
RYAN, Tony (226-917) BMC	Personnel Officer, YARD	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
20		7 January, 1950			

REASON FOR REQUEST:

REGULAR ACCRUED LEAVE

My address on leave will be: Foley Ala., Route #3

I will immediately inform my commanding officer of any change in address while on leave.

Tony Ryan.
Tony Ryan
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG YARD Date: 6 January, 1950

Leave record indicates balance of 36 days' annual and 16 days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☑ GRANTED ☐ NOT GRANTED (because)

R. J. Chevrier
R. J. CHEVRIER, CSCLK, USCG
COMMANDING EXECUTIVE—PERSONNEL OFFICER.

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: CG YARD Date: 7 January, 1950

Departed at 0005 this date. This leave of absence will expire before 0900 - 29 January, 1950, at CG YARD and is subject to the special instructions indicated on reverse hereof.

R. J. Chevrier
R. J. CHEVRIER, CSCLK, USCG
COMMANDING EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: CG YARD Date: 24 January, 1950

Reported at 2345 this date, having taken 17 days' leave and 0 days' TT.

Phone 2345 - 1/24/50

R. J. CHEVRIER, CSCLK, USCG
PERSONNEL OFFICER.

16—40220-3

[OVER]

RYAN, Toney 226-917 BMC

CG YARD Curtis Bay, Md.

155 5 July, 1949

0610 4 July, 1949 Reported this date fm GALVESTON DEPOT for ASDU having taken 15 days delay enroute to count as leave, 4 days prodeed, 2 days tt. H/L 5-13 (PE-A) CG 701,531 Auth. No. 514921

H/L 5-13 (PE-A)CG 701,531
Auth. No. 514921

R. J. CHEVRIER, USCLK, USCG
Personnel Officer, By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney (n)	226-917	BMC

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
EIGHTH CG DISTRICT	CG DEPOT, Galveston	Galveston, Texas
UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT		DATE 13 June, 1949

TIME
DATE

REPORTED FROM:
FOR

DUTY CODE NO. AUTH:

TIME 0900
DATE 13 June, 1949

TRANSFERRED TO: CG Yard, Curtis Bay, Maryland
FOR ASDU

AUTH: ComEighthCGD letter 23 May, 1949, file 73-701-531.

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

DUTY CODE NO. AUTH:

OTHER CHANGES (SPECIFY)

Granted fifteen (15) days leave, four (4) days proceed and three (3) days travel time.

Copy to: HQ.
ComEighthCGD
CG Yard, Curtis Bay, Md.
Record
File

DUTY CODE NO. AUTH:

W. IRVING COOK, CDCSN. 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

Machine Accounting
Punched _____
Verified _____

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

ATION FOR LEAVE OF AB[redacted]
STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG DEPOT, Galveston	Galveston, Texas	8 March, 1949

FROM (REQUESTER):	TO	VIA:
RYAN, Toney (226-917) BMC	CO, CG Depot, Galveston	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
15		1645 8 March, 1949	38		0900 24 March, 1949

REASON FOR REQUEST:

To prepare to move from Mobile, Ala. to Galveston, Texas

My address on leave will be: Gasque, Ala.

I will immediately inform my commanding officer of any change in address while on leave.

Toney Ryan
TONEY RYAN
(Signature of applicant)

INDORSEMENTS

Ind.-1 Unit: CG DEPOT, Galveston, Texas Date: 8 March, 1949

Leave record indicates balance of 22 days' annual and ..... days' Reenlistment Leave due.

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☒ GRANTED ☐ NOT GRANTED (because)

W. IRVING COOK, CBOSN, USCG
COMMANDING—~~EXECUTIVE~~—PERSONNEL OFFICER

Ind.-2 Unit: Date:

Forwarded ☐ APPROVED ☐ NOT APPROVED (because)

Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:

Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: Galveston Depot Date: 3-8-49

Departed at 1630 this date. This leave of absence will expire before 0900

24 March 1949, at Galveston Depot and is subject to the special instructions indicated on reverse hereof.

W. Irving Cook
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.-5 Unit: Date:

Granted ..... days extension of leave to expire before noon, ...

Authority:

Signature and rank Title

Ind.-6 Unit: Depot, Galveston Date: 24 April 1949

Reported at 0800 this date, having taken 26 days' leave and — days' TT.

1 Day Chargeable

W. Irving Cook
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2 [over]

Entitled to USMH, Mobile Ala 10 March 1949
Granted 30 days
Due back 24 March 1949. Comm. Leave

Form 1918
FEDERAL SECURITY AGENCY
U.S. PUBLIC HEALTH SERVICE

CERTIFICATE OF DISCHARGE

No. _____

From U. S. Marine Hospital (Marine hospital or relief station) At Mobile, Alabama

24 March, 19 49

THIS IS TO CERTIFY that RYAN, (Surname) Toney (First) None (Middle)
was treated in the Hospital (Hospital or dispensary) as a IN (Hospital or out-) patient
from 10 March (Date of admission), 1949 to 24 March (Date of discharge), 1949
Class of beneficiary CG Condition on discharge NFHN Not fit for duty
Reason for discharge No further hospitalization needed.
Certified service on last vessel _____ Name of vessel Galveston Depot, USCG

DESCRIPTION
Nativity Alabama
Date of birth 11/7/1899
Color White
Complexion Ruddy
Height 5 ft. 10 inches
Eyes Grey
Hair Black to grey

REMARKS: Thirty (30) Days sick leave recommended.

.e, Ala.

N. G. HEPPER.
S. A. *Surgeon.*
Toney Ryan
(Signature of patient)

NOTE.—Retain copy for station files.

U.S. GOVERNMENT PRINTING OFFICE 16—11886

ACC
Hardy C. COWEN, HMC

e due.

Leave record [illegible]
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

W. IRVING COOK, CBOSN.USCG
COMMANDING—~~EXECUTIVE~~ PERSONNEL OFFICER.

Ind.–2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.–3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.–4 Unit: C.G. DEPOT, Galveston, Texas Date:
Departed at 24 March, 1949 this date. This leave of absence will expire before 0900
24 April, 1949, at Galveston, Texas and is subject to the special instructions
indicated on reverse hereof.

W. IRVING COOK, CBOSN.
COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

Ind.–5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.–6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2 [OVER]

APPLICATION FOR LEAVE OF ABSENCE
UNITED STATES COAST GUARD
NAVCG 2519 (REV. 6-44)

WARNING: YOU ARE WARNED NOT TO DISCUSS ANY ACTIVITIES OR THE MOVEMENTS OR LOCATIONS OF VESSELS; NOR TO PARTICIPATE IN A PRESS CONFERENCE OR TALK TO REPORTERS OR OVER THE RADIO EXCEPT AFTER CONSULTATION WITH AND CLEARANCE OF SUBJECT MATTER BY A PUBLIC RELATIONS OFFICER OF THE NAVY OR COAST GUARD.

UNIT	ADDRESS	DATE
CG DEPOT, Galveston	Galveston, Texas	1 April, 1949

FROM (REQUESTER):	TO	VIA:
RYAN, Toney (226-917)	CO, CG DEPOT, Galveston, Texas	

THE FOLLOWING LEAVE IS REQUESTED:

NO. OF DAYS LEAVE	NO. OF DAYS TRAVEL	TO DEPART	No. OF DAYS LEAVE DURING FISCAL YEAR	No. OF DAYS LEAVE CURRENT ENLISTMENT YEAR	DATE OF EXPIRATION CURRENT ENLISTMENT YEAR
30		24 March, 1949	53		25 June, 1950

REASON FOR REQUEST:

30 days convalesence leave as recommended by Medical Officer in Charge, USMH, Mobile, Ala.

My address on leave will be: Gasque, Ala.

I will immediately inform my commanding officer of any change in address while on leave.

TONEY RYAN
(Signature of applicant)

ENDORSEMENTS

Ind.-1 Unit: CG DEPOT, Galveston, Texas Date: 1 April, 1949
Leave record indicates balance of ..... days' annual and ..... days' Reenlistment Leave due.
Forwarded ☒ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

W. IRVING COOK, CBOSN.USCG
COMMANDING—~~EXECUTIVE—PERSONNEL OFFICER~~

Ind.-2 Unit: Date:
Forwarded ☐ APPROVED ☐ NOT APPROVED (because)
Returned ☐ GRANTED ☐ NOT GRANTED (because)

DCGO—FORCE COMDR.—COMMANDING OFFICER.

Ind.-3 COAST GUARD HEADQUARTERS, Washington, D. C. Date:
Returned ☐ GRANTED ☐ NOT GRANTED.

COMMANDANT.

Ind.-4 Unit: C.G. DEPOT, Galveston, Texas Date:
Departed at 24 March, 1949 this date. This leave of absence will expire before 0900 24 April, 1949, at Galveston, Texas and is subject to the special instructions indicated on reverse hereof.

W. IRVING COOK, CBOSN.
COMMANDING—EX~~ECUTIVE—PERSONNEL OFFICER~~

Ind.-5 Unit: Date:
Granted ..... days extension of leave to expire before noon, ...
Authority:

Signature and rank Title

Ind.-6 Unit: Date:
Reported at ..... this date, having taken ..... days' leave and ..... days' TT.

COMMANDING—EXECUTIVE—PERSONNEL OFFICER.

16—40220-2 [OVER]

Commanding Officer
CG DEPOT, Galveston, Texas

25 May, 1949

File: 73

From: RYAN, Toney (n) (226-917) BMC
To : Commandant (P)
Via : (1) CO, CG DEPOT, Galveston, Texas
(2) Commander, 8th CG District (p)

Subj: Retirement

It is requested that I be placed on the retired list of the Coast Guard. I will have completed 23 years, 8 months service on 22 June, 1949.

TONEY RYAN

Ind-1
CG DEPOT, Galveston, Texas
73

25 May, 1949

Forwarded, approved.

W. IRVING COOK

RYAN, Toney (n) (226-917) BMC

CG DEPOT Galveston, Tex.

0910
2 February, 1949 asdu Mobile Point Range Rear Lghtsta, Gasque, Ala.

8CGD/L 1/27/49 T/O 080758

CC: 8CGD
Record
File

W. IRVING COOK, CBOSN, USCG

CG DEPOT, Galveston, Texas

27-46

Coast Guard Personnel

1949

226-917 RYAN, TOMEY (N)

Rptd.for asdu 0910 3/2/49.

Entitled class A Subs	$2.25	3/2	FC
Entitled quarters	1.25	3/2	FC

Auth: Art 217(1) PandSI.

W. IRVING COOK, CBOSN, USCG

Commanding

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (n) | 226-917 | EMC | Galveston Depot
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 24 March, 1949

To: Commanding Officer
USCG (Coast Guard unit) Depot
Galveston, Texas
(Address)

The above-named patient was discharged from {*inpatient / ~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Hernia, inguinal, indirect, right	0601-6393	3/10/49	3/24/49
Hernioplasty, inguinal, rt.	0601-50	3/15/49	Do
Varicose veins of legs	48x-430.9	Not treated	

He {~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Thirty (30) Days convalesence leave recommended.

CONDUCT REPORT:

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

RAIPH E. PORTER, Medical Director.
Medical Officer in Charge ..... U. S. Public Health Service.

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

_____
_____ U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

INSTRUCTIONS

It is MOST IMPORTANT that the following instructions be observed strictly. Each part of the form serves a definite purpose which it cannot do unless properly made out and forwarded as promptly as possible. The copies returned to the Coast Guard become a part of the medical record of the person.

No letter of transmittal is necessary with any part of the form. All copies should be signed.

In order that each copy may arrive at its intended destination, no one of the three copies should be attached as enclosures to other papers. Extra copies should be made for that purpose.

TO THE COAST GUARD OFFICER:

1. Make out the application in triplicate. At the same time, fill in the name of the person (surname first, in capital letters), Service number, and rating, and the name and address of the Coast Guard unit on the Final Medical Certificate. All three copies are to be delivered to the medical officer (see par. 5).

2. This form will be used for all cases requiring treatment. Do NOT use this form when requesting physical examinations. NCG–2501 is to be used for this purpose only.

3. When a patient has been discharged from inpatient treatment to continue treatment as outpatient, or when discharged from outpatient treatment to continue treatment as inpatient, make out another application in triplicate for the patient to deliver to the medical officer when applying for further treatment.

RETURN MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

4. Make out all three copies of the certificate carefully and completely. Detach each copy from the Final Medical Certificate. Retain one copy for your file. Return the original and one copy as promptly as possible to the Coast Guard unit, as requested in the application.

5. In case of outpatient treatment, a new application is not necessary each time the patient returns for continuation of treatment. The original application is valid until treatment has been completed or suspended.

6. In case an applicant at an outpatient office is sent on to hospital without being admitted as outpatient, or given only temporary relief pending admission to hospital, do not make out the certificate, but send it to the hospital to be made out and returned from there. Do not consider this a transfer.

7. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand, and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

8. The certificate may be held a reasonable time for diagnosis, but if there is a possibility that the diagnosis will be that of a disease due to misconduct and that the certificate will not reach the Coast Guard unit before the 5th or 20th of the month, notify the Coast Guard unit of the probable diagnosis, in order that the pay officer may take proper action.

9. If the certificate is returned with diagnosis of "under observation", make out and return another certificate, in duplicate, from blank forms on hand, when the diagnosis has been made.

10. In case of a diagnosis of a disease due to the patient's own misconduct (see Public Health Service Bureau Circular No. 40, pars. 30 to 39), have the patient fill in the acknowledgment at the bottom of the certificate.

11. In case of a patient under treatment, where the diagnosis is changed to a disease due to the patient's own misconduct, make out another certificate in duplicate with the change of diagnosis, date of change, and forward immediately the original and one copy to the Coast Guard unit to which the patient is attached. (See Public Health Service Bureau Circular No. 40, par. 38.)

TO THE COAST GUARD OFFICER:

12. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

13. When the receipt of the certificate seems unduly delayed, allowing time for diagnosis, inquiry should be made for it.

16—27155-1

be made for it.

16—27156-1

FINAL MEDICAL CERTIFICATE

TO THE MEDICAL OFFICER:

14. Retain all copies of the certificate until treatment (outpatient or inpatient) has been completed or suspended. Then make out all three copies. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

15. If an outpatient instructed to return for further treatment does not return within 30 days, make out the certificate, showing date of last treatment. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

16. In case a patient is transferred (except to St. Elizabeths Hospital, Washington, D. C.) for further treatment, detach the Notice of Medical Transfer in accordance with paragraph 20. Forward all three copies of the certificate to the hospital to which the patient is transferred, together with the other papers in the case. When a patient is transferred to St. Elizabeths, make out and return the Final Medical Certificate the same as for discharge. Do not use the Notice of Medical Transfer.

17. When a patient is received under any circumstances without this form in triplicate, make out the certificate from blank forms kept on hand and return the original and one copy to the patient's Coast Guard unit. A supply of blank forms may be obtained from the medical section, Coast Guard Headquarters.

TO THE COAST GUARD OFFICER:

18. When the certificates are received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

19. When a patient has been discharged from treatment, the certificate should be received soon thereafter. If its receipt seems unduly delayed, inquiry should be made for it.

16—27156-1

NOTICE OF MEDICAL TRANSFER

TO THE MEDICAL OFFICER:

20. When a patient is transferred from outpatient treatment to hospital (see par. 6), or from one hospital to another, make out the notice in triplicate. Detach all three copies from the Final Medical Certificate. Retain one copy for your file and return the original and one copy to the Coast Guard unit.

21. Forward all three copies of the Final Medical Certificate in blank to the hospital to which the patient is transferred, with the other papers in the case.

22. Do not make out or detach the notice unless the patient is transferred.

TO THE COAST GUARD OFFICER:

23. When notice has been received, forward the original promptly to Headquarters, retaining the carbon copy at the unit.

16—27156-1 U. S. GOVERNMENT PRINTING OFFICE

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (n) | 226-917 | BMC | Galveston Depot
(Name, surname first) | (Service number) | (Rank or rating) | (Unit)

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

FINAL MEDICAL CERTIFICATE

Place Mobile, Ala., Date 24 March, 1949

To: Commanding Officer
USCG (Coast Guard unit) Depot
Galveston, Texas
(Address)

The above-named patient was discharged from {*inpatient / ~~outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Hernia, inguinal, indirect, right	0601-6393	3/10/49	3/14/49
Herniplasty, inguinal, rt.	0601-50	3/15/49	Do
Varicose veins of legs	48x-430.9	Not treated	

He {~~is~~ / *is not} fit for duty. REMARKS (Recommendations as to sick leave, further treatment, etc.):
Thirty (30) Days convalesence leave recommended.

CONDUCT REPORT:

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

RAIPH E. PORTER, Medical Director,
Medical Officer in Charge ..... *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

_____
_____ *U. S. Public Health Service.*

* Strike out words not applicable.

16—27156-1

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

RYAN, Toney (Name, surname first) | 226-917 (Service number) | BMC (Rank or rating) | Galveston Depot (Unit)

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

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

Place Galveston, Texas, Date 8 March, 19 49

To: Medical Officer in Charge
U. S. Marine Hospital
Mobile, Ala.

SIR: You are requested to examine the above-named {*officer / *enlisted man} of the U. S. Coast Guard, attached to the above-named unit, and furnish him such treatment as may be required. It is requested that the RETURN MEDICAL CERTIFICATE be returned to Commanding Officer, USCG Depot, Galveston, Texas.

(Signature of patient)

W. Irving COOK
Chief Bosn. U. S. Coast Guard.

RETURN MEDICAL CERTIFICATE

Place U. S. Mar. Hosp. Mobile, Ala., Date 10 March, 19 49

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

?(1) Inguinal hernia, indirect, rt. (2) Varicose veins of legs.

(Give diagnosis by number and name according to official nomenclature)

My professional opinion in the case is expressed below for the information of the Coast Guard administrative officers. Incident of service? {*Yes. / *No.} Fit for duty? {*Yes. / *No.} Absent from duty on account of the effects of a disease, as distinguished from injury, directly attributable to and immediately following his own intemperate use of alcoholic liquor or habit-forming drug? {*Yes. / *No.} Absent from duty on account of the direct effects of a venereal disease due to his own misconduct? {*Yes. / *No.} If "yes," did the initial symptoms appear less or more than one year ago? {*Less. / *More.} Treatment will require approximately 14 days absence from duty. He was admitted to {*inpatient / *outpatient} treatment at Mobile, Ala. U. S. Marine {*hospital / *office} on 10 March, 19 49

RALPH E. PORTER, Medical Director
Medical Officer in Chg. U. S. Public Health Service.

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

_____ (Patient's signature)

WITNESS:

_____ (Signature of medical officer)

U. S. Public Health Service.

*Strike out words not applicable.

16—27156-1

Commanding Officer
CG DEPOT, Galveston, Texas

25 May, 1949

File: 73-531

From: RYAN, Toney (226-917) BMC, USCG
To : Commander, Eighth CG District (p)
Via : CO, CG DEPOT, Galveston, Texas

Subj: Authority to incur expense for travel of dependents; request for

1. It is requested that authority be granted to incur expense for the travel of my dependents which are listed below, from Gasque, Alabama, to Galveston, Texas, during the month of May, 1949, in connection with order of Commander, Eighth Coast Guard District, dated 27 January, 1949, which directs a permanent change of station from Fort Morgan, Alabama, to Galveston, Texas:

NAME	RELATIONSHIP	DATE OF BIRTH OF CHILDREN
Emma Victoria Ryan	Wife	
Eloise Regina Ryan	Daughter	7 August, 1936
Clites J. Ryan	Son	11 May, 1943
Mary Elaine Ryan	Daughter	11 May, 1943
June Esta Ryan	Daughter	29 June, 1944

2. I hereby agree to the checkage of my personal pay account for cost of any transportation furnished my dependents in excess of allowances as prescribed by the Pay and Supply Instructions.

TONEY RYAN

Ind-1
CG DEPOT, Galveston, Texas
73-531

25 May, 1949

Forwarded.

W. IRVING COOK

TREASURY DEPARTMENT
U. S. COAST GUARD
CG-9824 (Rev. 11-47)

OBLIGATION OF FUNDS FOR TRAVEL OF DEPENDENTS

(This form evidences an obligation of funds but is not a determination of entitlement to transportation)

Unit: COAST GUARD DEPOT
Place: Galveston, Texas
Date: 25 May, 1949

From: RYAN, Toney (226-917) BMC
To: Commander, Eighth CG District (p)

1. It is requested that funds be obligated to cover expense for the travel of my dependents, which are listed below, from Gasque, Alabama to Galveston, Texas during the fiscal year 19 49 in connection with orders issued by Commander, Eighth CG District dated 27 January 1949 Serial No. 080758 which direct a permanent change of station from Fort Morgan, Alabama to Galveston, Texas

NAME OF DEPENDENT	RELATIONSHIP	DATES OF BIRTH OF CHILDREN
Emma Victoria Ryan	Wife	
Elaine Regina Ryan	Daughter	7 August, 1936
Clites J. Ryan	Son	11 May, 1943
Mary Elaine Ryan	Daughter	11 May, 1943
June Este Ryan	Daughter	29 June, 1944

2. I hereby authorize the checkage of my personal pay account or agree to pay on demand all costs incurred in excess of that authorized at Government expense.

TONEY RYAN
(Signature of Applicant)

Unit:
Place:
Date:

Returned. Funds for the above expense have been obligated, Cite Obligation No. _____ in all claims relative to this matter.

(Signature of Approving Officer)

A-8617

NCG 2500
(Rev. June, 1942)

ENLISTMENT CONTRACT

CODED NO. 14 93

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

RE ENLISTMENT OF RYAN, Toney (Full name, surname to left); 226-917 (Service number); $135.00 (Pay per month)

Accepted for enlistment at New Orleans, Louisiana; Boatswains Mate 1c (Rating in which enlisted)

Enlisted at Office, Comdr. 8th CG District - New Orleans, Louisiana 25 June, 1947 (Date of enlistment)

Transferred to Mobile Point Light Station

Occupation U.S. Coast Guard Citizenship * NB If naturalized, place and date of naturalization ____ Certificate No. ____

Date of birth 7 November, 1899 Place of birth Dauphin Island, Alabama

Home address Mobile Point Light Station - Gasque, Alabama (Street and number) (Town) (County) (State)

Married or single married Name and address of next of kin or legal guardian (wife)

EMMA VICTORIA RYAN - Mobile Point Light Station, Gasque, Alabama (Relationship) (Address)

Continuous Service Certificate ____ (Number) Previous service { Coast Guard / ~~Reserve~~ } 6 (Years) 0 (Months) 0 (Days)

First enlisted Mobile, Alabama (Date) on 25 June, 1941 (Place) and was

last discharged 24 June, 1947 (Date) from Office, Comdr. 8th CG District - New Orleans, La. (Unit)

with HONORABLE (Character) discharge as Boatswain's Mate 1c (Rate) No. A69970

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

Previous Army service NONE (Years) (Months) (Days) Age 47 years 8 months.

Height 5 feet 10 inches. Weight 156 pounds.

Eyes hazel Sex male Hair black to grey Complexion medium Color white

Personal characteristics ____ marks, etc. 1/2" scar upper lip below l. nostril
1" scar inner l. ankle; 1/4" scar middle toe, l. foot

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

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

Second: I oblige and subject myself to serve { three(3) years from 25 June, 1947, 1 / during minority until ____, 1 } unless sooner discharged by proper authority.

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

16—8420-2

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

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

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

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

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

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

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

Toney Ryan

TONEY RYAN

(Signature in own handwriting, surname to right)

Subscribed and sworn to before me this 25TH day of JUNE, A. D. 19 47

M Garfield

M. GARFIELD, Commander, USCG

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

Chief, Personnel Division 8th CG District

New Orleans, Louisiana

(Title)

Citizenship substantiated and contract perfected.

Pay Office, 8TH C.G. District, New Orleans, La.
Paid $150.00 Re-Enl. Allowance, Cash, 6/25/47

D. B. Trotter

D. B. TROTTER, Chief Pay Clerk, USCG

M Garfield

M. GARFIELD, Commander, USCG

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

EXTENSION OF ENLISTMENT CONTRACT

(Unit) (Place) (Date)

Enlistment extended until ..... by reason of

under authority of .....

(Signature of man)

(Signature of commanding officer)

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

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)

271-E
93

Office, Commander Eighth CG District - New Orleans La.
(Unit)

RYAN, Toney
(Name in full—surname to the left)

24 June, 1947
(Date)

226-917
(Service number)

BOATSWAIN'S MATE, FIRST CLASS
(Rating on discharge)

	Year	Month	Day
Date of last enlistment (for three years)	1941	6	25
Enlistment extended (for three years from)	1944	6	25
Date of discharge (HONORAB LE) (Character of discharge)	1947	6	24

NUMBER OF—	Years	Months	Days
Total time of last enlistment period	6	0	0

ABSENT TIME DURING PERIOD (Inclusive dates to be shown)

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

Total Absence (0 days)

Creditable time served during last enlistment period	6	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. GARFIELD, Commander, U.S. Coast Guard
Chief, Personnel Division 8th CG District

Date 24 June, 1947

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

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 June, 1947

Office, Commander Eighth CG District
New Orleans, Louisiana

I CERTIFY that the above-named man REENLISTED IN REGULAR ESTABLISHMENT U.S. COAST GUARD for
(Reenlisted or voluntarily extended his enlistment)

a period of THREE(3) years from this date.

M. GARFIELD, Commander, U.S. Coast Guard
Chief, Personnel Division 8th CG District

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

16—20908-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

REA-E 93

OFFICE, COMMANDER EIGHTH CG DISTRICT (Unit) — New Orleans, Louisiana (Place)

25 June, 1947 (Date)

FROM: RYAN, Toney (226-917) BMlc.,USCG

TO: COMMANDANT (via Commander, Eighth CG District)

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

(Full name of wife; if not married, so state)	(Address of wife)
EMMA VICTORIA RYAN	Mobile Point Light Station
DORIS LEE RYAN (age 16)	
EMMA ANTIONETTE RYAN (age 14)	(Address of child)
ELOISE REGINA RYAN (age 11)	same address
CLITES J. RYAN (age 4)) twins	(Address of child)
MARY ELAINE RYAN (age 4))	
JUNE ESTA RYAN (age 2)	
(Full name of child; if none, so state)	(Address of child)

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

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this

25TH day of JUNE, 1947

M. GARFIELD, Commander, USCG
(Signature)

Chief, Personnel Division 8CGD
(Rank or title)

Toney Ryan
TONEY RYAN
(Signature)

BMlc
(Rank or rating)

16—25758-1

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE NO.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BMlc

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
O COMDR EIGHTH CG DISTRICT		New Orleans, Louisiana

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-001	24 June, 1947

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)

24 June, 1947 discharged from the U.S. Coast Guard (regular establishment) by reason of EXPIRATION OF ENLISTMENT AND EXTENSION THEREOF.
Issued HD A69970
Entitled to MOP in am't $200. Entitled to TA from POD New Orleans, Louisiana to PAFE Mobile, Alabama

25 June, 1947 reenlisted in regular establishment of the U.S. Coast Guard to serve for a period of three (3) years. Reenlisted in permanent rating of BMlc.

Entitled to reenlistment allowance in am't of $150.00 in accordance with attached statement of creditable service.

DUTY CODE NO.: 18D
AUTH: ~~XXXXXXXXX~~ Art 581 CG Regs and PB 103-44

M. GARFIELD, Commander, USCG
(Commanding)
By direction

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 93

Machine Accounting
Punched _____
Verified _____

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


JOIN
THE MARCH OF
DIMES
FIGHT
INFANTILE
PARALYSIS
The National Foundation for Infantile Paralysis
FRANKLIN D. ROOSEVELT, founder

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

AB — 11-1899
* 6-24-47

Mail to
CG Headquarters

CODED
NO. 14

FEA-E
93

Service Record

RYAN
(Surname)

Toney (226-917) N.B.
(Christian names) (Service No.) (Citizenship)

B.M. 1c 25 June, 1941. THREE (3) R.E.
(Enlisted as) (Date) (Term of years)

MOBILE BASE OFFICE Mobile, Alabama
(Ship or station) (Place)

16—9677

Discharged 24 June
Reenlisted 25 June 47

CERTIFIED FOR MUSTERING-OUT
PAY..... Reenlistment contract + supporting
papers attached hereon



INSTRUCTIONS

ks to be assigned upon discharge, even though the period is less than one month.

ARTICLE 6.—In addition to recording the award of a good-conduct medal, honorable discharge button, or other medal or decoration, record should be made of special commendations by Headquarters or the performance of duty of an exceptionally excellent character.

ARTICLE 7.—Record should especially be made of special qualifications of an enlisted man not required in his rating, which will serve as a guide for advancement and the utilization of the man on special duty to best advantage.

ARTICLE 8.—Record details to duty drawing extra compensation, such as messmen, mail clerk, etc., and to special duty not ordinarily assigned to rating, such as recruiting, intelligence duty, instruction in radio, etc. (Will include inter-unit transfers.)

ARTICLE 10.—It is most important that an accurate record be kept of all periods during which a man is not in a pay status, in order that Article 16 may be executed correctly. An accurate record shall be kept of all absences on account of:

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

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

(3) Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

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

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

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

Conf.—Nonperformance of duty because of confinement awaiting trial by a Coast Guard court resulting in conviction. (See Article 4602(4), Personnel Instructions.)

ARTICLE 13.—On desertion this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 14.—On retirement this certificate will be executed, but Article 17 will *not* be executed.

ARTICLE 16.—The entries under Article 10 will be considered when compiling Article 16.

ARTICLE 17.—This certificate will be executed on discharge or death.

No interlineations, erasures, alterations, or use of ditto marks are permitted. Should an error be made, a light red-ink line shall be drawn through it, the commanding or enlisting officer entering his initials alongside in ink.

As far as possible, all entries on Service Record should be made on the typewriter.

U. S. GOVERNMENT PRINTING OFFICE 16—9077

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

OFFICE, COMMANDER EIGHTH CG DISTRICT (Unit) — New Orleans, Louisiana (Place)

25 June, 1947 (Date)

FROM: RYAN, Toney (226-917) BMlc.,USCG

TO: COMMANDANT (via Commander, Eighth CG District)

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

EMMA VICTORIA RYAN (Full name of wife; if not married, so state)	Mobile Point Light Station (Address of wife)
DORIS LEE RYAN (age 16)	
EMMA ANTIONETTE RYAN (age 14) (Full name of child; if none, so state)	(Address of child)
ELOISE REGINA RYAN (age 11)	same address
CLITES J. RYAN (age 4)) twins	
MARY ELAINE RYAN (age 4)) (Full name of child; if none, so state)	(Address of child)
[illegible] RYAN (age 2)	(Address of child)

NAV. S. AND A. FORM 550

T 41

MUSTERING OUT PAYMENT

226-917 (File or service No.) — RYAN (Surname) Toney (First name) (n) (Initial) — BMlc, U.S. Coast Guard (Rank or rating and branch of service)

24 June, 1947 (Date discharged or released from active duty) — Office, Commander 8th CG District, New Orleans, Louisiana (Activity from which discharged) — MORE THAN SIXTY DAYS (Length of service—Enter (less than 60 days) or (60 days or more))

Does service record show service outside of continental limits of United States or in Alaska? Enter Yes or No NO

COMMANDING OFFICER'S CERTIFICATE:

I certify that the above-named person is being discharged or released from active duty, that such person is entitled to payment under the MUSTERING OUT PAYMENT ACT OF 1944, and that the above information is correct.

(Sign original only)

M. GARFIELD, Commander, U.S. Coast Guard
Chief, Personnel Division, 8th CG District
(Name and signature of officer authorized to sign in accordance with Art. 3025(8) NR)

VETERAN'S CERTIFICATE:

I hereby certify that I have not made previous application for mustering-out payment under the MOP Act of 1944. I am aware of the fact that making application more than once is a criminal offense under the United States Criminal Code.

Have you served outside the continental limits of United States or in Alaska? NO (Enter Yes or No)

Toney Ryan (Signature of applicant)

ADDRESS TO WHICH CHECK(S) ARE TO BE SENT:
(Omit address if service is LESS than 60 days)

(Number) (Street)

(City) (Zone) (State)

PAID LUMP SUM MOP $200.00

DISBURSING OFFICER'S PAYMENT DATA

ALNAV 360-45

Paid $200.00 on 414-3102 (Public voucher) 35,587 (Check number) 25 JUNE,1947

PAUL D. [illegible], C.D.O., Treas. Dept.

D.B. TROTTER, Asst. Disbursing Officer, 18-481
(Type name and symbol No. of disbursing officer making initial payment)

16—39039-1

MUSTERING OUT PAYMENT DIVISION DATA

TRIPLICATE

Chief, Personnel [illegible]
(Rank or title)

16—25758-1

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

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

OFFICE, COMMANDER EIGHTH CG DISTRICT (Unit) — New Orleans, Louisiana (Place)

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EMMA ANTIONETTE RYAN (age 14) (Full name of child; if none, so state)	(Address of child)
ELOISE REGINA RYAN (age 11)	same address
CLITES J. RYAN (age 4)) twins	
MARY ELAINE RYAN (age 4)) (Full name of child; if none, so state)	(Address of child)
JUNE ESTA RYAN (age 2)	
(Full name of child; if none, so state)	(Address of child)

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(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

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

Subscribed and sworn to before me this 25TH day of JUNE, 1947

M. GARFIELD, Commander, USCG
(Signature)

Chief, Personnel Division 8CGD
(Rank or title)

Toney Ryan
TONEY RYAN
(Signature)

BMlc
(Rank or rating)

16—25758-1

CG 2500-A
U. S. COAST GUARD

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. COAST GUARD REPAIR BASE, (Unit)

Mobile, Alabama, (Place)

25 June, 1944. (Date)

I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist such additional time not to extend beyond six months after the date of termination of the war or national emergency.

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

I, Toney Ryan (Name of applicant) (226-917) (Service number), C.B.M. (Rating), having on 25 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 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 in reference to Alcoast No. 172255/83, relative to the National Emergency.



Tip of right forefinger

Toney Ryan
(Signature of applicant)

Voluntarily agreed and subscribed to before me this 25th day of June, A. D., 1944

L. C. MUELLER, Commander, U.S.C.G.,
(Commanding officer or notary public)
CO, CG REPAIR BASE, Mobile, Alabama.

U. S. C. G. COAST GUARD REPAIR BASE, (Unit)

Mobile, Alabama, (Place)

25 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.

L. C. MUELLER, Commander, U.S.C.G.,
(Officer authorized to accept extension)
CO, CG REPAIR BASE, Mobile, Alabama.

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

AUTHORITY:
H/I on Form 2525-B, 19 May, 1941
Act of 5 August, 1939.

ORIGINAL
~~RE~~ENLISTMENT of RYAN, Toney (226-917) as Boatswain's mate, 1c.
(Full name, surname to left) (Service number) (Rating)

U. S. Coast Guard ~~Cutter~~ Station MOBILE POINT LIGHT STATION, ... District, Mobile, Alabama
(Draw line through designation not applying) (Location of vessel, or P. O. address of station)

Accepted for enlistment at Mobile, Alabama.
(Place)

1. I, Toney Ryan, this 25th day of June, 19 41, 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: None

2. I was born in Dauphin Island, Alabama, on November 7, 1899 Citizenship [a] N.B.

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

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

Home address Mobile Point Light Station, P.O. address Gasque, Alabama.

Full name and address of the following: Emma Victoria Ryan, Mobile Point Light Station.
(Wife, if any)
Carl Wesley Ryan, son, age 18 yrs.; Clinton Elbert Ryan, son, age 16 yrs.; Larry Alfred Ryan, son, age 14 yrs.; Doris Lee Ryan, daughter, age 10 yrs.; Emma Antionette Ryan, daughter, age 8 yrs.; Eloise Regina Ryan, daughter, age 4 yrs.
(Children under 21 years of age. Specify ages of children)
Widowed? - - - -
(Mother, if living)
(Mother and father deceased)
(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:

None, except arrest for hunting without license, at Foley, Alabama, in 1940.
(State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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 - - -

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.

Toney Ryan
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By M. Peterson, Chief Boatswain, USCG.,
(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.

M. Peterson,
Chief Boatswain, U. S. C. G., *Enlisting Officer.*

11. OATH OF ALLEGIANCE

I, Toney Ryan - - -

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

SERVICE RECORD

RECORD OF RYAN, Toney (226-917)
(Full name, surname to the left) (Service No.)

1. TRANSFERS

Departed from—			Reported to—		
Unit	Date	Signature	Unit	Date	Signature
MOBILE BASE	6-25-41	M Matheson	MOBILE PT. L.S.	6-25-41	M Matheson
UNIT DESIGNATION CHANGED FROM CG OPERATING BASE, MOBILE, ALABAMA TO CG GROUP, MOBILE, ALABAMA					
CG Grp. Mobile, Ala.	8-1-46	Lt., ByDir.	* Mobile Point Lt. Station, Mobile, Ala. 8-1-46		Lt., ByDir.
	* See attached 2599 No. 745 of 3 September, 1946				
O COMDR 8CGD	6-24-47	M Garfield Comdr.	O COMDR 8CGD	6-24-47	M Garfield Comdr.
DISCHARGED BY REASON OF EXPIRATION OF ENLISTMENT					

2. CHANGES IN RATING

Unit	Rated or disrated to—	Date	Signature
MOB.PT.LT.STA.	Cr. to C.B.M.(a)(Pro) 9-15-42		Willie Skipper
	Auth: Hd. ltr. 9-8-42 (PE-73)		Willie Skipper, Lieutenant, U.S.C.G.
CGRB, Mobile, Ala.	CR to C.B.M.	3-1-44	Willie Skipper
	HL 2-21-44(CG-73)		WILLIE SKIPPER, Lt Cmdr, USCG,
CGOB, Mobile, Ala.	Permanent rating		A Wright Lt(jg)
	BM1c ALCOAST 142-45	11-19-45	
CG GROUP, Mobile	BM1c (Permanent as of 6/25/41) Alcoast 119-46	7/1/46	J. Collins Captain

16—9676

Form 2500-C

Record of RYAN, Toney (Full name, surname to left) 226-917 (Service No.)

3. EFFICIENCY MARKS

Date	Rate	Prof. in rating	Seaman-ship	Mechanical ability	Ability leader men	Special Qualifications or Special Detail	Conduct	Signature
6-30-41	B.M.1c.	LESS THAN ONE MONTH					4.0	[illegible] ChBn
9-30-41	B.M.1c.	3.5	3.5	-	3.5		4.0	[illegible] ChBn
12-31-41	B.M.1c.	3.5	3.5	-	3.5		4.0	[illegible] ChBn
3-31-42	B.M.1c.	3.5	3.5	-	3.5		4.0	[illegible] Lieut. jg
6-30-42	B.M.1c.	3.5	3.5	-	3.5		4.0	[illegible] Comdr.
9-30-42	CBM.(a)(Pro	3.6	3.6	-	3.6		4.0	[illegible] Comdr.
12-31-42	CBM (A)	3.6	3.5		3.5		4.0	[illegible] Lt.
3-31-43	CBM (A)	3.6	3.5		3.5		4.0	[illegible] Lt.
6-30-43	CBM (A)	3.6	3.5		3.5		4.0	[illegible] Lt.
9-30-43	CBM (A)	3.6	3.5		3.5		4.0	[illegible] Lt.
12-31-43	CBM (A)	3.6	3.5		3.5		4.0	[illegible] Lt.
3-31-44	CBM (A)	3.6	3.5	3.3	3.4		4.0	[illegible] Lt. comdr
6-30-44	CBM (A)	3.6	3.4	3.2	3.5		4.0	[illegible] Lt COMDR
9-30-44	C.B.M	3.6	3.3	3.2	3.5		4.0	[illegible] Lt Comdr
12-31-44	C. B. M.	3.6	3.6	3.5	3.4		4.0	[illegible] Lieut.
3-31-45	C.B.M.	3.7	3.6	3.5	3.4		4.0	[illegible]
6-30-45	CBM	3.7	3.4	3.5	3.4		4.0	[illegible] Lieut.
9-30-45	C.B.M.	3.7	3.4	3.5	3.5		4.0	[illegible] Lieut
12-31-45	C B M	3.7	3.4	3.5	3.5		4.0	[illegible]
3/31/46	CBM	3.7	3.4	3.5	3.5		4.0	[illegible] Capt
6/30/46	CBM	3.7	3.5	3.6	3.6		4.0	[illegible] Capt
9-30-46	B.M./c.	3.7	3.5	3.6	3.6		4.0	[illegible] Lt USCG Bn Offr
12-31-46	BM1c	3.7	3.5	3.6	3.6		4.0	[illegible] Comdr.
3-31-47	BM1c	3.7	3.5	3.6	3.6		4.0	[illegible] Comdr.
6-24-47	BM1c	3.7	3.5	3.6	3.6		4.0	[illegible] Comdr.
Average								

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

4. SWIMMING QUALIFICATIONS

Unit	Date of qualification	Signature

RECORD OF RYAN, Toney (226-916)
(Full name, surname to the left) (Service No.)

5. TRIALS BY COAST GUARD COURTS AND RESULT

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

6. MERITORIOUS CONDUCT

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

Unit	Date	Remarks	Signature
CG BASE, Mobile, Ala.	9-25-44	Authorized to wear GOOD CONDUCT RIBBON for service from 6-25-41 to 6-24-44	WILLIE SKIPPER, Lt. Comdr
CGUB, Mobile, Ala.		Entitled to American Campaign Medal, and authorized to wear appropriate Ribbon- Auth: Alnav 351, dated 20 Oct. 1945.	P. C. Schmeller, Comdr
O COMDR 8CGD	6-24-47	Issued Honorable Discharge Button and Good Conduct Medal	McGarfield Comdr. USCG

16—9676

RECORD OF RYAN, Toney (226-917)

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

7. SPECIAL QUALIFICATIONS

Unit	Date	Proficient in—	Signature

8. DETAILS

(Will include inter-unit transfers)

Unit	Date		Duty	Signature
	From—	To—		
~~CGOB, MOBILE ALA~~	~~12/12/44~~	~~1-12-45~~	~~(AA)(S)~~	~~1Lieut.~~
MOBILE PT. LT. STA. MOBILE	4-19-45	4-27-45	AI (S)	1Lieut.

U. S. GOVERNMENT PRINTING OFFICE 16—9676

COMPENSATORY LEAVE ACCOUNT

NAME: RYAN, Toney SERVICE NUMBER: 226-917 RATE: C.B.M.

UNIT: SAND ISLAND LIGHT STATION.

DEPARTED 7 April,1944 RETURNED 14 April,1944 NUMBER OF DAYS 6

RYAN, Toney — (Full name, surname to the left

226-917 — service number

L E A V E R E C O R D

ACCRUED CREDITS			LEAVE TAKEN					BAL DUE	PERIODS FOR WHICH LEAVE DOES NOT ACCRUE			CO's SIGNATURE
REASON	DATE	NO. DAYS	FROM	TO	REASON	NO. DAYS	ADV. LV.	NO DAYS	FROM	TO	REASON / NO. DAYS	
								60				R. C. Coffman Comdr.
IC	9/1/46	60										

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

RECORD OF RYAN, Toney (226-917)
(Full name, surname to the left) (Service No.)

9. LEAVE ACCOUNT
WITH PAY

Unit	Date Departed	Date Returned	Number of days	Balance Annual	Balance Reenlist	Signature
MOBILE BASE	ENLISTED	6-25-41	CREDIT	30	0	[illegible] Ch. Bos'n.
MOBILE BASE	6-25-41	6-30-41	5	25	0	[illegible] Ch. Bosn.
MOBILE BASE	12-20-41	12-30-41	10	15	0	[illegible] Ch. Bosn.
MOBILE POINT	ENLISTED	6-25-42	30			
MOBILE POINT	5-21-43	5-15-43	10	20	-0-	[illegible] Lieut.
MOBILE POINT LS.	25 June, 1943		CREDIT	30	- -	[illegible] Lieut.
MOBILE POINT LS.	9-18-43	9-27-43	8	22	- -	[illegible] Lieut.
MOBILE, POINT LS.	25 June, 1944		CREDIT	30	10	[illegible] Lt. Comdr.
MOBILE POINT LS.	8-7-44	8-18-44	10	20	10	[illegible] Lt. COMDR
CGOB, Mobile, Ala	25 June, 1945		CREDIT	30	10	[illegible] LT. COMDR
CGOB, Mobile, Ala	8-21-45	9-6-45	15	15	10	[illegible] LT. COMDR
CG Group Mobile Ala	25 June, 1946		Credit	30	10	[illegible] Capt

5 Years 2 Months 6 Days creditable service in the

USCG since 8 September, 1939, at the rate of 2½ days

accrued leave per month 156

Total leave taken since 8 September, 1939 88

ACCRUED LEAVE BALANCE 68

16—9076

RECORD OF RYAN, Toney (226-917)

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

10. ABSENT FROM DUTY

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

Unit	Months	Days	From—	To—	Remarks	Signature
MOBILE PT LT STA			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			M. Garfield ComdrUSCG
O COMDR 8TH CGD			NO DEDUCTIBLE TIME WHILE ATTACHED THIS UNIT			M. Garfield ComdrUSCG

11. EXTENSION OF ENLISTMENT

Unit	Period	Reason	Signature

12. ON DISCHARGE

As CODED NO 7

PEA-E 93

Date 24 June, 1947, 19— Place O Comdr Eighth CG District Serial No. 269970

Kind of discharge Honorable Authority for Expiration of enlistment in

Discharged on account of accord with Art 581 CG Regulations

Is ____ recommended for reenlistment.

(If "not," so state, and show reason)

SIGNATURE M. GARFIELD, Comdr., USCG

By direction

13. ON DESERTION

Unit	Date	Remarks	Signature

U. S. GOVERNMENT PRINTING OFFICE 16—9676

RECORD OF RYAN, Toney (226-917)
(Full name, surname to the left) (Service No.)

14. ON RETIREMENT

Unit	Date	Cause	Authority	Signature

15. ON DEATH

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

Paid $150.00 RE-ENL JUN 25 1947
PAID $ 200.00 MUSTERING OUT PAY ON D. O.
VOUCHER NO 44-3102 CHECK NO 35,587
DATED JUN 25 1947 PAID D. BANNING,
C. D. O., Treas. Dept., Div. of Disb.
Symbol No. 18-481.
D. B. Trotter
D. B. TROTTER, Chief Pay Clerk
Assistant Disbursing Officer

16. RECORD OF SERVICE

Creditable Coast Guard service during this enlistment:

6 (Years) 0 (Months) 0 (Days)

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

17. CERTIFICATE UPON TERMINATION OF SERVICE

Monthly rate of pay when discharged, $ 141.75

The within-named man has been furnished travel allowance amounting to $ 7.00

at the rate of 5¢ cents per mile from New Orleans, La. to Mobile, Alabama

and paid $ 7.00 in full to date of discharge. Name of

pay officer D. B. TROTTER, Ch PayClerk, USCG

Address subsequent to discharge will be:

_____ Street,

_____ City, _____ State.

HAS SIGNIFIED INTENTION {To / ~~NOT TO~~} REENLIST NEXT DAY.

Certified to be correct upon termination of service 24 June, 1947 19

M. Garfield

M. GARFIELD, Commander, USCG

Commanding Officer—Officer in Charge.

By direction

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
Mobile Point Light Sta.		Gasque, Ala.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-063	3 September, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

1 August, 1946

Unit to which the above named man assigned detached from jurisdiction of the CG Group, Mobile, Ala. and established as separate unit. Service records corrected accordingly. Records carried at O, Cmdr, 8th CG Dist. for administrative purposes.

DUTY CODE NO.
29 Dist. Cir. 31-46

AUTH:
L. W. TIBBITS, JR, Lieut., USCG
Ass't Pers. Officer, 8th CG Dist.

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

Machine Accounting
Punched _____
Verified _____

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

...GE IN PERSONNEL
...TATES COAST GUARD
...G-2599 (REV. 6-44)

8

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	BM1c

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	Mobile Point Light Station	MOBILE, ALA.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
08-074	1 JULY, 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

Temporary rating held as of 30 June, 1946 CBM

Originally advanced to that rating on 1 March, 1944

Permanent rating as of 1 July, 1946 BM1c

AUTH: Commandant's Circular No. 14-46
Alcoast No. 119, 26 June, 1946

DUTY CODE NO. 04-D
AUTH: P. W. COLLINS, Captain, U.S.C.G.
(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

Machine Accounting
Punched
Verified

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

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RIAN Tony	226-917	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG GROUP	Mobile Point Light Station	Mobile, Ala.

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT	DATE
06-074	30 Jan., 1946

TIME
DATE
REPORTED FROM:
FOR

DUTY CODE NO.
AUTH:

TIME
DATE
TRANSFERRED TO:
FOR

AUTH:

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

DUTY CODE NO.
AUTH:

OTHER CHANGES (SPECIFY)

15 Jan., 1946: Effective this date, unit designation changed from CG OPERATING BASE, Mobile, Ala., to CG GROUP, Mobile, Ala.

DUTY CODE NO. 30-D
AUTH: Dist.Cir.No.6-46

ADAM ORCHERA, Lt.(jg), USCG
Personnel Officer (Commanding) XXXXX

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

Machine Accounting
Punched _____
Verified _____

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

UNITED STATES COAST GUARD

Mobile, Alabama

Address reply to
CO, CG OPERATING BASE
And refer to:
File 71-781-72-73-783

20 December, 1945

To:

RYAN, Toney (226-917) CEM

Subj: American Campaign Ribbon and Medal; authorization for.

Ref: (a) ALNAV 351, 20 October, 1945

1. As authorized by reference (a), you are hereby advised that you are eligible for the American Campaign Medal and authorized to wear the American Campaign Ribbon inasmuch as the records at this unit indicate that you have served honorably for an accumulative period of one or more years in the U. S. Coast Guard (Reserve) since 7 December, 1941.

2. You are directed to retain this letter for the purpose of procuring the American Campaign Medal inasmuch as it will serve as the basis upon which medal will be issued at a later date. Availability of subject medal will be made by public announcement.

L. C. MUELLER, Commander, USCG
CO, CG Operating Base,
Mobile, Alabama

REPORT OF CHANGE IN PERSONNEL

UNITED STATES COAST GUARD

NAVCG-2599 (REV. 6-44)

191

SURNAME, FIRST NAME, INITIAL	SERVICE No.	PRESENT RANK OR RATING
RYAN, Toney	226-917	CBM

MAJOR UNIT NAME	MINOR UNIT NAME	LOCATION
CG OPERATING BASE	MOBILE POINT LIGHT STATION	Mobile, Alabama

UNIT ITEM No. OR VESSEL'S ASSIGNED DISTRICT: 08-074

DATE: 16 November, 1945

TIME

DATE

REPORTED FROM:

FOR

DUTY CODE NO.

AUTH:

TIME

DATE

TRANSFERRED TO:

FOR

AUTH:

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

DUTY CODE NO.

AUTH:

OTHER CHANGES (SPECIFY)

7-31-43: CR MMlc (permanent)

SUBJECT MAN IS DEEMED FULLY QUALIFIED FOR THE RATING OF MMlc.

DUTY CODE NO. 30-D

AUTH: ALCOAST 143-45

L. C. MUELLER, Commander, 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

Machine Accounting
Punched _____
Verified _____

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

CERTIFICATE OF ENTITLEMENT TO GOOD CONDUCT AWARD

COAST GUARD BASE	Mobile, Alabama	25 September, 1944
(UNIT)	(ADDRESS)	(DATE)

RYAN,	Toney		(226-916)	CBM
(SURNAME,	FIRST NAME,	INITIAL	(SERVICE NUMBER	(RATE)

has completed a continuous period of three years' active service on 24 June, 1944, with no mark in conduct of less than 4.0. Accordingly, appropriate entry has been made in the service record and above named person has been authorized to wear appropriate (ribbon)(xxxx) in lieu of issue of actual award at this time.

L. C. MUELLER, Commander, U.S.C.G.
Signature and rank of Commanding Officer.

...ICATION FOR FAMILY ALLOWANCES - NAVY DEPARTMENT

...PERS-668

SHIP OR STATION	DATE OF APPLICATION	DATE REPORTED FOR ACTIVE DUTY
Coast Guard Base Mobile, Alabama	4 July, 1944	25 June, 1941

BUREAU OF NAVAL PERSONNEL [X] COMMANDANT U. S. COAST GUARD [ ] COMMANDANT U. S. MARINE CORPS

...SERVICEMAN (Last)	(First)	(Middle)	SERVICE NUMBER	RATING
RYAN	Toney		226-917	C.B.M.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Mrs. Emma Victoria Ryan Gasque, Alabama	Lawful Wife				
2		Larry Alfred Ryan Same Address	Son	5	27		
3		~~Doris Lee Ryan~~ Same Address	~~Daughter~~	~~7~~	~~30~~		
		Emma Antoinette Ryan Same Address	Daughter	8	32		
4		Klois Regina Same Address	Daughter	8	36		
5		Cletis Jay Same Address	Son	5	43		
		~~Mary Elaine~~ Same Address	~~Daughter~~	~~5/~~	~~43~~		
6		June Ester Address the same	Daughter	6	44		

1. *Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).*
2. *Enter dates of birth only for children, brothers and sisters, and grandchildren.*
3. *For your wife and/or children do not state estimated income or amounts contributed.*
4. *Do not include any amounts paid by you to your dependents for your own room and board.*

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE	DATE OF MARRIAGE	IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY.
Mobile, Alabama	4/21/21	[ ] YES [ ] NO

HAVE YOU BEEN PREVIOUSLY MARRIED?	IF SO, HOW WAS MARRIAGE DISSOLVED	IF DIVORCED, GIVE DATE OF DIVORCE DECREE
[ ] YES [ ] NO	[ ] DEATH [ ] DIVORCE [ ] ANNULMENT	

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE	ADDRESS OF DIVORCED WIFE OR WIVES

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION:	PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:
Supplementary application	

CERTIFICATE OF DISBURSING OFFICER

ACTIVITY C. G. BASE, MOBILE, ALA.

DATE 27 July, 1944

I HAVE THIS DATE NOTED IN THE APPLICANT'S PAY ACCOUNT (_____ Pay Number) A MONTHLY FAMILY ALLOWANCE

OF $22 ~~$27~~ (Strike Out One) EFFECTIVE July (Month) 194 4

E. H. CALONDER, ENSIGN, USCG(WR)., SDA 54-100

(Signature of Disbursing Officer) Sign Third Copy Only - (Pink)

(DISBURSING OFFICERS OF THE MARINE CORPS WILL NOT EXECUTE THIS PART OF THE FORM)

QUADRUPLICATE: To be retained and made a part of the man's service record after completion by the Disbursing Officer.

NCG-2529

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MOBILE POINT LIGHT STATION, (Unit) Gasque, Alabama. (Place)

1 October, 1942. (Date)

From: RYAN, Toney (226-917) C.B.M.(a)(Pro).

To: COMMANDANT (Via District Coast Guard Officer, Eighth Naval District.

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

Emma Victoria Ryan	Wife.	Gasque, Alabama.
(Full name of wife; if not married, so state)		(Address of wife)
Carl Wesley Ryan, Son, 19 Years		As Above.
Clinton Kibert Ryan, Son, 17 years.		" "
(Full name of child; if none, so state)		(Address of child)
Lany Alfred Ryan, Son, 15 Years.		" "
Doris Lee Ryan, daughter, 11 years.		
(Full name of child; if none, so state)		(Address of child)
Emma Antionette Ryan, daughter, 9 years.		" "
Eloise Regina Ryan, daughter, 5 years		" "
(Full name of child; if none, so state)		(Address of child)

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

Amanda T. Rowell	Mother-in-law	Pascagoula, Mississippi.
(Full name of relative)	(relationship)	(Address of relative)

Potential.
(State briefly wherein dependency exists)

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

(Full name of relative)	(relationship)	(Address of relative)

(State briefly wherein dependency exists)

* DATE AND PLACE OF MARRIAGE: 4-30-21, Mobile, Alabama.

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

Subscribed and sworn to before me this 1st. day of October, , 19 42.

Toney Ryan
(Signature)

Willie Skipper
Willie Skipper, Lieut., U.S.C.G.,
(Signature)

C.B.M.(a)(Pro).
(Rank or rating)

Asst. Capt in of the Port, Mobile Ala.
(Rank or title)

TREASURY DEPARTMENT,
United States Coast Guard.

Place: Mobile, Alabama.
Date: 24 June, 1941.

From: Toney Ryan, Keeper, Mobile Point Light Station.
To : Commander, New Orleans District.

Subject: Resignation.

1. I hereby tender my resignation as Keeper, Mobile Point Light Station, and - - - with the former Lighthouse Service for the purpose of accepting military status with the U. S. Coast Guard, this resignation to become effective on the day prior to the date of my commission, appointment, or enlistment in the U. S. Coast Guard.

Toney Ryan
(Signature)

- -

CP-75 NEW ORLEANS DISTRICT 1st Indorsement New Orleans, Louisiana,

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

1. Forwarded, approved.

(To be submitted in triplicate).

Form 2520-N (For use only when an applicant is unable to prove place and date of birth by affidavit of parent, guardian or relative.)

Place: _____

Date: _____

TO WHOM IT MAY CONCERN:

I, Emanuel Patronas a resident of Bayou La Batre in the County of Mobile and the State of Alabama do hereby certify that I am not related to Toney Ryan residing at Bayou La Batre Ala

I further certify that I knew his parents at the time of his birth and that I know his birth date to be 7 November, 1899 and that he was born on Dauphin Island at Dauphin Island (City) Mobile (County) Alabama (State)

Emanuel Patronas
(Signature)

Bayou La Batre Ala
(Address)

Personally appeared before me Emanuel Patronas a resident of Bayou La Batre in the county of Mobile and the state of Alabama on the 28 of June 1941 (date), and made oath that the foregoing statement is correct and true.

My commission expires: Sept 28-1944 Louis Meyer
(Signature)

Notary Public
(Official Title & Rank)

(NOTE: PLEASE AFFIX SIGNATURE AND FILL OUT COMPLETELY BEFORE RETURNING TO THE BELOW ADDRESS

Coast Guard Recruiting Office
213 Post Office Building
Mobile, Alabama.

COAST GUARD BASE OFFICE
Mobile, Alabama

oooOooo

CERTIFICATE OF WIFE

I, Emma Victoria Ryan, the wife of Toney Ryan, certify that should my husband, the said Toney Ryan, be accepted for enlistment in the United States Coast Guard as a Boatswain's Mate, first class, no effort will be made by me to secure his discharge on the grounds of dependency, or for the need of his presence at home; that his rate of pay is as now received per month in the employ of the Coast Guard, and I further understand that the term of enlistment is for a period of three years; and state that I am not aware of any circumstances now existing or that can be foreseen, which will cause me to request his discharge prior to the expiration of the term of such enlistment.

Emma Victoria Ryan
Emma Victoria Ryan
Mobile Point Light Station Gasque Ala
Mobile Point Light Station, Gasque, Alabama.

Personally appeared before me Emma Victoria Ryan, a resident of the county of Baldwin, and the state of Alabama, who is well known to be a creditable person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 28 day of June 1941.

Louis Myer
Notary Public

(seal)

My Commission expires: Sept 26-1944

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)

CG REPAIR BASE, Mobile, Alabama.
(Unit)

RYAN, Toney
(Name in full—surname to the left)

25 June, 1944
(Date)

(226-917)
(Service number)

Chief Boatswain's Mate
(Rating on discharge)

	Year	Month	Day	NUMBER OF— Years	Months	Days
Date of last enlistment (for three years)	1941	6	25			
Enlistment extended (for 3 years from)	1944	6	25			
Date of discharge (VOLUNTARILY EXTENDED ENLISTMENT) (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		0	NONE		0	NONE		0

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

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

L. C. MUELLER,

Date 25 June, 1944

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

REENLISTMENT OR EXTENSION OF ENLISTMENT

Date 25 June, 1944

COAST GUARD REPAIR BASE, Mobile, Alabama.
(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 (3) years from this date.

L. C. MUELLER,

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

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

UNITED STATES COAST GUARD
New Orleans 9, La.

Address reply to
Office, Commander, Eighth
Coast Guard District (p)
Refer to file: CG-700

6 November, 1946
(Date)

To: Officer-In-Charge, Mobile Point Light Station, Mobile, Ala.

Subj: Service records; administration of

1. Service records for the personnel permanently attached your unit are forwarded herewith for your custody and administration--no reporting entries required. Detailed instructions concerning the manner of maintaining these records will be forthcoming in the early future.

2. Together with maintaining service records, it becomes the responsibility of each unit to prepare its own personnel reports; such as, Form 2599 (Report of Change in Personnel), Form 510 (CO's Pay Record Order), Form 2506 (Muster Roll), Form 2766 (Enlisted Personnel Transfer Orders), and other such forms that are required under current instructions. The complete procedure of preparation and manner of submission of the above mentioned forms will likewise be covered by instructions to follow.

3. The element of more work that is involved with the above plan is by no means to be considered a burden to the activity but rather is a return to a policy that formerly had been in effect, but was suspended due to conditions forced upon the service by the consequences of demobilization. The policy herein effectuated is strongly approved by CG Headquarters as brought out in their letter to the DCGO 8ND dated 6 February, 1946, File CG-7010.

4. The above outlined plan commences in effect 1 November, 1946.

5. Personnel for whom service records are inclosed are indicated on the reverse hereof, and when checked, acknowledgement of receipt is requested by indorsement hereon.

L. W. Tibbits Jr.

L. W. TIBBITS, JR.
[illegible]
By direction

Incls: See Reverse.

NCG 2500-A
U. S. Coast Guard

CODED
NO. 10

VOLUNTARY AGREEMENT TO EXTEND ENLISTMENT

U. S. C. G. COAST GUARD REPAIR BASE, (Unit)
Mobile, Alabama, (Place)
25 June, 1944. (Date)

I further agree to extension of this enlistment by the Secretary of the Treasury for such additional time as may be deemed necessary in the public interest in time of war or national emergency declared by the President to exist such additional time not to extend beyond six months after the date of termination of the war or national emergency.

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

I, Toney Ryan (Name of applicant), (226-917) (Service number), C.B.M. (Rating), having on 25 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 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 in reference to ALcoast No. 172255/83, relative to the National Emergency.

Toney Ryan
(Signature of applicant)


Tip of right forefinger

Voluntarily agreed and subscribed to before me this 25th day of June, A. D., 1944

L. C. MUELLER, Commander, U.S.C.G.,
(Commanding officer or notary public)
CO, CG REPAIR BASE, Mobile, Alabama.

U. S. C. G. COAST GUARD REPAIR BASE, (Unit)
Mobile, Alabama, (Place)
25 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.

L. C. MUELLER, Commander, U.S.C.G.,
(Officer authorized to accept extension)
CO, CG REPAIR BASE, Mobile, Alabama.

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 2
Y DEPARTMENT
S. COAST GUARD
August 1938

ENLISTMENT CONTRACT

AUTHORITY:
H/I on Form 2525-B, 19
May, 1941
Act of 5 August, 1939.

XREE

of RYAN, Toney (Full name, surname to left) (226-917) (Service number) as Boatswain's mate, 1c. (Rating)

U. S. Coast Guard ~~Cutter~~ Station MOBILE POINT LIGHT STATION, District, Mobile, Alabama (Location of vessel, or P. O. address of station)
(Draw line through designation not applying)

Accepted for enlistment at Mobile, Alabama. (Place)

1. I, Toney Ryan (Full name), this 25th 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: None

2. I was born in Dauphin Island, Alabama, on November 7, 1899 Citizenship [a] N.B.

If naturalized, place and date of naturalization

If intentions declared, place and date of declaration Certificate No.

Home address Mobile Point Light Station, P.O. address Gasque, Alabama.

Full name and address of the following: Emma Victoria Ryan, Mobile Point Light Station. (Wife, if any)
Carl Wesley Ryan, son, age 18 yrs.; Clinton Elbert Ryan, son, age 16 yrs.; Larry Alfred Ryan, son, age 14 yrs.; Doris Lee Ryan, daughter, age 10 yrs.; Emma Antionette Ryan, daughter, age 8 yrs.; Eloise Regina Ryan, daughter, age 4 yrs. (Children under 21 years of age. Specify ages of children)
(Mother and father deceased) (Mother, if living) Widowed? - - - -
(Next of kin, or person interested, if there are none of the above)

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

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

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

None, except arrest for hunting without license, at Foley, Alabama, in 1940. (State fully nature of offense, if any, and nature of institution in which incarcerated)

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

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 - - -

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

Toney Ryan
(Signature of enlisted person)

UNITED STATES OF AMERICA,

By M. Peterson, Chief Boatswain, USCG.
(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.

M. Peterson.
Chief Boatswain, U. S. C. G., Enlisting Officer.

11. OATH OF ALLEGIANCE

I, Toney Ryan, 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.
(Full name)

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

Toney Ryan
(Signature of enlisted person)

Subscribed and sworn to before me this 25th day of June, A. D. 19 41.

M. Peterson, Chief Boatswain, U.S.C.G.,
Commanding Officer, MOBILE BASE.
(Comdg. officer, officer in charge of a unit, or notary public)

12. DESCRIPTIVE LIST

Age 41 years 7 months. Height 5 feet 10 inches. Weight 150 pounds. Eyes Hazel

Hair Black to grey Complexion Ruddy Color White Married Yes

Distinguishing marks 1/2" Scar upper lip below l. nostril; 1" Scar inner l. ankle; 1/4" Scar middle toe, l. foot. No others.

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.

ENLISTMENT EFFECTED IN ACCORDANCE WITH THE ACT of AUGUST 5, 1939.

[illegible] will be forwarded with enlistment contract in cases of men accepted for enlistment



PPLICATION FOR ENLISTMENT

wain Mate, first class

NING

the Coast G



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

APPLICATION FOR ENLISTMENT

wain Mate, first class

NING

the Coast Guard, Army,
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.

Mobile Point Light Sta
(Place)
June 24, 1941
(Date)

I respectfully request permission to enlist in the United States Coast Guard, and to that end do declare that I am 41 years 7 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 Jonesy Ryan.

Date of birth November 7-1899

Place of birth Dauphin Island. Ala. Citizenship Native Born

Home address Mobile Point Light. Gasque Ala.

Are you married? Yes. Number and relationship of persons dependent on you for support? 7

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

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

Name and address of next of kin Wife Emma V. Ryan. Gasque Ala

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	As Stated		10-22-25		Asst-Keeper
	Customhouse New Orleans La.		to	Present	and Keeper.

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

Have you ever been arrested? If so, for what? Yes hunting without license
Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? No

(OVER)

2—13412

NEW ORLEANS DISTRICT
U.S. COAST GUARD
NEW ORLEANS, LA.
JUN 27 11 22 AM '41

RECD JUL -2 1941

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701
702

TREASURY DEPARTMENT

UNITED STATES COAST GUARD

MOBILE BASE

Mobile, Alabama
26 June, 1941.

From: Commanding Officer.
To : Commandant.

Via: Commander, New Orleans District.

Subject: RYAN, Toney (226-917) B.M.1c.; induction records of.

Reference: (a) Headquarters' indorsement on Form 2525-B, dated 19 May, 1941.
(b) Headquarters' letter 16 March, 1940 (PR5-701-702).

Inclosure: (A) Regular Enlistment Contract of subject man, with supporting papers attached.

1. Subject man was originally enlisted in the regular establishment of the Coast Guard in the rating of Boatswain's mate, first class, on 25 June, 1941, in accordance with authority contained in reference (a) and pursuant to the Act of 5 August, 1939.

2. The requirements of Article 4172-(1), Personnel Instructions as outlined in reference (b) are being complied with, and additional reports required to support this enlistment will be forwarded upon receipt.

M. Peterson.

75-73 1st Indorsement New Orleans District,
New Orleans, Louisiana,
30 June, 1941.

1. Forwarded.

J. L. AHERN.

jmy

REPORT OF POLICE RECORD

Coast Guard Recruiting Station, Mobile, Alabama.
(Place)

25 June, 1941.
(Date)

To Chief of Police, Mobile, Alabama.

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, and it is requested that you fill in the following from the records of your office:

RYAN, Toney
(Name of applicant)

41 Yrs.	70"	150 lbs.	White
(Age)	(Height)	(Weight)	(Color)

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? _____

V. M. Peterson
M. Peterson, Chief Bos'n., USCG.,
Commanding Officer, MOBILE BASE. Recruiting Officer.

June 26, 1941
(Date)

To Recruiting Officer, Mobile, Alabama.

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

James A. Batta
Bureau of Identification
Chief of Police.

U. S. GOVERNMENT PRINTING OFFICE 16—9747

My commission expires: Sept. 28, 1944 Louis Meyer
(Signature)

Notary Public
(Official Title & Rank)

(NOTE: PLEASE AFFIX SIGNATURE AND FILL OUT COMPLETELY BEFORE RETURNING TO THE BELOW ADDRESS

Coast Guard Recruiting Office
213 Post Office Building
Mobile, Alabama.

HOME ADDRESS REPORT
(Complete both forms. See instructions on reverse side.)

NAME RYAN (Last name) Toney (First name) - - (Middle name)

RANK OR RATING Boatswain's mate, 1c.

SERVICE U.S. Coast Guard (Army, Navy, Marine Corps, etc.)

No. (226-917) (Army serial or Navy Service) RACE White

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

D. S. S. Form 166—HOME ADDRESS REPORT.

Alabama (State, see note below)

P.O. address Gasque (City or town, and county)

Mobile Point (Street No. or R. F. D. No.)

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

Toney Ryan (Signature)

16—18432 GPO

HOME ADDRESS REPORT
(Complete both forms. See instructions on reverse side.)

NAME RYAN (Last name) Toney (First name) - - (Middle name)

RANK OR RATING Boatswain's mate, 1c.

SERVICE U.S. Coast Guard (Army, Navy, Marine Corps, etc.)

No. (226-917) (Army serial or Navy Service) RACE White

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

D. S. S. Form 166—HOME ADDRESS REPORT.

Alabama (State, see note below)

P.O. address Gasque (City or town, and county)

Mobile Point (Street No. or R. F. D. No.)

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

Toney Ryan (Signature)

16—18432 GPO

COAST GUARD BASE
MOBILE, ALABAMA

JUN 30 1941

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his birth
at
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State)
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tre Ala
mmand Station
ndsel

and the state of Alabama on the 28th June 1941

_____ (date), and made oath that the foregoing statement is correct and true.

My commission expires: Sept. 28-1944 Louis Myer (Signature)

Notary Public (Official Title & Rank)

(NOTE: PLEASE AFFIX SIGNATURE AND FILL OUT COMPLETELY BEFORE RETURNING. BELOW ADDRESS
Coast Guard Recruiting Office
213 Post Office Building
Mobile, Alabama.

Form 2520-N (For use only when an applicant is unable to prove place and date of birth by affidavit of parent, guardian or relative.)

COAST GUARD BASE MOBILE, ALABAMA

Place: _____

Date: _____

JUN 30 1941

TO WHOM IT MAY CONCERN:

I, Emanuel Patronas a resident of Bayou La Bath in the County of Mobile and the State of Alabama do hereby certify that I am not related to Toney Ryan residing at Bayou La Bath ala

I further certify that I know his parents at the time of his birth and that I know his birth date to be 7 November, 1899 and that he was born on Dauphin Island at Bayo Dauphn Islon (City) Mobile Coun (County) Alabama (State)

Emanuel Patronas
(Signature)

Bayou La Batre Ala
(Address)

Personally appeared before me Louis Myer Emanuel Patron a resident of Bayou La Bat in the county of Mobile and the state of Alaba on the 28 & June 1941 (date), and made oath that the foregoing statement is correct and true.

My commission expires: Sept. 28 1944 Louis Myer (Signature)

Notary Public
(Official Title & Rank)

PLEASE AFFIX SIGNATURE AND FILL OUT COMPLETELY BEFORE RETURNING TO THE BELOW ADDRESS

Coast Guard Recruiting Office
213 Post Office Building
Mobile, Alabama.



COAST GUARD BASE OFFICE
Mobile, Alabama

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COAST G
MOBILE, AL
JUN 30 1941

CERTIFICATE OF WIFE

I, Emma Victoria Ryan, the wife of Toney Ryan, certify that should my husband, the said Toney Ryan, be accepted for enlistment in the United States Coast Guard as a Boatswain's Mate, first class, no effort will be made by me to secure his discharge on the grounds of dependency, or for the need of his presence at home; that his rate of pay is as now received per month in the employ of the Coast Guard, and I further understand that the term of enlistment is for a period of three years; and state that I am not aware of any circumstances now existing or that can be foreseen, which will cause me to request his discharge prior to the expiration of the term of such enlistment.

Emma Victoria Ryan
Emma Victoria Ryan
Mobile Point Light Station
Mobile Point Light Station, Casque,
Gasque Ala Alabama.

Personally appeared before me Emma Victoria Ryan, a resident of the county of Baldwin, and the state of Alabama, who is well known to be a creditable person, and made oath that the foregoing statement is correct and true, and signed the same in my presence this 28 of June 1941.

Louis Myer
Notary Public

My Commission expires: Sept 28-1944

REPORT OF FITNESS OF APPLICANT

COAST GUARD RECRUITING STATION Mobile, Alabama.
(PLACE)

June 27 . 193/41.
(DATE)

U. S. COAST GUARD RECRUITING OFFICER

(NAME) Mr. George Darby (ADDRESS) Warrenton, Pensacola, Florida.

THE MAN WHOSE NAME APPEARS BELOW STATES HE WAS (EMPLOYED) BY YOU AT (FIRM)
(~~TAUGHT~~) (~~SCHOOL~~)

Sand Island Light Station (PLACE) P/O Address: Dauphin Island, Alabama.

(AS)
(~~IN GRADE~~) Assistant Keeper.

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.

W. M. Peterson

W. M. Peterson, Chief Bos'n. USCG.
(RECRUITING OFFICER)
Commanding Officer, MOBILE BASE.

(NAME OF APPLICANT) TONEY RYAN
(FILLED IN BY RECRUITING OFFICER)

ARE YOU RELATED TO THE APPLICANT? no

WAS THE APPLICANT EVER IN YOUR ~~(EMPLOY)~~ (CHARGE)	WHEN / WHERE?	FROM / TO	
Care	Pensacola Lt. Station	Part of 1931 and 1932	AS 2nd asst Keeper

WHAT WAS HIS (WEEKLY WAGE) He Recd about $95.00 or 100.00 Per month at that time
(~~SCHOLASTIC RECORD~~)

WHY DID HE (LEAVE) He transfered With another man
(~~QUIT~~)
CHECK ONE

HOW DO YOU RATE HIS:

	GOOD	AVERAGE	POOR
TRUSTWORTHINESS		average	
GENERAL INTELLIGENCE		average	
ABILITY		average	
HIS SKILL AS A Light Keeper		average	

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS, OR HAS HE ANY CHRONIC AILMENTS? IF SO STATE PARTICULARS no

WHAT WAS HIS REPUTATION AND STANDING WHEN IN YOUR ~~(EMPLOY)~~ (CHARGE) average

HAS THE APPLICANT TO YOUR KNOWLEDGE EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS? IF SO, STATE PARTICULARS I Dont Know

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.

G. E. W. Darby
(SIGNATURE OF REFERENCE)

July 9-1941 . 193 Ft. Barrancas Fla
(DATE) (POST OFFICE ADDRESS)

REPORT OF FITNESS OF APPLICANT

...PARTMENT
...GUARD

COAST GUARD RECRUITING STATION Mobile, Alabama.
(PLACE)

June 27 . 1941.
(DATE)

U. S. COAST GUARD RECRUITING OFFICER
(NAME) William D. Still (ADDRESS) C.G. Repair Station, Mobile, Ala.

THE MAN WHOSE NAME APPEARS BELOW STATES HE WAS (EMPLOYED) BY YOU AT (FIRM)
(~~TAUGHT~~) (~~SCHOOL~~)

Sand Island Light Station (PLACE) P/O Address: Dauphin Island, Alabama.
(AS)
(IN ~~GRADE~~) Assistant Keeper.

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.

V. V. Peterson
M. Peterson, Chief Bos'n. USCG.
(RECRUITING OFFICER)
Commanding Officer, MOBILE BASE.

(NAME OF APPLICANT) TONEY RYAN
(FILLED IN BY RECRUITING OFFICER)

ARE YOU RELATED TO THE APPLICANT? No

WAS THE APPLICANT EVER IN YOUR (~~EMPLOY~~) (CHARGE)	WHEN	WHERE?	FROM 19 TO 19
yes			unable to furnish dates Sand Island Light Station AS Assistant Keeper

WHAT WAS HIS (WEEKLY WAGE) (SCHOLASTIC RECORD) Do not Know

WHY DID HE (LEAVE) (QUIT) Still in Service

HOW DO YOU RATE HIS:

	GOOD	AVERAGE	POOR
	CHECK ONE		
TRUSTWORTHINESS	X		
GENERAL INTELLIGENCE	X		
ABILITY	X		
HIS SKILL AS A Keeper	X		

TO YOUR KNOWLEDGE IS THE APPLICANT ADDICTED TO THE USE OF INTOXICATING LIQUORS OR HARMFUL DRUGS, OR HAS HE ANY CHRONIC AILMENTS? IF SO STATE PARTICULARS No

WHAT WAS HIS REPUTATION AND STANDING WHEN IN YOUR (~~EMPLOY~~) (CHARGE) Good

HAS THE APPLICANT TO YOUR KNOWLEDGE EVER BEEN DISCHARGED FOR INEFFICIENCY, NEGLECT OF DUTY, OR MORAL UNFITNESS? IF SO, STATE PARTICULARS No

THE ABOVE STATEMENT AND ANSWERS ARE IN MY OWN HANDWRITING, (~~HAVE BEEN DICTATED AND CAREFULLY READ BY ME.~~)

NOTE:- IF THE STATEMENT AND ANSWERS ARE DICTATED, STRIKE OUT THE STATEMENT ABOVE THAT THEY ARE IN THE HANDWRITING OF THE SIGNER.

William D. Still
(SIGNATURE OF REFERENCE)

June 30 - 1941. 193 850 New Jersey St. Mobile Ala.
(DATE) (POST OFFICE ADDRESS)

...ARTMENT
...GUARD

...ESS OF APPLICANT

COAST GUARD RECRUITING STATION Mobile, Alabama
(PLACE)

27 June . 193/41.
(DATE)

U. S. COAST GUARD RECRUITING OFFICER

(NAME) Lt. Comdr. A.M. Zibilich (ADDRESS) Customhouse Building, New Orleans, La.

THE MAN WHOSE NAME APPEARS BELOW STATES HE WAS (EMPLOYED) BY YOU AT (FIRM)
Sand Island Light Station (~~TAUGHT~~) (~~SCHOOL~~)
Mobile Point Light Station. (PLACE) P/O Addresses: Dauphin Island, Ala., and Gasque, Ala, respectively.
(AS)
(~~IN GRADE~~) Assistant Keeper and Keeper.

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.

M. Peterson, Chief Pos'n. USCG.
(RECRUITING OFFICER)
Commanding Officer, MOBILE BASE.

(NAME OF APPLICANT) TONEY RYAN
(FILLED IN BY RECRUITING OFFICER)

ARE YOU RELATED TO THE APPLICANT? No

WAS THE APPLICANT EVER IN YOUR (EMPLOY) (CHARGE)	Yes	WHEN	FROM 1925 TO PRESENT
		WHERE?	Various light stations AS Lighthouse Keeper

WHAT WAS HIS (~~WEEKLY~~ monthly WAGE) (SCHOLASTIC RECORD) $105 to $120 per month - 5th grade

WHY DID HE (LEAVE) (QUIT) Still on duty

HOW DO YOU RATE HIS:

	CHECK ONE		
	GOOD	AVERAGE	POOR
TRUSTWORTHINESS	x		
GENERAL INTELLIGENCE	x		
ABILITY	x		
HIS SKILL AS A lighthouse keeper	x		

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) Good

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.

A.M. Zibilich Lt. Commander, USCG
(SIGNATURE OF REFERENCE)

30 June , 1941
(DATE)

(POST OFFICE ADDRESS)

U.S. COAST GUARD BASE
213 Post Office Bldg.
Mobile, Alabama

REFERENCE INQUIRY

(Please complete neatly and return as soon as practicable)

June 27, 1941.
(Date)

Mr. Albert Faulk
Foley, Alabama.

Dear Sir:

TONEY RYAN has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentially. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

M. Peterson
M. Peterson, Chief Bos'n, USCG.,
Commanding Officer, MOBILE BASE.

1. Approximately how long have you known him? 2 years
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Loyal and conscientious
4. What is his usual habits with regard to use of liquor or other habit forming drugs? Does not drink but smokes
5. Is he addicted to the use of liquor or other habit forming drugs?... Does not drink but smokes
To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction? No
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member? No
7. Is he; married Yes Industrious Yes Trustworthy; yes

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

June 28, 1941
(Date)

C. W. Faulk
(Name)

Address: Foley Ala

COAST GUARD BASE
213 Post Office Bldg.
Mobile, Alabama

COAST GUARD BASE
MOBILE, ALABAMA

JUN 30 1941

REFERENCE INQUIRY

June 27, 1941.
(Date)

(Please complete neatly and return as soon as practicable)

Mr. Gussie Bosarge
Bayou La Batre, Alabama.

Dear Sir:

TONEY RYAN has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

M. Peterson

M. Peterson, Chief Bos'n. USCG.,
Commanding Officer MOBILE BASE.

1. Approximately how long have you known him? all his life
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Loyal
4. Is he addicted to the use of liquor or other habit forming drugs?..... No.
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No.
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... Light House Service still with it.
7. Is he; married Yes Industrious yes. Trustworthy: Yes Are you relatived to him?..... No.

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

6-28-41
(Date)

Gussie Bosarge
(Name)

Address: Bayou La Batre Ala

USCG.

U.S. COAST GUARD BASE
213 Post Office Bldg,
Mobile, Alabama

COAST GUARD BASE
MOBILE, ALABAMA

JUN 30 1941

REFERENCE INQUIRY

June 27, 1941.
(Date)

(Please complete neatly and return as soon as practicable)

Mr. George Sprinkle
Bayou La Batre, Alabama.

Dear Sir:

TONEY RYAN has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

M. Peterson, Chief Pers'n. USCG.,
Commanding Officer, MOBILE BASE

1. Approximately how long have you known him? Life time
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Loyal
4. Is he addicted to the use of liquor or other habit forming drugs?..... No
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... No
7. Is he; married Yes Industrious Yes Trustworthy: No
Are you related to him?..... No

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

6/28/41.
(Date)

Geo. Sprinkles
(Name)

Address: Bayou La Batre Ala

,USCG.

U.S. COAST GUARD BASE
213 Post Office Bldg.
Mobile, Alabama

REFERENCE INQUIRY

COAST GUARD BASE
MOBILE, ALABAMA

June 27, 1941.
(Date)

(Please complete neatly and return as soon as practicable)

Mr. J.A. Craigie
Gasque, Alabama.

JUL 3 1941

Dear Sir:

TONEY RYAN has applied for enlistment in the United States Coast Guard, and his application has been accepted on the representations made by him thereon, which appear to be most favorable.

This applicant has referred this office to you as a character reference in his behalf, and it would be appreciated if you will furnish to this office by return mail such information as you may be able to supply in regard to the questions enumerated below.

The Government assumes that you will answer fully, carefully and with frankness. Your reply will be accepted and considered strictly confidentically. A franked envelope with return address thereon is enclosed for your reply so that you can give the matter your immediate attention. Your frank and unbiased opinion of this applicant is solicited.

Very truly yours,

M. Peterson, Chief Bos'n, USCG
Commanding Officer, MOBILE BASE.

1. Approximately how long have you known him? Ten Years
2. What is his general reputation in the community? Good
3. What are his usual habits with regard to his job, loyal, conscientious, average, indifferent or careless? Conscientious
4. Is he addicted to the use of liquor or other habit forming drugs?..... Beer Moderately
5. To your knowledge; has he ever been arrested, confined in jail, penitentiary, or other institution of correction?..... No
6. Has he ever been a member of any military or naval organization, active or reserve, and if so, is he still a member?..... No
7. Is he; married Yes Industrious Yes Trustworthy: Yes
Are you relatived to him?..... No

REMARKS: Any other pertinent data which you care to supply on the reverse hereof, will be welcomed).

July 2nd
(Date)

J A Craigie
(Name)

Address: Carlaka Fort Morgan
Gasque P.O. Ala

,USCG.

UNITED STATES COAST GUARD

DESIGNATION OF BENEFICIARIES FOR DEATH GRATUITY

MOBILE BASE (Unit) ..... Mobile, Alabama (Place)

FROM: RYAN, Toney (226-917) B.M.1c. ..... 25 June, 1941. (Date)

TO: COMMANDANT (via Commanding Officer, MOBILE BASE,

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

Emma Victoria Ryan - (Wife) - - - - - (Full name of wife; if not married, so state)	Mobile Point Light Station P.O. Gasque, Alabama. (Address of wife)
Carl Wesley Ryan, son, age 18 yrs.	Ditto
Clinton Elbert Ryan, son, age 16 yrs. (Full name of child; if none, so state)	Ditto (Address of child)
Larry Alfred Ryan, son, age 14 yrs.	Ditto
Doris Lee Ryan, daughter, age 10 yrs. (Full name of child; if none, so state)	Ditto (Address of child)
Emma Antionette Ryan, daughter, age 8 yrs.	Ditto
Eloise Regina Ryan, daughter, age 4 yrs. (Full name of child; if none, so state)	Ditto (Address of child)

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

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

(State briefly wherein dependency exists)

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

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

(State briefly wherein dependency exists)

WITNESSED BY: M. Paterson. ..... SIGNED: Toney Ryan. Toney Ryan.

Rank Chief Boatswain, U.S.C.G. ..... Rank or Rating Boatswain's mate, 1c., USCG.

2—10348 U. S. GOVERNMENT PRINTING OFFICE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

FROM: Social Security Administration
211 St. Michael Street
Mobile, Alabama

Manager Martin J. Johnson Date 11/17/61

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Ryan, Toney -	11/7/99		422-44-0425

BRANCH OF SERVICE	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
Coast Guard			
RATE OR RANK: BMC/7-1-48			
SERIAL NO.: 226-917	6/25/41	7/1/50	

Part II ☐ . . . Part III ☒ below to be completed by the service department

REMARKS:

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 25 June 1941

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 1 July 1950

3. CHARACTER OF SEPARATION(S)* (*If Bad Conduct*, INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): Retired - Honorable

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

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED? ☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

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

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side) ☒

1. (*a*) Was this veteran an enlisted member of the Army, Air Force, Navy, or Marine Corps and retired after September 15, 1940, and before October 1, 1949, because of disability?	☐ Yes	☒ No
(*b*) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty?	☐ Yes	☐ No
If answer to 1 (*a*) or 1 (*b*) is "Yes," answer (*c*) and (*d*).		
(*c*) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay?	☐ Yes	☐ No
(*d*) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay?	☒ Yes	☐ No
2. (*a*) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service?	☐ Yes	☐ No ☒
If answer is "Yes," answer (*b*) and (*c*).		
(*b*) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947?	☒ Yes	☐ No ☒
(*c*) Was this multiple increased because of active service occurring after July 24, 1947, and before January 1, 1957?	☐ Yes	☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956?	☐ Yes	☐ No

REMARKS BY CERTIFYING AGENCY: Retired: 1 July 1950 - Physical Disability - 40% - Auth: Section 402 of the Career Compensation Act of 1949 - Gross retired pay per month - $211.86 (PL 85-422) Elected to receive retired pay based on ☒ CONTINUED ON REVERSE SIDE

ORGANIZATION: U. S. COAST GUARD
DATE: 8 December 1961
SIGNATURE: M. J. MAYER
RANK OR TITLE: Chief, Survivors Benefits Branch Special Services Division
By direction of the Commandant

Form OA-C654 (2-60)

CRDavis:crd 8 December 1961

20 October 1978

RYAN, Toney (n) 226 917 BMC, Retired 422 44 0425

XX

11 September 1978

Emma V. Ryan	100%	Widow	P.O. Box 1555, Star Rte. Gulf Shores, AL 36542

RYAN 226 917

1. List below the name, social security number, age, relationship, and address of:
   (a) Widow or widower.
   (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, legitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   (c) If no widow or widower, child or descendant of deceased children survives, list each parent and state whether natural, step, foster, or adoptive parent.
   (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and social security number	Age	Relationship to deceased	
XX			

SF-1174

AARON O. MARTIN
Chief, Decedent Affairs & Claims Branch

1174-10

ohb

...IM FOR UNPAID COMPENSATION OF DECEASED MEMBER OF THE UNIFORMED SERVICES

...rmation: Any assistance deemed necessary for the proper execution of this form will be furnished ...iants by the employing agency. Forward the completed form to the Government agency in which the ... was employed at time of death.

...e(s) and social security ...mber(s) of claimant(s)	2. Relationship to deceased	3. If minor, state age
...MMA VICTORIA RYAN	WIFE	4. Is designation of beneficiary for unpaid compensation on file with service? YES (Yes or No)
		5. Are you named beneficiary? YES (Yes or No)

6. Name, rank or rating, service number, and social security number of decedent	7. Date of death	8. Name of service / 9. Decedent's domicile
BMC TONEY RYAN 226 917 ~~USCG RETD. 422 44 0425~~	9/11/78	8. U.S. COAST GUARD 9. Gulf Shores, Alabama

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? YES

WIDOW OR WIDOWER AND DESIGNATED BENEFICIARIES DO NOT FILL IN PART C. ALL OTHERS MUST.

Part C

1. List below the name, social security number, age, relationship, and address of:
   - (a) Widow or widower.
   - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
   - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
   - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

Name and social security number	Age	Relationship to deceased	Address

1174–105

(Continued on other side)

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed _____ (Executor or administrator) of the estate of the deceased, as evidenced by certificate of appointment herewith, administration having been taken out in the interest of

_____ (Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE.—If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? _____ (Yes or No)

DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT FILL IN PART E. ALL OTHERS MUST.

Part E

Have the funeral expenses been paid? _____ (Yes or No) (If paid, receipted bill of the undertaker must be attached hereto.) Whose money was used to pay the funeral expenses? _____

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith

Emma V. Ryan (Signature of claimant) _____ (Date) _____ (Signature of claimant) _____ (Date)

P.O. Box 1555, Star RTE (Street address) _____ (Street address)

Gulf Shores, Ala 36542 (City, State, and ZIP code) _____ (City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above Emma Victoria Ryan (Name(s) of claimant(s)) *and that the signature(s) of the claimant(s) was (were) affixed in our presence.*

Edgar T. Southworth (Signature of witness) Richard E. Southworth (Signature of witness)

Rte 3, Box 1197 (Street address) Star Rte (Street address)

Foley, Alabama 36535 (City, State, and ZIP code) Gulf Shores, Ala 36542 (City, State, and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowances should accompany this claim.

☆ GPO: 1972 O—477-596

DEPT. OF TRANSP., U.S.C.G., CG-3584 (Rev. 2-68) CLEARANCE SHEET

26 September 1978

Dear Mrs. Ryan:

I was sorry to learn of the death of your husband, Chief Boatswain's Mate Toney Ryan, United States Coast Guard, Retired.

There is little I can say to minimize your sorrow at this most difficult time. But on behalf of your husband's many shipmates in the Coast Guard, I would like to extend to you our heartfelt sympathy.

Sincerely,

J. B. HAYES
Admiral, U. S. Coast Guard

Mrs. Toney Ryan
Star Route, Box #1555
Gulfshores, AL 36542

SERVICE NUMBER: 226 917
DATE OF DEATH: 11 September 1978
DATE RETIRED: 1 July 1950
CAUSE OF DEATH: Heart Failure
JDEVANS:jde 21 September 1978

PREVIOUS EDITIONS MAY BE USED

OFFICE OR DIVISION	G-PS								G-C			
INITIALS OF RESPONSIBLE OFFICERS												
INTRA-OFFICE OR DIVISION INITIALS												
DATE OUT												

DEPARTMENT OF TRANSPORTATION
U. S. COAST GUARD
CGHQ-9964 (Rev. 11-73)

REPORT OF DEATH, OTHER THAN THOSE CARRIED AS MISSING

TO:
- Chief, Pay and Allowances Division

DATE
19 September 19

NAME	SERVICE NUMBER/SSN	GRADE OR RATING
RYAN, Toney	226 917, (422 44 0425)	BMC, Retired

DATE OF RECEIPT OF EVIDENCE OF DEATH	ESTABLISHED DATE OF DEATH
15 September 1978	11 September 1978

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

PAY GRADE	YEARS OF SERVICE	RSFPP/SBP OPTION ELECTION	DEDUCTION

ANNUITY AMOUNT	ANNUITY BENEFICIARY (Name)	FINAL PAY DUE (Dat

ALLOTMENTS:

AARON O. MARTIN
SIGNATURE
Chief, Decedent Affairs and Claims Bran

PREVIOUS EDITIONS MAY BE USED

pw

G-PS-1/62

(202) 426-1845

1770
19 September 1978

Mrs. Emma V. Ryan
Star Route, Box #1555
Gulfshores, AL 36542

RE: BMC Toney RYAN
226 917, USCG, Retired
SS# 422 44 0425

Dear Mrs. Ryan:

Information has been received at Coast Guard Headquarters of the death of your husband. I wish to extend to you and your family my sincere sympathy in your great loss.

The enclosed benefit guide briefly explains the assistance and survivor benefits furnished by the Coast Guard as well as other governmental agencies. The enclosed forms are forwarded to aid you in promptly filing for Veterans Administration benefits, Uniformed Services Identification and Privilege Card and a Headstone or Marker to which there may be entitlement.

Your husband designated you to receive the final pay due at his death. Four forms No. SF-1174, Claim for Unpaid Compensation of Deceased Member of the Uniformed Services, are enclosed to aid you in applying for this sum. These forms must be completed in the presence of two witnesses and signed by you.

Return the original and two copies of the completed claim to this office with a copy of your husband's death certificate.

VA form No. 21-534, Application for Dependency and Indemnity Compensation by Widow or Child, should be completed as soon as possible and forwarded to your local Veterans Administration office in order for them to adjudicate your claim for possible entitlement.

Sincerely,

AARON O. MARTIN
Chief, Decedent Affairs and Claims Branch
Personnel Services Division
By direction of the Commandant

Encl: (1) Form No. 21-530
(2) Form No. 21-534
(3) Form No. DD-1172
(4) Form No. DD-1330
(5) Form No. SF-1174
(6) Benefit Guide
(7) Envelope

JDEVANS:jde 19 Sept 1978 cpt

1A. ADDRESS CODE: 13

VETERANS ADMINISTRATION

REQUEST FOR INFORMATION

(SEPARATION RECORDS ATTACHED)

1B. TYPE OF CLAIM: ORIGINAL DEATH

INSTRUCTION - This form may be used in lieu of VA Form 07-3101 if a legible DD Form 214, or equivalent, is attached by stapling to the action copies forwarded to the military records activity.

2. FILE NO. *(Include prefix)*: 422-44-0425

3. BRANCH OF SERVICE: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ ARMY NG ☐ AIR NG ☐ OTHER *(Specify)*

4. DATA REQUESTED: ☒ SERVICE ☐ MEDICAL ☐ DENTAL ☐ OTHER

5. ALL SERVICE NOS.: 226-917

FROM

6A. NAME AND ADDRESS OF REQUESTING VA OFFICE: VARO 474 SOUTH COURT ST Montgomery, AL 36104

6B. ORIGINATING UNT: 322/212

7. SOCIAL SECURITY NO.: 422-44-0425

8. LAST NAME - FIRST NAME - MIDDLE INITIAL *(Under which served)*: RYAN, FOREY

9. ALLEGED DISEASE OR INJURY	10. DATES OF TREATMENT	11. PLACE OF TREATMENT	12. TYPE *(Check)* HOSPITAL	OP
A.				
B.				

13. ADDITIONAL INFORMATION REQUESTED: VET DIED 9-11-78. PLEASE VERIFY ALL ACTIVE DUTY DATES & CLASSIFICATION OF SEPARATION.

14. DATE: 10-30-78

15. SIGNATURE AND TITLE OF VA OFFICIAL *(Do not sign unless a legible DD Form 214 is attached)*: [illegible] ADJ OFFICER

ENDORSEMENT BY SERVICE DEPARTMENT

☐ AVAILABLE REQUESTED RECORDS FORWARDED ☐ OTHER *(Specify)*

(SEE REVERSE SIDE)

NO. OF ENCLOSURES	ORIG.	COPY	NO. ENCLS. *(Cont.)*	ORIG.	COPY
HEALTH RECORDS			CLINICAL RECORDS		
PHYSICAL EXAMINATIONS AT ENTRANCE			X-RAYS		
			DENTAL RECORDS		
PHYSICAL EXAMINATIONS AT SEPARATION			MEDICAL RECORDS		
			OTHER RECORDS		

	DATE	SIGNATURE AND TITLE
SERVICE INFORMATION	Cpred 12/12/78	H. HOLDEN Chief, Records Branch Enlisted Personnel Division By direction of the Commandant
MEDICAL RECORDS	DATE	SIGNATURE AND TITLE

VA FORM AUG 1976 07-3101a

Exception to SF 180 Approved by General Services Administration, March 1969

SUPERSEDES VA FORM 07-3101a, JUL 1971, AND 07-3101a, DEC 1975, WHICH WILL NOT BE USED.

corres. R.B.

NOV 16 1978

2

G1-42 Retired 1950

Bot 549

FILE 3-13

UNITED STATES COAST GUARD

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

PS-1
L-13
19 December 1961

From: Commandant
To: RYAN, Toney (226-917) BMC, USCG, Retired
Route #4, Gulf Shores, Alabama

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1656 28 42

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1656 28 42 will expire on 31 January 1962.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$10.25	allotment discontinued with month of last payment	December 1961
$15.35	allotment established with month of first payment	January 1962

3. NAVCOMPT Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

M. J. MAYER
By direction

Encl:
(1) VA Form 9-452b
(2) NAVCOMPT Form 545
(3) Envelope
(4) VA Form 9-336

YGreenleaf:yg

21429 TREAS. CGHQ. WASH., D.C.

(typewriter or ballpoint pen preferred). Signatures and all entries must be legible on both the original and duplicate copy.
PLEASE DO NOT DETACH OR REMOVE CARBON

Return Complete Set

Form Approved
Budget Bureau No. 76-R127.5.

VETERANS ADMINISTRATION

CHANGE OR DESIGNATION OF BENEFICIARY AND/OR CHANGE OR SELECTION OF OPTIONAL SETTLEMENT

NATIONAL SERVICE LIFE INSURANCE—UNITED STATES GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN THIS SPACE

1. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print)

TONEY RYAN
(FIRST NAME—MIDDLE NAME—LAST NAME)

Route #4
(NUMBER AND STREET OR RURAL ROUTE)

Gulf Shores, Alabama
(CITY OR P. O., ZONE NUMBER, AND STATE)

*Is this a new address change for your insurance records? ☐ Yes ☒ No

2. FILE NO. (Include letter prefix): L-13

3. POLICY NO. ON WHICH CHANGE IS DESIRED: V 1656 28 42

4. SERVICE NO.: 226-917

5. DATE OF BIRTH: 11/7/1899

Please read "IMPORTANT INFORMATION AND INSTRUCTIONS" on reverse before completing items 1 through 12. Use a separate form for EACH POLICY on which a change is desired. DO NOT RETURN POLICY WITH THIS FORM. Type, or use ink or indelible pencil (typewriter or ballpoint pen preferred) for legible copies. Do not remove carbon.

FOLD

IMPORTANT — 6. BENEFICIARY DESIGNATION AND SELECTION OF OPTIONAL SETTLEMENT — IMPORTANT

For EACH beneficiary, give the complete name, address, relationship of each to you, amount and option (how payable). If Option 2 is selected, show number of monthly installments.

	COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (If married woman, give her own first and middle names and husband's last name)	RELATIONSHIP OF EACH TO INSURED	AMOUNT TO EACH (Fractions preferred)	OPTION FOR EACH (1, 2, 3, or 4)
PRINCIPAL	EMMA VICTORIA RYAN ROUTE #4, Gulf Shores, Alabama	WIFE	100%	1
CONTINGENT				

7. REMARKS (Include any additional information which will clarify your intent regarding the payment(s) of the above policy.)

ALL PREVIOUS designations of principal and contingent beneficiaries under the policy number in item 3 are hereby Canceled and it is directed that the insurance be paid upon my death as specified above.

8. SIGNATURE OF WITNESS: Edgar V. Southworth
Edgar T. Southworth

9. SIGNED AT (City and state): Gulf Shores, Alabama

10. DATE SIGNED: 12/26/61

11. ADDRESS OF WITNESS
4215 Market Street
Wilmington, North Carolina

12. SIGNATURE OF INSURED (Do not print)
Toney, Ryan Toney Ryan

DO NOT WRITE IN SPACE BELOW—FOR VA USE ONLY

ENTERED BY VETERANS ADMINISTRATION	DATE	SIGNATURE OF VA INSURANCE UNDERWRITER

VA FORM 9-336 SEP 1957 — EXISTING STOCKS OF VA FORM 9-336, MAY 1956, WILL BE USED

C58—16-73705-1

RETURN COMPLETED SET—1

(Duplicate copy will be returned to you after entry has been made by VA.)

UNITED STATES COAST GUARD

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

23 June, 1950
FILE: PE-PR-1; , CG-73

MEMORANDUM FOR CHIEF, PAY & AUDIT SECTION

Subj: RYAN, Toney (n) (226-917)BMC, USCG
statement of creditable service

On the effective date of retirement, 1 July, 1950 , the above named man had the following creditable service:

	Years	Months	Days
Coast Guard Service (active)	9	0	6
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 creditable for retirement	15	8	3
Lighthouse Service creditable for longevity	15	8	3
National Guard			
Other Service (specify)			

B. A. SHAW
Chief, Processing &
Records Section
Enlisted Personnel Division

Return to 3-13
TJT;ft

B 131

3-13

FILE
T. LeB

PM
29 March 1956
M3-2

PE-72

From: Commandant
To : RYAN, Toney, BMC, Retired; Gulf Shores, Alabama

Subj: Hospitalization, retired personnel

Ref : (a) Your letter 26 March 1956

1. Replying to reference (a) you are advised that at the present time hospital care for hernia must, under current regulations, be obtained from Public Health Service facilities; however, under certain circumstances it might be possible to obtain such care from Veterans Administration facilities and it is suggested that you contact your nearest Veterans Administration office for such information.

2. You are further advised that there is no authority at this time whereby retired personnel may obtain hospitalization in Department of Defense facilities.

3/29/56

T. LE BLANC
By direction

LEBLANC:db 1-6

26 March 1956

FROM: Ryan, Toney (Retired BMC)
Gulf Shores, Alabama

TO: Commandant
U. S. Coast Guard
Washington 25, D. C.

SUBJECT: Hospitalization

I would like to know if the U. S. Coast Guard retired personnel are entitled to hospitalization in any other hospital except the Marine Hospital.

The reason I would like to know is because I have got to have a Hernia operation. It is over 200 miles from my home to the Marine Hospital in New Orleans, La. I would like to know if I could have this operation done at the U. S. Air Force Hospital, Brookley Air Force Base, Ala., or at the U. S. Navy Hospital, Pensacola, Fla.

I would like to get in one of these hospitals because they are nearer my home and it would be easier for my family to visit me.

TONEY RYAN, BMC (Retired)

Toney Ryan

FILE 3-13

UNITED STATES COAST GUARD

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

PS-1
22October 1956
L-13

From: Commandant
To: RYAN, Tomsy (226-917) EMC, USCG, Retired
Rte 3, Foley, Alabama

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 16 562 842

Ref: (a) VA Form 9-453, countersigned 30 October 1956

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 16 562 842 will expire on 31 January 1957.

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 7.20	allotment discontinued with month of last payment	December 1956
$ 10.25	allotment established with month of first payment	January 1957

3. NAV S&A Form 545, Allotment Authorization, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS) immediately in the enclosed pre-addressed envelope. The enclosed VA Form 9-453 should be retained for your personal file.

R. R. CURRY
By direction

Encl:
(1) VA Form 9-453
(2) NAV S&A Form 545
(3) Envelope

MJM:rar return to room 2111, sta 2-4

APPLICATION FOR DEPENDENTS AUTHORIZATION FOR MEDICAL CARE CARD BY ACTIVE DUTY OR RETIRED MEMBER

(This form may also be utilized by dependents of active duty or retired members in making application for medical care authorization cards)

Form Approved
Budget Bureau No. 22-R175

I. IDENTIFICATION OF ACTIVE DUTY OR RETIRED MEMBER

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. STATUS	3. GRADE - RATE - RANK	4. BRANCH OF SERVICE	5. SERVICE NUMBER	6. DATE OF EXPIRATION OF CURRENT TERM OF SERVICE *(When member is on active duty)*
RYAN Toney (n)	☐ ACTIVE DUTY ☒ RETIRED	BMC	U.S.C.G.	226-917	INDEFINITE

II. DEPENDENTS FOR WHOM AUTHORIZATION IS REQUESTED

7. NAME	8. RELATIONSHIP	9. DATE OF BIRTH	10. ADDRESS

III. CERTIFICATION BY ACTIVE DUTY OR RETIRED MEMBER

I CERTIFY THAT ALL DEPENDENTS FOR WHOM AUTHORIZATION FOR MEDICAL CARE IS REQUESTED ARE RELATED TO ME AS STATED HEREIN, THAT I WILL BE RESPONSIBLE FOR PROPER USE BY MY DEPENDENTS OF THE AUTHORIZATION FOR MEDICAL CARE GRANTED ON THE BASIS OF THIS APPLICATION. THAT I WILL SURRENDER THE AUTHORIZATION IMMEDIATELY WHEN CALLED UPON TO DO SO OR WHEN APPROPRIATE UNDER APPLICABLE REGULATIONS, AND THAT I WILL IMMEDIATELY NOTIFY THE INDIVIDUAL OR AGENCY DESIGNATED TO GRANT AUTHORIZATIONS FOR MEDICAL CARE OF MY DEPENDENTS IN THE EVENT OF ANY CHANGE IN DEPENDENCY STATUS HEREIN OR IN MY STATUS AS A MEMBER OR RETIRED MEMBER OF THE UNIFORMED SERVICE. FURTHER, I AGREE TO REPAY THE GOVERNMENT FOR ANY PAYMENTS MADE BY THE GOVERNMENT FOR MEDICAL CARE IN OTHER THAN UNIFORM SERVICE FACILITIES FOR MY DEPENDENTS IN THE EVENT THAT IT IS LATER DETERMINED THAT MY DEPENDENTS ARE NOT ENTITLED THERETO.

I FURTHER CERTIFY THAT *(Check appropriate box or boxes and complete entries as applicable)*

☐ LAWFUL MARRIAGE TO THE SPOUSE NAMED TOOK PLACE AT *(Place)*_____

ON *(Date)*_____.

☐ THE LAWFUL HUSBAND NAMED IS IN FACT DEPENDENT UPON ME FOR OVER ONE HALF OF HIS SUPPORT.

☐ ALL CHILDREN NAMED ARE MY LEGITIMATE, LEGALLY ADOPTED OR STEP CHILDREN; THAT ALL CHILDREN ARE UNMARRIED; THAT ALL CHILDREN NAMED WHO ARE OVER 21 YEARS OF AGE ARE (1) INCAPABLE OF SELF-SUPPORT BECAUSE OF A MENTAL OR PHYSICAL INCAPACITY THAT EXISTED PRIOR TO THEIR REACHING THE AGE OF 21 AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT OR (2) HAVE NOT PASSED THEIR TWENTY-THIRD BIRTHDAY AND ARE ENROLLED IN A FULL-TIME COURSE OF STUDY IN AN EDUCATIONAL INSTITUTION ABOVE HIGH SCHOOL LEVEL WHICH NORMALLY MAINTAINS A REGULAR FACULTY AND CURRICULUM AND NORMALLY HAS A REGULARLY ORGANIZED BODY OF STUDENTS IN ATTENDANCE AT THE PLACE WHERE THE EDUCATIONAL ACTIVITIES ARE CARRIED ON AND ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT. *(Part II, Item 9 - In those special circumstances which permit children over 21 entitlement to medical care indicate after date of birth (INC) for incompetency, or (SCH) for attendance at approved school. Enter under **REMARKS** the name of the institution of higher learning.)*

☐ ALL PARENTS OR PARENTS-IN-LAW NAMED ARE IN FACT DEPENDENT UPON ME FOR OVER ONE-HALF OF THEIR SUPPORT AND ACTUALLY RESIDE IN MY HOUSEHOLD.

☐ I AM ENTITLED TO RETIRED, RETIREMENT, OR RETAINER PAY OR EQUIVALENT PAY AS A RESULT OF SERVICE IN A UNIFORMED SERVICE, OTHER THAN BY RETIREMENT UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948.

DD FORM 1 SEP 56 1171

☐ I AM ENTITLED TO RETIRED OR RETIREMENT PAY UNDER TITLE III OF THE ARMY AND AIR FORCE VITALIZATION AND RETIREMENT EQUALIZATION ACT OF 1948 *(62 Stat. 1087, 10 U.S.C. 1036-1036i, 34 U.S.C. 440-440E)* AND I HAVE COMPLETED EIGHT OR MORE YEARS OF ACTIVE DUTY AS DEFINED IN SUBSECTION 101(B) OF THE ARMED FORCES RESERVE ACT OF 1952, 66 STAT. 481, 50 U.S.C. 901, PERIODS OF ACTIVE DUTY WERE AS FOLLOWS:

11. REMARKS

Verified by meeting requirements of paragraph 4b(1)(a) Personnel Instruction #45-57.

J. O. SMITH, LT, USCG
Commanding Officer
U.S.Coast Guard BASE
Mobile, Alabama

12. ORGANIZATION OF APPLICANT	13. PERMANENT HOME ADDRESS OF RETIRED MEMBER
U.S.Coast Guard	Gulf Shores, Alabama
14. DATE OF APPLICATION	15. SIGNATURE OF APPLICANT
25 October 1957	Sidney Ryan

NOTE: Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than $10,000 or imprisonment for not more than five years, or both. Act 25 June 1948, 18 U.S.C 287, 1001.

IV. AUTHENTICATION BY ISSUING AGENCY

ELIGIBILITY OF DEPENDENTS FOR MEDICAL CARE UNDER THE PROVISIONS OF THE DEPENDENTS MEDICAL CARE ACT OF 1956 HAS BEEN VERIFIED, EXCEPT AS INDICATED IN REMARKS.

16. CARD NUMBER ISSUED	17. DATE ISSUED	18. EXPIRATION DATE OF CARD *(See instructions of Uniformed Service concerned)*
CG 031, 186	25 October 1957	INDEFINITE
20. ORGANIZATION OF ISSUING OFFICER		
U.S.COAST GUARD BASE, Mobile, Alabama		
20. NAME AND GRADE OF ISSUING OFFICER *(Typed or printed)*	21. SIGNATURE OF ISSUING OFFICER	
J. O. SMITH, LT, USCG	J. O. Smith	

U. S. GOVERNMENT PRINTING OFFICE : 1956 O - 407991

Retired
Box 549
Gr 26

RECD
11.7.60
C.G.F.O.

Gulf Shores, Alabama
November 5, 1960

U. S. Coast Guard
Disbursing Office
Washington 25, D.C.

Sir

My address has been changed from Rt. 3, Foley, Alabama, to Rt. 4, Gulf Shores, Alabama.

Sincerely yours

Toney Ryan
BMC/RET 226-917

Add ch 11-7-60

FILE

B.A.S.

22 June, 1950
PE-C 73, 706
AUTH: 519478

From: Commandant
To: RYAN, Toney (226-917)EMC, United States Coast Guard
Via: Commander, Eighth Coast Guard District

Subj: Retirement from active duty; orders: travel

1. The Coast Guard Physical Evaluation Board convened in your case found that you are unfit to perform the duties of your rating by reason of permanent physical disability amounting to 40 per centum.

2. On 19 June, 1950, the Secretary of the Treasury approved the proceedings and findings of the Board as amended by the Physical Review Council. You are, therefore, retired for permanent disability in accordance with Section 402 of the Career Compensation Act of 1949. In accordance with the Act of April 23, 1930 (5 U.S.C. 47a), your retired pay will commence on 1 July, 1950.

3. You will immediately notify the Commandant (FA-P) of your mailing address and you will thereafter notify the Commandant (FA-P) of any change in that address.

4. Travel expenses incident to the execution of this order are chargeable to Headquarters travel allotment No. 99-20, under the authorization number indicated above. Transportation of dependents and shipment of household effects to your home of selection will be provided at Government expense only if accomplished within one year from date of retirement or one year after the official termination of war, whichever is later. Once you have notified the Commandant of arrival at your permanent home, action is final and no further designation may be made.

5. In the event you desire to obtain medical relief from the Public Health Service for your dependents after retirement, return Form 2533 properly executed in duplicate to the Commandant (PM). Signatures of children, twelve years of age or under, will not be required.

6. The certifying officer is directed by copy hereof to forward photostatic copy of your pay record to the Commandant (FA-P), after final credit entries, such as leave rations, unused leave to be settled for on retirement, etc., have been posted.

F. V. HELMER
By direction

Incls (2)

Ind-1
CCCGD-8/pmp
New Orleans, La.

30 June, 1950
File: pmp 73-706

From: Commander, 8th CG District
To: RYAN, Toney (226-917) BMC, United States Coast Guard

1. Forwarded for compliance with basic orders.

S. L. BROWN
By direction

Ind-2
Foley, Alabama

(date) 3 July, 1950
File: 73-706

1. Received at 1400 (time) this date. July 3, 1950

Toney Ryan.
Toney Ryan

Ind-3
Foley, Alabama

(date) 3 July, 1950
File: 73-706

From: RYAN, Toney (226-917) BMC, USCG - Retired
To: Commandant (PE-C)

1. My permanent home of selection is:

Foley, Alabama

2. I arrived at above address at 1230 (time), May 21, 1950 (date)

Toney Ryan.
Toney Ryan

UNITED STATES COAST GUARD
Washington 25, D. C.

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

11 July, 1950.

FILE
B.A.S.J

From: Commandant
To: BMC Toney Ryan, USCG, Retired, Route #3, Foley, Alabama.

Subj: Retired identification card; completion of

1. There is inclosed herewith retired identification card No. 7349 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 BLACK to GRAY Color of Eyes BROWN
Height 5' 10" Weight 155
Date of Birth 7 November 1899
Permanent address Route #3 Foley, ALA.

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

BE SURE TO PLACE FINGERPRINT AND SIGNATURE ON BACK OF CARD.

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

Incls
1. Ident. card
2. Franked envelope

Ind-1

From:
To: Commandant (PO)

Card returned for validating and completion.

Toney Ryan.
Signature

19 JUL 1950

Ind-2
Commandant (PO)

From: Commandant
To: BMC Toney Ryan, USCG, Retired.

Please acknowledge receipt of the completed identification card No. 7349 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. 24 July 1950
Toney Ryan. Bm.C. (Retired)

Signed here and Returned this sheet to Headquarters.

RYAN, Toney (Name) | 226-917 (Service No.) | BMC (Rating)

3-13 FILE

ACTIVE MILITARY SERVICE AS OF 31 March, 1950

	YEARS	MONTHS	DAYS
COAST GUARD	8	9	6
NAVY			
ARMY			
AIR FORCE			
MARINE CORPS			
LIGHTHOUSE (RETIREMENT)	15	8	3
TOTAL	24	5	9

UNAUTHORIZED ABSENCES.

FROM	TO	NO. DAYS	NATURE OF ABSENCE
0	0	0	0

Computed by F.G. Jerry
Checked by BT

RECORD OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

INFORMATION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

1. DESIGNATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
Ryan, Toney	226-917	B. M. C.	

5. FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY *(Person with permanent address is advisable)* — Emma V. Ryan — RELATIONSHIP *(If friend, so state)* — Wife

ADDRESS *(Number, Street, City and State)* — Rt. 3, Foley, Alabama

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE *(First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)* — ADDRESS *(Number, Street, City and State)*

7. CHILDREN

FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS (Number, Street, City and State)	MARRIED OR SINGLE	SEX	AGE
Carl Wesley Ryan	Rt. 3, Foley, Alabama	Married	Male	28
Clinton Elbert Ryan	Gasque, Alabama	Married	Male	26
Larry Alfred Ryan	Gulf Shores, Alabama	Married	Male	23
Doris Lee Southworth	Gulf Shores, Alabama	Married	Female	20

(Continue on reverse side)

8. NAME OF FATHER *(or male guardian) (First name, Middle name, Last name)* — ADDRESS *(Number, Street, City and State)*

9. NAME OF MOTHER *(or female guardian) (First name, Middle name, Last name)* — ADDRESS *(Number, Street, City and State)*

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME — RELATIONSHIP

ADDRESS *(Number, Street, City and State)*

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME — RELATIONSHIP

ADDRESS *(Number, Street, City and State)*

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	15922 8

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

FIRST NAME-MIDDLE NAME-LAST NAME — EMMA V. RYAN — RELATIONSHIP — Wife.

(Number, Street, City and State) — RECEIVE EACH MONTH — 150 % OF MY PAY.

ESS

DATE SIGNED — APRIL 28. 1951

SIGNATURE OF DESIGNATOR — Toney Ryan

FORM 93 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: EN THEY WILL ALL BECOME OBSOLETE.

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

   Army - Original - To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
   Duplicate - File in service record or field 201 file.

   Air Force - Original - To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
   Duplicate - File in service record or field 201 file.

   Navy - Original - To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
   Duplicate - *(Same as original)*
   Triplicate - File in service record or officer's qualification jacket at duty station.

   Marine Corps - Original - File in service record book *(page 15)* or in officers' qualification record.
   Duplicate - To CMC, Wash 25, D.C

   Coast Guard - Original - To Commandant *(P)*, USCG 25, D.C.
   Duplicate - Place with individual ser ord.

3. This form will be accomplished upon initial en the service, upon reenlistment, and/or when in status occurs which affects information co in Items 1, 2, 5, 6, or 10 of this form. The dual may file a revised form at any other t he desires.

4. For the purpose of Items 10 and 11 of this fathers, mothers, brothers and sisters are matically considered dependent relatives. If oth latives are listed, they must be related to the nator by blood or marriage and be able to dependency at time of death of designator.

5. With the exception of Item 6, only names of individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	
Emma Antoinette Reed	921 B. Colbert St. Chickasaw, Ala.	Married	Female	
Eloise Regina Ryan	Rt. 3, Foley, Alabama	Single	Female	19
Cletis Jay Ryan	Rt. 3, Foley, Alabama	Single	Male	7
Mary Elaine Ryan	Rt. 3, Foley, Alabama	Single	Female	4
June Esther Ryan	Rt. 3, Foley, Alabama	Single	Female	6

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

DD FORM 1 JUL 50 93

MILITARY ADDRESS | ADDRESS | 13.

...D OF EMERGENCY DATA FOR THE ARMED FORCES OF THE UNITED STATES

...TION INCLUDED ON THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF LIFE INSURANCE POLICIES

(See instructions on reverse side of form prior to making entries)

...NATOR'S LAST NAME-FIRST NAME-MIDDLE NAME	2. SERVICE NO.	3. GRADE, RANK OR RATE	4. SERVICE ☐ USA ☐ USN ☐ USAF ☐ USMC ☒ USCG
~~Toney~~ RYAN. Toney,	226-917	B.M.C.	

FIRST NAME-MIDDLE NAME-LAST NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (Person with permanent address is advisable)	RELATIONSHIP (If friend, so state)
EMMA V. RYAN	Wife

ADDRESS (Number, Street, City and State)
Rout 3 FOLEY. ALA

THE PERSONS NAMED IN ITEMS 6, 8, AND 9, BELOW WILL ALSO BE NOTIFIED OF THE EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR FOR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS" ON THE REVERSE SIDE.

6. SPOUSE (First name, Middle Name, Last name) (If none, or if deceased or divorced, so state)	ADDRESS (Number, Street, City and State)

7. CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME	ADDRESS (Number, Street, City and State)	MARRIED OR SINGLE	SEX	AGE
Carl Wesley Ryan	Rt. 3, Foley, Alabama	Married	Male	28
Clinton Elbert Ryan	Basque, Alabama	Married	Male	26
Larry Alfred Ryan	Gulf Shores, Alabama	Married	Male	23
Doris Lee Southworth	Gulf Shores, Alabama	Married	Female	20

(Continue on reverse side)

8. NAME OF FATHER (or male guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)

9. NAME OF MOTHER (or female guardian) (First name, Middle name, Last name)	ADDRESS (Number, Street, City and State)

IN THE EVENT THAT I AM NOT SURVIVED BY A SPOUSE OR ELIGIBLE CHILD, OR IF THEIR DECEASE OR DISQUALIFICATION BEFORE PAYMENT OF 6 MONTHS GRATUITY IS MADE, I THEN DESIRE THAT PAYMENT BE MADE TO THE DEPENDENT RELATIVE SHOWN BELOW. *(See instruction 4 on reverse side of form)*

10. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP

ADDRESS (Number, Street, City and State)

IN THE EVENT OF DEATH OR DISQUALIFICATION OF THE ABOVE NAMED DEPENDENT RELATIVE, I THEN DESIGNATE THE ALTERNATE DEPENDENT RELATIVE SHOWN BELOW. *(Other than spouse or child)*

11. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP

ADDRESS (Number, Street, City and State)

VOLUNTARY ENTRIES

I REQUEST THAT THE FOLLOWING COMMERCIAL LIFE INSURANCE COMPANIES BE OFFICIALLY NOTIFIED IN CASE OF MY DEATH IN ACTIVE SERVICE. *(The "Policy Number" should be entered if possible, since this information will assist in expediting action by the insurance company should a claim become payable.)*

12. FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.
	(Continue on reverse side)	15922819

IN THE EVENT THAT I AM LISTED AS MISSING, OR BY OTHER MILITARY CIRCUMSTANCE AM UNABLE TO TRANSMIT FUNDS TO MY DEPENDENTS, IT IS MY DESIRE THAT

13. FIRST NAME-MIDDLE NAME-LAST NAME	RELATIONSHIP
EMM V. RYAN	WIFE.

...S (Number, Street, City and State)	RECEIVE EACH MONTH
Rt. 3 FOLEY ALABAMA	150 % OF MY PAY.

...DRESS	DATE SIGNED	SIGNATURE OF DESIGNATOR
	APRIL 1951 ~~Feb~~ 28	Toney Ryan BMC (Ret)

...REPLACES DD FORM 93, 1 JAN 50: NME FORM 93 1 OCT 48: NAVMC 118 (15 PD): NAVPERS 601, PAGES 7 AND 8: ...D NCG 2529, WHICH MAY BE USED UNTIL 1 JANUARY 1951, WHEN THEY WILL ALL BECOME OBSOLETE.

INSTRUCTIONS

1. This form will be accomplished and maintained current by all officer and enlisted personnel of the armed forces.

2. Disposition of signed copies will be as follows:

Army - Original - To The Adjutant General, Wash 25, D.C., *ATTN:* AGPI
Duplicate - File in service record or field 201 file.

Air Force - Original - To Headquarters USAF, Air Adjutant General, Wash 25, D.C.,
Duplicate - File in service record or field 201 file.

Navy - Original - To BuPers, Wash 25, D.C., *ATTN:* Casualty Section.
Duplicate - *(Same as original)*
Triplicate - File in service record or officer's qualification jacket at duty station.

Marine Corps - Original - File in service record book *(page 15)* or in officers' qualification record.
Duplicate - To CMC, Wash 25, D.C

Coast Guard - Original - To Commandant *(P)*, USCG Hq., Wash 25, D.C.
Duplicate - Place with individual service record.

3. This form will be accomplished upon initial entry into the service, upon reenlistment, and/or when a change in status occurs which affects information contained in Items 1, 2, 5, 6, or 10 of this form. The individual may file a revised form at any other time that he desires.

4. For the purpose of Items 10 and 11 of this form, fathers, mothers, brothers and sisters are automatically considered dependent relatives. If other relatives are listed, they must be related to the designator by blood or marriage and be able to prove dependency at time of death of designator.

5. With the exception of Item 6, only names of *LIVING* individuals will be entered on this form.

(Continuation of Item 7)

CHILDREN FIRST NAME-MIDDLE NAME-LAST NAME			ADDRESS *(Number, Street, City and State)*	MARRIED OR SINGLE	SEX	AGE
Emma	Antoinette	Reed	921 B. Colbert St., Chickasaw, Ala.	Married	Female	18
Eloise	Regina	Ryan	Rt. 3, Foley, Alabama	Single	Female	14
Cletis	Jay	Ryan	Rt. 3, Foley, Alabama	Single	Male	4
Mary	Elaine	Ryan	Rt. 3, Foley, Alabama	Single	Female	4
June	Esther	Ryan	Rt. 3, Foley, Alabama	Single	Female	6

(Continuation of Item 12)

FULL NAME OF COMPANY	ADDRESS OF HOME OFFICE	POLICY NO.

REMARKS

DD FORM 1 JUL 50 93 GPO

ADDRESS 1.
MILITARY AD
ADDRES
13.

FILE
B.A.S.

UNITED STATES COAST GUARD
Washington 25, D. C.

15 March 1951

From: Commandant
To: BMC Toney Ryan, USCG, Ret.
Route 3, Foley, Ala.
Subj: Retired Identification Card; completion of

1. There is inclosed herewith Armed Forces Identification Card No. 05010 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: Toney Ryan BMC (Ret)
To: Commandant

Card returned for validating and completion.

Toney Ryan
Signature

IND-2

APR 5 1951

From: Commandant
To: BMC Toney Ryan, USCG, Ret.

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: Toney Ryan BMC (Ret)
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 Toney Ryan
Return this sheet to HQ q

XXXXXXXXXXXXXXXXXXXXXXXXX
Signature

GPO DSO 3-258

UNITED STATES COAST GUARD

Address Reply To:
COMMANDANT
U. S. Coast Guard
Headquarters
Washington 25, D. C.

29 August, 1950

File: PMM 700

BMC Toney Ryan, USCG(Ret)
Route #3
Foley, Alabama

Dear Sir:

You are requested to sign the inclosed CERTIFICATE OF SERVICE CARD as well as to follow the instructions given below.

~~xxxxxxxxxxxxxxxxx~~ Form DD 214
~~xxxxxxxxxxx~~ is being prepared for you, and the preliminary papers necessary for its completion are inclosed herewith.

Please fill in the spaces checked on the rough Form, ~~xxxxxxxxxxxxxx~~ and your signature in Item #48 of the smooth Form, and return all copies to this office in the inclosed envelope. Do not fill in the smooth fanfold.

Upon receipt, the smooth Form DD 214 ~~xxxxxxxx~~ will be completed, certified, and the original and eighth copy returned to you for your possession.

By direction of the Commandant.

Very truly yours,

B. M. CHISWELL, LCDR., USCG
Chief, Civil Readjustment Section

B 6133

3-13 file

7 June, 1949
PE-C 73

eston, Texas

rement

949, file 73, from th

ent policy is to sel
o their total credit
possible to give fav
name is reached on

APPLICATION FOR ALLOTMENT

From compensation of RYAN, Toney (226-917) BMC, Retired

PAYABLE TO

Name Treas. of U.S.

Street and No.

Post office Wash.25, State D.C.

Monthly allotment in the amount of SEVEN DOLLARS AND 20/100 ($ 7.20) Dollars.
(Words) (Figures)

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

Name Toney Ryan

Reason for allotment NSLI PREMIUMS N

First payment: Month January, 1952

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

Rank or rating BMC U. S. C. G.

, 19

Approved, allotment granted.

Commanding

Commander, District.

Witnessed and registered 7 January, 1952

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer
Pay officer.

16—12642—1

INS EFF 2/1/52/ $5,000 Term

ACKNOWLEDGMENT

FOR INFORMATION OF PAY OFFICER:

This allotment has been placed in effect.

H. W. MEANS, CPCLK, USCG
Authorized Certifying Officer
Allotment Disbursing Officer.

MLG

JAN 8 1952

* Allotter or member immediate family

DO NOT FOLD—MAIL FLAT

CORRESPONDENCE: me Return to 3-11 ROOM 3134

11

SD

3-13
File

7 June, 1949
PE-C 73

From: Commandant
To: Commanding Officer, Coast Guard Depot, Galveston, Texas
Via: Commander, Eighth Coast Guard District (p)

Subj: RYAN, Toney (226-917) BMC; request for retirement information concerning

1. Reference is made to letter dated 25 May, 1949, file 73, from the above-named man requesting retirement under the 20-year enlisted retirement law.

2. In reply, advise RYAN that Headquarters current policy is to select men strictly in the order of seniority, according to their total creditable service for retirement. Therefore, it will not be possible to give favorable consideration to his request until such time as his name is reached on the eligibility list.

W. C. CAPRON
By direction

Med retirement
7-1-50

CORRESPONDENCE:me Return to 3-11
ROOM 3134

6/8/49

Commanding Officer
CG DEPOT, Galveston, Texas
AND REFER TO

GUARD

POA

1949 MAY 1 AM 8 07

25 May, 1949
File: 73

From: RYAN, Toney (n) (226-917) BMC
To : Commandant (P)
Via : (1) CO, CG DEPOT, Galveston, Texas
(2) Commander, 8th CG District (p)

Subj: Retirement

It is requested that I be placed on the retired list of the Coast Guard. I will have completed 23 years, 8 months service on 22 June, 1949.

Toney Ryan.
TONEY RYAN

Ind-1
CG DEPOT, Galveston, Texas
73

25 May, 1949

Forwarded, approved.

W. IRVING SOOK

Ind-2
OCCGD-8 (p)

27 May, 1949
File: 73

From: Commander, 8th CG District
To: Commandant (P)

Forwarded.

S. L. BROWN
By direction

NCG-2522

FOLLOW INSTRUCTIONS ON BACK

Ryan, Toney (Name, surname first) | 226-917 (Service number) | [illegible] (Rank or rating) | Yard (Unit)

*REGULAR
*SPECIAL
TEMPORARY
*RESERVE
(Enlistment status)

FINAL MEDICAL CERTIFICATE

Place U. S. Marine Hospital Baltimore 11, Md, Date October 6, 1949, 19

To: COMMANDANT, (M)
USCG YARD, (Coast Guard unit)
CURTIS BAY, MARYLAND
(Address)

3-13 [illegible] T. Lab

The above-named patient was discharged from {*inpatient / ~~*outpatient~~} treatment as shown below:

DIAGNOSIS (By nomenclature name and number)	DIAGNOSIS NUMBER	PERIOD OF TREATMENT FOR EACH CONDITION	
		FROM	TO
Varicose veins of leg, rt primary	48x-430.9	8/4/49	
Paroxysmal nocturnal dyspnea, due to above	-313		
~~Causalgia of leg, rt due to old injury~~ Osteoarthritis, lumbar vertebral joints	~~09X-572~~ 2413-912		
Arthritis, rheumatoid, lumbar vetebral joints	2413-1X0		
			9/2/49

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

Four (4) weeks absence on account of sickness. Return for chedkup at end of leave.

CONDUCT REPORT:

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

John L. Wilson

John L. Wilson
Medical Director. *U. S. Public Health Service.*

16—27156-1

NOTICE OF MEDICAL TRANSFER

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

treatment at _____ {*office / *hospital} at _____ for _____
(Diagnosis)

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

_____
_____ *U. S. Public Health Service.*

*Strike out words not applicable.

16—27156-1

Budget Bureau No. 76-R157.1.
Approval expires 11-30-51.

APPLICATION FOR RENEWAL OF INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN

NATIONAL SERVICE LIFE INSURANCE

DO NOT WRITE IN THIS SPACE
INSURANCE NUMBER ASSIGNED

NOTE.—Please read Instructions on reverse before filling out form. Complete every item. Type or use ink. Use separate form for EACH POLICY on which renewal is requested.

1. FIRST NAME – MIDDLE NAME – LAST NAME OF INSURED (*Print or type*)
Toney Ryan,

2. INSURANCE FILE NO.
FN –
FH –

3. MAILING ADDRESS FOR INSURANCE PURPOSES (*Number and street or rural route, city or post office, zone number, and State*)
Rt. #3, Foley, Alabama

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD

5. SERVICE SERIAL NO.
226-917-Rct

6. Application is hereby made for renewal of National Service Life Insurance on the Five-Year Level Premium Term Plan, granted under Certificate No. N-15-922-819 in the amount of $5000.00, for an additional period of five years at the premium rate for my attained age on the effective date of the renewed insurance. It is understood that the renewed insurance, if granted, will become effective on the day immediately following the expiration of the current term period. (*See Instr. 2.*)

7. AMOUNT OF INSURANCE TO BE RENEWED (*See Instruction 1*)
$ Five Thousand Dollars

8. AMOUNT REMITTED WITH THIS APPLICATION

INSURANCE PREMIUM	$
TOTAL DISABILITY INCOME PROVISION PREMIUM (*If any*)	$
TOTAL	$

9. IF TOTAL DISABILITY IS TO BE ADDED OR CONTINUED, CHECK ONE (*See Instruction 3*)
☐ ADDED ☐ CONTINUED

10. METHOD OF PAYMENT OF PREMIUMS (*Complete one*) (*See Instruction 4*)

A. ☐ DIRECT REMITTANCE TO VETERANS ADMINISTRATION

REMITTANCE BY (*Check, draft, money order, postal note, etc., PAYABLE TO THE TREASURER OF THE UNITED STATES*)

PERIOD (*Monthly, quarterly, semiannually, or annually*)

B. *Check one*
☐ ALLOTMENT FROM ACTIVE SERVICE PAY, OR
☒ ALLOTMENT FROM RETIREMENT PAY ADMINISTERED BY THE SERVICE DEPARTMENT

MONTH ALLOTMENT EFFECTIVE: JAN 195✓

AMOUNT OF ALLOTMENT: $ 7.20

ALLOTMENT MUST BE REGISTERED SEPARATELY WITH SERVICE DEPARTMENT

C. ☒ MONTHLY DEDUCTION FROM VA COMPENSATION, PENSION, OR RETIREMENT PAY

VA FORM 9-887, "AUTHORIZATION FOR DEDUCTION FROM BENEFIT PAYMENTS," SHOULD BE ATTACHED HERETO.

11. BENEFICIARY DESIGNATION (INDICATE WHETHER PRINCIPAL OR CONTINGENT) AND SELECTION OF OPTIONAL SETTLEMENT (*See Instructions 5 and 6*)

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (*If married woman, her own first and middle names and husband's last name must be given*)	RELATIONSHIP	AMOUNT	OPTION
Address Is The Same	As Above		
Emma Victoria Ryan	Wife	$5000.00	In one Sum
Elois Regina Ryan	Daughter	$1250.00	Monthly
Cletis Jay Ryan	Son	$1250.00	Monthly
Mary Elaine Ryan	Daughter	$1250.00	Monthly
June Esther Ryan	Daughter	$1250.00	Monthly

12. MAIL POLICY TO (*Name and address*)
Toney Ryan, Rt. #3, Foley, Alabama

13. WITNESSED BY (*See Instruction 7*)
Lloyd Lee Southworth

14. SIGNED AT (*Address*)
Rt. #3, Foley

15. DATE
Dec. 26, 1951

16. ADDRESS OF WITNESS
Rt #3, Foley Alabama

17. SIGNATURE OF APPLICANT (*Do not print*)
Toney Ryan

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than $1,000 or by imprisonment for not more than one year or both.

16—50800-2

EXISTING STOCKS OF VA FORM 9-1658, AUG 1949, WILL BE USED.

DE-77

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ -3646 (12-55)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY
(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until cancelled by me in writing.

RETIRED MEMBERS NAME *(Last, First, Middle)*	SERVICE NO.	GRADE OR RATE
Ryan, Toney	226-917	BMC

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
40%	Emma V. Ryan	Gulf Shores, Ala.	Wife
20%	Cletis Jay Ryan	" " "	Son
20%	Mary Elaine Ryan	" " "	Daughter
20%	June Esther Ryan	" " "	"

SIGNATURE AND ADDRESS OF WITNESS
C. M. Allen
Summerdale Ala.
P.O. Box 167

SIGNATURE AND ADDRESS OF RETIRED MEMBER
Toney Ryan
Gulf Shores, Ala

DATE SIGNED
1-16-56

ret 5 0 0C6 53535

File 3-13

TREASURY DEPARTMENT
U. S. COAST GUARD
CGHQ-3646 (Rev. 12-61)

DESIGNATION OF BENEFICIARY FOR UNPAID RETIRED PAY

(See instructions on reverse side)

I hereby cancel any and all previous designations of beneficiaries to receive any amount of retired pay due and payable at my death and do designate the individuals named hereon to receive any such sums. I understand that this designation of beneficiary will remain in full force and effect until canceled by me in writing.

RETIRED MEMBER'S NAME (Last, First, Middle)	SERVICE NO.	GRADE OR RATE
Ryan, Forney	226-917	BMC

DESIGNATION OF BENEFICIARY

SHARE	NAME	ADDRESS	RELATIONSHIP
100 %	Emma V. Ryan	Gulf Shores, Ala	wife
%			
%			

SIGNATURE AND ADDRESS OF WITNESS
Mrs. Jerry Mahor
414 Volante Ave. Fairhope, Ala.

SIGNATURE AND ADDRESS OF RETIRED MEMBER
Forney Ryan

DATE SIGNED
10/31/64

FILED
P&S

TREASURY DEPARTMENT
UNITED STATES COAST GUARD

COM
U.S.
WASHI

File 3-13

PS-1
1741
26 October 1966

From: Commandant
To: RYAN, Toney 226-917 BMC, USCG, Retired
Route 4, Gulf Shores, Ala. 36542

Subj: National Service Life Insurance, Expiration of Term Period, Policy Number V 1656 26 42

Ref: (a) VA Form 9-452b

1. The Veterans Administration has notified this office that the term period of your $5,000 National Service Life Insurance issued under policy number V 1656 26 42 will expire on 31 January 1967

2. Since Public Law 148, 83rd Congress, approved 23 July 1953 provides for the automatic renewal of term insurance, the only action required on your part to maintain the insurance in force is to authorize the following allotment adjustment:

$ 15.35	allotment discontinued with month of last payment	December 1966
$ 23.70	allotment established with month of first payment	January 1967

3. CG Form 4222, Allotment Action Request, enclosed herewith when signed and returned by you will accomplish the required allotment change. It is requested that this form be signed where indicated and returned to Commandant (PS-1) immediately in the enclosed pre-addressed envelope. The enclosed VA Form should be retained for your personal file.

G. L. ANDERSON
By direction

Encl: (1) VA Form 9-452b
(2) CG Form 4222
(3) Envelope
(4) CGHQ-3646

JSHOLLAND: jsh 26 October 1966

Keep Freedom in Your Future With U.S. Savings Bonds

WEEKLY ALLOWANCE SECTION
WORK SHEET
AUTHORIZATION (See Remarks below)

DISCONTINUANCE
Discontinuance Auth. No. _____

Last Payment _____

Reason (See remarks below)

SUPERSEDING AUTHORIZATION
Supersede Auth. No. _____

Effective month April 1948

Reason (see remarks below)

AFFIDAVITS & CERTIFICATES
Type _____

Date requested _____

Date received _____

Final Action _____

Date returned _____

HOLD CHECK ORDER
Dat e _____

Closed _____

Reason _____

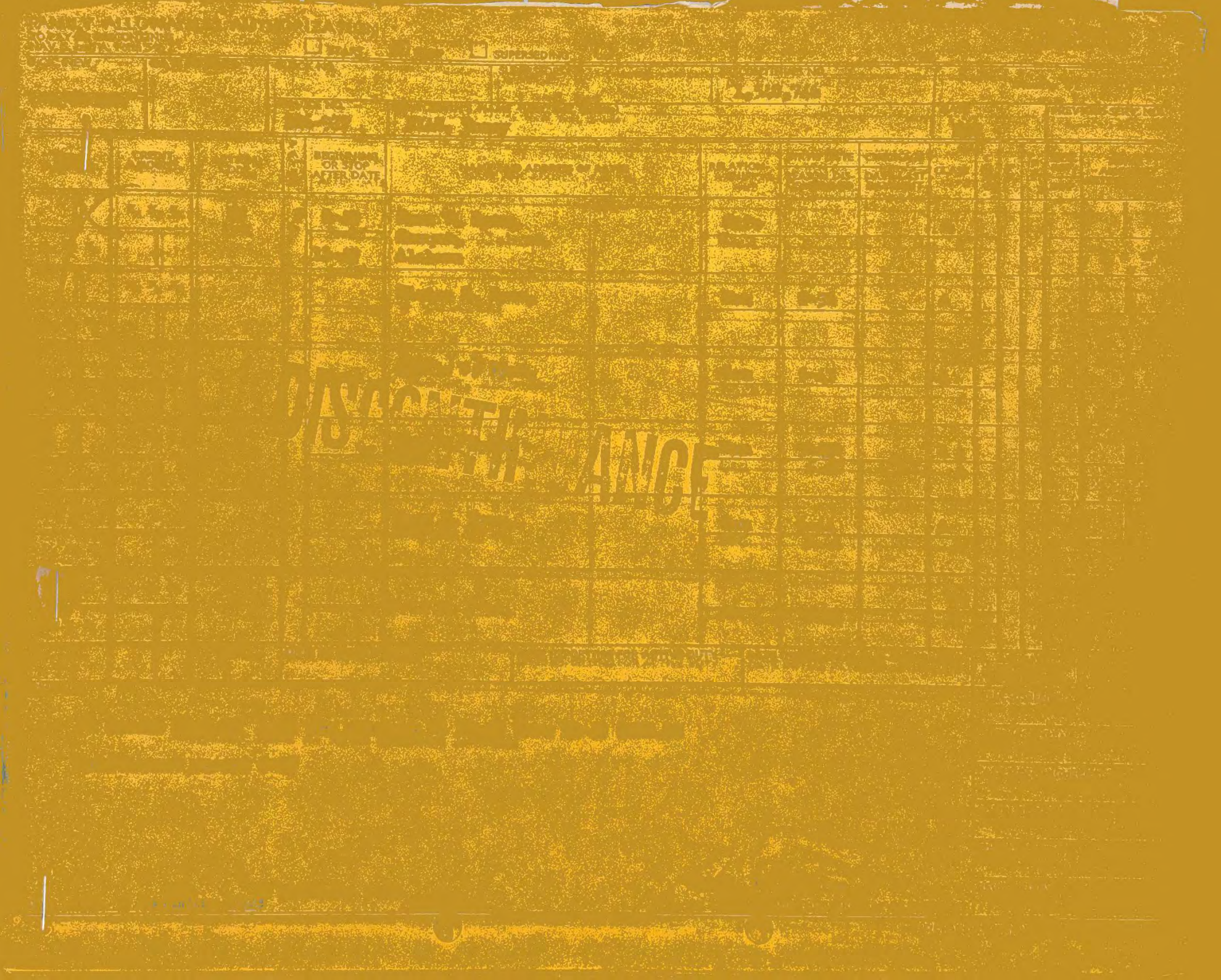
MISCELLANEOUS
Initial Family Allowance _____
(Yes) (No.)

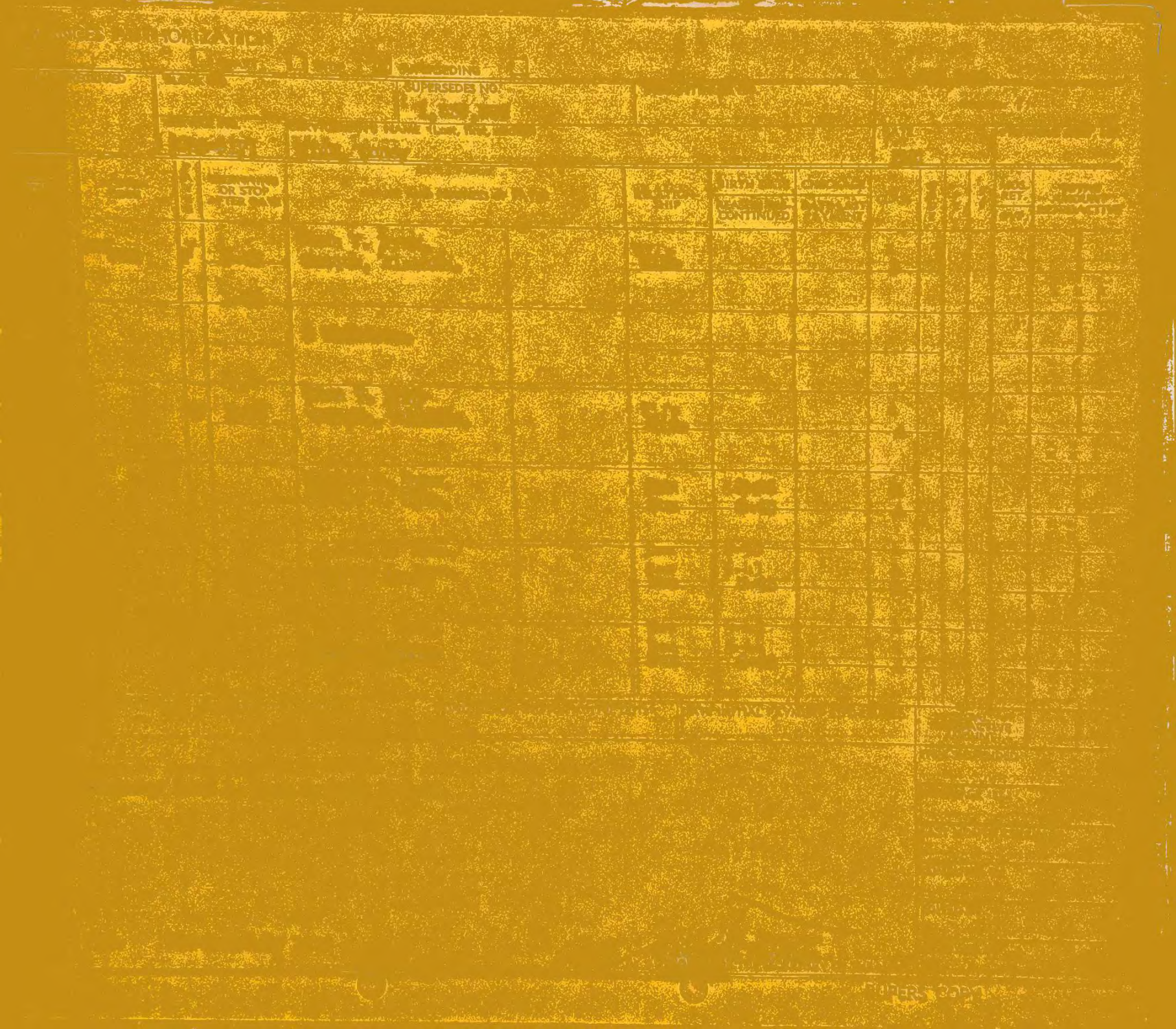
ENTERED IN LOG _____
(Date) (By)

Delete Ann C. Ryan
April 1948
(married 4-10-48)

SA-Feb 49, delete
Emma, married
1-3-49. Dwk

BUPERS COPY







RECEIVED

NAVY DEPARTMENT

AUTHORIZATION FOR FAMILY ALLOWANCES

AUTH. NUMBER 1,511,002

SUPERSEDES AUTH. NO. 976,300

SERVICE NO. ON PREVIOUS AUTH. Same

[x] SUPERSEDING
[ ] SUPPLEMENTAL

RYAN, Toney — SERVICEMAN'S NAME - LAST, FIRST AND MIDDLE

(226-917) — SERVICE NUMBER

C.B.M. — RATING

PAYEE NO.	NAME AND ADDRESS	RELATIONSHIP	DATE OF BIRTH MO.	DATE OF BIRTH YR.
1	Emma V. Ryan, Gasque, Alabama.	Wife		
1	Larry A. Ryan, Same.	Son	5	27
1	Doris L. Ryan, Same.	Daughter	7	30
1	Emma A. Ryan, Same.	Daughter	8	32
1	Eloise R. Ryan, Same.	Daughter	8	36
1	Cletis J. Ryan, Same.	Son	5	43
1	Mary E. Ryan, Same.	Daughter	5	43
1	June E. Ryan, Same.	Daughter	6	44

BUREAU OF PERSONNEL COPY

COMPUTED BY

REVIEWED BY

CHECKAGE (LEGAL LIMITATION)

TOTAL AMOUNTS OF CHECKS

DATE OF APPLICATION

DATE REPORTING FOR ACTIVE DUTY

MONTH OF FIRST REGULAR PAYMENT CLASS A

MONTH OF FIRST REGULAR PAYMENT CLASS B OR B-1

INITIAL PAYMENT AUTHORIZED FOR MONTH OF

BLOCK NUMBER

REMARKS: (EXPLAIN LEGAL LIMITATION, EXCEPTIONS TO AGE LIMITATIONS, ETC.)

Effective month: June, 1944

DATE 11 August, 1944

THE DEPENDENT(S) NAMED ABOVE ARE HEREBY CERTIFIED TO THE PAYMASTER GENERAL OF THE NAVY TITLED TO PAYMENT OF THE MONTHLY FAMILY ALLOWANCES AUTHORIZED BY PUBLIC LAW 625 (77TH CONGRESS, SESSION), AS AMENDED.

BY AUTHORITY OF THE SECRETARY OF THE NAVY.

Chief, FA Section

☐ BUREAU OF NAVAL PERSONNEL ☒ COMMANDANT U. S. COAST GUARD ☐ COMMANDANT U. S. MARINE

NAME OF SERVICEMAN (Last) RYAN (First) Toney (Middle) | SERVICE NUMBER 226-917 | RATING C.B.M.

I do hereby apply for family allowances under the Servicemen's Dependents Allowance Act of 1942 (as amended) on behalf of the relatives hereinafter named, and do certify the following to be true to the best of my knowledge and belief:

DO NOT USE THIS COL'N	PAYEE SEE NOTE (1)	NAME AND ADDRESS OF DEPENDENT (INCLUDE FULL GIVEN NAMES)	RELATIONSHIP	DATE OF BIRTH SEE NOTE (2) MO.	DATE OF BIRTH SEE NOTE (2) YR.	ESTIMATED MONTHLY INCOME OF DEPENDENT DURING PAST 12 MONTHS (WITHOUT YOUR CONTRIBUTION) SEE NOTE (3)	AVERAGE MONTHLY AMOUNT CONTRIBUTED BY YOU DURING THE PAST 12 MONTHS SEE NOTES (3) (4)
1	X	Mrs. Emma Victoria Ryan Gasque, Alabama	Lawful Wife	~~5~~	~~27~~	SS152.5213	
2		Larry Alfred Ryan Same Address	Son	5	27 ✓		
3		~~Doris Lee Ryan~~ Same Address	~~Daughter~~ Daughter	~~7~~ 8	~~30~~ 32 ✓		
4		Emma Antoinette Ryan Same Address	Daughter	8	36 ✓		
5		Elois Regina Same Address	Son	5	43 ✓		
6		Cletis Jay Same Address	~~Daughter~~	~~5~~	~~43~~ ✓		
		~~Mary Elaine~~ Same Address	Daughter	6	44 ✓		
		June Ester Address the same					

1. Mark "X" in appropriate square in column headed "Payee" opposite names of persons to receive check(s).
2. Enter dates of birth only for children, brothers and sisters, and grandchildren.
3. For your wife and/or children do not state estimated income or amounts contributed.
4. Do not include any amounts paid by you to your dependents for your own room and board.

If payments for any of the persons named above are to be made to a person other than a dependent, enter full name and address of the payee and indicate dependent by number shown above:

DEPENDENT NO.	NAME OF PAYEE	ADDRESS OF PAYEE

PLACE OF PRESENT MARRIAGE: Mobile, Alabama | DATE OF MARRIAGE: 4/21/21 | IF SEPARATED, IS THERE A COURT ORDER OR WRITTEN SEPARATION AGREEMENT IN EFFECT? IF SO, ATTACH A CERTIFIED COPY. ☐ YES ☐ NO

HAVE YOU BEEN PREVIOUSLY MARRIED? ☐ YES ☐ NO | IF SO, HOW WAS MARRIAGE DISSOLVED ☐ DEATH ☐ DIVORCE ☐ ANNULMENT | IF DIVORCED, GIVE DATE OF DIVORCE DECREE

NAME OF DIVORCED WIFE (OR WIVES) IF NOT LISTED ABOVE | ADDRESS OF DIVORCED WIFE OR WIVES

962,300

If divorced, you must submit a certified copy of the court order or decree with this application.

STATE BRIEFLY ANY FURTHER FACTS YOU DESIRE TO SUBMIT TO SUPPORT OR EXPLAIN THIS APPLICATION: Supplementary application

PAYMENTS TO DEPENDENTS (OTHER THAN WIFE, CHILD OR WIFE DIVORCED) SHALL START WITH THE MONTH OF:

Subscribed and sworn to before me (Oath may be executed by any Commissioned Officer, Notary Public, or person legally authorized to administer oaths.)

this 4th day of July 19 44

J. R. REDDOCK (Signature of attesting officer) Lieutenant (jg), USCGR (Title)

Toney Ryan C.B.M. (Signature of Serviceman) Toney Ryan C.B.M.

DO NOT WRITE BELOW THIS LINE

APPLICATION FOR FAMILY ALLOWANCES

Mail to:

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

Date 1 November, 19 43

I. I, RYAN, (Last name) TONEY (First name) - - (Middle name) C.B.M. (Rating) U. S. COAST GUARD (Organization)
MOBILE POINT LIGHT STATION, (226-917) (Ship or station) (Service or serial number) 25 JUNE, 1941 (Date of enlistment) 25 JUNE, 1941 (Date of reporting for active duty)

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

II. CLASS A

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

1. RYAN, (Last name) EMMA (First name) VICTORIA (Middle name) WIFE (Relationship) (Month, day, year of birth if minor)
- - - (Number and street or R. F. D.) GASQUE, (City or post office) ALABAMA (State)

2. RYAN, (Last name) LARRY (First name) ALFRED (Middle name) SON (Relationship) 4 MAY, 1927 (Month, day, year of birth if minor)
Same as above (Number and street or R. F. D.) (City or post office) (State)

3. RYAN, (Last name) DORIS (First name) LEE (Middle name) DAUGHTER (Relationship) 3 JULY, 1930 (Month, day, year of birth if minor)
Same as above (Number and street or R. F. D.) (City or post office) (State)

4. RYAN, (Last name) EMMA (First name) ANTOINETTE (Middle name) DAUGHTER (Relationship) 16 AUGUST, 1932 (Month, day, year of birth if minor)
Same as Above (Number and street or R. F. D.) (City or post office) (State)

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

Mrs. EMMA V. RYAN, (Name) - - - (Number and street or R. F. D.) GASQUE, (City or post office) ALABAMA (State)

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

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

DATE and place of marriage to present wife 30 April, 1921 at MOBILE, ALABAMA

DATE and place of marriage to divorced wife

Amount of monthly alimony or support payment decreed by court order or provided under written agreement for former wife divorced, or for wife and/or child living separate and apart, $
(Court order *must* be provided by applicant or payee before application can be adjudicated)

DATE when alimony or support payment ceases

DATE

My total contribution last year, $ (State) (City or post office) (Number and street or R. F. D.)

Estimated monthly income this dependent, $ (Including income of the dependent's spouse, if living together)

4. (Full name) (Relationship) (Year of birth if minor)

Estimated monthly income this dependent, $ (Including income of the dependent's spouse, if living together) (Number and street or R. F. D.)

Know ye, that you are hereby authorized and licensed to join together in the

BONDS OF MATRIMONY

Toney Ryan with Emma V. Rowell (Maiden over 18 yrs. of age)

Given under my hand and seal this 30th day of April, 1921

P. WILLIAMS Judge

~~THIS LICENSE MUST BE RETURNED WITHIN THIRTY DAYS AFTER DATE OF CEREMONY~~---

The State of Alabama,
MOBILE COUNTY

TO THE JUDGE OF PROBATE OF SAID COUNTY:

I hereby Certify, That I this day solemnized the Rites of Matrimony between

Toney Ryan and Emma V. Rowell

who are within named, at Mobile in said County.

Witness my hand this 30 day of April, 1921

Fremont Thrower

Official Character J. P. M. C.

STANDARD CERTIFICATE OF BIRTH — State of Texas

County of Jefferson — Registration District No. — File No. 62864 — Register No.

City Sabine, Texas. (No. — St., — Ward)

If child is not yet named, make supplemental report, as directed.

(2) FULL NAME OF CHILD Doris Lee Ryan,

(3) Sex of Child	(4) Twin, triplet, or other (To be answered in event of plural births)	(5) Number in order of birth	(6) Legitimate (Yes or No)	(7) Date of Birth
Female			Yes	July 3, 1930. (Month) (Day) (Year)

When more than one child is born a certificate for each child must be filed, filling items 4 and 5 carefully. For stillbirth file both birth and death certificates.

FATHER	MOTHER
(8) FULL NAME Tony Ryan 5-00	(14) FULL MAIDEN NAME Victoria Rowell,
(9) RESIDENCE Post Office Address Sabine, Texas.	(15) RESIDENCE Post Office Address Sabine, Texas.
(10) COLOR white; (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR white; AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Alabama	(18) BIRTHPLACE Alabama
(13) OCCUPATION Lighthouse keeper	(19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 4	(21) Number of children of this mother now living 4

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 A M. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Adamson M D (Physician or Midwife)

Address Sabine, Texas.

Give name added from a supplemental report , 192

Registrar.

(25) Filed July 7, 1930 Mary E. Page Registrar.

(24) Were prophylactic precautions taken at time of birth to prevent opthalmia neonatorium? Yes yes No

STATE-AUSTIN FORM 52b—818-128-200m

STATE OF TEXAS
COUNTY OF TRAVIS

I HEREBY CERTIFY THAT THE ABOVE IS A PHOTOSTATIC COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS OF THE STATE OF TEXAS.

ISSUED

M. A. Clark M.D.
STATE REGISTRAR OF VITAL STATISTICS

Name 10-0

Washington 25, D.C.

1949

Dear Sir:

My daughter Dorid Lee ard
Ryan married April 10th 1948
and is no longer intitled
to reciene payment.

My husband's service
no. is 226-917

a Antoinettet
arried Jan. 3rd
onger intitled

Very Truly Yours
Mrs Emma L. Ryan
Gasque, Ala.

ly.
L. Ryan

P.S. My husband's service
number is 226-917
Name Toney Ryan

FEB 1

Jan 28, 1949

Commandant, U.S. Coast Guard
Military Morale Section
Washington 25, D.C.

Sir –

My daughter, Emma Antoinette age 16 years was married Jan. 3rd and therefore is no longer intitled to payment.

Sincerely,
Emma A. Ryan

P.S. My husband's service number is 226-917
Name Toney Ryan

NOV 17 1949

FOR MILITARY MORALE DIVISION, COAST GUARD HEADQUARTERS

NOTIFICATION OF CHANGE IN STATUS OF ENLISTED PERSONNEL FOR FAMILY ALLOWANCE PURPOSES

RYAN, TONEY (N)	226-917	BMC., USCG
(Name)	(Service Number)	(Rating)

To: Chief, Military Morale Division, CG Headquarters, Washington 25, D.C.

You are hereby notified of change in status as indicated below in the case of the person named above.

(X) * Checkage is being discontinued as provided in regulations after checkage for the month of Sept., 1949.

( ) * Checkage is being continued as required by regulations pending notification to stop.

1 Oct., 1949
DATE OF CHANGE IN STATUS

"88" CAREER COMPENSATION ACT OF 1949
NATURE OF CHANGE IN STATUS

* *Mark applicable status of checkage with "X" inserting month of last checkage if discontinued.*

GOVT. CONTRIBUTION. $118.00
FA-A
MONTH FIRST PAYMENT. . . . . ?
FA-A AMOUNT. $140.00
NAME OF PAYEE. . EMMA V. RYAN
LUMP SUM CHECKAGE. . 10/49 thru 11/49,
IN AMOUNT OF $280.00
ENTITLEMENT CEASED. . . 9/49

L. C. SPANIOL, CPCLK., USCG ACO 1386
(Signature of Disbursing Officer) (SYMBOL NO.)

CG HEADQUARTERS

U.S.C.G. YARD, CURTIS BAY, MARYLAND
(Station of Disbursing Officer)

Washington 25, D. C.

9 December 1949
(Date)

Receipt of the above notification is hereby acknowledged. Family Allowance payments will be terminated after payment for the month of: NOVEMBER 1949
Govt. Cont.$118.00

Chief, Military Morale Division

Ret 61A-2 Box 549

CHECK LIST FOR CLINICAL RECORDS 693-780

NOTE: This check sheet will become a part of permanent clinical records.

Items 1 through 10 - To be completed by attending physician.

Items 11 through 17 - To be completed by nurse.

FILE MEDI

IDENTIFICATION DATA (For A&D Office)

RYAN, TONEY
~~TONEY, RYAN~~ (NMN)

USCG RET PAR 14 AFR 160-73

31121 WD 5

ITEM		ITEM TO BE CHECKED	YES	NO
1	A	WORKSHEET (DD 481) RECORDS ALL DIAGNOSES, OPERATIONS, THERAPEUTIC PROCEDURES, "HOW, WHEN AND WHERE" (IF INJURY). (PARA 17 A&B, AFR 160-74)	✓	
	B	DIAGNOSES AND OPERATIONS ARE LISTED IN ACCORDANCE WITH BASIC DIAGNOSTIC NOMENCLATURE. (AFR 160-13)	✓	
	C	WORKSHEET (DD 481) IS SIGNED BY THE ATTENDING PHYSICIAN. (PARA 177, AFM 160-20)	✓	
2	A	NARRATIVE SUMMARY (SF 502) IS REQUIRED. (PARA 175C, AFM 160-20)	—	✓
	B	IF SO, IT ACCOMPANIES RECORD AND IS SIGNED.		✓
	C	THOUGH NOT ACCOMPANYING RECORD, IT HAS BEEN DICTATED.	—	—
3	A	RECORD INCLUDES COMPLAINTS, HISTORY OF PRESENT ILLNESSES, PAST HISTORY AND PHYSICAL EXAMINATION (SF 504, 505, 506). (PARA 239, AFM 160-20)	✓	
	B	THEY ARE SIGNED AND DATED.	✓	
4	A	RECORD INCLUDES DOCTOR'S PROGRESS NOTES (SF 509) SUFFICIENT TO JUSTIFY DIAGNOSES.	✓	
	B	ALL ENTRIES ARE DATED AND SIGNED.	✓	
5	A	OPERATION OR THERAPEUTIC PROCEDURE WAS PERFORMED. (PARA 255, AFM 160-20)	✓	
	B	IF SO, OPERATION REPORT (SF 516) ACCOMPANIES RECORD AND IS SIGNED.	✓	
	C	IF IT DOES NOT ACCOMPANY RECORD, OPERATION REPORT (SF 516) HAS BEEN DICTATED.	—	—
6	A	TISSUE WAS REMOVED.		✓
	B	TISSUE WAS SENT TO PATHOLOGY DEPARTMENT.		✓
	C	PATHOLOGY REPORT (SF 515) INCLUDED.		—
7	A	RECORDS REQUIRE ANESTHESIA RECORD (SF 517). (PARA 256, AFM 160-20)	✓	
	B	ANESTHESIA RECORD IS COMPLETE AND SIGNED ON BOTH SIDES.	✓	
8	A	RECORD INCLUDES ALL DOCTOR'S ORDERS (DD 728) TO JUSTIFY TREATMENT RENDERED.	✓	
	B	ALL ENTRIES ARE DATED AND SIGNED. (PARA 247C, AFM 160-20)	✓	
	C	IF ORDERS ARE COPIED, NURSE'S SIGNATURE FOLLOWS DOCTOR'S NAME.	✓	
9		LINE OF DUTY ENTRY ON DD 481 HAS BEEN RECORDED FOR EACH DIAGNOSIS ON MILITARY PATIENTS. (PARA 17A(5), AFR 160-74)	✓	

MOAMA FORM 228
DEC 57

22788 AF BAFB ALA 1/3/58 1800

ITEM		ITEM TO BE CHECKED	YES	NO
10	A	PRIMARY CAUSE FOR ADMISSION HAS BEEN LISTED AS DIAGNOSIS NO 1 FOLLOWED BY ADDITIONAL DIAGNOSIS PRESENT IN ORDER OF IMPORTANCE.	✓	
	B	DIAGNOSES MADE AFTER ADMISSION TO HOSPITAL ARE LISTED IN CHRONOLOGICAL ORDER, EACH PRECEDED BY DATES MADE.	✓	
	C	RECOVERY DATE HAS BEEN RECORDED ON EACH DIAGNOSIS FROM WHICH THE PATIENT HAS RECOVERED PRIOR TO DISPOSITION. (PARA 17A(1)(E), AFR 160-74 AND DD FORM 481)	✓	
SIGNATURE OF ATTENDING PHYSICIAN		W. W. Handley Jr.		
11		"T.P.R." RECORDS ARE COMPLETED AND INCLUDED FOR EACH DAY OF HOSPITALIZATION. (PARA 247E(3), AFM 160-20)	✓	
12	A	SPECIAL CONSULTATION REPORTS ARE REQUIRED (SF 513). (PARA 250A, AFM 160-20)		✓
	B	THEY ARE INCLUDED.		✓
13		LAB (SF 514 SERIES & SF 515) AND X-RAY REPORTS (SF 519 SERIES) ARE CONCLUSIVE WITH FINAL DIAGNOSIS, OPERATIONS AND THERAPEUTIC PROCEDURES. (PARA 175 AND CHAP 8, AFM 160-20)	✓	
14	A	BLOOD TRANSFUSIONS WERE GIVEN.		✓
	B	IF SO, SF 518 IS INCLUDED.		✓
15		AUTHORIZATION FOR ANESTHESIA, OPERATION, ETC. (SF 522) COMPLETED, SIGNED AND WITNESSED. (PARA 255, AFM 160-20)	✓	
16	A	RECORD CONTAINS SUFFICIENT NURSING NOTES (DD 640). (PARA 247 D , AFM 160-20)	✓	
	B	ENTRIES HAVE BEEN SIGNED AT END OF TOUR OF DUTY.	✓	
	C	WHEN NARCOTICS HAVE BEEN GIVEN, ENTRIES HAVE BEEN MADE ON NURSING NOTES AS TO TIME AND DATE AND ENTRIES HAVE BEEN INITIALLED.	✓	
17		ALL FORMS ARE IDENTIFIED CORRECTLY AND SUFFICIENTLY.	✓	
		NOTE: Make sure that the record contains sufficient information to justify the diagnosis and warrant treatment and end results.		

REMARKS

THE ABOVE COMPLETE LIST HAS BEEN CHECKED BY: (NURSE'S SIGNATURE)

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES

0905
A or N: No

2. WARD: 5

3. TYPE OF CASE: [X] DIS [ ] INJ [ ] BC

4. LAST NAME — FIRST NAME — MIDDLE INITIAL: RYAN, Toney

5. SEX: M

6. RELIGION: P

7. PREV. ADM.: [ ] YES [X] NO

8. REGISTER NO.: 31122

9. SERVICE NO.: NA

10. GRADE: USCG Ret

11. RATING OR DESIG.: NA

12. DEPARTMENT: NA

13. ORGANIZATION AND BRANCH OF SERVICE: Retired

14. FLYING STATUS: NA

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: Emma V Ryan (W)
Gulf Shores, Alabama

16. AGE: 58

17. RACE: Cau

18. LENGTH OF SERVICE: NA

19. DATE OF ADMISSION: 3 Apr 58

20. SOURCE OF ADMISSION: Par 14, AFR 160-73

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (*Dep. of EM, etc.*) in space 13.

21. ADMITTING OFFICER: W H HANDLEY JR
MAJ USAF (MC)

22. CONTINUATION OF ITEMS 13 AND 20.

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

Dg 1 5602 Hernia, inguinal, indirect, left, recurrent

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

4 Apr 58 302 Hernioplasty, inguinal, left

Anesthetic: IV Na pentothal, semi closed
nitrous oxide and oxygen

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	
PREVIOUS												[ ] PROFILE IS UNCHANGED
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 8 IN HOSPITAL OR INFIRMARY 8 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION: Discharge from Treatment

29. DATE OF DISPOSITION: 11 Apr 58

30. SIGNATURE OF ATTENDING PHYSICIAN: /S/WILLIAM H HANDLEY JR MAJOR USAF (MC)

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER: AMOL D. WELLS, CAPT, USAF (MSC)

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 2789TH USAF HOSPITAL, BROOKLEY AFB, ALA.

33. REGISTER NUMBER: 31122

DD FORM 1 SEP 52 481-3 Replaces DD 481 (4 part set) which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 1956-407134

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES: A or N: No 0905

2. WARD: 5

3. TYPE OF CASE: [X] DIS [ ] INJ [ ] BC

4. LAST NAME — FIRST NAME — MIDDLE INITIAL: ~~Ryan, Toney~~ Ryan, Toney (~~ETOS~~)

5. SEX: M

6. RELIGION: P

7. PREV. ADM. [ ] YES [X] NO

8. REGISTER NO.: 3112~~1~~2

9. SERVICE NO.: NA

10. GRADE: ~~Normal~~ USCG Rt,

11. RATING OR DESIG.: NA

12. DEPARTMENT: NA

13. ORGANIZATION AND BRANCH OF SERVICE: ~~USCG RET~~ Retired

14. FLYING STATUS: NA

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: Ryan
Emma V. ~~Toney~~ (W)
Gulf Shores, Ala

16. AGE: 58

17. RACE: Cau

18. LENGTH OF SERVICE: NA

19. DATE OF ADMISSION: 3 Apr 58

20. SOURCE OF ADMISSION: Par 14 AFR 160-73

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (*Dep. of EM, etc.*) in space 13.

21. ADMITTING OFFICER: Capt Jones

22. CONTINUATION OF ITEMS 13 AND 20.

23. DIAGNOSES (*See instructions for recording as shown on reverse side. Include all required related data*)

For Surgery

5602 Hernia inguinal, indirect, left recurrent. ~~Adm~~

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic for each operation*)

30z Herniaplasty inguinal, left.

IV Pent, SC N2O-O2

25. SELECTED ADMINISTRATIVE DATA (*Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.*)

~~I D Card No. CG 031, 186~~

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	[ ] PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY
ALL 8 IN HOSPITAL OR INFIRMARY 8 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION: Discharge

29. DATE OF DISPOSITION: 11 Apr 58

30. SIGNATURE OF ATTENDING PHYSICIAN: W. H. Handley, Jr.

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

33. REGISTER NUMBER: 3112~~1~~2

DD FORM 1 MAY 51 481 Replaces WD AGO Form 8-33, 1 Apr 45, which is obsolete.

16—64559-2

Circular A-32 Rev.

CLINICAL RECORD

ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION

C.C. Hernia - left

P.I. approx. 2-3 wks. ago this patient noted a burning in his left inguinal region after lifting. The pain has persisted and is getting worse. a bulge has appeared in the left inguinal region.

Past - no serious illness Hx Rt. Hernia - Vein ligation

Childhood - mumps, measles, Ch. pox, pertussis.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

B.P. 130/80 Pulse 80 Resp. 20 Temp. 98.6

EENT - Clear

Heart - normal

Lungs Clear

Abd. - Bil. Hernia scars. Bulge on left side over lower inguinal region. Positive cough reflex and bulge on standing. Mass disappears on lying down.

PROGRESS

Impression: Recurrent Left Inguinal Hernia.

DOCTOR'S ORDERS (*Date and sign all orders*):

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
J.N. Handley Jr.	30 April 58		

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
Ryan Jerry (illegible)	31120	5

27 89th WSAF Hosp
Barkley AFB - alla.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ABBREVIATED CLINICAL RECORD
Standard Form 539

CLINICAL RECORD

LABORATORY REPORTS

(Check one) ☐ BED PATIENT ☐ AMBULATORY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: RYAN TONEY

REGISTER NO.: 31122

WARD NO.: 5-Bed 12

REQUESTED BY: Dr. HANDLEY

DATE OF REQUEST:

CHECK (√) EXAMINATION REQUESTED

☐ ROUTINE FLOCCULATION ☐ ROUTINE COMPLEMENT FIXATION ☐ OTHER (Specify)

REPORT:

5 APR 58 11 45

NO REACTION

J. A. HANCOCK, JR.
1st Lt, USAF (MSC)
LABORATORY OFFICER

5 APR 1958
(DATE OF REPORT)

SIGNATURE (Specify Lab. if not part of requesting facility)

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 514c—Rev. May 1951. Promulgated By Bureau of the Budget—Circular A—32

GPO c9—16—56267-3

SEROLOGY

14.2

Standard Form 514B—Rev. August 1954. Promulgated by Bureau of the Budget—Circular A-32

GPO c9—16—56274—4?

HEMATOLOGY

(REPORT MADE BY—Initials)

3 APR 58

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO c9—16—56268-2

Standard Form 514a Promulgated August 1948 By Bureau of the Budget—Circular A—32

URINALYSIS

PATIENT'S

Ryan Toney

31122

LABORATORY REPORTS
Standard Form 514

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA.

U. S. GOVERNMENT PRINTING OFFICE 16—56294-6

e 1954
y Bureau
get Circular A-32

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

pre-op

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Ryan, Janey
USCG-(Ret)

REGISTER NO.: 31122

WARD NO.: 5-Bed 12

AGE: 58 SEX: M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☑ AMBULATORY

EXAMINATION REQUESTED: Chest Xray -

REQUESTED BY: DR. Handley

DATE OF REQUEST: 3 apr 58

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

For Surgery

FILM NO.: 66477

DATE OF REPORT:

RADIOGRAPHIC REPORT

N O SIGNIFICANT ABNORMALITY.

B. GUSSOFF, CAPT.

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

2789TH USAF HOSPITAL
BROOKLEY AFB, OR
(NAME OF HOSPITAL OR MEDICAL FACILITY)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A—32 (Rev.)

RADIOGRAPHIC REPORT

N.

CLINICAL RECORD

ANESTHESIA

OPERATION PROPOSED: Repair Left Inguinal Hernia

PHYSICAL STATUS (Check one): ☐ GOOD ☑ FAIR ☐ POOR

DATE OF OPERATION: 4 April 58

PREMEDICATION (Time, dose): Nembutal gr 1½ @ HS. Nembutal gr 1½ @ 0530 (last) Dilaudid gr ¼ } 0700 H Atropine gr 1/150 }

ANESTHETIC(S) A. M. / P. M. (Strike out one)

HOUR: 7 8 9 10 11 12

CO₂ ESCAPE / ABSORP.

PLANE OF THIRD STAGE: 1 2 3 4

CHART CODE

78 ● PULSE

18 ○ RESP.

110/60 ∨∨ B. P.

× ANES.

⓪ OPER.

180 160 140 120 100 80 60 40 20

CIRCLE AS INDICATED

PREMEDICATION

TOO DEPRESSED	YES	(NO)
WORN OFF	YES	(NO)
APPREHENSIVE	YES	(NO)
NOT DEPRESSED	(YES)	NO

INDUCTION

EXCITEMENT	0 1 2 3 4
LARYNGOSPASMS	0 1 2 3 4
VOMITING	0 1 2 3 4
ASPHYXIA	0 1 2 3 4

MAINTENANCE

EXCITEMENT	0 1 2 3 4
LARYNGOSPASMS	0 1 2 3 4
PERSPIRATION	0 1 2 3 4
MUCUS	0 1 2 3 4

ENDOTRACHEAL

NASAL	YES	NO
BLIND	YES	NO
ORAL	YES	NO
CUFF	YES	NO
PACK	YES	NO

RECOVERY

REFLEX IN O. R.	(YES)	NO
RETCHING	YES	(NO)
EXCITEMENT	YES	(NO)
VOMITING	YES	(NO)

SUPPORTIVE TREATMENT (Include amount (c. c.) of saline, plasma or whole blood, if used): 5% D/W 1000 cc.

REMARKS:

DETAILS OF REGIONAL OR SPINAL: × 0346 ○ 0350 To 0420

POSTURE: Supine

DRAINS:

AIRWAY TO WARD: ☐ YES ☐ NO

OPERATION PERFORMED: Repair Left Inguinal Hernia

PRIMARY AGENT AND METHOD: Pento IV,

OTHER AGENT(S) AND METHOD(S): N₂O O₂

NAME OF SURGEON: Dr Handley

SIGNATURE OF ANESTHETIST: Myrl Leger

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Ryan Janey

REGISTER NO.: 31122

WARD NO.: 5

2788TH USAF HOSPITAL
BROOKLEY AFB, ALA
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

16—56207-2

ANESTHESIA
Standard Form 517

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

(The granting of this authorization does not constitute a waiver of an individual's rights under the provisions of title 28, United States Code with reference to Federal tort claims.)

NAME OF MEDICAL FACILITY

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA

DATE

3 April 58

1. I hereby consent to the performance upon myself
or
name of patient Janey Ryan

of Herniaplasty
(State nature of operation or procedure, as: "an operation to remove appendix")

2. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

3. I further consent to the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

(Cross out any paragraphs above which are not appropriate.).

Signature of patient Janey Ryan

When patient is unable to affix signature:

Signature of person authorized to consent for patient _____

WITNESS: Signature Isabel B. Higgins R.N.

Address 2024 Florence St

City and State Mobile, Ala

Date _____

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
Ryan Janey	31122	5

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522

U. S. GOVERNMENT PRINTING OFF

CLINICAL RECORD | cml | OPERATION REPORT

PREOPERATIVE DIAGNOSIS
Recurrent left inguinal hernia

SURGEON
Dr Handley

FIRST ASSISTANT
A/2C Allen

SECOND ASSISTANT

ANESTHETIST
Major Leeper

ANESTHETIC
IV Na pentothal, semi closed nitrous oxide and oxygen

TIME BEGAN 0740
TIME ENDED 0820

SURGICAL NURSE
Capt Jones

INSTRUMENT NURSE
A/1C Prichett

TIME OPERATION BEGAN
0750

TIME OPERATION COMPLETED
0820

OPERATIVE DIAGNOSES
Same as above

DRAINS (*Kind and number*)
None

SPONGE COUNT VERIFIED
Correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
None

OPERATION PERFORMED
Repair of recurrent left inguinal hernia

DESCRIPTION OF OPERATION (*Type(s) of suture used, gross findings, etc.*)

MAJOR: X | MINOR: | DATE OF OPERATION: 4 April 58

Under general anesthesia the left inguinal region was prepared and draped with sterile drapes. An old operative scar was excised and the incision carried down to the fascia which was opened and by blunt and sharp dissection was reflected off the cord. The cord was then dissected up by fingertip dissection and retracted laterally with a rubber dam drain. The previous surgery had caused marked scar tissue and it was difficult to free up the border of the conjoin muscle but once this was freed up it was grasped with an Allis forcep for identification. Closure was then done using interrupted sutures of 00 cotton to suture the conjoin muscle to the shelving portion of Poupart's ligament. This was done up to the internal inguinal ring and then reinforcement of the internal inguinal ring was done above the exit of the spermatic cord. After the deep closure then the external fascia was closed over the cord with interrupted sutures of 0000 cotton. Down at the lower end of the incision, sutures were then placed to reconstruct an external inguinal ring. Subcutaneous tissue was then closed with interrupted sutures of 0000 cotton. The skin was closed with inverted mattress sutures of 0000 cotton. A dressing was applied and the patient returned to the ward in good postoperative condition.

W. H. Handley Jr.

SIGNATURE OF SURGEON
W H HANDLEY JR MAJOR USAF (MC)

DATE
7 April 58

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.
31122

WARD NO.
5

RYAN, Toney COGARD (Retd

2789TH USAFHOSP BROOKLEY AF BASE ALABAMA

OPERATION REPORT
Standard Form 516

U. S. GOVERNMENT PRINTING OFFICE 16—56213-4

DOCTOR'S PROGRESS NOTES
(Sign all notes)

3 April 58 Admitted for hernia repair in a. m.
Handley

4 April 58 Left inguinal hernia repaired under general anesthesia. Post op. condition good.
Handley

5 April 58 Condition good. Voiding q.s. Very little pain.
Handley

6 April 58 No complaints. Condition good.
Handley

7 April 58 Condition good. Up ad lib.
Handley

9 April 58 Condition good.
Handley

11 April 58 Dressing changed. Sutures removed. Healing well. May go home today.
Handley

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Re[illegible] (NMN)

REGISTER NO. 3112D

WARD NO. 5

[illegible] HOSPITAL
[illegible] AR, ALA
(OTHER MEDICAL FACILITY)

16—46183-2

DOCTOR'S PROGRESS NOTES
Standard Form 509

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

KP 27805 8

(D) DAY. (E) EVENING. (N) NIGHT

YEAR 1958

3 April

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

1. Routine lab work done J.H
2. Prep for hernia repair done J.H
3. S.S. Enema tonite
4. Nembutal gr. 1½ h.s. cancelled J.H
5. witheld after midnite
6. Nembutal gr. 1½ @ 0530 hrs
7. Dilaudid gr. 1/32 } cancelled J.H
   Atropine gr. 1/150 } @ 0700 hrs. cancelled J.H.
8. To OR on call.

Handley

DATE DISC.	DATE 3			4			5			6			7			8			9		
DOCTOR'S INITIALS	SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT		
	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
	J.H																				
	J.H																				
			MF																		
			MF																		
			J																		

DD FORM 1 JUL 53 7

REPLACES DD FORM 639, 1 MAY 52: DD FORM 641 1 MAY 52 AND DD FORM 642, 1 MAY 52 WHICH ARE OBSOLETE

KP 27805 A

YEAR 19

DOCTOR'S ORDERS (CONT'D)

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. | DOCTOR'S INITIALS

DATE 4 5 6 7 8 9 10 — SHIFT D E N

April 4 Post-Op.

① Feat until react

② Demerol 75 mgm q 4 h. pm pain

③ Cath. q 8 h. pm & Stand to void.

④ Turn often, Reading & leg exercises

⑤ Penicillin 200,000 } q 12 h.
Streptomycin 0.5 gm }

⑥ Liquids today, Soft diet in a.m.

Handley

April 7 ① Regular diet

② Low S.S. enema today

③ Up ad lib

Handley

April 7 Discontinue Pen. & Strept

Handley

Copied.

Apr 7 58 Reg. Diet

" Up. Dr Handley / E Woodall

April 11 Discharge

Handley

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

SERVICE NO. Ret U.S.C.H. | WARD 5 | GRADE Ret C.H. | REGISTER NO. 31122 | AGE 58 | DATE OF ADM. 3 April 58 | DIAGNOSIS For Herniopexy

F B

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

RECORD

HOSPITAL DAY		ADm		1 OR		2		3		4		5	
MONTH-YEAR	DAY	3		4		5		6		7		8	
19 58	HOUR	6:00	2:00	6:00	6:00	6:00	6:00	6:00	6:00	6:00	2:00	6:00	2:00

PULSE (O) | TEMP. F (●) | TEMP. C

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

40° 38.9° 37.8° 37° 36.1° 35°

(Centigrade Equivalents, for Reference only)

Day of Surgery

RESPIRATION RECORD

20 18 20 18 18 20 18 20 20 16 20 18 24 20 20 18 20 20

BLOOD PRESSURE 130/80

HEIGHT: WEIGHT→

BM's → 1/1 0 0 0 1/1 1/1

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

2789TH USAF HOSPITAL
BROOKLEY AFB, ALA.

Ryan, Janey

REGISTER NO. 31122

WARD NO. 5

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511

☆ U. S. GOVERNMENT PRINTING OFFICE : 1957 O - 408248

NO

AFB ALA 1/3/58 1800

NAVMED FORM 228

NURSING NO	DATE	NURSING NOTES

IES

AN

NURSING NOTES AND TREATMENT RECORD

NAME Ryan Dorsey

REGISTER NO. 31122

PAGE NO. 1

DATE	NURSING NOTES
3 Apr 58	
0930	admitted to WD 5 - Walked in. TPR 98 - 80 - 20 B/P - 130/80
	Diag: Torsoplasty. SH.
30 Mar 58 1500	Nembutal gr 1½ P.O. (Reynolds)
Apr 58 0530	Nembutal gr 1½ (Sandlock)
0700	Dilaudid gr ½ } H Atropine gr 1/150 } SH
0715	To surgery
0830	From surgery - sensation good B/P 120/80 P-96-R20
0845	120/80 - P-96-20
0900	120/82 - P-96-20
0915	130/90 P-96-20
	SH

DATE	NURSING NOTES
4 Apr 58	1400. Voided 250cc
4 Apr 1500	Voided 450 c.c. SH
	Liquid Diet & Tetanus Toxoid. Md.
4 Apr 1500	Demerol 75mg # given for
	Pain Operative Chan (Reynolds)
	Ward quiet - resting fs.
5 Apr 58	a good day SH
0700	No Complaints (Reynolds)
5 Apr 0700	Apr 58 0700 Demerol 75 mgm @ for backache
	& abd discomfort (Sandlock)
1400	No complaints - a good day SH
5 Apr 1500	Demerol 75 mg for
	Pain (Reynolds)

DD FORM 1 MAY 52 640 REPLACES WD AGO FORM 8-225, 1 DEC. 48. WHICH IS OBSOLETE.

MOAMA FORM 228 DEC 57

1/3/58 1800

BLOOD TYPE "A"

RYAN

(Surname in capital letters)

Toney

(Christian name(s) in full)

(226-917)

(Service number)

PE-6Z

HEALTH RECORD, U.S. COAST GUARD

RANK OR RATING B.M. 1c

CHANGES

BMC

RETIRED

JUL 1 1950

FORM 2522 MUST ALWAYS ACCOMPANY PATIENT WITH HEALTH RECORD WHEN APPLYING FOR INPATIENT TREATMENT, AND FOR FIRST OUTPATIENT TREATMENT.

Form 2525
TREASURY DEPARTMENT
U.S. COAST GUARD
October 1936

2—16139

Form No. 2525 E
TREASURY DEPARTMENT
U. S. Coast Guard
March 1938

TERMINATION OF HEALTH RECORD

Name RYAN, Toney

Rating _____ Service Number (226-917)

Place _____ Date _____

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

_____

_____

_____

_____

Other defects noted _____

_____

_____

In my opinion those numbered _____ are incident of service.

In my opinion those numbered _____ are not incident of service.

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

_____
Surgeon, U.S.P.H. Service.

I certify to the best of my knowledge and belief:

That I have no physical defect(s) _____

That I have the following defect(s) _____

_____

_____

_____

To Be Filled in Only When Physical Examination Prior to Discharge Necessary.

_____

_____
Rank or Rating, U.S. Coast Guard.

Service terminated 30 June, 1950
(Date)

At New Orleans, Louisiana
(Place)

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

S. L. Brown

CSCLK., USCG
(Rank), *Custodial Officer.*

2—16144